A comparison of video-tape and programmed instruction as training devices to discriminate the emotion commonly referred to as depression.

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A COMPARISON OF VIDEO-TAPE AND PROGRAMMED INSTRUCTION
AS TRAINING DEVICES TO DISCRIMINATE THE EMOTION COMMONLY
REFERRED TO AS DEPRESSION

A dissertation Presented
By
Dominic J. Di Mattia

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of DOCTOR OF EDUCATION

June, 1970
Counselor Education
A COMPARISON OF VIDEO-TAPE AND PROGRAMMED INSTRUCTION
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CHAPTER I
INTRODUCTION

As counselor education continues to emerge as a profession it becomes more evident that research must be undertaken to evaluate the outcomes of different training programs and more specifically procedures within the programs. Whiteley (1960), in his review of the research, suggests that "specification of desired outcomes of a training experience and how to demonstrate those outcomes merit careful attention (p. 184)." Much of the research in counselor education during the past ten years has examined attitudes, concepts, perceptions (Cash and Munger, 1966) and more recently the content of counselor education programs, the problems of counselor selection and the role of the counselor (Whiteley, 1969). There now is a need to define specific skills necessary for effective counseling and devise and evaluate techniques to teach these skills. Traditionally, counselor education programs have included academic preparation in counseling theory and techniques, with varying degrees of experiential training through practicum courses. However, as Delaney (1969) has pointed out:

The traditional counseling practicum is a 'hit and miss' affair, with the supervisor hoping the counselor candidate has 'hit' all the experiences with clients necessary to help him develop the behavior for good counseling and hoping the student 'missed' clients he could actually harm through incompetence (p. 183).

Pepyne, Zimmer and Hackney (1969) suggest that what is needed is a "systematic procedure for providing trainees with empirically validated
experiences for achieving operationally defined performance goals (p. 1)." Boy and Pine (1968) in their discussion of the professionalization of school counseling emphasize the need for certain competency criteria to evaluate counselors. Implicit in their suggestion is the need to identify specific skills on which a counselor can be evaluated and develop empirically validated vehicles for training counselors. Krumboltz (1967) and Carkhuff (1967) also emphasize the need for specifically defined and validated skills in the preparation of counselors. With the development of skills and in essence a definition of process, it would then be possible to undertake research dealing with client outcome.

Unquestionably, a need does exist in counselor education for further research in regard to the training of effective counselors. Too much of our present counselor education programs have been left to chance and theoretical approaches and little attempt has been made to measure the final outcome. A counselor has been certified by an institution only after completing a required number of courses, and when he has satisfactorily impressed his supervisors. A more effective training program would define specific objectives that enable a counselor to effect behavior change in a client and then utilize empirically validated training methods to accomplish these enabling objectives.

Statement of the Problem

1. Development of program instructional sequences to teach the discrimination of depression.
2. Development of "video Model" to teach the discrimination of depression.

3. Selection of video-taped counseling session or sessions to develop into a reliable, valid test of discrimination in order to compare 1 and 2 above as well as a third control group.

Purpose of the Study

The purpose of this study was to compare two different training vehicles in preparing counselors to discriminate verbal, facial and voice cues in a specific affective response class when emitted by a client in a counseling interview. The ability to discriminate different affective response classes is almost universally recognized in the counseling profession. During counselor preparation trainees are taught to "reflect feeling" and to learn to "empathize" with their clients. Bordin (1968) explains:

Whether one assumes that the processes of therapy are solely those of understanding and acceptance of the client or one assumes that therapy involves understanding plus some form of appropriate interaction with the client, achieving the deepest possible understanding will remain as one of the prerequisites of effective counseling of psychotherapeutic processes (p. 177).

He continues to point out that to understand a client most completely one must understand both the cognitive and conative (affective) aspects of the clients' communications. Combs and Snygg (1959) point out that the ability to empathize is an important factor in communication and effective human relations. Rogers (1961) states: "Can I let
myself enter fully into the world of his feelings and personal meanings and see these as he does? (p. 53)." Auerbach and Luborsky (1968), in their attempt to evaluate the "Good Hour" in psychotherapy, point out that the single most valuable way of describing a therapy hour is to specify the patient's main communication and then note whether the therapist responds to those issues in an effective manner. Pepyne, Zimmer and Hackney (1969) suggest that discrimination training, cognitive vs. cognitive, affective vs. cognitive and affective vs. affective, is essential to the development of a counselor response repertoire. Attempts to develop empirically validated training devices to prepare counselors to discriminate affective response classes are virtually non-existent, although these are recognized as a necessary aspect of a counselor's repertoire. This study took the emotion commonly referred to as "depression" and defined it behaviorally. Two training methods were devised: (1) a programmed text and (2) a video-tape presentation employing a simulated counseling session in which a trained actress client was utilized. The two training methods were compared with a control group which received no training. The criterion used was the ability of the Ss to discriminate between depression and non-depression in actual video-taped counseling sessions.

Hypothesis

1. There is no significant difference between the three groups as measured by the total criterion.
2. There is no significant difference between the three groups as measured by the depressed criterion.

3. There is no significant difference between the three groups as measured by the non-depressed criterion.

**Significance of the Problem**

Depression was chosen as one of the many possible affective response classes since it is commonly encountered in counseling interviews. It is a recognized clinical syndrome which is included in almost any introductory text in abnormal psychology. However, any other affective response class, i.e., happiness, surprise, hostility, anxiety, etc., might have been appropriate. Since the main concern of the study is to measure the effectiveness of the different procedures in training Ss to discriminate a specific affective response class from other response classes, and not necessarily to familiarize the Ss with depression, it would be justifiable to utilize depression as a vehicle to measure the results of different training devices in counselor education.

There seems to be agreement that new, empirically validated training methods are needed in counselor education. The two training methods chosen for this study are relatively new to counselor education. Although programmed instruction can trace its beginnings to the 1920's and Pressey's teaching machine; more recently in the 1950's to the "linear" and "branching" approaches of Skinner and Crowder, respectively, it has not been applied to the training of counselors per se. The research in other areas, however, is extensive. Examples of the use of
programmed instruction in school systems, the military and industrial organizations are too numerous to discuss here. However, Taber, Glaser and Schaefer (1965) suggest many books and articles which report results from the use of programmed instructional material. They include Hughes (1963), Margulies and Eagen (1962), Couison (1962), Glaser (1965), and Ofiesh and Meierhenry (1964). The advantages of programmed instruction when compared with traditional methods are great. Skinner (1958) suggests numerous advantages. He points out that it is a labor-saving device since it brings one programmer in contact with an indefinite number of students. Although this may suggest mass production, he compares it to a private tutor. (1) There is constant interchange between program and student, (2) it insists that a given point be thoroughly understood before the student can proceed, (3) only the material the student is ready for is presented and (4) through techniques of hinting, prompting, etc., it helps a student for every correct response. One of the major criticisms of programmed instruction is that it is not applicable to all subject areas. Critics suggest that it is utilized in subjects such as mathematics. In a critical review of the literature on programmed learning and teaching devices, Porter (1957) points to, as an important issue, the transfer of training from the teaching device to "real" problems. He suggests that this transfer is the ultimate criterion of a teaching device's effectiveness. This, of course, is an ever present issue in the development of any new teaching device. Since in this study the measure of success will be the ability of the Ss to discriminate the affective response class,
depression, from other affective response classes in actual videotaped counseling sessions, and not just the successful completion of the program, it will be one step closer to the "real" problem. Undoubtedly, programmed instruction offers many advantages over traditional teaching methods and is a method which deserves some attention in counselor education.

The other training method chosen, the video-tape presentation, also offers a new and interesting approach to training counselors. Video-tape equipment is becoming more readily available in counselor training institutions and has vast possibilities in teaching. Wilmer (1967), in a discussion of practical and theoretical aspects of video-tape in psychiatry, points out a number of advantages. First, it allows an individual to assimilate an abundance of information in the shortest possible time. Secondly, it allows people to use and develop the capacity for careful observation. Finally, people come to appreciate the meaning and appropriateness of actions, reactions, words, voice, movements and dynamics of the human encounter. In the same article he reviews the research concerning the use of video-tape in psychiatry. As video-tape equipment becomes more available, more research utilizing this equipment appears in the literature. Ivey, et al (1968), Watchtel (1967), Turner and Lain (1969), Bodin (1968), and Wilmer (1967, 1968) offer interesting and different uses for video-tape equipment in counseling and psychotherapy.

Although programmed instruction and video-tape have been utilized as training devices in many different settings, there seems to be
almost no research comparing these devices. One study by Logue, Zenner and Gohman (1968) compared the effects of (1) a programmed text, (2) a programmed text and video-tape role playing and (3) a control treatment on preparing patients for a job interview. They found no significant differences between groups. None of the studies seem to have attempted to teach a complex human behavior such as the one in this study. If one or both of these training devices prove effective in teaching such a complex human behavior as a "discrimination," they could be utilized to develop other counselor behaviors previously left to a supervisor.

As mentioned before, supervision has been a hit or miss affair with the personality of the supervisor playing a far too important role. These devices are self-teaching and require no instructor. They allow a student to proceed at his own rate and to read or view them as often as necessary. If devices such as these were developed and empirically validated for all important counselor behaviors, counselor training would no longer be a hit or miss affair, but a well structured, clearly defined training program. Counselor behaviors and performance criteria would be predetermined, and, upon successful performance of these behaviors in an actual counseling setting, an individual would be certified as a counselor.

Definition

Two terms need to be more clearly defined for purposes of this study. Depression: Emotional state of dejection, gloomy remunerations, feelings of worthlessness and guilt (Coleman, 1964). It is identifiable
in an individual by certain verbal, facial, and voice cues. The verbal cues identified include such words as "alone," "disillusioned," "discouraged," "sad," "terrible," "tired," "unhappy," and are accompanied by self-reference words such as "I," "me," "my," "we," and "you." These cue words should refer to the present emotional state of the individual and not to an emotional state experienced in the past or in reference to an anticipated emotional state. The negation of certain word cues such as "happy," "laugh," "excited," "content," "delighted," and "terrific," when accompanied by the self-reference cue words and referring to the present, are also indications of depression. The facial cues include a downward expression contributed to by any or all of the following characteristics: (1) corners of the mouth turned downward, (2) eyelids droop, (3) cheeks and jaw droop, (4) wrinkling of the forehead and (5) raising of the inner corners of the eyebrows. In addition to this downward expression, dull eyes and face, pale skin and feeble breathing are included as facial cues (Darwin, 1965). The voice cues are not specifically defined. For purposes of this study, the voice cues which indicate that an individual is depressed are any deviations from a normal intonation pattern and/or a consistent intonation pattern which adds meaning to what an individual says to us. Therefore, if any one or any combination of the verbal, facial or voice cues are evident, the individual is depressed.
Limitations of the Study

Certain questions are left unanswered by this study and additional research is suggested to help answer these questions. (1) Is this ability to discriminate an emotional state transferable to an actual counseling session? (2) Are the results generalizable to other populations? (3) Would other training devices be more effective and efficient in teaching discriminations? (4) Are these teaching devices more effective and efficient than the traditional counselor training program?

Summary

There seems to be agreement that a need exists in counselor education for new, empirically validated training methods. This study attempts to measure the effectiveness of two newly developed training devices designed to teach a complex human behavior, the discrimination of an emotional state in others, an area traditionally left to a "hit or miss" method of supervision. A programmed text and video-taped presentation were developed to teach the discrimination of depression from non-depression. Both of these methods were compared to a traditional control group. Continual testing of new training devices such as those utilized in this study are necessary to the development of effective counselor education programs.
CHAPTER II
REVIEW OF LITERATURE

The review of literature concerns itself with three major issues in discrimination training as it relates to counselor education. For purposes of this study, discrimination refers to the counselor's ability to recognize predetermined behavioral cues from a wide range of behavioral cues which exist in a client's communication. The three major issues discussed are: (1) The utilization of discrimination training in improving "awareness" or "sensitivity" to others and self. The focus of discrimination training is to train counselors to be aware or sensitive to behavioral cues associated with an affective response class. Traditional approaches to "awareness" or "sensitivity" training are compared to discrimination training techniques. (2) The advantages of discrimination training as they relate to labeling or classification systems of human behavior. The more traditional classification systems tend to be vague and ambiguous while discrimination training utilizes specific behavioral cues rather than broad, unspecified labels. (3) Discrimination training as it relates to counseling outcome is discussed. In addition to these issues, brief summaries of the research in programmed instruction and video tape training are included.

Programmed Instruction and Video Tape

Since many adequate reviews of research on programmed instruction already exist in the literature, this review shall only direct interested readers to the more prominent reviews. Two excellent guides for students
of programmed instruction have been compiled and serve as starting points for the familiarization of research conducted with programmed materials. Hendershot (1967) has brought together in one loose leaf volume a bibliography of programs and presentation devices. It also includes an excellent annotated reference section. The nature of the volume allows supplements to be added for new listings. A *Programmed Instruction Guide* (1967) compiled by Northeastern University includes listings of periodicals and literature reviews pertinent to programmed instructional materials. It also includes a listing of current programs. Calvin (1969), Ofiesh and Meierhenry (1964), Rouch (1965), Glaser (1965), Filep (1963) and Lundsdaire and Glaser (1960) all include extensive reviews of research in programmed learning. Briggs (1968) in his review involving learner variables and educational media discusses research relating to learner characteristics and programmed instruction. Torkelson & Driscoll (1968) also reviews the research utilizing programmed materials as well as that research which utilizes educational television. Research indicates that programmed instruction offers many advantages when compared with traditional teaching methods. However, very few effective programs have been developed in counselor training. This study has utilized a programmed text to teach a complex human behavior for purposes of counselor training.

Although research utilizing educational television is extensive in the literature, research involving video tape in controlled situations is limited. Wilmer (1967) in his review of the research concerning the use of video tape in psychiatry points out a number of advantages.
Specifically, he points out three advantages. (1) It allows an individual to assimilate an abundance of information in the shortest possible time. (2) It allows people to use and develop the capacity for careful observation. (3) People come to appreciate the meaning and appropriateness of action, reactions, words, voice, movements and dynamics of human encounter. Turner and Lain (1969), Bordin (1968), Ivey, et al (1968), Wilmer (1967, 1968) and Watchel (1967) all suggest new and different uses for video tape equipment in counseling and psychotherapy. Johnson (1968) combined a programmed text which included intermittent prompts, practice and feedback with an instructional video tape. The instructional video tape was designed to improve a beginning teacher's ability to observe pupil performance in the classroom. Johnson compared this treatment with three other groups: (1) Group 2 viewed the same video tape without the programmed text. (2) Group 3 listened to a tape recording of a lecture on how to be skillful observers of intended pupil behavior. (3) Group 4, as a control, received no training. She concludes that:

... a viewer's performance is significantly increased when scenes are accompanied by a program that provides intermittent prompting, overt practice and immediate knowledge of results (1968, p. 77).

Although the conclusions of this study indicate that a programmed video tape increases a viewer's performance, this device was not chosen because no evidence exists to demonstrate its superiority over a literary program. Therefore, the researcher chose to evaluate a literary program as a first step in systematic approach in evaluating training devices. Kagan, et al (1967) utilized video tape to implement the
Interpersonal Process Recall. The process made use of video tape to assist clients to recall the feelings they were expressing during counseling interviews. Although the main thrust of the study was with client behavior, considerable research was conducted to compare the relative effectiveness of (1) a video IPR treatment, (2) an audio IPR treatment, and (3) supervision using an audio tape of regular interview session. Judges were trained to rate selected segments of counselor behavior. The study reported no significant differences between treatments. Research measuring the effectiveness of video tape in training may appear frequently in the literature as training institutions become equipped with this teaching tool. The literature indicates that video tape can be an effective teaching tool in counselor education and, because of its increasing availability in counselor training institutions, new uses for this training device need to be developed and evaluated. This study attempted to fill this need.

Discrimination Training: Improving Awareness or Sensitivity

There is agreement among counselor educators that "sensitivity" to others and "sensitivity" to self are important characteristics of effective counselors. This emphasis of self and others has appeared often in the literature on counselor selection, preparation and supervision. Rogers (1957) points out that openness of a counselor to his own feelings and clarification of feeling are the most effective counselor responses in conveying positive regard, permissiveness, warm interest, or empathetic understanding of the listener. He contends all are important to the therapeutic relationship.
From another research perspective, Fiedler (1950) requested therapists subscribing to psychoanalytic, Adlerian, client-centered and eclectic approaches of psychotherapy to order a series of statements describing various therapist-patient relationships along a continuum from most to least desirable. He reports that among the eight statements constantly ranked as most characteristic of the therapist relationship were the following two statements: "The therapist is well able to understand the patient's feelings. The therapist really tries to understand the patient's feelings (Fiedler, 1950, p. 243)."

In his review of the research in counseling, Whiteley (1967) states that one of the four conditions or characteristics in the counselor which have been measured to be related to outcomes in counseling, is empathy or the ability to understand sensitively and accurately the client's feelings. He points out that these findings have been summarized by Truax and Carkhuff (Truax, 1963; Truax and Carkhuff, 1964a, 1964b, 1965a, 1965b). References in the literature are extensive in supporting the argument that "sensitivity" to self and others are necessary characteristics of effective counselors.

The emergence of the T-group as an integral part of many counselor training programs is one example of an attempt by counselor educators to increase this sensitivity in potential counselors. Foreman (1967), in a study of T-groups and their implications for counselor supervision and training, states:

This quick focus on immediate effect permits each member maximal opportunity to become more sensitive to his own feelings and to the feelings of others... (p. 52).
Cast in terms of the current study, T-groups help the counselor to discriminate between and within data provided by himself and others. During T-group sessions, trainees are able to observe behavior and interpersonal interaction between other members of the group and himself. Feedback on an individual's behavior by other members of the group focuses on the specific behavior emitted by the individual, a process which assists members of the group in discriminating these specific behavioral cues. Reddy (1970) confirmed the findings of Foreman (1967), Paris (1964) and Seegars and McDonald (1963) which supported the hypothesis that sensitivity training leads to greater self-awareness. Betz (1969) in a study comparing two groups concluded that "affective" group counseling significantly increased practicum students' ability to respond to their counselees affect. McKinnon (1968) suggests that minimal support was found to indicate that group counseling can increase perceptual awareness in student counselors.

Although the T-group movement, as it relates to counseling training, is new and there are indications that it may be an effective method in sensitizing potential counselors to their own feelings and the feelings of others, the philosophical assumptions upon which it is built are not new. Specifically, the concept supporting the position that if we sensitize an individual to his own feelings, he will become more perceptive of the feelings expressed by others is not new. The T-group is primarily a self-growth experience and the assumption, that a transfer will occur from experiences learned within the group to situations outside the group, has not been empirically validated. As Campbell and
Dunnette (1968) points out in their extensive review on T-group experiences:

...do people really become more sensitive to the feelings of others during the course of the T-group, and are they then also more sensitive to the feelings of others on the job? Both these questions must be examined empirically (p. 70).

Sensitivity training and analysis are also anxiety provoking experiences for many individuals. In a discussion about problems relevant to the training of analysts, Ornstein (1967) states:

Under the impact of the initial anxiety, the student analyst becomes 'boxed in' by his distorted conception of the analytic situation and he becomes unnecessarily rigid in his behavior based on a faulty notion of his role (p. 451).

Campbell and Dunnette (1968) reports that proponents of the T-group method in training believe that anxiety or tensions must be generated early in a group's life. This anxiety results when an individual realizes that his usual methods of interacting are not successful in this type of group situation. Therefore, the conclusion is drawn that one of the assumptions upon which T-groups are based is that anxiety facilitates learning. As Campbell and Dunnette (1968) point out that evidence concerning the relationship of anxiety and learning is equivocal. The evidence summarized in Deese (1958) and Kimble (1961) suggests that the relationship is complex and depends on the level of anxiety, the motivational state prior to learning, the complexity of the task and many other variables. Skinner (1953) claims that anxiety is not desirable in learning situations.

The legitimacy of T-groups as a training experience comes primarily from traditional approaches which can be traced to Freud and psycho-
analytic theory. Allen and Whiteley (1968) credit Freud and other psychoanalytic writers with originating the concept that analysis should be an essential component in an analyst's training program (Fenichel, 1945; Putnam, 1912; Knight, 1953). However, as Allen and Whiteley point out, this emphasis has not been restricted to analysts. They report that fifty per cent of a random sample of 500 members of Division 12 (clinical psychology) of the American Psychological Association responded positively to the question, "Should some form of personal therapy be required of all student therapists (Lubin, 1965)?"

Allen and Whiteley also point to empirical findings which support the concept that insight into one's own behavior is essential before one can become sensitive to the feelings of others (Murray, 1923; Sears, 1936; Posner, 1940; Taft, 1950; Rokeach, 1945; Green, 1948; Dymond, 1948). However, other studies have failed to validate these findings (Lemmon and Soloman, 1952; Frenkel-Brunswich, 1942).

There is considerable evidence to justify training procedures which "sensitize" counselors to their own feelings and the feelings expressed by others. However, even the most current procedures, such as the T-group, focus on the student counselor's own behavior and hope that a transfer will occur which will make them more sensitive to the feelings of others. There have been no attempts to train counselors to become more perceptive of the feelings of others, which in turn would make them more aware of their own feelings.

The emphasis of this study was to teach "sensitivity" or "awareness". However, the focus was somewhat different from the traditional approaches
described above. Discrimination training as utilized in this study teaches an individual to be sensitive to others first and assumes the transfer from others to self will occur. For example, if an individual learns to discriminate the behavioral cues connected with depression in others, he should learn to recognize these cues in himself. This transfer of self awareness is as applicable from this direction as in the traditional approach of self to others. The traditional approach taught an individual to recognize when he was depressed and assumed he would then recognize depression in others. Since research in learning indicates discriminations are an integral part of the learning process, it makes more sense to teach discrimination from the outset rather than putting individuals through a variety of experiences and hoping discriminations will come about as a result of these experiences. Kimble (1961) states, "All learning seems to involve discrimination at least to some degree (p. 361)." It is logical to expect that "sensitivity" or "awareness" can be defined as the ability of a counselor to discriminate specific behavioral cues from a wide variety of stimuli which are present in the counseling situation. Recognition of the emotional state of a client is an important learning for counselors to master and since specific behavioral cues are associated with certain emotional states, it is essential that counselors learn to discriminate these behavioral cues. However, the T-group approach and traditional training methods involve potential counselors in situations where the behavioral cues are numerous, unspecified and ambiguous and do not provide any systematic method for a trainee to discriminate specific behavioral cues.
with specific emotional states. This study involves the discrimination of specific behavioral cues which normally exist in a counseling session. The behavioral cues are limited, specified and not ambiguous, allowing the trainee to learn these discriminations more readily.

In summary, this review has thus far discussed the need for "awareness" and "sensitivity" skills in counselor training and explained that traditional approaches focus on the trainee's own feelings. These approaches are based on the assumption that improved perceptions of self will generalize to improved perceptions of others. The present study accepts the assumption that discrimination training, which focuses on improving perception in others and assumes that these learnings will generalize to improved self-perception, may result in the same outcomes as traditional approaches and avoid forcing individuals into threatening anxiety provoking situations.

Discrimination of Specific Behavioral Cues in Counselor Training

The categorizing of behavioral cues depends upon the labels or vocabulary utilized to describe these cues. The labels in counselor training traditionally have been developed from the medical model which trains counselors to describe their client's behavior with such labels as "anxious", "hysterical" and "manic depressive", etc. These descriptions commonly utilized in case reports or communications of counselors generally are very ambiguous and abstract and do not reveal the specific behaviors omitted by the client. Even in settings where clinical terminology is not used, ambiguous and abstract labels such as "poor
self-concept", "inhibited" and "lacks confidence" are common. They simply require a counselor to make broad judgments about his clients, and these judgments may differ depending upon training and orientation of the counselor. These labels originally devised to improve communications and facilitate diagnosis, actually create confusion and misinterpretation in counseling.

Classification of human behavior can be traced to the medical profession where specific organic symptoms can often be related to a disease which has been verified by scientific findings. However, this model, when applied to the classification of human behavior is not based on scientific evidence. Eysenck (1961) quotes Cammeron as stating:

...It is important for persons working in the abnormal field to realize that current official psychiatric classifications are not based upon final and convincing scientific evidence... Decisions as to the group in which a given behavior disorder shall fall depend upon schemata that actually were adopted both in this country and in Great Britain, by a majority vote of practicing members of large associations. In some very fundamental respects these systems of classification represent frank compromise between dissident factions, as one can readily observe by reading the successive committee reports (p. 2).

Eysenck (1952) and Cattell (1957) also report studies which indicate that the reliability of independent diagnosis is very low and not acceptable as descriptive of patients being examined. Both suggest a need for more modern and reliable methods of classification. Brammer and Shostrom (1964) argue that diagnostic categories are oversimplifications and not helpful to counselors in understanding client behavior. They list six dangers with the present diagnostic classifications: (1) The oversimplification of complex human problems cause counselors to overextend their judgments. (2) Counselors become preoccupied with history of the client and neglect the client's current behavior. (3) They utilize
test results too quickly in diagnosing. (4) They lose sight of the client's individuality. (5) They become preoccupied with "morbidity" rather than "hygiology" of behavior. (6) It leads to a judgmental attitude on the part of the counselor. Van Atta (1968) suggests that clinics should establish a common set of dimensions useful in understanding, describing and anticipating client behavior. Kellum (1967) advocates teaching new students in the mental health profession to categorize and quantify behavior in ways which allow consideration of reliability and validity as well as sensitivity. Menninger (1959) explains:

We are not all using different words for the same thing, but we are using the same words for different things (p. 517).

The lack of clearly defined categories for human behavior is evident. These poorly defined categories do not provide any differentiation among clients. The present labeling system in psychology simply creates broad categories into which a wide range of behavior fits. It does not allow a counselor to discriminate discerningly about the behavior he is observing. Ullman and Krasner (1969) in explaining the effects of diagnostic labels point out:

Once a diagnosis has been made, the labeled person is likely to be treated and reacted to in terms of the diagnostic label. That is a person who displays three of the twenty possible diagnostic indicators may be placed in the same category as another person who displays eight totally different indicators. Both individuals then tend to be treated identically as members of the category to which they have been assigned (p. 28).

The dangers of such a labeling system are obvious. Often decisions to institutionalize or suggestions that an individual seek psychological help are based on these labels; decisions which can have profound effect on an individual's life.
The implications of such an ambiguous labeling system on training of counselors, and more specifically, on training as it relates to this study are great. A category like "depression" is a shorthand term used to describe a large number of observable behavioral cues. As long as these labels have the same meaning for everyone involved in their use, no problem exists. However, as discussed above, much evidence exists which indicates that the same labels have many different meanings to many different professionals. Ullmann and Krasner (1969) argue that the labels used are a result of the training of the labeler. Mowrer (1948) claims that different professions arrive at different definitions depending upon their view of man. In view of this unsatisfactory situation, a responsibility exists to explicitly define any labels used in the training of counselors, as a step in the direction of greater precision in diagnosis.

Since labels used in describing behavior are part of a language unique to human beings, it is important that counselors clearly understand the meaning of these labels. The importance of language to psychologists is emphasized by Miller (1962) in the following statement:

"Language, a well discussed topic...treated as a system of cognitive categories, as a medium of self expression or for persuasion, therapy and education, as a tool for ordering and controlling our other mental operations and in many other ways. The approach I want to take, however, regards language as an extremely complicated human skill. My aspiration is to examine that skill in detail in the hope of learning something more about what it consists of and how it functions...It is grammar that is so significantly human, so specific to our species, so important for psychologists to understand more clearly (p. 748)."

If language, as Miller points out, is a tool for ordering and controlling our mental operations, it is extremely important that counselors learn
to utilize language in such a way that its meaning is very clear and explicit. The inappropriate use of labels not only affects the classification of clients, but also affects our perceptions. Brunner (1957) supports this position and suggests that "perception involves an act of categorization (p. 123)." Therefore, if in a training program to train counselors to be more discriminatory of behavioral cues, the labels are not clearly defined, errors in perception will also occur. For example, in the present study, the success of training counselors to discriminate the emotion labeled "depression," depends upon the operational definition of such a label as "depression." If the definition is vague and ambiguous, the trainees will perceive depression in many different ways which will result in inappropriate discrimination. Therefore, the behavioral cues associated with depression must be clear and viewed by all trainees in the same way. As Brunner (1957) states:

...that under any condition of perception what is achieved by the perceiver is that categorization of an object or sensory event in terms of more or less abundant reliable cues with reference to a system of categories (p. 127).

Carroll (1953) also emphasizes the importance of language in providing categories for specific discriminations. In summarizing his "lattice theory" he states:

...a hypothesis that simply says that in the life long process of learning language, we automatically learn that categories provided by language; hence, insofar as a language may be selective with respect to the total range of possible discriminations, we are predisposed to notice or pay attention to certain discriminations and neglect others; even though those other discriminations are possible for us to make and capable of being elevated into full potency under suitable conditions of reinforcement (p. 23).\(^1\)

\(^1\) Underlined words mine.
Implicit in this hypothesis put forth by Carroll is that if labels such as "depression" are not operationally defined, different counselors may focus on different behavioral cues and confusion will continue to exist among them. This confusion may extend beyond simply diagnosis to treatment.

In the current study these problems presented by ambiguous and vague labels have been avoided by specifically defining "depression". Verbal, facial and voice cues and their interactions, associated with depression have been identified. The verbal cues identified include such words as "along," "disillusioned," "discouraged," "sad," "terrible," "tired," "unhappy," and are accompanied by self-reference words such as "i," "me," "my," "we," and "you." These cues should refer to the present emotional state of the individual and not to an anticipated emotional state. The negation of certain word cues such as "happy," "laugh," "excited," "content," "delighted," and "terrific," when accompanied by self-reference cue words and referring to the present, are also indications of depression (Crowley, 1970). The facial cues include a downward expression contributed to by any or all of the following characteristics: (1) corners of the mouth turned downward, (2) eyelids droop, (3) cheek and jaw droop, (4) wrinkling of the forehead and (5) raising of the inner corners of the eyebrows. In addition to this downward expression, dull eyes and face, pale skin and feeble breathing are included as facial cues (Darwin, 1965). The voice cues are not specifically defined. For purposes of this study, the voice cues which indicate that an individual is depressed are any deviations from a
normal intonation pattern and/or a consistent intonation pattern which adds meaning to what an individual says to us (Pike, 1943). Therefore, if any one or any combination of the verbal, facial or voice cues are evident, the individual is depressed. These behavioral cues have been the basis for training subjects to discriminate depression.

The advantage of discrimination training is that the criteria to be learned are defined first and then teaching devices are developed to bring an individual to criterion level. The reinforcers, feedback from supervisors or mechanical instrumentation, are contingent upon displaying that specified discrimination. Rather than reinforce selective counselor behaviors which supervisors deem appropriate during the supervisory session, discrimination training judgments are made on predetermined counselor behaviors, explicitly defined for the trainee. For example, in this study depression was specifically defined in terms of verbal, facial and voice cues and training devices were developed to teach these specific cues. Trainees were then expected to discriminate these cues.

Discrimination Training As It Relates to Counseling Outcome

An active debate exists in the literature concerning the question of goals in counseling. On one side we hear from client-centered counselors that the same goal exists for all clients that is as Patterson (1964) states:

The client-centered counselor does have the same goal for all clients - essentially maximizing freedom of specific choices of behavior to allow maximum self-actualization (p. 125).
At the other end of the continuum we hear from the behaviorists such as Krumboltz (1965) saying "the goals of counseling should be capable of being stated differently for each individual client (p. 154)." Whiteley (1969) in his review of the research in counselor education emphasizes the need for further specification of outcomes of a training program. The basic issues he argues center around what a counselor should accomplish and how he will accomplish it.

Although the present study does not relate directly to counseling outcomes, evaluating specific training procedures such as discrimination training is essential to questions of outcomes. Whiteley (1969) in discussing Thorensen and Krumboltz's suggestion to develop a systems approach to training points out three questions central to their systems approach:

What are the performance goals of the program? What experiences will "best" (in terms of efficiency of resources and effectiveness) produce these performances? What are the possible interactive factors (trainee characteristics, initial skills, certain client problems, particular environmental settings) which lead to differential training programs (p. 181)?

The present study deals with only one small aspect of the problem dealing with counseling outcome. The focus of this study has centered around the training and evaluation of "initial skills" as they relate to the entire process.

If, in fact, we can devise specific, empirically validated training procedures to teach counselors to discriminate affective response classes, we can then proceed to find the answers to other questions posed by Whiteley. Zimmer, Wightman and McArthur (1970) present a model for
examining these questions. They suggest that counselor behavior, in this study a discrimination skill, is the independent variable which can be manipulated in such a way to effect counselee behavior within the counseling session. This within session counselee behavior is a dependent variable or, as they suggest, an "enabling objective." At the same time this enabling objective or newly learned counselee behavior is an independent variable which the counselee may manipulate, consciously or unconsciously, to effect changes outside the counseling session. These changes or counseling outcome becomes a dependent variable. For example, in this study the newly learned discrimination skill can be manipulated by the counselor as an independent variable to decrease depression in the counselee (the enabling behavior or dependent variable). The counselee, who is less depressed than when he first entered into counseling, may interact outside the counseling session in a more satisfying manner. Research in this study has been limited to only one aspect of this process, namely the training of a specific counselor behavior. However, if additional research is conducted to measure the relationship between counselor behavior and client behavior and then client behavior and external outcomes, answers to questions relating to outcome will be found. As Zimmer, Wightman and McArthur (1970) state:

A crucial question is to determine the functional relationship between enabling objectives that occur within the session and outcomes that are external to the session (p. 29).

Cast in terms of this study, discrimination training is a first step in a systematic counselor training program. A specific counselor behavior has been defined and training devices evaluated to teach discrimination
of this behavior. This is one part in the whole process of specifying counselor behavior, evaluating teaching devices to teach these behaviors, and researching the functional relationship between these behaviors and client behaviors during counseling sessions. The final step in the process is to determine the relationship between client behaviors in a counseling session and client behavior outside the counseling session.

Summary

It is concluded from this review that discrimination training utilizing teaching devices such as programmed instruction and video tape offers distinct advantages over traditional approaches in teaching counselor trainees to become more perceptive of affective response classes. The specification of behavioral referents within these affective response classes avoids the ambiguous labeling or classification system which presently exist in counseling. Finally, discrimination training is a first step in a total, systematic training program which will evaluate each step and the functional relationship between these steps, and ultimately relate the entire process to counseling outcome.
CHAPTER III

METHOD

Subjects

One hundred and fourteen upperclass students at the University of Massachusetts were involved in the study. Eighty-seven students were in an undergraduate Principles of Guidance class and participated as partial completion of requirements for the course. An additional forty-five students were volunteers from a subject pool of four hundred prospective student teachers. A letter (see Appendix A) requesting their cooperation was mailed to each prospective student teacher. Any interested students were requested to return a form indicating their willingness to participate in the research project. Students were notified by mail to report to a specific classroom on the day of the experiment. Two different letters were sent. One letter (see Appendix B) was sent for students in the Principles of Guidance class and one letter (see Appendix C) was sent to volunteers from the student teacher pool. All students were telephoned the evening before to remind them of their commitment. Students already enrolled in a counseling program were not selected. The rationale for using upperclassmen was to reduce the effect of previous formal learning and experience. While it was possible to use statistical as well as experimental control to partially account for the effects of previous learning, the nature of the study dictates that larger N's would be required. In addition, the main thrust is to compare two training models that are independent of a specific population.
Treatments

The programmed text (Treatment 1 - see Appendix D) designed for the study taught the Ss to discriminate verbal, facial and voice cues commonly associated with the emotion labeled depression. The verbal cues identified include such words as "alone," "unhappy," "disillusioned," "discouraged," "sad," "terrible," "tired," and are accompanied by self-reference words such as "I," "me," "we," and "you." These cue words should refer to the present emotional state of the individual and not to an emotional state experience in the past or in reference to an anticipated emotional state. The negation of certain word cues such as "happy," "laugh," "excited," "content," "delighted," and "terrific," when accompanied by the self-reference cue words and referring to the present are also indications of depression. The facial cues include a downward expression contributed to by any or all of the following characteristics: (1) corners of the mouth turned downward, (2) eyelids droop, (3) cheeks and jaw droop, (4) wrinkling of the forehead and (5) raising of the inner corners of the eyebrows. In addition to this downward expression, dull eyes and face, pale skin and feeble breathing are included as facial cues (Darwin, 1965). The voice cues are not specifically defined. For purposes of the study, the voice cues which indicate that an individual is depressed are deviations from normal intonation pattern which adds emphasis and direction to an individual's expression. The programmed text is designed to teach discrimination of verbal, facial or voice cues singularly or in combination as an indication that an individual is depressed.
The text was a linear program in which Ss were required to respond to every frame. It contained 107 frames in booklet form, with responses recorded directly in the space provided in the booklet. Responses were immediately confirmed by turning the page where the correct response was recorded. A single response was required for each frame. Two types of prompts, formal and thematic, were used in the frames to keep the error rate low and guide the respondents through what might be unfamiliar material (Taber, Glaser and Schaefer, 1965). A formal prompt uses as a stimulus part of the response desired. An example of such a prompt used in this program follows:

An individual may sometimes use the pronoun, YOU, when he is really referring to himself.  

Response: himself

A thematic prompt uses the general properties of the prompting stimulus rather than the exact form which is used in the formal prompt. An example of the thematic prompt used in this program follows:

A disillusioned individual may be feeling very discouraged; therefore, very _________.

Response: depressed

Approximately every ten frames, a review frame was included to summarize the material presented up to that point in the programmed text. An example of a review frame used is as follows:

In order to recognize the expression of an emotion such as "DEPRESSION" we should examine the statements of an individual for certain verbs, adjectives, and adverbs which provide us with _________.

Response: cues or clues
The program was then examined by four staff members of the Counseling Center and Department of Counselor Education to determine appropriateness of material included. A frame by frame evaluation was completed and the program was rewritten to correct the inappropriate frames.

The video-tape presentation (Treatment 2 - see Appendix E) also taught Ss to discriminate the same verbal, facial and voice cues outlined above. An actress-client was trained to emit these cues during a simulated video-taped counseling interview. The trained client was a female drama student in her junior year at the University of Massachusetts. Her training included: (1) completion of the programmed text utilized in treatment 1, (2) rehearsals of the interview with counselors other than the one used in the video-tape, and (3) discussions with the author. The counselor was a member of the University of Massachusetts' Counselor Education faculty who has an Ed.D. degree.

Two sessions were recorded at the Counseling Center of the University of Massachusetts with a Sony Videorecorder EV310 and a Sony Video Camera CVC 2100A on one inch Memorex tape. The session which included the most appropriate verbal, facial and voice cues was chosen to be included in the final training tape. The choice was made by the researcher and two members of the Department of Counselor Education staff at the University of Massachusetts. A typescript of the interview was made to determine the appropriate places for visual cues to be superimposed on the video tape. These visual cues included specific words used by the actress-client which indicate depression
and characterizations emphasizing facial cues. For example, when the actress-client emitted the cue word "sad," the word SAD was superimposed on the monitor. When the actress-client had a downward expression on her face, with the corners of her mouth turned downward, a characterization depicting this downward expression was superimposed on the monitor. This superimposing was accomplished by utilizing two cameras and a special effects generator available at the Counseling Center of the University of Massachusetts. Camera one recorded the interview from a monitor. At predetermined times the visual cues mentioned above were recorded by camera two and superimposed by the special effects generator.

A narration explaining the verbal, facial and voice cues emitted by the actress-client was dubbed in on channel two of the video tape along with background music emphasizing the voice intonation of the actress-client. The narrator was a doctoral student in Counselor Education at the University of Massachusetts. A professional musician and consultant to the University of Massachusetts Radio Station, WMEA, suggested a piece entitled Introduction and Allegro for Oboe and Piano, by Alvin Etler. He played selections from this piece on an oboe which were recorded on channel two of the video tape during selected segments of the narration and counseling interview. The entire tape ran 38 minutes. A typescript of the narration and counseling session with visual and music cues appropriately indicated is in Appendix E.

The remaining group (Treatment 3) was a control group and received no training. They viewed and responded only to the criterion tape.
Criterion Instrument

The criterion instrument was a video-tape consisting of forty 30-second interaction segments from actual first session counseling interviews (see Appendix F). Twenty of the segments were identified as depressed and twenty non-depressed. Eight half-hour interviews were video-taped in a TV studio at Greenfield Community College. Two of the sessions were judged inappropriate and not utilized. Clients were volunteers from an Educational Psychology class at Greenfield who indicated an interest in discussing their concerns with a counselor. One doctoral candidate in Counselor Education and a staff member with an Ed.D. of the Counselor Education Department at the University of Massachusetts were used as counselors for the sessions; both were experienced counselors. The counseling sessions were totally unstructured except for an introductory comment such as, "Talk about anything you like." The sessions were recorded on one inch Sony or Memorex Video Tape.

From the remaining six, one-half hour recorded sessions, eighty-four 30-second segments of client behavior were identified by the author as possible segments to be included on the criterion tape. Counselor responses were not included except for minimal responses such as "Mmmhmm." From the remaining four sessions the author identified thirty-one segments which contained the verbal, facial and voice cues identified with depression and fifty-three segments which did not contain these cues and, therefore, were judged as non-depressed segments of behavior. Consensual agreement was reached on these segments with
a staff member of the Counselor Education Department at the University of Massachusetts.

Three expert raters viewed the thirty second segments and judged them as depressed, non-depressed or uncertain.

All raters were experienced counselors and full time staff members at the University of Massachusetts Counseling Center. The two male raters had doctorates, one an Ed.D. and the other a Ph.D. The female rater had an M.Ed. in Guidance and Counseling. Their training consisted of reading the programmed text (see Appendix D) and viewing three of the eighty-four 30-second video-tape segments. One of the three selected taped segments was judged as indicating depression, one as indicating non-depression and one judged as uncertain; i.e., conflicting cues which might lead an individual to judge it as either depressed or non-depressed. The raters and author discussed the three segments and programmed text to ascertain that all three raters were in agreement about the discrimination between depressed and non-depressed cues.

The remaining eighty-one segments were presented in random order to the raters. After viewing each segment, they independently judged the segment and recorded their decision on an answer sheet. They made one of three choices: depressed, non-depressed and uncertain. The same eighty-one segments were then shown to three naive raters. These raters were female, undergraduate volunteers who had no previous experience or course work in counseling or related fields. This procedure was utilized to determine those segments which were too obvious and could possibly be identified correctly without any training. These
raters received no training, but were simply instructed to judge each segment as either depressed, non-depressed or uncertain. The segments were presented in the same random order as they had been presented to the trained raters. The results for each segment were tabulated, and forty segments—twenty depressed and twenty non-depressed—were chosen for the final criterion measure. Thirty of these final selections were chosen on the basis of one hundred per cent agreement by the trained raters and disagreement among naive raters as to whether or not segments were depressed on non-depressed. The remaining ten segments were included and were rated as either depressed or non-depressed, whichever the case might be, by two of the three trained raters and again disagreement among the naive raters as to whether or not the segment was depressed or non-depressed. These forty segments were then randomized and placed on a single video-tape. This procedure was accomplished by utilizing two one-inch Sony Video-tape recorders, minotors and cameras.

For purposes of presentation and identification, ten slides were produced which had a single number from one to ten photographed in the upper left hand corner. A number was projected with a carousel slide projector on an off-white surface which was monitored by camera one and recorded for three seconds on a video-tape. Then with a second camera the appropriate segment was recorded from the monitor of the second video-tape machine with the number superimposed in the upper left hand corner. This was accomplished with the use of a special effects generator. When the segment was completed the number remained
on the tape for an additional three seconds, until the next number appeared for three seconds and then the next segment. This procedure was repeated forty times until all segments had been recorded on one tape with numbers superimposed appropriately. The final product was a video-tape with forty segments randomly recorded. Segments were numbered one through ten repeated four times. Therefore, as an individual viewed the tape he would first see number one on the screen, then the first segment with the number one superimposed and, then only the number. While the number one appeared on the monitor, an individual would record his responses in the appropriate place on the DIGITEK answer sheet. Number two appeared on the monitor next to alert the responder to the next segment, and the process was repeated forty times. The DIGITEK answer sheet used in conjunction with the criterion tape had five response categories for each segment. The Ss were instructed to mark the response numbered "1" if they judged the segment depressed, the response numbered "2" if they judged the segment non-depressed, and the response numbered "3" if they judged the segment uncertain. Responses "4" and "5" were not utilized. Since none of the segments had been rated as uncertain, this response category was included as a distractor.

Procedure

Forty-four Ss were randomly assigned to each of the three treatments. The three treatments include: (1) the completion of a programmed text specifically designed for the study (see Appendix D), (2) a videotape presentation also specifically designed for the study (see Appendix E), and (3) a control group which received no training. This
group responded only to the criterion measure (see Appendix F). Since not all those randomly assigned reported for the study only forty Ss were involved in Treatment 1, thirty-three in Treatment 2 and forty-one in Treatment 3.

The forty Ss involved in Treatment 1 were seated in rows arranged in traditional classroom style. Each S was given a programmed text and directions (see Appendix G). The directions were read aloud by a proctor while the Ss read them silently. Questions were answered and each S was requested to place his name and the time he started and completed the text on the front cover. The mean time for completion was 23.7 minutes with a range from 15 minutes to 30 minutes. When all Ss had completed the text, they were collected and a DIGITEK answer sheet and directions (see Appendix H) for the criterion measure were distributed for each S. Directions for the criterion measure were read aloud and questions answered to clarify the procedure. Ss viewed the criterion measure on a 24 inch video monitor. The entire procedure took approximately one hour and fifteen minutes.

The thirty-three Ss involved in Treatment 2 were also seated in six rows arranged in traditional classroom style. They were instructed by a proctor that they would view a video-tape. No further instructions were given at that time since the narration at the beginning of the tape included an explanation of the training procedure. The training tape was viewed on a 24 inch monitor. After completion of the training tape, the proctor replaced it with the criterion tape. A DIGITEK answer sheet and directions (see Appendix H) for the criterion measure were distributed to each S. The directions were read aloud and questions answered to clarify the procedure. Ss viewed the criterion measure on
a 24 inch video monitor. The entire procedure took approximately one hour and twenty-five minutes.

The forty-one Ss involved in Treatment 3 (control group) were also seated in six rows arranged in traditional classroom style. A DIGITEK answer sheet and directions (see Appendix H) for the criterion measure were distributed to each S. The directions were read aloud and questions answered to clarify the procedure. Ss viewed the criterion measure on a 24 inch monitor. The entire procedure took approximately forty-five minutes.

Analysis of Data

Three completely randomized, single classification analysis of variance designs were utilized to analyze the data. Three scores were obtained for each subject: (1) the total number of correct responses recorded out of a possible forty responses on the criterion measure, (2) the total number of correct responses out of a possible twenty responses on the depressed items of the criterion measure and (3) the total number of correct responses out of a possible twenty responses on the non-depressed items of the criterion measure. The mean scores of the three Treatment groups for each of the criterion measures (Total, Depressed, Non-depressed) were analyzed for significant differences with use of a single classification analysis of variance program especially written to adjust for unequal cells frequencies. The information was analyzed by a 1620 IBM computer available at the Counseling Center of the University of Massachusetts. A model of this analysis for each of the three criterion measures appears below.
### Total Criterion

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Degrees of Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups (Prog. text vs. Video-tape vs. nontreat.)</td>
<td>2</td>
</tr>
<tr>
<td>Within Groups</td>
<td>i11</td>
</tr>
</tbody>
</table>

### Depressed Criterion

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Degrees of Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups (Prog. text vs. Video-tape vs. nontreat.)</td>
<td>2</td>
</tr>
<tr>
<td>Within Groups</td>
<td>110</td>
</tr>
</tbody>
</table>

### Non-depressed Criterion

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Degrees of Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups (Prog. text vs. Video-tape vs. nontreat.)</td>
<td>2</td>
</tr>
<tr>
<td>Within Groups</td>
<td>110</td>
</tr>
</tbody>
</table>

The F value was obtained for each measure and interpreted for statistical significance from the Table of F at .05 level of confidence. A post hoc comparison of mean differences was performed using a Newman Keuls Test to determine where the differences existed. An F value was also obtained to test differences between the variances of each group (Weit, Neidt & Ahmann, 1954, p. 133). This procedure was performed to determine whether significant differences in variability existed between groups.
Three completely randomized single classification analysis of variance designs were used to test the hypotheses. A Newman-Keuls Test of ordered means especially adapted to account for unequal cell frequencies was performed for each analysis in which significant differences were found (Kramer, 1956). An F-test for differences among variances was also performed for each criterion measure. Means and standard deviations for each treatment (Video, Programmed Text and Control) as measured by the Total criterion test and each of the two subtests (depressed, non-depressed) is presented in Table 1.

Table 1

Means and Standard Deviations of the Video, Programmed Text and Control Treatments for The Depressed, Non-depressed and Total Criterion Measures

<table>
<thead>
<tr>
<th></th>
<th>Video</th>
<th>Programmed Text</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{X}$</td>
<td>SD</td>
<td>$\bar{X}$</td>
</tr>
<tr>
<td>Depressed</td>
<td>12.87</td>
<td>3.27</td>
<td>15.13</td>
</tr>
<tr>
<td>Non-depressed</td>
<td>10.73</td>
<td>5.15</td>
<td>7.82</td>
</tr>
<tr>
<td>Total</td>
<td>22.97</td>
<td>4.16</td>
<td>22.75</td>
</tr>
</tbody>
</table>
A statistical analysis for each hypothesis is presented below.

Hypothesis 1: There is no significant difference between the three groups as measured by the Total Criterion.

A single classification analysis of variance design was performed to test Hypothesis 1. Results of this analysis appear in Table 2.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>ms</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1399.97</td>
<td>113</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>4.47</td>
<td>2</td>
<td>2.24</td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td>Within groups</td>
<td>1395.50</td>
<td>111</td>
<td>12.57</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Table 2 shows, Hypothesis 1 was accepted. No significant differences existed between the means of each of the three treatments as measured by the Total criterion test.

An F-test for differences among variances of each of the three groups was also performed for the Total criterion measure. The results of this test are presented below in Table 3.
<table>
<thead>
<tr>
<th>Variance</th>
<th>Video</th>
<th>Programmed Text</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.31</td>
<td>8.24</td>
<td>12.04</td>
<td></td>
</tr>
</tbody>
</table>

\[
F_{p,v}(39,32) = \frac{17.31}{8.24} = 2.10 **
\]

\[
F_{p,c}(39,40) = \frac{12.04}{8.24} = 1.46
\]

\[
F_{v,c}(32,40) = \frac{17.31}{12.04} = 1.43
\]

** p = < .025

Inspection of Table 3 indicates that the video treatment was significantly more variable (p = < .025) than the programmed text treatment. However, no significant differences in variance were found between the programmed text treatment and the control treatment, or between the video treatment and the control treatment.

Hypothesis 2: There is no significant difference between the three groups as measured by the depressed criterion.

A single classification analysis of variance design was performed to test Hypothesis 2. The results of this analysis appear in Table 4.
Table 4

Analysis of Variance Test For Depressed Criterion Measure

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>ms</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1302.89</td>
<td>112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>130.62</td>
<td>2</td>
<td>65.31</td>
<td>6.13</td>
<td>.05</td>
</tr>
<tr>
<td>Within groups</td>
<td>1172.26</td>
<td>110</td>
<td>10.56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results of the analysis indicate that Hypothesis 2 was rejected since a significant difference \( (p < .05) \) exists between groups. A Newman-Keuls test for ordered means was performed to determine where the differences existed. The results of this analysis are presented in Table 5.

Table 5

Newman-Keuls Test for Ordered Means For Depressed Criterion

<table>
<thead>
<tr>
<th>Ordered ( \bar{X} )s</th>
<th>Video</th>
<th>Control</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.87</td>
<td>12.88</td>
<td>15.13</td>
</tr>
</tbody>
</table>

\[
\begin{array}{c|ccc}
 & V & C & P \\
\hline
V & - & .01 & 2.26 * \\
C & - & - & 2.25 ** \\
P & - & - & - \\
\end{array}
\]

* \( p < .01 \)
** \( p < .05 \)
Significant differences (Programmed text vs. video, p = < .05; Programmed text vs. control, p = < .01) occurred between two of the ordered means. Subjects in the programmed text treatment were significantly more accurate in discriminating depressed segments on the criterion measure than subjects in either the video treatment or control treatment. No significant differences resulted between the video and control treatments.

An F-test for differences between variances of each of the three groups was also performed for the Depressed criterion measure. The results of this test appear in Table 6.

<table>
<thead>
<tr>
<th></th>
<th>Video</th>
<th>Programmed Text</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance</td>
<td>10.69</td>
<td>10.89</td>
<td>9.61</td>
</tr>
</tbody>
</table>

Table 6 revealed no significant differences between the variances of each treatment on the depressed criterion.

Hypothesis 3: There is no significant difference between the three groups as measured by the non-depressed criterion.
A single classification analysis of variance design was performed to test Hypothesis 3. The results of this analysis appear in Table 7.

Table 7
Analysis of Variance Test For Non-depressed Criterion Measure

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>ms</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1760.23</td>
<td>112</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Between groups</td>
<td>176.82</td>
<td>2</td>
<td>88.41</td>
<td>6.14</td>
<td>.05</td>
</tr>
<tr>
<td>Within groups</td>
<td>1583.41</td>
<td>110</td>
<td>14.39</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

The results of the analysis indicated that Hypothesis 3 was rejected ($p < .05$). A Newman-Keuls test for ordered means was performed to determine where the differences existed. The results of this analysis is presented in Table 8.

Table 8
Newman-Keuls Test for Ordered Means for Non-depressed Criterion

<table>
<thead>
<tr>
<th>Ordered Xs</th>
<th>Program</th>
<th>Control</th>
<th>Video</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xs</td>
<td>7.82</td>
<td>10.15</td>
<td>10.73</td>
</tr>
<tr>
<td>Differences between Treatment Means</td>
<td>P</td>
<td>—</td>
<td>2.33 **</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>V</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

** $p < .01$
Significant differences \((p < .01)\) occurred between two of the ordered pairs of means. Subjects in the programmed text treatment had significantly lower means than subjects in either the video or control treatments in discriminating non-depressed segments on the criterion measure. No significant differences resulted between the video and control treatments.

An F-test for differences among variances of each of the three groups was performed for the Non-depressed criterion measure. The results of this test appear in Table 9.

Table 9

F-Test for Variance of Video, Programmed Text and Control on Non-depressed Criterion

<table>
<thead>
<tr>
<th>Variance</th>
<th>Video</th>
<th>Programmed Text</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.52</td>
<td>9.55</td>
<td>8.24</td>
</tr>
<tr>
<td>(F_{p,v(38,32)})</td>
<td>2.78  **</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F_{p,c(38,40)})</td>
<td>1.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F_{v,c(32,40)})</td>
<td>3.22 ***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** \(p = < .001\)

** \(p = < .005\)
As Table 9 reveals, the video treatment was significantly more variable than the programmed text treatment ($p < .005$) or the control treatment ($p < .001$). However, no significant difference was found between the programmed text treatment and the control treatment.

A graphic presentation of the means of all three groups for each criterion measure has been presented below in Figure 1.
Figure 1

---

Legend:
- Solid line: Video
- Dotted line: Programmed Text
- Dotted-dashed line: Control

Axes:
- Dep.
- N. Dep.
- Total
CHAPTER V
DISCUSSION

The primary purpose of this study was to determine if an emotion, in this case depression, could be defined according to verbal, facial and voice cues and operationalized for purposes of research and training. The development of training devices to teach the discrimination of an emotion, such as depression, and the development of a criterion instrument to evaluate the effectiveness of such training devices were also of primary concern to this study. Finally, this study was concerned with comparing the two training devices as to their effectiveness as vehicles to teach the discrimination of a complex human behavior, namely depression.

Three major problems were confronted in this study:
1. Development of program instructional sequences to teach the discrimination of depression.
2. Development of a "video model" to teach the discrimination of depression.
3. Selection of video-taped counseling sessions or sessions to develop into reliable, valid test of discrimination in order to compare 1 and 2 above as well as a third control group.

The following three hypotheses were tested to compare the programmed text and video presentation:
1. There is no significant difference between the three groups as measured by the total criterion.
2. There is no significant difference between the three groups as measured by the depressed criterion.
3. There is no significant difference between the three groups as measured by the non-depressed criterion.

**Hypothesis 1.** In testing hypothesis 1, it was concluded that no significant differences existed between the three groups, programmed text, video presentation and control, in their ability to discriminate depressed segments and non-depressed segments as measured by the total criterion test. In examining the results of the three groups as measured by the depressed and non-depressed criterion, it was concluded that the lack of significant differences on the total criterion was due to a reversal in the performance of the programmed text group. In comparing the means of each of the three groups on the three criterion instruments, it was noted that the mean of the programmed text group was higher than the means of the other two groups on the depressed criterion, but the mean of the programmed text group was lower than the means of the other two groups on the non-depressed criterion. When the means of programmed text group on the depressed and non-depressed criterion were combined to form a total mean, the differences that exist between groups on the depressed and non-depressed criterion were cancelled out on the total criterion.

However, a significant difference between the variability (p<.025) of the programmed text group and the video group was found. The video group was more variable than the programmed text which may indicate that some subjects in the video group learned the discrimination between depression and non-depression well and others within the same group did not learn the discrimination very well. This may be due to the passivity of the video tape as a training instrument. Perhaps the variability
was due to unmotivated subjects who may simply have lost interest in the video tape.

Hypothesis 2. A significant difference \( (p < .05) \) between groups was found in testing hypothesis 2. The results of this analysis indicate that the programmed text group was able to discriminate depressed segments better than the other two groups. Three possible conclusions were made from the results of this analysis.

The video tape presentation was a passive training device, not requiring subjects to interact during the training process. They simply sat and viewed the tape which allowed them to ignore the cues emphasized or focus on other stimuli on the tape or in the room. Therefore, unless a subject was motivated to learn the material, he was able to disregard the training. On the other hand, the programmed text forced subjects to interact with the text, which guaranteed that subjects had to read each frame and actively respond. The programmed text provided immediate feedback in regard to the subjects' response. It also provided summary frames which helped subjects synthesize the material presented.

The video presentation did not provide any reinforcements and depended on the media itself as a reinforcement. The video presentation required thirty minutes to view, whereas the completion of the programmed text ranged from fifteen to thirty minutes with a mean time of twenty-three minutes allowing for individual differences. The total training procedure for the video presentation including the response to the criterion instrument took one hour and forty-five minutes, whereas the total time for the programmed text treatment was one hour and fifteen minutes. Due to the extra time required for the video presentation, a fatigue factor may have been operating. Anecdotally, some subjects did
express boredom towards the end of the video presentation. Therefore, it was concluded that the results of the analysis was due partly to the excessive length of the video presentation as well as the passive role of the viewer. No variability in performance was found between the three groups in testing hypothesis 2.

**Hypothesis 3.** In testing hypothesis 3 it was concluded that a significant difference (p<.05) existed between the three groups. The program text group was significantly poorer at discriminating non-depressed segments than either the video or control group. Since all training procedures focused only on depressive cues and did not include training with non-depressed cues, it was concluded that subjects were trained to discriminate depressive cues, but were unable to ferret out the non-depressive cues on the criterion instrument. It is also possible that when conflicting cues existed in the segments on the criterion instrument subjects may have decided that the segment was depressed, rather than evaluating the cues more specifically. Having focused on only depressive cues in the training program may account for the superior performance of the program group on the depressed criterion and that groups poorer performance on the non-depressed criterion.

Again, the video group is significantly more variable than the other two groups in responding to the non-depressed criterion. The variability may be due to unmotivated subjects who may have lost interest in the video tape.

Generally, the programmed text treatment was more effective in teaching the discrimination of depressive cues and less variable than the video group. The results indicated that the active involvement of
the programmed text group on the learning process proved to be more successful than the passive involvement of the video group. The presence of immediate reinforcement in the programmed text group may also have been a factor in their superior performance. Finally, the length of the video presentation may have caused a fatigue factor which affected the performance of the video group.

Conclusions

The results of this study indicate that an emotion such as depression can be operationally defined. An emotion can be examined more specifically utilizing the many behavioral cues which combined make up an emotion such as depression. In this study, three sets of behavioral cues were identified as being associated with the emotion commonly referred to as depression: (1) verbal cues, (2) facial cues, (3) voice cues. Once these behavioral cues can be identified, training devices can be developed to teach the discrimination of these cues from the total range of behavioral cues emitted by individuals in communication.

It was further concluded that self-teaching training devices such as a program instructional sequence can be developed to teach complex human behaviors such as emotions. Once the specific cues have been identified, they can be programmed into a sequence. The advantages of this type of teaching device are numerous. (1) It provides immediate feedback as to the correctness of the reader's response. (2) The reader can proceed at his own rate and need not worry about missing relevant materials. (3) No expensive equipment is required. (4) The presence of a teacher or supervisor is not required. These advantages
have been known before; however, this study demonstrates the effectiveness of a programmed text in teaching individuals about a complex human behavior, a procedure not previously tested.

In addition, the results of this study demonstrated that a simulated counseling session can be created in which a trained client can emit, impromptu, the specific cues associated with an emotion. Video tape offers an effective method of capturing these cues after the session is completed and provides the capabilities of emphasizing these cues by superimposing visual cues on the tape after the session is completed. Video tape also allows additional explanations, in the form of a narration, and additional emphasis to voice intonation with the use of music to be dubbed on the tape after the session is completed. The development of such a video tape avoids the hit or miss approach to supervision in counseling. Video tapes are able to provide the student with all the cues associated with an emotion, rather than depend on the possibility that these cues will be emitted in live counseling sessions and then reinforced during a supervisory session. Teaching devices, such as video tape presentations, allow the behavioral cues associated with an emotion to be predetermined and then presented in a systematic fashion to the trainee. During traditional supervisory sessions, where audio tapes of live counseling sessions are utilized, all the cues associated with an emotion are not always emitted by the client and, even if they are emitted often, the supervisor fails to point them out to the trainee. The video tape developed for this study is one example of many similar tapes which can be developed to teach different counselor behaviors. Tapes could be developed to teach counselors how to use confrontation
techniques or utilize reflections during a counseling session.

Also concluded from this study was that a video tape criterion instrument, created from actual counseling sessions, can be developed to evaluate the effectiveness of different training devices. The study demonstrated that specific behavioral cues can be identified in an actual counseling session and consensual agreement can be reached among trained experts. Moreover, the study demonstrated that these segments from actual counseling sessions can be compiled on one video tape for presentation purposes and provide an efficient approach to evaluating the effectiveness of different training devices.

Significance of the Study

This study has demonstrated successfully that an emotion such as depression can be operationally defined. The implications are far reaching. Counselors generally have accepted that an important counseling skill is the ability to identify client affect, and that this affect is an important ingredient of the client's communication. Specific definitions of this affect should clarify the ambiguity that presently exists in training programs. If the emotion of depression can be operationally defined, this should be true of other emotions. The literature suggests systematic procedures in training to teach specific behavioral goals (Whiteley, 1969; Delany, 1969; Pepyne, Zimmer and Hackney, 1969; Krumboltz, 1967; Carkhuff, 1967). Operationally, defining emotions and training counselors to discriminate these emotions is a move in the direction of greater clarity. This study has shown that it is possible to look at an emotion in a way that makes the dis-
crimination of emotions more amenable to counseling.

This study has also demonstrated that empirically validated training procedures can be developed to teach counselors specific behavioral skills. The evidence indicates that complex human behaviors such as the discrimination of an emotion like depression can be incorporated into training programs with specific, measurable goals. The programmed text, previously used in a limited way, in counselor training programs offers one example of devices to teach counselors. If, in fact, a programmed text can be developed to teach the discrimination of depression, why not teach the discrimination of anxiety, surprise or happiness? Different training devices might also be developed such as programmed video tape or even programmed audio tapes. Ultimately, training devices can be developed to include all definable counselor behaviors and be incorporated in a systematic manner into a total counselor training program.

In conclusion, two implications can be made concerning the results of this study to counselor training. It has demonstrated that complex human behaviors such as emotions can be operationally defined, a necessary procedure in the development of empirically validated training programs. Secondly, the evidence indicates that new and different training devices for counseling can be developed into systematic training programs.

Limitations of the Study

Five major limitations to the study are noted. (1) Is the ability to discriminate an emotional state transferable to an actual counseling
session? Although the results of the study indicate that naive subjects can be trained to discriminate the emotion depression in segments on video tape, it still remains to be demonstrated whether or not trainees in actual counseling sessions can discriminate the emotional state of their client as a result of training devices such as those utilized in this study.

(2) Since a specific population was utilized in this study, caution should be exercised in making generalizations about the results of this study to other populations. Sex, age, cultural background, intelligence and personality factors were not considered as variables in this study and, therefore, generalizations concerning the effect of these factors on training programs such as the programmed text should not be made. Furthermore, the effectiveness of the video tape presentation in this study with actual counselor trainees has not been demonstrated. Since the population in this study included undergraduates who have not decided on counseling as an occupational goal, their motivation in attending to the video tape might have been lower than the motivation of counselor trainees.

(3) Since only two training devices were tested in this study, questions concerning the effectiveness of the programmed text when compared with other training devices need to be developed and then compared to the programmed text before decisions can be made about the most effective method to teach the discrimination of an emotion such as depression.

(4) Moreover, there is no evidence to indicate that the programmed text is significantly better than traditional counselor training programs.
Therefore, generalizations about the superior quality of the programmed text should not be made.

(5) Finally, a limitation should be mentioned concerning the operational definition of depression. Although verbal, facial and voice cues were utilized in teaching the discrimination of depression, body cues (kinesics) or interpersonal space cues (proxemics) were not included. Therefore, before one can make definite statements about the discrimination of an emotion these cues should be included in the definition.

Suggestions for Further Research

Several suggestions for further research related to this study are discussed below. Future studies should be conducted which include not only the discrimination of depression but also non-depression. The present study emphasized depressive cues only, and the results indicated the need to emphasize non-depressed cues also. Investigations also should be conducted to evaluate the effectiveness of these training devices with other emotions. Additional research developing training devices which teach two different emotions simultaneously is also needed. Since the behavioral cues connected with different emotions are often similar, training devices which teach fine discriminations between two emotions such as depression and anxiety should prove very useful in counselor training.

Investigations also should be conducted to answer questions concerning the use of video tape in training. Although the results of this study did indicate that the video presentation was effective, many
questions remain to be answered. Would a programmed video tape presentation be even more effective than a literary program? Such training devices combine advantages of immediate feedback of the programmed sequences and visual cues available with video tape. Johnson (1968) compared a programmed video-tape device with a video tape only, a tape only, an audio tape lecture, and a control treatment receiving no training and found that the programmed video tape significantly improved the viewer's performance. Such a training device should prove very effective in counselor education programs. In addition, it is suggested that studies utilizing less lengthy video tape presentations are needed.

Investigations comparing new training devices with traditional supervisory approaches in counselor education are needed before any conclusions can be made concerning their value. It makes no sense to spend time developing and validating new training devices if the present techniques are as effective. However, research should be conducted comparing not only the devices utilized in this study, but also new techniques such as role playing and simulation exercises.

Further research also needs to be conducted to evaluate the effectiveness of new training devices in bringing trainees up to a predetermined criterion level. There is a minimum level of competency which counselors should demonstrate and the ultimate test of the effectiveness of training programs should be the ability to bring trainees up to this criterion level.

Research utilizing clients in live counseling sessions is also needed in counselor training. Counselors must ultimately perform during a counseling session and the effectiveness of their training must be
evaluated in terms of their performance within those sessions.

Finally, training programs which teach specific behavioral skills must be measured in terms of counseling outcomes. Further research is needed to test the effectiveness of these skills in changing client behavior outside the counseling session as well as within the interview.
REFERENCES


Frankel-Brunswick, E. Motivation and behavior. Genetic Psychological Monograph, 1942, 26, 121-255.


APPENDIX A
Dear Prospective Teacher:

We are planning a study to evaluate the effectiveness of different training methods designed to enable you to detect emotions in other people. This study is being conducted by the Center for Human Relations in the School of Education. As a prospective teacher, we are sure that you will be interested in such a research project. It will involve approximately two hours of your time. We plan to run this study on Thursday, April 16 at 11:30 a.m. in Rooms 226-228 of the School of Education. To assist us in making arrangements for the project please complete the form below and return it to the Student Teaching Office, Room 100, School of Education before Wednesday, April 8th.

Thank you for your cooperation.

Sincerely,

Jules M. Zimmer
Human Relations Center

William V. Fanslow
Director of Field Experiences

---

I would like to participate in this research project and will plan to report to Rooms 226-228 at 11:30 a.m. on Thursday, April 16th.

Name ________________________________________________________________

Campus Address ______________________________________________________

Telephone __________________________________________________________

Tear off and return to the Student Teaching Office, Room 100
April 10, 1970

Dear

This is a reminder to help you remember that the Principles of Guidance class will meet at the School of Education, Room on Thursday, April 16th at 12 NOON. At this time I want to thank you for participating in this research project. I am sure you will find these training procedures relevant to your future work in the field of counseling. Below is a reminder to help you remember your scheduled appointment.

Thanks again for your cooperation.

Sincerely,

Jules M. Zimmer
Human Relations Center

The Principles of Guidance class will meet in the School of Education, Room , on Thursday, April 16th at 12 NOON.
Dear

Thank you for volunteering to participate in our research project. As you know you should report to the School of Education, Room on Thursday, April 16th at 11:45 A.M. We would appreciate your prompt arrival. As we mentioned in our earlier letter, we plan to evaluate the effectiveness of different training methods designed to enable you to detect emotions in other people. Below is a reminder to help you remember your scheduled appointment.

Thanks again for your cooperation.

Sincerely,

Jules M. Zimmer
Human Relations Center

JMZ:isma

---

Please report to the School of Education, Room , on Thursday, April 16th at 11:45 A.M. to participate in the research project for which you have volunteered.
DISCRIMINATION TRAINING:

EXPRESSION OF EMOTION

1

This program is designed to teach discrimination of verbal, facial and voice cues that are associated with the emotion labeled depression.

38

Another example can be found in the statement, "We all are so disillusioned." In this statement the individual is including himself when he uses the personal pronoun _________.

75

The face and skin of a depressed individual seem pale and dull which adds to this _________ appearance.
When an individual comes to a counselor, he usually feels bothered about something and expects the counselor to

An individual may sometimes use the pronoun, YOU when he is really referring to him _ _ _.

Breathing becomes slow and feeble and is often interrupted by deep sighs which adds to this lifeless quality and gives the impression that one lacks the ambition and strength of an individual who is not _____________.

LIFELESS
It is generally recognized in counseling that in order to help an individual, a counselor must understand how his client is ________

For example, "You feel terrible when you hurt your parents", the pronoun, ________, is self-reference.

The depressed individual's facial features seem to droop downward while his dull eyes and face, pale skin, and feeble breathing seem to add to a ________________ quality.
Some statements or expressions of a client represent an emotional response or feeling such as happy or

In addition to cue words such as, "alone", "disillusioned", "discouraged", "sad", "terrible", "tired", "unhappy", a self-reference word such as "I", "me", "my", "we", and "you" must be included before one can judge that an individual is expressing the emotion, ____________________.

Along with the non-verbal facial expressions and verbal statements it is important to listen carefully for certain voice intonations which would indicate an individual is feeling ____________________.
The emotion "sadness" is one of many responses expressed by individuals.

When an individual says, "I am not happy", he might be saying, "I am _________________.

Intonation, as commonly used, refers to the general "tone of ________________ of an utterance.
The emotional responses, "depression", "dejection", and "dismay" are very similar to the emotion, ________________.

When words such as "happy", "laugh", "excited", "content", "delighted", and "terrific", are included in a statement with negative words such as "not" or "never" the emotion being expressed might be ________________.

Every sentence, every word, every syllable, has differing degrees of pitch and pausal phenomena which account for this "tone of voice" or ________________.
Therefore, for the remainder of the program we shall only use the word "DEPRESSION" when referring to this response.

For example, an expression of happiness in the statement, "I am excited about my new job", might become an expression of depression by changing the statement to "I am ________ excited about my new job."

For example, if an individual says, "Is breakfast ready yet?" the sentence can be either innocuous or an insult depending upon its ________.
The emotional response, "depression", is sometimes difficult to distinguish from other emotional

The statement "I am not overwhelmed with joy about being a student" might indicate that an individual is

Thus, a change of intonation pattern can alter an entire message from an innocuous one to an
One approach to recognizing a particular emotional response would be to examine the statements of an individual and look for discriminating verbs, adjectives and adjectives.

In the statement, "I am never happy," the emotion, depression, is being expressed by negating the emotion, ________________.

The statement, "It wasn't his words I objected to, but his tone of voice," is an excellent example of a reaction to certain ____________ patterns.
Certain verbs, adjectives and adverbs give us clues or cues to the particular emotional ________________.

The following statement also might indicate that an individual is depressed: "I _____ get excited about anything."

Words and statements have two meanings: those found in the dictionary and those which are expressed by different ________________ patterns.
In order to recognize the expression of an emotion such as "DEPRESSION" we should examine the statements of an individual for certain verbs, adjectives, and adverbs which provide us with.

Therefore, self-reference statements which negate words such as, "happy", "laugh", "excited", "content" "delighted", and "terrific", as well as self-reference statements which include words such as "alone", "disillusioned", "discouraged", "sad", "terrible," and "unhappy" might be verbal expressions of the emotion.

For example, the word "horse" refers to an animal with four legs, solid hooves, and a flowing mane and tail according to its meaning.
For example, in the statement "I am worried about school", the cue word which indicates a particular emotional response is _______________.

Statements which indicate depression might also refer to a particular time in an individual's life, i.e., past, present or _________________.

An intonation meaning could modify this dictionary meaning if, for example, a speaker was taken by surprise at the unexpected appearance of a _________________.

CUES or CLUES

DEPRESSION

DICTIONARY
The word "worried" indicates that an individual might be expressing the emotion ____________________.

For example, in this statement of a college student, "I was really turned off in high school," the individual is indicating depression which occurred in the ________________.

This added meaning is a temporary addition which reflects the attitude or feeling of the speaker and is conveyed by voice ____________________.
In the statement, "I really feel down since I arrived on campus", the cue word indicating depression is __________.

In the statement, "I will be real down when I leave college," the individual is indicating depression which might occur in the ________________.

In attempting to identify an emotional state such as depression we should be aware of differing degrees of pitch and pausal phenomena which we refer to as ________________.
When an individual says he is down or worried, the emotion he might be expressing is one of ________.

However, the statement, "I am very unhappy," indicates an individual's ________ emotional state.

For example, if an individual's voice is quavering while he says, "I failed a test today," a depressed state might be recognized by the ________ in his voice.
Other words may also indicate that an individual is expressing the emotion of ___________.

The statement, "I am very unhappy," indicates that an individual is depressed because it is a self-reference statement which includes the word, "unhappy" and is expressed in the ______________ tense.

Some individuals speak very slowly and softly when they are feeling ______________.
For example in the statement, "I am really becoming very disillusioned about the people I've met at school", the cue word is ________________.

However, the statement, "I was very sad when I first arrived on campus," would not indicate that an individual is depressed because he is referring to the ____________.

Other depressed individuals, whose voice normally is soft and slow tend to increase their tempo and ____________ more rapidly.
A disillusioned individual may be feeling very discouraged, therefore, very __________. DISILLUSIONED

Occasionally an individual will use the past tense of a verb to discuss something which is currently very much part of their ________________ emotional state. PAST

Still other individuals' voices become very hesitant when they are feeling _________________. SPEAK
The cue word which might express depression in the statement, "I am really discouraged because I failed a test," is ______________.

When an individual says, "I was very turned off with the grade I received on yesterday's exam," he may be saying, "I am still very _________________.

For example, an individual whose normal intonation pattern is steady or constant when speaking might speak in the following manner: I - pause - failed - pause - a test, today, when _______________.
Depression might be expressed in this statement: "I feel hung-up today," by the word ____________________.

If we are trying to determine an individual's emotional state, we must examine his statements carefully and be certain that the emotion being expressed does not refer to the past or future, but only refers to the ____________________.

Therefore, before we can make a judgment about whether or not an individual is feeling depressed, it is important to determine an individual's ____________________ intonation pattern.
The cue word in the following statement, "I am always tired," is __________________.

In addition to certain verbal cues from a depressed individual, non-verbal cues are expressed which indicate his __________________ emotional state.

Once this normal voice intonation is determined, a deviation from this pattern might indicate that an individual is __________________.
"I am very up-tight about the way things are going" - The cue word in the preceding statement which might indicate depression is _________.

An individual's facial expressions are an example of ___________________ cues.

Although we all have different voice intonations which reflect transitory attitudes or emotional reactions, occasionally a more constant mood or emotional state, such as depression, is also communicated by voice ___________________.
The cue word which might express depression in the statement, "It made me very sad to see my parents quarreling today", is _______.

Quite often when we comment, "He looks depressed," we are reacting to an individual's non-verbal expressions.

The voice intonation of some individuals usually sounds happy except when they are confronted by another individual who says something, which causes a change in normal voice intonation, but this change is not constant, it is _______.
When the cue word is modified by such words as "really", "always", and "very", there is greater indication that the individual is expressing the emotion, _very_.

For instance, in sketches or cartoons of an individual who is depressed, the most noticeable facial expression is one in which the corners of the mouth are turned _depressed_.

However, when we are trying to determine a constant emotional state, such as depression, we must focus on an intonation pattern which permeates everything an individual says, rather than just a _intonation_ emotional reaction.
When an individual says, "I am always tired", he is not saying "I have had a rough day and need a good night's sleep", he is indicating that he feels this way most of the

This downward expression is not limited to the corners of the mouth, but actually prevades the entire expression.

For example an individual may spend 15 or 20 minutes talking to you about how well he is doing in school and how great his social life is, but his tone of voice or intonation pattern might be the same throughout regardless of what he is saying. This intonation pattern might indicate his emotional state.
Therefore, when modifiers such as "always", "very", "really" are used in combination with a cue word, there is indication that the depression is not just a temporary state, but prevails _____________ of the time.

When an individual is depressed even his cheeks and lower jaw sink ____________.

Consistency of intonation pattern exists within normal voice intonation, but the deviation from a person's normal pattern indicates his ____________ state.
When words such as, "alone", "disillusioned", "discourage", "sad", "terrible", "tired" and "unhappy" imply a general emotional state rather than a monetary expression, they may indicate that an individual is feeling ______________________.

The eyelids of a depressed individual droop and add to this ______________________ facial expression.

When an individual's normal intonation pattern is recognized, any deviation from this pattern and or a consistent intonation which adds additional meaning to what an individual says to us is noticed we have some clues to indicate that an individual is ______________________.
In the statement, "My boyfriend is discouraged because he failed a test," we do NOT get any indication of an individual's emotional response even though the cue word ____________ is present.

However, the inner ends of the eyebrows tend to be raised in an angled position when an individual is ________________.

In summarizing, it is pointed out that if any one or any combination of the verbal, facial or voice cues are evident there may be some indication that an individual is ________________.
In addition to the cue word which indicates depression the individual should not be referring to some other person, but should include a reference to him.

A wrinkling of the facial muscles in the forehead results when the inner ends of the eyebrows are ____________.

For example, a depressed individual might say, "I am very lonely since I arrived on campus" in a typical voice and have a downward expression on his ____________.
A self-reference pronoun such as "I", or "me" must occur in the statement along with a cue.

The raising of the inner ends of the eyebrows adds to the depressed individual's downward expression.

Another individual might have a lifeless quality, downward expression on his face and his voice intonation may deviate from his normal intonation, but his verbal statements would not indicate that he is.
For example, in the statement, "I feel tired today," the cue word is tired and the self-reference pronoun is _____.

The head hangs low on the chest of a depressed individual which again adds to this _________________.

facial expression.

Verbal cues or downward facial expressions may not be present in some depressed individuals but their emotional state might be conveyed by voice ____________.
In the statement, "It made me sad to see my parents quarreling today", the cue word is sad and the self-reference pronoun is _______.

The statement, "Look at how his face has dropped," is an example of a common reaction to this downward expression of a _________. individual.

Depression in others might be difficult to detect from voice intonation or verbal statements but might be evident by certain _______ facial expressions.
Occasionally, an individual may not be as specific as the two preceding statements and instead of using the pronouns "I" or "me", may use a different ____________.

These descriptions of facial expressions in depressed individuals are somewhat extreme and seldom seen in these forms, however, we often are able to recognize a depressed expression since the face seems to have fallen ________________.

Therefore, in order to recognize an emotional state such as depression, we should listen to the verbal content of our client, be aware of his facial expressions and voice ________________.
For example, in the statement, "My life is so sad", a self-reference is made by using the word, ____________.  

Therefore, when an individual appears to have a downward facial expression which is contributed by any or all of the following characteristics:  

1) Corners of the mouth turned downward  
2) Eyelids droop  
3) Cheeks and jaw droop  
4) Wrinkling of forehead  
5) Raising of the inner corners of the eyebrows, it might indicate that he is feeling ________________.
Occasionally an individual will generalize about others and their emotional state when he is really referring to him.

Occasionally, an individual who is depressed will appear lifeless in addition to this facial expression.
For example, the statement, "All the guys in the dorm are disillusioned," might mean, "_______ am disillusioned".

The eyes seem to lack the brightness and sparkle apparent in contented individuals and appear dull and ________________.
APPENDIX E
This video presentation is designed to teach the discrimination of verbal, facial and voice cues that are associated with the emotion commonly referred to as depression. You will view an actual counseling session in which the client is depressed. Before we begin, let us look at some verbal cues which are associated with depression. Certain verbs, adjectives and adverbs such as "sad," "alone," "disillusioned," "tired," "upset," and "failed" are clues that an individual may be depressed. These words, however, must refer to the speaker's present emotional state. Three important points should be kept in mind:

1. A cue word indicating depression should be included in the statement.

2. A self-reference word should be used.

3. The individual should be referring to his or her present emotional state, not to the past or future.

In the counseling session that follows, the client makes the statement, "I am up-tight." Here she uses a self-reference, "I," the cue word, "up-tight," and is referring to the present and not to the past or future. Occasionally, an individual will not make such obvious statements. He will use the third person when he is really referring to himself. For example, the statement, "All the guys in the dorm are disillusioned." Another example can be found in the statement, "We all are so disillusioned." In this statement the individual is including himself when he uses the personal pronoun, "we." An individual, when discussing his present emotional state, will often use a negation of such words as "happy," "laugh," and "turned on." For example, in the counseling session that follows, the individual makes a statement like "I can't get turned on," and "I'm not happy."
statements such as these are also indications of depression. Individuals talk in the past tense when they are really referring to the present. For example, our client in the session that follows makes statements such as "I've been upset," and "I have really failed." Although these statements use past tense, they are really describing her present emotional state. Therefore, when trying to identify depression from verbal statements we should listen for a cue word, a self-reference, and the present tense. However, these may not always be explicit, but inferred.

Certain common facial expressions are also associated with depression. For instance, in sketches or cartoons of an individual who is depressed, the most noticeable facial expression is one in which the corners of the mouth are turned down. This downward expression is not limited to the corners of the mouth, but actually pervades the entire facial expression. When an individual is depressed, even his cheeks and lower jaw sink downward. The eyelids drop and add to this downward facial expression. However, the inner ends of the eyebrows tend to be raised in angled position when an individual is depressed. The head hangs low on the chest of a depressed individual which again adds to this downward facial expression. These descriptions of facial expressions are somewhat extreme and are seldom seen in these forms; however, we often are able to recognize a depressed expression because the face seems to have fallen downward. Occasionally, an individual who is depressed will appear lifeless in addition to this downward facial expression. The eyes seem to lack brightness and sparkle, and will appear dull.

(Along with the non-verbal facial expressions and verbal statements, it is important to listen carefully for certain voice intonations which would indicate an individual is feeling depressed. Every sentence, every word, every syllable has differing degrees of pitch and pausal phenomena which account
for this tone of voice or intonation. For example, an individual might say, "Is breakfast ready yet?" - innocuous -, or "Is breakfast ready yet?" - insulting. An individual might also say, "It made me happy." - elated - or, "It made me happy." - sad. Thus, a change of intonation pattern can alter an entire message. Before we can make a judgment about whether an individual is feeling depressed, it is important to determine an individual's normal intonation pattern. Once the normal intonation is determined, a deviation from this pattern might indicate that an individual is depressed. Although we all have different voice intonations which reflect transitory attitudes or emotional reactions, occasionally a more constant mood or emotional state, such as depression, is also communicated by voice intonation. These transitory emotional reactions are typical of most communications and are reflected in voice intonations. However, when we are trying to determine a constant emotional state, such as depression, we must focus on an intonation pattern which permeates everything an individual says rather than just a transitory emotional reaction.

In summarizing, I want to point out that if any one or any combination of the verbal, facial or voice cues are evident, there may be some indication that an individual is depressed. During the counseling session that follows, you will see a client who is depressed. Notice the verbal, facial, and voice cues. I have just discussed these. Periodically visual aids such as those you have just viewed will appear on the screen to assist you in identifying specific cues. I will also periodically explain more fully some of these cues which are identified with depression.

S: Umh... The reason I came... to the Counseling Center, today was... I've been having academic problems. I'm... I just... can't seem to concentrate... on my work... you know... sometimes you just try so hard...
you try to concentrate... I just haven't been able to concentrate... lately, and I just - sigh - and I've been sort of... sad.

C: Why don't you just sit back and relax a second. Don't worry about concentration.

N: I want to point out here the downward facial expression of the client. Especially notice the lips turned downward.

C: Why don't you try it again.

N: Notice the word cues such as up-tight, the self-reference word, "I", and the use of the present tense in the upcoming statement by the client.

C: Why you just seem so bound up, and it's just amazing that school could get to you so much. I get the sense there must be something in addition to that.

S: - sigh - Well, I guess I am sort of, you know, up-tight about everything. It seems like nothing is going my way, you know, (I guess everybody gets that feeling - sigh - I don't know, I just... I feel... I've been really trying to study... trying to do well. I am a Junior this year, and I haven't got all that good grades... Well, they've been alright... I've tried this semester to hold my grades up, you know, and make my parents happy.) Just haven't been achieving at all - sigh - Oh boy! I'm just so damn tired all the time. I just - sigh -

N: Notice again the cue word tired, the self-reference "I", and the use of the present tense.

S: Can't... do any... anything. I guess... guess there must be some other... reason.

C: You come across to me like you're wallowing in self-pity.

S: I don't know... - sigh - I guess I've been this way... for a long time... practically the whole semester - sigh -.
C: Just kind of down and feeling kinda sorry for yourself. Not being able to produce. Just kind of wandering around aimlessly.

S: - sigh - I think... I don't know what's wrong. I never was like this before - sigh -. My other semesters, I... I didn't get good grades... that good, but it wasn't because I didn't study... you know... I was always busy in plays and things. I haven't been in any this semester, so...

N: The head hangs low here, and the entire facial expression appears downward.

C: How does your engagement fit into all this?

S: -sigh - Well... my... my fiance...

N: In the next statement, the client is talking in the past tense, but is really referring to the present tense.

S: He knows I've been feeling, you know, -sigh - kind of upset, but... I don't know, just, he just really... can't... seem to ever cheer me up. We go, you know, we go out somewhere. It's just not the same, it's... I just can't get - sigh - turned on to anything. The more... the worse... I do... (the more, you know, tests that I just can't, you know, study for and get a "C" on... the more up-tight I get. Yesterday, no, the day before yesterday... I had my final for abnormal psych. - sigh - I just, I really studied for it... I really did. I didn't go out anywhere. I stayed in and tired to concentrate - sigh - I just know I didn't do that well - sigh - Well, it really gets a person down.)

C: Is this thought of failure or the thought of _ gets you down... Kind of confused. Is it failure or I guess something you said before kind of triggered something off in me. I guess you said, you know, your mother and father were somehow involved in your school work and grades and it was almost a fantastic, fantastic press to produce for them was a sense of...
S: Well.

N: Here again notice the downward facial expression and the hesitant speed interrupted by sighs.

S: I guess, I just, I want to make them happy. They like to see me do better... in school and... I just - sigh - I just really feel as though, sort of, I am letting them down.

C: Mmhm, is this the kind of person you are and the kind of student you are? And, ah...

N: The head hangs down with a downward facial expression.

S: When I left... this summer, you know, I came back in the fall - sigh - I told, you know, (my mother, that I was, I wasn't going to be in any shows at school. I was really going, you know, to work hard - not go out as often, you know... really buckle down. I just can't do it. Its not that, it's not that I don't like the courses... I'm really interested in the stuff. - sigh - I just go,) I don't know. I just can't get psyched for it. I can't get psyched for anything. I don't know what's wrong with me.

C: I guess the confusing thing for me is that you say you can't get psyched for anything and yet, like last night, you get engaged.

S: Well, you know, sure I was happy and, you know, I knew we were going to be getting engaged. It wasn't really any great surprise.

C: Just one of the things you do. Even if you don't want to go to school or go to classes you do that.

S: Yes, I guess it shouldn't be that way, but, I don't know, I was happy. I just couldn't stay that way for very long.

C: You mean, for last night during that period of time.
S: Ya, I was happy, you know. We went out, we went out to dinner and had a nice dinner.

N: Even here when the client is discussing a happy event, facial expression and the voice indicates depression. Also, notice in the next statement the client negates the word happy.

S: - sigh - long pause - I'm just not, not as happy about it as I should be I guess.

C: As happy about what?

S: About getting engaged and about everything I guess.

N: Notice the downward facial expression here.

S: I really thought I had this - pause - course in directing. I took it as an elective. I am sort of interested in theater too. I really - sigh - thought I'd like it, and I did like it, but I am so kind of mad with myself - sigh - I didn't try hard enough.

C: You know what you seem to do, I don't know if this really fits, but try this on for size, you know, you seem to get yourself involved, like in school and like directing and like now an engagement and then, you seem, for some peculiar reason not to make a go of it, and then you kind of beat yourself over the head with it. Almost as if this was kind of a _______ in spite of what you apparently seem like, it seems like just kind of a life style has developed in beginning to do things and getting involved and then really not doing them and then saying, you know, I'm really a failure and I really feel like... and I really screwed up miserably.

S: I guess I just really feel like...

N: Throughout the entire session, the client's speech is hesitant and slow and is constantly interrupted by deep sighs.
C: I didn't follow that, you said yes that's really what you felt like.

S: -sigh - I can't... I, I really have failed. I really have failed this semester - I really have.

C: In class and directing?

S: And I've failed my parents - pause - and if I, I don't get and I don't pull my cum up some way. I don't know sort of - sigh - wrecks any chances I have if I want to go to grad school.

N: Again, notice the verbal cues such as "I have really failed" just expressed by the client. Also notice the downward facial expression and hesitant, slow speech.

S: I don't know how to - pause - It's not, It's not my courses or anything like that, I don't think. (It's just, just I've gotten the feeling - that - no matter what I do, you know, I'm just not going to make it and I don't know,) I know a lot of kids - everybody, everybody complains about the amount of work and how hard it is and, you know, how you really have to concentrate. It's not really the courses, the course load or work. You have five courses. It's just too much. I just, just don't always feel like everybody else.

C: Do you bite your fingernails? Hmm?

S: - Nod - I've done it for a long time - sigh -

C: How desperate are you?

S: I just thought I'd come here, you know, to see, to see if. I guess I just wanted to talk to someone about it, you know, I've talked to my fiance about it - sigh - and he tries to help - I, I - but sometimes I think no one can, you know, really understand and understand me. - sigh -
C: You know, I am trying to, but I'm having a hard time. I know you are kind of pretty depressed. I think I can understand that, and sometimes I have the sense that you're pretty desperate. I think I understand that, but that's all I could understand, and I have been really trying to follow and understand.

S: - long pause - sigh - Well... - sigh - I guess if - sigh - I just thought maybe I'd get some advice - pause - Um

N: As you have been viewing the session, I have pointed out the verbal, facial, and voice cues which indicate that this client is depressed. Specifically, I have emphasized word cues, self-reference words, and the use of the present tense. We have also seen the downward facial expression and the hesitant, slow speech; all of which indicate depression.

S: Find out, if there is anything I can do. (The more I, the more I - sigh - the more I try to do things. The more, the more I fail.) I guess, when I first, when I first started out, I guess I, you know, I thought, I thought it would just go away and after a while I thought I was upset about... you know.

C: How long ago was that?

S: - sigh - I guess it started about - well before the middle of the semester - sigh - and just - sigh - just, just kept up. I think maybe, you know, if I make a new start - sigh - next semester that, you know, I can get out of it. I, I never was this way before. You know, I was always bouncing around the dorm, and.

C: I guess our time is just about up now. I just, I guess my first concern is, you know, to put it candidly I'm kind of worried about you. I don't know what that means at all other than I am worried about you. As while our time is up, I wouldn't want to think that our time is up. I guess if you feel like things are really tough and you want to call or come back in - I wish you would.
S: Ya. That's good, just to talk about it, you know - get it straight in my own mind. Sometimes you know, if you can think it out and it doesn't seem logical to you, and if you hear yourself saying it, you know. Well - Could I come in like at the end of the week?

C: Sure, why don't we make an appointment now.

S: Like on Friday? O.K., thank you very much.

(music)
1. And I'm worried that there isn't going to be something that's really going to be for me. And I feel as though until I find something, until I find what I want to do, what I want to be, my career, I guess is what I'm trying to say, that I won't feel enough of an interest in it to be, to be successful.

2. And I'm, I'm recognizing right now, ah, parts of my, my character, I guess is the closest word I can find, parts of my character are, are present now, there's things in me, questions in me, that I, I didn't have a year ago, that I might not have a year from now, things that, oh, I want now, things that I'm aware of now that might get pushed into the background because of new interests a year from now. So I want to feel like I want to make the best of . . .

3. I've noticed, ah, noticed looking at myself that I haven't really relaxed since I've been in college. I haven't been able to really relax. There's always been something keeping me on edge. Things that I just, more worries, more problems than I ever had when I was younger.

4. It's an added pressure, but it's one that I wouldn't want to do without. It, it's one that I feel it's necessary. I can much better cope with things if I, I can recognize the necessity of it and I know that without something like this, without people, ahm, who care about me, without people wanting to, to see me, go somewhere, I know I couldn't have as much strength as I do.

5. Well, I don't like a phony and the Roman Catholic church to me now, is starting to become a phony. It's not, it's supposed, when they started off it was supposed to be the thing of the people, you know, the people were supposed to be the church and the hierarchy were not really necessary. You know, they were just there to keep things in order.

6. It's just that I'm, I'm looking for kind of an easy way to go through everything and I know if I find something that I can really dig into, something that really interests me that I'm kind of set in a little pocket deal where I don't have to be constantly aware of everything and everyone else. I find some little interest, that's what I'm really anxious to do. Something that I can kind of . . .

7. Ahm, you know I'm not too sure of myself when I'm talking about politics because I really haven't been talking of them for such a long time that I don't have everything to base what I'm saying on. But just my feelings that I get from it, it seems a real game and the worst thing of it is, is that they are playing the biggest
and worst game they could ever play. I mean here they are, with bombs that could kill us all just in a matter of seconds and its just like such a game they're playing - laugh - it really is. Oh God -- they are so in to it, the're so in to it and, umh, I don't know, I can't relate to it at all.

8. Whatever you want to call it, and I think probably the same thing applies to the drug problem. Sometimes it's rather difficult to cope, you know, to contend with the situation, especially when, ah, you're at odds with so many people. You know, conflict within from your own quarters, so to speak.

9. I guess I'm really scared. He's intelligent, he does well in school, he gets good marks and um, he's interested in an awful lot of things. He builds these models and he does all kinds of experiments and he has a microscope and he's interested in science.

10. Um, well as I said, I, I'd like to recognize, I'd like to discover somehow just what am I supposed to be getting out of, ah, every year of my life. Am I just supposed to be, what things am I supposed to be developing. I, I, I, I hate to get out of college after five or six years and say to myself, ah, gee, I concentrated on all the wrong things. I was never aware of a lot of things I should have been and so consequently I never, ah, developed a sense of values or I never, ah, learned how to, to, to learn just for the sake of learning. I've concentrated on getting by. I'm worried that these kind of things are going to pass me by.

1. It doesn't bother me or anything. I realize that I can't remember if it affected me in any other way when I was younger. It just makes me aware of the fact that people are so sensitive and should be more concerned about others. I guess sometimes I wonder if I ever tend to be more concerned because I've never had the, really had the opportunity to find out. I'm not sure.

2. It's just that. It's a risk to me. It's strange, very strange. These are the kind of things that I, I find as I talk about them, they are very important to me and yet as I said, it's a funny thing that I, I don't seem to, ah, even have the time to put these kind of thoughts together and yet they are behind everything that happens to me. As I said, I'm constantly aware of them.

3. Yet I recognize that this is probably good for me. It's probably good to be, ah, wondering and worrying. Maybe this is the way of being connected for me. It seems as though, maybe, ah, it can be no more than what you, ah, discover about it. Maybe the more I think about it and the more I wonder what I'm supposed to be doing -- the more things will, will show up in what things will become important for me.
4. But I have so many doubts about myself and, and I have this thing about my identity. I guess most people do anyways, but, I can't decide what I should believe in. I guess I'm one of those people who has to have something to tell me that I should believe this or something. I read in my psych book that some people need, say, society and religion to tell them how to believe or what they should be or something. I don't know, I guess I haven't got a strong character.

5. And I constantly feel myself, whenever I think along these lines, that maybe I'm getting too deep, maybe I'm trying to figure it out too complexly, maybe it's just simply just muddling along, just doing whatever I'm doing. And I think, ahh, its, ah, it doesn't seem to be really what I want.

6. Wow, I've noticed even in the past year or so that there are so many directions, so many people that matter to me and so many people that I matter to, that are all concerned with my interests, as I am of course. That everyone is kind of like, waiting and anticipating what's going to happen to me and they're waiting for something to happen.

7. Well, we still, we don't talk much but mainly that's because I keep to myself and I take after my father, kind of reserved too, but there's one time when, it's something like, well, I'm not too sure, I don't completely understand the, um, is it the Electra complex or the Oedipus complex, but it's where the girl--when I started studying that I'm not exactly sure what is entailed in that, but maybe it was like a form I went through in my adolescence.

8. Then you have commercials on television. Another thing that gets me down. Some of them are really funny, you know, really creative, you can see that some genius had to have somebody with some smarts who made these things, like Alka Seltzer and those. Then you get into the ones that really, really hit below the belt and aiming at the average level of ah, ah, a twelve-year-old. And all these people sit around, you know, watching them.

9. Well, I realize that you have to be put in your place and all this but, I mean we're in the twenties century and, ah, you take a kid and if he doesn't add five and five right, they push him up against the blackboard and you know, beat it into him, you know. What the, what's this going to do to a kid? Is it going to help him learn or turn him off? And I still see this happening.

10. Ya, when I have, usually when I have nothing else to think about, I start thinking about my incompatibilities and my, um, just short-comings. And I think of things like, generally I don't think that much about it. I think if you think too much about it it's well, you know, it's not good. I don't know.
1. It seemed like all the kids were so busy taking notes on everything he says, was right out of the book. And he places such an emphasis on coming to class, you're dropped if you cut more than twice. I don't know, it seems ridiculous. Because the Museum School is, it's the most extreme set-up I could come from, like from the Museum School--cut a lecture class like that--because the Museum School is so liberal you are doing your own thing in the total sense of the expression, um, and like some of my instructors have ended up being my best friends. It's just a one-to-one communication and I just learnt so much and I was really involved in doing so well.

2. And I, unh, find interests and I want to develop them and yet there seems to be a lot of things that are demanding my attention and demanding my time. To the extent that I can't get involved too deeply in anything.

3. And, of course, I worry, there's so very many things that I, I really am worried, concerned about with him because you read all these, you read different things about boys that say that, how many the percentage of them are homosexuals, that they, these come from a home where there is no father, and then about this, and then about the juvenile, everything is always about the home with no father.

4. You know you're right and then you know it's really kind of hard. I drew the subject, this psychology I found was a little lapse, OK so I think. And psychology and sociology I find, are very interesting. And it's really too bad that they weren't required courses in high school. Maybe some high schools they are, I don't know, but it really gives a person a much broader scope of what other people are actually doing to them in the course of everyday living. One of these things then you know just aren't right.

5. And so I came here, you know, thinking I could get some credits to transfer. So, my sociology course isn't bad, it's 8:00 in the morning so I'm usually awfully tired, but the lady who teaches us is Mrs. Betman, but she seems really quite open. Everybody is usually pretty tired like I am so it's not. .. The English course I have is - laugh - is with a guy called File.

6. It drives me up a wall because, and it gets him because I feel that way against it. Because I, he says, you going to work tonight. Like during vacation if I'd wanted to I coulda worked for the town, cause I work there at nights, I coulda worked there forty hours and he says you going to work tomorrow and I say if I feel like it. If I wake up in time and decide I want to go, I go and this would irk him, really make him mad you know. Course I realize that he probably thinks that well, if I have to do it, why doesn't he, you know. But, ah, it really, the whole world is so impersonal, it's, I don't know, this is really the one thing that gets me down.
7. This poses problems, you see. And she said sometimes you seem to have a persecution complex. I said I wonder why, you know, really because I just don'g have any support. Ah, she can get all kinds of support for her theories and so forth about why this would be right, you know. And we get into the discussion of the constitutionality of it and, you know, this man must be a wonderful man because he is an elected officer and he wears a white shirt and necktie. I said maybe he is, well, who am I to judge anyone. I'm simply judging them by their actions.

8. To come here and sit in a little, tight chair with the teacher up in front of the room saying what's going to be on the test, a real drag. And I feel that so many kids in the classroom have known nothing else so they assume, well, this is it, this is college, and it seems to be a real continuation of high school. I could pretty well accept it in high school cause I figures well, grades, getting into college, but now that I've been in college for a while and know there are better sorts of learning situations it's a real, it's really frustrating to come back to something like that, because it's just not personal for me. I don't learn things like that. When I feel I have to remember certain little facts so I can get a good mark on a test it's a real drag.

9. Well, I don't know, I think I understand in a way, you know, because people just, I don't know, everybody wants to be an individual now, you know, they aren't trying to get into groups, you know. Everybody is sort of outside and I think if people could come together, you know, for instance, love, you know, something like that, they could probably have a more understanding for people, you know, you could wipe out all the phonies. But when you don't know anybody, you know, you feel kind of funny.

10. It discourages me. One of the things that really gets me down is my father, he, he doesn't get me down as a person but what he represents. And it's really too bad that too many people represent this. He gets up in the morning, well, let's start from that night, he, around ten o'clock right away sets his place for his breakfast and he sits down and then he waits for another commercial, goes in gets his pyjamas on, comes back out and then he is doing things in between commercials and then as soon as eleven o'clock, bingo, he's in bed. He's up at six and he goes through this whole routine day after day after day.

1. Hum, I thought we all had problems, you know. We were discussing the drug problem, there's also an alcoholic problem in this country and there's ... Brought on I guess through, you know, insecure feelings, or feelings of rejection or repression.
2. One thing that really, really gripes me is when, are you Roman Catholic? You are, and um, for instance in our church, maybe not in every other church but during the consecration of the host and the Holy Eucharist. It's really funny because you'll be sitting there, it's supposed to be the most glorious time of the Mass, you know, body and blood of Christ.

3. Well, I guess what bothers me, what, the really, I guess I feel guilty. I have some guilty feelings about this because, um, I've been out, not recently, but I have . . .

4. I used to worry a lot of what I was going to do, worry considerable, you know. And, um, I don't know since I've been here I've starting to see a lot more, you know, opening up fields, like I can just forget about any field that has to do with math. As far as I can go is add and it doesn't bother me in the least, because when you're talking to people you don't have to give out statistics and all this, you know, just talk logic and I don't care for sciences.

5. Well, after seeing how I rated, I got a lot of one negatives and nine positives and it kind of had me worried because it had things on it that I didn't realize or I did realize but I didn't realize I was to that extent. For example, one said that I was tense and overwrought and I know I'm tense, but I didn't know I was nine plus.

6. Ah, no, I, I, I, it doesn't. I seem to be doing no more, but just heading in a general direction so far. And I, but, I don't know maybe, I'm supposed to be satisfied with, at this point will just heading in a general direction. Maybe I should just relax and let whatever hits me come.

7. There's so many very tangible things, so many outside things like, like the draft, knowing that I better get in, better go through and I better get out and I can't fool around and I can't really take the time. It's kind of a constantly anxious.

8. I did get a license back and I had some difficulty up in Vermont, here, oh, two years ago, and I lost it in the state of Vermont for one year. With a reciprocal action, of course, Massachusetts sent for it. So at the end of one year, I received a letter from the state of Vermont stating that my right to operate in that state had been reinstated. And, um, I was all set. But even though it was reciprocal, the state of Massachusetts refused to go with it, see. This is something else. This is the United States of America, see.
9. I have a lot of writing to do tonight now. I have some letters to write. I'm going to write to Attorney General Mitchell and I'm going to write to Ted Kennedy, Ed Brooke, Bob Quinn, he's the Attorney General of the Commonwealth and I'm just going to see what type of answers I get regarding this question, and she doesn't want me to do this because she's afraid, you know, because she knows me pretty well, fifteen years been married to her. She knows that I won't hesitate to drag these people out in the open, you know, this may not be the best thing but . . .

110. You know, well, the only thing that I can, that I can even seem to surmise, is the fact that the Registry has had these dictatorial powers for a long time. And I know in the past that the State Legislature has tried to abolish this practice, but they have been very unsuccessful. So I think they probably are just following, you know, through true to form to what they've been preaching for years.

ND: Depressed

ND: Non-depressed
This program is designed to teach discrimination of verbal, facial and voice cues that are associated with the emotion labeled depression. The program begins on page "2". Read the statement numbered "2" on that page and fill in your response in the space provided. The correct response will be found on page "3" next to statement number "3". Do not turn the page until you have filled in your response. When you have filled in your response turn the page and check it against the correct response on that page. Then read statement "3" on page "3" and fill in your response. When completed turn to page 4 and check your response against the correct response recorded there. Then go on to page 5 and repeat this same procedure until you reach statement number "37". After you fill in your response for statement "37" turn back to page "1" and complete the program to statement "107". Do not spend too much time on each statement. As you proceed your responses should be determined by previous statements. This is not a test, but an instrument to assist you in learning the discrimination of verbal, facial and voice cues that are associated with the emotion labeled depression. Are there any questions?
DIRECTIONS - CRITERION MEASURE

You will now view a video tape compiled from actual counseling sessions. There will be 40 segments approximately 30 seconds long. Preceding each segment will be a number superimposed on the screen. This number will correspond to a number on the DIGITEK answer sheet where you should record your response. Only the numbers 1 - 10 are used on the tape and repeated 4 times. Therefore, the second time that 1 appears it will be 11; the second time 2 appears it will be a 12 and so on. This will be easy to follow and track while you are viewing.

Now as you view these segments determine whether the client is depressed or not depressed. If the client is depressed mark your response under the number "1" on the answer sheet. If you feel he is NOT depressed mark your response under the number "2". If you feel you are unable to make a determination mark your response under the number "3". For example, after viewing segment 1 if you feel the individual is depressed mark your response in the space under the number "1" on your answer sheet as shown in example A.

Example A: 1 2 3 4 5
1. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

If you feel the client is NOT depressed mark your response under the number "2" as shown in example B.

Example B: 1 2 3 4 5
1. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
If you are uncertain as to whether or not the individual is depressed mark your response under the number "3" as shown in example C.

Example C:

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1 2 3 4 5
1. [ ] [ ] [ ] [ ] [ ]
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There are five response categories on the DIGITEK answer sheet; DO NOT record any responses in spaces "4" or "5". Are there any questions?
The purpose of this study was to compare two different training vehicles in preparing counselors to discriminate verbal, facial and voice cues commonly associated with the emotion labeled depression. These instruments were specifically developed for the study: (1) Programmed instructional sequence which trained subjects to discriminate the emotion depression, (2) a video-tape presentation which also trained subjects to discriminate the emotion, (3) a criterion instrument made up of forty, thirty-second segments from actual counseling sessions. Twenty segments were validated as depressed segments and twenty segments were validated as non-depressed segments. One hundred and fourteen upperclass students from the University of Massachusetts were utilized as subjects in the study. The subjects were randomly assigned to one of three treatment groups: (1) programmed text, (2) video presentation, (3) control (no training). All subjects responded to the video tape criterion instrument. Three completely randomized single classification analysis of variance designs were utilized; one analysis for the total criterion, one for the depressed segments, one for the non-depressed segments. A post hoc comparison of mean differences utilizing a Newman-Keuls Test and an F-test for differences among variances of each group for each criterion measure was also performed. These null hypotheses were tested: (1) There was no significant difference between the three groups as measured by the total criterion. (2) There was no
significant difference between the three groups as measured by the depressed criterion. (3) There was no significant difference between the three groups as measured by the non-depressed criterion.

The results suggested that the programmed text treatment was more effective in teaching the discrimination of depressive cues and less variable than the video group. It was concluded that the active involvement of the programmed text group in the learning process proved to be more successful than the passive involvement of the video group. The presence of immediate reinforcement in the programmed text group may have been a factor in their superior performance. The length of the presentation may also have caused a fatigue factor which affected the performance of the video group.

Results of the study indicated that an emotion such as depression can be operationally defined, that self-teaching devices such as programmed instructional sequences and video presentations can be developed to teach complex human behaviors such as emotions. The study also demonstrated that a simulated counseling session can be created in which a trained client can emit, impromptu, the specific behavior cues associated with an emotion. Finally, the results indicated that a video tape criterion instrument, created from actual counseling sessions, can be developed to evaluate the effectiveness of different training devices.

The implications and limitations of these findings for counselor education were discussed. Suggestions for further research also were made.

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