Comparisons of the Perceptions of Social Interactions of Clinic and Non-Clinic Children

By

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A DISSERTATION PRESENTED TO THE GRADUATE COUNCIL OF
THE UNIVERSITY OF FLORIDA IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA
1972

DEDICATION

This work is dedicated to David whose consistent encouragement and affection has inspired me to do my very best.

ACKNOWLEDGMENTS

I would like to express my appreciation for the guidance and advice provided by my supervisory committee: Dr. Robert Myrick, Chairman; Dr. James Lister; and Dr. Audrey Schumacher. They have been consistently supportive and constructive towards my efforts despite the obstacles of long-distance communication and correspondence.

I would like to give special thanks to Dr. Paul Adams and the staff of the Children's Mental Health Unit at the J. Hillis Miller Health Center for assisting in the planning and execution of the study. I am especially appreciative of the time, equipment, and consultation which has been given so graciously. In particular, James Parker and his co-workers gave invaluable assistance on the technical aspects of the study.

I would like to thank the teaching and research staff of the P. K. Yonge Laboratory School for their assistance in providing subjects for the study. Sandra Damico was especially helpful as a coordinator and liaison.

I would like to express my gratitude towards Dr. Wilson Guertin and Mrs. Marianne Cramer for their consultation and professional time involving the statistical aspects of the study. I would also like to express my gratitude to Dr. Theodore Landsman for his extensive guidance in planning the original design of the study. I would also like to thank Nancy McDavid for her efforts in typing and editing the manuscript.

Finally, I would like to thank my family for their patience and support during all phases of the research.

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COMPARISONS OF THE PERCEPTIONS OF SOCIAL INTERACTIONS
OF CLINIC AND NON-CLINIC CHILDREN

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March, 1972

Chairman: Robert D. Myrick
Major Department: Counselor Education

The basic purpose of this study was to assess the effects of a child's age and emotional stability on the perceptual framework of the child when he viewed a social interaction. The perceptual framework was defined in two general ways. First, it was defined as the child's ability to perceive and report aspects of a social event accurately and sensitively. Secondly, it was defined as the distribution of adjective choices a child made when asked to rate a character in a social event. A secondary purpose of the study was to assess the effects of variations in social stimuli on the accuracy and sensitivity skills of children.

The subjects of this study consisted of four groups of boys, all between the ages of 7 and 11. Group I was composed of 10 boys chosen from an out-patient child psychiatry population between the ages of 7 and 9. Group II was

composed of 10 boys chosen from an out-patient child psychiatry population between the ages of 10 and 11. Group III was an individually matched (age, IQ, socioeconomic status) control sample of 10 boys between the ages of 7 and 9 from a local elementary school. Group IV was a matched control sample of 10 boys between the ages of 10 and 11 from a local elementary school.

The experimental stimuli consisted of a series of 16 brief (under 15 seconds) movie films designed for the study. The films were composed of 16 scenes each involving the interaction of a 9-year-old boy and one other character. Filmed dimensions which were varied were the degree of hostility in the film, and the sex, and status of the character other than the 9-year-old boy.

Each of the 40 subjects viewed the 16 films individually and was asked to report both what occurred and how the characters felt. Each subject was also asked to rate all the characters on an adjective checklist. The subjects' verbal reports were rated by judges on the dimensions of accuracy (the extent to which the child reported the events in the film) and sensitivity (the extent to which the child reported the affects of the characters in the film).

Analysis of variance was performed on the accuracy and sensitivity scores to determine the effects of the subject

variables (age and clinic status) and the film variables (degree of hostility in the film, the sex of the paired character, and the status of the paired character). The subjects' adjective ratings on the 10-adjective checklist were converted into numerical scores, and factor analysis was performed on the scores. Older children were compared with younger children in their factor distribution, and clinic children were compared with non-clinic children in their factor distribution. A comparison of the four groups was presented.

The results suggest that age has a significant effect on a child's ability to perceive accurately. Older children had significantly higher accuracy scores than did younger children. Clinic status was found to have a significant effect on a child's ability to perceive sensitively. Non-clinic children had significantly higher sensitivity scores than did clinic children. The adjective choices resulted in similar factors for the four groups with the exception of one adjective, UPSET, which was found in a different factor in older children than in younger children and in a different factor in non-clinic children than in clinic children. Older children and non-clinic children utilized the word in the same way. The effect of three film dimensions on children's scores was presented.

CHAPTER I

INTRODUCTION

The art of communication has been analyzed and broken down by Ruesch (1961) into three separate but interdependent skills. The first skill involves the effective and accurate "perception" of messages that are sent out by the environment. The second skill involves the effective and accurate evaluation or interpretation of the messages. The final skill involves an efficient transmission of new messages and responses back to the environment. All three skills are necessary for an individual to understand his environment and feed back his reactions.

Information is needed, for educational and psychological planning, on the development of these skills in children. A clear set of norms is necessary for the rate of development of each skill so that realistic expectations on children's responses can be made at home and at school.

Statement of the Problem

It was the purpose of this study to explore the differences and similarities in four groups of children in their abilities to accurately perceive and sensitively evaluate social messages. The study aimed at a comparison of children at two different age levels and at two different levels of emotional stability in their facility with these two skills, perception and evaluation.

This was accomplished by presenting to the four groups of children the same set of stimuli (a series of 16 brief movies depicting role-playing scenes) and asking the children to describe and assess individually what they had just observed and heard.

Importance of the Study

The study fills a gap in the current psychological and educational literature on the developmental patterns of perception and evaluation of social stimuli in children. There is not at present a complete picture of how varied age and adjustment levels of children take in social stimuli, process and understand them, and later feed back a reaction.

There are theoretical controversies in this area as social perception and evaluation can both be viewed as cognitive or affective skills. Therefore social perception

can be conceptualized in maturational or psychodynamic terms. However, research data on individual differences is lacking so it is presently unclear as to whether age or psychopathology affects these skills in children.

Any person dealing with children at different age levels or with some degree of emotional problem can profit from realistic expectations of communication skills. It is important to know how a particular child should be able to take information in from his world, process it, and organize it. This kind of information would help the person in preparing to communicate with the child at his own level.

Definition of the Terms

The study utilizes some common terms in somewhat unique contexts. The subjects view the brief movies and are asked to give two responses. First, they must report exactly what occurred. Judges listen to a tape recording of this report and assess the degree to which it matches the movie stimulus. The degree to which the child's report matches the stimuli is labeled "accuracy."

The child is then asked to assess the feelings of the role players in the movies. Judges listen to these recordings also and assess the degree to which the child sensitively assesses feeling states of the two role players.

The degree to which the child's report of affects matches the stimuli is labeled "sensitivity." Accuracy can be seen as a counterpart of Ruesch's (1961) skill labeled "perception." Sensitivity can be seen as a counterpart of Ruesch's "evaluation."

Limitations of Study

This study is limited by the characteristics of the subjects, the visual stimuli utilized, and the measuring techniques employed. The subjects are male children from a select area in the southern United States, and are from 7 to 11 years in age. Therefore, the responses can be generalized only to a limited age, sex, and geographical region. The movie, which was the visual stimulus, was designed for the study and therefore had little experimental work done with it. It had face validity as judged by psychiatric residents, but it is unclear as to whether it had construct validity. Finally, the measuring tools included a tape-recorded interview and an adjective checklist. There was a limitation built into such devices in that they required oral or written skill on the part of the subjects. Although the subjects were matched in age and IQ, there is no way to eliminate a bias due to the impact of emotional problems on language arts skills. Likewise, the

interview was done in one session and any daily variations within the same subject are therefore not taken into consideration.

Major Hypotheses

The major hypotheses of this study involve variations in the four groups of children in their ability to report the essence of the social stimuli accurately and the feelings of the role players sensitively. In general, it was hypothesized that older children and children with normal social adjustment will have higher accuracy and sensitivity scores on their reports of the 16 films shown when compared with younger and maladjusted children. The study also explores the effect of the film content on the accuracy and sensitivity scores. Specific hypotheses are made in the films with hostile interactions, authority figures, and female adult roles. Children were also asked to rate all the role-playing characters on an adjective checklist, and predictions were made about the comparative choices in rating made by the four groups.

Organization

The study will be reported in the following four chapters. Chapter II will include a review of the related

research; Chapter III will describe the methodology; Chapter IV will review the results of the study; and Chapter V will summarize and present conclusions.

CHAPTER II

REVIEW OF LITERATURE

The review of the literature on the perception of interpersonal stimuli by children will begin with a summary of relevant studies in developmental psychology. This is followed by a review of the studies relating interpersonal stimuli to mental health in children. A focus on methodology of previous works will then be made. The choice of an appropriate interpersonal stimulus and the choice of the measured subject response are the major methodological issues.

The literature reviewed will be summarized and the implications for future work will be made. The present study will be outlined and description of the format, goals, and relevance of the research will be presented.

Developmental Approach

In the tradition of Piaget and other developmental psychologists, accurate interpersonal perception is seen as a developmental skill which the child acquires as he

passes from early childhood cognitive patterns through to adolescence. It is, therefore, considered a function of his gradually decreasing egocentricity and it results in a more objective and dynamic view of the interactions around him.

This approach has been reflected in studies on the accuracy of empathy, social sensitivity, and role playing in children. Authors such as Dymond (1950), Dymond, Hughes, and Raabe (1952), Burns and Covey (1957), and Rothenberg (1970) studied the developmental aspects of empathy perception. In the first study by Dymond (1950), pictures of characters were presented to children who were asked to tell a story for each picture. She asked the children to describe what the characters felt and why, and rated their answers on their level of awareness of motivations and internal aspects of thought. Another study by Dymond, Hughes, and Raabe (1952) compared two age levels of children (second grade and sixth grade) doing this task and found that the older children, although giving answers of the same length, gave more depth and awareness of internal motivation in their answers. Burns and Covey (1957) did a similar study using varied pictorial stimuli with children under age 5 compared to children over age 5. Here the stimulus situations were depicted. The children were asked how they would feel in the given situations (a birthday party, a

visit to the doctor) and then they were shown similar pictures with a character displaying a contradictory affect. The authors found the older children were more aware of how the characters felt than were the younger children.

A more recent study of this phenomenon is reported by Rothenberg (1970), in which she does a comprehensive study on the ability of a child to recognize clear affects from tape-recorded interactions. This skill she labels as social sensitivity. Children were asked what affects the participants exhibited. The ability of a child to a) recognize the affect the tape was designed to show and b) be aware of the underlying emotional complexities beneath the affect are the basic ingredients of Rothenberg's social sensitivity. She administered personality tests of level of anxiety, adjustment, and intelligence, as well as gathering reports from teachers and peers on each subject's social skills. Her results indicate that the ability to accurately perceive affect was related to age, intellectual ability, and social adjustment.

In the area of role playing, a different approach is taken. A research project designed to determine how children learn to understand other people's roles is seen in Flavell's (1968) new book on the development of role taking

skills in children. Here the model is closest to Piaget's, in that the child is conceptualized as perceiving and coding information on a personal egocentric basis. The child must try to determine how much of his coding is relevant to whomever he is communicating with, and then he must recode to communicate with a listener on a new level so his listener will understand him. Flavell's research, and others like it, studies the perceptual process in children by giving them different tasks which involve understanding information and reinterpreting it for another person. Gollin (1958), Feffer (1959), and Wolfe (1963) deal with this reinterpreting type of task and the results of their studies suggest increases in accurate reinterpretation as a child passes through latency.

Dubin and Dubin (1965) did a very thorough review of the literature on children's social perceptions of parental figures and authority figures. They summarized their review of over 40 papers by stating that children become more objective and somewhat critical of their parents as they get older; and, they tend to perceive other authority figures in terms of power.

A very interesting series of studies have developed from the study of Piaget's concept of decentering (Feigenbaum, Geiger, and Crevoshay, 1970). Piaget (1926) states

that one result of childhood egocentrism is that a child judges everything only from his own point of view. The child has difficulty understanding someone else's perspective and as a result tends to be absolute in his judgments. The child lacks the ability to "decenter," i.e., to understand two personal viewpoints in an interpersonal interaction at the same time. Feigenbaum et al. studied differences in decentered responses in contrast with egocentric responses in female children aged 3, 5, and 7. They presented their subjects, who were divided into three age groups, with a series of movies and asked them to describe what happened and how the people in the film felt. The six films presented were composed of three cooperative and three non-cooperative scenes. The participants in the films were also broken down into peer-peer paired interactions, peer-adult paired interactions, and adult-adult paired interactions. Judges rated the children's responses either egocentric, transitional between egocentric and decentered, or decentered. Results of the study support the point of view that there is a developmental skill of accurately perceiving both of the paired participants' points of view and older children make few or no egocentric responses. Feigenbaum et al. also found that children are most adept at perceiving in a decentered fashion when viewing peer interactions and

least adept when viewing child-adult interactions, which supports Piaget's concepts on the development of objectivity.

The study of Feigenbaum et al. is unique in its approach to the assessment of interpersonal perception because it considers the subject's awareness of the two sides of a two-man interaction in scoring accuracy of perception. This study is also the first to get both "perceptual" information, i.e., when children were asked to describe what happened, and "evaluation" information. However, the authors blended this data in with the child's "evaluation" and arrived at one score. It would have been interesting to compare the levels of the two responses.

Research (Rothenberg, 1970; Feigenbaum et al., 1970) on developmental changes in interpersonal perception seems to indicate that there is a maturational skill which arises in children that enables them to accurately judge the feelings and acts of others, and this skill seems to develop from age 3 through adolescence. The information on judging skills is more complete for children under 7 and questions might be asked about how judging functions develop from that point on.

Mental Health Approach

An alternate perspective on this skill is seen when the comparative mental health of children in the same age range is studied. Here the ability to perceive other's thoughts, feelings, and motives are considered a reflection of the degree of emotional maturity, confidence, and security of the child. The major researcher in this area, Ojemann, has focused on the development of the concept of awareness of causality in social situations for children.

Feshbach and Feshbach (1969) discuss a verbal report to measure empathy, which they defined as the ability of the child to share emotions of another child presented in an affective situation. Feshbach and Roe (1968) compared the reports of subjects (aggressive and non-aggressive 6-and 7-year-olds and 4- and 5-year-olds) asking each how they felt after watching eight slide and tape-recorded presentations depicting happiness, sadness, fear, and anger. They found that older boys who reported more empathy were less aggressive than boys of the same age reporting less empathy. There were no significant differences between high- and low-empathy girls at either age level. This suggests that as children grow older and overt aggressiveness is less, age-appropriate children are then able to share a wider range of feelings with their peers.

A series of studies was done at the University of Iowa, investigating the ability of children to learn to be aware of the many forces which go into a piece of human behavior. Ojemann et al. (1955) defined this dynamic orientation as a "causal" one. Spano (1965) describes this orientation as "an understanding and an appreciation of the dynamic, complex, interacting nature of the forces that operate in human behavior. It involves an attitude of flexibility, of seeing things from the viewpoint of others, as well as an awareness of the probabilistic nature of knowledge." In order to assess this ability, a test called the Causal Test was designed, in which a series of stories involving behavior are given to primary-grade children. Each story is followed by a series of true-false items which offer choices in the interpretation of the behavior described in the story.

Utilizing the Causal Test, the relationship between mental health and causal thinking (thinking which involves awareness of the dynamic and causal nature of behavior) was shown. Ojemann et al. (1955) used another test to measure punitiveness in children and found that subjects who appeared to understand causal forces in behavior were less punitive than non-causally oriented subjects.

Mouss (1960a) gave the Children's Anti-Democratic Attitude Scale to high-causal children and low-causal

children and found the high-causal children to be less anti-democratic. Muuss (1960b) showed high- and low-causal children unfinished sequences of pictures and found that the high-causal subjects can tolerate ambiguous stimuli best, make fewer and later guesses, and are more aware of the tentative nature of any guesses they do make. Muuss (1960b) also studied a group of sixth-grade students and found high-causal students to be more secure about themselves as assessed by the Kooker Security-Insecurity Scale.

In summation, two threads of research appear which suggest that there are two factors affecting differences in children's ability to judge and evaluate feelings in others. The first is age. That is, children who are older are more sensitive and aware of feelings and multiple causality than are younger children. The second is emotional adjustment. Children who are well adjusted are more sensitive, and more aware of feelings and multiple causality, than are poorly adjusted children of the same age.

Choice of the Interpersonal Stimulus (Independent Variable)

A methodological problem arises in the selection of the interpersonal stimulus to be shown to children. A stimulus is required which can be understood by different age groups, which is sufficiently complex to be life-like, and which

allows a variation in content. Previous researchers have utilized different stimuli. Dymond (1950) used pictures of characters and Burns and Covey (1957) used cartoons. The cartoons allowed the experimenter to vary the dialogue and therefore the emotional tone of the scene. Rothenberg (1970) used tape recordings of social interactions and Feigenbaum et al. (1970) used movies. These two researchers varied the content to further investigate hypotheses on perception and the nature of the interpersonal stimulus. Rothenberg varied the affect on the tapes she played, and Feigenbaum varied the degree of cooperation between the characters in his movie as an independent variable. Rothenberg commented that what was needed was a stimulus which could compare stressful and non-stressful interactions to determine their effects on different kinds of children. A technique is needed which can vary both the sex and status of the characters present and the degree of conflict shown. Movies with sound seem to be the most life-like medium to utilize with children, if the content of the movie can be varied to determine the effect of different characters and different degrees of cooperation. A carefully designed filmed stimulus could present children with interactions involving males and females, adults and peers, and conflict and non-conflict situations.

Choice of the Subjects' Response
(Dependent Variable)

A second methodological problem arises in relation to the kind of response requested of the child. Open-ended questions of "what" happened and "how did each person in the film feel" can be useful. These responses were employed by Feigenbaum et al. (1970) and produced interesting results when judged by the experimenters on each child's degree of egocentricity. However, the authors concluded that the inability to communicate the comprehension of the interaction resulted in a loss of information.

There are many possible solutions to the problem of poor communication skills, including the use of non-verbal interpretation (e.g., role playing, drawing, etc.) and less complex but broader verbal tools (e.g., the use of a semantic differential). The latter method has demonstrated affective discriminations between different age groups of children (DiVesta, 1965) and children with differing degrees of emotional health (Barnard, 1961). However, a semantic differential instrument requires that polar adjectives be compared and often these may not be appropriate to describe certain interpersonal perceptions. The solution may be with a non-polar, one-dimensional scale in which age-appropriate adjectives are checked in varying degrees, perhaps ranging

from 1 to 5, as depicted by a series of squares of increasing size. Shaw and Sulzer (1964) utilized this technique to assess fine discriminations in attribution of responsibility at different age levels.

Summary

To summarize the literature, there are two major threads of research. In the developmental area there is evidence that children develop skills in perceiving affect and evaluating interpersonal situations as they get older. In the area of mental health there is evidence that children who are disturbed have difficulty with empathy and the evaluation of interpersonal situations. Current research utilizes a wide variety of interpersonal stimuli to measure independent variables, including pictures, cartoons, tape recordings, slides, and movies. There is also a wide variety of responses measured (dependent variable) including open-ended questions of "What happened?" and "How did that character feel?", as well as objective test questions using true and false answers. One theoretical question still unanswered is how well a combined sample of children of different age groups and of different mental health status respond to the same stimuli. Can we compare four groups, namely older and younger children and children who are

normal and those who are poorly adjusted, on the same task?

Another theoretical question arises from Ruesch's conceptualization of communication as being composed of separate skills. Do these four groups differ first in their perceptions of a stimulus and secondly in their evaluation of a stimulus? Are there differences ascribable to age or emotional adjustment in the ability to tell both what happens in a scene (perception) and how the people in the scene feel (evaluation)? Do these two questions tap the same skill or do they tap different skills? Are either of these skills age or adjustment dependent?

Another question arises on the response requested from the subject. Is either an open-ended question or an objective paper and pencil question enough? Perhaps our group differences will be more apparent if a combination of both are utilized so that the subjects will have different ways to express their reactions.

Finally, how will subjects respond to different interpersonal stimuli? Will the sex, status of the character, or degree of conflict of the interpersonal situation affect the perception or evaluation functions of the subjects? Perhaps certain scenes will be more confusing and stress-provoking to certain age groups or certain disturbed children.

The Present Study

This study investigated the way in which children perceived social situations. It was concerned with children's abilities to accurately report the events of a social interaction, and their ability to evaluate the feelings of the participants of a social interaction. Finally, it was concerned with the child's perception as reflected by kind of adjective labels the child places on the participants of the social interaction. The child's ability to report what occurred between participants was judged and rated with a label of "accuracy," and the child's ability to evaluate feelings of the participants of the social interactions was judged and rated with a label of "sensitivity."

This study compared skills in accuracy and sensitivity in four groups of children of varying age levels (two) and levels of emotional stability (two).

In line with previous research in developmental psychology, the following hypotheses were made:

1) Younger children will be less accurate in their descriptions of the filmed interactions than older children will be.

2) Younger children will be less sensitive in their descriptions of the filmed interactions than older children will be.

The work on mental adjustment done by Spano and others suggests further hypotheses:

3) Clinic children (maladjusted) will be less accurate in their descriptions of the filmed interactions than will non-clinic children.

4) Clinic children (maladjusted) will be less sensitive in their descriptions of the filmed interactions than will non-clinic children.

Since the social situations are varied (the sex and roles of each participant and the degree of conflict in the interaction) some hypotheses derived from Feigenbaum's work can be made:

5) Children will have higher scores in accuracy and sensitivity on filmed peer interactions than on filmed peer-adult interactions.

6) Children will have higher scores in accuracy and sensitivity on filmed male-male interactions than with filmed male-female interactions.

7) Children will have higher scores in accuracy and sensitivity on filmed non-conflictual scenes compared with filmed conflictual scenes.

Differences in children's perception will also be reflected in variations of semantic labels children place on events they view.

8) Younger children will make different adjective choices when describing participants in each scene of a filmed interaction than will older children.

9) Clinic children will make different adjective choices when describing the participants in each scene of a filmed interaction than will non-clinic children.

CHAPTER III

PROCEDURES OF THE STUDY

This chapter will review the major steps in the execution of this study. They will be organized in the following manner:

I. Subjects

II. Experimental Design and Development of the Independent Variable

III. Criterion Measures--Development of the Dependent Variable

IV. Experimental Procedures

V. Collection and Analysis of Data

VI. Review of Major Hypotheses

I. Subjects

This study utilized as subjects an out-patient population selected from the Child Psychiatry Clinic at the University of Florida and a control group of subjects selected from children attending the P. K. Yonge Laboratory School. The clinic is a state-financed university-affiliated

resource located at the J. Hillis Miller Health Center in Gainesville, Florida. The population utilizing the facilities of the Center include a wide range of clients from heterogeneous backgrounds. The Health Center and all of its clinics are operated on a referral basis with patients coming from all over the state of Florida, requiring a medical referral. The fees are on a sliding scale and this opens the facility to a broad group including wealthy members of the community, university personnel, students, and persons on state welfare. The patients arrive at the Health Center and go through an extensive financial interview. The patient is coded and receives an appointment in the clinic where his local doctor has referred him.

The Child Psychiatry Clinic is a specialized facility within the Health Center designed to give clinical experience to psychiatry, psychology, social work and nursing, and occupational and speech therapy students who are in training. Families and individual children are seen for evaluation and therapy on a long- or short-term basis. There is both an out-patient and an in-patient facility. The in-patient facility is designed to treat severely disturbed children in a milieu treatment model. The out-patient facility deals with children of all ages (pre-school through college level) and focuses on treatment designed to promote personal adjustment in the home and community.

The subjects from this study were chosen from the current out-patient population. The list of persons currently under treatment was surveyed for male patients within the age range of 7 through 11, who had no organic problem and had IQ's over 75. Each folder of the approximately 150 current out-patients was reviewed carefully on the basis of the aforementioned criteria. A group of 25 cases were chosen who did fit the required categories and permission from their current therapist and their parents was sought. The lack of approval from parents or therapists narrowed the list to 20 subjects. A special consent slip was given to each subject's parents and an appointment for the experimental procedure was made. The folders were checked to ascertain the social class of each subject, based on the father's (or main supporter's) employment. IQ's were noted and when none were available the Peabody Picture Vocabulary Test was administered.

The children were grouped into two categories by age. Experimental Group I was composed of 10 boys between the ages of 7 and 9. Experimental Group II was composed of 10 boys between the ages of 10 and 11.

A matched control group was sought and the University-affiliated laboratory school was the resource utilized for this subject pool. The cumulative folders of the P. K.

Yonge Laboratory School were surveyed and subjects matched, one by one, on the basis of 1) age, 2) IQ, and 3) the socio-economic status of each. A group of 20 male children was chosen. Wherever possible the control subject had an age within three months of his matched experimental subject. The IQ's were matched within 5 to 10 points; socioeconomic status was matched according to U. S. Census Bureau (1967) on the basis of their education and income. (See Table 1 for a comparison of the mean age in months and IQ in the four groups.) Special permission for participation in the study was not necessary as all control children attending P. K. Yonge had a signed parental release already in their cumulative folders for participation in research during school hours.

II. Experimental Design

All subjects were seen individually in a one- to two-hour session with the experimenter. During this session a series of 16 brief films were shown to each child and the child's reactions to the film was the research data analyzed.

Development of Film

The work of Rothenberg (1970), Feigenbaum *et al.* (1970), Dymond (1950), Burns and Covey (1957) suggests the need for the development of a unique interpersonal stimulus for

TABLE 1

AGE AND IQ OF EXPERIMENTAL AND CONTROL GROUPS

	Experimental Older		Control Older	
	Age in Months	IQ	Age in Months	IQ
Mean	134.6	112.0	135.2	111.6
Standard Deviation	6.2	17.8	7.0	15.8

	Experimental Younger		Control Younger	
	age in months	IQ	age in months	IQ
Mean	106.3	107.2	106.9	113.3
Standard Deviation	12.3	16.2	12.9	10.1

experimental research on interpersonal perception. The choice of films followed the precedent set by Feigenbaum et al. (1970) in their work on the Piagetian concept of decentering described in Chapter II. A filmed stimulus has specific advantage in being able to be shown repeatedly without variation, in demonstrating a scene that has more life-like qualities than still pictures, and in having a time-dimension as well as an affective dimension for the child to process and comprehend.

The film library of the Audio-Visual Aids Department at the University of Florida College of Education was surveyed. Although a wide variety of films was available, it was apparent that there were diverse variations in film quality, acting quality, and realism in the films reviewed. Each film was far too different from another to suggest a uniform splicing and the connection of several unrelated scenes. It would be difficult to control for the effects of the different film quality on the experimental procedures.

The idea of using already completed films was abandoned and the concept of developing a highly specialized series of films for the study was substituted. Two alternative approaches to the development of such a film were considered. The first involved the attempt to put together a series of candid scenes filmed at the clinic, at schools, or

in homes. The second involved the use of children as role players acting out scenes with a particular theme or mood. Because of the great expense involved in acquiring and editing candid films, the latter method was chosen.

A series of trial filmings were done at a local school using volunteers and a video tape set-up. Over a period of three two-hour taping sessions, scenes depicting anger and warmth in different situations were acted out with and without scripts. The children were all around 9 or 10 years of age and staff from the Child Psychiatry Department played the adult parts. After the third session the quality of the scenes had improved sufficiently to warrant planning for a final script and cast.

Sixteen brief scripts were planned and they varied in length when acted out from 8 seconds to 15 seconds. Each scene had two characters. Because the subjects of the study were boys between the ages of 7 and 11, one of the characters in every filmed scene is a boy between these ages. By varying different aspects of the scenes shown, it was possible to compare children's responses to different aspects of their social world. The following three factors were varied from film to film to determine whether these different factors elicited different responses in children:

1) The sex of the other figure in each scene (male or female).

2) The age of the other figure in each scene (adult or child).

3) The nature of the interaction (hostile or non-hostile).

Eight of the scenes had the boy dealing with a male figure and eight had the boy dealing with a female figure. Eight of the scenes had the boy dealing with an adult and eight had the boy dealing with a peer. Eight of the scenes had the characters in angry, hostile interaction and eight had the characters in non-angry, non-hostile interaction.

A group of child volunteers were chosen (primarily children of faculty) along with interested adult faculty, and a cast of four boys and three girls, two adult females and two adult males were chosen. The children were all between the ages of 9 and 10. The actors and actresses rehearsed over three sessions using a combination of a script and their own words. During rehearsals all scenes were video taped at the Child Psychiatry Clinic and then reviewed, criticized, and revised by the experimenter and the electronic crew of the clinic.

The final scenes were filmed utilizing a Bell and Howell Super-8 camera with synchronized magnetic sound. The scenes were filmed within the Child Psychiatry Clinic facilities utilizing classroom and conference rooms as settings.

A minimal number of props were utilized, including blackboards, pencils, fake telephones, a bat and ball, furniture, books, and papers.

Each scene was filmed several times (a minimum of two times, maximum of four times) so that there was more than one combination of players for each scene in the final film. The film, the camera equipment, the technical assistance, and the time and space for shooting the scenes were all provided by the Department of Child Psychiatry. The scenes were filmed during the late afternoon and evenings so that the children participating did not miss academic work.

After the film was developed, the magnetic tape recordings were synchronized and re-recorded onto the film itself, using the Bell and Howell magnetic sound and filming equipment. The synchronization took approximately 25 hours and required the joint effort of the experimenter and an electronic technician. The product was a film (approximately 15 minutes long) which consisted of 16 scenes, each done several times with a total of 85 cuts on the film altogether. These cuts were shown to a group of 9 Child Psychiatry residents and the residents were asked to choose the most realistic and effective cuts from each of the 16 scenes. The ratings of the residents were averaged and the final 16 most effective scenes were chosen and placed in

random order. Because of the delicacy of the projector and the expense of reproducing the film, the film was reproduced on a video tape for convenient playing. Each scene was preceded by brief titles listing the characters in the scene to come, such as Mother-Son, or Boy-Girl. The order of the scenes is shown in Table 2. The script of each scene is shown in Appendix A. The final video tape ran for approximately 15 minutes and has 16 scenes presented in a consistent random order to all subjects, with a descriptive title before each scene and a 5- to 10-second break following each scene. The break was designed to enable the experimenter to have time to shut off the machine, ask questions, record responses, and begin again without missing any portions of the total film.

III. Criterion Measures

Three criterion measures were developed for this study to measure three aspects of the child's response to interpersonal stimuli. The first two involved the response to open-ended questions and the final measure involved the development of an adjective checklist.

Accuracy and Sensitivity Measures

The children were questioned after viewing each scene and were asked two open-ended questions. First they were

TABLE 2

ORDER OF SCENES

	Characters		Themes
Scene I	Mother	Son	Non-conflict
II	Boy	Boy	Conflict
III	Boy	Girl	Non-conflict
IV	Father	Son	Non-conflict
V	Boy	Boy	Non-conflict
VI	Teacher (Female)	Boy	Conflict
VII	Teacher (Male	Boy	Conflict
VIII	Boy	Girl	Conflict
IX	Boy	Girl	Non-conflict
X	Boy	Boy	Conflict
XI	Father	Son	Conflict
XII	Teacher (Male)	Boy	Non-conflict
XIII	Boy	Boy	Non-conflict
XIV	Teacher (Female)	Boy	Non-conflict
XV	Mother	Son	Conflict
XVI	Boy	Girl	Conflict

asked to describe everything that occurred in the scene. Each child's response to this question was scored by a series of judges on its degree of accuracy. Accuracy was defined as the extent to which the child was able to report each event in the scene.

Secondly, children were asked to report the feelings of each of the role players and to try to explain why the role player felt as he did. These two responses were seen as analogous to Ruesch's (1961) functions of perception and evaluation, respectively.

In order to transform the non-directed responses to these two questions, some standardized ratings were required. Tape recordings of all responses were made and the training of judges to rate accuracy and sensitivity was undertaken. A series of judges were selected to rate these qualities in the tapes. The three judges selected (two females, one male) had bachelor's degrees and some advanced training but were not experts in the area of child psychology. They listened to practice tapes over a series of sessions, watched the video tape which the child viewed and had a script of each scene in hand to help them. They judged the two characteristics, accuracy and sensitivity, on a five-point scale. Accuracy was defined as the ability of the child to recall and report as many of the events in

the brief film as possible. Here the omission of dialogue or action was penalized. Sensitivity was defined as the ability of the child to realize and report the feelings and the degree of participation of both characters in establishing the mood and action of the scene. The inability to label feelings or the incorrect labeling resulted in lower scores, as did one-sided awareness of why an event occurred as it did.

A child earning a five-point accuracy score was one who remembered all the events and most of the conversation. A child earning a five-point sensitivity score was one who reported the feelings of both characters and described the impact of the affect on the other. An attempt was made to standardize the value of each score but the judges were unable to mutually agree upon their criteria. This was abandoned in favor of the judges establishing good inter-reliability and mutual agreements on a child's score.

Adequate inter-judge reliability was established (ranging from correlations of .86 to .97) (Table 3) and the judges began to rate each report of each scene. The judging was done in approximately 11 three-hour sessions. The ratings of the judges were averaged together to determine a mean rating. The judges were paid two dollars an hour for their efforts.

TABLE 3

INTER-JUDGE RELIABILITY ON
ACCURACY AND SENSITIVITY RATINGS

Judge	A and B	B and C	A and C
Accuracy	.93	.90	.97
Sensitivity	.95	.86	.98

Adjective Checklist

The use of an adjective checklist as an effective structured non-oral measure of response to interpersonal stimuli was suggested by the work of DiVesta (1965), Barnard (1961), and Shaw and Sulzer (1964). The checklist was given to each subject after the complete showing of all the scenes and the collection of individual responses to the non-directive questions. The film was shown again and after each scene the subjects were asked to rate the role players on a list of adjectives. The 10 adjectives chosen on this list were from DiVesta's (1965) study on adjectives elicited from children of different age groups. Therefore, the 10 adjectives had been found to be age-appropriate to the vocabulary of boys between 8 and 11. Five of the adjectives were taken from research on semantic differential techniques (DiVesta, 1965). The other five adjectives were frequently noted by the researcher in children's responses to projective techniques administered in a clinic setting (Appendix B).

The adjective checklist choices were converted into numerical scores for each character rated. Each box was given a value from one through five points with the smallest box worth one point and the largest worth five points. The result was a profile of choices made by each subject on 32

characters from the scenes. The subjects' profiles were divided into the four subject groups and factor analysis was performed on the choices of each group to determine whether subjects in the group made their choices in a similar or different fashion. (Appendix C has a sample individual data sheet including headings for accuracy and reliability ratings and adjective choices.)

IV. Experimental Procedures

The experimental subjects were given an appointment for the experimental procedure at the Child Psychiatry Clinic. They were greeted in the waiting room by the experimenter and escorted to a testing room where they were shown the experimental film. The room was regularly a testing room and was approximately 8 by 10 feet and had no windows. There was fluorescent lighting in the ceiling and a large picture on the wall. There was a desk, two chairs, a bookcase, and a filing cabinet in the room. The door was closed and the subject was seated before a small video-tape television broadcaster (Sony, ½ inch portable model). The lights were turned off and the video machine was turned on. A sample film was shown to familiarize the subject with the equipment. The general procedures were demonstrated with a sample film. Following this orientation, each subject

proceeded with the experimental film. The experimental procedure was divided into two parts.

Part I: After the trial films were described, the 16 experimental films were shown one by one. After each the child was asked, "Can you tell me everything you remember happening in that scene?" After the child replied, the second question was asked, "Tell me everything you think the people in the film were feeling." If the child's answer was too brief the following questions were asked, "Can you tell me anything else that happened?" or "How did the mother feel in that one?"

Part II: After the child had given descriptions on all 16 scenes, there was a 10-minute break. The children returned to the TV and were asked to watch the scenes again. This time they were informed that after each film they would receive a word checklist (Appendix B). They were told to check one box to show how much they thought that word fit Character A in the film. If they thought that it applied a great deal, they were to place an X in the largest box. If they thought it did not apply at all, they were to place an X in the smalles box. They were to put an X in one of the boxes depending on how much that word fit Character A.

The control subjects were seen at the P. K. Yonge laboratory school. They were scheduled during the school

day at a time selected by their teachers. Each subject arrived at the school's guidance office at the selected time and was escorted into a small office where the video-tape equipment was set up. The room had a window, desk, table, two chairs, and a bookcase. It was barren of any decoration. The subject was seated and the trial and experimental procedure was followed as in the experimental subjects.

V. Analysis of Data

After the experimental procedure, two sources of data were available. The first was the taped responses and the second was the adjective checklist. The taped responses were judged and each subject received an accuracy and sensitivity score on each film reaction. The checklist choices were converted into numerical ratings for data analysis.

Statistics for the Accuracy and Sensitivity Scores

A factorial analysis of variance utilizing a hierarchical design was performed on the data. The two age groups were nested within clinic or non-clinic status. The three film variables were nested within each other. The sex of the role player was nested within status of the role

player (adult or peer) which was nested with the quality of the interaction (conflict or non-conflict). This provided a study of the effects of subject variables (clinic status and age) and film variables (sex, status, and degree of conflict of the role players). The computer program BIOMED 08V from the University of Florida was employed.

Statistics for Adjective Checklist Ratings

Factor analysis was performed on the adjective choices to determine whether the four groups of subjects had different adjective clusters. The clusters of the four groups were compared utilizing a program designed for this problem by Dr. Wilson Guertin, University of Florida.

VI. Review of Major Hypotheses

1) Younger children will be less accurate in their descriptions of the filmed interactions than older children will be.

2) Younger children will be less sensitive in their descriptions of the filmed interactions than older children will be.

3) Clinic children (maladjusted) will be less accurate in their descriptions of the filmed interactions than will non-clinic children.

4) Clinic children (maladjusted) will be less sensitive in their descriptions of the filmed interactions than will non-clinic children.

5) Children will have higher scores in accuracy and sensitivity on filmed peer interactions than on filmed peer-adult interactions.

6) Children will have higher scores in accuracy and sensitivity on filmed male-male interactions than with filmed male-female interactions.

7) Children will have higher scores in accuracy and sensitivity on filmed non-conflictual scenes compared with filmed conflictual scenes.

8) Younger children will make different adjective choices when describing participants in each scene of a filmed interaction than will older children.

9) Clinic children (maladjusted) will make different adjective choices when describing the participants in each scene of a filmed interaction than will non-clinic children.

CHAPTER IV

RESULTS OF STUDY

Hypothesis I--Younger children will be less accurate in their descriptions of the filmed interactions than older children will be.

The results of the analysis of variance in Table 4 indicate that a highly significant (at the .01 level) effect due to age is seen in accuracy scores. A comparison of the mean scores of the two age groups (Table 5) indicates that older children are more accurate in their descriptions than younger children.

Hypothesis II--Younger children will be less sensitive in their descriptions of the filmed interactions than older children will be.

The results of the analysis of variance in Table 6 indicate that there is not a significant effect due to age on the sensitivity scores. A comparison of the mean scores of the two age groups (Table 7) indicates a trend that older children have higher sensitivity scores (.10 level of significance).

TABLE 4

ANALYSIS OF VARIANCE FOR THE EFFECTS OF CLINIC STATUS, AGE, AND TYPE OF FILM ON ACCURACY SCORES (N=40)

SOURCE	df	M.S.	F	p
1. Clinic Status	1	9.08	3.00	.10
2. Age	1	85.59	28.29	.01
3. Film Hostility	1	.15	.00	
4. Film Gender	1	1.05	4.36	.05
5. Film Status	1	.62	1.26	
6. Clinic S. x Age	1	5.97	1.97	
7. Clinic S. x Film Hostility	1	.32	1.09	
8. Age x Film Hostility	1	1.03	3.53	.10
9. Clinic S. x Film Status	1	.58	.24	
10. Age x Film Status	1	.25	1.05	
11. Film Hostility x Film Status	1	1.29	3.01	
12. Clinic Status x Film Gender	1	.13	.27	
13. Age x Film Gender	1	.79	.16	
14. Film Hostility x Film Gender	1	.14	.05	
15. Film Status x Film Gender	1	9.28	57.04	.01
16. Clinic Status x Age x Film Hostility	1	.48	1.66	
17. Clinic Status x Age x Film Status	1	.19	.79	
18. Clinic Status x Film Hostility x Film Status	1	.36	.83	
19. Age x Film Hostility x Film Status	1	.10	.24	

TABLE 4 (continued)

SOURCE	df	M.S.	F	p
20. Clinic Status x Age x Film Gender	1	.97	.20	
21. Clinic Status x Film Hostility x Film Gender	1	.26	.11	
22. Age x Film Hostility x Film Gender	1	.15	.64	
23. Clinic Status x Film Status x Film Gender	1	.81	4.97	.05
24. Age x Film Status x Film Gender	1	.23	1.42	
25. Film Hostility x Film Status x Film Gender	1	.34	1.61	
26. Clinic Status x Film Hostility x Film Status	1	.14	.03	
27. Clinic Status x Age x Film Hostility x Film Gender	1	.23	.97	
28. Clinic Status x Age x Film Status x Film	1	.12	.74	
29. Clinic Status x Film Hostility x Film Status x Film Gender	1	.26	1.21	
30. Age x Film Hostility x Film Status x Film Gender	1	.78	.26	
31. Clinic Status x Age x Film Hostility x Film Gender x Film Status	1	.15	.71	

TABLE 5

MEAN ACCURACY SCORES OF SUBJECTS ON THE SIXTEEN FILMS

		Type of Film							
		Hostile N=8				Non-Hostile N=8			
		Peer N=4		Adult N=4		Peer N=4		Adult N=4	
		Male N=2	Female N=2	Male N=2	Female N=2	Male N=2	Female N=2	Male N=2	Female N=2
Clinic Ss	N=10 Younger	1.53	2.18	2.30	2.12	1.53	2.12	1.88	1.60
	N=10 Older	2.16	2.73	2.96	2.56	2.51	2.98	2.92	2.53
Non-Clinic Ss	N=10 Younger	1.77	2.05	2.20	1.80	2.00	2.10	1.83	2.02
	N=10 Older	2.86	3.39	3.45	3.21	3.12	3.36	3.58	3.26

TABLE 6

ANALYSIS OF VARIANCE FOR THE EFFECTS OF CLINIC STATUS, AGE, AND TYPE OF FILM ON SENSITIVITY SCORES (N=40)

SOURCE	df	M.S.	F	p
1. Clinic Status	1	14.83	13.12	.01
2. Age	1	3.94	3.48	.10
3. Film Hostility	1	2.40	2.17	
4. Film Gender	1	3.81	12.67	.01
5. Film Status	1	3.76	12.81	.01
6. Clinic S. x Age	1	3.30	2.92	.10
7. Clinic S. x Film Hostility	1	.62	.56	
8. Age x Film Hostility	1	.15	.13	
9. Clinic S. x Film Status	1	.48	.16	
10. Age x Film Status	1	.13	.44	
11. Film Hostility x Film Status	1	.77	2.56	.10
12. Clinic Status x Film Gender	1	.75	.25	
13. Age x Film Gender	1	.43	.14	
14. Film Hostility x Film Gender	1	1.24	3.11	.10
15. Film Status x Film Gender	1	7.23	35.80	.01
16. Clinic Status x Age x Film Hostility	1	2.19	1.99	
17. Clinic Status x Age x Film Status	1	.98	3.26	.10
18. Clinic Status x Film Hostility x Film Status	1	.88	.29	
19. Age x Film Hostility x Film Status	1	.16	.52	

TABLE 6 (continued)

SOURCE	df	M.S.	F	p
20. Clinic Status x Age x Film Gender	1	.38	.01	
21. Clinic Status x Film Hostility x Film Gender	1	.14	.00	
22. Age x Film Hostility x Film Gender	1	.39	.00	
23. Clinic Status x Film Status x Film Gender	1	.00	.00	
24. Age x Film Status x Film Gender	1	.19	.92	
25. Film Hostility x Film Status x Film Gender	1	.26	.09	
26. Clinic Status x Age x Film Hostility x Film Status	1	.85	2.82	.10
27. Clinic Status x Age x Film Hostility x Film Gender	1	.32	.80	
28. Clinic Status x Age x Film Status x Film Gender	1	.36	1.77	
29. Clinic Status x Film Hostility x Film Status x Film Gender	1	.81	.29	
30. Age x Film Hostility x Film Status x Film Gender	1	.67	.02	
31. Clinic Status x Age x Film Hostility x Film Gender x Film Status	1	.38	.14	

TABLE 7

MEAN SENSITIVITY SCORES OF SUBJECTS ON THE SIXTEEN FILMS

		Type of Film							
		Hostile N=8				Non-Hostile N=8			
		Peer N=4		Adult N=4		Peer N=4		Adult N=4	
		Male N=2	Female N=2	Male N=2	Female N=2	Male N=2	Female N=2	Male N=2	Female N=2
Clinic Ss	N=10 Younger	2.50	2.79	2.77	2.46	2.55	2.49	3.00	2.27
	N=10 Older	2.67	2.89	3.14	2.72	2.12	2.12	2.89	2.42
Non-Clinic Ss	N=10 Younger	2.92	2.85	3.17	2.80	2.52	2.41	3.27	2.71
	N=10 Older	2.95	3.27	3.56	2.17	3.19	3.27	3.76	2.88

Hypothesis III--Clinic children (maladjusted) will be less accurate in their descriptions of the filmed interactions than will non-clinic children.

The results of the analysis of variance in Table 4 do not support this hypothesis. A comparison of the mean accuracy scores of the two groups presented in Table 5 reveals a trend that non-clinic children have higher mean accuracy scores than do clinic children (at the .10 level of significance).

Hypothesis IV--Clinic children (maladjusted) will be less sensitive in their description of the filmed interactions than will non-clinic children.

The results of the analysis of variance reported in Table 6 support this hypothesis at the .01 level of significance. A comparison of the mean scores of clinic and non-clinic children (Table 7) indicates that non-clinic children earned higher sensitivity scores than do clinic children.

Hypothesis V--Children will have higher scores in a) accuracy and b) sensitivity on filmed peer interactions than on filmed peer-adult interactions.

a) Accuracy scores--The analysis of variance presented in Table 4 refutes this hypothesis. The results suggest that there is a significant relationship between accuracy scores and the peer or adult interaction, but it is in the opposite direction of that hypothesized. Children earned higher accuracy scores when viewing adult interactions than

when viewing peer interactions (significant at the .05 level). See Table 5 for the comparative mean scores.

b) Sensitivity scores--The analysis of variance presented in Table 6 refutes this hypothesis. The results suggest that there is a significant relationship between sensitivity scores and peer or adult interactions, but it is in the opposite direction of that hypothesized. Children earned higher sensitivity scores when viewing adult interactions than when viewing peer interactions (significant at the .01 level). See Table 7 for the comparative mean scores.

Hypothesis VI--Children will have higher scores in a) accuracy and b) sensitivity in filmed male-male interactions than with filmed male-female interactions.

a) Accuracy scores--The analysis of variance presented in Table 4 does not support this hypothesis. No significant difference in accuracy scores due to the sex of the persons in the interactions was found.

b) Sensitivity scores--The analysis of variance presented in Table 6 supports this hypothesis at the .01 level. The mean sensitivity scores on male-male interactions were higher than the sensitivity scores of male-female interactions. See Table 7 for the comparative mean scores.

Hypothesis VII--Children will have higher scores in a) accuracy and b) sensitivity on filmed non-conflictual scenes compared with filmed conflictual scenes.

a) Accuracy scores--The analysis of variance presented in Table 4 does not support this hypothesis. No significant difference was found in the accuracy scores of conflict and non-conflict films.

b) Sensitivity scores--The analysis of variance presented in Table 6 does not support this hypothesis. No significant difference was found in the sensitivity scores of conflict and non-conflict films.

Hypothesis VIII--Younger subjects will make different adjective choices when describing participants in each scene of a filmed interaction than will older subjects.

Table 8 presents the simple loading primary factors from the Rotated Oblique Factor Analysis performed on the adjective choices. A comparison is given between the three major factors emerging from both groups. Factor I is the same for older and younger children, and includes the adjectives HELPFUL, NICE, FRIENDLY, and HAPPY. Factor II is the same for older and younger children and includes the adjectives MAD, MEAN, LOUD, and UPSET. Factor III differs somewhat in that it includes for both older and younger subjects the adjectives WEAK and WRONG. But, older subjects also include the adjective UPSET in this factor, whereas younger subjects do not.

TABLE 8

COMPARISON OF OLDER AND YOUNGER SUBJECTS ON SIMPLE LOADINGS OF PRIMARY FACTORS BASED ON ADJECTIVE CHOICE

	Older Subjects		Younger Subjects	
	Adjective	Loading	Adjective	Loading
Factor I:	HELPFUL	.9575	HELPFUL	.9466
	HAPPY	.9260	HAPPY	.8330
	NICE	.8824	NICE	.8432
	FRIENDLY	.8602	FRIENDLY	.8950
Factor II:	MAD	.8794	MAD	.9310
	LOUD	.6403	LOUD	.4840
	MEAN	.9445	MEAN	.6325
	UPSET	.3718	UPSET	.8138
Factor III:	WEAK	.6365	WEAK	.5645
	WRONG	.3718	WRONG	.6438
	UPSET	.5088		

Summarizing, older and younger subjects did not differ in their adjective choices for 9 of the 10 adjectives presented. The groups did differ in their use of one adjective (UPSET).

Hypothesis IX--Clinic subjects will make different adjective choices when describing the participants in each scene of a filmed interaction than will non-clinic subjects.

Table 9 presents the simple loading primary factors from the Rotated Oblique Factor Analysis performed on the adjective choices. A comparison is given between the three major factors emerging from both groups. Factor I is the same for clinic and non-clinic subjects and includes the adjectives HELPFUL, NICE, FRIENDLY, and HAPPY. Factor II differs somewhat. Both groups include the adjectives MAD, MEAN, and LOUD. Only the clinic subjects include an additional adjective, UPSET, in Factor II. Factor III also differs. Both groups include the adjectives WRONG and WEAK. Only the non-clinic subjects include an additional adjective, UPSET, in Factor III. Summarizing, clinic and non-clinic subjects did not differ in their adjective choices for 9 of the 10 adjectives presented. The groups did differ in their use of one adjective (UPSET).

TABLE 9

COMPARISON OF CLINIC AND NON-CLINIC SUBJECTS ON SIMPLE LOADINGS OF PRIMARY FACTORS BASED ON ADJECTIVE CHOICES

	Clinic Subjects		Non-Clinic Subjects	
	Adjective	Loading	Adjective	Loading
Factor I:	HELPFUL	.9310	HELPFUL	.9177
	NICE	.8620	NICE	.8891
	FRIENDLY	.8691	FRIENDLY	.8721
	HAPPY	.8476	HAPPY	.8873
Factor II:	MAD	.8019	MAD	.9624
	MEAN	.7399	MEAN	.9556
	LOUD	.6976	LOUD	.4459
	UPSET	.8155		
Factor III:	WRONG	.6541	WRONG	.4797
	WEAK	.5555	WEAK	.6406
			UPSET	.5841

CHAPTER V

DISCUSSION AND CONCLUSIONS

This chapter will discuss the results of this study and will be divided into four general sections:

I. The Effects of Subjects' Age and Clinic Status on Accuracy and Sensitivity Scores

II. The Effects of Film Variables on Accuracy and Sensitivity Scores

III. The Effects of Subjects' Age and Clinic Status on Adjective Choices

IV. Conclusions

I. The Effects of Subjects' Age and Clinic Status on Accuracy and Sensitivity Scores

a. Accuracy Scores:

In the introductory chapter accuracy was defined as the degree to which a subject's report of a filmed interaction matched the filmed interaction. Each subject's ability to report events accurately was assessed by the ratings of three judges who listened to tape recordings of subjects' reports. Hypothesis I states that younger subjects will be less accurate in their reports than will older subjects.

Hypothesis III states that clinic subjects will be less accurate in their reports than will non-clinic subjects.

The results summarized in Table 4 indicate that Hypothesis I was supported by the data and Hypothesis III was refuted by the data. The results suggest that accuracy skills appear to be affected directly by age and not directly by the degree of emotional adjustment of the child.

These results appear to support a Piagetian conception of accuracy which implies that accuracy is determined primarily by innate developmental cognitive patterns. They do not directly support the work of Ojemann et al., who focus on the level of adjustment as the prime factor influencing social awareness. This simplistic presentation of the results, however, is not a complete one. An examination of Table 10 of the mean accuracy scores of the four groups of subjects reveals that simple linear relationships do not seem to exist. The younger subjects in both clinic and non-clinic groups have almost identical scores in accuracy. If the relationship was a simple and direct one, the older subjects of both groups would also have scores above the younger subjects but identical to one another. This is not the case. The older non-clinic subjects have a higher accuracy mean score than do the older clinic subjects.

TABLE 10

MEAN ACCURACY AND SENSITIVITY SCORES FOR CLINIC AND NON-CLINIC, OLDER AND YOUNGER SUBJECTS

	Mean Accuracy Scores	
	Younger Ss (N=20)	Older Ss (N=20)
Clinic Ss (N=20)	1.91	2.67
Non-Clinic Ss (N=20)	1.97	3.28

	Mean Sensitivity Scores	
	Younger Ss (N=20)	Older Ss (N=20)
Clinic Ss (N=20)	2.60	2.62
Non-Clinic Ss (N=20)	2.83	3.26

It is necessary to discuss possible theoretical rationales for this non-linear relationship. Several possibilities exist:

1. Clinic children have a different rate of development in accuracy skills than do non-clinic children. The evidence for this is the similarity of the clinic and non-clinic scores at a younger age level but a gap between the scores at an older age level. Perhaps clinic children eventually reach the same degree of accuracy but take longer and arrive at the same level of skill at an older age. The investigation of accuracy skills in maladjusted children ranging from five through adolescence is necessary to determine if this is so.

2. The lower levels of skill in accuracy require minimal ego strength and therefore are easy to achieve for both of the groups of younger subjects. As the child ages he must respond to more detailed and complex aspects of his environment, and facility in accurate perception becomes more difficult. The normal child may learn the new task with ease but the clinic child may fall behind and function at a lower, more primitive level. If this were the case it would imply that the ratings do not reflect units of accuracy which have

more difficulty. The higher the level, the more complex is the thinking required and the easier it is to pick out the disturbed child.

3. Clinic children improve with age but eventually reach a plateau of accuracy performance which is well below that of non-clinic children. Again a longitudinal study of clinic children is necessary to further assess this concept.

4. The small differences in the scores may reflect complex qualitive differences in response style which are more apparent at the higher level of accuracy rating. The younger clinic subjects who substitute incorrect information in their reports may receive the same score as non-clinic subjects who omit and miss information in their reports. The latter is a less serious distortion and reflects inattentiveness not misperception. In the older age range the non-clinic child decreases his inattentiveness but the disturbed child may be still confused and preoccupied and his errors are comparatively more apparent when measured in relation to his peers.

5. The differences in scores may be due to the increased importance of social interaction as a child ages. Accurate perception at the higher levels

requires experience with others, including peers and adults. The disturbed child's personality results in his having a greater chance of being isolated and missing valuable social learning experiences, particularly as he must spend more time at school and less in the shelter of his home. The result may be an increase in the level of distortion he places on his awareness of social interactions. All these may be possible causes for the discrepancy between the older clinic and older non-clinic subjects. Longitudinal studies and in-depth analysis of response styles are necessary avenues for future exploration to determine how many of the preceding possibilities have clinical verity.

Summarizing, accuracy skills appear to have a large developmental or maturational component. Accuracy reporting seems to reflect some aspect of ego strength and reality testing. Accuracy skill can be measured at different levels and the subjects in this study performed with a wide range of this skill. Accuracy skills do not seem to develop in the same fashion with disturbed children as with well-adjusted children and there are some indications that age may increase the gap between these two groups in their accuracy skills, with the well-adjusted children reaching a higher level of accuracy than do disturbed children of the same age.

b. Sensitivity Scores:

In the introductory chapter sensitivity was defined as the degree to which a subject's report of the affect of a character in a filmed interaction matches the affect of the character. Each subject's ability to report events sensitively was assessed by the ratings of three judges who listened to tape recordings of children's reports. Hypothesis II states that younger subjects will be less sensitive in their reports of affects than will older subjects. Hypothesis IV states that clinic children will be less sensitive in their descriptions of the filmed interactions than will non-clinic children.

The results summarized in Table 6 indicate that Hypothesis II was refuted by the data and Hypothesis IV was supported by the data. The results suggest that sensitivity skills appear to be affected more directly by the degree of emotional adjustment of the child and not directly by age.

These results support a conception of Ojemann et al. that sensitivity is determined by the level of emotional stability of a child, not by his chronological age. Again this is an overly simplistic conclusion from the data. Another examination of Table 10, where the mean sensitivity scores are presented, indicates that age may have played a subtle role in determining the scores.

Again there is a non-linear relationship because non-clinic children at different age levels do not have the same score as the statistical tests might suggest. Instead, it is clear that the younger children of both groups are closer in skill than are the older children of both groups.

The same possibilities to explain the accuracy average differences apply here.

1. Clinic children may have a different rate of development of sensitivity skills than do non-clinic children.
2. The lower levels of sensitivity may require primitive skills which both clinic and non-clinic children can acquire but the higher require more awareness and objectivity than the clinic child can develop.
3. Clinic children may reach a stable plateau of sensitivity skills well below that of non-clinic children.
4. The units of the sensitivity scores may be uneven and discrepancies may be more evident at higher levels.
5. The differences in sensitivity scores at older ages may be due to the lack of normal interactions of the clinic child as he grows older and finds he has difficulty making relationships and therefore learning to read subtle affective cues.

Again longitudinal and comparative studies are necessary to determine how the developmental curve of sensitivity skill emerges. It will be necessary to follow maladjusted children from early childhood through adolescence to determine more about this skill.

Summarizing, sensitivity skills are strongly affected by emotional stability. Sensitivity scores require a combination of cognitive and affective objectivity which is probably lacking in clinic children. Sensitivity can be assessed at varied levels of competence and subjects in this study performed with a wide range of this skill. Sensitivity also does not develop in the same fashion in disturbed children as with well-adjusted children. There are indications here as well that age may increase the gap between the clinic and non-clinic groups. At younger ages it seems the groups are closer in this skill but the similarity begins to disappear at the older ages where the non-clinic child is able to earn higher sensitivity scores.

It is important to consider the relationship between accuracy and sensitivity. The similar growth in scores on these skills in non-clinic children suggest that in normal children accuracy and sensitivity are closely related. As one develops over time so does the other. Accuracy requires precise perception and report, and sensitivity requires

emotional awareness and the ability to label feelings. Normal children may learn both as they spend more time away from their parents and as they deal with children and adults in their world. Also as they age the cognitive structures necessary for reading emotional cues are available.

However, these skills do not seem to be as closely linked in the disturbed child. Here there is an indication that the child begins to have difficulty reading his social world as well as his well-adjusted peer. He seems to have most difficulty reading affect but he also has trouble noting details and sequence of complex events.

The results may imply that the disturbed child needs assistance recognizing other's feelings as well as his own. It may be profitable when working with disturbed children to focus on the objective tasks of reporting the feelings of others until he catches up with his normal peers.

It is also possible that as sensitivity requires two skills, awareness of feeling and objectivity of report, scores in sensitivity suffer the greatest loss when a problem exists. It would be interesting to compare qualitatively kinds of errors made in the reports of children as they earn both scores. It would be interesting to determine if similar or different thinking processes are taking place.

II. The Effects of the Film Variables on Accuracy and Sensitivity Scores

a. Film: Peer vs. Adult--Hypothesis V states that children will have higher scores in accuracy and sensitivity on filmed peer interaction than on filmed peer-adult interaction. Examining the means of this variable in Table 11 and the results of the analysis of variance reported in Table 4 and Table 6, we see that this hypothesis was not supported. The results instead suggest that children are both more accurate and more sensitive in their reports of adults than they are of peers. The results are not in agreement with the work of Feigenbaum et al. (1970), who found that children between the ages of 3 and 7 were more "decentered" or objective in their perception of peer interactions than of peer-adult interactions and adult interactions. It is possible that either the age range of the subjects in this study (starting at age 7) resulted in a different perceptual profile, or the results are due to differences in the filmed events portrayed in each research.

Further work is necessary in which many different scenes and age groups of children are utilized to determine which variable caused the difference in scores. It seemed as if the children in this study had difficulty reading emotional cues from one another and had little trouble

TABLE 11

MEAN ACCURACY AND SENSITIVITY SCORES
ON MAJOR FILM VARIABLE

	Mean Accuracy Scores	Level of Significance	Mean Sensitivity Score	Level of Significance
Peer Films	2.40		2.72	
Adult Films	2.51	.05	2.94	.01
Male Films	2.41		2.94	
Female Films	2.50	N.S.	2.72	.01
Conflict Films	2.45		2.91	
Non-Conflict Films	2.45	N.S.	2.74	N.S.

reading the cues of adults. It is possible that the adults in these scenes, who were all volunteers with mental health positions, were more adept at giving direct messages than were the children who also volunteered, with no specialized communication training. The quality of the actors or role players used in these studies seems to be an important factor in determining the credibility of the scenes portrayed. It is difficult to estimate the impact of these variables on the result. If there is generalizability of superior responses to adults, it may be helpful to train and educate children to read the feelings of their peers and children who are younger than they.

b. Film: Male vs. Female--Hypothesis VI states that children will have higher scores in accuracy and sensitivity on filmed male-male interactions than with filmed male-female interactions. Examining the means of this variable in Table 11 and the analysis of variance reported in Table 4 and Table 6, we see that this hypothesis was not supported for accuracy scores, but was supported at the .01 level of significance for sensitivity scores, with the "males only film" earning higher scores.

The result suggests that the sex of the participants of a social interaction has no significant measurable effect on

the ability of children to report the interpersonal feelings of the participants. The child seems to do better at reporting the affect of the character in the film if the character is of his sex. Here identification and familiarity may be the major factors, and they are more apparent on the feeling level than on the information level. This indirectly supports the results of Feigenbaum et al., who postulate that children become objective or decentered with familiar situations before they do with unfamiliar situations. This variable apparently has no differential effect on the measures of accuracy and sensitivity.

c. Film: Conflict vs. Non-Conflict--Hypothesis VII states that children will have higher scores in accuracy and sensitivity on filmed non-conflictual scenes compared with filmed conflictual scenes. Examining the means of this variable in Table 11 and the analysis of variance reported in Table 4 and Table 6, we see that this hypothesis was not supported. There were no significant differences in accuracy or sensitivity scores in relation to this variable. This may be due to some complex factors.

The degree of conflict or hostility in the films presented was not standardized formally. The variables of sex and status of the role players leaves little ambiguity for the viewer. Hostility and conflict in films are hard to

replicate and assess. It is possible that hostile, conflictual encounters were not as effective in getting across a message as was desired. Likewise, non-hostile, non-conflictual scenes may not have represented the opposite pole of this dimension. Further research standardization and film-making attempts are necessary to gain a more complete understanding of this variable.

Summarizing, it appears that of the three film variables utilized, only two had significant effects on responses, refuting the experimenter's hypothesis that degree of conflict shown in the film seems to have had no effect on accuracy and sensitivity scores. The sex of the participants of the film had an effect on sensitivity, but not accuracy scores. Here all male interactions were reported with more sensitivity than were male-female interactions. The status or age of the participants in the film had an effect on both sensitivity and accuracy but in a direction opposite to that predicted in the hypothesis. Films with adults were seen more accurately and sensitively than were films with peers.

III. The Effects of the Subjects' Age and Clinic Status on Adjective Choices

a. Age--Hypothesis VIII states that younger children will make different adjective choices when describing

participants in each scene of a filmed interaction than will older children. If we examine Table 8, which reports the factor loadings of the adjective choices on older and younger subjects, it is clear that there is little difference between the factors emerging for the older and younger groups. Factor I in both cases is loaded with the adjectives HELPFUL, HAPPY, NICE, and FRIENDLY. This can be labeled a "WARMTH" dimension and deals primarily with the degree of "happy helpfulness" in the person being rated. Factor II in both groups is loaded with the adjectives MAD, LOUD, MEAN, and UPSET. This can be labeled a "HOSTILITY" dimension and deals primarily with the degree of "anger" in the person being rated. Factor III includes WEAK and WRONG in both groups, but in the older groups the word UPSET is included. This dimension can be labeled as "INCOMPETENCE" and seems to deal with the degree of inappropriateness of the person being rated. It is interesting that older children include UPSET in this dimension and younger children exclude it. The younger children give UPSET a higher loading in the "HOSTILITY" dimension. Only speculation is possible for this result, but the difference may be due to the older child's ability to perceive anxiety, as measured by the word UPSET, as a weakness not as a direct hostile threat, whereas younger children perceive anxiety in others

as something which makes them more threatening and angry. It is also possible that the younger children feel upset when faced with an angry person and their projection floods into the rating of the "HOSTILITY" dimension.

b. Clinic Status--Hypothesis IX states that clinic subjects will make different adjective choices when describing the participants in each scene of a filmed interaction, than will non-clinic subjects. If we examine Table 9, which reports the factor loadings of the adjective choices of clinic and non-clinic subjects, there again seems to be little difference in the two groups. Factor I in both cases is loaded with the adjectives HELPFUL, HAPPY, NICE, and FRIENDLY. Again the label of "WARMTH" dimension seems appropriate. Factor II in both groups is loaded with MAD, MEAN, and LOUD. In the clinic group, UPSET is included whereas it is excluded in the non-clinic group. This also can be labeled a "HOSTILITY" dimension. Factor III includes WRONG and WEAK for both groups, but the word UPSET is included in the non-clinic group. The dimension of "INCOMPETENCE" still is appropriate. Here again we see that non-clinic children perceive the term UPSET as a part of incompetence, whereas clinic children perceive it as a part of hostility. In this respect the clinic subjects are similar to the younger subjects. The word UPSET may reflect

anxiety either apparent or projected by the subjects and is somehow connected with anger in the less mature child. Further research on the subjective meanings for this word are needed in different age groups.

Summarizing, the adjective checklist did not prove to be a highly discriminative tool. Other than minor variations in the subjects' concepts of the word UPSET, the groups did not vary in the way they used the checklist. Future work should be done on the actual scoring differences of the subjects. Although the loadings on the three factors may be similar, the direction of the scores used by older and younger children and clinic and non-clinic children may differ.

The adjectives chosen for this study were taken from semantic differential research and this researcher's clinical experience. As only the word UPSET seems to have been able to differentiate the groups, the issue of the choice of words for future checklists must be carefully considered. The possible importance of choosing words which relate to the expression of anxiety, when using disturbed children as subjects, is suggested.

The adjective checklist itself was long, and the task required of the subjects was a tedious one. Future research efforts on such a tool might profit by altering the

length of the checklist and the number of items to be rated. Fatigue appeared to have a leveling effect on many of the subjects of this study, which has not been quantitatively accounted for in this work.

IV. Conclusions

The goals of this research have been outlined as follows:

1. To determine the effects of children's ages and emotional stability on their ability to perceive and report the events of a social interaction.
2. To determine the effects of children's ages and emotional stability on their ability to evaluate and report the affects of people in a social interaction.
3. To determine the effects of the dimensions of degree of conflict, sex of participants, and status of participants in a filmed social interaction on a child's ability to perceive and report accurately and sensitively.
4. To determine the effects of children's ages and emotional stability on the way the child uses adjectives to describe people in a social interaction.

The results of this study appear to support the following conclusions:

1. A child's age has an important influence on the ability of the child to perceive social interactions accurately. This result supports the work of Piaget and other developmental psychologists. Accurate perception is not strongly influenced by emotional stability as defined in this study. Further research is needed to determine the interaction of age and clinic status as a child ages chronologically.

2. Emotional stability has a crucial influence over the ability of a child to sensitively evaluate the feelings of people in a social interaction. The result supports the work of Ojemann and others who focus on the effects of mental health on the ability to utilize good judgment in social situations. Sensitive evaluation is not influenced as strongly by age within the age limits of the subjects in this study.

Both accuracy and sensitivity appear to be complementary dimensions, which can be measured separately and which seem to relate to different aspects of a child's perceptual world and communication skill.

The film dimensions explored suggested that the degree of conflict in a social interaction had little effect on

accuracy and sensitivity of children's perceptions. The sex of the participants was an influential factor, with children having more sensitive perceptions of films with same sex participants than with different sex participants. Accuracy was not influenced by the sex of the participants in the social interactions. The status of the film participants had an effect on accuracy and sensitivity scores. Children earned better scores on both accuracy and sensitivity when an adult was present in the social interaction than when only peers were present.

The effects of children's ages and emotional stability on the relationship between descriptive adjective choices appear to be small. Children's adjective choices were distributed into three major factors which were labeled I) WARMTH, II) HOSTILITY, III) INCOMPETENCE. The only variation in the loadings of these factors was in the position of the adjective UPSET. Both younger children and clinic children used UPSET as part of the "HOSTILITY" dimension whereas older children and non-clinic children placed UPSET in the "INCOMPETENCE" dimension.

The results of the study suggest the importance of comprehending "decentering" or "empathy" as a skill made up of at least two dimensions, accuracy and sensitivity. The need for further longitudinal studies of children's

perception over wide age ranges (3 through adolescence) and across a broad spectrum of emotional adjustment (well-adjusted through severely disturbed) is reiterated.

The utility of a film as an experimental tool was supported, as well as the richness of open-ended questions as a source of information on children's thoughts. Much more work needs to be done in the development of a credible film used to evaluate and teach children at different ages and degrees of adjustment about social interactions.

The adjective checklist, although far from efficient, has given some important clues and might be a highly profitable tool to continue developing for research. It is easily administered individually or in groups, it requires a low level of skill on the part of the child to complete it, and it has the advantage of being able to measure many dimensions simply by altering the words presented. However, the rather unimpressive results of this tool on this study suggest a great deal of standardization is necessary to develop a list which can effectively differentiate special populations. Experimentation on different lengths of lists, on the use of different adjectives, and on the application of the lists to different tasks is necessary.

Finally, the results suggest a great deal of qualitative analysis is required on the verbal reports of children

of all ages and degree of mental health. We know little of the response style, defenses, and levels of communicative proficiency of children who differ in age and emotional stability.

APPENDICES

APPENDIX A

SCRIPT OF SCENES

Scene I

Boy: Hey, Mom, could you please look at this problem I just did?
Mother: Sure David; be right there.
Boy: I'm not sure it's right.
Mother: Let's take a look. Hmmm, looks fine to me except your decimal point goes right there.
Boy: Thanks, Mom.
Mother: All finished with your homework now?
Boy: Yeah.
Mother: How about if we get some of that cake I just finished?
Boy: O.K.

Scene II

Boy 1: Hey, stupid, you made us lose.
Boy 2: Who says, big shot?
Boy 1: I did--you can't even dribble and you fouled on everyone.
Boy 2: You can't play good yourself.
Boy 1: I bet!!
Boy 2: Flake off!
Boy 1: I don't feel like it, kiddo!

Scene III

Girl: Got those pictures for the bulletin board?
Boy: Yeh, here's one! How do you think it is?
Girl: That's real good. Will you help me put it up on the bulletin board?
Boy: Yeah, c'mon.

Scene IV

Father: David!
Boy: Sure, Dad.
Father: How'd your game go?
Boy: We won.
Father: What was your score?
Boy: Six to two.
Father: Hey, that's good . . . How'd you do?
Boy: I made two home runs.
Father: No kidding, want to throw a few?
Boy: Yeah, come on let's go.
Father: Hey, let's go.

Scene V

Boy 1: Hey, Rod, you practicing up for the big game tomorrow?
Boy 2: Yeah, watch this.
Boy 1: Yeah, that's good but you need to choke up on the bat some more.
Boy 2: Like this?
Boy 1: Yeah, you'll probably hit a home run.
Boy 2: Thanks, I'll buy you a coke for that.
Boy 1: O.K. let's . . . c'mon let's go.

Scene VI

Teacher: David, stop banging that pencil on the table.
Boy: It's not me it's someone else.
Teacher: David, I see you! You are disrupting the entire class and I want it stopped.
Boy: I'm just banging my pencil on my paper.
Teacher: David, I have had enough. Give me the pencil.
Boy: I don't want to give it to you, it's mine.
Teacher: You either give me that pencil right now or you're marching down to the principal. . . .

Scene VII

Boy: What'd I get on my paper?
Teacher: As a matter of fact, Rod, this paper isn't even worth giving back, it's the sloppiest paper you ever turned in and you're going to stay in after school and do that paper over!
Boy: But I have a baseball game today!

Scene VII (continued)

Teacher: Not today . . . You miss that game and teach you a lesson not to turn in a paper like that.
Boy: But Bob had a sloppy paper like me.
Teacher: This paper is much worse than Bob's now stop being so lazy and get to work on that paper.
Boy: I'm not going to do it!!

Scene VIII

Girl: You creephead, why do you keep picking on my friend Barbara?
Boy: Oh, bug off!
Girl: No, stop it or I'll tell the teacher.
Boy: You tell the teacher and I'll get you after school.
Girl: Well, I'll get friends to beat you up.
Boy: Your friends are just big fat slobs.
Girl: Well, you don't have any.
Boy: Oh, bug off!!

Scene IX

Brother: Diane, Mom's birthday is next week, what shall we do?
Sister: I don't know.
Brother: Think we should get her a book?
Sister: That's fine.
Brother: We don't have much money with us, think of things we can do.
Sister: Yeah, how about chippin in?
Brother: That's a good idea, where do you think we should get the book?
Sister: Well, maybe at the bookstore.
Brother: Yeah, let's go next week.
Sister: That's fine.

Scene X

Boy 1: Stupid, let me see one of those outfits.
Boy 2: Hey, keep your hands off these.
Boy 1: I can touch them if I feel like it!
Boy 2: Those are only for us guys on the team.

Scene X (continued)

Boy 1: Oh, drop dead. Who'd want to be on your old team.
Boy 2: Not you, Buster!

Scene XI

Son: . . . quit picking!
Father: You have been promising to cut the grass for a week and it hasn't been done.
Son: Aww, I want to play softball with the guys.
Father: I told you to cut the grass, now no allowance for a week.
Son: It didn't need cutting.
Father: You better shut up your sassy mouth and do it!
Son: Oh you shut up!

Scene XII

Teacher: The school council is going to meet next Wednesday and we need to have a representative from our class.
Boy: Yes, I was in the council last year in fourth grade.
Teacher: Yeah, I know about that and I heard you did a real fine job. How about being the representative this year?
Boy: Can Tom Schultz be in it too?
Teacher: I think we can arrange that, you and he make a good team working together.
Boy: Good.

Scene XIII

Boy 1: . . . our club newspaper.
Boy 2: It looks good.
Boy 1: Anybody can send in anything like a story or picture.
Boy 2: I write news articles.
Boy 1: Great! Maybe we can get it in our next issue!

Scene XIV

Boy: Hello, Mrs. Hutter, do you have a few minutes? I'd like to show you some pictures of my horse.
Teacher: Sure, David. Oh, he's a neat lookin horse, what's his name?

Scene XIV (continued)

Boy: Lightning.
Teacher: When did you get him?
Boy: At the beginning of the summer.
Teacher: You look really professional on him.
Boy: I know, I've been practicing on riding him all summer.
Teacher: Oh, you want to tell the class about it?
Boy: Yes, I would.

Scene XV

Boy: . . . what was in that big old package under the tree?
Mother: Rod, get off the phone . . .
Boy: Wait a minute. . . .
Mother: And get your dirty feet off the table, you've been on the phone all day.
Boy: Whoopee doo!
Mother: Just wait till your father comes home.
Boy: I couldn't care if the president came home.
Mother: If you don't hang up by the time I count to five I'll hang it up for you!
Boy: Go ahead.
Mother: One . . . two . . . three. . . .
Boy: She knows how to count!

Scene XVI

Sister: Get out of my room!
Brother: No, I came to get a book.
Sister: What for?
Brother: To read, stupid. Boy, you must be so retarded . . . baby. Sometimes you don't even understand anything!
Sister: Yes I do!
Brother: You probably don't even know how to read, you go around and look at pictures.
Sister: No I don't!
Brother: Yes you do!
Sister: I go in to see if I can find the books I want.
Brother: Oh, you just think you're so smart. All you do is look at the pictures, I've seen you.
Sister: Haah!!
Brother: Sure. . . .

APPENDIX B

ADJECTIVE CHECKLIST

FRIENDLY	☐	☐	☐	☐	☐
LOUD	☐	☐	☐	☐	☐
HELPFUL	☐	☐	☐	☐	☐
HAPPY	☐	☐	☐	☐	☐
WRONG	☐	☐	☐	☐	☐
MEAN	☐	☐	☐	☐	☐
MAD	☐	☐	☐	☐	☐
UPSET	☐	☐	☐	☐	☐
WEAK	☐	☐	☐	☐	☐
NICE	☐	☐	☐	☐	☐

APPENDIX C

INDIVIDUAL DATA SHEET

NAME _____ AGE _____ CLINICAL STATUS _____ GROUP _____

ADJECTIVE CHECKLIST SCORES

ADJECTIVE CHARACTER

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1. Friendly																																
2. Loud																																
3. Helpful																																
4. Happy																																
5. Wrong																																
6. Mean																																
7. Mad																																
8. Upset																																
9. Weak																																
10. Nice																																

APPENDIX C (continued)

ACCURACY AND SENSITIVITY RATINGS

	hostile								non-hostile								
	peer				adult				peer				adult				
	male		female		male		female		male		female		male		female		
FILMS:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	MEAN
ACCURACY																	
SENSITIVITY																	

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BIOGRAPHICAL SKETCH

Marcia Goodman Landau was born November 20, 1940, at New York City, New York. She was graduated from James Monroe High School in New York City in June, 1957. In September, 1957, she enrolled at Queens College of City University of New York where she received a Bachelor of Science degree in 1961. From February, 1961, through January, 1963, she taught elementary school first in New York City and then in Dade County, Florida. In February, 1963, she enrolled in a graduate program in psychology at the University of Miami and completed a Master of Science degree in August, 1964.

From September, 1964, through December, 1966, she was a staff psychologist at Sunland Training Center at Gainesville, Florida. In January, 1967, she enrolled in the doctoral program in counselor education at the University of Florida. She also began a graduate assistantship and internship in the Children's Mental Health Unit at the J. Hillis Miller Health Center where she continued on a part-time basis through November, 1970.

Marcia Goodman Landau is married to David Landau of New York City and is the mother of a daughter, Michelle Andrea. She is a member of the American Psychological Association, the Florida Psychological Association, the New Mexico Psychological Association, and the International Council of Psychologists. Since January, 1971, she has held a position on the staff of the Albuquerque Child Guidance Center in New Mexico, where she will remain following her graduation.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Robert D. Myrick

Robert D. Myrick, Chairman
Associate Professor of
Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

James L. Lister

James L. Lister
Professor and Chairman of
Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Audrey A. Schumacher

Audrey Schumacher
Professor of Psychology

This dissertation was submitted to the Dean of the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

March, 1972

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Dean, College of Education

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