A Test of Ear Preference for Music*

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Based on a pilot study, a test was developed with 13 events out of which 10 were test events and 3 were control events. In each test event one ear gets a constant piece of tune and the other ear receives the distorted version of the constant tune and two other distorted tunes, one at a time in a dichotic fashion. After listening to the whole event, the subject was asked to find out as to which one of the three distorted tunes resembles the constant piece of tune in the other ear. In a control event, the distorted version of the constant tune was not present and it was replaced by another distorted tune. The subject was expected to indtcate that there was no resemblance between the constant and the three distorted tunes.

First, each subject was presented the 13 events and then the earphones were reversed and the whole tape was played back. The total number of correct identifications from 10 test events was converted into the percentage score. Always, the ear receiving constant piece of tune was taken as the reference ear and the other ear receiving distorted pieces of tunes was taken as the test ear.

Three groups of subjects were tested in the present study—50 normals (25 males and 25 females), 10 stutterers and 10 trained musicians. Their ear preference for music was compared.

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Conclusions of the Study

(1) In normals, there was a significant difference between the two ears for the perception of music.

(2) Both normal males and normal females had a significant ear preference, however, the magnitude of preference was greater in males.

(3) There was no significant difference between the two ears in stutterers and trained musicians. Stated alternatively, these groups of subjects did not exhibit a clear-cut ear preference.

(4) The results of the test–retest reliability on Product Moment Correlation showed a high Correlation of 0·88 between the test and retest scores.

Suggestions for Further Research

(1) A larger sample of subjects with a greater age range, in each group, could be studied.

(2) The effects of intensity variations on ear preference may be examined.

(3) The effects of various types of hearing impairment on ear preference may be studied.

(4) Aphasic and brain damaged patients could be tested for ear preference and their performance could be compared with the performance of normals.

(5) Different categories of trained musicians, with varying amounts of training, may be studied for ear preference for music.