



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE OF MENTAL HEALTH
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857
AREA CODE 202 TEL: 655-4000

3 July 1979

Dr. George Gerbner
Dean, Annenberg School of
Communications
University of Pennsylvania
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

Thank you for agreeing to participate in a small advisory group meeting to consider a possible Surgeon General update report in 1982 of the 1972 Surgeon General's Report on Television and Social Behavior. Because of scheduling requirements, the meeting will be confined to one day. We shall meet Friday July 27, 9:00 a.m. in the DHEW "Hubert H. Humphrey" Building (200 Independence Avenue, S.W., Washington, D.C. 20201) conference room 729-G.

Dr. Juel Janis, Special Assistant to Dr. Richmond, and I will meet with consultants in a morning session. We then are scheduled to meet with Dr. Richmond that afternoon at 2:30 p.m. to discuss the group's views and hopefully, its consensus regarding the advisability of a new Surgeon General's report. The advisability of this initiative would be based on the group's views regarding the extent and significance of research developments in the past decade and the general timeliness of a new report. The following consultants also have been invited:

Dr. Eli Rubinstein
Dr. Alberta Siegel
Dr. Jerome L. Singer

A professional service contract is being arranged in an amount which will reimburse you approximately for your travel costs and will provide a per diem allowance and a \$100 consultant fee for the day of the meeting. Payment of the contract stipulated amount normally is made within three or four weeks after the consultation service is provided. Please let me know if you wish us to arrange a hotel room. Otherwise we shall assume that you are arranging your own itinerary or are arriving the morning of the meeting and are leaving directly after. My telephone number is AC 301 - 443-3942.

Again, my thanks for your help.

Sincerely,

David Pearl, Ph.D.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

27 November 1979

Dr. George Gerbner
Annenberg School of Communications
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

Again I want to say how pleased I am that you agreed to join the Advisory Group of our project to update the Report of the Surgeon General's Scientific Advisory Committee on Television and Social Behavior. And I'm glad that you and the other committee members can make the first meeting on Thursday, December 6.

The meeting is scheduled for 9:30 am.m. in conference room 'B' of the Landow building, 7910 Woodmont Avenue, Bethesda, Md. (Woodmont Ave. parallels Wisconsin Ave, one block west) The Landow building houses some Public Health Service components and is approximately 2/3 miles south of the NIH campus. For those flying into Washington National airport that morning, the Landow building can be reached via cab for about \$12. It is also near the Bethesda Motel limousine stop in Bethesda at \$4.75 but travel time is definitely longer.

The meeting will be devoted to major tasks. The first involves discussion and agreement on the topics on which state of the art integrative reviews should be commissioned. The second task concerns the development of lists of qualified persons who could be asked to undertake these papers. And, of course, our agenda will be open to any other matters that you may wish to bring up for consideration.

Our time frame is tight. We hope to act on your recommendations and arrange for the writing of the above reviews by the end of December. We would probably need to set a three month deadline for the completion of these reports so that we could get on with other phases of the project.

A professional service contract is being arranged in an amount which will reimburse you approximately for your travel costs and will provide a per diem allowance and \$100 consultant fee for the day of the meeting. Payment of the contract stipulated amount normally is made within three or four weeks after the consultation service is provided.

Ramona Kim
8480 US Comm Serv

(301)? 654-1000

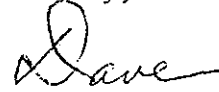
NATIONAL INSTITUTE OF MENTAL HEALTH
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ROCKVILLE, MARYLAND 20857
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Res. Health
Mr. Smith
over out 4 pm

Joyce Lazar will be working with me and we both look forward to seeing you. Dr. Juel Janis, Special Assistant to Dr. Julius Richmond, the Surgeon General, will also be attending if her schedule permits.

Please let me know if you have any questions or problems.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dave", written in dark ink.

David Pearl, Ph.D.
Chief
Behavioral Sciences Research
Branch, DERP

Advisory Committee to Project Update: Television and Behavior

Steven Chaffee	University of Wisconsin.
George Gerbner	University of Pennsylvania
Chester Pierce	Harvard Medical School
Eli Rubinstein	University of North Carolina
Alberta Siegel	Stanford Medical School
Jerome L. Singer	Yale University



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
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26 December 1979

NATIONAL INSTITUTE OF MENTAL HEALTH
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857
AREA CODE 202 TEL: 655-4000

Dr. George Gerbner
University of Pennsylvania
3620 Walnut Street -- C-5
Philadelphia, Pa. 19104

Dear George:

I hope you are enjoying a happy holiday season!

As we agreed at our Bethesda meeting on December 6, I enclose an outline of the state of the art papers and suggested authors for these. The outline structure incorporates much of our discussion but obviously remains flexible. Undoubtedly, there are gaps and I would appreciate your advice as to possible alterations and additions.

For individuals that Joyce and I have been able to contact, we've had a 100% success rate. Unfortunately, others are out of the country at this time or otherwise not reachable. We expect to plug away and will have most papers arranged by the end of the first week in January - all with an April 1, 1980 receipt target date. Arranged papers and their authors are underlined in the outline.

As you will recall, we've tentatively set the week of April 21 for our next meeting. That should allow us to get copies of the papers to you a week or two before then. We will firm up arrangements later. Also, committee members indicated willingness to help provide overviews for various areas as indicated in the following:

Social Reality and Socialization - Alberta Siegel
Cognitive and Affective Influences - Jerry Singer
Family and Peer Relations (Social Relations) - Steve Chaffee

All others indicated their willingness to pinch-hit - to provide help for other areas as needed.

Please let me know of significant gaps we should fill through the commissioning of additional papers. And also, prospective writers for these as well as additional names for topics on the outline for which arrangements have not been completed (not underlined on the outline).

Best wishes for the coming year!

Sincerely,

David Pearl, Ph.D.
Chief

Behavioral Sciences Research Branch

Enclosure

Our meeting could -
① Women & Men
② How to make it

TELEVISION AND BEHAVIOR: Ten Years of
Scientific Progress and Implications for the 80's
Areas and State of Knowledge Papers

I. Violence and Victimization

A. Violence in TV Content

1. Overview of field: George Comstock, Syracuse
2. The Gerbner Violence Profiles: Larry Gross, U. of Penn.

Justifications

Criticisms

Trends

Comparisons to other assessments
and techniques

B. TV and Aggressive Effects

Rowell Huesmann, U. of Ill.
(Chicago Circle)

1. Overview paper
overt behavior
desensitization
shifting of behavioral norms & expectations

2. NBC 9-year Panel Study

Ron Milavsky, NBC

II. Social Reality and Socialization

A. Influence of TV on Social Reality
and Conceptions of World

Robert Hawkins, U. of Wisconsin

B. ~~Role~~ Socialization and Attitudes Toward
Social Institutions

Geo Comstock - Michigan
on soc. inst.

1. Overview of topic (sex, occupational,
patient roles, age, etc.)

Brad Greenberg, Michigan State

2. Aging: TV Viewing Habits and
Effects of Medium

Rich Davis, U.S.C.

3. Consumer Roles

Chuck Atkin, Michigan St.

III. Cognitive and Affective Influences

A. Cognitive Aspects

1. Information Processing Aspects
of TV Viewing

Andrew Collins, Minnesota

2. Effects of Structural Aspects of
of TV - the Medium's Structural
or Language

Aletha Stein, Kansas
or

Dan Anderson, Massachusetts

cont'd.

III. Cognitive and Affective Influences (cont'd)

3. TV Literacy - Critical Viewing Skills

Charles Corder-Bolz, So. West
Education Lab.

4. Influences on Literacy and Reading

Les Bogart

5. Educational Aspiration and Achievement

Michael Morgan, U. Penn.

B. Affective Development and Functioning

Amy Leifer Dorr, U.S.C.

C. Pro Social Behavior

J. Phillippe Rushton, U. West. Ontario
Annette Friedrich Cofer, Houston
Dorothy Singer, U. Bridgeport

D. Sexual Behavior and Expectations

Liz Roberts, Harvard
Joyce Sprafkin, Stony Brook
Lorna Sorel, Yale
Philip Sorel, Yale

E. Television Viewing and Arousal

Dolf Zillman, Indiana

IV. Family and Peer Relations

A. The Family and Peers as Portrayed on TV

B. Impact on Families and Peers: How the family uses TV

Jack McLeod, Wisconsin

V. Health Influences of TV

A. Effects of Specific Health Education on Medium Campaigns

Nate Maccoby, Stanford
Dan Costello, Vanderbilt
Gerald Kline, Minnesota

B. Intrinsic Program Embedded Health and Safety Messages and Impacts

Nancy Signorelli
and/or
Larry Gross, U. Penn.

C. TV and Institutionalized Persons (use of and impact on)

Eli Rubinstein, No. Carolina
Joyce Sprafkin, Stony Brook

VI. Viewing Consequences of the Structure and Economics of the Television Industry

Muriel Cantor, American U.
Russell Newman, Yale
Bill Melody, Simon Fraser U.

VII. The New TV Technologies

(Present impact and possible future influences on behavior & functions)

James Carey, U. Ill. (for historical context)
Carolyn Marvin, U. of Illinois



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6 February 1980

Dr. George Gerbner
Dean, Annenberg School
of Communications
University of Pennsylvania
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

We've completed arrangements for the writing of 23 papers on various aspects of TV and behavior as indicated on the enclosed outline. With two or three exceptions, authors have agreed to a submission date of April 1. As I receive papers, I shall have them duplicated and sent out to you in several batches in advance of our next ad hoc committee meeting.

On the basis of discussion at our last meeting and, some further communication from some of you, it appears that April 21 and 22 (Monday and Tuesday) are our most feasible dates for a two day meeting in the Washington area. A two day meeting seems indicated so that we can get rolling in assessing and integrating those papers received and read and to begin discussions concerning their import for research and policy. I'll be in touch regarding the specific location as soon as we complete arrangements. Let me know, in the meantime, and as quickly as you can, whether you want us to make overnight motel/hotel reservations in the Bethesda area (specific nights). As before, a professional services contract will be arranged to generally cover travel and per diem expense and to provide a consultant's fee to those of you who are not Feds.

If you have any suggestions for the overall update project or the coming meeting, please let me know.

Cordially,

Dave

David Pearl, Ph.D.
Chief
Behavioral Sciences Research Branch

Enclosure



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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ROCKVILLE, MARYLAND 20857
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31 March 1980

Dr. George Gerbner
Dean, Annenberg School of
Communications
University of Pennsylvania
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

This is an update on our forthcoming TV ad hoc committee meeting on Tuesday and Wednesday, April 22 and 23. We will be meeting at 9:15 a.m. in conference room 6C-01 of the Federal Building, 7550 Wisconsin Avenue in Bethesda (near juncture of Wisconsin Avenue and Georgetown Road). At that time we expect to begin our discussions on substantive research as reflected in the state of knowledge papers which we commissioned. Most authors have agreed to submit their papers (at least the first draft) by April 1 and I trust we will not have many April Fool surprises. We will have these xeroxed as we get them and will send you copies as soon as possible so that you have a chance to consider as many as possible before the meeting.

We have reserved a single room for you at the Ramada Inn, 8400 Wisconsin Avenue, Bethesda for Tuesday evening April 22 only, at the rate of \$41.00 per night plus 10% tax. Please communicate directly with the reservation desk for confirmation and/or changes. This location is a short distance north of the Federal building and can be walked easily in about 10 minutes.

We have already initiated professional service contracts for those of you coming from out of town and hopefully, these will reach you either just before or soon after our meeting. These will cover approximate travel costs, per diem, and a consultant fee for each day of our meeting that you attend.

We're looking forward to seeing you soon. Washington has a lovely Spring and we'll be in the midst then.

Cordially,

David Pearl, Ph.D.
Chief

Behavioral Sciences Research Branch



DEPARTMENT OF HEALTH, AND HUMAN SERVICES
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20 May 1980

Dr. George Gerbner
Dean, Annenberg School of Communications
University of Pennsylvania
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

As we agreed at our April meeting, the TV and Behavior Update ad hoc Committee will meet again on Friday, June 13th (I'm glad none of us are really superstitious!). One of our group may have a problem with that date. But after checking the availability of space and knowing your earlier scheduling preference, it appears that we have no degree of freedom. We therefore shall meet at 9:00 a.m. on Friday, June 13 at the Landow Building, 7910 Woodmont Avenue in Bethesda. This is where we met initially last December but this time we will have a much better meeting room - conference room 'A' on the first floor.

We've also initiated new professional service contracts to cover your travel, etcetera. I trust that you have been paid by now for the previous meeting. Several additional state of knowledge papers are enclosed. We shall send others as they arrive.

I look forward to seeing you.

Cordially,

David Pearl, Ph.D.
Chief

Behavioral Sciences Research Branch

Larry
Kenny
Mike

Al - 2

TELEVISION AND BEHAVIOR: Ten Years of
Scientific Progress and Implications for the 80's

Areas and State of Knowledge Papers

I. Violence and Victimization

A. Violence in TV Content

1. Overview of field (1) See paper. Comment. GG will send. George Comstock, Syracuse U.

2. The Gerbner Violence Profiles: Larry Gross, U. of Penn.

Justifications

Criticisms

Trends

Comparisons to other assessments and techniques (2)

Should reveal complete note cult. data refs.?

B. TV and Aggressive Effects

1. General Overview
Overt behavior
Desensitization
Shifting of behavioral norms and expectations

Rowell Huesmann, U. of Illinois

2. NBC Multiyear Panel Study

Ron Milavsky, NBC

II. Social Reality and Socialization

A. TV Influence on Social Reality and Conceptions of World

(2) Mike - will confab & track Robert Hawkins, U. of Wisconsin

B. Television and Social Institutions

George Comstock, Syracuse U.

C. TV and Role Socialization

1. Overview of Role Socialization (sex, age, occupational, class, ethnic & race stereotyping, etc.)

Brad Greenberg, Michigan State

2. Aging: Portrayals of Older Persons & Viewing Effects

Rich Davis, U.S.C.

3. Consumer Roles

Chuck Atkin, Michigan State

III. Cognitive and Affective Influences

A. Cognitive Aspects

1. Information Processing Aspects of TV Viewing

Andrew Collins, U. of Minnesota

2. Effects of Structural Aspects of TV

Aletha Huston - ~~U. of Kans.~~, U. of Kansas (and co-authors)

cont'd.

III. Cognitive and Affective Influences (cont'd)

3. TV Literacy - Critical Viewing Skills

Charles Corder-Bolz, So. West Education Lab.

4. Educational Aspiration Achievement and Literacy

Michael Morgan, U. of Penn.

B. Affective Development & Functioning

Aimee Liefer Dorr, U.S.C.

C. Pro Social Behavior

J. Phillippe Rushton, U. Western Ontario

D. Sexual Behavior and Expectations

Elizabeth Roberts, Harvard U.

E. Television Viewing and Arousal

Dolf Zillman, Indiana U.

IV. Social Relations

A. The Family as Portrayed on TV

Lynda M. Glennon, Rutgers U. (and co-authors)

B. Impact on Families and Peers: How the family uses TV

Jack McLeod, U. of Wisconsin

V. Health Influences of TV

A. Effects of Specific Medium Health Campaigns

Douglas Solomon, Stanford U.

B. Programming Health Portrayals: Program Embedded Roles, Plots & Behaviors

Annenberg School of Communication Group, U. of Penn.

C. Television and Institutionalized Persons (portrayal of, use by, and impact on)

Eli Rubinstein, U. of No. Carolina -and- Joyce Sprafkin, Stony Brook

Mental hospitals
General hospitals
Old age settings

VI. Sociology of Television Industry and Viewing Consequences

Muriel Cantor, American U.

other?

Ben Singer
Steve Holfer
Betty - ?
Doris
GG

4
Doris &
mail

5
GG + MS will write. Due soon.

Larry Young
Mike
PK1-2

Let me know if you
want to read these papers. See 6/16/80
notes

TELEVISION AND BEHAVIOR: Ten Years of
Scientific Progress and Implications for the 80's

Areas and State of Knowledge Papers

I. Violence and Victimization

A. Violence in TV Content

1. Overview of field (1) See papers. Comment. GG will send. George Comstock, Syracuse U.
2. The Gerbner Violence Profiles:
Justifications
Criticisms
Trends
Comparisons to other assessments and techniques (2) Should review, complete note cult. data refs.?

B. TV and Aggressive Effects

1. General Overview
Overt behavior
Desensitization
Shifting of behavioral norms and expectations
Rowell Huesmann, U. of Illinois
2. NBC Multiyear Panel Study
Ron Milavsky, NBC

II. Social Reality and Socialization

A. TV Influence on Social Reality and
Conceptions of World

(2) Mike - will contact & track
Robert Hawkins, U. of Wisconsin

B. Television and Social Institutions

George Comstock, Syracuse U.

C. TV and Role Socialization

1. Overview of Role Socialization (sex, age, occupational, class, ethnic & race stereotyping, etc.)
Brad Greenberg, Michigan State
2. Aging: Portrayals of Older Persons & Viewing Effects
Rich Davis, U.S.C.
3. Consumer Roles
Chuck Atkin, Michigan State

III. Cognitive and Affective Influences

A. Cognitive Aspects

1. Information Processing Aspects of TV Viewing
Andrew Collins, U. of Minnesota
2. Effects of Structural Aspects of TV
Aletha Huston-~~MM~~, U. of Kansas
(and co-authors)

cont'd.

III. Cognitive and Affective Influences (cont'd)

3. TV Literacy - Critical Viewing Skills

Charles Corder-Bolz, So. West Education Lab.

4. Educational Aspiration Achievement and Literacy

Michael Morgan, U. of Penn.

B. Affective Development & Functioning

Aimee Liefer Dorr, U.S.C.

C. Pro Social Behavior

J. Phillippe Rushton, U. Western Ontario

D. Sexual Behavior and Expectations

Elizabeth Roberts, Harvard U.

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A. The Family as Portrayed on TV

Lynda M. Glennon, Rutgers U. (and co-authors)

B. Impact on Families and Peers: How the family uses TV

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Eli Rubinstein, U. of No. Carolina -and- Joyce Sprafkin, Stony Brook

Mental hospitals
General hospitals
Old age settings

VI. Sociology of Television Industry and Viewing Consequences

Muriel Cantor, American U.

other?

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

28 July 1980

Dr. George Gerbner
Dean, Annenberg School of Communication
University of Pennsylvania
3620 Walnut Street - C-5
Philadelphia, Pa. 19104

Dear George:

We agreed at our June 13 session that Committee members with assumed responsibility for a portion of our study outline, would meet individually with Lorraine Bouthilet this summer and that our next committee meeting would be in September. After consideration of optimum timing and the several possible dates we discussed earlier, it appears that Friday September 26 is best. Therefore, please reserve that day for a meeting in Bethesda. Details will follow.

We do not have all commissioned papers in several outline areas. Hence we probably will have to delay somewhat individual sessions with Lorraine for the "Social Relations" and "Health Influences of TV" areas.

Have a good summer!

Sincerely,



David Pearl, Ph.D.
Chief
Behavioral Sciences Research Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857
National Institute of Mental Health

September 15, 1980

To: Members of the Project TV UPDATE Ad Hoc Committee

Our next Committee meeting will be on Friday, September 26, 1980 and again will be in Conference Room "A" of the Landow Building, 7910 Woodmont Avenue in Bethesda. You will recall that is where our last meeting was held. We will start at 9:15 A.M.

Enclosed is the paper by Jack McLeod and revised versions of some others.

I look forward to seeing you soon.

Cordially,



David Pearl, Ph.D.
Chief
Behavioral Sciences Research Branch

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

Room 10C-09

20 November 1980


Dr. George Gerbner
Dean, Annenberg School
of Communication
University of Pennsylvania
3620 Walnut Street C-5
Philadelphia, Pennsylvania 19104

Dear George:

I'm pleased that you will be able to meet with Lorraine Bouthilet and Joyce Lazar the morning of Friday December 5 in my office at the Parklawn Building (address above) in Rockville, Maryland at approximately 9:30-10:00 a.m. The Parklawn Building is also called the HEW Building by cabbies and is about five miles north of where we previously had been holding committee meetings. It is reachable via Rockville Pike which is an extension of Wisconsin Avenue (or Md. road #355) to Twinbrook Parkway. Then right for several blocks on Twinbrook, then another right on Fishers Lane.

The chances are that I will not be there to meet with you all, but I look forward to seeing you at the next ad hoc committee meeting. My room number in the Parklawn building is 10C-09.

Cordially,


David Pearl, Ph.D.
Chief
Behavioral & Social Sciences
Research Branch

Call D/P?



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
National Institute of Mental Health
Rockville MD 20857

16 December 1980

Dr. George Gerbner
Dean, Annenberg School
of Communications
University of Pennsylvania
3620 Walnut Street C-5
Philadelphia, Pa. 19104

Dear George:

I hope you and yours have a happy holiday season and that 1981 will be a good year for you.

This is to let you know that our Ad Hoc group could agree on February 15 and 16 (Sunday and Monday) as dates for our next meeting. At that time we expect to discuss the update draft report (our projected Volume I) which Lorraine Bouthilet expects to get to me about the first of the year. We will get a copy out to you as soon as possible after that. At our last meeting in November we agreed that each would do a thorough reading and come armed with specific suggestions for changes in language, emphasis, additions, etcetera. We would then try to get a consensus which would lead to a final draft shortly thereafter.

Because of the Sunday and Monday dates (Monday is Washington's birthday holiday observation) we were restricted as to where we could meet. We tried to meet downtown where we could get suitable arrangements but as it turned out, we would have to pay \$60 an hour for heat and attending personnel. So we're back to Bethesda and fortunately, we've arranged to meet again at the National Institutes of Health, conference room #7 in the 'G' wing of building 31. (the conference room adjacent to the splendid one where we met in November). We will start at 9:15 as usual.

Please let me know if you'll want accommodations for one night or two and where you prefer to stay. Some prefer the Marriott Hotel nearby but it is decidedly more expensive than the Ramada Inn which also is nearby.

Hope to hear from you soon. Joyce and Muriel send their best wishes.

Cordially,

David Pearl, Ph.D.
Chief
Behavioral & Social Sciences
Research Branch



Alcohol, Drug Abuse, and
Mental Health Administration
National Institute of Mental Health
Rockville MD 20857

23 February 1981

To : Members of the Project Update Committee

From: Dave Pearl

Lorraine Bouthilet currently is in the process of redrafting our Volume I Project Report according to the inputs of our meeting last week. The integration of materials and the phasing of the draft is a vast task!

It strikes me that we can continue to be helpful to Lorraine if we were to guide her with further concrete recommendations for the shaping of the report. We could increase the likelihood that the next draft version will meet our expectations and not require further major changes if each person, for the report area in which he/she is the lead, could provide:

1. a brief outline or description of how that area could be covered best including order of presentation;
2. specific points, issues, and key research not touched on in the earlier version that should be included; and
3. specific language or phraseology that can be used to link or bridge or clarify or accentuate, etc. any aspects of the report.

If you can get these to me, I will see that Lorraine gets them quickly.

A reminder also to send in your introductions to the major substantive components of volume II (for which you are the lead member) if you haven't yet done so. To date we only have two introductions. These would be most useful if Lorraine had them now to refer to in her write-up.

Another reminder: please make note that a meeting date was tentatively set for Sunday 26 April should we need to meet again.

Dave



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
National Institute of Mental Health
Rockville MD 20857 Rm 10C-C

Dependent

18 March 1981

To : Contributors of Commissioned Papers to the TV and Behavior Update Project
Subj: Progress of our project

As some of you may already know, the project staff, our Ad Hoc Scientific Advisory Committee, and our science writer, Dr. Lorraine Bouthilet, are actively involved in the preparation of our integrated report and the editing of your papers for publication (mostly for length and style). We hope to achieve a consensus and finish our report within the next month or two. The actual publication will take longer but we will press to get the report in print as soon as possible. We expect to publish your paper in a second volume simultaneously with the report.

We are operating under a time bind and need to consider page limitations. In a few weeks, I will be sending you an edited version of your paper (cut in length on the basis of materials presented and our space limitations) for your consideration. We expect that these generally will be acceptable to contributors. A contributor who may wish to suggest a further change will have only one week to recommend such an alteration and will need to submit a clear version of the desired change. Any recommended change must not increase the length of the version sent you.

We also ask you to review the references in your chapter for accuracy and to make corrections where indicated. In addition to the major author of a reference, names of other involved authors should be present. Also, ~~the first names of reference authors should be indicated instead of the~~ mere initial (as a few of you have done). As chapter authors, you are closer to the substantive area and probably more knowledgeable about the reference than we are apt to be.

It won't be long now. Your participation should be a source of satisfaction and you will have made a signal contribution to our product.

Cordially,

David Pearl, Ph.D.
Project Director, and,
Chief, Behavioral Sciences
Research Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE Rm 10C-09
ROCKVILLE, MARYLAND 20857
NATIONAL INSTITUTE OF MENTAL HEALTH

April 9, 1981

TO: Members of the Ad Hoc TV Update Committee

We agreed at our February meeting that our next meeting, if required, should be set for Sunday, April 26. It seems that this meeting is needed. We've arranged to meet, once more, on the National Institutes of Health campus in conference room #8, 6th floor of the "C" wing of building 31. We will start at 9:15 a.m. and since this is on Sunday, there will be no difficulty in parking.

A single room reservation has been arranged for each of you (excluding Eli Rubinstein who will make his own arrangement) for Saturday night April 25, at the Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda. The rate quoted is \$49 plus 10% tax (special rate) which is the best of any lodgings around. Check-in time is 3:00 p.m. You should guarantee for late arrival (after 6:00 p.m.) by contacting the Marriott - phone 301-897-4900, or by letter with your credit card number. If you choose lodgings elsewhere, or find that unfortunately you cannot make the meeting, please let us know and/or the Marriott, since the hotel has been advised that I am providing a secondary guarantee for the room.

We want to devote most of our meeting date to: (1) working through the report's last chapter on implications, and (2) discussing and resolving any major issues or disagreements that are brought up regarding the report's substance and presentation. We do not wish to use our time in detailed page-by-page critiques of the draft report. For this reason, please get such critiques to me and/or Lorraine Bouthilet as far in advance of the meeting as possible.

Our meeting goal will be to achieve an overall consensus so that Lorraine, Joyce and I can go ahead swiftly with drafting a final version of the report. This final version will take into account the detailed critiques or suggestions that you individually provide us.

See you soon!

Cordially,



David Pearl, Ph.D.
Chief, Behavioral and
Social Sciences Research Branch

Total audience — not under 40
points to providers.
legislators, policy makers
organizations

govt —

Continuity — Every 10 yrs.

Value — contribute necessary for govt
spans, research, many points
realized by Ph.

Not to push industry. (1) Summary —

implication for

social benefits
specific corner

(1) research, education & health professions
legislation —

(2) industry, policy, market

(3) providers & gen public

(4) organizations govt concerned attorneys spreads

(5) government

Positive potential — all positive!
Linn does not pay
Good people who
Sell products (2)

Abuse on violence!
intent to reduce or control abuse —
attrib to research & pressure.
Can handle abuse — loosening or
deflect the suit — compromise? Intimidate
least — claims but no evidence —
Controversy (3)

Several recommendations — no ref. to res.
Too much on violence & risk.

History to pharmaceuticals — control —
relation abuse industry & decision making,
not just products.

Aspirin vs violence — what kind of abuse?
Role of research — lead to independent critical
industry function — industry — way to — (7)
when abuse occurs

Selling better (8)
Hudson & Starch —

Marketing of R. Lee Y — peripheral —

cont. & cult
Example: Political economy reg. (12) 1977 TC
(12) not less the better how to avoid
avoid — not SS for industry — script
BBC — working done BET — mobile — training
(13) VS center —

On health

① ~~Living~~ —

! ② ~~Living~~ belief —

p. 2 — No sample.

~~to~~

Info to my part



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
National Institute of Mental Health
Rockville MD 20857

25 June 1981

Dr. George Gerbner
Dean, Annenberg School of Comm.
3620 Walnut Street C-5
Philadelphia, Pa. 19104

Dear George:

Here is our final 'implications' chapter for the update report. Please read it quickly and let me know if you have any major objections or suggestions. This, as you will remember, is based on a range of suggestions at our last meeting, and telephone calls.

I'm trying to get the other chapters of the report re-typed. I discussed the need to have our previous draft of all chapters frozen except for the final summary and implications section. There was agreement as to that necessity.

Getting Institute approval for publication has been a more lengthy process than I had imagined. This has resulted from the changing attitudes regarding appropriate research activities, the coming on board of new top echelon officials (such as the ADAMHA administrator, the Surgeon General Designate, and the Assistant Secretary for Health) and cautiousness of some NIMH officials. Because of the current climate regarding social science research, I thought it advisable to change the order of chapter and topic presentation in the update report. This does no violence to the substantive aspects but deals with health issues, etc., first and changes our chapter order so that Television in American Society, and, Education and Learning About Television become chapters 7 and 8.

At this point, our Institute Director has raised the possibility of having the report being considered by the Surgeon General Designate as an issuance under his auspices. I have been asked to provide our Director with a copy of our overview Chapter I which he will discuss with our new ADAMHA Administrator relative to the issue of auspices. I will submit this to him tomorrow (a copy of this Chapter I will also be sent you). Although I am setting out several options in my memo to him for consideration, I intend to stress the need to avoid further delays and the preference at this time for an NIMH issuance of the report.

If you have not submitted an introduction to the Section in Volume 2 for which you are the lead committee person, please do so immediately.

Have a nice summer!

Cordially,

David Pearl
David Pearl, Ph.D.
Chief
Behavioral Sciences Research Branch

Enclosure

CHAPTER IX

IMPLICATIONS FOR THE EIGHTIES

The time has now come to look at the total array of research on television and behavior in the seventies and to try to discern the import and implications for the coming decade.

First, an impressive body of scientific knowledge has been accumulated since 1971 when the report of the Surgeon General's Advisory Committee was completed. Over 2000, reports, papers and books have been published. The number of scientists engaged in research on television began to proliferate as a result of the report of the Surgeon General's committee, and the number has continued to grow. Yet in relation to the magnitude of the research field and the many questions to which answers are urgently needed, the number of scientists involved in the study of television is still miniscule compared with other research specialties. If the momentum of research productivity achieved in the seventies is to continue into the eighties, the number will have to be increased.

When the Surgeon General's committee completed its report, the members believed that their task was not really finished. What had been a seemingly straightforward question of scientific evidence quickly developed extensive ramifications. While the original question on televised violence had been partially answered, the framework in which the question had been posed raised larger issues about television and behavior. Now ten years later the committee's concern with these larger issues becomes even more urgent and timely. The research findings of the past decade have reaffirmed the powerful influence of television on the viewer. Almost all the evidence testifies to television's

role as a formidable educator whose effects are both pervasive and cumulative. Television can no longer be considered as a casual part of daily life, as an electronic toy. Research findings have long since destroyed the illusion that television is merely innocuous entertainment. While the learning it provides is mainly incidental rather than direct and formal, it is a significant part of the total acculturation process. Furthermore, indications are that future technological developments in programming, distribution, and television usage will probably increase television's potential influence on the viewer.

Overarching all other findings is the fact that television is so large a part of daily life. Within American society, television is now a universal phenomenon. About half the present population never knew a world without television. Television is, in short, an American institution. It has changed or influenced most other institutions from the family to the functioning of the government. In the 1980's television will no doubt continue to be pervasive and ubiquitous in American life. Information about its role and its effects will be needed by all those who will help to shape television's future and to make decisions about it. Besides the general public, these groups include parents; professionals in fields like education and public health; organizations that represent special interests such as those of children, ethnic groups, mental health, and business; local, state, and federal governmental agencies; the research community; and the television industry itself.

In contrast to previous research, the bulk of the current findings no longer focus on specific cause-effect or input-output results. Television viewing is so entrenched in American daily life that it can only be regarded as a major socializing influence almost comparable to the family, the schools,

the church, and other socializing institutions. This socialization can be thought of as the accumulation of the many specific learning experiences throughout one's life. It is not limited to the developing child, although children have an especially strong need to acquire knowledge and skills as they grow up. But at any age, a person represents the product of cumulative learning, and thinking and behavior are affected by a mixture of recent learning and of learning earlier in life. As people go through life-cycle transitions, the importance of television changes for them. Old people, for example, are much more like very young people in their use of television than they are like middle-aged adults. Further studies of socialization and general learning from television need to be continued with children and expanded to include the entire life span.

Health

With television a central feature of daily life, it is somewhat surprising that little attention has been given to its influences on physical and mental health. Television's portrayals of mentally ill persons as often being either violent or victimized is particularly unfortunate, because it may be contributing to the well-known stigma borne by those suffering from mental illness. The wide-spread consumption of alcoholic beverages on television together with the fact that such consumption is presented as a pleasant aspect of social life with no deleterious consequences may also be fostering attitudes and subsequent behavior that reinforce the use of alcohol by viewers. Similarly the portrayals of snacks and other non-nutritious foods may be affecting eating habits, especially of children. Health portrayals on television thus are distorted frequently and have the possibility of unwittingly encouraging poor health. But the fact that very little smoking appears on television is noteworthy, and perhaps an indication that television has been responsive to an important health problem. Other efforts to eliminate

depictions detrimental to good health would not inhibit the dramatic impact of the programs and could have positive social consequences.

Another area, perhaps more difficult to implement, would be the possibility of programming for special populations, such as institutionalized individuals in psychiatric settings, in homes for the elderly, and in hospitals. This kind of programming offers an excellent opportunity for constructive change.

In the 1980's it can be predicted that there will be increased use of television for health campaigns. Such campaigns should be very carefully planned, and the more recent theories and practices of evaluation research applied to them. Campaigns can be a valuable resource to improve the nation's health, but they require at least the talent and financial backing that go into making a good commercial.

There have been no attempts to assess in systematic studies the direct effect of television viewing on health. For example, the passivity of television viewing has not been studied in connection with physical fitness of children and adults. The relationship, if any, of the amount of physical exercise to the amount of viewing time is not known, nor is there any clue concerning whether early and continued heavy viewing establishes enduring patterns of passive, rather than active, participation in daily life. Eating behavior during television viewing could be significant. For example, eating junk foods while watching television is common, and it is possible that some adults link television viewing with drinking wine and beer. The cumulative effects of these conditioned eating and drinking patterns might have serious long-term effects.

Television as a stressor needs to be studied. At times it can be stress reducing and at other times stress enhancing. The noise levels of television may operate as a chronic stressor for some persons. It is not known whether stress can be induced by the synergistic effect of television arousal and other psychosocial variable that may be operating.

There is a dearth of studies on the neurophysiological implications of television watching. Possible areas for research, to name only a few, include sleep and sleep disturbances, autonomic nervous system functioning, rigorous studies on brain lateralization, biological rhythms; and perhaps even on neurotransmitters, all as related to television. A practical question here is: Are there children suffering chronic fatigue from staying up late to look at television? The decade of the eighties needs biomedical pioneers to begin this kind of important research.

The suggestion by the Surgeon General's committee that it would be well to explore television's health-promoting possibilities may at last be a major research direction in the eighties.

Cognitive Functioning

Several issues have emerged from the innovative research on cognitive functioning in the 1970's. All of them have implications for continued research into the 1980's.

Children growing up with television must learn cognitive strategies for dealing with the medium. At very early ages children already demonstrate active and selective viewing strategies, for example, watching animation, turning away from dialogue they do not understand, turning back when music or sound effects suggest lively action or "pixillation" (animated activity). Age factors as well as properties of the medium interact to determine how children will develop useful viewing strategies.

Television material differs from real life by using certain structural symbols or codes that may present problems of learning. A character who is remembering things from the past may fade out of view and actual past scenes then show the character's memories. Children at young ages may not recognize these "flashback" conventions and be confused. Conventions such as split screens (screen divided into two parts with a different picture on each part) may not be understood, and magical effects, for example, superheroes leaping over buildings, may be taken literally. While children eventually learn television conventions and viewing strategies and incorporate some of them into more general thinking, there are suggestions that some forms of presentation are more effective than others in helping children to learn the television codes and also in enhancing general cognitive effectiveness.

Age differences are highly significant in television viewing. These differences, which themselves reflect differences in conceptual capacities, (for example, the inability of preschoolers to engage in conversation) lead to sizable differences in how much sense children can make of stories on television. Structural factors, such as rapid shifts of scene, may lead young children to misunderstand the intended plots, to overemphasize the more obvious features of a story (for example, violence), and to be confused about causality. The fact that young children do not easily relate consequences to earlier actions makes the adult interpretation of the story quite different from that of the child. The contention is often made that children's programs, or adult programs watched by children, really are prosocial programs because the "bad guy" gets punished at the end. What is not recognized in this argument is the critical fact that young children

simply do not see the relation between the punishment and the earlier antisocial behavior. This finding can be generalized to include a large number of other age-specific responses to, and attributes of, television viewing. The dilemma--and the challenge--raised by these research findings is that it is difficult to produce programs that simultaneously satisfy the needs and capabilities of a widely diverse audience.

Although there is some evidence that young children's imaginativeness and the stories they use in spontaneous play are enhanced by television materials, the predominant evidence suggest that heavy viewing is associated with lower imagination and less creativity. Under special circumstances with carefully designed programming and with adult mediation, children can increase their spontaneous playfulness, imagination, and enjoyment after television viewing. There is reason to believe, however, that under conditions of unsupervised viewing children may not learn necessary distinctions between "realism" and "fantasy" in stories.

Much more research is needed to explore the best ways of presenting material that will maximize not only attention but also comprehension and reflective thought. Much more research also needs to be done on effective learning. The research should address such questions as: What combinations of structure and content maximize interest, attention, and learning effectiveness of television for different age groups.

Emotional Development and Functioning

Children show a wide range of emotional reactions to television. The evidence suggests that moderately rapid pacing does lead to arousal and enjoyment in children. For adolescents and young adults a good balance of lively pace and some (but not too much) humor may enhance attention and comprehension. There is not yet enough adequate evidence to support some current beliefs that children have been led by lively television programming

to be inattentive to verbal presentations and detailed material presented in the classroom. While children can learn to be more empathic and to express or understand emotions from television presentations with guidance from adults, the data on heavy viewing suggests that they tend to be less empathic or to show negative reactions, such as unhappy or fearful emotions.

The decade of the 1970's did not produce much research on the emotions and television. Increasing attention to this area is highly desirable in the 1980's.

Violence and Aggression

The recent research confirms the earlier findings of a causal relationship between viewing televised violence and later aggressive behavior. A distinction must be made, however, between groups and individuals. All the studies that support the causal relationships demonstrate group differences. None supports the case for particular individuals. As with most statistical analyses of complex phenomena, group trends do not predict individual or isolated events. This distinction does not, of course, minimize the significance of the findings, even though it delimits their applicability. Moreover, no single study unequivocally confirms the conclusion that ✓ *Agg*
televised violence leads to aggressive behavior. Similarly, no single study unequivocally refutes that conclusion. The scientific support for the causal relationship derives from the convergence of findings from many studies, the great majority of which demonstrate a positive relationship between televised violence and later aggressive behavior.

Research during the 1970's on violence and aggression yielded interesting new information. Recent studies have extended the age range in which the relationship between televised violence and aggressive behavior can be demonstrated. Earlier research had been primarily with children from

8 to 13 years old. The evidence has now been extended to include preschoolers at one end of the age spectrum and older adolescents at the other. In addition, most of the earlier studies had indicated that boys, but not girls, were influenced by watching televised violence. Recent research in both the United States and other countries now show similar relationships in samples of girls as well as boys.

Despite some argument about how to measure the amount of television violence, the level of violence on commercial television has not markedly decreased since the Surgeon General's committee published its report. What this means for the 1980's is difficult to discern. If one extrapolates from the past 20 years, it can be predicted that violence will continue at about the same rate on television. Yet there may be various social forces and groups that will work to bring about a diminution.

Research evidence accumulated during the past decade suggests that the viewer learns more than aggressive behavior from televised violence. The viewer learns to be a victim and to identify with victims. As a result, many heavy viewers may exhibit fear and apprehension, while other heavy viewers may be influenced toward aggressive behavior. Thus the effects of televised violence may be even more extensive than suggested by earlier studies and it may be exhibited in more subtle forms of behavior than aggression.

Although violence and aggression are no longer the central focus of television research, there is still a need to continue studies in this area. More research is needed to distinguish how individual predisposition may interact with and influence the effects of television violence. These studies should include, for example, the relations of age, sex, race, socioeconomic status, and social setting to the effects of violence.

Prosocial Behavior and Socialization

Potentially, as the research suggests, children (and to some degree adults) can learn constructive social behavior, for example, helpfulness, cooperation, friendliness, and imaginative play, from television viewing, especially if adults help them grasp the material or reinforce the program content. It is less certain whether these positive benefits are actually being achieved, since analyses of television content and form suggest that such potentially useful material is embedded in a complicated format and is viewed at home by children under circumstances not conducive to effective generalization. Additional research is required to tease out the conditions under which prosocial behavior is most likely to be learned.

If everybody is learning from television, the question of television's influence needs to be rephrased in terms not only of what specific content is acquired, but of what constraints or qualifications television imposes on people's learning capacities. Thus the content of television by reflecting certain stereotypes may limit or distort how people view women, or ethnic groups, or the elderly, for example, and how people interpret the extent to which there are dangers that confront them in daily life.

We need to look more at family beliefs and styles as they may be influenced by heavy television viewing. And there has been very little research on interpersonal relations as they have an effect on, and as they are effected by, television.

Educational Achievement and Aspiration

The predominant evidence now supports the opinion that heavy television viewing tends to displace time required to practice reading, writing, and other school-learning skills. These effects are particularly noticeable for children from middle socioeconomic levels who might in the past have spent more time in practicing reading. Television on the whole also seems

to interfere with educational aspirations. The cultivation effects leading to some increased cognitive skills and educational aspirations in heavy-viewing girls from lower socioeconomic levels are evident, suggesting that amount of viewing may influence social class or IQ groups differently. Unfortunately, studies examining the value of specific types of programming for reading interest and skill development have not been carried out.

The sheer attractiveness of television may preempt other activities which were part of daily life, such as sports or hobbies, social activities like playing cards, and for children, studying and homework activity. Thus the medium's pervasive attraction may also be interfering with certain social and cognitive skill development formerly acquired through direct exchanges between people or through reading. In this sense, television viewing may be influencing how people learn generally, not only from watching television.

Critical Viewing Skills

Recognition of the pervasiveness of television has led during the past decade to the beginnings of a new effort to teach children, and others, to understand the medium. Several school curricula have been constructed. Programs for elementary school children that include teacher-taught lessons, sometimes with videotape segments to enhance effectiveness, have been tested increasingly in the schools. Accumulating evidence suggests that such educational programs are welcomed by teachers and pupils, and that the programs do produce changes in awareness of television production, special effects, the nature of commercials, the excesses of violence, and so on. Longer term effects on genuine critical viewing at home or of reduced viewing or more selective viewing have yet to be demonstrated. Teaching about television is considered by many television researchers to be one of the most significant practical developments of the 1970's, and one that needs to be continued, expanded, and evaluated in the 1980's.

New Technologies

The report of the Surgeon General's committee predicted that new technologies would result in many changes in television programming and viewing. These changes were slow in coming, but it appears that they will be made in the 1980's. Cable television and videodiscs may gradually alter the content of entertainment television. They also may make it feasible to have different programming for various special populations. Interactive television is considered by many people to be a desirable advance because it will require greater effort and thus result in more effective learning.

In conclusion, 10 years ago the report of the Surgeon General's committee led to significant increases in the research on television and behavior. This research also expanded in many directions from the original focus on the effects of televised violence. Now 10 years after the appearance of that report it is clear that research on television is still growing and expanding and that the research in the 1970's, has opened new vistas and posed new questions. Compared with the 1970's, the decade of the 1980's should witness an even greater intensity of research effort on television and behavior.

November 19, 1981

Dear George:

Here is our final version of the update report. It has been copy-edited also by the NIMH publication people.

This morning I heard the disappointing news that the copy-editing of Volume 2 will take a month or two. Then comes the submission to GPO, the typesetting, and then the final printing. I'm asking for 5,000 copies of each.

As you may know, I made separate presentations of our project and findings to Dr. Herb Pardes, Director of NIMH, and to Dr. Wm. Mayer, Administrator of ADAMHA. Both reacted favorably so we are proceeding. I also made a presentation on our conclusions regarding violence as a government witness to the House Subcommittee on Telecommunications, Consumer Protection, and Finance. It also was received positively.

We are under pressure from the Senate Committee on the Judiciary, Subcommittee on Juvenile Justice to get the report out. The Subcommittee wishes to schedule a hearing in conjunction with the scheduled release of the report.

Should we get Volume 1 printed before the technical volume? Waiting for the latter may mean up to an additional 2 months of delay.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dave", written in dark ink.

November 30, 1981

Dr. David Pearl
Chief, Behavioral Sciences
Research Branch
Department of Health & Human Services
NIMH, Room 10C-09
5600 Fishers Lane
Rockville, MD 20857

Dear Dave:

Thank you for sending me the final version of the updated report. I think it is a strong piece of work and will bring credit to you and all of us.

As noted in the introduction, those interested in detailed evidence must consult the companion Volume 2. Therefore, the scientific integrity of this volume depends on the simultaneous publication of Volume 2, even if it means some delay.

If the two volumes are published simultaneously, I hope you will eliminate the "in press" references to Volume 2.

We will be in touch with you soon concerning our publication plans.

With best regards,

Sincerely yours,

George Gerbner
Professor of Communications
and Dean

GG:ab