

Proposal for a New Surgeon General's
Report on Television, Social Behavior, and Health

A new report from the Surgeon General regarding the effects of television on the behavior and health of viewers is proposed for development and subsequent release in December 1980. This statement would update the January 1972 Report of the Surgeon General's Scientific Advisory Committee on Television and Social Behavior which focused on the medium as it related to violence or aggressive behaviors. The new report would go beyond its predecessor to consider television's other significant behavioral and health influences or effects. This would not involve the commissioning of new research but rather would be based on a comprehensive analysis of current research and knowledge and appropriate syntheses of such knowledge as these have relevance to health concerns and to social policy issues. The National Institute of Mental Health, as was the case with the initial report, would be the locus of the preparation of the new statement.

Advises *Gen. Miles, etc.*
Secretary *Ornat.*
The new report would examine the following outlined aspects or topics:

I. Television and violence) or aggression

- A. Statement of the earlier report from the Surgeon General's Committee and its findings.
- B. An extensive evaluation of earlier and current research on television and violence or aggression.
- C. A comprehensive longitudinal examination of violence portrayed on network prime-time dramatic programming over the past ten years as indexed by the yearly Gerbner multidimensional violence profiles.

- (1) Related literature on other profiles or assessment procedures would be reviewed.
- (2) Criticisms as well as the justification or rationale of the Gerbner profile approach would be considered.
- (3) Attention would be devoted to the issue of non-network programming and the re-broadcast use of older taped programs which are predominantly more violent or arousing than current productions.
- (4) Studies of comparative effects on light and heavy viewers of television would be considered relative to such mental health concerns as overaggressive behaviors and violence, anxiety, etc. for such vulnerable categories of viewers as (a) children; (b) senior citizens; (c) minority groups; (d) women.

II. Evaluation of research on other areas subject to television influences or effects

- A. Pro-social behaviors. — *Cultivation or fossil world of interrelated meanings*
- B. Cognitive development and preferred cognitive functioning or styles. — *Effect on literacy*
- C. Conceptions of the world and social reality. — *Was named this? age 6 see note*
- D. Affective development and functioning and impact on imagination, play, etcetera.

Various forms of culture
note in detail

of research of us

(II) E. Modeling of health related behaviors -- reinforcement of maladaptive life styles or behaviors versus modeling of beneficial modes (through incidental learning by viewer of intrinsic program embedded messages)

F. Advertising - *by not. Advt grant*

G. Family and peer relationships. *See B*

H. Sexual behaviors and expectations.

III I. Role expectations or stereotypes regarding both sexes, minority groups. *socialization - see A*

J. Political socialization. *Effect on Literacy*

III. Implications for further research and development.

IV. A critical evaluation of the impact of the original report by the Surgeon General's Committee on further studies and on health and social policy.

V. Implications of existing knowledge for health and social policy.

The various substantive aspects under headings I, II, and IV would be developed through the commissioning of a series of comprehensive and integrative reviews of the scientific literature by the most knowledgeable researchers available. The specific topics and the scientists to write the reviews would be determined by the NIMH project staff on the basis of recommendations provided by a small advisory committee of from six to eight members. The various commissioned papers (estimated as from 10 to 20) would be appropriately grouped and edited for the overall report by the project staff assisted by a qualified science writer. Sections III and V, which deal with implications for further research and development as well as for health and social policy, would be based on a majority consensus of the advisory committee after the synthesized information has been reviewed and evaluated. Three members of this group would be specially designated to serve on an Editorial Advisory Sub-Committee and primarily would review drafts of the report for conceptual clarity and soundness.

- I Violence (aggression) & fear
- II Social Reality & socialization *eat*
- III Cognitive & affective *ms*
- IV Social rel. - family peer
- V Health related Beh
- VI Impl for further res