The Effects of Music Videos on Adolescent Females Self-Concept and Body-Image

David Scott Eggli
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THE EFFECTS OF MUSIC VIDEOS ON ADOLESCENT FEMALES' SELF-CONCEPT AND BODY-IMAGE

by

David Scott Eggli

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Psychology

Western Michigan University
Kalamazoo, Michigan
June 1987
Music videos are a phenomena of the 1980s. Their striking imagery, flashy choreography, sexy clothing, and quick cuts have attracted a huge audience of adolescents and changed the face of the fashion industry. If rock stars and music videos can attract millions of teenage viewers and change the style of clothes worn, they may also affect a teenager's self-concept and body-image.

The subjects in this research project were 18 adolescent females between the ages of 12 and 17. The subjects viewed either music videos or G-rated movies. The Piers Harris Children's Self-Concept Scale served as the dependent variable for pretest and posttest measures.

Statistical analysis of pretest and posttest scores of subjects in both treatment groups revealed low magnitude inter-subject and intra-subject differences. This finding suggests that intensive short-term exposure to music videos has no immediate effect on the self-concept or body-image of adolescent females.
ACKNOWLEDGEMENTS

I would like to express my gratitude to all those individuals who have contributed to the development and completion of this thesis. There were so many graduate students whose input proved invaluable in designing this thesis that I could not begin to list them all; so to all of you that offered suggestions, thank you.

To my graduate advisors: Malcolm Robertson (chairperson), Fred Gault, and Paul Mountjoy, thank you very much. It was your guidance and suggestions that made this thesis possible.

A special thank you to my parents, Don and Claryce Eggli, for their financial support during my college education.

And most importantly, thank you, Charlene, for the many sacrifices you made during my college career. Your help and support were vital to my success.

David Scott Eggli
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CHAPTER I

INTRODUCTION

The Surgeon General's Scientific Advisory Committee on Television and Social Behavior (1972) found a modest relationship between the viewing of violence on television and the subsequent aggressive behavior of adolescents. To arrive at this conclusion, the Surgeon General's Committee reviewed seven studies, cited in Comstock and Rubenstien (1972). Although these studies showed positive relationships, the correlations were of low magnitude ranging from .21 to slightly above .30.

These results were confirmed by the National Institute of Mental Health (NIMH). NIMH (cited in Rubinstein, 1983) reviewed almost 20 years of research and more than 3,000 scientific studies and arrived at the same conclusion: The viewing of violence on television is related to an increase in aggressive behavior.

In an extension of the previous work on this topic, Milavsky, Kessler, Stipp, and Rubens (1982) conducted a longitudinal, multi-wave panel study measuring young people's aggressive behavior and television exposure under natural conditions (i.e., in the context of their family and other social environments).

They collected data in six waves beginning in May, 1970, and ending in December, 1972. Over the three years, the subjects ranged in age from 7 to 19 years old. The data were collected through the
use of questionnaires administered in school classrooms. Similar to other real-life correlational studies the results of this study found a significant positive association between television and aggression at single points in time. But these effects were not long-term, suggesting that short-term effects are not cumulative and generalized to day-to-day behavior. These findings also suggest that short-term effects found experimentally do not lead to stable patterns of aggression in the "real world."

Music videos are a phenomena of the 1980s. It would appear that their striking imagery, flashy choreography, sexy clothing, and quick cuts have attracted a huge audience of adolescents and changed the face of our fashion industry. If rock stars and music videos can attract millions of teenage viewers and change the style of clothes worn, they may also affect a teenager's self-concept and body-image. Two years ago, American teenage females were taking their fashion cues from rock stars such as Madonna. The majority of Madonna's audience was composed of girls who wanted to be like Madonna. These girls, ages 12 to 17, were wearing colorful clothing, numerous bracelets, black lace bras, mini skirts, and t-shirts that said "virgin" (Booth and Worrel, 1985). Madonna's influence was felt with post-adolescent females too. Leather miniskirts once again became fashionable, and lace lingerie made a comeback.

As stated above, there is an abundance of research on the effects of viewing violence on television. Unfortunately, there is very little published research on the effects of music videos on adolescent females. Sherman (1985) conducted a two part study. In
part one, he conducted a content analysis of 366 music videos. He found that 50% of the women were provocatively clothed, while only 10% of the men were provocatively clothed. Sixty percent of the videos showed some type of violent or aggressive act, with men accounting for 75% of all aggressors. Three out of every 100 violent acts resulted in death. And finally, most of the videos with violence also included sexual imagery.

In part two, Sherman found music videos had no harmful effects on "kid's perceptions of the world." The subjects of his investigation did not perceive the world as more violent or sexist than it really is. Unfortunately, these results are suspect. Sherman did not conduct a true experiment in which an independent variable was manipulated. Rather, he had his graduate students conduct interviews with high school students in a small town near Atlanta, Georgia.

In addition, Sherman's conclusions are very ambiguous in that he did not define how he gathered his data, and he did not define what he meant by the "kid's perceptions of the world." Does he mean that they view the world as it really is, or are their perceptions of the world distorted to begin with? Another fault with Sherman's study is that children tend to feel threatened when you ask questions about the merits of something they enjoy watching (music videos). Therefore, they are likely to answer questions in a positive manner. In this case, they are unlikely to give answers that may result in their not being allowed to continue watching videos.

In this study, a pretest/posttest design was used to determine if music videos had an effect on the self-concept and body-image of
adolescent females. The author attempted to eliminate the problem of
the subjects not answering the test truthfully by keeping them blind
to the true nature of the project.

It is hoped that this study on the effects of music videos on
adolescent female's self-concept and body-image will give some
guidance for further research, and possibly answer the question of
whether or not this material (music videos) is harmful to adolescent
females insofar as it may decrease their self-concept and body-image.
CHAPTER II

SELF-CONCEPT

The self-concept is an hypothetical construct whose definition
tends to be circular in nature. The self has been defined in terms of
the "I" or the "me," or both, or as the individual's reactions to
himself or herself; therefore, one can neither see a self-concept nor
touch it.

Although many theorists have written extensively on the topic,
those theorists whose writings are of most significance to the
definition of self-concept in the author's research are cited below.

One of the first people to write on the topic was William James
(1910). He believed there were two distinct approaches to identifying
the self, one in which the self is regarded as a knower and has
executive functions, and the other as an object of what is known.

James saw no value in viewing the self as a knower. He believed that
the self was an object of knowledge which consisted of whatever the
individual views as belonging to oneself, which include a material
self, a social self, and a spiritual self. The material self is an
extended self which contains one's own body, one's family and
possessions. The social self includes the view that others hold of
the individual. The spiritual self includes the individual's emotions
and desires. James contended that all aspects of the self were
capable of evoking feelings of heightened self-esteem and well-being,
or lowered self-esteem and dissatisfaction. In short, James viewed the self as having a unity as well as being differentiated and as being intimately associated with emotions as mediated through self-esteem.

Cooley (1902) defined the self as "that which is designated in common speech by the pronouns of the first person singular, 'I,' 'me,' 'mine,' and 'myself'" (p. 136). He noted that what is labeled by the individual as "self" produces stronger emotions than what is labeled as non-self. He believed that the self could only be identified through subjective feelings. He reasoned that this feeling state is produced by the belief that one has control over events, or by cognitive discrimination, such as in noting that one's own body is different from other people's bodies. The concept of an individual perceiving himself in the way that others perceive him is called the "looking-glass self."

Mead (1934) expanded upon Cooley's concept of the looking-glass self. Mead argued that self-concept arises as an outgrowth of social interactions in which individuals are concerned about how others react to them. Mead talked about the concept of "generalized other" in which individuals learn to anticipate other people's reactions so that they can behave accordingly (i.e., they learn to perceive the world as others do). According to Mead, there are as many selves as there are social roles. Some of these selves are relatively small and insignificant as personality variables while others are broad and expansive and have considerable influence on the individual.

Sullivan (1953), like Cooley and Mead, believed that the self
arose out of social interaction. He contended that the interaction of the child with a significant other, such as his mother, was the most important element in the development of the self. Sullivan believed that the child would internalize those values and prohibitions that facilitate the achievement of satisfaction in ways that are approved of by the significant others. For Sullivan, the need to avoid unpleasant events is a major function of the self.

Lecky (1945) identified the self-concept as the nucleus of the personality. He defined personality as an "organization of values that are consistent with one another" (p. 160). The personality is considered to be dynamic in that it involves a continuous assimilation of new ideas and rejection or modification of old ones. It is assumed that all concepts are organized within one schema, whose preservation is essential. The self-concept is viewed as the nucleus of the personality.

Hilgard (1949) identified three types of evidence that provide support for the concept of an inferred self: continuity of motivational patterns, genotypical patterning of motives, and the interpersonal nature of important human motives. The continuity of motivational patterns refers to people regarding themselves as essentially the same person they were a year ago, despite superficial changes. The genotypical patterns of motives refers to the observation that different actions can satisfy the same motive, and that certain motives can be substituted for others.

Rogers (1951) defined the self as "an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and
relationships of the 'I' and 'me,' together with values attached to these concepts" (p. 498). He stated that the self-concept includes only those characteristics of which the individual is aware and over which he believes he exercises control. Rogers assumed a basic need to maintain and enhance the self, and by maintaining conscious control of the self, an individual would be able to accomplish this.

Following are some major characteristics of the self that have been identified by the various theorists. First, each person's self-concept contains many different selves, such as a body self, a spiritual self, and a social self. Next, the self-concept is dynamic in that it develops out of and changes with experience. And finally, the self-concept attempts to fulfill needs while avoiding disapproval and anxiety.

With these points in mind, Epstein developed a definition of self-concept: a theory that the individual has unwittingly constructed about himself as an experiencing, functioning individual, and it is a part of a broader theory which he holds with respect to his entire range of significant experience (Epstein, 1973, p. 407). In this definition, he attempted to collate all previous work on the topic to form a working definition of self-concept. Therefore, this author has selected Epstein's definition for use in this thesis project.

The Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself), which served as the dependent variable in this study, was based on the belief that individuals hold a relatively consistent view of themselves, which develops and stabilizes during childhood. This belief is based on six theoretical assumptions.
First, self-concept is essentially phenomenological in nature. It is not something that can be observed directly but must be inferred from either behavior or self-report.

Second, self-concept is viewed as having global and specific components. Global self-concept reflects how an individual feels about himself or herself as a total person, taking into account his or her characteristic interactions with others, general and specific abilities, and physical self-image. Various aspects of self-concept result from an individual's self-appraisal in specific areas of functioning. These areas of specific self-concept differ on several dimensions. Some are relatively broad (e.g., physical self, moral and ethical self, and academic self), while others are quite narrow (e.g., good at English, bowling).

Third, self-concept is relatively stable. Although shaped by experience, it is not something which changes easily or rapidly. In children, self-concept is initially more situationally dependent and becomes increasingly stable over time.

Fourth, self-concept has a self-evaluative as well as a self-descriptive component. It represents an individual's accumulated judgments concerning himself or herself. Some of these evaluations may reflect internalized judgments of others (e.g., values, norms). Others may be unique to that individual. Thus, in evaluating reported self-concept it is important to consider both nomothetic (between-person) and idiographic (within-person) sources of comparison.

Fifth, self-concept is experienced and expressed differently by
children at various stages of development. In infancy, the focus is on differentiating self from others and on establishing a reciprocal relationship with the primary care givers (Ainsworth, 1979; Mahler, Pine, and Bergman, 1975). With increasing age and experiences, the child's self-perceptions become increasingly differentiated as he or she struggles to integrate aspects of experiences into a unified conceptual framework (Fahey and Phillips, 1981). In adolescents, certain aspects of self-concept may undergo rapid change (e.g., moral and ethical self) while others develop in a continuous manner (Dusek and Flaherty, 1981).

And finally, self-concept serves an important organizing function and plays a key role in motivation. By maintaining a consistent image of who we are and how we react in different situations, the existence of a relatively stable self-concept helps to reduce the ambiguity in new situations and structure behaviors toward pre-existing goals.
CHAPTER III

BODY-IMAGE

Body-image is an extension of or a part of an individual's self-concept, insofar as one cannot discuss an individual's self-concept without reference to how an individual views his or her body. Therefore, body-image is a term which focuses on the individual's feelings and attitudes toward his own body. According to Epstein (1973), body-image refers to how an individual perceives his or her body in comparison to his or her peer group. The body-image is literally an image of one's own body which the individual has developed through experience.

The word "image" in the term "body-image" is possibly misleading in that it may be interpreted as referring only to those attitudes which an individual holds toward his or her body of which he or she is consciously aware. However, as it is being used here, the term "body-image" involves no assumptions regarding the availability to conscious knowledge of such attitudes and feelings (i.e., an individual's body-image is not limited to one's conscious view of oneself, but includes one's unconscious views too).

The importance of body-image to our culture as a whole is obvious when one looks at the size of the fashion, cosmetic, and hair product industries. Individuals are constantly seeking to change their appearance through the use of clothing, skin care products,
cosmetics, hair styles, and plastic surgery. These women (and men) are seeking to alter the body's appearance and to make themselves more like some ideal image they have in mind. The author believes that many adolescent females feel the "ideal image" is to look like the sexy women in the music videos because many of their male peers expect them to look like these women.

Jourard and Secord (1955) conducted a series of studies to determine how people differ in the degree of like or dislike for their body parts. They wished to determine if these differences were related to the actual physical characteristics of the given parts and also to the idealized body standards expressed by the subjects. They had subjects rate various body parts on a seven point scale of positive and negative feelings; the subjects estimated the size of these body parts, and indicated the size they would like the parts to be. In addition, actual measurements of each part were taken.

Jourard and Secord concluded that there are shared group norms concerning the ideal dimensions for each body part and that an individual's attitude toward his or her own body parts is significantly related to the degree of deviation of the parts from the norm. These findings held true for both men and women.

Although Jourard and Secord's 1955 study is 32 years old, the impact of the fashion and cosmetic industry is stronger today than ever. Therefore, the author believes it is safe to assume that this study is as valid today as it was 32 years ago.

Two more recent studies focused on the topic of perceived attractiveness: Wiggins, Wiggins, and Conger (1968) conducted a study
which focused on personality types and male heterosexual somatic preference. They concluded that the female body parts of breasts, buttocks, and legs are important determinants of male heterosexual somatic preference; and Cavior and Dokecki (1971) concluded that individuals apply the cultural definition of physical attractiveness to themselves when judging their own physical attractiveness.

Assuming all three of these studies cited above are valid today, and plastic surgery is not a viable choice for most people, the only option available for adolescent females to achieve their "ideal image" of the women in the music videos is to dress like them. However, just dressing in sexy clothes will not make an adolescent female look like the women in the videos. For the most part, these girls do not have the body shape or structure to achieve the look they desire. They also do not have an air-brush available to cover up their blemishes and imperfections. Therefore, watching music videos may have an effect on how adolescent females view themselves body-wise in comparison to the women in the videos.
CHAPTER IV

METHOD

This study was a pretest/posttest design with three posttests given over a period of one month following the intervention. The subjects were kept blind to the true nature of this project. They were told that they were subjects in a project that was seeking to renorm the Piers Harris test. No other information was given concerning the nature of the project.

Subjects

The subjects for this project were 18 adolescent females, between the ages of 12 and 17, recruited from the greater Kalamazoo, Michigan, area. The subject population included 16 whites, 1 black, and 1 oriental. Their family income ranged from less than $10,000 to approximately $60,000 a year with the mean income being approximately $31,000 a year. The subjects in the control group watched an average of 1.42 hours of music videos a week, the subjects in the low sexuality group watched an average of 1.33 hours of music videos a week, and the subjects in the high sexuality group watched an average of 8.5 hours of music videos a week (see Table 1).

All subjects agreed in writing to participate as a subject in this research (see Appendix A), and each subject also had written approval from a parent or legal guardian (see Appendix B).
Table 1
Data on Subjects

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>AGE</th>
<th>RACE</th>
<th>SES</th>
<th>MUSIC VIDEOS WATCHED PER DAY</th>
<th>WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>White</td>
<td>20-40</td>
<td>1.0</td>
<td>5.0</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>White</td>
<td>40-60</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>CONTROL</td>
<td>3</td>
<td>16</td>
<td>White</td>
<td>40-60</td>
<td>0.0</td>
</tr>
<tr>
<td>GROUP</td>
<td>4</td>
<td>13</td>
<td>Black</td>
<td>20-40</td>
<td>0.0</td>
</tr>
<tr>
<td>5</td>
<td>15</td>
<td>White</td>
<td>20-40</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>6</td>
<td>15</td>
<td>White</td>
<td>40-60</td>
<td>0.5</td>
<td>2.0</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>White</td>
<td>10-20</td>
<td>0.5</td>
<td>2.0</td>
</tr>
<tr>
<td>LOW</td>
<td>8</td>
<td>15</td>
<td>White</td>
<td>20-40</td>
<td>0.5</td>
</tr>
<tr>
<td>SEXUALITY</td>
<td>9</td>
<td>15</td>
<td>White</td>
<td>10-20</td>
<td>0.5</td>
</tr>
<tr>
<td>GROUP</td>
<td>10</td>
<td>16</td>
<td>White</td>
<td>20-40</td>
<td>0.0</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>White</td>
<td>&lt; 10</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>White</td>
<td>20-40</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>13</td>
<td>15</td>
<td>White</td>
<td>40-60</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>HIGH</td>
<td>14</td>
<td>15</td>
<td>White</td>
<td>40-60</td>
<td>1.5</td>
</tr>
<tr>
<td>SEXUALITY</td>
<td>15</td>
<td>16</td>
<td>White</td>
<td>40-60</td>
<td>0.5</td>
</tr>
<tr>
<td>GROUP</td>
<td>16</td>
<td>12</td>
<td>White</td>
<td>40-60</td>
<td>3.0</td>
</tr>
<tr>
<td>17</td>
<td>13</td>
<td>White</td>
<td>20-40</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>18</td>
<td>15</td>
<td>Oriental</td>
<td>10-20</td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

Note. Socio Economic Status (SES) in thousands of dollars per year.

Note. Videos watched is in hours.
CHAPTER V

DEPENDENT VARIABLE

A study by Rand and Hall (1983) showed that women were accurate assessors of their own attractiveness, with an overall correlation between self-ratings and observer ratings of .57 (significant at the .01 level). Based on this study, it was determined that the Piers Harris Children's Self-Concept Scale (Piers and Harris, 1969) would serve as the dependent variable. The Piers Harris, subtitled "The Way I feel About Myself," is an 80-item self-report questionnaire designed to assess how children and adolescents feel about themselves. They are asked to determine whether a statement applies to them using a "yes" or "no" response.

An overall assessment of self-concept is reflected in three summary scores: a total raw score, a percentile score, and an overall stanine score. For the purpose of this research, the total raw score was the only summary score required.

The total score is still the most widely used and researched score for this instrument. The total score is a sum of all responses that are in the direction of a more positive self-concept. Thus, this summary score is designed to measure a general dimension of self-concept or self-esteem.

For a detailed assessment, the Piers Harris is divided into six "cluster scales." The cluster scales were developed over the course
of fifteen years of research. Only those items that were replicated across all research studies (Piers, 1963 & 1973 studies, as cited in Piers, 1984; and Michael, Smith, and Michael, 1975) were retained. The cluster scales currently used are: Behavior, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction (see Table 2). Together these six factors accounted for 42% of the common variance in item responses. These factors were subsequently referred to as "cluster scales" to reflect the fact that they are based on a simple, unit-weighing procedure rather than weighing based on factor scores. As with the total raw score, the cluster scales are scored in the direction of positive self-concept so that a high score indicates a high level of assessed self-concept.

Table 2
Cluster Scales

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Name</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Behavior</td>
<td>16</td>
</tr>
<tr>
<td>II.</td>
<td>Intellectual and School Status</td>
<td>17</td>
</tr>
<tr>
<td>III.</td>
<td>Physical Appearance and Attributes</td>
<td>13</td>
</tr>
<tr>
<td>IV.</td>
<td>Anxiety</td>
<td>14</td>
</tr>
<tr>
<td>V.</td>
<td>Popularity</td>
<td>12</td>
</tr>
<tr>
<td>VI.</td>
<td>Happiness and Satisfaction</td>
<td>10</td>
</tr>
</tbody>
</table>
The Piers-Harris may be administered either individually or in group form. The subjects are asked to read the directions and proceed with the test. The directions are as follows:

Here are a set of statements that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is like you, circle the word "yes" next to the statement. If it is not like you, circle the word "no". Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement. Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark each statement the way you really feel inside. (Piers, 1984, p.7)

The normative group for the total score consisted of 1,183 school children from a public school system in a small town in Pennsylvania. The children ranged in age from 4 to 12. The mean score on the Piers-Harris for this group was 51.84, with a standard deviation of 13.87.

The normative sample for the six cluster scales was 485 public school children. The mean score for this group was 56.04, and the standard deviation was 11.79.

Test-retest reliability measures the extent an individual's scores are consistent across time and situation. Studies which have investigated test-retest stability in the Piers Harris have shown coefficients ranging between .42, with an interval of 8 months (Wolf, 1981), to .96, with an interval of 3 to 4 weeks (Querry, 1970). The median test-retest reliability was .73. In this research, the subjects were retested five days, eight days, and four weeks after the intervention.

Internal consistency is a measure of the average correlation among the items within a test. Piers 1973 study (cited in Piers,
1984) calculated internal consistency using the Kuder-Richardson Formula 20. Reliability estimates for the total score ranged from .88 to .93 for the various subgroups. Lord (1980) calculated the reliability coefficients for the six cluster scales. He obtained values ranging from .73 to .81. Both of these studies show that the Piers-Harris has good consistency among items.

The standard error of measurement (SEM) for the total score and for the six cluster scales was 4.39 and between 1.06 and 1.67, respectively. Hence, across a large number of observations on the same individual, two thirds of the total scores should fall within about 4 scale points above or below the theoretical true score and within 1.06 to 1.67 of the theoretical true cluster scores.

For interpretation of individual scores, Piers (1984) recommends employing the standard error of measurement. A difference significant at the .05 level would require a difference of almost twice the SEM (i.e., a change of over 8 score points for the total score, and over 3 points for the cluster scales). Piers (1984) recommends that individual changes in the total score of less than 10 points be ignored.

Piers (1984) also reports changes in group means on a retest of up to five points being found in the direction of a higher score (higher self-concept) even if no treatment has taken place. This re-emphasizes the need for a control group as utilized in this study.
CHAPTER VI

INDEPENDENT VARIABLE

The audio-visual materials used in this project included 12 hours of music videos on VHS format video cassettes, a Sharp video cassette player, and an RCA 19-inch color television.

The sexuality of the music video served as the independent variable for this study. The videos were divided into two categories: low to no sexuality; and high to medium sexuality. No standardized scale exists by which to rate these videos. Therefore, it was necessary to rate them in a subjective manner using the following two criteria: the attire of the girls in the video, (i.e., garter belts, lace bras, miniskirts, bikinis, etc.); and the amount of time women in this alluring attire appear in the video. Those videos that contained women dressed in garter belts, lace bras, miniskirts, bikinis, etc., were placed in the high to medium sexuality category. Those videos that did not contain women in these types of sexual attire were placed in the low to no category. There were some videos that had marginal sexual content, or the male artists in the video were acting in a very sexually provocative manner, so these videos were immediately discounted from the study.

The rating process was conducted in four phases. Phase I consisted of taping the videos from television and rating them. Only videos that fit into one of the two categories were selected.
Phase II consisted of the author's wife viewing the videos that had been selected and rating them. She was unaware of the categories in which the author had placed the videos. In cases where she disagreed with the author's categorization, the video was eliminated and replaced with one that both raters agreed fit the category.

Phases III and IV involved another male and female rating the videos. Again, they did not know the initial ratings of the videos. If either of them disagreed with how a particular video was rated, it was eliminated and replaced by one which all raters agreed upon.

The control group was shown G-rated movies. G-rated movies were selected for viewing by the control group for several reasons: First, G-rated movies are generally considered wholesome and nonthreatening to the viewer; next, the girls in the control group needed something to occupy the time they spent in session; and finally, since some of the subjects were friends, and they were assigned to different groups, the author did not want the control group to think they were being treated very different from the two treatment groups.
CHAPTER VII

PROCEDURE

This project was conducted in a classroom at Western Michigan University. Sessions were conducted on a Saturday and Sunday. The subjects were required to be in a session for three hours each day.

All subjects were randomly assigned to a group using a table of random numbers. They were placed in either the control group which watched G-rated movies, treatment group 1 which watched low sexuality videos, or treatment group 2 which watched the high sexuality videos. The groups met at separate times (see Table 3).

Table 3

<table>
<thead>
<tr>
<th>Group Meeting Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Saturday</strong></td>
</tr>
<tr>
<td>Group 1</td>
</tr>
<tr>
<td>Group 2</td>
</tr>
<tr>
<td>Control</td>
</tr>
</tbody>
</table>

While in session, the subjects were able to sit where they wanted and with whom they wanted. They were required to remain quiet during the session. There was a 10-minute break each hour for socializing. Snacks and juice or soda pop were provided for the subjects' consumption during the sessions.
To ease a concern many parents expressed regarding the supervision of their daughters, each session was supervised by the author and his wife.
CHAPTER VIII

RESULTS

The data obtained in this project were analyzed by two methods. First, the data were plotted on the Piers-Harris Profile Form. A visual inspection of this graphic representation was then conducted. Second, a statistical analysis was then conducted. For each subject, the pretest score was subtracted from the first posttest score, and the absolute value of this difference was used as the dependent variable for the statistical test ANOVA. An ANOVA was conducted on the difference between the pretest and the first posttest for the total raw score and for each of the six cluster scales. The average or mean score for each subject on the pretest was also calculated to assure the groups were approximately equal prior to the intervention.

Visual Analysis

For a majority of subjects, there was little or no change between the pretest and the first posttest. Five subjects showed an increase or decrease of at least 3 points in at least one cluster scale, but only one subject showed a change of over 10 points on the total score (see Table 4).

Visual inspection of the difference between the pretest and the second posttest showed that of the subjects who took this second posttest, five showed an increase or decrease of at least 3 points in
<table>
<thead>
<tr>
<th>Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>-1</td>
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<td>+2</td>
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<td>+1</td>
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<td>0</td>
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<td>-1</td>
<td>+3</td>
<td>+2</td>
<td>-3</td>
</tr>
</tbody>
</table>

**Note.** A plus sign (+), a minus sign (−), or a zero (0) indicates the score increased, decreased, or remained the same between the pretest and posttest #1, respectively.

**Note.** The bold print indicates a change significant at the .05 level.
at least one cluster scale, and one subject showed a change of over 10 points on the total score (see Table 5).

Visual inspection of the differences between the pretest and the final posttest showed that nine subjects showed either an increase or decrease of at least three points on at least one cluster scale, and one subject obtained a difference greater than ten points on the total score (see Table 6).

The data suggest that those subjects who showed a significant change between the pretest and the first posttest were more likely to show a significant change between the pretest and the other two posttests. However, it should be noted that less than one-third of the subjects showed any treatment effect when the difference between the pretest score and the subjects' score for the cluster scales on each of the first two posttests were compared. Only a little more than one-half of its subjects showed any effect on the final posttest. It should also be noted that there was not a significant difference between the control group and the two treatment groups in the number of subjects who showed change, in the direction of this change, or in the magnitude of change.

Statistical Analysis

The mean score on the pretest for the control group was 63.5, the mean score for the low sexuality group was 63.5, and the mean score for the high sexuality group was 51.8. This indicates that the control group and the low sexuality group are approximately equal, but that the high sexuality group was significantly lower on their pretest
Table 5
Differences in the Scores Between the Pretest and Posttest Number 2

<table>
<thead>
<tr>
<th>Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>+7</td>
</tr>
<tr>
<td>GROUP</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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</tr>
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<td>-1</td>
<td>+3</td>
<td>+4</td>
<td>0</td>
</tr>
</tbody>
</table>

Note. A plus sign (+), a minus sign (-), or a zero (0) indicates the score increased, decreased, or stayed the same between the pretest and posttest number 3, respectively.

Note. An X indicates the subject failed to take the test.

Note. The bold print indicates a change significant at the .05 level.
Table 6
Differences in the Scores Between the Pretest and Posttest Number 3

<table>
<thead>
<tr>
<th>Factor</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>Total</th>
</tr>
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<tr>
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</tr>
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<td>+2</td>
<td>+1</td>
</tr>
</tbody>
</table>

Note. A plus sign (+), a minus sign (-), or a zero (0) indicates the score increased, decreased, or stayed the same between the pretest and posttest number 3, respectively.

Note. The bold print indicates a change significant at the .05 level.
scores. The high sexuality group scores are skewed toward lower self-concept because two subjects scored well below the mean (see Table 7).

Table 7

Scores on the Pretest

<table>
<thead>
<tr>
<th>Control Group</th>
<th>Low Sexuality Group</th>
<th>High Sexuality Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>66</td>
<td>40</td>
</tr>
<tr>
<td>58</td>
<td>58</td>
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<td>76</td>
<td>66</td>
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<td>68</td>
<td>64</td>
<td>72</td>
</tr>
<tr>
<td>53</td>
<td>59</td>
<td>49</td>
</tr>
<tr>
<td>59</td>
<td>68</td>
<td>60</td>
</tr>
</tbody>
</table>

Mean = 63.5    Mean = 63.5    Mean = 51.8

This resulted in the high sexuality group having a lower mean score. Therefore, the author believes there was no true difference between the three groups.

Since the comparison between the pretest scores and the scores for the first posttest were of most importance to this study, and because they produced the largest differences, they were chosen for analysis.

An ANOVA was used to determine if there was an overall difference between the pretest and posttest measures for all factors and the total score. Cluster scale factor IV (Anxiety) was the only factor that approached the significant level but only at the .10 level.
(see Table 8). This difference suggests that there may be a real difference between the test scores on the pretest and first posttest and that this difference may not be the result of chance. However, when the Tukey Multiple Comparison procedure was used to determine which, if any, of the three possible comparisons (control group vs. low sexuality video group, control group vs. high sexuality video group, or the low sexuality video group vs. high sexuality video group) was significant, no significant difference was obtained for any of the three comparisons. This suggests that when the differences are added together, they result in a difference approaching significance at the .10 level, but no one comparison is significant by itself. This also suggests the need for further research to determine if there is a true treatment effect.

Table 8
1-way ANOVA on Factor VI

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Square</th>
<th>D.F.</th>
<th>Mean Sq.</th>
<th>F obt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>4.00</td>
<td>2</td>
<td>2.000</td>
<td>3.00</td>
</tr>
<tr>
<td>Within</td>
<td>10.00</td>
<td>15</td>
<td>.6667</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14.00</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F crit. .10, (2,15 d.f.) = 2.70</td>
<td></td>
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</tr>
</tbody>
</table>

When a within-group analysis was conducted on those factors that had changes in an all positive or all negative direction, only factors II (Intellectual and School Status) and III (Physical Appearance and
Attractiveness) in the high sexuality group had differences significant at the .05 level (see Table 9). This suggests that subjects in the high sexuality group perceived themselves as better students, and as being more attractive after viewing music videos containing women in sexy, alluring attire.

Table 9

1-way ANOVA for Factor II (High Sexuality Group)

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>D.F.</th>
<th>Mean Sq.</th>
<th>F obt</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>16.33</td>
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<tr>
<td>Within</td>
<td>29.3333</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>45.6667</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F crit. .05, (1,10 df), = 4.96</td>
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</tr>
</tbody>
</table>

1-way ANOVA for Factor III (High Sexuality Group)

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>D.F.</th>
<th>Mean Sq.</th>
<th>F obt</th>
</tr>
</thead>
<tbody>
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<td>6.75</td>
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<tr>
<td>Within</td>
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<td>10</td>
<td>.550</td>
<td></td>
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<tr>
<td>Total</td>
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<td>11</td>
<td></td>
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<td>F crit. .05, (1,10 d.f.) = 4.96</td>
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Subject number one in the high sexuality group (subject number 13 overall) had the only total score difference (14 points) that was significant at the .05 level. Based upon a statement by Piers (1984)
that a difference in the total score greater than 10 points is significant at the .05 level, an ANOVA was not conducted. This large difference carried through to the other two posttest measures, and only occurred with this one subject. Therefore, it is likely that this subject's pretest score was artificially low due to some uncontrollable artifact and is discounted as a true treatment effect. However, her differences on the cluster scales were not discounted as they are in line with the scores obtained by the other subjects.
It was the intent of this study to determine the effects that music videos have on the self-concept and body-image of adolescent females. The first possible effect is that the videos have no effect on the self-concept and body-image of adolescent females. After viewing music videos, adolescent females do not feel they are any less attractive or any more attractive as compared to how they felt prior to watching the videos, (i.e., the self-concept and body-image of the subjects' did not increase or decrease as a result of watching music videos).

The next possible effect is that the videos increase adolescent females' self-concept and body-image. What this suggests is that by viewing attractive women in alluring attire, adolescent females view themselves in a more positive light. Their self-concept and body-image is enhanced as a result of comparing themselves to the women in the videos, (i.e., they viewed themselves as more attractive after the exposure to music videos).

Short-term exposure to music videos could have one other effect on the self-concept and body-image of the subjects: The self-concept and body-image of the subjects could decrease as a result of their exposure to the videos. This implies that by watching sexy women in the videos, the subjects feel their bodies do not compare with those
of the ladies in the videos; hence, their self-concept and body-image decreases. That is, they feel worse about how they look as a result of seeing men attracted to women who possess "perfect bodies."

And, of course, there could be any combination of these three effects across subjects, based upon age, ses, or race.

Based upon the results of both the visual and statistical analysis, the author has concluded that short-term intensive exposure to music videos (and in particular the sexy women in the videos) does not increase or decrease the overall self-concept and body-image of adolescent females as measured by the Piers-Harris Children's Self-Concept Scale.

Another conclusion is that short-term intensive exposure to the videos labeled high sexuality does have some effect on the self-concept and body-image of adolescent females. Both factor II (Intellectual and School Status) and factor III (Physical Appearance and Attributes) showed a significant difference in the direction of a higher self-concept. This finding suggests that the subjects viewed themselves in a better light with respect to their school performance, and most importantly, they viewed themselves as more attractive. These increases in self-concept and body-image were not of a sufficient magnitude to increase the subjects overall self-concept score, even though they were statistically significant.

This finding leads one to hypothesize that long-term exposure to this material may result in an overall increase in self-concept and body-image. This will be discussed under the heading of "future research."
There are several implications to the conclusion that music videos do not increase or decrease the overall self-concept and body-image of adolescent females. The first, and possibly most important is that occasional short-term viewing of sexually slanted music videos is not detrimental to the development of a strong and stable self-concept and body-image in adolescent females. The limited exposure period in this study does not allow the drawing of any conclusions on the effects of long-term exposure. In order to draw any conclusion on the long-term effects, it would be necessary to conduct a long-term longitudinal study.

The next implication of the aforementioned conclusion is that the viewing of very attractive women in sexy attire is not psychologically threatening to adolescent females. That is, they do not feel bad or worse about themselves as a result of seeing men attracted to women who have better figures or look better than they do.

This implication has repercussions for industries other than the music video industry. For years, advertisers have used scantily clad attractive women to sell their product. This study on the effects of music videos, shows what advertisers have known for years, (i.e., the viewing of sexy women does not result in females feeling bad about themselves because they do not look as good as the women in the advertisements).

For years, women's rights groups have charged that advertisements and television shows which display sexy women are detrimental to the image of women. They suggest that the portrayal of women on
television and in print encourages women to aspire to achieve an impossible standard: The air-brushed, no pore-look of the women in advertisements and television shows. Within the limits of the author's experimental design, the results of this study do not support this claim. In short, this study supports the advertiser's point of view, (i.e., that these shows and commercials are not detrimental to women).

Future Research

Two suggestions are in order. The first is to conduct a longitudinal study to examine the long-term effects of intensive exposure to music videos on the self-concept and body-image of adolescent females. The present study did not address the issue of long-term exposure.

The second suggestion is to conduct a study on whether or not the women in the videos affect how adolescent males view their female peers. The author would hypothesize a decrease in perceived attractiveness for those who were rated as not as attractive on the pretest, and an increase in perceived attractiveness for those peers that were rated high on the pretest. The rationale behind this hypothesis is that if adolescent females are trying to become more "attractive" and look like the women in the videos, adolescent males come to accept this level of attractiveness as the norm. Therefore, they compare all other females to this level, and they may rate those who do not meet this criterion lower.

To conclude, this area of research is just beginning to open up. Because music videos seem to be an integral part of the teenagers'
life, further research needs to be conducted to (a) confirm the results of this study, (b) assess the effects of long-term exposure to this material, and (c) determine if music videos affect how adolescent males view their peers. These questions need to be answered if parents are to make a rational, informed decision on whether their children should be allowed to view music videos.
Appendix A

Contract to Complete the Investigation
Contract to Complete the Investigation

As a participant in this clinical investigation, I agree to complete all the specifications of the study. This includes, but is not limited to, the participation in a pretest and three posttest measures, and spending 3 to 3-1/2 hours on a Saturday and a Sunday watching music videos.

I understand that this written contract is not legally binding, that my participation in this study is voluntary, and that I may drop out of this study at any time.

Signature of the Participant __________________________ Date __________

Signature of Investigator __________________________ Date __________
Appendix B

Informed Consent to Participate in an Investigation
Informed Consent to Participate in an Investigation

I, the parent or legal guardian of ________________________, do hereby give my permission for my daughter to participate in a clinical investigation being conducted by David Eggli, a graduate student in the Psychology Department at Western Michigan University in Kalamazoo, Michigan.

As a participant, your daughter may be required to attend two 3 to 3-1/2 hour-long sessions where she will view music videos taken from network and cable television. She will be required to attend three testing sessions which last approximately one hour each. In these sessions, she will be required to take the Piers Harris Children's Self-Concept Scale.

Any information obtained in this study is confidential. Prior to the publication of the results, all identifying information will be removed.

Participation is voluntary. Although it is strongly recommended that your daughter's commitment be for the full length of the study (5 weeks), your daughter may drop-out at any time.

Complaints or questions regarding this research or your daughter's rights may be directed to David Eggli. If this does not lead to a satisfactory answer, you may contact Dr. Fred Gault (Professor, Psychology), or Dr. Malcolm Robertson (Professor, Psychology).

Your signature below indicates that you understand the above information and have consented to your daughter's participation. You will be given a copy of this form to keep.

Signature of Parent/Guardian ________________________ Date ____________

Signature of Investigator ________________________ Date ____________
BIBLIOGRAPHY


