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## The Effects of Music Video Violence on the Aggression Level of Emotionally Disturbed Adolescents

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THE EFFECTS OF MUSIC VIDEO VIOLENCE ON THE  
AGGRESSION LEVEL OF EMOTIONALLY  
DISTURBED ADOLESCENTS

by

Kathleen Jo Young

A Thesis  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Master of Music  
School of Music

Western Michigan University  
Kalamazoo, Michigan  
August 1987

THE EFFECTS OF MUSIC VIDEO VIOLENCE ON THE  
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Kathleen Jo Young, M.M.

Western Michigan University, 1987

The purpose of this study was to investigate the effects of violent music videos on aggressive behavior in psychiatrically hospitalized adolescents. Associations between male and female responses were investigated as well as responses between high-aggressive and low-aggressive subjects.

Subjects were 30 in-patient emotionally disturbed adolescents, 13 to 17 years of age. Subjects served as their own controls. Treatment consisted of the viewing of a violent video with violent lyrics, a violent video without violent lyrics, and a non-violent video. Aggression was measured prior to the treatment with a 23 True-False questionnaire completed by subjects and Behavior Rating Forms completed by staff. A drum and an integrating sound level meter served as a physical measurement of aggression during the study.

Results of the study indicate no significant increase in subjects' level of aggression after viewing any of the three music videos.

## ACKNOWLEDGMENTS

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A special word of thanks goes to Howard Farkas, who was of great help with basic research knowledge as well as providing much needed "pep" talks.

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The support of members of my committee is also deeply appreciated.

And last, but not in any way least, the encouragement and support received from Bradley Gordon and my friends and family was most important to me in the completion of this study.

Kathleen Jo Young

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## CHAPTER I

### INTRODUCTION

Music videos, a media form combining rock music and television, is a popular form of entertainment among adolescents. There is, however, a growing concern among parents and educators as to the impact of these videos due to the significant degree of violence which is often depicted. The presence of violence in music videos has been documented by content analyses done by various researchers (Baxter, De Riemer, Landini, Leslie, & Singletary, 1985; Paxton, 1985; Sherman & Dominick, 1984).

In psychiatric hospitals with adolescent units, music videos are often viewed by the teen-aged patients. In previous studies done on television and violence, it has been found that characteristics of the viewer are among the most important determinants of viewer response to televised material. With this in mind, it would be important to investigate the effects of violent music videos on emotionally disturbed adolescents.

#### The Statement of the Problem

The purpose of this study was to investigate the

effects of violent music videos on aggressive behavior in psychiatrically hospitalized adolescents. Associations between male and female responses were investigated as well as responses between high-aggressive and low-aggressive subjects.

### The Research Hypotheses

#### The First Hypothesis

There will be an increase in level of aggression after exposure to a violent music video (VV).

#### The Second Hypothesis

The increase in level of aggression after exposure to a VV will be greater in males than in females.

#### The Third Hypothesis

The increase in level of aggression after exposure to a VV will be greater in high-aggressive subjects than in low-aggressive subjects.

### The Null Hypotheses

#### The First Hypothesis

There will be no significant difference in level of aggression after exposure to a violent video (VV).

### The Second Hypothesis

There will be no significant difference between male and female levels of aggression after exposure to a violent video (VV).

### The Third Hypothesis

There will be no significant difference between high-aggressive and low-aggressive subjects after exposure to a violent video (VV).



## CHAPTER II

### THE REVIEW OF RELATED LITERATURE

#### Television

The subject of television and its effects on the public has been a topic for many research studies. Specifically addressing the impact of television on adolescents, researchers have investigated the impact of television and peers on socialization (Peterson & Peters, 1983), the impact of television on adolescent perception of social reality (Donohue & Donohue, 1977; Elliott & Slater, 1980), and the impact of the new television technology (cable tv) on sex-role cultivation (Morgan & Rothschild, 1983). On-going research has even suggested that exposure to television may cultivate conflicts between traditional sex-role and family outlook on the one hand and personal aspirations on the other (Morgan, 1982; Morgan & Gerbner, 1982).

While there is general agreement that television has had a strong influence on society, the specific nature of the impact is unclear. It has been blamed for everything from students' failure to achieve in school to the erosion of cultural values. Proponents of television see technological promise for educating

the masses. The existence and legitimacy of evidence to the contrary is denied by both critics and proponents, according to a study by McAnany (1975). Recently, the American Psychological Association took a position on the potential dangers of television violence, concluding that there is a link between the mayhem on the tube and the aggressive behavior in children ("Violence on TV is Linked to Behavior of Children," 1985). The conclusion drawn from the numerous studies done on the influence of television on children's and adolescents' behavior is that while televised violence does not necessarily affect every viewer, many viewers will imitate the violent behaviors and attitudes they see on TV. ("Violence on TV is Linked to Behavior of Children," 1985).

Few investigations have dealt with the response of the disturbed child or adolescent to television in general and more specifically to televised violence. Previous research done on television and violence has found that characteristics of viewers are among the most important determinants of viewer response to televised material. This is what Heller and Polsky (1976) concluded based on their findings in a series of research studies covered from 1970 to 1975. They began the studies with the proposition that disturbed children are more susceptible or vulnerable to adverse effects of

television viewing. They found that imitation is one problem area in that television will not necessarily cause one to be violent but will show new techniques of carrying out violent behavior to those predisposed to such action. Furthermore, fantasy was strongly stimulated but actual levels of physical violence were not increased or enhanced by television viewing. They concluded that populations of the most high-risk emotionally impaired children and youthful violent offenders should be the focus of further investigations into untoward behavioral responses to television viewing.

It is clear from the findings reported that television is a powerful and influential medium for children and adolescents. However, the studies done so far have been limited to the effects of television programs, especially those containing violence, on normal subjects. This limitation is true in spite of the consistent finding that individual characteristics are the primary determinants of susceptibility to televised violence. Furthermore, no study was found that looked at the effects of a new and widely popular form of televised entertainment, the rock music video, on disturbed adolescents. Given the findings of the previously mentioned research, it is presumed that disturbed adolescents will be more susceptible to the violence portrayed in rock music videos based on their character-

istics. Therefore, the present investigation will attempt to fill this void by examining the effects of rock music videos on this population.

### Rock Music

In a discussion of a particular style of music and its effects, rock music has received little attention from the social scientists. Studies of rock music have focused on content analyses of lyrics (Carey, 1969; Cole, 1971; Santiago, 1969) and descriptions of the characteristics of devotees of various types of rock music (Robinson & Hirsch, 1969). Studies utilizing adolescents as subjects investigating the effects of music are minimal. Although rock music was not the stimulus in a study done by Giacobbe and Graham (1978), they investigated for the existence of differences in responses between the aggressive emotionally disturbed and normals. While they found considerable similarity in emotional response to music between the two groups, sufficient differences between groups and variations within each group occurred to suggest the possibility of using musical stimuli as a diagnostic screening test.

Wilson and Aiken (1977) tested emotional responses to rock music in subjects who expressed a preference for rock music. Their findings were consistent with previous findings for classical music, which had to do

with decreased skin resistance coupled with increased breathing rate. Confirming conclusions of Greer, Dorow, and Randall (1974) that the preference for rock music increases with age, Avery (1979) has found that there is an increase in rates of music listening during adolescence. In a study done by Larson and Kubey (1983), the subjective impact of television and music was investigated. Music was found to be more involving than watching television, and the adolescents reported feeling less boredom and greater excitement while listening to music. Ironically, television viewing occurred more often than music listening as reported by the subjects. One possibility as to why this occurs is that television provides a means of relaxation (Csikszentmihalyi & Kubey, 1981) that permits teen-agers a reprieve from the strong and changing emotions of this age period (Larson & Kubey, 1983). Concluding that television and music are contrasting media in adolescent life, data from the Larson and Kubey study indicate that the television is more adult-structured and music is adolescent-structured. The inception of a new form of entertainment which combines the two media, rock music videos, gives cause for investigation into the effects of this new format.

### Rock Music Videos

Television and rock music have been combined to create rock music videos. The videos are a fairly new phenomenon having only been in existence since 1981 with the establishment of MTV (Music Television). Music videos have been met with strong reactions by the public. There has been concern over the content of music videos. Content analyses indicate that rock videos are dominated by violence, with almost twice as many acts of violence than on commercial television (Baxter et al., 1985).

Music videos are watched in large part by teenagers, traditionally among the most infrequent television viewers. There is research that supports the contention that watching music television is a different experience for the viewer as opposed to watching regular television programs. Miller and Baran (1984) found that watching music videos occurs more frequently in peer groups, rather than family or individual settings. In an investigation of music television and cultivation analysis done by Lakkaraju (1985) the findings on heavy viewers' activities provide support for the idea that watching music videos is more active than passive and Lull (1985) found that the reasons expressed for watching are inconsistent with "regular" television viewing

and more consistent with the reasons for listening to music.

Currently, there is little research to speak for or against music videos. Therefore, controversy rages on as to the effects of these videos, with differing opinions by many. There are those who believe that it is possible for a susceptible adolescent to be tilted in the direction of some kind of violent action upon viewing music videos (Kotin, 1984) while others believe there are beneficial aspects to music videos such as the fantasies presented (Feshback, 1984). If adolescents are able to experience music videos as fantasy presentations, they are less likely to translate them into real-life behavior. Feshback (1984) also thinks that there is a strong need among today's adolescents for the fantasy involved in romance and those fantasies seen on MTV. Psychologist Michael Peck (1984) does not see music videos as necessarily influencing kids in general but this is dependent upon the teen-ager's basic functioning. If an adolescent spends four to five hours a day watching music videos, doesn't function well socially, isn't doing well in school, is perhaps into drugs, then Peck does feel that these kids are influenced by videos (Peck, 1984).

Conclusions to be drawn from the review of literature are that both television and music separately

are powerful influencing media. A new medium, the rock music video, combining both television and music, has been introduced to the public. Content analyses indicate significant levels of violence in music videos. Interviews with psychiatrists and psychologists concerning the possible influence of music videos on its youthful audience seem to indicate that susceptibility to influence of music videos can be traced to the general characteristics of viewers themselves. These subjective opinions warrant further investigation, especially in a psychiatric hospital setting where music videos are seen by emotionally disturbed adolescents, without doubt a highly susceptible audience.

#### The Purpose of This Study

The purpose of the present study was to examine the effect of watching violent music videos on level of aggression in psychiatrically hospitalized adolescents. Male and female responses were also investigated as well as differences between high-aggressive and low-aggressive subject responses. A 23 True-False questionnaire and Behavior Rating Form were used to assess levels of aggression prior to treatment, and outcome of treatment was measured by subjects hitting a drum, the impact of the hit being measured by an integrating sound level meter.



## CHAPTER III

### METHOD

#### The Subjects

Thirty adolescents from three inpatient Adolescent Units located at Illinois State Psychiatric Institute in Chicago, Illinois, served as subjects. The subjects ranged in ages from 13 to 17 years. Diagnoses of subjects included Borderline Personality Disorder, Conduct Disorder, Under-socialized Aggressive, Socialized Non-aggressive, Pyromania and Dysthymic Disorder. Average length of hospitalization was six months. There were twelve female subjects and eighteen male subjects. All subjects were invited to participate and upon consent from guardians, were included in the study. All subjects completed the the course of the experiment.

#### The Setting

The three participating Adolescent Units are locked Units so the study took place on each Unit in a room familiar to subjects. The rooms were quiet and large enough to hold the VCR for video viewing, the drum, and chairs for comfortable viewing.

### Equipment and Materials

A Kenwood KV-903 VCR was used and the music videos were viewed on a 19" General Electric color television. A Regency snare drum with stand was used and was hit with a Musser #M-7 hard mallet. Music videos were taped on a Sony Dynamicron T-120 VHS tape. The music videos viewed were: (1) The Rolling Stones: "Under Cover of the Night," (2) Frankie Goes to Hollywood: "Two Tribes," and (3) Billy Joel: "Allentown." These videos were chosen based on the National Coalition on Television Violence Musicvideo Monitoring Project ratings. The National Coalition on Television Violence is a group that monitors entertainment violence. A psychiatrist, Dr. Thomas Radecki, is NCTV chairperson and the Board of Directors consists of leaders in education, research, and telecommunications. The Musicvideo Monitoring Project was conducted between October 1983 and November 1984 (see Appendix A). More current ratings were unavailable. The Rolling Stones music video was rated with 24 violent incidents, the "Frankie Goes to Hollywood" video rated with 15 violent incidents and the Billy Joel video contained no violent incidents. The ratings are based on the following definition of violence utilized by the monitoring project:

Definition: The monitoring project will record both angry expressions and gestures as well as violent actions. Violence is defined as the

intentional and hostile use of physical or verbal force by one person against another. Anger is defined as "A violent revengeful passion or emotion, excited by a real or supposed injury to oneself or others; ire; rage; wrath" (NCTV Musicvideo Monitoring Project, 1983).

### The Measurement Instruments

Four measurement instruments were used in the study. All subjects were asked to complete a questionnaire with 23 True-False items adapted from the Buss-Durkee Hostility Inventory (Buss & Durkee, 1957). This inventory was developed as a means to assess the various aspects of hostility. The questions chosen (see Appendix B) were taken from the subclasses of Assault and Verbal hostility as physical and verbal aggression are the most common expressions of aggression for the population under investigation. In the present study, subjects' Buss-Durkee scores were divided by the median, with scores above the median counted as high-aggressive and those scores below the median counted as low-aggressive.

A Behavior Rating Form (see Appendix C) was completed by 3 Unit Staff on each Unit having daily and direct contact with subjects. This form was used as an observational measure of subjects' behavior for the previous 7 days and was chosen to serve as further validation for high-aggressive and low-aggressive

categories. The scores obtained were an average of the 3 Staff observers. Again, the median divided the scores with above the median being counted as high-aggressive and scores below the median being counted as low-aggressive.

This scale was initially developed specifically for classifying children in terms of levels of aggression and to be used as a validating criterion against which to assess possible tests which might be used to measure inclination toward aggression. A correlation coefficient of .55 was found between the Buss-Durkee and the Behavior Rating Form. This was found to be significant at the .005 level on a linear residual.

To measure subject response to each treatment condition, a snare drum (with snares turned off) hit with a hard mallet was used. To measure the impact of the hit, an Integrating Sound Level Meter (Bruel & Kjaer, Type 2225) attached to a tripod positioned at 25" from the drum was used. The Sound Level Meter measured decibels of sound with a range capability of 25 dB(A) to 140 dB(A).

The drum and the sound level meter were chosen as a physical measurement of aggression based on a study by Lieberman Research Inc. done in 1971 for the American Broadcasting Company entitled, "Children's Reactions to Violent Material on Television." An Electronic Pounding

Platform was developed as a method to measure inclination toward aggression. Physiological tests and verbal tests were found to be unreliable in that they did not distinguish between levels of aggression or other states and emotions.

The guidelines established in developing a physical test, such as the Electronic Pounding Platform, were: (1) it should have the same response modality as physical aggression, (2) it should be able to measure intensity of physical aggression, (3) it should be able to measure a wide range of response intensity, (4) it should be highly sensitive to small changes in aggression, and (5) it should be portable (Lieberman Research Inc., 1971, p. 12). Extensive experimentation with the Electronic Pounding Platform indicated that it was capable of discriminating between subjects of different levels of aggression and it was sensitive to pre-post changes when subjects were exposed to an actual aggression-inducing situation. Due to the unavailability of an actual Electronic Pounding Platform and using the guidelines previously established, the drum and Sound Level Meter were assumed to be an acceptable substitution (see Appendix D).

The drum was also chosen as an acceptable and appropriate mode of expressing aggression versus actual hitting (as the Electronic Pounding Platform required)

due to clinical considerations of the subject population being tested. It is a norm on the Adolescent Units that physical aggression is not allowed or acceptable and this was a consideration in designing the measurement instrument.

Three "mood" thermometers, one labeled "HAPPY," one labeled "SAD," and one labeled "ANGRY," were also utilized in the study. Each meter covered the range of the emotion from "not \_\_\_\_\_ at all" to "\_\_\_\_\_ I've ever been" with gradations between. These meters were chosen as further indication of subjects' reaction to the videos based on the theory that when aggression is increased, then the feeling of anger is increased. Subjects were asked to indicate their mood by turning the dial (see Appendix E). This measurement tool was utilized to further measure subject response to the music videos. Data collected from this measurement was not used in the current study as subjects appeared uncomfortable with expressing their feelings in this way.

#### Procedure

Twelve females and 18 males made up the total subject population of 30. All subjects, except 1 female and 1 male, completed the Buss-Durkee Hostility Inventory prior to the treatment. After subject participation was established, 3 Unit Staff were given

the Behavior Rating Form to complete on each subject 7 days prior to the experiment so that there were 3 rating forms for each subject. The average of the 3 scores served as the final score and there was a score for every subject. Subjects were then scheduled for the treatment. Prior to actual exposure to the videos, each subject hit the drum 3 times to establish a pre-test average.

There were three treatment conditions. They were as follows: (1) Condition A (VV)-violent video; violence contained in both picture and lyrics, (2) Condition B (VN)-violent video; violence contained in picture only, and (3) Condition C (NN)-nonviolent video; no violence contained in picture and lyrics. Subjects were exposed to the treatment conditions one subject at a time and were given the following instructions:

1. I'm going to show you 3 music videos. But before doing that, I'd like you to hit the drum. Hit it in the center on the black dot. I'll tell you when. Ready? OK.
2. Hit it once.
3. OK. Hit it again.
4. Hit it once more. Good.
5. Now I'm going to show the first music video.  
(video here)
6. Now hit the drum once.
7. Have you ever seen this video before?
8. Here are 3 mood scales. One is for "HAPPY," one for "SAD," and one for "ANGRY." They each have different levels of the feeling. Turn the pointer on each scale to the point that best describes how you feel right now.
9. Now I'm going to show you the second music video. (video here)
10. Now hit the drum once.

11. Have you ever seen this video before?
12. Again, turn the pointer on each scale to the point that best describes how you feel right now.
13. Now I'm going to show you the last music video. (video here)
14. Hit the drum once.
15. Have you ever seen this video before?
16. Turn the pointer on each scale to the point that best describes how you are feeling right now.

The procedure took about 20 to 30 minutes for each subject. Exposure to the videos was counterbalanced throughout the experiment so that subject #2 saw the videos in a different order than subject #1, subject #3 saw the videos in a different order than subject #2, and so on. The study was run during one week-end so that all subjects were available and their daily schedule was not disrupted.



## CHAPTER IV

### RESULTS

#### Statistical Data

Table 1 shows the pre-treatment and post-treatment means and standard deviations for all subjects as measured in decibels by hitting the drum.

Table 1  
Pre- and Post-Treatment Means (in decibels) and  
Standard Deviations for all Subjects

PRE		VV		VN		NN	
X	SD	X	SD	X	SD	X	SD
106.3	9.6	106.7	11.1	107.3	10.8	105.1	10.0

Note. The range of dB(A) for the Pre-Treatment was 86-126 and the range of dB(A) for Post-Treatment was 80-132.5, with the Sound Level Meter range pre-set at 80-140 dB(A).

Table 2 shows the means and standard deviations for the independent variables based on the Buss-Durkee high- and low-aggressive scores across all subjects.

Table 2

Treatment Means (in decibels) and Standard Deviations  
based on BD Scores for all Subjects

	Lo-Aggress		Hi-Aggress		Totals	
Treatment	X	SD	X	SD	X	SD
Pre	105.8	12.80	107.5	6.26	106.3	9.68
VV	106.4	5.32	107.4	7.68	106.7	11.16
VN	105.6	15.40	108.5	7.14	107.3	10.81
NN	104.8	14.59	104.7	5.76	105.1	10.08
Totals	105.6	12.02	107.0	6.71		

As Table 3 shows, an analysis of variance done with the independent variables based on the Buss-Durkee scores indicates no significant difference between level of aggression and treatment outcome.

Table 3

Analysis of Variance on Level of BD Aggression  
Scores and Post-Treatment Scores

Source	SS	df	MS	F	Probability
Video Treat.	94.773	2	47.387	2.177	.1236
BD Aggress.	3.285	1	3.285	.012	.9134
BD Agg. X Vid.	25.632	2	12.816	.589	.5587

The means and standard deviations for the independent variables based on the Behavior Rating Form high- and low-aggressive levels are shown in Table 4.

Table 4

Treatment Means (in decibels) and Standard Deviations based on BRF Scores for all Subjects

	Lo-Aggress		Hi-Aggress		Totals	
Treatment	X	SD	X	SD	X	SD
Pre	103.17	9.26	109.47	9.33	106.32	9.29
VV	105.16	12.94	108.50	8.25	106.83	10.89
VN	105.19	11.11	109.89	10.27	107.54	10.69
NN	103.84	11.89	106.71	7.67	105.27	9.78
Totals	104.34	11.30	108.42	9.03		

Although there are differences between the low-aggressive and high-aggressive subjects for each treatment condition, the differences are not significant as shown by Table 5.

Table 5

Analysis of Variance on BRF Aggression Scores  
and Post-Treatment Scores for all Subjects

Source	SS	df	MS	F	Probability
Video Treat.	104.359	2	52.180	2.311	.1092
BRF Aggress.	328.300	1	328.300	1.107	.3024
BRF Agg. X Vid.	5.663	2	2.831	.125	.8824

Differences between high- and low-aggressive males occurred post-treatment as measured by the hits to the drum. These differences are shown in Table 6.

Table 6

Pre- and Post-Treatment Means (in decibels) and Standard Deviations for High- and Low-Aggressive Males

Treatment	Lo-Aggress		Hi-Aggress		Totals	
	X	SD	X	SD	X	SD
Pre	105.2	10.2	112.5	7.5	108.8	8.8
VV	112.5	12.9	103.0	10.4	107.7	11.6
VN	111.8	11.8	105.9	11.8	108.8	11.8
NN	110.6	12.3	105.1	8.3	107.8	10.3
Totals	110.0	11.8	106.6	9.5		

Any possible differences between male and female subject responses were also investigated and Table 7 shows the means and standard deviations of the post-treatment scores based on sex.

Table 7

Post-Treatment Means (in decibels) and Standard Deviations for Male, Female, and all Subjects

Treatment	Males		Females		Totals	
	X	SD	X	SD	X	SD
VV	108.30	12.49	104.33	8.68	106.34	10.63
VN	109.19	11.87	104.66	8.75	106.93	10.31
NN	108.22	10.80	100.62	7.04	104.23	8.92
Totals	108.57	11.72	103.20	8.19		

An analysis of variance on male and female post-treatment scores shows no significant difference between the two groups (see Table 8).

Table 8

Analysis of Variance on Post-Treatment Scores  
for Males and Females

Source	df	SS	MS	F	Probability
Video Treat.	2	94.773	47.387	2.177	.1236
Sex	1	533.291	533.291	1.958	.1735
Sex X Video	2	59.505	29.752	1.367	.2640

Table 9 shows a two-way analysis of variance that compares sex with aggression based on the Buss-Durkee scores for all subjects. The comparison approaches significance at the .07 level and is an expected finding as it basically reports that males hit harder than females.

Table 9

Analysis of Variance on Post-Treatment Scores  
Comparing Sex with Aggression

Source	df	SS	MS	F	Probability
Sex	1	533.291	533.291	1.958	.1735
Aggression	1	3.285	3.285	.012	.9134
Sex X Aggress.	1	916.422	916.422	3.365	.0781

The results of a three-way analysis of variance on treatment levels and the dependent variables shown in

Table 10 indicate that there were no significant differences in aggression after viewing the three music videos.

Table 10  
Analysis of Variance Comparing Post-Treatment  
Scores and Sex and Aggression

Source	df	SS	MS	F	Probability
Video	2	94.773	47.387	2.177	.1236
Sex X Vid.	2	59.505	29.752	1.367	.2640
Agg. X Vid.	2	25.632	12.816	.589	.5587
Sex X Agg. X Vid.	2	55.966	27.983	1.285	.2852

#### Summary

The following null hypotheses were tested and the results were as follows:

1. There will be no significant difference in level of aggression after exposure to a violent video (VV); not rejected.
2. There will be no significant difference between male and female levels of aggression after exposure to a violent video (VV); not rejected.
3. There will be no significant difference between high-aggressive and low-aggressive subjects after exposure to a violent video (VV); not rejected.

## CHAPTER V

### DISCUSSION

#### General Comments

The results did not support the hypothesis that levels of aggression increase after watching a violent music video. These findings support the findings of Dr. Lieberman as reported in "Children's Reactions to Violent Material on Television" (Lieberman Research, Inc., 1971). Although the current study was not a replication of the Lieberman study, the current study utilized the idea of the physical measurement used in the Lieberman study. Changes in aggression were being measured similarly as they were measured in the Lieberman study.

While the findings support previous research done on television and aggression (Heller & Polsky, 1976; Lieberman Research, Inc., 1971), the findings remain somewhat contradictory, with studies indicating that viewer response is determined by viewer characteristics. The population under investigation consisted of adolescents psychiatrically hospitalized with emotional disturbances. Based on previous research, it could be assumed that these adolescents would have been quite



susceptible to the violence in the music videos. There are several factors that may have been cause for finding lack of significance. First, a true and fool-proof measure of aggression has not yet been determined and continues to be a weakness in short term laboratory studies. The physical measurement used in this study to measure aggression followed the guidelines established in the Lieberman study as it was reported that this instrument was successful in measuring physical changes in aggression. But as has been discussed by Freedman (1984), measures of aggression are usually only analogues of aggression. They are not measures of aggression as usually defined but measure acceptable behaviors that are allowed as indicators of how aggressive the subjects would be if they were given the opportunity (Freedman, 1984). Another aspect of the chosen measurement of aggression is that it was acceptable in terms of what is allowed behaviorally on the Adolescent Units. This then addresses a second factor that may have influenced the findings--the constraints of the Units.

The subjects are in a locked, controlled environment. This environment is made up of norms, one of which is that there is not to be any aggressive behavior, physical or verbal. This then may have contributed to the findings in that the subjects may have felt that

they could not hit the drum as hard as they really felt. Long term effects were not measured but reaction to the videos may have occurred later in the day or even week, this being undetermined. Additionally, the subjects and their emotional disorders make it difficult to distinguish responses as they may be responding to internal or external factors unknown to others. Running the experiment on the week-end was an attempt to control for this as the week-end is a more relaxed, unstructured time on the Units.

A daily music video program seen by subjects assured previous experience with music videos but the majority of the subjects reported that they had not seen the particular videos or heard the songs prior to the study. It is a possibility that seeing music videos more familiar to subjects might have had more of an effect. This idea is based on a comment from a subject, who after testing was done, was inquiring about the outcome of the study, and subjectively said that she knows she gets "hyper" after watching certain videos. Future research might utilize a wider selection of videos and more current videos.

While significant findings were not found to support the research hypotheses, a confusing piece of data collected warrants further investigation. There was indication that boys rated low in aggression hit the

drum harder overall after watching the music videos than the boys rated high in aggression (see Table 6). This difference was not true for the pre-treatment drum hits. This also did not occur for the girls. There seems to be no apparent explanation for this occurrence at the present time.

### Recommendations

The findings of the current study are consistent with previous short term laboratory studies done in the area of television and violence. These findings suggest that music videos have no significant effect on aggression. Previous studies discussed viewer response as being dependent upon viewer characteristics. This study utilized emotionally disturbed adolescent in-patients and found no significant changes in level of aggression. Therefore, the findings remain contradictory.

This is one of the first studies attempting to deal scientifically with the effect of music videos on adolescents. Future research in this area might actually work with getting more subjective material from adolescents, both normal and impaired, before closing in on one aspect. Additionally, an observational study of subjects in their usual environment is suggested as well as a study to measure any possible long term effects.

As to the possible application of music videos in

the music therapy setting, it is a responsibility of music therapists to have knowledge of all and any media form of music and its potential use in the therapeutic setting. Therefore, it is hoped that the current study has at least piqued curiosity into this new media form and that others will look into possible positive uses in the adolescent therapeutic setting as it appears to be a very popular form of music entertainment for adolescents.

## **APPENDICES**

## **Appendix A**

### **NCTV Musicvideo Report**

**PLEASE NOTE:**

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

NCTVMusicvideo Report	34-53
55-56, 70-72	

**University  
Microfilms  
International**

300 N Zeeb Rd., Ann Arbor, MI 48106 (313) 761-4700

## **Appendix B**

### **Buss-Durkee Hostility Inventory**



## **Appendix C**

### **Behavior Rating Form**

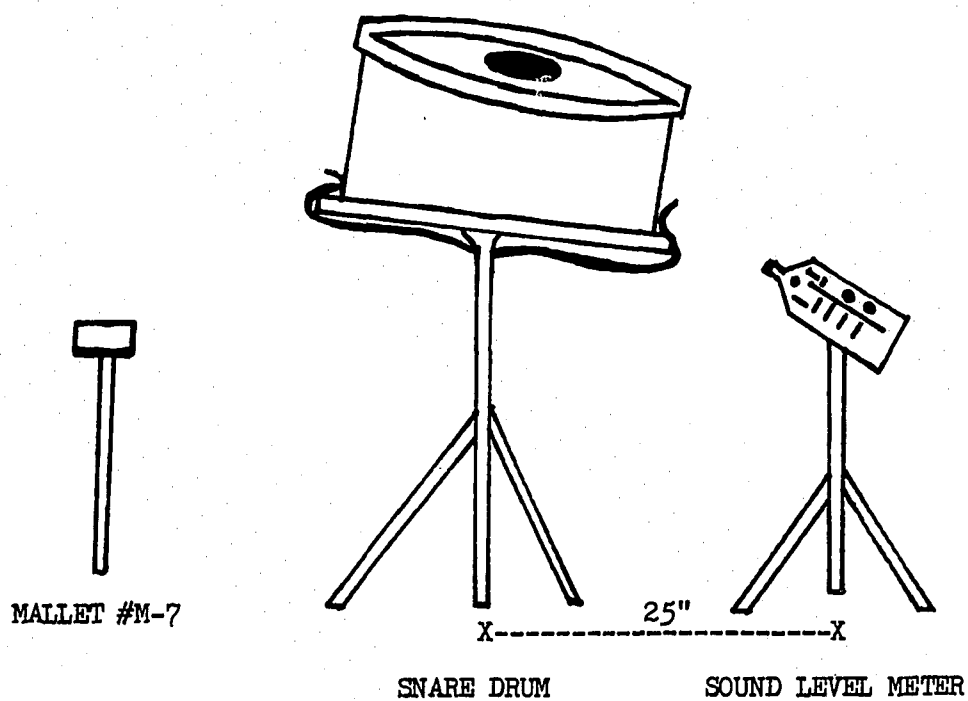
## BEHAVIOR RATING FORM

Directions: As you've observed this patient over the last 7 days, please rate them on the following items:

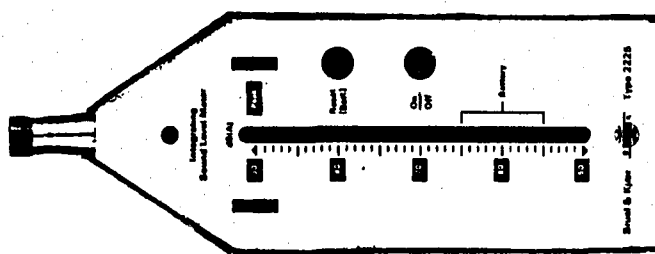
	<u>Never</u>	<u>Once in A While</u>	<u>Sometimes</u>	<u>Lots of Times</u>	<u>Always</u>
Breaks things.....	_____	_____	_____	_____	_____
Hits others.....	_____	_____	_____	_____	_____
Curses.....	_____	_____	_____	_____	_____
Noisy.....	_____	_____	_____	_____	_____
Grabs things away from others.....	_____	_____	_____	_____	_____
Starts fights.....	_____	_____	_____	_____	_____
Rude.....	_____	_____	_____	_____	_____
Disrupts meetings...	_____	_____	_____	_____	_____
Hard to get along with.....	_____	_____	_____	_____	_____

## **Appendix D**

### **Picture of Physical Measurement**



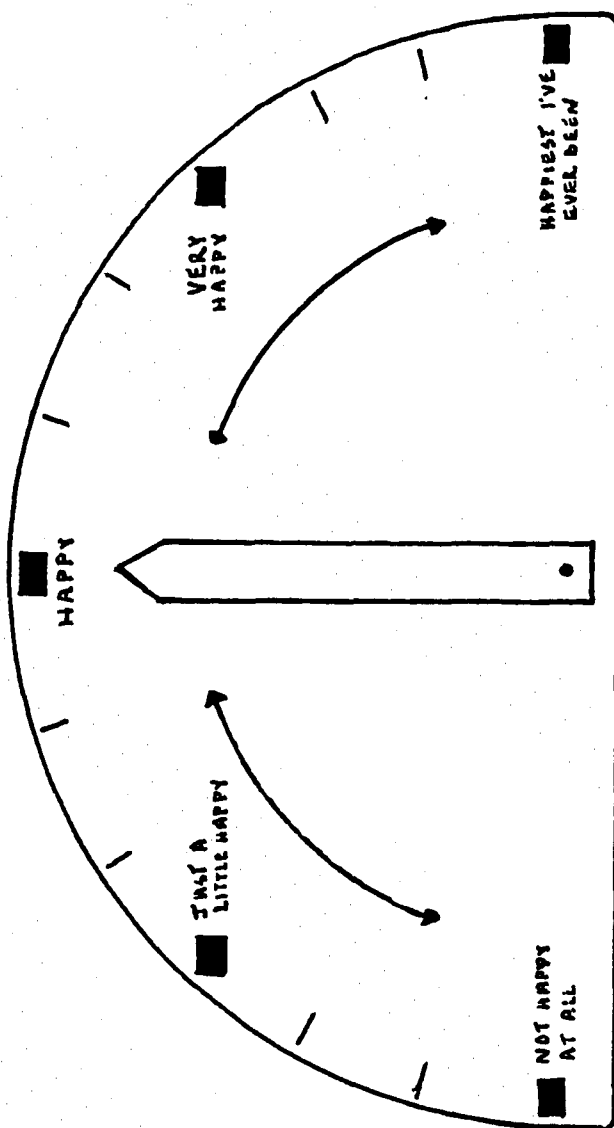
INTEGRATING SOUND LEVEL METER



BRUEL & KJAER TYPE 2225

## **Appendix E**

### **Mood Thermometer**



MOOD THERMOMETER

(1) HAPPY

(2) SAD

(3) ANGRY

## **Appendix F**

### **Patient Consent Form**

## PATIENT CONSENT FORM

## Music Videos and Adolescents

I understand that I am being asked to participate as a subject in a study on the effects of music videos, which will be conducted by Kathy Young. I have been told that the goal of this research is to learn how adolescents respond to music videos. I understand that I may not benefit directly from this research. I also understand that participation in this study is not part of my treatment. I understand that by signing this form, I agree to allow the following: 1) I will be asked to answer a short questionnaire before the study begins, 2) I will be scheduled one (1) time to watch three (3) music videos, and 3) I will be asked to indicate my feelings on 3 Mood thermometers and by hitting a drum.

I understand that all information collected about me will be kept confidential. I understand that I am free to withdraw my consent at any time without affecting my treatment at ISPI.

I understand that in the event of injury resulting from this research, financial compensation is not available, but emergency medical treatment will be provided to me at no cost to me or my family.

If I have any further questions concerning my rights as a participant in this research, I may contact



Kathy Young. I have been told that if I have any further questions concerning my rights as a research subject, I may contact Ms. Anna Eriotes at 413-1194.

I have read the above information, have had an opportunity to have my questions answered, and I voluntarily agree to participate in this study.

Patient's Signature: \_\_\_\_\_

Patient's Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

I have explained to the patient the purpose, procedures, and possible discomforts of this study and have satisfied his/her questions. I have given the patient a copy of this consent form.

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

---

## **Appendix G**

### **Letter to Parents and Guardians**

Dear \_\_\_\_\_:

\_\_\_\_\_ is being asked to participate in a study about adolescents and music videos which will be conducted by Kathy Young, Activity Therapist at ISPI.

Although this study is not a requirement of treatment, the information collected may be beneficial in the treatment of adolescents. The enclosed consent form describes what the patient will be asked to do.

Please read and sign the consent form and return in the enclosed, stamped envelope as soon as possible or by \_\_\_\_\_ at the latest.

If you have any questions, please feel free to call your Social Worker or myself at (312) 413-1375.

Your speedy cooperation is greatly appreciated.

Sincerely,

Kathleen J. Young  
Activity Therapist II

## Appendix H

### Music Video Lyrics

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