

12-1-2010

# Structure of Narratives: Applying Propp's folktale morphology to entertainment-education films

Divya Sreenivas

Follow this and additional works at: [https://digitalrepository.unm.edu/cj\\_etds](https://digitalrepository.unm.edu/cj_etds)

---

## Recommended Citation

Sreenivas, Divya. "Structure of Narratives: Applying Propp's folktale morphology to entertainment-education films." (2010).  
[https://digitalrepository.unm.edu/cj\\_etds/19](https://digitalrepository.unm.edu/cj_etds/19)

This Dissertation is brought to you for free and open access by the Electronic Theses and Dissertations at UNM Digital Repository. It has been accepted for inclusion in Communication ETDs by an authorized administrator of UNM Digital Repository. For more information, please contact [disc@unm.edu](mailto:disc@unm.edu).

**Divya Sreenivas**

*Candidate*

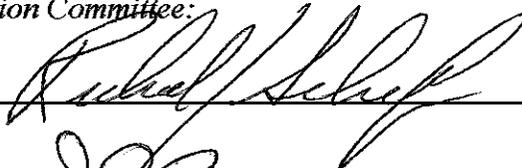
**Communication & Journalism**

*Department*

This dissertation is approved, and it is acceptable in quality and form for publication:

*Approved by the Dissertation Committee:*

Dr. Richard J. Schaefer

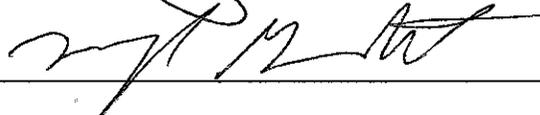


, Chairperson

Dr. Ilia Rodriguez



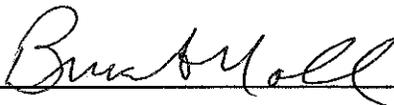
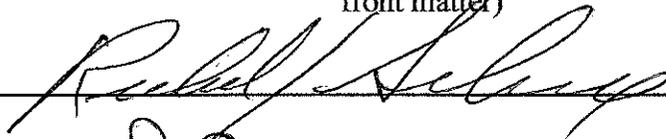
Prof. Miguel Gandert



Dr. Bruce Noll

(see below)

(Note: Scanned page with  
committee member  
signatures as first page of  
front matter)



**Structure of Narratives: Applying Propp's folktale morphology to  
entertainment-education films**

**BY**

**Divya Sreenivas**

B.A., English, University of Madras, 1996  
M. A., Journalism, University of Missouri, 2003

DISSERTATION

Submitted in Partial Fulfillment of the  
Requirements for the Degree of

**Doctor of Philosophy**

**Communication**

The University of New Mexico  
Albuquerque, New Mexico

**Autumn, 2010**

## ACKNOWLEDGMENTS

I heartily acknowledge Dr. Richard J. Schaefer, my advisor and dissertation chair, for encouraging me through the months writing and rewriting these chapters. His intellectual guidance will remain with me always.

I thank committee member, Dr. Ilia Rodriguez, for editing and offering input on the chapters. I thank committee members, Prof. Miguel Gandert and Dr. Bruce Noll, for their valuable recommendations pertaining to this study.

I would also like to thank Dr. Jan Schuetz, Dr. John Oetzel, and Dr. Corinne Shefner-Rogers for teaching me and guiding me through my comprehensive exams. I thank Dr. Mary Jane Collier for her input on one of my earlier papers on entertainment-education, and Dr. Bradford Hall for introducing me to the study of narratives. I thank Dr. Janet Cramer for some of my early grounding in communication history and philosophy.

I extend my gratitude to Siva and my Mother.

**Structure of Narratives: Applying Propp's folktale morphology to  
entertainment-education films**

**BY**

**Divya Sreenivas**

**ABSTRACT OF DISSERTATION**

Submitted in Partial Fulfillment of the  
Requirements for the Degree of

**Doctor of Philosophy**

**Communication**

The University of New Mexico  
Albuquerque, New Mexico

**Autumn, 2010**

**Structure of Narratives: Applying Propp’s folktale morphology to entertainment-  
education films**

**by**

**Divya Sreenivas**

**B. A. English**

**M. A. Journalism**

**Ph. D. Communication**

**ABSTRACT**

This study examines narrative strategies through which feature films accomplish the dual role of entertainment-education to shape social reality surrounding health issues. More specifically, exploring films’ narrative structures and characterization, this study illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices. The entertainment-education literature has rarely undertaken a study of films to demonstrate their entertainment-education potential. Moreover, by taking a structuralist perspective and utilizing narrative theories this study uncovers underlying elements that cut across narratives. According to Fisher (1987), the proponent of narrative theory, narratives are moral constructs with values embedded in its structure, characters, conflicts, and actions. As narratives are transmitted through various media and consumed within a culture through storytelling, so are the values and beliefs that guide behavior. Adhering to this definition of a narrative, Propp’s

(1968) methodological framework, *morphology of a folktale*, was utilized to analyze films containing HIV/AIDS messages. The study employed a cross-cultural study design to investigate films in four different languages. The films were *Longtime Companion*, *All About My Mother*, *Yesterday* and *Mirugam* in English, Spanish, Zulu and Tamil respectively.

This study found that Propp's morphological framework serves as a useful analytical tool that would withstand the rigors of empiricism. The characters and functions in the films were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analyses of the characters and functions in the films required some interpretive transformations from their original Proppian rendition. Therefore, while Propp's categories, developed in 1928, are clear and explicit, some interpretive readjustments were required in order to interpret contemporary filmic narratives. Hence, while all Propp's 31 functions and 8 characters were present in all the films analyzed, the functions did not follow the sequence purported by Propp. This does not imply that Propp's framework needs to be updated. It can be considered evidence of the flexibility of Propp's morphology. This study establishes that (a) Propp's framework can be effectively used to analyze film narratives despite the genesis of this framework in the oral folkloric tradition; (b) Propp's framework, which presupposes a classic comedy structure, can be effectively used to analyze narratives from other genres, such as the four filmic tragedies, (c) it is a comprehensive tool with a clear enumeration and operational definition of the component parts of a narrative's structure.

The study also resulted in useful findings for health educators, film critics, and film producers. Entertainment-education films proved to be a useful vehicle to disseminate health related information. The films each contained some unique information about HIV/AIDS based on their respective cultural milieu. Both *Longtime Companion* and *All About My Mother* convey a Euro-centric experience of HIV/AIDS within the confines of non-traditional relationships. *Longtime Companion* focused on a small white male minority homosexual community in the United States, whereas *All About My Mother* was characterized by women, transsexuals and homosexuals. *Yesterday* conveyed a black, Afro-centric experience of HIV/AIDS specifically within the confines of heterosexual relationships and migrant working communities of South Africa. And, *Mirugam* conveyed a Tamil, Dravidian-centric experience of HIV/AIDS, specifically within the confines of poor and uneducated working class people. Due to these varied cultural circumstances the films conveyed some unique health information. While there were some differences in the health information conveyed, some of the common messages that resonated through the films were: (a) HIV/AIDS is transmitted sexually and through the transfusion of contaminated blood products. (b) Drug-use and sharing needles for injection drug use are risk factors for HIV/AIDS. (c) Exact treatment for HIV/AIDS is unavailable. (d) Fatality is a likely outcome of the disease. (e) Some symptoms of the disease include lesions, weight loss, and muscle attrition.

For film critics, Propp's morphology is a useful analytical tool to form the basis of film commentary. Using the framework a critic can discern if the structure of the film is logical. A critic can also comment on the development of the significant *characters* in the

film to assess characterological coherence. Lastly, a critic can comment on the attribution of significant *functions* in the film. This study also has some significance for film producers. Conducting a Proppian analysis on film scripts can help producers develop structurally and characterologically coherent scripts.

## TABLE OF CONTENTS

<b>CHAPTER 1 INTRODUCTION .....</b>	<b>1</b>
<b>CHAPTER 2 LITERATURE REVIEW .....</b>	<b>11</b>
Entertainment-Education and Health Communication .....	11
Sabido Methodology and EE Theory .....	16
Philosophical Root and Perspectives .....	21
Realism and Objectivism .....	22
Empiricism .....	24
Positivism.....	26
Social constructionism and Medium theory.....	28
Structuralism .....	35
Narrative Theories.....	37
Narrative Paradigm Theory .....	37
Propp's Morphology of a Folktale.....	39
<b>CHAPTER 3 METHODOLOGY .....</b>	<b>46</b>
Overview and Research Questions .....	46
Film Selection .....	49
Description of Longtime Companion .....	50
Description of All About My Mother .....	52

Description of Yesterday.....	53
Description of Mirugam.....	54
Analysis .....	55
<b>CHAPTER 4 ANALYSIS OF LONGTIME COMPANION .....</b>	<b>58</b>
Applying Propp's Framework to Longtime Companion .....	67
Findings from Longtime Companion.....	82
Medical Information .....	85
Conclusions on Longtime Companion.....	92
<b>CHAPTER 5 ANALYSIS OF ALL ABOUT MY MOTHER.....</b>	<b>95</b>
Applying Propp's Framework to All About My Mother .....	106
Findings from All About My Mother .....	116
Medical Information .....	118
Conclusions on All About My Mother .....	123
<b>CHAPTER 6 ANALYSIS OF YESTERDAY.....</b>	<b>125</b>
Applying Propp's Framework to Yesterday .....	135
Findings from Yesterday.....	145
Medical Information .....	148
Conclusions on Yesterday.....	154
<b>CHAPTER 7 ANALYSIS OF MIRUGAM .....</b>	<b>156</b>
Applying Propp's Framework to Mirugam .....	163
Findings from Mirugam .....	175

Medical Information .....	177
Conclusions on Mirugam .....	182
<b>CHAPTER 8 DISCUSSION OF FINDINGS.....</b>	<b>184</b>
Health beliefs and Practices .....	186
Comparison of Proppian elements .....	196
<b>CHAPTER 9 SIGNIFICANCE OF FINDINGS AND FUTURE DIRECTIONS ....</b>	<b>205</b>
<b>REFERENCES.....</b>	<b>213</b>

**LIST OF TABLES**

Table 1 .....	41
Table 2 .....	70
Table 3 .....	108
Table 4 .....	137
Table 5 .....	166

## Chapter 1

### INTRODUCTION

Entertainment is often designed to appeal to humans' pleasure principle, that is, our desire to seek pleasure and delay pain. Entertainment programming often arouses the id, using sexualized forms of the human body complimented with colors and sounds that appeal to the senses. Given this role of entertainment in society, scholars have questioned the ability of entertainment media programming to educate mass audiences about social issues. Education as a rigorous intellectual activity is often encountered in a structured pedagogical context where the goal is to impart knowledge and increase pupil's competency in any given area of study. While the functions and structure of entertainment and education in society seem different, Singhal and Rogers (2004) argue that education through entertainment media is in fact possible. According to Singhal and Rogers (2004), "Entertainment-education is the process of purposely designing and implementing a media message both to entertain and educate in order to increase audience members' knowledge about an educational issue, create favorable attitudes, shift social norms and change overt behavior (p.5)." Therefore, the term education in entertainment-education (E-E) is synonymous with information dissemination. Research on the effects of entertainment-education proved that it is an effective health promotion strategy (Piotrow et al, 1997; Singhal & Rogers, 1999). They stress that entertainment education is a strategy to disseminate ideas to bring about individual and social change.

Entertainment-education has been used in different cultural contexts to disseminate health-related information. The central element of E-E productions, like soap

operas and movies, is storytelling. The advantage E-E has over traditional public service announcements is in its narrative content. Yet, there were no efforts to focus on the narrative aspects of E-E (Singhal & Rogers, 1999). The main assumption of E-E productions or any mass media campaign is that localizing the message will enhance its effectiveness. That is, grounding the message in the local language, cultural symbols, rituals and artistic traditions will help increase its acceptability among local audiences. This is especially true for scientific information regarding health issues. While the health-related information conveyed may be the same across cultures, the message should be tailored to resonate with the audiences' cultural milieu.

As encoders of messages, media producers seek to enhance the acceptability of their messages among local audiences by tailoring it to fit their needs and interests. According to Fiske (1990), codes or narrative conventions in the media are defined by the nature of the audience, reflecting the cultural attitude, values, beliefs and practices of the people within the culture. They are community-oriented, appeal to what people have in common and link them to their society (Fiske, 1990). As these media narratives circulate within a culture, they reinforce certain cultural ways of being. Thus, as Fiske (1990) notes, codes or narrative conventions are the means by which a culture communicates with itself. Therefore, broadcasters of messages are not only informed by the audience but also inform their audience, thereby co-creating social reality within a specific context. Meaning is thus socially constructed, shared and reified through social systems like the media. Since media messages co-create social reality, analyzing them can give us a sense of the social realities within which some people live.

Given the power of media in co-creating meaning and social reality, E-E research will benefit from an analysis of the nature of reality communicated through media narratives. This is specifically important in E-E research due to the often conflicting expectation of education through the genre of entertainment – one saturated with messages valorizing sex, violence and instant gratification. Much of the E-E research produced aimed to measure the effects of messages on behavior, with little understanding of how narrative strategies influence audience interpretations.

Systematic research on how entertainment productions package and deliver health messages to delineate social reality contained within them is limited. For example, Sreenivas (2007) notes, the main rhetorical strategies used in E-E to encourage audience identification are positive, negative and transitional role models based on social learning theory. According to social learning theory (Bandura, 1977), positive role models, who represent positive social values, are rewarded, and negative role models are punished. The transitional role model changes his/her values and beliefs through the course of the movie. These role models illustrate behaviors for the audience to emulate thereby co-creating a cache of desirable and undesirable behaviors.

One of the main arguments in this research is that narrative analysis is a useful strategy to determine how a media production fulfills the dual role of entertainment and education. As discussed earlier, the media uses certain narrative conventions to tailor messages to their audiences. An analysis of these narratives will highlight the socially desirable behaviors and values espoused in discussing specific health topics in various cultural contexts. This study shifts the focus of E-E research from effects to narrative analysis to explore ways in which narratives shape the social reality and meaning of

health issues in specific cultural contexts. Moreover, E-E research has largely ignored the film genre in favor of soap operas, even though film production is a cornerstone of the entertainment industry worldwide. Despite its popularity, the study of film narratives is not conventional in E-E research. This study fills these gaps in E-E research by conducting narrative analysis on a cross-cultural selection of films focusing on health issues, specifically HIV/AIDS.

From a scholarly perspective, this study explores the role E-E has in the construction of local meanings and social realities of HIV/AIDS in specific cultural contexts. Further, it offers a comparative approach for the analysis of cross-cultural health narratives. This investigation holds some importance for E-E practitioners as well. Practitioners seek to learn techniques that are effective in communicating health messages in an entertaining manner. This narrative analysis identifies techniques used by E-E producers to convey scientific and biological health information in an entertaining manner. More specifically, this study identifies how educational messages are woven into entertainment narratives to make them meaningful, culturally relevant, entertaining and informational.

Informed by a social constructionist perspective, this research focuses on the narrative content of a cross-cultural selection of films to contribute to our understanding of: (a) the narrative techniques adopted to convey HIV/AIDS information in a culturally relevant manner, and (b) the values and beliefs embedded in the texts that relate the health issue addressed. To emphasize, films representing four cultures – the United States of America, Spain, South Africa and India – are analyzed with the following research questions guiding the investigation:

(RQ 1): Are Propp's structural elements useful in analyzing contemporary films, or is there something unique about film as a medium that requires the framework to be updated?

(RQ 2): Are Propp's structural elements evident across all four culturally disparate films? If so, what structural elements do the films share in common?

(RQ 3): To accomplish the dual role of entertainment-education, what narrative patterns are used in films to disseminate health information while rendering an entertaining narrative?

(3a) What salient HIV/AIDS information is woven into the narratives?

(3b) Which characters communicate information about HIV/AIDS?

(3c) Based on Propp's morphology, what functions do characters perform?

(3d) What values and beliefs do the characters hold about the causes and consequences of HIV/AIDS?

(RQ 4): Despite their disparate cultural situatedness, what health-related logical consistency emerges in comparing the values, beliefs and practices in the HIV/AIDS narrative of the four films?

The health issue this study focuses on is Human Immunodeficiency Virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS). Since HIV/AIDS was first identified in 1981, the disease has taken a toll on human development at pandemic proportions. According to the AIDS Epidemic Update (2008) from the Joint United Nations Program on HIV/AIDS (UNAIDS), as of December 2007 an estimated 33.2 million people were living with HIV and about 2.5 million people were newly

infected with the virus globally. In the United States, approximately 490,000 people were living with HIV/AIDS as of 2006 (CDC, 2006).

Global and regional reports presented by UNAIDS (2008) suggest that there has been some progress in containing the epidemic, especially with regards to increasing access to treatment. However, improvement is not uniform. As of 2007, Southern Africa contributed to 32% of all new HIV infections, with South Africa having the largest number of infections worldwide. Conflict-affected Sudan has the largest HIV epidemic in North Africa. In India and China, approximately 2.5 million people and 700,000 people respectively were living with HIV. The Russian Federation and Ukraine account for 90% of all new HIV infections in the Eastern Europe. One-third of all people living with HIV in Latin America are in Brazil. Among Western and Central European countries, the most affected by an HIV epidemic are UK, France, Italy and Spain. Therefore, containing the incidence of new infections continues to be a challenging task worldwide.

HIV/AIDS has affected individuals and devastated communities globally. While individuals and communities may experience, respond to and treat the disease and their victims differently across cultures, the biological implications of the disease remain the same for all its human victims. HIV is primarily found in the blood, semen, or vaginal fluid of an infected person and cannot live long outside the body. Risky sexual behaviors and sharing drug injection equipment are the primary causes for HIV transmission (DiClemente & Peterson, 1994). Individuals with multiple sex partners are at a greater risk of contracting HIV and other STDs because the probability of encountering an infected partner increases with the number of partners (Catania et al, 1992). A prevalence

study for AIDS risk factors in the United States categorized respondents who reported two or more sexual partners within a 12-month period as having multiple sexual partners (Catania et al, 1992).

Researchers have shown that knowledge regarding HIV transmission, prevention and the consequences of HIV infection can influence individual risk-taking and protective behaviors (Catina et al, 1990; Fisher & Fisher, 1992). According to the CDC (<http://www.cdc.gov/hiv/topics/basic/index.htm>), having unprotected vaginal, anal or oral sex with men who have sex with men, multiple partners, or anonymous partners is a risk factor for contracting HIV/AIDS. The four main modes of HIV transmission that should be emphasized in educational materials include: (a) having sex (anal, vaginal, or oral) with someone infected with HIV, (b) sharing needles and syringes with someone infected with HIV, (c) being exposed (fetus or infant) to HIV before or during birth or through breast feeding, and (d) through the transfusion of blood or blood products, a low risk in the United States since 1985.

Currently, there is no biomedical solution to cure HIV/AIDS. An HIV test kit to identify the disease has been available for wide usage since 1985. Retrovir was the first drug to receive FDA approval in 1987 for the treatment of HIV/AIDS. Now, several versions of the AIDS cocktail are available to prolong the life of infected individuals, but none have proven effective in curing the disease (Jaffe, 2008). Biomedical efforts to curb the HIV epidemic are also underway focusing on the production of new innovative technologies for HIV prevention. Some such technologies undergoing clinical trials include: male circumcision, diaphragm and female condom, Herpes Simplex Virus-2 treatment, microbicides and pre-exposure prophylaxis (Forum for Collaborative HIV

Research, 2007). However, none of these technologies have proven to be successful thus far (UNAIDS, 2008). And while the availability of a pill, gel or vaccine for global HIV prevention may be decades away, Kalichman (2008) says effective behavioral interventions are the way forward. For behavioral interventions, a complete prevention strategy will involve the ABCs of HIV prevention, that is, (a) Abstinence from sex until in a monogamous relationship, (b) Being faithful to a partner, and (c) Condom use.

Behavioral interventions that raise awareness and promote safer alternatives are crucial in changing high-risk behaviors that put people at peril of HIV/AIDS. An important tool in the arsenal of HIV/AIDS behavioral interventions is entertainment-education, a strategy employed to contain the HIV/AIDS epidemic and prevent its spread to new populations. Entertainment-education is adopted by several cultures to deal with the HIV/AIDS crisis. This study analyzes entertainment-education films that focus on HIV/AIDS to understand the social reality and implications of HIV/AIDS depicted across cultures through these films. Answers to the aforementioned questions delineate the cross-cultural similarities and differences in the presentation of HIV/AIDS-related information through the films. Fisher's (1987) narrative theory and Propp's (1968) morphology of a folktale, detailed in the following section, form the theoretical and analytical foundation for this study. Fisher argues that all humans are narrative beings, and Propp argues that all narratives have the same structure. These theories are fundamentally universal theories of human narratives having cross-cultural applicability and can be used to decipher the social reality of HIV/AIDS constructed within any cultural context.

The goal of this dissertation is to examine narrative patterns used in feature films to disseminate health information. This research aims to illuminate the narrative strategies through which feature films accomplish the dual role of entertainment-education to shape the social reality surrounding health issues. More specifically, exploring narrative structures and characterization in films, this study illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices. For this purpose the subsequent portions of this dissertation is followed by chapters 2 – 8. In chapter 2 an up-to-date overview of the history and theories of entertainment-education is provided along with an elucidation of narrative theories and the philosophical underpinnings of this study. Chapter 3 explains the methodological basis of this study by providing an overview of the research questions and explaining the study design. Chapter 4 provides an in-depth analysis of the film *Longtime Companion* including cultural context in relation to the film's production, motivation for making the film and a Proppian analysis of *Longtime Companion* and a summary of findings from the film. Chapter 5 provides an in-depth analysis of the film *All About My Mother* including cultural context in relation to the film's production, motivation for making the film and a Proppian analysis of *All About My Mother* and a summary of findings from the film. Chapter 6 provides an in-depth analysis of the film *Yesterday* including cultural context in relation to the film's production, motivation for making the film and a Proppian analysis of *Yesterday* and a summary of findings from the film. Chapter 7 provides an in-depth analysis of the film *Mirugam* including cultural context in relation to the film's production, motivation for making the film and a Proppian analysis of *Mirugam* and a summary of findings from the film. Chapter 8 is

dedicated to a discussion of findings from the analysis of the four films. Lastly, Chapter 9 provides a summary answer to the research questions posed in the study along with a discussion of the significance of the findings and directions for future research.

## Chapter 2

### LITERATURE REVIEW

The goal of this literature review is to highlight the theories that have influenced the field of EE until now, and then shift the focus to theories of narratives that have received less attention. The literature review begins with a definition of entertainment-education and offers a brief overview of its history. This is followed by a discussion on Miguel Sabido and his methodological framework in conceptualizing soap operas with an educational function. The discussion will then elucidate the utility of narrative theories in analyzing E-E films.

#### Entertainment-Education and Health Communication

Health communication is a field within the communication and public health disciplines that utilizes specific strategies designed to prevent the spread of disease and to promote public health. Health communication is a problem-based applied, behavioral science that focuses on identifying, examining, and solving health care and health promotion problems (Kreps, Bonaguro & Query, 1998). Many fields of study ranging from public health, behavioral psychology and sociology to social work and anthropology have advanced the field of health communication.

Rogers (1996) describes health communication as any type of communication whose content is concerned with health and can take many forms ranging from a press release to a media campaign, including films with health content. Clift and Freimuth (1995) conceptualize it as a multidisciplinary field with its practices and principles

grounded in diffusion theory, social marketing, behavioral psychology, anthropology and instructional design, which attempts to change a set of behaviors in a large-scale audience regarding a specific problem in a predefined period of time. The belief that systematic communication strategies can improve health behavior stems from an increase in our understanding of communication processes, and growth in communication media (Piotrow, Kincaid, Rimon & Rinehart, 1997). Entertainment-education is once such discipline within health communication that emphasizes the use of entertainment strategies grounded in socio-scientific theories to inform a mass audience about health issues.

Entertainment is often designed to appeal to humans' pleasure principle, that is, our desire to seek pleasure and delay pain. Entertainment programming often arouses the id, using sexualized forms of the human body complimented with colors and sounds that appeal to the senses. Given this role of entertainment, the term entertainment-education appears to be an oxymoron, since the role of education is often the opposite. Education as a rigorous intellectual activity is often encountered in a structured pedagogical context where the goal is to impart knowledge and increase pupils' competency in any given area of study. While the functions of entertainment and education in society seem different, according to Singhal and Rogers (2004), "Entertainment-education is the process of purposely designing and implementing a media message both to entertain and educate in order to increase audience members' knowledge about an educational issue, create favorable attitudes, shift social norms and change overt behavior (p.5)." They stress that entertainment education is a strategy to disseminate ideas to bring about individual and

social change. Therefore, the term education in E-E is synonymous with information dissemination.

According to Singhal and Rogers (2004), modern history of E-E dates back to the 1944 radio soap opera *The Lawsons* produced by the Australian Broadcasting Corporation to promote agricultural innovations. Another radio soap opera titled *The Archers* produced by the British Broadcasting Corporation in 1951 also fits within their definition of entertainment-education. This show raised awareness about farming techniques, while informing urban listeners about agricultural problems. In television, Singhal & Rogers (1999) trace the evolution of E-E to the 1960s television soap opera *Simplemente Maria* that was filmed in Argentina in the Spanish language and gained popularity throughout Latin America. The story revolves around the life of Maria Ramos, a rural-urban émigré. On arriving in an unfamiliar city in search of a better life, she finds work as a household maid while also enrolling in evening adult literacy classes taught by *maestro* Esteban. The story follows Maria through dissatisfying romance, pregnancy and unemployment when Esteban's mother comes to her aid and teaches her how to sew. Maria finds employment as a seamstress and later launches her own fashion line. Eventually, her success and fame spreads all the way to Paris where she builds a fashion empire, then marries Esteban.

*Simplemente Maria* highlighted several social issues pertinent in Spanish-speaking Latin American societies at that time. Some issues covered include: urban migration, treatment of domestic maids, inter-ethnic romance, class conflict, intergenerational differences, and the value of adult literacy (Singhal, 2007). While the show was intended solely for commercial distribution, many unintended social effects of

the show have been documented. Singhal (2007) reports that some of these unintended effects across Latin America include: increase in women taking up sewing, increase in the number of sewing centers and adult literacy programs as enrolment grew, increase in the sale of Singer sewing machines, and increase in Latin American national governments promoting adult literacy programs. Singhal and Rogers (2004) argue that E-E can contribute to these effects in two ways: (a) by influencing an individual's awareness, attitude and behaviors; (b) by influencing the socio-political sphere of the individual's external environment.

Observing the unintended effects of *Simplemente Maria*, scholars and practitioners have attempted to apply E-E as a health promotion strategy worldwide to address various social problems ranging from family planning (Piotrow, Kincaid, Rimon & Rinehart, 1997) to domestic violence and HIV/AIDS (Usdin, Singhal, Shongwe, Goldstein, & Shabalala, 2004; Rogers, Singhal & Thombre, 2004). Entertainment-education interventions focusing on HIV/AIDS have taken the form of radio and television soap operas, talk shows, popular music, celebrity concerts, competitive events, and feature films (Singhal & Vasanthi, 2005).

One of the most widely known E-E interventions has been implemented since 1992 by the Soul City Institute for Health and Development Communication in Johannesburg, South Africa (Usdin, Singhal, Shongwe, Goldstein & Shabalala, 2004). Soul City interventions include television and radio series co-promoted with educational booklets, and other campaign activities. The Soul City program also reaches audiences in Botswana, Zimbabwe, Lesotho, Swaziland, Namibia, and Zambia. While HIV/AIDS prevention has received a lot of attention on Soul City, other health and social issues

covered include: housing and land reform, small business development, personal finance, maternal and child health, tuberculosis and tobacco control, alcohol abuse, energy conservation and violence prevention, among others. In KwaZulu province of South Africa, an organization called DramAidE uses participatory theatre and other interactive methodologies to train individuals in HIV/AIDS prevention, care and support (Singhal, 2004). In five North Indian states -- Rajasthan, Haryana, Delhi, Uttar Pradesh, and Uttaranchal -- *Jasoos Vijay* (detective Vijay) is 120-episode E-E series broadcast by Doordarshan -- the Indian national television network -- to raise awareness about HIV/AIDS and reduce stigma related to the disease (Singhal & Rogers, 2004). And in the United States, with the assistance of the Centers for Disease Control (CDC) in Atlanta, CBS Broadcasting Inc. -- a private television network -- introduced HIV/AIDS to the storyline of its daytime drama *The Bold and The Beautiful* through its character Tony in August 2001 (Rogers, Singhal & Thombre, 2004). The network also produced public service announcements (PSAs) to promote CDC's toll-free number for people seeking information on HIV/AIDS. The CDC also promotes this strategy in some African countries like Botswana, Ghana, Zimbabwe, and Ethiopia (Singhal & Rogers, 2004). Likewise, the Population Media Center, a non-governmental organization in Vermont promotes E-E initiatives in Sudan, Swaziland and Philippines. Other notable users of E-E are Africa Radio Drama Association in Nigeria, Puntos de Encuentro in Nicaragua, Minga Peru, and the Netherlands Entertainment-Education foundation (Singhal & Rogers, 2004).

Several filmmakers worldwide have also tried to raise public awareness about HIV and AIDS (Singhal & Vasanthi, 2005). Some examples of films produced include:

*Alive and Kicking* (1992, UK), *Amazing Grace* (1992, Israel), *Philadelphia* (1993, USA), *Afrique mon Afrique* (1994, France), *Bienvenido-Welcome* (1994, Mexico), *Phir Milenge* (2004, India), *Yesterday* (2004, South Africa), *Beat the Drum* (2006, South Africa/USA). However, Singhal and Vasanthi (2005) note that scholarly investigations focusing on E-E films is limited. In a reception analysis of *Phir Milenge* among audiences, Singhal and Vasanthi (2005) found that films can successfully combine the dual function of entertainment and education, and initiate public dialogue on taboo topics. Therefore, analysis of E-E films is a useful addition to the E-E literature.

Several theories of communication and psychology are used to develop entertainment-education programs and measure their effects. These theories are discussed below.

#### *Sabido Methodology and E-E theory*

Some theories that have informed recent E-E literature and practice are discussed in this section. Miguel Sabido a writer, producer, and director at Televisa -- a private Mexican television network -- was the first to formally develop a methodology and theoretical understanding of E-E after observing the effects of *Simplemente Maria* across Latin America. Now known as the Sabido methodology, according to Population Media Center (2005) his methodology emphasizes use of the soap opera format as an entertainment-education strategy. The storyline of these soap operas are developed to mirror social reality and evolve over several months or years through at least 120 – 180 episodes. Development of the story overtime allows for certain key messages to be

repeated as the opportunity arises, while enhancing audience involvement with the show. The producers can dedicate up to 70% of the program to entertainment and 30% to social content and the role models being promoted. Between 1973 and 1981 Sabido produced six soap operas in Mexico that resulted in 34% decline in population growth between 1977 and 1986.

The Sabido methodology for E-E has influenced health communicators worldwide (Singhal & Rogers, 2002). It has been adopted by many countries including India and South Africa. More recently, even the United States has seen an increase in health content in entertainment programming (Singhal & Rogers, 2004). The Sabido methodology uses five main theories to influence audience knowledge, attitude, values, and behaviors. The five theories include: (a) Sabido's circular model of information communication, (b) Bentley's dramatic theory, (c) Bandura's social cognitive theory, (d) Carl Jung's theory of archetypes, and (e) Sabido's theory of tone.

The main components of Sabido's circular model of information communication as applied to the soap opera format include: (a) communicator, (b) message, (c) medium, (d) receiver, and (e) response all linked in a circular chain. While the soap operas are essentially produced for commercial distribution, they have an additional agenda of promoting change in a set of predetermined social areas. Therefore, the communicator selects the material to create content with commercial and social information interspersed in the message that is transmitted through the soap opera medium to an audience who then responds by consuming the commercial and/or social product that is promoted. Since the soap operas are telecast over long periods of time, the consumers' response serves as feedback to the communicator in creating future content.

Structure of the soap opera is influenced by Bentley's (1967) dramatic theory and character development is informed by Carl Jung's (1970) archetypes of a collective unconscious. Bentley discusses five genres of theatre, namely: tragedy, comedy, tragic-comedy, farce, and melodrama. Sabido developed his soap operas based on the melodrama genre which depicts good and evil characters in conflict. In the plot, good characters adopt the social behavior promoted while the bad don't. In discussing archetypes, Jung is concerned with universal scripts or stories that people repeatedly encounter through the ages. Jung suggests that these scripts find expression in diverse cultures through legends, folktales and other social constructions. Within those social narratives the scripts may take the form of various characters like prince charming, the mother or the warrior. In his soap operas, Sabido portrays these archetypes as positive and negative stereotypes consistent with the societal norms of the target audience.

For the social content of soap operas to be successful it is important that character development and plot be well conceived because one of the primary ways in which effect is produced is through role modeling. Bandura's (1977; 1997) social cognitive theory proposes that people learn behavior in two primary ways. One is through trial and error of direct personal experience. The second involves learning behavior vicariously by observing the actions of others and the outcomes of those actions. Based on this theory, Sabido's soap opera characters serve as positive, negative or transitional role models for the audience to emulate. Positive role models who represent positive social values are rewarded and negative role models are punished. The transitional role model changes his/her values and beliefs through the course of the program. These role models illustrate desirable and undesirable behaviors for the audience to adopt or avoid. However,

audience members' adoption of the desired behaviors depends on their self-efficacy, that is, one's confidence in one's ability to take action under various inhibiting conditions.

While the plot and characters have an effect on the audience, so do the actors playing various characters. Sabido's theory of tone was developed based on his experience as a theatre director and producer. He suggests that actors can produce different effects on their audience by channeling energy from three different body zones: back of the eye, base of the neck and the pubic region. The eyes convey an abstract tone, the base of the neck produces an emotive tone, and the pubic region evokes a primal tone. In order to stir an audience, the actor needs to use a combination of these tones to produce an effect.

This methodology has been applied to promote literacy in Mexico through soap operas watched by millions (Sabido, 1981). Viewers of the show were more informed about the national literacy program and held more positive attitudes towards helping others learn compared to non-viewers. Enrollment in literacy programs increased to 900,000 during the year of broadcast compared to 99,000 before the show as televised. Another soap opera produced by Sabido to address family planning resulted in 34% decline in population growth between 1977 and 1986 (Population Media Center, 2005).

Adding to the discussion on E-E theory, Sood (2002) points out that research focused on measuring change in audience attitude, knowledge and behaviors ignores how these changes occur. She proposes that audience involvement is a key factor in determining effectiveness. That is, E-E based behavior change is mediated by audience involvement. She defines involvement as, "the degree to which audience members

engage in reflection upon, and parasocial interaction with, certain media programs, thus resulting in overt behavior change (p.156).” Therefore, involvement is contingent upon critical and/or referential reflection, and parasocial interaction.

Critical reflection is the viewers’ ability to distance themselves from the program, reconstruct and suggest changes (Sood, 2002). Referential reflection refers to the degree to which the program relates their personal lives (Sood, 2002). According to Sood (1999) parasocial interaction is the perceived interpersonal relationship between the audience and media character. She argues that parasocial interaction consists of affective, cognitive, and behavioral dimensions. Affective interaction is the degree to which the viewer identifies with the characters or context of the media program. Cognitive interaction is the degree to which the viewer attends to the program and thinks about its content later. Behavioral interaction is the degree to which viewers talk about the program or organize their schedule to make time for the program. Therefore, involvement has five aspects to it: (a) critical, (b) referential, (c) affective, (d) cognitive, and (e) behavioral. Sood’s (1999) investigation of audience involvement among the listeners of a radio soap opera *Tinka Tinka Sukh* in India found, (a) when listeners were affectively involved with the characters, they also engaged in referential reflection, (b) when listeners were cognitively involved, they also engaged in critical reflection by suggesting changes to the plot, (c) listeners who engaged in affective-referential involvement and cognitive-critical involvement, talked about different aspects of the show with others, (d) high overall involvement with the show resulted in listeners modeling the interpersonal communication between the show characters in their own lives. Therefore, for Sood

(1999, 2002), any effect that can be explained by social cognitive theory is mediated by audience involvement.

The theories and concepts discussed above provide a framework for testing hypothesis about program effectiveness, and offer a framework for designing the soap opera. Hence, much of E-E research has focused on evaluating the effects of this strategy on audiences. Program evaluations suggest that E-E is an effective strategy to promote pro-social behavior and whether E-E has an effect on the audience is no longer a theoretical challenge (Piotrow et al, 1997; Singhal & Rogers, 1999). Since research has proven that audience members adopt several elements portrayed on E-E programs, it cannot be denied that media scenarios correspond to audiences' reality. Nonetheless, there is a dearth of research on E-E narratives as they contribute to the social construction of reality. The central element of E-E productions, like soap operas and movies, is storytelling. The advantage E-E has over traditional media campaigns and public service announcements is in its narrative content. The following sections will offer a discussion on realism, objectivism, empiricism, positivism and social constructionism, medium theory, structuralism and narrative theories that form the philosophical and theoretical basis of this study.

### Philosophical roots and perspectives

The previous section reviewed the evolution of the study of entertainment-education and the theoretical perspectives that have informed entertainment-education studies thus far. This section explains the philosophical traditions in which this study is

grounded within the field of communication and also provides an explication of the theories guiding the investigation.

Within the communication discipline, the field of health communication evolved out of the social scientific tradition with a focus on human behavior and scholars' efforts to predict and control human behavior. For example, scholars like Ajzen and Fishbein (1980), who developed the theory of reasoned action, proposed behavioral theories to understand and predict the relationship between human knowledge, attitudes, and behaviors. Such behavioral theories have been used to predict a wide range of health behaviors including smoking, contraceptive use and safety helmet use (Fishbein, 1993, as cited in Montaño, Kasprzyk, & Taplin, 1997). These social scientists, attempting to understand human behavior, modeled their research principles on the established disciplines of the physical sciences such as physics and biology. Meta-theoretical assumptions of early social scientists have their foundations in realist ontology and objectivist epistemology (Miller, 2005). This section explores realism, objectivism, empiricism, positivism, social constructionism, medium theory and structuralism and their relationship to health communication and the current study. That is followed by a discussion of narrative theories that form the theoretical underpinning of this study.

### *Realism and Objectivism*

Realists believe in the existence of a material reality independent of human perception. Realists, Pavitt (1999) says, “believe that there is a real world populated with real objects with real attributes, capable of having real causal effects on one another” (p. 170). Using sensory experience, we can perceive and describe the true attributes of

phenomena that exist in the social world. In epistemology, realism is in direct contrast to the theory of idealism, which holds that reality exists only in the mind (Encyclopedia.com, 2005). The realist position maintains that objects exist independent of our perception and we can observe, record, describe and measure this reality, a position also supported by objectivism.

Objectivism, Anderson (1996) says, “is a form of material realism that holds to an independent, determinant, and knowable world in which a clear distinction can be drawn between the object and an individual’s cognitive grasp of it” (p. 21). Both realism and objectivism subscribe to the view of separation between the knower and the known, giving rise to the notion of the objective observer. In objectivist epistemology, this separation serves as a defense against the biases of the individual observer, who must be trained in the scientific method to separate their biases from the object of observation.

Miller (2005) lists the epistemological and axiological assumptions of objectivism as:

[T]hree interlinked notions that (a) knowledge can best be gained through a search for regularities and causal relationships among components of the social world, (b) regularities and causal relationships can best be discovered if there is a complete separation between the investigator and the subject of the investigation, and (c) this separation can be guaranteed through the use of the scientific method (p. 40).

Objectivism emphasizes the notion of causality, stresses that bias can be completely removed from the investigation process by using scientific methods to identify relationships and patterns in the social world. Communication frameworks with etic applications, like Propp’s morphology, developed out of this realist-objectivist tradition. Propp’s framework proposes that regularities or a set of sequential actions can be found in narratives, such regularities can be discovered using scientifically derived frameworks, with some separation between the knower and the known. Furthermore

Propp's framework is rooted in the empiricist tradition revealing law-like regularities in narrative communication using scientific methods propagated by empiricism. Empiricism is the cornerstone of most health communication research, and a discussion on the foundations of the field would be incomplete without understanding empiricism.

### *Empiricism*

Like realism and objectivism, empiricism assumes that reality exists independent of individuals' perception. Like objectivism, it stresses existence of causal relationships and the importance of the scientific method. However, empiricism takes objectivism further by specifying the protocols of scientific study, both quantitative and qualitative. According to Anderson (1996) the scientific revolution and its vision of a material, determinant, and dependable (because of its law-like regularities) phenomenal world, led humanity away from divination to solid empiricism where the real became palpable, not spiritual. The scientific revolution led us into the age of enlightenment that eschewed dogmatism and spirituality, and epitomized rationality. The scientific method, propagated by empiricism, is a combination of good empirical protocols of evidence gathering and making sound logical claims (Anderson, 1996). Empiricism emphasizes systematic gathering of data, using statistical controls and tests, and applying induction and deduction in analyzing evidence to make logical claims. With the advent of the enlightenment era, scientific methods and rationality became more established and were more acceptable than common observations, insight and spirituality. Fisher is situated in realism and objectivist tradition in that his theory stresses that humans are rational beings and exercise narrative rationality to make sense of the world that exists independent of

individual perception. Propp, compliments Fisher's theory by specifying the empirical protocols that help researchers determine how narrative coherence is achieved.

Empiricism assumes that phenomena exist in a causal chain and nothing happens at random. Each phenomena is both a consequent of some prior phenomenon and the agent of some subsequent one" (Anderson, 1996, p. 15). Phenomena are linked in causal chain allowing the researcher to construct hypothesis, anticipate outcomes and make predictions. Likewise, Propp's framework links the elements of a narrative in a sequential chain of events that have a predictable outcome. Empirical methods are plans undertaken to define the relationship among constructs based on systematic observation (Williams & Monge, 2001). Characters and the functions of characters are the constructs that are defined in Propp's framework that allows the researcher to empirically examine the nature of the main characters in a narrative and the relationship between characters based on the functions they perform.

Scientific observations require clear operational definitions of constructs being tested and must control for alternative explanations (Miller, 2005). Since narratives often deal with value-laden phenomena, like the hero or villain, operational definitions of these characters and their functions allow the researcher to accurately verify these concepts. Scientific constructs are best defined in terms of regular sequences of events (Kelly, 1965) and according to the method of its measurement (Anderson, 1996). In order to make accurate predictions, the constructs and relationships between constructs must be clearly defined. For example, according to Propp one of the primary constructs in a narrative is the hero character whose function can be one or a combination of the following: (a) overcome a villain, (b) rescue a victim, (c) succeed in a task, (d) make up

for a lack, and (e) bring about freedom. The construct of the hero is defined in relationship to other characters like the villain and accurate prediction of the course of a narrative can be made once the main characters are identified. Thus, Propp's framework allows for systematic observation of patterns in narratives. Moreover, the definition of the characters and their functions in a narrative determines the characters' importance to the narrative. The tradition of operational definitions is at the very heart of empiricism and the effort of positivists was directed at developing empiricism into a perfect science for the study of human behavior. And in the case of Propp, his protocol allows researchers to study human behavioral characteristics in social narratives.

### *Positivism*

Positivism is grounded in realism, objectivism and empiricism, and applies the principles of physical sciences to the study of human social behavior. The French philosopher Auguste Comte, a classical positivist and the father of sociology, gave the world positivism, the belief that scientific method can be applied to the study of human social behavior in order to solve social problems (Rogers, 1994). The assumption is that social problems are not random occurrences but have concrete behavioral causes. The cause of the problem can be identified through scientific enquiry to develop possible solutions. Within health communication this is an important perspective since the goal of research in this area is to solve social problems and entertainment-education is seen as a tool to address social issues through different types of mass media.

Positivists advocate the primacy of scientific methods to generate knowledge and any information acquired outside this realm is not credible. Health communication researchers use triangulation involving a variety of quantitative and qualitative research methods to gather information to develop health communication messages and evaluate their impact. In the case of this study, a qualitative method is utilized using Propp's empirical model to understand and explain how entertainment programming incorporates health messages.

Positivism was a dominant trend in 19<sup>th</sup> century philosophy and influenced various trends of contemporary thought, including logical positivism (Encyclopedia.com, 2005). The goal of logical positivists was to seek explanations, make predictions, and control human behavior by developing hypothetical statements explaining a range of behaviors, and testing the hypothesis against actual observations (Grossberg & O'keefe, 1975). On the contrary, post-positivism does not attempt to control behavior, nonetheless, empiricism serves as a guideline to make observations and seek explanations.

Logical positivism thrived till the early decades of the 20<sup>th</sup> century, but declined by the 1960s with the advent of new philosophical views (Miller, 2005). The decline is attributed to greater acceptance among scientists of the theory-laden nature of observation (Miller, 2005). Since observations are theory-laden, it is no longer possible to allow sensory experience to be the final authority of meaningfulness (Miller, 2005). Scientists questioned the notion of unbiased scientific observations and acknowledged that the theoretical perspective of the observer influences all observations. The decline of positivism can also be attributed to the growing popularity of social constructionism. Influenced by social constructionism, some positivists modified their philosophical

assumptions, which paved the way for the age of post-positivism. Like positivists, post-positivists acknowledge that individuals use their senses to perceive objective reality. However, they believe individuals attach meaning to what they perceive and this meaning is socially constructed. For instance, an individual watching a film in one part of the world may interpret and attach different meanings to it compared another individual watching the same film in a different region. This difference in interpretation could be a factor of disparate historical, cultural, linguistic, or regional situatedness of the viewers.

The shift in positivist ontology influenced by social constructionism was very critical in the development of the health communication field and is significant to this research study that uses an empirically grounded, positivist methodological model to analyze postmodern, culturally situated, media artifacts that address a universal/biological problem with social consequences. To justify the use of a positivist model to analyze the film genre and account for intersubjectivity in interpretation of media messages, the following section will discuss social constructionism.

### *Social Constructionism and Medium Theory*

Social constructionists believe that reality is created through human interaction and is culture-specific. It is a school of thought pertaining to the ways social phenomena are created, institutionalized, and made into tradition by humans emphasizing that social meanings are created through historical and contemporary interactions (Miller, 2005). Therefore, people actively engage in the process of interaction in order to give meaning to events in their lives and that of others. For Fisher (1987), social interaction may take

the form of storytelling, that is, human beings tell and retell stories to transmit values and beliefs that may guide behavior. While one often thinks of interaction as happening between people, it is important to acknowledge the role of media in the social construction process. First, media pervades modern social life. Second, the human tendency to transmit narratives has been institutionalized through media conventions. Third, the research reviewed above has already detailed the effect media programs have on individuals' values, attitudes, beliefs, and behaviors. Fourth, the parasocial relationship formed between media characters and its audience is akin to interpersonal interactions. Fifth, since media has the ability to reach a large number of people at any given time, the realistic scenarios portrayed in the media are shared between large groups of people. Exposure to media affects one's perception of reality and the language conventions followed for the construction of that reality. Media that shape language, thought, and behavior, can range from learning tools implemented at home by parents, and at schools or colleges, to the Internet and other forms of entertainment media. Thus, media serves as a powerful tool in shaping people's sense of reality.

Gerbner's (1968) cultivation theory explains the effects of media on society, primarily television. This theory developed out of the need to understand the effect of television viewership on American audiences. The basic premise of this theory is, exposure to television over time cultivates viewers' perception of reality. Testing this theory found television had disparate impact on light, medium and heavy viewers of television and perceptions of heavy viewers closely mirrored the social reality portrayed on television.

It is important to view this theory in light of present day digital media environment where young people may grow up with access to multiple channels on television and radio from across the globe, the Internet – in some instances replacing print media, and mobile telephony. McLuhan (1962) wrote that mass communication, as an extension of mass production, reduces the world into a global village. Digital technology, more portable than the Gutenberg Press, allows multiple media companies to compete for audience mind share creating a highly segmented media marketplace in all forms – oral, print and TV/film/audio-visual. Cultivation theory is applicable in today's media environment and needs to be viewed in light of exposure to multiple media environments and differing media traditions – oral, print and audio-visual.

Oral speech, according to Ong (2002) constitutes all verbal communication, and defines primary orality as people or cultures completely unfamiliar with writing. Literacy refers to the written word and, in the electronic age, television and other audio-visual media, telephony and radio are referred to as secondary orality. Ong (2002) argues that orality and secondary orality share much in common, and the effects observed between these two traditions may be similar when compared to print media. Comparing orality to literacy, Ong (2002) sites Plato to highlight the disadvantage of the written word when compared to orality. Print, like computers, can make people forgetful as they become reliant on external resources as a substitute for internal memorized resources. Nonetheless, Ong also notes that Plato put his objections to literacy down in writing to make them more effective. This illustrates that orality and literacy may differ in the effect they produce on the audience and also on human development in general.

One of the main strategies used by contemporary entertainment media, referred to as secondary orality by Ong, to construct social reality is through the use of narratives. However, irrespective of the media convention followed or genre of media viewed, the meaning attached to the media message is generated through the interpretive practices of humans as they negotiate meaning. Meaning is thus socially constructed and negotiated through interactions.

Fishers' narrative theory combines the perspectives of positivists and social constructivist philosophical assumptions. Like positivists, the theory views humans as rational beings relying on sensory experience to interpret reality contained within narratives. Like social constructionists, Fisher views humans as social, existing in a historical context and interpreting objective reality to produce meaning. According to Fisher, this process of interpreting meaning is inherent in humans' constant assessment of narrative probability and fidelity of the narratives they come across. For Fisher, the process of interpretation takes the form of assessing structural, material, and characterological coherence and fidelity of narratives.

However, in assessing coherence and fidelity, cultures play an important role. Cultures serve as a lens affecting the interpretation of a narrative. Culture, in this study, is defined as a collection of values, beliefs, and experiences that exist within a historical context shared by a group of people. Therefore, when films are interpreted, pre-existing values and beliefs shaped by one's culture may influence judgment. In addition, the relationship between individuals and their culture is mutually transformative, that is, cultures shape people's values and actions and vice versa. Hence, cultures, individuals and the values they hold are not static, but susceptible to change. As individuals in a

culture are exposed to a new values and beliefs, they can modify or change their own value system and can potentially influence their culture.

The disclaimer in this study is that interpretation of films and the health content contained within them is based on the researcher's training in socio-scientific methods at U.S. universities. By using an empirical protocol developed by Propp, the researcher attempts to identify patterns in narratives that are universal rather than culture specific. While the patterns identified may be universal, the meaning attached to cultural cues in the films are based on the researcher's experiences, values and attitudes shaped by Indian and U.S. society.

Discussing social constructionism, Berger and Luckmann (as cited in Delamater & Hyde, 1998), say that people use language to make sense of the world and interpret experiences (Berger & Luckmann, as cited in Delamater & Hyde, 1998). Social constructionism maintains the basic ontological assumption of realism and objectivism, that reality exists independent of our perception. However, language acts as a mediator in creating socially shared meaning and enables us to make sense of the social world. Language and media conventions shape social reality and since media messages are shared between people and tend to circulate within specific cultures, the social reality created is culturally defined. This view of meaning construction acknowledges that humans actively create multiple social realities through the process of communication and interaction. This notion of humans as interpretive beings separates us from the biological view of humans as animals that solely rely on physical senses to navigate in the world.

Language as a mediator of meaning is not accounted for by Fisher or Propp, but the significance of language in shaping thought and behavior has been discussed in this section. The pertinence of language as it shapes reality has a bearing on this study that involves four different regional language films - English, Spanish, Tamil and Zulu. The researcher is conversant in English and Tamil and is able to analyze the films taking into account knowledge of the languages and experience living in English and Tamil speaking cultures. However, to analyze Spanish and Zulu language films, the researcher relies on English sub-titles. It is also important to note that the Spanish and Zulu language films have received wide acclaim in the English speaking world. Moreover, the Zulu language film was directed by an English director. To account for intersubjectivity in interpretation of the films, the researcher has received training in socio-scientific research methods, employs an empirically derived analytical tool, the committee members overseeing this study are all socio-scientifically trained academics conversant in the English language and two members hail from Spanish speaking cultures.

An understanding of social constructionism is pertinent to this study that assumes social reality is interactively created. Multiple social realities are constructed through the use of language and symbols to which meaning is attached, and interpretation of meaning is influenced by the linguistic, cultural and historical situatedness of the message recipient. Just as social constructionism provides an explanation for discrepancies investigators may find in various manifestations of social phenomena, medium theory might account for differences in the way cultures, generations and media manifest contents and learning epistemologies. Based on the assumption of technological determinism, medium theory, as developed McLuhan (1964), suggests that the primary

modes of communication influence learning, knowledge and experience – by altering the plasticity of the human brain. For instance, dyadic learning compared to learning that involves multimedia technologies, and learning that requires hands-on experience may all account for differences in content, as does the temporal and spatial situatedness of the communicators. In essence, they maintain that the prevalent modes of communication and situatedness of the communicators are significant epistemologies in the way humans come to understand the world and react to it, whether that be through the plastic development of neural networks in the brain or the extended modalities required by those communication networks that are routinely used by people in a particular culture. This assumption is of significance to the study and practice of entertainment-education that seeks to transmit and translate information and messages using the dominant narrative modalities of any given time period. For instance, Innis believed that literacy represented a high-point in human development that permitted knowledge to move across time and space in a way it never had before. However, in today's wired world of Internet technology, knowledge in the form of text and audio visual media, irrespective of language, circumvents the globe at the push of a button, reinforcing the power of technology in creating and transmitting knowledge and fostering human development.

While it is important to account for social construction of reality through media content, structuralism, as it relates to realism, objectivism, empiricism and positivism, is the dominant philosophy and methodology that underscores this investigation and is discussed in the following section.

## *Structuralism*

Structuralism is an intellectual movement within the humanities and social sciences that is concerned with the nature of reality. The primary ontology that structuralism espouses is that everything that is natural or man-made has an underlying universal structure. Although foundations for this claim can be traced to mathematics, this intellectual movement did not initially derive its inspiration from mathematics (Piaget, 1970). Swiss linguist Ferdinand de Saussure, the father of structural linguistics, can be considered one of the earliest structuralists in the social sciences and humanities. The belief in structural linguistics is that just as the system of numbers in mathematics is universal, so is the abstract system underlying all possible languages (Sturrock, 1986). Structuralism as both an intellectual movement and a methodology became cemented in linguistics with Saussure's attempt to derive linguistic universals from phonetic patterns. According to Sturrock (1986), Saussure's brand of structuralism had a lasting impact on a group of Parisian thinkers such as Claude Levi-Strauss - an anthropologist, Michael Foucault - a historian, Roland Barthes - a literary critic, Louis Althusser - a political scientist and Jacques Lacan - a psychoanalyst, and structuralism became established as a new way of thinking about humans and their relationship to nature. Sturrock (1986) writes that all human beings are essentially structuralists because Structuralism is inscribed in our biological being as evident in the make-up and limited plasticity of the central nervous system, therefore, structures of social experience reflect bodily structures. The function of the human mind for example, is limited by the structure of the human brain, therefore all human activities reflect that underlying structure.

Structuralism offers certain advantages to this study of culturally diverse films on

the single topic of HIV/AIDS. First, this study emphasizes both structure and content and assumes that narratives are social constructions that possess a pattern that are encompassed within a universal underlying structure. That is, social constructions occur in patterned ways that are open to scientific investigation (Miller, 2005). Humans exercise their creativity and free will in patterned and predictable ways, and behaviors that are institutionalized and habitualized are reified and treated as objective by members of that community and the causal effect of these reified constructions can be studied (Miller, 2005). To illustrate, the basic premise of Propp's framework is that narratives are a product of social interaction, however, irrespective of the cultural influence, structural patterns can be identified in narratives using empirically derived tools of analysis. Second, Levi-Strauss applies structuralism to the study of foreign societies under the assumption that cultures are systems that share some rules, customs and beliefs and also possess some peculiar ones (Sturrock, 1986). This study adopts the same assumption in applying Propp's structural framework to analyze films from four different cultures. Narratives constitute a system, and this research delineates the logical connections that exist between the elements within the configuration of a narrative, as well as the connections that exist among narratives while delineating the similar and disparate values espoused in the narratives. Third, the cultural products under investigation in this study are produced for transmission along the same audio-visual medium and are certain to share some of the production conventions common to that medium.

This section discussed the principles and philosophies of realism, objectivism, empiricism, positivism, social constructionism and structuralism that form the basis of this investigation. The discussion was vital to position this study historically and

methodologically within the communication discipline that is varied in its methodology, perspectives and influence within the social sciences. In the following sections, two theories of narratives that are in accordance with the philosophical positions outlined here and that form the theoretical basis of this study are discussed: Walter Fisher's (1987) narrative paradigm theory and Vladimir Propp's (1968) morphology of folktales.

## Narrative Theories

### *Narrative Paradigm Theory*

Central to the success of media programs in achieving the desired effect among audiences is the use of narratives. According to Fisher (1987), the proponent of narrative theory, narratives are moral constructs with values embedded in its structure, characters, conflicts, and actions. As narratives are transmitted through various media and consumed within a culture through storytelling, so are the values and beliefs that guide behavior. This study adopts Fisher's notion that narratives are a rhetorical strategy to achieve social influence. He posits that humans are *homo narrans* who possess narrative rationality.

Rationality is determined by the nature of persons as narrative beings, their inherent awareness of narrative probability, what constitutes a coherent story, and their constant habit of testing fidelity, whether or not the stories they experience ring true with the stories they know to be true in their lives (p. 64).

Therefore, humans constantly exercise narrative rationality to construct social reality.

Narrative rationality has two components, probability and fidelity. Narrative probability,

also called coherence, is a judgment of how the story hangs together, free of contradictions. Coherence is assessed in three ways: (a) by its argumentative and structural coherence, (b) by comparing it to stories in other discourses, and (c) characterological coherence, an interpretation of character's decisions and actions that reflect value.

Narrative Fidelity pertains to how audience interprets the social reality presented in the narrative. Similar to Sood's (2002) referential reflection, it is audience assessment of the individuated components of the story, like the characters, action and scene. Individuals gauge if these elements accurately represent social reality known to them, that is, whether these elements ring true with their own experiences, values, attitudes and beliefs. Probability and fidelity are considerations for judging the merits of the story and its values as a guide for action.

Fisher's theory breaks the mold of previous theories discussed in this chapter by focusing on the role of narratives in shaping human experiences. The study adopts three philosophical assumptions underlying Fisher's theory - his ontological assumption that humans are narrative beings, his epistemological assumption that humans exercise narrative rationality to apprehend social reality, and his axiological assumption that narratives contain values that guide human behavior. In doing so, this study examines narrative patterns used in feature films to disseminate health information. This research illuminates the narrative strategies through which feature films accomplish the dual role of entertainment-education to shape the social reality surrounding health issues. More specifically, exploring films' narrative structures and characterization, this study

illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices.

. While Fisher's theory emphasizes that human narratives are value systems, Propp identifies the main components that lend structural coherence to narratives.

### *Propp's Morphology of a Folktale*

Vladimir Propp made one of the most important contributions to our understanding of narratives (Berger, 1992). His *Morphology of a Folktale*, published in Russian in 1928, was unnoticed in the West until it was translated in the 1950s. *Morphology of a Folktale* was published in Russia around the same time Soviet film maker and director V. I. Pudovkin tried to develop a formalist grammar for film. Pudovkin's *Film Technique and Film Acting* were first published abroad in 1929 and 1933 respectively. Pudovkin's (2007) manuals elucidate the practice and theory of film making and deals with the mechanical aspects of the process of filmmaking such as positions of a camera or cinematography, use of sound in film, and film editing. Propp's morphology, on the other hand, outlines the basic structure of a narrative and was derived out of the oral folkloric tradition rather than films.

*Morphology of a Folktale* (1968) made significant contributions by breaking down a narrative into its component parts and identifying the enduring characteristics of narratives. By analyzing thousands of Russian folk tales, Propp discovered that there are typically eight broad character types in any narrative. These main characters include: (a) the villain who struggles against the hero, (b) the donor who prepares the hero or gives the hero some magical object, (c) the (magical) helper who helps the hero in the quest, (d)

the princess whom the hero marries and is often sought for during the narrative, (e) her father, (f) the dispatcher is the character who makes a lack known and sends the hero off, (g) the hero or victim/seeker hero, who reacts to the donor and weds the princess, and (h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/ tries to marry the princess. These main characters perform 31 functions within any narrative. Propp (1968) defines functions as, "an act of a character, defined from the point of view of its significance for the course of action (p. 21)." For example, one of the primary characters in a narrative is the hero whose function can be one or a combination of the following: (a) overcome a villain, (b) rescue a victim, (c) succeed in a task, (d) make up for a lack, and (e) bring about freedom (Berger, 1992). Functions of characters form the foundation based on which narratives are developed. A list of Propp's 31 functions and their definitions are provided in Table 1 below.

Table 1

Propp's 31 Functions Adapted from Berger (1992)

<b>A</b>	<b>Function</b>	<b>Definition of Functions</b>
	Initial situation	Hero and members of family introduced
1	Abstention	One of the family members absents him- or herself
2	Interdiction	Interdiction addressed to hero
3	Violation	Interdiction is violated
4	Reconnaissance	Villain attempts to get information
5	Delivery	Villain gets information about victim
6	Trickery	Villain tries to deceive victim
7	Complicity	Victim is deceived
8	Villainy	Villain causes harm to member of the family
9	Mediation	Misfortune made known, Hero is dispatched
10	Counteraction	Hero agrees to counteraction
11	Departure	Hero Leaves home
12	1 <sup>st</sup> Donor function	Hero tested, receives magical agent or helper
13	Hero's reaction	Hero reacts to agent or donor
14	Receipt of Agent	Hero acquires use of magical agent
15	Spatial change	Hero led to object of search

16	Struggle	Hero and villain join in direct combat
17	Branding	Hero is branded
18	Victory	Villain is defeated
19	Liquidation	Initial misfortune or lack is liquidated
20	Return	Hero returns
21	Pursuit, Chase	Hero is pursued
22	Rescue	Hero is rescued from pursuit
23	Unrecognized Arrival	Hero, unrecognized, arrives home or elsewhere
24	Unfounded claims	False hero presents unfounded claims
25	Difficult Task	Difficult task is proposed to hero
26	Solution	Difficult Task is resolved
27	Recognition for hero	Hero is recognized
28	Exposure	Villain is exposed
29	Transfiguration	Hero is given a new appearance
30	Punishment	Villain is punished
31	Wedding	Hero is married, ascends to the throne

8 main Characters:

- (a) the villain who struggles against the hero
- (b) the donor who prepares the hero or gives the hero some magical object
- (c) the (magical) helper who helps the hero in the quest

- (d) the princess whom the hero marries and is often sought for during the narrative
- (e) the father
- (f) the dispatcher is the character who makes a lack known and sends the hero off
- (g) the hero or victim/seeker hero, who reacts to the donor and weds the princess
- (h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/tries to marry the princess

Propp makes three important observations about the nature of these functions in narratives: (a) the functions are stable across narratives, (b) there are only 31 functions, and (c) the sequence of functions is identical and logical. In a narrative analysis of the film *Phir Milenge*, Sreenivas (2007) identified the 31 functions in the film, however, the sequence of functions were not present in the order proposed by Propp. Absence of the sequence was attributed to advancements in film technology that allow for more complicated formats for storytelling. Nonetheless, Propp's framework was useful to understand how messages are constructed to convey meaningful information in an entertaining manner (Sreenivas, 2007). By looking at how these functions manifest in different E-E productions, patterns can be identified and E-E formulas can be developed for dissemination among producers of various genres of E-E. Moreover, since Propp delineates the structural components of narratives as opposed to the content, it has cross-cultural applicability. It can be used to study E-E productions in different cultures, languages and settings.

This literature review highlighted some of the most recent developments in the field of entertainment-education. It underscores the fact that an investigation of the film genre has not been undertaken seriously by E-E scholars, despite its ability to create awareness and dialogue about social issues among large audiences. This review posits the utility of narrative theories in undertaking a systematic and scholarly investigation of films.

This study analyzes four movies made for culturally diverse audiences. The films chosen are primarily tragedies. Since the films are tragedies, they may utilize the

dramatic technique of excess to elicit emotions from the audience. Excess, according to Umberto Eco (2006), communicates emotions by highlighting not the individual story or the dramatis personae but by underscoring the moral conflict or the dialectical tensions that exist in the situation. Several strategies are used to create a sense of excess. For example, in architecture, the use of baroque style indicates excess by combining extreme textures of solid and void, light and darkness and curvature. The same can be reflected in film backdrops as evident in Almodovar's *All About My Mother*. Eco (2006) writes that dramatic scenes are the first manifestations of excess. Other techniques that can convey excess are the presence of endless reversal of fortunes and long descriptions. The presence of excess can depict forces in conflict urging the audience to feel the conflict while consuming the narrative. Since the films analyzed in this study are tragedies, this study expects to find some evidence of excess used as a stylistic device to communicate emotions.

This study fills two gaps in the E-E literature by focusing on the narrative aspect of E-E productions and examining the often ignored film genre. Focusing on the narrative aspects of E-E programming allows the researcher to: (a) identify the narrative techniques used to convey scientific and biological information, and (b) examine the values and beliefs embedded in the program as they relate to the health issue promoted. This study takes the perspective that all humans possess narrative rationality and since the structure of all narratives are stable, any individual from any culture can deconstruct cross-cultural narratives.

## Chapter 3

### METHODOLOGY

#### Overview and Research Questions

The goal of this research is to examine narrative patterns used in feature films to disseminate health information. This research aims to illuminate the narrative strategies through which feature films accomplish the dual role of entertainment-education to shape the social reality surrounding health issues. More specifically, exploring films' narrative structures and characterization, this study illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices. This is accomplished through an analysis of a cross-cultural selection of films with HIV/AIDS content from the United States of America, Spain, South Africa and India. By employing a comparative design, this study identifies how these films contribute to a culture specific as well as a global understanding of the medical and socio-cultural problems associated with HIV/AIDS.

Informed by social constructionism and narrative theories, this study contributes to our understanding of the role of film narratives in shaping the social reality of HIV/AIDS. To understand how entertainment media accomplish the dual role of entertainment and education, this study takes the perspective that media are transparent and can be transformative. Media are transparent in that, their messages and agenda are readily deconstructed using empirically derived tools of analysis, e.g. Propp's framework

or any other tools and critical theories used in the field of discourse analysis. Even individuals not trained in socio-scientific methodologies may analyze media messages to highlight their underlying agenda. As Chomsky (2003) remarks, "anyone who is willing to extricate himself from the system of shared ideology and propaganda will readily see through the modes of distortion developed by substantial segments of the intelligentsia (p. 4)." The ability to cut through media clutter and perform analysis allows one to navigate the media saturated world and become sophisticated consumers of media.

Media can be transformative in that, they are tools for disseminating new and unique information to a large population at a given time. Initiating a transformation may be more effective using mass media which has the potential to reach a large population at any given time. While sustaining that transformation may require interpersonal communication, either face-to-face or mediated. Rogers and Singhal argue that any media-based social-change initiatives combined with communication between and among interpersonal networks can have transformative powers.

Fisher's (1987) narrative theory and Propp's (1968) methodological framework for analyzing narratives form the basis of this study. The two theories complement each other to enhance our understanding how narratives construct social reality. Fisher (1987) posits that humans exercise narrative rationality to construct social reality. An important construct in his theory is coherence, which is a judgment of how a story hangs together, free of contradictions. However, he does not provide specific criteria for how narrative coherence is achieved, making it difficult to directly apply his theory to data. Propp's methodological framework compensates for this lack in Fisher's theory by delineating the specific structural and characterological elements that lend coherence to a narrative.

Therefore, Propp's (1968) analytical tool serves as an etic framework allowing the researcher to uncover and compare the values, beliefs and practices espoused in cross-cultural narratives to disseminate health information, while rendering a coherent entertainment narrative. Using the two theories this study contributes to the field of entertainment-education in two ways: (1) it illuminates the mechanism by which films accomplish the dual role of entertainment-education and shape social realities surrounding health issues and behaviors, (2) the comparative design highlights similarities and differences in the portrayal of health-related values, beliefs and practices in a cross-cultural selection of films. In doing so, this study examines narrative patterns used in feature films to disseminate health information. This research illuminates the narrative strategies through which feature films accomplish the dual role of entertainment-education to shape the social reality surrounding health issues. More specifically, exploring films' narrative structures and characterization, this study illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices. The specific research questions guiding this investigation are:

(RQ 1): Are Propp's structural elements useful in analyzing contemporary films, or is there something unique about film as a medium that requires the framework to be updated?

(RQ 2): Are Propp's structural elements evident across all four culturally disparate films? If so, what structural elements do the films share in common?

(RQ 3): To accomplish the dual role of entertainment-education, what narrative patterns are used in films to disseminate health information while rendering an entertaining narrative?

(3a) What salient HIV/AIDS information is woven into the narratives?

(3b) Which characters communicate information about HIV/AIDS?

(3c) Based on Propp's morphology, what functions do characters perform?

(3d) What values and beliefs do the characters hold about the causes and consequences of HIV/AIDS?

(RQ 4): Despite their disparate cultural situatedness, what health-related logical consistency emerges in comparing the values, beliefs and practices in the HIV/AIDS narrative of the four films?

According to Fisher, a test of material coherence in any narrative answers the question: can a specific narrative be compared to any others? In this study, since all the narratives have HIV/AIDS as a common denominator the analysis delineates the similarities and differences that emerge in the portrayal of health-related values, beliefs and practices and highlights the usefulness of Propp's structural framework in analyzing cross-cultural films. Fisher's (1987) narrative theory and Propp's (1968) work on the morphology of folktales are universal theories of human narratives that aptly lend themselves for a cross-cultural analysis about the construction of meaning and social realities of HIV/AIDS.

### Film Selection

For the purpose of this study, four films addressing the topic of HIV/AIDS are examined: (1) *Long Time Companion* (1990, USA) presents HIV/AIDS within the

context of homosexual relationships. It is the story of how the disease affects a small circle of friends; (2) *All About my Mother* (1999, Spain) narrates the story of a missionary social worker who contracts HIV after a sexual encounter with a drug-addicted transvestite; (3) *Yesterday* (2004, Zululand, South Africa) is the story of a woman who is infected with HIV by her husband; lastly (4) *Mirugam* (2007, Tamilnadu, India) is the story of a village ruffian, substance abuser, womanizer and homosexual whose conquests culminate with his contracting HIV/AIDS. The films chosen for this study represent four different languages namely; English, Spanish, Zulu, and Tamil. All the films deal with the issue of HIV/AIDS and they were the first, in their respective national and/or regional cultures, to address the issue. All the films tell the story of how it affects the life of the characters and their social environment. The films selected represent different national languages and cultural settings, making it possible to apply the aforementioned narrative theories in a cross-cultural analysis. The settings represent rural and urban locations in different parts of the world, and the films were made between the years 1990 - 2007. The stories offer a mixture of male and female protagonists who contract HIV/AIDS through homosexual and heterosexual relationships. What follows is a detailed description of the films analyzed.

*Long Time Companion (1990, USA)*

Written by Craig Lucas and directed by Norman Rene, this is the first mainstream, commercial production to deal with two sensitive topics: AIDS and homosexuality. Ansen (1990) describes the filmmaker's style as, "daring, sophisticated,

and unflinchingly honest,” in chronicling the effect of the epidemic on a small gay-community in New York. Gliberman (1990) of the *Entertainment Weekly* writes:

*Longtime Companion* is a lively ensemble movie — at once funny and tragic — that unabashedly confines itself to the upscale fringes of gay life: hip, professional New Yorkers who thrive in an atmosphere of money and relative tolerance.

The film is set to a chronological timeline beginning on July 3, 1981. It is the day *New York Times* publishes its first article on AIDS, then referred to as the “Gay Cancer.” The film's title itself is a reference to the *New York Times* refusal to acknowledge homosexual relationships in their obituaries, and citing the surviving same-sex partners of AIDS victims as *longtime companions*. The movie is set in New York, and opens at the beach house of Sean, a successful screenwriter for a soap opera *Other People*, and David, who is independently wealthy. The affluent couple entertains friends, Willy and John, at their house when they come across the New York Time article. As the friends discuss the article, their reactions range from disdain to dismissive. One character notes that he hates the *Times*, while another jokingly remarks: “Is the CIA trying to scare them out of having sex?” As news of the article spreads throughout the community, the focus of the movie shifts to individuals who slowly succumb to AIDS. The men react to the disease differently. Willy is wary and uncomfortable when visiting his friend at the hospital, while David takes on the role of a dutiful caregiver to Sean as his health deteriorates. Nonetheless, all the friends experience the loss of friends, careers, or health and are faced with the reality that AIDS has forever changed their way of life. The film concludes in the year 1989, when the surviving characters are seen volunteering and assisting other victims of the disease, while reminiscing about happier days on the beach.

*All about my Mother (Todo sobre mi madre, 1999 Spain)*

Pedro Almodóvar is the writer and director of the internationally acclaimed film, *All about my Mother*. Released in 1999, the film won the award for best director at the Cannes and Bafta awards, best foreign film at the Oscars and Bafta awards, seven Goya awards in Spain and the Golden Globe awards in the USA. According to Acevedo-Munoz (2004), Almodóvar films reject a centralized national identity and lend voice to symbols and characters marginalized during Franco's four-decade long regime while representing contemporary cultural anxieties in Spain regarding its integration into Europe. Describing this melodrama about a group of closely knit women, Maslin (1999) writes:

Starting at that place in Mr. Almodóvar's great big heart where womanhood, artifice, Tennessee Williams, Truman Capote and "All About Eve" collide, it weaves life and art into a rich tapestry of love, loss and compassion. This film's assorted females – real, theatrical or would-be – move past the nervous breakdown stage and on to something much more forgiving.

The protagonist of the film is Manuela, a former actress who works as a nurse at a hospital in Madrid. On the evening of her son Esteban's seventeenth birthday, he is in a car accident attempting to get the autograph of his favorite actress Huma Rojo. Prior to the accident Esteban and his mother Manuela attend a stage performance of *Street Car Named Desire* performed by Huma. Esteban doesn't survive the accident. His organs are enlisted in a donor scheme, a process Manuela is familiar with working as a nurse at the same hospital. Heartbroken, Manuela travels to Barcelona to find Lola, Esteban's transvestite father who was unaware that Manuela was pregnant when they parted ways. In Barcelona, Manuela reunites with her friend Agrado a transsexual prostitute, and also

manages to find work with Huma Rojo, the actress her son admired. She also befriends Rosa, a young nun who gets pregnant while working at a shelter for battered prostitutes, Rosa's mother, and Huma's drug-addicted co-star and lover Nina Cruz. As the characters interact with each other, Huma discovers that Esteban was killed while attempting to get her autograph, Rosa is diagnosed with HIV, and Manuela and Rosa find out that Lola alias Esteban, an injection drug-user, fathered both their children. Rosa delivers baby Esteban and entrusts Manuela with his care. Eventually, Manuela meets Lola, who is dying of AIDS, and introduces him to baby Esteban and reveals to him the truth she kept from him for 18 years.

*Yesterday (2004, South Africa)*

Written and directed by Darrel James Roodt, co-produced by Anant Singh and the National Film & Video Foundation, in partnership with the Nelson Mandela Foundation, *Yesterday* is the first commercial Zulu language film. The film has won several accolades internationally including: the Human Rights Film Award at the Venice film festival, nomination for Best Foreign Language Film at the 2004 Academy Awards and 2005 Independent Spirit Awards, it was an Official Selection at the 2004 London Film Festival and 2004 Toronto International Film Festival, and was screened in Goa, India at a ceremony marking World AIDS Day at the International Film Festival.

Yesterday and her 7-year old daughter Beauty live in a remote village in Zululand, South Africa. Her husband, John, works the mines in Johannesburg and is away from home for long periods of time. In the village, Yesterday cares for her daughter and home with little income and no modern conveniences like running water. While

continuing her daily chores she experiences a persistent cough and constant exhaustion. She attempts to see a doctor and travels to the nearest clinic, but is unsuccessful in getting an appointment. She sees the native healer of her village, whose recommendations are unsatisfactory. When Yesterday finally gets an appointment with a doctor, her health has deteriorated and she is diagnosed with HIV. Realizing she contracted the disease from her husband, she travels to Johannesburg to inform John of the diagnoses and caution him. On hearing the news, John, who is unwilling to come to terms with the news, beats her up and sends her away with bruises. Back in the village, her health continues to deteriorate as she focuses on securing her daughter's future. Unexpectedly, her husband returns home and she is entrusted with the responsibility of caring for a dying man in the advanced stages of AIDS. Fearing the dreaded disease, members of the village ostracize John. Yesterday painstakingly builds a make-shift shack for him in the outskirts of the village where she cares for him in his last days.

*Mirugam (Animal, 2007 Tamilnadu)*

Directed by Samy and Produced by KarthikJai Movies, this film created a lot of controversy in the Indian film industry because the director slapped actress Padmapriya, who plays Alagamma, for not getting a scene right. The actress registered a complaint with the local actors' association, Nadigar Sangam. The Tamil Producers Association and the Film Federation of South India banned Samy from directing movies for a year. This is the first commercial Tamil language film to deal with the subject matter of HIV/AIDS.

The central character of *Mirugam* is Ayannar, a village ruffian who is born in a brothel and adopted when he runs away after killing his mother's murderer. He grows up

to be a callous brute, terrorizing the villagers and violently confronting those who displease him including his aging mother. He is also a womanizer and alcoholic whose only sources of income are gambling and his stud bull, which he leases out for its breeding services. His relentless sexual exploits and thuggery continue even after he meets Alagamma, a boisterous village belle, whom he marries. She resents his roughness but softens towards him after learning about his past and attempts to modify his behavior. But before her love and caring attention can have an impact, he is arrested after a drunken brawl and is sentenced to a year in prison. While in prison he experiments with drugs and homosexuality. On his release from prison, he accuses his pregnant wife of having an affair and continues his angry ways. His health eventually takes a turn for the worse and he is diagnosed with HIV. Unwilling to face the villagers as a weak man, he abandons his family and is cared for at a hospital in a different town. When Alagamma eventually finds him and brings him back to the village, he is ostracized. She cares for him and their son in a small hut in the outskirts of the village. When Ayannar re-enters the village to share useful information about a source of water, he is killed.

### Analysis

The researcher first watched each film without engaging in detailed analysis. Systematic analysis of the films consisted of five parts. First, the main characters were identified. Characters and their actions are the glue that hold any narrative together, infusing it with cultural values. Propp identifies 8 main character types in any narrative: (a) the villain who struggles against the hero, (b) the donor who prepares the hero or gives the hero some magical object, (c) the (magical) helper who helps the hero in the

quest, (d) the princess whom the hero marries and is often sought for during the narrative, (e) her father, (f) the dispatcher is the character who makes a lack known and sends the hero off, (g) the hero or victim/seeker hero, who reacts to the donor and weds the princess, and (h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/tries to marry the princess.

Identification of the main characters was followed by an analysis of the functions performed by the main characters. Propp's structural framework, presented in Table 1, was used to identify the functions performed. Third, the sequence in which the functions occur were noted. Such an analysis helps identify the common threads that lend structural coherence to the story. Fourth, after the main characters, functions and sequence were identified, the values and specific HIV/AIDS information conveyed through the characters were delineated. Lastly, as per Fisher's test of narrative rationality, the material coherence of the four culturally disparate texts were elucidated. A test of material coherence in any narrative answers the question: can a specific narrative be compared to any others? In this study, since all the narratives have HIV/AIDS as a common denominator the analysis identified the factual and thematic similarities and differences that emerge in comparing the narratives.

The disclaimer in this study is that interpretation of films and the health content contained within them is based on the researcher's training in socio-scientific methods at U.S. universities. By using an empirical protocol developed by Propp, the researcher identified patterns in narratives that are universal rather than culture specific. While the patterns identified may be universal, interpretation of the rich, culturally specific symbolic repertoire in the films is based on the researcher's experiences, values and

attitudes shaped by Indian and U.S. society. The researcher alone performed the interpretation of the major themes and the rich symbolic repertoire of films. The researcher relied on English language subtitles to interpret the Spanish language film, *All About my mother*, and the Zulu language film, *Yesterday*. The researcher is conversant in English and Tamil and was capable of comprehending and analyzing English language film, *Longtime Companion*, and Tamil language film, *Mirugam*, without subtitles.

## CHAPTER 4

### ANALYSIS OF *LONGTIME COMPANION*

For the purpose of this study, four films addressing the topic of HIV/AIDS are examined. Here an analysis of *Longtime Companion* (1990, USA) is undertaken. This chapter begins with an overview of the cultural context of HIV/AIDS in the United States in the 1980s and early 1990s when the film *Longtime Companion* was produced and distributed. This cultural context is discussed in relation to the film and the filmmakers' personal history which suggests the motivation behind making the film. This overview is followed by a Proppian analysis of the film and a summary of health related findings.

In the United States, a rare pneumonia called *Pneumocystis Carinii* Pneumonia (PCP) identified in five case of homosexual men in Los Angeles was reported in the June 5, 1981 issue of the newsletter *Morbidity and Mortality Weekly* published by The Centers for Disease Control and Prevention (CDC). At that time, the human immunodeficiency virus had not been identified and the causes and disease etiology were unknown. However, since the early cases identified were predominantly gay men, the disease was thought to be confined to this minority group.

Following CDC's announcement in June, *The New York Times* carried an article on Kaposi Sarcoma on July 3, 1981 written by Lawrence Altman. The article's headline read, "Rare cancer seen in 41 homosexual men." The article identified the disease as a rare and fatal form of cancer called Kaposi Sarcoma identified in homosexual men in New York City and the San Francisco Bay area. The article stated that the incidence of this cancer in the United States had been among men between the ages of 25 and 51 years. The article notes,

. . . most cases had involved homosexual men who have had multiple and frequent sexual encounters with different partners, as many as 10 sexual encounters each night up to four times a week. Many of the patients have also been treated for viral infections such as herpes, cytomegalovirus and hepatitis B as well as parasitic infections such as amebiasis and giardiasis. Many patients also reported that they had used drugs such as amyl nitrite and LSD to heighten sexual pleasure. Cancer is not believed to be contagious, but conditions that might precipitate it, such as particular viruses or environmental factors, might account for an outbreak among a single group.

From this article it is evident that there was early widespread belief in the medical and mainstream community that the disease was confined to a minority group of homosexual men who engaged in risk-taking behaviors listed in the article. This July 1981 article in *The New York Times*, a harbinger of the fears and confusion the HIV/AIDS pandemic was to create in the United States and in the world, marks the beginning of the media reports that set the stage for the film *Longtime Companion*, which was released in May 1990 in the United States.

*Longtime Companion* - written by Craig Lucas and directed by Norman Rene is the first widely released, Hollywood mainstream, commercial production to deal with two sensitive topics: AIDS and homosexuality. According to *Entertainment Weekly* writer Owen Gilberman (1990), two films dealt with the subject prior to *Longtime Companion*, namely, *An Early Frost* and *Parting Glances*. *An Early Frost* is a made for television film produced by NBC and was aired on the network on November 11, 1985 to much acclaim, winning a Golden Globe and an Emmy award. This television event coincided with the public announcement in 1985 by renowned actor Rock Hudson that he was battling AIDS. Hudson, who concealed his sexuality from the public through much of his career, was the first major Hollywood celebrity face of the disease. *Parting*

*Glances* is an independent film released in 1986, directed by Bill Sherwood who died of AIDS-related complications.

*Longtime Companion* borrows from and portrays many aspects of the New York lifestyle that Lucas and René may have been exposed to during the course of their years living in New York. Lucas moved to New York to pursue a career as a playwright after earning a Bachelor's degree in Arts from Boston University in 1973. René moved to New York City and in 1977 founded the off-off Broadway Production Company. Before *Longtime Companion*, Lucas and René collaborated on several projects together beginning with their off Broadway musical *Marry Me a Little* in 1981. This collaboration was followed by five other plays including their biggest commercial success *Prelude to a Kiss*. While both Lucas and René were gay, their earlier collaborations did not carry an overtly homosexual agenda or an AIDS theme. *Longtime Companion* was their first feature film together and their first dramatic effort to directly and unabashedly address homosexuality and AIDS. Lucas and René's motivation to make a film that addressed homosexuality and AIDS could have been influenced by the following non-financial factors: (a) homosexual and AIDS-related content was slowly gaining prominence in entertainment programming in the United States; (b) homosexuality and AIDS were not previously the topic of a full-length, wide release, mainstream feature film that could reach a large audience; and (c) Lucas and René likely felt a need to create a personal testament about the HIV/AIDS scene they had witnessed in New York of the 1980s. Following the release of *Longtime Companion*, Lucas' partner Tim Melester died from AIDS-related complications in 1995. Norman René himself died from AIDS-related complications at the New York University Medical Center at the age of 45 in 1996.

*Longtime Companion* won a Sundance Film Festival audience award in 1990 and GLAAD Media award for outstanding film in 1991. The film also won several awards; including the Golden Globe, Independent Spirit Award, National Society of Film Critics Awards, and New York Film Critics Circle Awards, all for best supporting actor played by Bruce Davison who performs the character of David.

*Longtime Companion* forms a part of the discourse on the Gay Rights movement in the United States in the early 1980s. The film's title itself is a reference to *The New York Times* refusal to acknowledge homosexual relationships in their obituaries, and its citing of the surviving same-sex partners of AIDS victims as “longtime companions.” Moreover, the aforementioned *The New York Times* article, published in 1981 becomes the starting point for situating the film’s narrative, which unfolds chronologically. Situating the film thus suggests three things about the gay rights movement of that time: (a) the movement was coming from urban cities in the United States, (b) the movement was gaining attention in the mainstream media by coming to the fore in the public agenda and thereby shaping some people’s perception of the movement itself and also of homosexuals, and (c) this agenda setting ability of the movement was taking place in the context of HIV/AIDS. Since the early incidence of AIDS occurred primarily among homosexual men, this led the disease to be called Gay Related Immuno Deficiency (GRID) in medical and scientific communities. This early stereotype of the disease’s victims is evident in the film’s portrayal of the main characters and in the reference to the disease as a gay cancer.

The film is set in New York City and a beach-front community in the state of New York. The events in the film take place between July 3, 1981 and July 19, 1989. The main characters of the film are introduced taking a vacation at a beach-front community and the film ends with the surviving characters speculating about an AIDS-free life on the same beach. Although this beach-front community is never named in the film, film reviews have called it Fire Island. Ansen (1990) writes, "The film begins on Fire Island in the hedonistic summer of 1981, when the first rumors of a mysterious "gay cancer" were drowned out in a disco beat, and ends eight years later on the same beach, the lives of the survivors irrevocably changed." Similarly Croliss (1990) describes the film's initial setting saying, "It is the summer of '81. Sean (Mark Lamos) and David (Bruce Davison), a middle-aged couple, watch a hunky guy stroll past them on a Fire Island beach, and their toes curl with wry pleasure." The scene described here by Croliss is a sandy beach filled predominantly with white men sun bathing, taking a stroll or taking a dip in the ocean with no actual reference made to Fire Island.

Fire Island is a barrier island located on the southern edge of Long Island in New York and is the setting for another sexual coming of age film, *Last Summer (1969)* also starring Bruce Davison. References to Fire Island are also made in the NBC sitcom with homosexual content, *Will and Grace*. In American pop culture, Fire Island may represent a symbol of sexual experimentation and liberation. Specifically for a small group of homosexual men, the naturally beautiful summer retreat of Fire Island represents a communal utopia and a place for cruising the beach and reveling in the good life (Gleiberman, 1990). In *Longtime Companion*, Fire Island underscores the hedonism of the 1970s – a time that molded the styles and attitudes of the gay liberation and cathartic

explosion of pride and libido (Gleiberman, 1990). Lucas and René's choice to locate Fire Island as the backdrop for their film is a poignant reflection on the devastating impact AIDS had on this urban haven for homosexual men. The fact that Fire Island is never mentioned in the film although many references are made to it in film reviews indicates that this contextual information is significant to the HIV/AIDS narrative and therefore merits some discussion. Richard J. Schaefer, a summer resident of Southern Long Island whose family boat-commuted to Fire Island in the 1950s and 1960s for ocean swimming describes Fire Island thus,

By the 1960s Fire Island had attained a national reputation as an anything-goes sex, booze and drug retreat just a few hours from downtown Manhattan. Whether it be known as the land of \$500 topless bikinis, smoking marijuana and 'tripping,' or sexual orgies of one sort or another, Fire Island had been mythologized in the U.S. media as a place where everyday morality was routinely left behind, even though the vast majority of those who spent weekends enjoying the cool breezes of its summertime resort communities came from blue-collar families who were escaping the heat of New York City. It was these small and unluxurious working-class beach homes that were being purchased and gentrified by New York's increasing wealthy uncloseted young gays. It was the avant-garde bohemian aspects of this upwardly mobile, urban, young and gay lifestyle, which flaunted the bounds of middle-class moral norms, rather than the working class values of Fire Island's long-term residents, that the media covered and who had helped give Fire Island its national reputation (Personal Communication, June 12, 2010).

By the time *Longtime Companion* was made, Fire Island became known as one of the most recognized markers of a promiscuous homosexual lifestyle in the United States. Since the filmmakers are members of the gay community, they may have had some firsthand experience with the Fire Island lifestyle portrayed in the initial setting of the

film lending authenticity to the portrayal of the gay lifestyle on Fire Island depicted in *Longtime Companion*.

The initial setting of *Longtime Companion* on Fire Island reveals a predominantly white male, homosexual lifestyle and the theme continues through the course of the film. Most of the characters except John (Dermot Mulroney) and David are urban working professionals in their thirties and forties. Willy (Campbell Scott) is a fitness trainer, Alan, alias Fuzzy (Stephen Caffrey), is an entertainment lawyer, Sean is a writer for a soap opera, Paul (John Dossett) has a desk job in New York, Howard (Patrick Cassidy) is a soap opera actor and David is independently wealthy. The activities and interests of the characters represent lifestyles ranging from healthful – as represented through Willy – to decadent and hedonistic – portrayed through John. As the most affluent character, David supports the lifestyle of his friends by offering his beach house on Fire Island as a gathering place. His house is a significant symbol in the film from the beginning, when *The New York Times* article is read out, until Sean's death. John, who is unemployed, is able to afford the luxury of the beach parties due to David's generosity. The relationship between the characters range from friends to intimate lovers, and the mood is one of cautious revelry. The movie thus presents AIDS in the context of homosexual, specifically MSM, relationships in the United States. While gay marriage is not featured as a prominent issue in the film, the friends are loyal to each other and appear closely knit, like a family, helping each other in times of need. However, there are some hints of multiple sexual partners in the relationship between David and Sean. There are also hints of drug usage by some of the characters, suggesting the prevalence of recreational drug use among members of this community. The disease – a rare cancer-- is brought to the

attention of members of this group by *The New York Times* article, which enumerates the etiology of the disease. The beliefs the characters hold about the causes and consequences of AIDS are cultivated early on by *The New York Times* article and later established by characters' personal experience with AIDS.

*The New York Times* newspaper makes a prominent appearance in the initial situation of the film revealing the importance of this newspaper among members of this group. *The New York Times* newspaper is a marker of white-collar, upper class society, and thus is a further marker of the characters' upper-class lifestyle. In contrast, the simplistic and conservative *Daily News*, New York's picture newspaper, is the city's most popular newspaper and commonly known as the paper read by working-class New Yorkers. Therefore, the deliberate choice on the part of the filmmakers to use *The New York Times* as opposed to the *Daily News* is an indication that AIDS was afflicting members of the American upper-class minority rather than the working class majority.

There is also some historical irony in including *The New York Times* in the plot of the film. While the newspaper is symbolic of the American intelligentsia, in the specific instance of HIV/AIDS, *The New York Times* has been faulted for the slow development and diffusion of information pertaining to the transmission and scientific nature of the disease. While *Longtime Companion* was made in 1990 and is set during the period of the 1980s, the film did not integrate accurate historical scientific information about the disease. In 1983, scientists declared that the immune deficiency was caused by a retrovirus that had been identified in France and the United States. This retrovirus was later named HIV. It also became known that several countries around the world had

confirmed cases of HIV. In 1985, an HIV test kit received FDA approval. In 1985, Ryan White, a non-homosexual hemophiliac died of AIDS after contracting HIV through blood transfusions. This incident highlighted the risk of HIV to the non-homosexual population. In 1987, the drug Retrovir (AZT, Zedovudine) received FDA approval and was used to treat AIDS patients. The lack of information about these scientific developments in the film represents the lack of wide access to solid scientific information in the early 1980s. This is a tragic element in the film, as the 1990's audience knows the disease devastated New York's gay community before scientific information was widely known and believed as credible. Hence, the audience knows from the start that many of the characters' deaths might have been prevented by a faster development and diffusion of hard knowledge about AIDS and how to prevent its spread. Indeed, President Ronald Regan delayed dealing with it as a medical issue and delayed research funding, probably because it was initially believed it posed no problem to heterosexuals. To this extent, *The New York Times* may be representative of the apathy with which mainstream U.S. institutions first approached the disease. In *Longtime Companion*, *The New York Times* is a marker of society's initial apathetic response to the disease and the ignorance that proved fatal, first to so many in the gay community, and only later to the society as a whole. The film is relevant even today in its portrayal of ravages caused by the disease due to the delay in the timely dissemination of information.

As the film moves beyond the initial situation and progresses chronologically, some of the characters fall prey to the disease and the disease attributes are further developed. Hinson (1990) notes, "The film's ability to cut away the politics, the rhetoric and the hysteria and focus on the emotions of the people touched by the disease is its

greatest strength; it's what makes it the best dramatization of the disease's impact yet to be made.” Through the portrayal of some of the main characters, the film exposes the emotional turmoil, attitudes and beliefs surrounding the disease that may be relevant even today. Willy is wary and uncomfortable when visiting his friend Sean at the hospital. David, who becomes certain he will eventually contract the disease, takes on the role of a dutiful caregiver to Sean as his health deteriorates. John is the first to succumb to the disease and die from it, followed by Sean, David, and Paul. As each of them falls ill, more is revealed about the diagnostic criteria for AIDS. Howard’s character suggests a hint of optimism for people living with AIDS as he is last seen hosting a fundraiser gala for people living with AIDS set to a lively and jovial mood underscored by the song YMCA. Willy and Alan volunteer their time with Gay Men's Health Crisis (GMHC) to cope with the misery afflicting their community. They compare the battle against AIDS to World War II. All the characters experience the loss of friends, careers, or health and are faced with the reality that AIDS has forever changed their way of life.

#### *Applying Propp’s morphology to Longtime Companion*

In this section, Propp’s analytical framework is applied to the analysis of the film *Longtime Companion*. The analysis identifies the social construction of HIV/AIDS in the film. Using Propp’s analytical framework will also help uncover the underlying structure of the film. According to Propp (1968) a narrative usually begins with an *initial situation (not a function)* where the protagonist and his/her family are introduced. *Longtime Companion* (LC) is set to a chronological time frame beginning on July 3, 1981. The setting is split between two locations: a beachfront community in New York state and *the*

*city* – New York City. The film opens with the hero, Willy, taking an early morning run on the beach. Willy is employed as a fitness expert at a gym in *the city*. He and John are close friends. They are visiting friends Sean and David at their beach house. Fuzzy, formally known as Alan, is an entertainment lawyer who rents a timeshare at the beach with other friends. In the city, a couple, Howard and Paul, wake up and get ready for work. Their neighbor, Lisa, leaves for work. A portion of the *initial situation* is set to the soundtrack, *The Tide is High*, written by John Holt and performed by Blondie. The other prominent feature in the *initial situation* is *The New York Times* newspaper. As the song fades, the phone rings and thus begins the discussion of the article on page A20 of *The New York Times*. The characters in both settings are portrayed as men who have sex with men (MSM). This is evident in the homoerotic themes in the initial situation that depicts lovers waking up in bed, flirtatious conversations among the characters, Paul and Howard's tenderness towards each other, among others. The relationship between the characters range from friends to intimate lovers, and the mood is one of cautious revelry set by the tone of the song *The Tide is High* and *The New York Times* article. The movie thus presents HIV/AIDS in the context of homosexual, specifically MSM, relationships in the United States during the tragic first decade when the disease spreads within an ignorant subpopulation.

The Table 2 below is a tabulated summary analysis of *Longtime Companion* based on Propp's morphological framework. In column A, the functions are numbered in the sequence proposed by Propp. In column B, the functions are numbered in the sequence they appear in *Longtime Companion*. The differences in sequence of functions in columns A and B can be justified since Propp's sequence presupposes a classic

comedy structure and was derived based on analyzing oral folklores, whereas *Longtime Companion* is a filmic narrative belonging to the tragedy genre. Therefore, while all the 31 functions proposed by Propp are present, the functions take on a different sequence in *Longtime Companion*. Alphabets (a) to (h) listed at the end of the table denotes the definition of Propp's eight main characters and the names of the corresponding characters' in *Longtime Companion*. The table and the list of characters is followed by a detailed analysis of the functions and the characters.

Table 2

Propp's 31 Functions Adapted from Berger (1992)

A = Propp's functions, B = Longtime Companion sequence

<b>A</b>	<b>B</b>	<b>Function</b>	<b>Definition of Functions</b>
		<b>Initial situation</b>	All the characters are introduced
1	3	<b>Abstention</b>	John absents himself
2	1	<b>Interdiction *</b>	Interdiction addressed by NY Times article read out by Fuzzy, David, John and Howard
3	2	<b>Violation</b>	Willy and Fuzzy violate the interdiction
4	4	<b>Reconnaissance</b>	David attempts to get information about John
5	5	<b>Delivery</b>	David gets information about HIV/AIDS first victim
6	7	<b>Trickery</b>	HIV/AIDS cause, diagnosis and prognosis difficult to determine
7	9	<b>Complicity</b>	John, Sean, David, Paul and Howard contract the disease
8	8	<b>Villainy *</b>	Villain causes harm to member of the family
9	11	<b>Mediation *</b>	The Indian Doctor informs Willy and David about John's critical condition
10	20	<b>Counteraction</b>	Willy volunteers with GMHC
11	21	<b>Departure</b>	Willy makes house calls to help other victims of HIV/AIDS
12	22	<b>1<sup>st</sup> Donor function</b>	Lisa offers support to Willy and Fuzzy
13	23	<b>Hero's reaction</b>	Willy welcomes Lisa into his life
14	24	<b>Receipt of Agent</b>	Willy and Lisa become friends
15	25	<b>Spatial change</b>	The struggle against the disease moves to the streets

16	<b>26</b>	<b>Struggle</b>	Willy's internal struggle seems intensified when he visits Sean at the hospital
17	<b>16</b>	<b>Branding</b>	Hero is branded as handsome man who goes to the body jail
18	<b>30</b>	<b>Victory</b>	The disease emerges as the victor taking the lives of those affected.
19	<b>32</b>	<b>Liquidation</b>	Initial misfortune is liquidated in the end when the dead characters return as an
20	<b>17</b>	<b>Return</b>	Willy returns home from visiting Sean at hospital
21	<b>13</b>	<b>Pursuit, Chase</b>	Willy experiences mental anguish
22	<b>28</b>	<b>Rescue</b>	Willy is rescued from pursuit with the support of Fuzzy and Lisa
23	<b>18</b>	<b>Unrecognized Arrival</b>	Willy unable to cope with the reality of HIV/AIDS
24	<b>6</b>	<b>Unfounded claims</b>	David presents unfounded claims about cure for HIV/AIDS
25	<b>15</b>	<b>Difficult Task</b>	Visiting Sean at hospital is a difficult task for Willy
26	<b>19</b>	<b>Solution</b>	Willy resorts to using the telephone to reach Sean and David
27	<b>27</b>	<b>Recognition for hero</b>	Willy manages to gain some control over his mental anguish
28	<b>10, 14</b>	<b>Exposure</b>	John, Sean, David, Paul and Howard are exposed to HIV/AIDS
29	<b>29</b>	<b>Transfiguration</b>	Willy grows a mustache and wears semi-formal clothing
30	<b>12</b>	<b>Punishment *</b>	John, Sean, David and Paul die
31	<b>31</b>	<b>Wedding</b>	Replaced by reverie. Lisa, Fuzzy and Willy dream of victory when the battle against the disease is over come. The battle is compared to WWII

(a) the villain who struggles against the hero: HIV/AIDS personified by David, Sean, John Paul, and Howard

(b) the donor who prepares the hero or gives the hero some magical object: Lisa

(c) the (magical) helper who helps the hero in the quest: Lisa

(d) the princess whom the hero marries and is often sought for during the narrative: Alan

alias Fuzzy

(e) the father: David

(f) the dispatcher is the character who makes a lack known and sends the hero off: The doctor

(g) the hero or victim/seeker hero, who reacts to the donor and weds the princess: Willy

(h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/tries to marry the princess:David

(\* *Important health information is provided when these functions are performed*)

Contrary to Propp's (1968) sequence, the *initial situation* is followed by the second function, *interdiction* (2). According to Propp, an interdiction is addressed primarily to warn the hero of some misfortune or hardship that will ensue if certain actions are performed. In *Longtime Companion*, the function of addressing an *interdiction* is performed by *The New York Times* which warns readers of the probable causes and consequences of what is referred to as the *gay cancer*. While the newspaper provided some information about the pathology of the disease, *The New York Times* is symbolic of two things in this film: (a) a stalwart of American journalistic standards and a symbol of the American intelligentsia, (b) it is also a surrogate character that represents initial American institutional apathy towards tackling the truth about AIDS and its consequences at the behest of countless lives that were lost due to lack of adequate information about disease transmission and the true nature of the virus. In essence, *The New York Times* performing the *interdiction* function is the element of historic irony the filmmakers bring to the film as it underscores the fact that slow diffusion of information tragically resulted in millions of avoidable deaths. The utility of function (2) following the *initial situation* is useful in this film since the *interdiction* (2) is crucial to the health narrative and it introduces the irony in the plot. In this film, the *interdiction* addressed by *The New York Times* and the historic irony it represents serves as a harbinger of the tragic events to follow both in reality and in the film. Function (2) following the *initial situation* was a logical and creatively appropriate choice on the part of the filmmakers. Moreover, the filmmakers accent the importance of *The New York Times* from the very beginning. The newspaper features prominently in the *initial situation* of the movie indicating its importance in the narrative and making the logical progression from the *initial situation*

to function (2). In the *initial situation*, Fuzzy is shown carrying the newspaper home along with a bag of groceries, and reading the paper as he eats breakfast. When Paul picks up the newspaper at the door in his underwear, he shyly covers himself with the paper when he is spotted nearly naked by his neighbor. Lisa leaves the house with the newspaper in hand and is shown reading it on her way to work. She calls Fuzzy from work asking, "Have you seen the paper?" and they proceed to discuss the article on page A20. Similarly, all the characters are shown discussing the article with Howard, Fuzzy, David and John reading it out to the others. The article identifies the disease as a rare cancer called Kaposi Sarcoma with symptoms such as spots that may be mistaken for bruises, lymph nodes that turn brown over time, and swollen lymph glands that kill by spreading throughout the body. The recommended treatment for the disease is chemotherapy. The exact cause of the disease is unknown and the disease is not believed to be contagious, but its etiology includes frequent sexual encounters by homosexual men with multiple partners, usage of drugs such as amyl nitrite and LSD, history of viral infections such as herpes and hepatitis B, history of parasitic infections such as amoebiasis and Giardia.

All the characters react differently to the article. Lisa urges Fuzzy to read it. Paul relates it to his friends at the timeshare. They are displeased that he brought it up first thing in the morning. One of them even says, "This is bull shit. I'm sorry I hate *The New York Times*." Howard tries to bring up the article with Paul on several occasions, but Paul, in denial, refuses to discuss it citing work or plain disinterest. As David reads out the article, Sean tries to make light of it and jokingly says to John, "What's this? You got a bruise on your neck!" When Willy suggests that the cause of the disease maybe using

poppers, Sean retorts, “Thank you Willy,” and proceeds to suggest the cause is probably exercising too much and even says, “It’s like the CIA trying to scare us out of having sex.” At this point, Sean appears to be a bit defensive indicating he may have engaged in some of the activities that puts him at risk of contracting the disease. Willy covers John's mouth to stop him from reading further. Likewise, the readers' and listeners' denial, uneasiness, or defensiveness surrounding the article suggests that *violation (3)* of the *interdiction* had already occurred. Propp’s framework proposes that after an *interdiction* is addressed, a *violation of the interdiction (3)* is always performed by the hero for the story to move forward. This violation sets up the conflict for the drama to follow. In *Longtime Companion*, the hero Willy *violates the interdiction* by engaging Fuzzy in a sexual tryst on the beach after they discuss the article. When Fuzzy brings up the *gay cancer*, Willy assures him saying, “I've never been into poppers, or drugs or sleep around that much,” then seduces him. As a fitness instructor and homosexual, Willy's reading of the article led him to conclude that cause of the *gay cancer* is drug usage and indiscriminate sex.

*Abstention (1)* is the next function to be performed. According to Propp, *abstention* the first function, is performed when one of the family members is away from the scene thereby creating the need for a search. Performing the *abstention (1)* after the *violation (3)* is a rational progression in this film that suggests that *abstention (1)* is a consequence of *violation (3)*. In *Longtime Companion*, on April 30, 1982, Willy and David arrive at the emergency room of a hospital. *Abstention* is performed by John who was sick for weeks but doesn't contact anyone or return phone calls. Willy receives a call

from the hospital informing him that John is admitted with pneumonia and a high fever of 105 degrees F., and he in turn informs David.

The functions of *reconnaissance* (4), *delivery* (5) and presenting *unfounded claims* (24) are performed by David. *Reconnaissance* is a function performed by the villain who attempts to get information that will help the villain deceive the victim. When the villain attains this information *delivery* is performed. The function of presenting *unfounded claims* (24) is performed by the false hero, however, in this film the villain takes on this function. Since the role of presenting *unfounded claims* (24) is attributed to the *villain*, function (24) follows functions (4) and (5) in *Longtime Companion*. When David, the villain, arrives at the hospital on April 30, David asks several questions about John's health condition, and presents unfounded claims about the disease and its cure. He suggests the disease could be cured with antibiotics. Standing by John's bedside, David proceeds along the same line of questioning until John is unable to respond anymore. He then gathers more information about John's prognosis from the Doctor. David's constant questioning and attempts to rationalize the illness indicates that he is concerned about the consequences of the disease since he is at risk of contracting it, along with Sean, whose name is brought up several times in the conversation. Further, he delivers the information gathered to Sean, who says, "I don't think everybody is going to die, who gets it." At this point Sean is still in denial about the consequences.

In this film, the *gay cancer* is responsible for performing the functions of *trickery* (6) and *villainy* (8). *Trickery* is performed by the villain who tries to deceive the victim. When the villain causes some harm to the hero or a member of his/her family *villainy* is performed. In *Longtime companion*, HIV/AIDS being the villain performs *trickery* by

being difficult to diagnose. The disease manifests through several symptoms and eludes the grasp of characters involved, including the medical establishment. *Villainy* (8) is performed when the disease afflicts some of the characters. *Complicity* (7), *exposure* (28), and *punishment* (30) are performed by five characters, John, Sean, David, Paul and Howard, all of whom fall prey to the disease. *Complicity* is performed by characters who are deceived by the villain. *Exposure* involves identifying the true nature of the villain and *punishment* is performed when villains are punished for their actions. In this film, since the victims of HIV/AIDS also personify the disease, functions (7), (28) and (30) are discussed in relation to one another even though each of the five characters' experience it differentially. John is the first to perform *complicity*, *punishment* and *exposure* as he is the first to succumb to the disease and die from it, followed by Sean, David, and Paul. Howard continues to live with the disease and is shown hosting a benefit for people living with AIDS. These characters are exposed to the virus and experience the symptoms of the disease. As each of them falls ill, more is revealed about the diagnostic criteria for the *gay cancer*. However, as people who engage in risk-taking behavior and as personification of a life threatening disease, they come to represent the villain, *gay cancer*.

Mediation (9), the function of making misfortune known to the hero, is performed by an Indian woman doctor. This function appears at the appropriate point in the film - that is, after John performs functions (7), and (28) - to render specific health information related to the patient's status. She confirms to Willy some symptoms experienced by John that are not listed in *The New York Times* article including: pneumonia in both lungs, low levels of blood oxygen, and trouble with the immune system. She also suggests the use of

a mechanical ventilator as a treatment option for some symptoms, and a biopsy of the lung tissue for further analysis of the health condition. When Willy receives this information, he appears frustrated and angry, and believes it is unfair that John should go through this experience. John eventually dies, thereby performing the function *punishment (30)*.

On June 18, 1983, when Willy, Fuzzy and others gather at Sean and David's beach house, discussion about spread of the disease among the homosexual population continues. One person believes that the disease may have run its course in the gay population, another believes abusing the body for long has its price, while others are more cautious and the disease is compared to the black plague. As the discussion continues, Willy waves to a passerby who is known to be living with Kaposi Sarcoma. At the end of the scene, Fuzzy comments that Willy appears to be distant and detached from the moment. This signifies the *pursuit (21)*, or the function of the hero being pursued by the villain. This function occurs after John's death – function (30) -- an appropriate moment to depict function (21). The *pursuit* is taking place in Willy's mind with thoughts of the disease haunting him and Fuzzy. The disease continues to haunt him with its second victim Sean.

When Sean is hospitalized due to his *exposure (28)* to HIV/AIDS, Willy performs the *difficult task (25)* of visiting him. According to Propp, a *difficult task* is always proposed to the hero and requires resolution for the hero to be recognized. Following-up function (21) with function (25) stresses the relentless anguish experienced by the hero. When Willy visits Sean at the hospital, he appears uncomfortable entering and leaving the hospital indicating his discomfort with coming face-to-face with the reality of the

disease. When visiting with Sean, he is also *branded* (17). *Branding* exposes a part of the hero's identity. Willy is *branded* as the handsome man who goes to the body jail. The *branding* (17) function taking place at the hospital is ironic given the failing health of Sean. Use of the term "body jail" to refer to a gym while at a hospital adds to the irony. Willy, however, appears markedly uneasy during this visit and doesn't stay very long. After Sean kisses him on the cheek, he even excuses himself, goes to the bathroom and cleanses himself before making an awkward exit from the hospital.

Since the difficult task was not successfully resolved by Willy, he performs the functions of *return* (20) and *unrecognized arrival* (23). Positioning functions (20) and (23) after functions (21) (25) and (17) further emphasize the *pursuit* (21) haunting the hero, who does not get a respite from his misery. The *return* involves the hero returning from a task and *unrecognized arrival* requires the hero to return home or elsewhere unrecognized for his efforts or heroic actions. When Willy *returns* home *unrecognized* after his uneasy visit with Sean, his love life with Fuzzy appears to have deteriorated. Since Willy is uneasy with visiting Sean in person, he resorts to using the telephone to stay in touch, thereby finding a *solution* (26) to and circumventing the *difficult task*. This *solution* entails the resolution of a *difficult task*. The *solution* must be performed for the hero to be recognized. However, performing function (26), Willy is not free of the *pursuit* plaguing him, for the function of *rescue* (22) needs to be performed for relief from the *pursuit*.

On January 4, 1986, Willy receives a call from Lisa informing him that Sean has passed away. When he arrives at Sean and David's, he appears to have overcome some of his previous discomfort with visiting an AIDS patient. From this point on, Willy is

portrayed as a transitional role model who is eventually *rescued* from the *pursuit*. The functions of *counteraction* (10) and *departure* (11), *hero's reaction* (13), *receipt of agent* (14), *spatial change* (15), *struggle* (16), *rescue* (22), *recognition of hero* (27), *transfiguration* (29) can be attributed to Willy. It is by performing these functions that Willy is eventually rid of his mental anguish and takes back some control of his life. In this film, these functions represent the hero's journey to overcome the *pursuit* that culminates into a *struggle* and finally results in his *recognition* and *transfiguration*.

After Sean's death, Willy performs *counteraction* (10) and *departure* (11). *Counteraction* is performed when the hero attempts to take some action to counter the loss, pain or misfortune befallen him. *Departure* is performed when the hero leaves home with some sort of goal in mind. Willy leaves the comfort of his regular routine to volunteer his time with Gay Men's Health Crisis (GMHC) as a means to come to terms with the plague afflicting his community. As the magical agent, Lisa performs the *first donor function* (12). The function of the *first donor* is to assist the hero during his tribulations by presenting him with a magical helper. Lisa is the only female character in the film and is acquainted with Fuzzy since seventh grade. She is the first one to bring attention to *The New York Times* article on page A20. She supports Fuzzy and Willy through their ordeal, volunteers her time with GMHC, and even takes part in protests to support their cause. A *reaction* (13) is evinced from the hero after the *first donor* function is performed. The hero then acquires the use of the magical helper by *receiving the agent* (14). Willy *reacts* (13) to *receiving the agent* (14) by welcoming her into his life and introduces her to Sean and David.

After Sean and David's death, *spatial change* (15) occurs. *Spatial change* signifies the hero's journey as the site of the narrative moves from one location to another and the hero is led to his search. For Willy, *spatial change* is symbolized by his coming to terms with the consequences of HIV/AIDS and moving from thinking about the crisis to taking active steps to deal with it. The *struggle* (16), or combat between the hero and villain, is no longer in the characters' minds or at the hospital. The *struggle* against the trauma of AIDS moves onto the streets and GMHC is seen as the staging area for helping other people with AIDS. Actively helping other people living with AIDS, Willy appears to gain a sense of control over the mental anguish haunting him. This represents the performance of function (27) where the *hero is recognized* for his travails. Volunteering with GMHC and the support offered by Fuzzy and Lisa, *rescue* (22) him from his mental struggle. Willy's physical image is also *transfigured* (29). Before the transfiguration, he is clean shaven and mostly appears in jeans or gym clothes, but after, he is sporting a mustache and is seen in trousers and sweaters. In the end, when he is seen on the beach, he is wearing a t-shirt and pleated shorts, as opposed to skinny dipping in the first frame of the movie.

As the hero's journey comes full circle with his *transfiguration*, the film concludes when *victory* (18) and the *wedding* (31) functions are played out. According to Propp, *victory* (18) is attained by the defeat of the villain. In the absence of an actual solution to cure the disease, *victory* comes in the form of death of David, Sean, John, and Paul – the characters who personify HIV/AIDS. However, this is not an actual *victory* for the hero since his quest for victory is incomplete. This incomplete *victory* is epitomized

with the replacement of the *wedding* (31) function (marked by the hero's marriage and ascension to the throne) by a *reverie* - a dream about victory and happier times.

The movie concludes with the *reverie* taking place on July 19, 1989 when Willy, Fuzzy and Lisa take a stroll on the beach discussing the status quo of the Gay rights movement and HIV/AIDS. They compare their struggle against HIV/AIDS to WWII and dream that one day the battle against the disease is overcome. With this hope, the *initial misfortune is liquidated* (19). *Liquidating initial misfortune* requires the hero to gain some ground on prior losses incurred, in this case, it is hope for a victory against HIV/AIDS. A symbolic *liquidation of initial misfortune* occurs when the friends who were lost to HIV/AIDS - John, Sean, David – return as an apparition in a *reverie* scene, set to the song Post-Mortem Bar. Since the *liquidation of initial misfortune* is only symbolic, function (19) is insinuated in the *reverie*. Post-mortem, means after death and the song is about carnivals of the past passed up for memories of better times. The visualization of the *reverie* indicates, Post-Mortem Bar is an analogy for heaven, which is a beach filled with revelers. Thus, the movie begins and ends on the beach.

#### *Findings from Longtime Companion*

This section will clarify and summarize the findings using Propp's framework to analyze how *Longtime Companion* renders a coherent entertainment narrative while disseminating HIV/AIDS related information. Propp's (1968) Morphology of a Folktale was a useful framework to analyze *Longtime Companion* and the representation of HIV/AIDS in the movie because the coherence of the film could be assessed. *Longtime Companion* rendered a structurally coherent narrative in that the functions in the film

formed a causal sequence despite deviation from Propp's sequence. All of Propp's 31 functions were present in the structure of the film but the functions did not appear in the same sequence suggested by Propp. *The* chronological technique used by the filmmakers, beginning the narrative in 1981 and concluding it in 1989, worked to create the ironic historical perspective in the film. This time period proved catastrophic for many unsuspecting homosexuals for whom the slow diffusion of information pertaining to the HIV virus proved fatal. While Propp's morphology supported this chronological time frame, the film deviated from the Proppian sequence to render a fictionalized historic drama on HIV/AIDS for the American audience in the early 1990s. The deviation from Propp's sequence can further be justified since Propp's sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *Longtime Companion* is a filmic narrative belonging to the tragedy genre. Besides deviating from the Proppian sequence, the film also repeated function (28). With the repetition of function (28), the film contained a total of 32 functions. Function (28) represents *exposure* - identifying the true nature of the villain. In the case of *Longtime Companion*, *exposure* is performed by the characters exposed to HIV/AIDS. Repetition of function (28) in the film symbolizes the communicable nature of the disease. Therefore, despite discrepancies between Propp's sequence and the sequence of functions in *Longtime Companion*, the film rendered a coherent narrative with a health narrative embedded in its structure.

The main health messages in *Longtime Companion* were communicated through the following characters: David – *the villain, father and false hero*; John, Sean, Howard and Paul – also the *villains*; the Indian medical doctor – *the dispatcher*; and The New York Times newspaper article that is assigned *function (2)* but is not one of the eight

main characters. In this analysis, David was assigned the characters of the *villain* and *father* and *false hero* based on Propp's definitions of the characters and certain functions. Propp does not offer an exact definition for the *father* character. In this analysis, David was assigned the role of the father since he represents a patriarchal figure who, as the most affluent of all the characters, supports the lifestyle of his friends. Furthermore, as a patriarch and guardian David fulfills Sean's last wishes allowing him the dignity of dying at home. Thus, among all the homosexual characters in this film, David was assigned the role of the patriarch in this analysis. David was also assigned the role of *villain* and *false hero* because he performs the functions of *reconnaissance* (4), and *delivery* (5) as the *villain* and presenting *unfounded claims* (24) as the *false hero*. Similarly, the characters and functions in this film were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. Therefore, while Propp's categories are clear and explicit, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 62 years after Propp developed his morphology.

Medical information is provided in *Longtime Companion* while the following functions are performed *interdiction* (2), *villainy* (8), *mediation* (9), and *punishment* (30). In the following section, the health narrative of *Longtime Companion* is highlighted.

## Medical Information

HIV/AIDS-related information was communicated in the movie through the characters and their actions. While all the 31 functions need to be played out to render a coherent narrative, some functions are more useful than other devices in constructing the health narrative. The functions that are of greatest importance in providing health-related information in the film *Longtime Companion* are: *interdiction* (2), *villainy* (8), *mediation* (9), and *punishment* (30). Specific information about the disease and its symptoms is first presented in the movie through *The New York Times* article read out by Howard, Fuzzy, David and John. The *interdiction* (2) is addressed by this article identifying the disease as a rare cancer called Kaposi Sarcoma with symptoms such as spots that may be mistaken for bruises, lymph nodes that turn brown over time, and swollen lymph glands that kill by spreading throughout the body. The recommended treatment for the disease is chemotherapy. The exact cause of the disease is unknown and the disease is not believed to be contagious, but its etiology includes: frequent sexual encounters by homosexual men with multiple partners; usage of drugs such as amyl nitrite and LSD; history of viral infections, such as herpes and hepatitis B; and history of parasitic infections, such as amoebiasis and Giardia. *The New York Times* article performing the *interdiction* function is the element of historic irony the filmmakers bring to the film as it underscores the fact that slow diffusion of information tragically resulted in millions of avoidable deaths. Including *The New York Times* article in the health narrative of the film serves as a historical marker of events as they transpired in the early 1980s and it also represents the early apathy of American institutions towards a disease perceived to be affecting a gay

minority. As significant as *The New York Times* is to the upwardly mobile members of the gay community, the newspaper was responsible for the initial marginalization of gays during the early onset of HIV/AIDS. By attributing the *interdiction (2)* function to *The New York Times* article the filmmakers further the educational goal of the film by providing HIV/AIDS related information, but the irony also serves as political commentary related to the apathetic institutional treatment towards gays in the 1980s as the AIDS crisis unraveled.

The filmmakers advance the health narrative of the film by portraying the disease attributes of HIV/AIDS through five *villains* - John, Sean, David, Howard and Paul. John Deacon is the first to contract HIV/AIDS. He is portrayed as a carefree individual who is between jobs, and lives off the generosity of rich friends like David. He performs the function of *abstention*. On April 30, 1982 he is hospitalized with two symptoms not mentioned in the *Times* article: pneumonia in both lungs and a high fever of 105 degrees F. This information is presented when the *mediation (9)* function is performed by the Indian doctor. The choice on the part of the filmmakers to have a female, Indian doctor perform the *mediation* function is significant. Contrary to *The New York Times* that represents apathetic institutional responses towards HIV/AIDS in the gay community, the Indian doctor signifies the responsive and knowledgeable face of American medical institutions in this context. At the time of John's hospitalization, according to the doctor, there is a high level of uncertainty about the disease. While the medical establishment is able to identify the symptoms, little is known about the virus and an accurate prognosis is unavailable. John's health status brings to light some other concerns, such as overcrowded hospitals and apathy towards patients with no health insurance. John is last

shown in his death bed plugged in to a mechanical ventilator struggling to breathe. With John's hospitalization, subsequent suffering and death of other HIV/AIDS victims the function of *villainy* (8) is performed, highlighting the terminal and fatal nature of the disease.

Sean's mental and physical suffering from HIV/AIDS is long and gruesome. His suffering is portrayed over a five year period from July 3, 1981 – January 4, 1986. From the beginning, he is riddled with anxiety after reading the *Times* article. When John is hospitalized, Sean tries to convince himself that, "I don't think everybody is going to die who gets it." He also believes that those who visit the baths all the time are more likely to contract the disease. A year after John's death, when more cases of the disease come to light, Sean's anxieties are heightened. He is concerned about a spot on his neck, complains of exhaustion, he is concerned about his medical history with herpes and amoebiasis. While these ailments are not given expository treatment in the film, they are informative in highlighting the risk-factors for HIV/AIDS. Sean's fear of being stalked by disease and death as a result of his past actions is a harbinger of events to come. A year later, on September 7, 1984, he is hospitalized. Six months later, on March 22, 1985, Sean is out of the hospital and living with David. His health has worsened, he takes medications that further complicate his situation, and he is unable to work or manage his affairs on his own without help. The end to Sean's suffering comes on January 4, 1986. His physical capacity has deteriorated completely. He is bed-ridden, appears to be in excruciating pain, wears a diaper, and requires two people to tend to him. After a long struggle with HIV/AIDS, Sean eventually dies with David by his side.

David takes on the dual role of *the father* and *the villain* in this film. The name David may be a conscious or unconscious religious reference on the part of the filmmakers. The name David is significant in Judaism, Christianity and Islam. For the Jews, David is the king of Israel; for Christians, David is an ancestor of Joseph; and in Islam he is considered a prophet. Irrespective of the religious leaning, David refers to a patriarch. Similarly, in *Longtime Companion*, David represents a patriarchal figure and, in this case, the patriarch among a group of homosexuals and by extension one of the patriarchs of the gay rights movement. He is the most affluent of all the characters in the film. David supports the lifestyle of his friends by offering his beach house as a gathering place for all festivities. Furthermore, as a patriarch and guardian David fulfills Sean's last wishes allowing him the dignity of dying at home. Thus, David the patriarch and his house are ominous symbols of events of the past and their consequences in the future. Visiting John at the hospital, David symbolizes *the villain* and *false hero* performs the functions of *reconnaissance* (4), *delivery* (5) and presenting *unfounded claims* (24) respectively. Attempting to reduce his uncertainty regarding HIV/AIDS, he compares it to bronchitis or pneumonia that can be cured with antibiotics. When Sean's health deteriorates, David's hunches about the disease are proved wrong. Although David himself dies of HIV/AIDS, his struggle with the disease is primarily seen vicariously through Sean's suffering. By making David's personal suffering from HIV/AIDS invisible the filmmakers bury the character of the patriarch gracefully. However, through Sean's suffering it is made evident that death from HIV/AIDS is unmerciful and sordid, antithetical to the revelry on Fire Island portrayed in the initial situation of the film.

Similarly, Howard and Paul also personify HIV/AIDS. Paul experiences some symptoms associated with the disease including lesions in the brain and frequent vomiting. He is hospitalized and is a part of a treatment program and eventually dies. Through the portrayal of Paul's character it becomes evident that experimental clinical studies are in progress in the United States to understand the biological basis of HIV/AIDS.

The *punishment (30)* function in the film is experienced by four characters; John, Sean, David and Paul. In *Longtime Companion*, *punishment (30)* takes the form of death. This informs the audience that death is a certain outcome of HIV/AIDS. On the other hand, Howard – one of the villains - is portrayed as *living with AIDS*, hinting that there is some hope for people with the disease. Unlike Sean who dies an unmerciful death, Howard is depicted as leading a functional, able and normal life with no visible physical symptoms of the disease. Howard is the face of optimism for gay rights activists in the midst of a catastrophe.

Through the portrayal of these characters and functions, considerable HIV/AIDS information is presented in the movie: (1) It is an epidemic. (2) Drug-abuse, promiscuous sex, men having sex with men, history of viral infections, such as herpes and hepatitis B, and the history of parasitic infections, such as amoebiasis and Giardia, are risk factors for HIV/AIDS. (3) Fatality is a likely outcome of the disease. (4) Exact prognosis and treatment for HIV/AIDS is unavailable. (5) Some symptoms for the disease include Kaposi Sarcoma, pneumonia, and lesions. (6) Some people may lead normal lives after contracting the disease. The medical establishment is portrayed as taking an active role in identifying an accurate diagnoses and treatment for the disease. The film does omit some

scientific information pertaining to HIV/AIDS that was available by 1990, when the film was made. The film does not specify that AIDS is caused by a retrovirus. It fails to make any mention of an HIV test kit that was available for wide usage by 1985. A test kit for HIV is useful for the early detection and treatment of the virus and could be crucial in improving the quality of life for HIV+ individuals. While this test kit was very expensive for administering to people in poor countries, developed countries like the United States could afford access to this test kit. The film also fails to make any mention about the drug Retrovir that received FDA approval in 1987 for the treatment of HIV/AIDS. By excluding some significant scientific information, the film – like *The New York Times* article - lost an opportunity to enhance its educational value for homosexual and mainstream audiences in the United States of America. From a disease prevention perspective, all the relevant information to avoid contracting HIV is provided, however, from a treatment perspective, some crucial information is omitted. Exclusion of select information from the film alludes again to the historic irony surrounding the HIV/AIDS crisis and the repetitive cycle of apathy towards HIV victims.

*Longtime Companion* was made nine years after the first *New York Times* article on HIV/AIDS was printed in the United States. Both the article and the film portray HIV/AIDS as an affliction of a white minority, homosexual male population in the United States. While this was the prevailing case in the early 1980s, *Longtime Companion* emphasizes this early stereotype of the disease to present a historical fiction on the effect of HIV/AIDS on the white, homosexual minority in the United States in the 1980s. In doing so, the film also provides some pertinent information regarding HIV/AIDS prevention and transmission but fails to include up-to-date information about

HIV testing and treatment. Propp's morphological framework facilitated this analysis by providing an empirical tool to assess structural and characterological coherence of the narrative. The structural coherence of *Longtime Companion* was assessed based on the sequence of functions proposed by Propp. The sequence in *Longtime Companion* varied from the sequence propounded by Propp, nevertheless, the film sequence progressed in a causal pattern appropriate for the tragedy genre. Characterological coherence of *Longtime Companion* was assessed based on the definition of eight main characters proposed by Propp. The narrative of *Longtime Companion* comprised of all the main characters. *Longtime Companion* is Lucas and René's first dramatic effort to unabashedly address homosexuality as evident in the portrayal of the romantic and sexual relationships between characters, such as Willy and Fuzzy and Paul and Howard. Through this film the filmmakers bring to the center marginalized or even socially condemned male, homosexual relationships, albeit to the backdrop of an HIV/AIDS tragedy. While *Longtime Companion* forms a part of the discourse on the Gay Rights movement in the United States, the tragic element of *Longtime Companion* alludes to some of the setbacks experienced by the same movement. Homosexuality maybe taking center stage in the film but the conclusion for the majority of the homosexuals in the film is loss of friends, disease or death. The tragic element in the film is developed simultaneously with the health narrative of the film through the personification of HIV/AIDS as *the villain*, portrayed by John, Sean, David, Paul and Howard. Propp's framework does not impose any restrictions on how many people can play any given main character. This analysis found that the filmmakers of *Longtime Companion* utilized five people to play the role of *the villain*. In doing so, the filmmakers were able to adequately develop the disease

properties of HIV/AIDS as it was manifested through John, Sean, David, Howard and Paul. Moreover, in the suffering and death of these five villains who personify HIV/AIDS the magnitude of the disease and its gravity and effect on a small group of homosexual friends was clearly illustrated. The tragedy depicted through *Longtime Companion* represents only a small sample of the thousands of white, gay people affected by the disease in the United States of America in the 1980s.

### Conclusions on Longtime Companion

*Longtime Companion* is a fictionalized historical drama on the impact of HIV/AIDS on a small gay community in New York. The film conveys an American, Euro-centric experience of HIV/AIDS specifically within the confines of MSM relationships. Written by Craig Lucas and directed by Norman Rene both of whom are homosexuals, the film perceptively captures the emotional, physical and social degradation associated with HIV/AIDS in the United States in the 1980s. Set to a chronological timeline beginning with *The New York Times* article from 1981 and ending in 1989, the film subtly conveys the irony associated with the slow diffusion of information that resulted in scores of premature mortality preventable with timely dissemination of disease related findings. By making a reference to the first *The New York Times* article on HIV/AIDS published in 1981 and attributing a Propopian function to the same, the filmmakers draw out the ironic role played by this publication in fostering institutional disregard for homosexuals and HIV patients that proved catastrophic for many an unwary carrier of this lifestyle related plague. The irony of institutional apathy

is amplified by the lack of mention of the HIV test kit or the anti-retroviral drug Retrovir that became available for HIV diagnosis and treatment by the time the film was made in 1990. In this manner, the film captures the complex social dynamics that are at play in the event of a biological epidemic outbreak.

This analysis found that *Longtime Companion* followed a modified version of Propp's classical comedy structure to incorporate a chronological narrative technique with a tragic ending. Where Propp's morphology proposes 31 functions, *Longtime Companion* contained 32 functions with the repetition of the function *exposure* (28). *Longtime Companion* also did not follow the sequence of functions proposed by Propp, nonetheless causation can be attributed to the sequence observed in the film thereby making it a structurally coherent narrative. The fact that Propp's morphological framework, derived from the study of oral folklores with a classical comedy structure, was applicable to the structure of *Longtime Companion*, a filmic narrative of the tragedy genre is of some significance. First, it suggests that Propp's morphology can be applied to genres other than comedies. Second, Propp's morphology is applicable to narratives communicated orally or through the audio-visual medium. Propp's categories are clear and explicit in delineating the basic elements of a narrative. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. That is, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 62 years after Propp developed his morphology. Finally, this finding supports the structuralist assumption that narratives are communication phenomena with deep

underlying structure and Propp's morphology adequately elucidates the underlying structure of narratives.

## Chapter 5

### *ANALYSIS OF ALL ABOUT MY MOTHER*

In this chapter an analysis of *All About My Mother* (1999, Spain) is undertaken. This chapter begins with a brief overview of Pedro Almodóvar's early years including the years of General Franco. This is followed by a brief discussion of Almodóvar's films and the accolades he has received which leads to the motivation behind making *All About My Mother*. Some of the main themes and the cultural context of the film are discussed. This overview is followed by a Proppian analysis of the film and a summary of health related findings in *All About My Mother*.

As of 1999, when Almodóvar made *All About My Mother*, a national surveillance mechanism to track the incidence and prevalence of HIV/AIDS in Spain did not exist. Hence, the magnitude of the disease or its impact on the Spanish population may not be known. According to UNAIDS (2008), Spain is one of the European countries worst affected by HIV/AIDS. And not surprisingly, Almodóvar whose films have focused on issues of sexuality in the post-Franco years sought to address the issue in his wide release film *All About My Mother*.

*All About My Mother* was scripted and directed by Pedro Almodóvar. Born in 1951, during General Franco's regime, Pedro Almodóvar is one of the most renowned and acclaimed filmmakers to emerge out of post-Franco Spain. His pre-filmmaking days include religious boarding school education and employment with Spain's national phone company, Telefonica. During General Franco's regime, between 1939 – 1975, the National School of Cinema was closed, so Almodóvar used his free time to self-learn

filmmaking by becoming involved in experimental cinema and theatre first as an actor, and later as a writer for alternative publications. An openly homosexual artist, Almodóvar's creative talents evolved and found expression during the years following General Franco's death in 1975, when a cultural renaissance swept across Spain. However, Almodóvar's artistic endeavors must be viewed against the backdrop of the political and cultural repression during General Franco's regime.

General Francisco Franco was the dictator head of state of Spain from 1939 until his death in 1975. His ascent to the position of dictator can be attributed to the Spanish Civil War during 1936 – 1939. The civil war pitted the Republican government against the conservative nationalists supported by Spanish military generals, who were in turn assisted by Fascist Italy and German Nazis. While the United States government was not directly engaged in the Civil War, American companies supplied trucks, tires, tools and fuel to the nationalists. The Republicans received some assistance from the Soviet Union and Mexico. At the end of the Civil War, all non-nationalists forces were persecuted and an authoritarian Spanish state was created with General Francisco Franco at the helm at the onset of World War II. The first decade of Franco's dictatorship was marked by political oppression of opponents as they came under tight scrutiny, control, and even violent subjugation to the regime. "Under Franco's regime, Spain had a monolithic identity where any kind of diversity was restricted. The distinct languages that define the autonomous nations, like Catalan and Euskadi were banned. Any non-official ideology was considered aberrant and there was only one interpretation of sexuality and one idea of a true family model" (Schaeffer, 2007, p. 7). Establishing this monolithic identity included adoption of the values espoused by the Catholic Church in its most conservative

form, censoring cultural activities and suppressing non-Spanish traditions. Flamenco and bull fighting were adopted as national cultural traditions of Spain during the Franco years. It was during these politically and culturally stringent times that Almodóvar was born in La Mancha-Castile in Spain. He was born into a working class family and moved to Madrid at the age of 16 years.

While Almodóvar was sent to a Catholic boarding school by his parents, he chose to move to Madrid away from his conservative family environment to make a mark for himself. He worked several jobs before he landed an administrative position with the national telephone company, Telefonica, which afforded him the time to hone his artistic skills and the money to invest in some filmmaking equipment. Almodóvar is said to have been involved in an underground sociocultural movement in Madrid during the late 1970s and the mid 1980s. The movement was similar to the avant-garde attitudes of the punk rock groups in other western nations (Schaeffer, 2007). This underground movement could have served as an avenue for artists and youngsters in the various newly autonomous provinces of Spain. It also permitted them to experiment with new identities, gender roles and lifestyles counter to the norms set during the Franco era. This movement characterized the coming of age experiences of many Spanish youth and eventually defined their identity individually and collectively. Referring to Almodóvar's own sexual identity Corliss & Ressler (1999) write,

Almodóvar can wax eloquently and congenially on any subject. But if you want to get this bachelor auteur steamed, try asking snoopy questions about his private life. "I don't want to be rude talking about America," he says, "because you treat me very well, and I have to say thank you every day. But in Spain nobody would dare ask artists about their sexuality during an interview." (P.S.: we didn't ask, not really.) To Almodóvar, aside from its indelicacy,

such a question is limiting; it suggests, for instance, that gay directors can make only gay films. "I know there's a difference in gay and heterosexual sensibilities, but I don't divide things, and above all I don't divide films in terms of their directors' sexual orientation. It's like saying Orson Welles could only make fat movies. It's a joke; it doesn't matter. What am I? I'm what you see (p. 103)

A prolific filmmaker, Almodóvar directed several movies before *All About My Mother*. He made his cinematic debut with *Pepi, Luci, Bom* released in Spain in 1980 followed by *Labryinth of Passions* (1982), *Dark Habits* (1983), *What Have I Done to Deserve This?* (1984) and *Matador* (1986), *Law of Desire* (1987), *Women on the Verge of a Nervous Breakdown* (1988), *Tie Me Up! Tie Me Down!* (1989), *High Heels* (1991), *Kika* (1993), *The Flower of My Secret* (1995), *Live Flesh* (1997). These films center around women and the other major themes that resonate in his films are sexual adventurousness and homosexuality. Commenting on Almodóvar's films, Acevedo-Muñoz (2004) writes:

Films like *Tie Me Up! Tie Me Down!* (1989) and *What Have I Done to Deserve This?* (1984) present the theme of rebellion against paternal figures and patriarchal order, violating the image of the overwhelming, powerful, all-knowing and yet benevolent Father figure for decades celebrated in Spanish cinema. Pedro Almodóvar's films challenge that representation by introducing "unorthodox," dysfunctional family units where fathers are absent, as in *The Law of Desire* (1986) and *High Heels*, or useless, as in *What Have I Done to Deserve This?* and *Kika* (p. 26)

Almodóvar films have earned him national and international acclaim. His first film to win an award was *Law of Desire* (1987). This film won the first Teddy Award at the Berlin International Film Festival. In Spain, *Women on the Verge of a Nervous Breakdown* (1988) won the Goya award for Best Picture. In France, *High Heels* (1991) won the César award for Best Foreign Language Film. *All About My Mother* (1999) was a big winner internationally, earning the Academy Award in the United States for Best

Foreign Language Film, an award for Best Director and an Audience Award at the Cannes in France, a César award also in France for Best Foreign Film, the BAFTA award for Best Film Not in the English Language and Best Original Screenplay in England. *All About My Mother* also received seven Goya awards in Spain. The films following *All About My Mother* also received many international laurels including *Talk to Her* (2002), *Bad Education* (2004), *Volver* (2006), and *Broken Embraces* (2009). Among these later films the biggest award winners were *Talk to Her* and *Volver*. *Talk to Her* (2002) won the Academy Award for best original screenplay, BAFTA Award for Best Film Not in the English Language and Best Original Screenplay, Golden Globe Award for Best Foreign Language Film, Goya Award for Best Original Score and the Los Angeles Film Critics Association award for Best Director. *Volver* (2006) won Cannes Film Festival Award for Best Screenplay and Best Actress for the whole female cast, five Goya Awards, and the National Board of Review Award in New York for Best Foreign Film.

Almodóvar was born during the era of General Franco's military regime, but his films were made during the post-Franco transition years with his first filmic release in 1980, when Almodóvar was 29 years old. During his early years, he had lived through almost 24 years of Franco's regime and was witness to the democratic transitions experienced by Spain after Franco. "Almodóvar's films of the transition served an arguably therapeutic function at home, while revealing the new body of Spain to international audiences, since his films dominated Spanish cinematic exports abroad from 1982 to 1989" (Acevedo-Muñoz, 2004, P.26). Almodóvar's films may be the performance of some of the deepest repressed emotions of Franco's years, representing a cathartic outpouring and unbridled expression of alternatives to Franco's ideals. While films like

*All About My Mother* may symbolize the adventurous explorations into sexual identities of the counterculture movement of the post-Franco period, the film and its popularity in Spain and abroad demonstrate the religious and cultural anxieties of a transitioning and evolving post-war European country.

The motivation to make *All About My Mother* may simply have been to tell the story of resilient women within a transitioning Spain, but the inclusion of an HIV/AIDS narrative in the film highlighted one of the pertinent issues of that time. After the various wars that Europe experienced, HIV/AIDS was the epic epidemic battle facing humanity in the 1980s and the 1990s. HIV/AIDS being a sexually transmitted disease, it is appropriate that a director focused on addressing issues of sexual identity also narrate the story of the misadventures of sexual exploration of the post-Franco years.

In *All About My Mother*, HIV/AIDS is played out in the context of nontraditional familial and social environments characterized by transsexuals, homosexuals and women, contrary to the white homosexual male scenario of *All About My Mother's* non-European counterpart, *Longtime Companion*. While it may be difficult to determine the age of the transvestites in *All About My Mother*, the ages of the white, Spanish women range from late 20 – 40 years. Manuela is an out of work nurse and an amateur actress, Huma is a full time actress, Rosa is a social worker whose parents appear to be well off, and Agrado is a transvestite prostitute. The only woman to have a stable income is Huma the actress, who is also in a position to employ other women. She briefly employs Manuela as her personal assistant, but when they have a falling out, Agrado joins Huma as a personal assistant. Huma's love affair with a younger drug-abusing actress makes for an emotional abusive environment. Manuela is dealing with the trauma of loss of her family and the

resulting displacement from her home in Madrid and her job at the hospital. Rosa is faced with the challenges of being HIV-positive while pregnant. For Agrado, violence and abuse is never far away as she is introduced in the film being bludgeoned by one of her clients. The one deleterious thread that connects Manuela, Rosa and Agrado is Lola, who Manuela later refers to as an epidemic, for the string of misery that Lola has wrought on people's lives. Nonetheless, Manuela is compassionate towards Lola as she introduces Lola to his child, Esteban. This gesture provides Lola some filial reconciliation during his dying days even though Manuela's own son Esteban dies without closure from paternal reconciliation. In helping Lola attain filial reconciliation, Manuela breaks the cycle of anger and deceit in her life by coming clean with Lola and moving on with her life to care for baby Esteban. By the end of the film, when Agrado, Huma and Manuela reunite, they appear less agitated after having overcome some of the anxieties of the past as they rub shoulders as resilient individuals.

*All About My Mother* is an exposition of alternative family values in post-Franco Spain. The central characters are mothers, single women, and transvestites as they journey through a labyrinth of tragic events and associated emotions. The tragedies and the emotional upheavals experienced by these women are reminiscent of a war torn Spain, transitioning in this wounded state towards democracy and European integration. Manuela's character is symbolic of this agony in motion as she journeys from Madrid, to La Coruña, and to Barcelona following the death of her son. Expounding on the cultural and contextual significance of Manuel's travels through specific locations in Spain, Acevedo-Muñoz (2004) writes:

The significance of Manuela's travels cannot be underestimated. Galicia, where Esteban's heart goes, is a largely agricultural

region, known to have been historically somewhat isolated from the “rest” of Spain by mountains and Celt heritage, with less Moorish influence than much of the rest of the country. In contrast, Barcelona has been considered, until recently, Spain’s most modern, culturally dynamic and politically progressive city, with a past of anti-Francoist efforts during the Civil War of 1936–1939. By placing Esteban Jr.’s heart in La Coruña and Esteban Sr. in Barcelona, Almodóvar not only displaces Madrid (considered “the center of the universe” in *Labyrinth of Passion*) as a synecdoche of all things Spanish, but also acknowledges a sense of inclusion of “other things Spanish” by reconciling this bi-coastal dyad. Galicia and Cataluña are steps in Manuela’s process of healing in her search for and effort to “reorganize” the body of Spain. The juxtaposition of these three locales in *All About My Mother* signals the harmonization of previously dislocated and seemingly ill-fitting parts of a single body. The film stresses this concept even further with the character of Agrado. She adds a fourth dramatically diverse Spanish region to the equation (actress Antonia San Juan is from La Palma, Canary Islands)... (p. 28-29)

Manuela’s journey through these various regions becomes meaningful in post-Franco Spain as an indicator of recognition of “other things Spanish” during the transition to democratic governance. Further, Acevedo- Muñoz (2004, p. 29) adds, “...Manuela’s relocation to Barcelona in search of the father by train stresses the power of connections instead of separation.” The train is an institutional symbol of a mechanized society engineered by the fathers of the nation including General Franco, the monarchy and the government. It is this symbol of industrialized Spain that facilitates Manuela’s journey and healing process. Moreover, grieving Manuela traveling through these regions by train may also be symbolic of the grief and suffering that has touched these regions to afford Spain a modern, industrialized society.

The themes of industrialization and mechanization are inherent in their perverse form in the characters of Agrado and Lola, both products of reconstructive surgery. While Lola – *the father* - is referred to as a destructive force – “an epidemic,” Agrado

receives the status of a magical helper who assists Manuela through her journey. Contrary to Lola, Agrado is portrayed as a rational human being at once cynical, yet sensitive with a sense of humor. This is evident in Agrado's monologue on authenticity,

They call me Agrado, because all my life I have only wanted to make life agreeable for others. Besides being agreeable, I am very authentic. Look at this body: all custom made. Eyes, 80 thousand (pesetas); nose two hundred . . . ; tits, two, *because I am no monster*, seventy each. Silicone: lips, forehead, cheekbones, hips , ass. . . . Laser hair removal (because women, like men, evolved from the monkeys) 60 thousand per session, depending on how hairy you are, because if you are "folkloric," you'll need more (as cited in Acevedo-Muñoz, 2004, p.35)

Here, Agrado rationally points out the irony of her authenticity. She is authentic in her in-authenticity in that, unlike the faux Chanel suits that Agrado wears, the surgeries performed on her are authentic. The performance of various procedures to complete Agrado's transformation is symbolic of Spain's own transitions. No surgery is pain or cost free, similarly there is pain and price associated with nations' transformation. Acevedo-Muñoz (2004) suggests that Agrado's accent indicates that she is from the Canary Islands, and the introduction of Agrado reinforces the theme of the broken body of Spain. Referring to Agrado's geographic origin Acevedo-Muñoz (2004) says:

She adds yet a fourth region of Spain to the equation (the Canary Islands), this one further distanced by not "belonging" to the peninsula. The choice may also suggest inclusion of Spain's transnational and diasporic elements, since the Islands are not only among the few remaining national territories outside of Europe, but were also a common stopping place for Spanish ships during the conquest and settling of its American colonies. Agrado thus suggests a more inclusive picture of the "body of Spain." (p.30 )

The surgeries performed on Agrado are symbolic of the ravages of war witnessed by Spain and the dismembered nature of a colonial power. It is Agrado in this form that

assists Manuela through her quest and is a support in her pain in Barcelona. The train that Manuela travels in and Agrado - the companion who helps in her journey - are symbols of industrialization and the suffering inherent in a post-war transitioning society.

Another theme that surfaces in *All About My Mother* is reconciliation. Through the film *All About My Mother*, Almodóvar is himself trying to reconcile his sense of place in a transitioning society. There is no Franco to rebel against, the monarchy although Catholic leaning is not authoritarian. The democratic transition allowed for a venting period that enabled unresolved issues to come to the fore. The previously suppressed voices of artists like Almodóvar found a platform to express their lived and unlived experiences. From the perspective of a foreign viewer, HIV/AIDS is still presented only in the context of what Acevedo-Muñoz (2004) refers to as traditionally marginal characters. Any reference to the monarchy is largely absent, and this suggests Almodóvar's irreverence towards the Spanish aristocracy. While Almodóvar seemingly subverts the norms of the traditional family model espoused by Franco and the Catholic Church, in *All About My Mother*, the church is never too far away from the backdrop of the film, as Acevedo-Muñoz (2004) points out.

The most prominent city landmark that we are shown as Manuela rides around in a taxi is significantly the city's [Barcelona] best known: the towers and façade of the Temple of the Sacred Family (Temple Expiatori de la Sagrada Família). Manuela looks out the window of the back seat of her taxi; as the car briefly comes to a stop we see the temple's façade in a slow tracking shot. The reverse shot shows the temple's façade reflected on the car window through which we see Manuela. As she rolls down the window, her face replaces the image of the building. One of the most celebrated creations of Catalan architect Antonio Gaudí, (1852–1926), the Sacred Family is an important choice for Almodóvar in this film. Its title as a temple of “expiation” suggests the action of reconciliation (as the Catholic sacrament of “penance” has been known after the Vatican II council of the 1960s). Moreover,

according to the Christian doctrine, Jesus offered his own body as sacrifice for humankind's sins. Meanwhile, the allusion to the sacred family of Joseph, Mary, and Jesus underscores Manuela's search for Esteban, Sr. as a similar act of reconciliation for her fragmented family. Gaudí's modernist creations, this temple itself, and other city landmarks like the Casa Vicens and the Parc and Palau Güell also metaphorically emphasize the topic of reconciliation (p. 29)

Manuela's image replacing the façade of the church suggests that this Temple of the Sacred Family is as fragmented as her family. Also, significant is that this temple has been under construction since 1882 and is expected to be completed by the year 2026. The construction of this temple is indicative of the Catholic Church of Spain reviving itself. The integration of post-war Spain with Europe is taking place with this religious renewal in the purview. By overlapping Manuela's journey towards healing with that of the church's renewal, Almodóvar acknowledges the loss and healing experienced by the conventional and the alternative, the center and the fringe. It is through the character of Sister Rosa that Almodóvar directly connects the church with the transgressor – Lola, and the victim hero Manuela.

Sister Rosa is a social worker with a church who is impregnated by Lola and contracts HIV/AIDS and further transmits the virus to her unborn child. The relationship between the father, mother and unborn child is also analogous to the sacred family of Joseph, Mary and Jesus. Lola – *the father* with one dead son and another battling a fatal disease -- symbolizes the misfortunes witnessed by the Church – the loss of sons, their fathers and mothers and the structural degradation of the familia. Lola is also a product of reconstructive surgery. Symbolic of the construction undertaken on the Temple of the Sacred Family, *the father* too has reconstituted himself. This reconstitution of Lola – *the father* – represents the vestiges of war and the misgivings of Spain's political and

religious conquests. Almodóvar setting up of the religious metaphors in the narrative is apt given his early education in the Catholic faith. While religious disintegration is one of the main themes of the film, regeneration is evident in Manuela's reconciliation with baby Esteban. Nonetheless, the tragic nature of this reconciliation, given baby Esteban's HIV status, suggests a wounded familia coping with tragedy.

### *Applying Propp's morphology to All About My Mother*

In this section, Propp's analytical framework is applied to the analysis of the film *All About My Mother*. According to Propp (1968) a narrative usually begins with an *initial situation (not a function)* where the protagonist and his/her family are introduced. The *initial situation (not a function)* in *All About My Mother* begins with Manuela, the protagonist, working as an organ donation coordinator at a hospital. She is portrayed as a single-working mother and her young son, Esteban is a writer. While the mother-son relationship is a very close knit one, *absention (I)* is performed by the boy's father, who is believed to have died before Esteban was born. The father's absence is made significant on several occasions. On the eve of her son's seventeenth birthday, Manuela gifts Esteban a copy of Truman Capote's *Music for Chameleons*. Capote himself was a son of *divorcées* and was raised by relatives of his mother. When Esteban brings up his mother's past, she shares with him a half-torn photograph of herself performing with an amateur theatre group. Later in the day, when she takes him to a Spanish rendition of a *Streetcar Named Desire*, she informs him that in her youth she played the part of Stella and his father Kowalski.

The Table 3 below is a tabulated summary analysis of *All About My Mother* based on Propp's morphological framework. In column A, the functions are numbered in the sequence proposed by Propp. In column B, the functions are numbered in the sequence in which they appear in *All About My Mother*. Letters (a) through (h) denote the definitions of Propp's eight main characters and the names of the corresponding characters' in *All About My Mother*. The Table is followed by a detailed analysis of the functions and the characters.

Table 3

Propp's 31 Functions Adapted from Berger (1992)

A = Propp's sequence, B = All About My Mother sequence

<b>A</b>	<b>B</b>	<b>Function</b>	<b>Definition of Functions</b>
		<b>Initial situation</b> * <i>(Not a function)</i>	Manuela works at a hospital as an organ transplant coordinator. Single mom to son Esteban, a writer.
<b>1</b>	<b>1</b>	<b>Abstention</b>	The father is absent
<b>2</b>	<b>2</b>	<b>Interdiction</b>	Esteban urges Manuela to tell him the truth about his father
<b>3</b>	<b>3</b>	<b>Violation</b>	The interdiction is violated when Esteban dies in a road accident
<b>4</b>	<b>9</b>	<b>Reconnaissance</b>	Lola seeks refuge in sister Rosa's order and at Agrado's house
<b>5</b>	<b>12</b>	<b>Delivery</b>	Rosa helps Lola through withdrawal, Agrado offers Lola shelter
<b>6</b>	<b>10</b>	<b>Trickery</b> *	Lola exposes Rosa to HIV, steals money and other valuables from Agrado
<b>7</b>	<b>13</b>	<b>Complicity</b> *	Pregnant Sister Rosa is infected with HIV, the child is at risk for HIV/AIDS
<b>8</b>	<b>11</b>	<b>Villainy</b> *	Lola impregnates sister Rosa and exposes her to HIV
<b>9</b>	<b>4</b>	<b>Mediation</b>	Manuela is informed that her son is dead
<b>10</b>	<b>5</b>	<b>Counteraction</b> *	She signs organ donation papers, attempts to see man in Coruna who gets her son's heart
<b>11</b>	<b>6</b>	<b>Departure</b>	Leaves for Barcelona from Madrid
<b>12</b>	<b>17</b>	<b>1<sup>st</sup> Donor function</b>	When she meets Huma Roja, Manuela's resourcefulness is tested. Huma later offers her a job as a personal assistant.
<b>13</b>	<b>18</b>	<b>Hero's reaction</b>	Manuela accepts the job

14	8	<b>Receipt of Agent</b>	Manuela saves Agrado's life on the streets of Barcelona. They are old friends who reconnect and reminisce about the past and look for work together
15	7	<b>Spatial change</b>	Hero moves from Madrid to Barcelona looking for Esteban, the father
16	25	<b>Struggle</b>	Manuela confronts Lola
17	19	<b>Branding</b>	Manuela plays Stella on several occasions and states that A Streetcar Named desire has marked her life.
18	29	<b>Victory *</b>	Baby Esteban is given antibodies since birth. He manages to neutralize the virus and his case is studied at an AIDS conference.
19	24	<b>Liquidation</b>	Initial misfortune is liquidated when Manuela cares for Sister Rosa and later Baby Esteban
20	20	<b>Return</b>	Manuela quits her Job with Huma after a misunderstanding. Stays home to care for Rosa
21	21	<b>Pursuit, Chase</b>	Huma meets Manuela at her home and requests her to return to work
22	23	<b>Rescue</b>	Manuela recommends Agrado for the job instead.
23	14	<b>Unrecognized Arrival</b>	After an exhausting night of looking for Nina, Manuela returns home without her purse or a job
24	22	<b>Unfounded claims</b>	Rosa is rude to Huma and makes unfounded claims
25	15	<b>Difficult Task</b>	Rosa discloses to Manuel that she is pregnant. Also suggests that Manuela rent her a room to supplement her income.
26	16	<b>Solution</b>	Manuela eventually agrees after she finds out that Rosa is pregnant with Lola's child and is also HIV +
27	30	<b>Recognition for hero</b>	Manuela returns to Barcelona to a Hero's welcome
28	26	<b>Exposure</b>	Manuela calls Lola and epidemic
29	28	<b>Transfiguration</b>	Manuela's hair is long and curly
30	31	<b>Punishment *</b>	Lola dies of HIV/AIDS

<b>31</b>	<b>27</b>	<b>Wedding</b>	Manuela becomes the guardian of Baby Esteban
-----------	-----------	----------------	--

- (a) the villain who struggles against the hero – HIV/AIDS, personified by Lola/Esteban
- (b) the donor who prepares the hero or gives the hero some magical object - Huma Rojo
- (c) the (magical) helper who helps the hero in the quest - Agrado
- (d) the princess whom the hero marries and is often sought for during the narrative - Sons Esteban
- (e) her father – Lola/Esteban
- (f) the dispatcher is the character who makes a lack known and sends the hero off - Two Doctors
- (g) victim/seeker hero, who reacts to the donor and weds the princess- Manuela
- (h) the false hero/ anti-hero - Sister Rosa

(\* *Important health information is provided when these functions are performed*)

According to Propp's (1968) sequence, the *initial situation* is followed by the second function, *interdiction (2)*. Esteban *addresses an interdiction (2)* to Manuela urging her to tell him all about his father as a birthday gift. Manuela agrees to tell him everything when they get home. But unfortunately, *violation of the interdiction (3)* occurs the same fateful night when Esteban is killed in a road accident without ever learning the truth about his father.

After watching a play in which Huma Rojo plays the main character, Esteban chases after her car in the rain to get an autograph and is hit by an oncoming vehicle. At the hospital, *mediation (9)* is performed by two doctors who inform Manuela that her son is dead. Familiar with hospital procedures on the event of a death, she agrees to *counteraction (10)*. She signs papers authorizing the donation of her son's organs, and being a hospital insider, she manages to retrieve information about the organ recipient, tracks him down, and attempts to meet the man who received her son's heart. Distraught over her son's demise, she *departs (11)* for Barcelona leaving Madrid after seventeen years to find the long lost father of her son. Functions (9), (10), (11) and (15) following function (3) are relevant as the former are a result of the latter.

Shortly after arriving in Barcelona [*spatial change (15)*], Manuela chances upon Agrado, a transvestite prostitute, and saves her from being mauled by a client on the streets. And in an instant, they recognize each other and try to catch up on eighteen years of being out of contact. Function (14) follows function (15) in this film since *receipt of magical agent* occurs only after the *spatial change occurs through the move* from Madrid to Barcelona. *With the help of magical agent (14)* Agrado, Manuela begins to find answers to the whereabouts of her son's father. A visual image of *the father*, Lola alias

Esteban, is introduced in a photograph when Agrado and Manuela reminisce about the past. Agrado compares Lola to a satanic sect member and tells Manuela that Lola was not in good health the last time they met and attributes her ill-health to drug consumption.

Meeting Sister Rosa, Manuela learns some more information about Lola. During the interaction between Manuela, Rosa and Agrado, the character of the *villain* unfolds. As these characters discuss Lola, it becomes evident that functions (4), (6) and (8) attributed to the *villain* - were performed by Lola. As a personification of HIV/AIDS and the *villain* in this film, Lola performs *reconnaissance* (4) while seeking refuge in Agrado's house and sister Rosa's religious order. In the pretext of seeking refuge, Lola spends time with them, gains their trust and later betrays them. *Trickery* (6) and *villainy* (8) are performed when Lola impregnates Rosa and abandons her, and also when Lola absconds after stealing Agrado's valuables. Functions (4), (6) and (8) are performed as a symbolic introduction of the villain through the tales of Manuela, Agrado and Rosa.

As the three characters recount their experiences with Lola, it becomes known that *delivery* (5) is performed by Agrado and Rosa who provide Lola shelter and assistance, and *complicity* (7) is performed by Rosa. Function (5) is performed when Agrado offers Lola, a friend of twenty years, refuge during a difficult struggle with drugs. Lola steals Agrado's money and other valuables and absconds. Likewise, Rosa, who serves with a Christian order as a social worker, performs *delivery* (5) when she helps Lola through detox and drug withdrawal. In doing so, she becomes *complicitous* (7) in her own misfortune as she is seduced by Lola and impregnated, then abandoned. It is through this encounter that Rosa contracts HIV.

With the assistance of Agrado and Rosa, Manuela slowly begins to put the pieces of her life together. Further, after meeting *the donor*, Manuela manages to find a job. With the introduction of the *donor*, functions (23) and (12) are performed. One evening, Manuela goes to see another performance of *Streetcar Named Desire*, starring Huma Rojo. At the end of the play, she goes backstage to meet Huma, *the donor*, in her dressing room. Huma, who is in distress over her friend Nina's drug relapse, elicits Manuela's resourcefulness to find out where Nina might go at night to find drugs. When Nina is eventually found hustling for drugs, Huma and Nina drive off leaving Manuela on the street. *Unrecognized* (23) for her efforts, Manuela returns home without her purse, which she leaves in Huma's car. Huma's dismissive and selfish behavior sets the stage for function (12) to be performed by the contrite *donor* when Manuela later returns to pick up her purse.

The morning after her meeting with Huma and Nina, Rosa arrives at Manuela's apartment with a *difficult task* (25). These successive meetings and the interjection of the various characters and functions are part of the health narrative of the film. While Nina is at risk of HIV/AIDS due to her drug addiction, Rosa's brush with HIV unfolds as she begins to take Manuela into confidence. Rosa informs Manuela, who is still grieving the loss of her son that she is pregnant with Lola's baby. Further, Rosa proposes a *difficult task* (25) and tells Manuela that she would like to move in with her. Shocked and angered by the irony that Lola is the father of Rosa's child, Manuela refuses to rent her a room. However, when Manuela learns that Rosa is HIV positive, Manuela berates her for having sex with Lola - a longtime intravenous drug-user. Manuela's anger subsides and the difficult task is *solved* (26) when Manuela agrees to let Rosa move into her apartment.

In the mean time, Manuela's relationship with Huma develops into a working relationship. When Manuela returns to the theatre to retrieve her purse, Huma performs the *first donor function* (12). Impressed by her resourcefulness and reliability, Huma offers Manuela a job as a personal assistant. Manuela *reacts* (13) to Huma's gesture by accepting the offer. Two weeks into Manuela's employment with Huma, a misunderstanding arises between them. When Nina is unable to perform one evening due to her drug addiction, Manuela covers for her and performs the part of Stella. An irate Nina lashes out at Manuela. This confrontation between Nina and Manuela sets the stage for functions (17), (20), (21), (24) and (22) to be performed. It also allows Manuela to inform Huma that she was indirectly responsible for her son's death. When Manuela explains how she effortlessly played the part of Stella on such short notice, the *branding* (17) function is performed. Manuela confesses to them that *Streetcar Named Desire* has marked her life and she has played the part of *Stella* on several occasions on stage. She further explains to them that her son was killed in a car crash in Madrid when he was trying to get Huma's autograph after viewing *Streetcar Named Desire*. Following this confrontation, Manuela quits her job and *returns* (20) home to care for pregnant Rosa who is also diagnosed with HIV.

Fraught with guilt over the misunderstanding, as well as the death of Manuela's son, Huma apologetically *pursues* (21) Manuela to her apartment that she now shares with Rosa. Huma requests that Manuela return to work and presents her with a paycheck for her previous performance. On learning about the history of Manuela's relationship with Huma, Rosa is rude to Huma and makes *unfounded claims* (24). Manuela is *rescued*

(22) from this delicate situation with the arrival of Agrado, who is recommended for the job of Huma's personal assistant.

Months later, Rosa's pregnancy has advanced and Manuela cares for her as though she were her own child. During the later stages of Rosa's pregnancy, she indicates that she would like Manuela to be the guardian of the child. By this gesture on the part of Rosa, Manuela's *initial misfortune is liquidated* (19). After losing her entire family, Manuela gains a new family in Rosa and her child. Together, they decide to name the baby Esteban, after Manuela's late son. Unfortunately, Rosa dies during childbirth and baby Esteban is cared for by both Manuela and Rosa's mother. But before her death, Rosa extracts a promise from Manuela - to tell baby Esteban everything about his mother and father.

At Rosa's funeral, Lola makes an appearance in the film for the first time. At this meeting of estranged partners a *struggle* (16) ensues between Manuela and Lola. Confronting Lola, Manuela calls him an epidemic for all the misery he has *exposed* (28) her to over the years. Apologetic Lola tells Manuela that he is dying and is bidding good bye to everything and everyone and would like to see Rosa's son. Manuela uses this opportunity to inform him about their son Esteban. The performance of functions (16) and (28) at this juncture, at a funeral, is suggestive of the misery and loss the two have been exposed to in their own lives in each other's absence.

One month later, to fulfill her promise to Rosa, Manuela takes baby Esteban to visit with his father Lola. Eventually, learning that Rosa's mother is uncomfortable around the baby due to his HIV status, Manuela takes over complete guardianship of the

child and leaves town with baby Esteban. The *wedding* (31) function in Propp's framework is replaced by Manuela's adoption of the baby. With Manuela and baby Esteban leaving town, function (31) precedes (29), (18), (27) and (30).

Two years later, Manuela returns to Barcelona with baby Esteban. On her return, functions (29), (18), (27) and (30) are performed. Manuela's physical image has gone through some *transfiguration* (29). Her hair is longer and curly, and baby Esteban is older. She proclaims *victory* (18) over HIV/AIDS since baby Esteban, who is fed antibodies since birth manages to keep the disease at bay. Meeting Agrado and Huma, Manuela is greeted to a hero's welcome [*recognition for hero* (27)]. She is also informed that Lola has passed on, indicating that the *villain* has received *punishment* (30).

#### *Findings from All About My Mother*

This section clarifies and summarizes the findings using Propp's framework to analyze how *All about My Mother* renders a coherent entertainment narrative while disseminating HIV/AIDS related information. Propp's (1968) Morphology of a Folktale was a useful framework to analyze *All about My Mother* and the representation of HIV/AIDS in the movie because the coherence of the film could be assessed. *All about My Mother* rendered a structurally coherent narrative in that the functions in the film formed a causal sequence despite deviation from Propp's sequence. All of Propp's 31 functions were present in the structure of the film but the functions did not appear in the same sequence suggested by Propp. Time in *All about My Mother* moved forward following Manuela's life from the initial sequence when she is shown with her son

Esteban and ending with her reconciliation with her former husband Lola and her adoptive son, baby Esteban. While Propp's morphology supported the timeline of Manuela's personal life, the film deviated from the Proppian sequence to render a melodramatic fictional account of a tragedy revolving around the HIV/AIDS crisis in Spain. Although the *villain* Lola is vanquished and Manuela succeeds in achieving reconciliation with Lola before death and adopts baby Esteban who manages to neutralize the virus momentarily, the ending still suggests a tragedy. There are no known cases of HIV that have been fully cured. From the ending, it is evident that the child will be under terminal medication and supervision to suppress the virus. The conclusion of *All About My Mother* suggests a wounded family coping with tragedy. Thus, the deviation from Propp's sequence can further be justified since Propp's sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *All about My Mother* is a filmic narrative belonging to the tragedy genre. Therefore, despite discrepancies between Propp's sequence and the sequence of functions in *All about My Mother*, the film rendered a coherent narrative with a health narrative embedded in its structure.

The main health messages in *All About My Mother* were communicated through the following characters: Lola - *the father* and *the villain*; Rosa - *the false hero*; and Esteban - *the two sons* who replaced the *princess* character featured in Propp's morphology. In this analysis, Lola was assigned the characters of the *father* and *villain* based on Propp's definitions of the characters and certain functions. Propp does not offer an exact definition for the *father* character. In this analysis, Lola was assigned the role of the father since he is the father of Manuela's son Esteban and Rosa's son Esteban.

According to Propp, the *villain* struggles against the hero. In this film, Lola does not struggle against the hero Manuela nonetheless the role of *villain* was assigned to Lola because he performs certain functions assigned to the *villain* based on Propp's definition of the functions. For example, Lola performs the function of *villainy* (8) defined by Propp as *villain causes harm to member of the family*. In this film, since Lola transmits HIV/AIDS to Rosa and baby Esteban the function of *villainy* (8) and character of the *villain* were assigned to John. Similarly, the characters and functions in this film were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. Therefore, while Propp's categories are clear and explicit, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 71 years after Propp developed his morphology. Medical information is provided in *Longtime Companion* when the following functions are performed *interdiction* (2), *villainy* (8), *mediation* (9), and *punishment* (30). In the following section, the health narrative of *All About My Mother* is highlighted.

### Medical Information

HIV/AIDS-related information was communicated in the movie through the characters and their actions. While all the 31 functions and 8 characters needed to be played out to render a coherent narrative, some functions and characters are more useful than other devices in constructing the health narrative. Health information was presented

in the film when the following functions were depicted: *initial situation*, *trickery* (6), *complicity* (7), *villainy* (8), *counteraction* (10), *victory* (18) and *punishment* (30).

HIV/AIDS-related information was communicated in the movie through four main characters: *the father*, *the villain*, *the false hero*, and *the two sons* who replaced the *princess* character featured in Propp's morphology.

HIV/AIDS as central character in the film -- *the villain* -- is personified by Lola alias Esteban. Lola, formerly married to Manuela, gives up the sanctity of their marriage to get breast implants and become a transvestite. Manuela describes Lola as the worst of a man and woman. In her confrontation with Lola, she calls him an epidemic. Agrado refers to Lola as a member of a satanic sect. Performing the functions of *reconnaissance* (4), *trickery* (6), and *villainy* (8), Lola spreads misery and/or HIV/AIDS to those he comes in contact with. HIV/AIDS is thus portrayed in the form of a promiscuous, drug-abusing transvestite with no scruples. In Almodóvar's counter culture discourse, *Lola* represents the anti-thesis of the counter culture movement. *Lola* is the symbol of the counter-culture movement's undoing and takes on the role of a negative reference, representing the impact of extreme adventurous explorations into sexual identities. While Almodóvar gives voice to counter-culture ideals in *All About My Mother*, *Lola* serves as a cautionary tale fomenting and nurturing an epidemic battle of epic proportions, much like the wars witnessed under General Franco's leadership.

Sister Rosa - *the false hero* also personifies HIV/AIDS in the film. A social worker with a church, Sister Rosa is caught between two worlds -- the moral order of the church and the street life of prostitutes and transvestites. Through Sister Rosa, Almodóvar depicts alternatives to the Church's ideals albeit to a tragic end, again serving

as a cautionary tale and highlighting some of the misgivings of sexual adventurousness, Sister Rosa, a member of a church order, is required to uphold the moral values of the church while performing service to the needy. However, her moral resolve is broken when she performs the function of *complicity* (7) and lets Lola into her life. She shifts from being a servant of God to a vessel of Satan. Through the portrayal of Sister Rosa who also performs the function of presenting *unfounded claims* (24) about her moral authority, HIV/AIDS is presented as a delicate balance between the morally strong and weak, good and evil. Moreover, Rosa's condition highlights the complexity of risk of HIV/AIDS through mother-to-child transmission of the virus.

The name Esteban resounds throughout the film as a signifier of HIV/AIDS. Lola/Esteban plays the character of both *the villain* and *the father* in the film and personifies HIV/AIDS as discussed above. Propp's *princess* character is replaced in this film by the two sons born to Manuela and Rosa, both named Esteban, after *the father*. Rosa's son Esteban, directly personifies HIV/AIDS. Through this character the risk of mother-to-child transmission of the virus is highlighted. When the *victory* (18) function is performed, the efficacy of administering antibodies to children at risk of HIV/AIDS is noted. Manuela's son Esteban indirectly signifies HIV/AIDS by assuming the name. Upon his death, when his organs are donated, the risk of HIV/AIDS infection through organ donation is subtly addressed in the film's subtext. This subtle suggestion begins in *the initial situation* when Manuela is introduced as an organ donation coordinator, and when *counteraction* (10) is performed and Manuela signs the paperwork for her dead son's organ donations. Therefore, through the signifier Esteban, three modes of

transmission of HIV/AIDS are highlighted – sexual intercourse, mother-to-child transmission, and organ donation.

Through the portrayal of these characters and their actions, the movie presents four key pieces of information on HIV/AIDS: (1) It is an epidemic. (2) Drug-abuse, promiscuous sex, mother-to-child transmission and organ donation are risk factors for HIV/AIDS. (3) Fatality is a likely outcome of the disease. (4) Antibodies may be effective in some cases for combating the disease. The role of the medical establishment in dealing with HIV/AIDS is limited to diagnosis of illness. However, in addressing the issue of organ donation, the medical establishment is portrayed as a cold, factory-like environment that mechanically facilitates the transfer of organs from the dead to the living. This depiction insinuates the medical fraternity's attitude towards disease in general.

*All About My Mother* was made eighteen years after the HIV/AIDS virus was first identified among gay men in the United States in 1981. The film portrays HIV/AIDS in the context of nontraditional familial and social environments characterized by transsexuals, homosexuals and women. The film provides some pertinent information regarding HIV/AIDS prevention and transmission. However, *All About My Mother* fails to incorporate specific details about HIV testing devices. An HIV test kit was available for wide usage in the United States by 1985. This test kit would be useful for the early detection and treatment of the virus and could be crucial in improving the quality of life for HIV-positive individuals. While this test kit so expensive that it was impractical for administering to people in poor countries, developed European countries like Spain could afford access to this test kit. From an entertainment-education perspective, the film

provides adequate information for disease prevention while making treatment alternatives ambiguous. Propp's morphological framework facilitated this analysis by providing an empirical tool to assess structural and characterological coherence of the narrative. The structural coherence of *All About My Mother* was assessed based on the sequence of functions proposed by Propp. The sequence in *All About My Mother* varied from the sequence propounded by Propp, nevertheless, the film sequence progressed in a causal pattern appropriate for the tragedy genre. Characterological coherence of *All About My Mother* was assessed based on the definition of eight main characters proposed by Propp.

*All About My Mother* is Almodóvar's first cinematic effort to address HIV/AIDS. Through this film Almodóvar highlights some of the trials and tribulations of the counter-culture movement of the post-Franco era. While socially marginal and nontraditional individuals may take center stage in *All About My Mother*, the tragedy also represents Spain's painful transition to a functioning, open democracy after several decades of dictatorial rule. The tragic element in the film is developed simultaneously with the health narrative of the film through the personification of HIV/AIDS as *the villain and father* portrayed by Lola. In the suffering and death of Lola the nature and gravity of HIV/AIDS is illustrated. It is also through the same character Lola, the malfeasance of the counter-culture movement is demonstrated. Moreover, baby Esteban, the love child of Lola and Sister Rosa and the adoptive son of Manuela becomes a continuing symbol of the ongoing struggle against HIV/AIDS. There are no known cases of HIV that have been fully cured. From the ending, it is evident that the infant will endure experimental treatment programs to test drugs that will suppress the virus. Manuela's training as an organ donation coordinator will allow her easy access to these experimental medical

programs. Therefore, the conclusion of *All About My Mother* suggests a wounded family coping with tragedy.

### Conclusions on *All About My Mother*

*All About My Mother* is a melodrama on the impact of HIV/AIDS on Spain's counter-culture movement in the post-Franco period. The film conveys a Euro-centric experience of HIV/AIDS specifically within the confines of nontraditional familial and social environments characterized by homosexuals, transsexuals and women. Written by and directed by Pedro Almodóvar, a filmmaker who blatantly addresses issues of sexual identity through his films, *All about My Mother* is a melodrama about the emotional, physical and social rupture associated with HIV/AIDS in Spain. Set at a time after General Franco's reign, during Spain's transition to a democracy and Spain's integration with the rest Europe, *All About My Mother* captures the anxieties associated with the changing times coupled with the misery wrought by HIV/AIDS. The story follows the life and times of Manuela who tragically traces the course of HIV/AIDS through the body of Spain as she travels between Madrid and Barcelona in search of reconciliation with her family.

This analysis found that *All About My Mother* followed a modified version of Propp's classical comedy structure to render a melodrama with a tragic ending. *All About My Mother* contained all the 31 functions proposed in Propp's morphology. However, the functions did not follow the sequence proposed by Propp. Nonetheless, causation can be attributed to the sequence observed in the film thereby making it a structurally coherent

narrative. The fact that Propp's morphological framework, derived from the study of oral folklores with a classical comedy structure, was applicable to the structure of *All About My Mother*, a filmic narrative of the tragedy genre is of some significance. First, it suggests that Propp's morphology can be applied to genres other than comedies. Second, Propp's morphology is applicable to narratives communicated orally or through the audio-visual medium. Propp's categories are clear and explicit in delineating the basic elements of a narrative. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. That is, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 71 years after Propp developed his morphology. Finally, this finding supports the structuralist assumption that narratives are communication phenomena with deep underlying structure and Propp's morphology adequately elucidates the underlying structure of narratives.

## Chapter 6

### *ANALYSIS OF YESTERDAY*

In this chapter an analysis of *Yesterday* (2004, Zulu) is undertaken. This chapter begins with a brief overview about AIDS in South Africa followed by The Nelson Mandela foundation's involvement in HIV/AIDS prevention efforts. This is followed by a discussion about the writer and director James Darrell Roodt and producer Anant Singh of Videovision Entertainment and their motivation behind making the film *Yesterday*. Some of the main themes and the cultural context of the film are also discussed. This overview is followed by a Proppian analysis of the film and a summary of health related findings in *Yesterday*.

South Africa is one of the world's worst affected nations by the HIV/AIDS pandemic. According to Avert (2010), an international AIDS charity, South Africa has the highest HIV infection rate in the world. According to Horne (2005), everyday around 800 people die of AIDS in South Africa and the province of KwaZulu-Natal has the highest infection rate. AIDS was first diagnosed in the United States among homosexual men in Los Angeles in 1981. In South Africa, the disease was first diagnosed among homosexual men in Johannesburg in the early 1980s. According to Avert (2010), "The first black South African was diagnosed with AIDS in 1987," since then, the prevalence of the disease was among migrant mine workers and along truck routes before it spread to the mainstream population. By July 1991, heterosexual transmission of AIDS equaled homosexual transmission and eventually the former became the dominant mode of transmission of HIV/AIDS in South Africa. As of 2005, the most severely affected

people in South Africa were black and employees of the mining industry (Horne, 2005). The AIDS epidemic made silent inroads in South Africa between 1990 and 1995 taking the newly democratic nation by surprise. The rapid spread of the disease in South Africa has been attributed to many factors including unequal distribution of wealth, apartheid policies of the national government, and geographic movement of population as a result of South Africa's transition to a democracy. Many efforts have been undertaken in South Africa towards disease prevention and promoting treatment delivery for HIV/AIDS including entertainment-education strategies.

The Nelson Mandela foundation, one of the partners for the film *Yesterday (2004)* has been heavily involved in the promotion of HIV/AIDS awareness and prevention efforts. According to Horne (2005) former president Mandela has been strongly and proactively committed to the support and cause of people living with AIDS even when faced with government indifference for their cause. Mandela's involvement with the disease prevention efforts in South Africa and elsewhere is not surprising, since his father himself died of Tuberculosis. Mandela's intervention in South Africa made Nevirapine, an anti-retroviral drug available to pregnant women diagnosed with HIV. Nelson Mandela Foundation formed the wholly-owned, not-for-profit subsidiary 46664 in 2002 as a systematic HIV/AIDS prevention campaign arm of the foundation. According to information provided on 46664 website, entertainment-education is the main strategy used by the organization while engaging in prevention efforts

Thus 46664 raises awareness about the HIV/AIDS pandemic and the underlying issues that influence it, such as poverty, lack of education, gender inequality, lack of access to health facilities and the denial of economic

opportunities. 46664 achieves its objectives through outreach campaigns in Africa and beyond, as well as through the staging of multi-artist concerts, sports and entertainment events and fundraisers. The campaign uses the universal connecting power of music, sport, entertainment and celebrity to educate, engage and empower those infected and affected by HIV/AIDS, and draws upon an extensive global network of ambassadors and celebrities

Entertainment-education has been a strategy undertaken by the foundation to create awareness about HIV/AIDS prevention. One of the entertainment-education ventures of the Nelson Mandela Foundation is the film *Yesterday* (2004). For Singh and Roodt, who had already been recognized for their anti-apartheid film *Sarafina*, making the film *Yesterday* in partnership with the Nelson Mandela Foundation was a deliberate effort on the part of the filmmakers to address the scourge of the day in South Africa – HIV/AIDS.

The Nelson Mandela Foundation's CEO, John Samuel, says; "We aim to get this [*yesterday*] on the back of trucks and go from village to village to show the movie, and in the evening have discussions with the community about what we can do" (De Jager, 2004)

From this comment, it is evident that it was the foundation's intention to use the film *Yesterday* to reach a large audience. Beyond just screening the film to create awareness, the foundation would use the mileage received from screening the film to further generate dialogue and receive public feedback on ways to handle the problem. The use of entertainment-education as a strategy to tackle the HIV/AIDS epidemic in South Africa is an indication and symbolic marker of South Africa's transition to a functioning democracy. Initially, the filmmakers sought to make the film in English and Zulu, however later made the film in Zulu alone. According to De Jager (2004), Roodt, who wrote the screenplay for *Yesterday*, felt the film was more powerful and realistic in the

Zulu language after seeing the first shots of the film. As of the year 2001, almost 24% of the South African people spoke Zulu - the most commonly used language of all South African languages – compared to 8% usage of English language in the region (U.S. Central Intelligence Agency, 2010), Therefore, from an Entertainment-education perspective, the decision to make the film in Zulu was an appropriate choice to create awareness among the local populace. Moreover, the choice of Zulu language for a film that made an international impact indicates the inclusion of an indigenous South African language within the larger European cinematic discourse, albeit to the backdrop of a tragedy. Irrespective of the genre, this first Zulu language film in South Africa cinematically highlights one of the pertinent social problems of the time in South Africa – HIV/AIDS.

*Yesterday (2004)* was written and directed by Darrell James Roodt and produced by Anant Singh's Videovision Entertainment in partnership with the Nelson Mandela Foundation. Roodt, a white South African, was born in Johannesburg and has been a filmmaker since the pre-apartheid days of the 1980s. His first feature, *City of Blood (1983)*, was a murder mystery revolving around the serial murder of prostitutes in South Africa. In 1986, prior to Nelson Mandela's release from prison, Roodt made *A Place of Weeping*, which portrayed apartheid-era practices on a Zulu farm in South Africa. *The Stick (1987)* was a horror film about the use of witchcraft in guerilla warfare in South Africa. After Nelson Mandela's release in 1990, Roodt and Anant Singh worked together to produce *Sarafina (1992)* for the British Broadcasting Corporation and received some national and international recognition. *Sarafina (1992)* was based on the original musical *Sarafina* that opened in Broadway at the Cort theatre in New York in 1988. This original

Broadway production won two nominations at the Tony Awards in 1988, one for Best Musical, Best Original Score, Best Choreography and the other Best Featured Actress in a Musical (Leleti Khumalo). *Sarafina* narrates the story of a school uprising similar to the Soweto Uprising in South Africa on June 16, 1976. The Soweto Uprising of 1976 was riots and clashes between young blacks against the policies of the National Party and its apartheid regime. Roodt and Singh's film *Sarafina (1992)*, also starring Leleti Khumalo, was screened out of competition at 1992 Cannes Film Festival. It also received a nomination for the PFS award for Human Rights in 1993.

Roodt followed up this musical drama with a comedy, *Father Hood*, and an action movie, *To The Death*, both in 1993; a social protest work against poverty and apartheid *Cry, the Beloved Country* in 1995; another apartheid related crime thriller, *Dangerous Ground* in 1997; a murder mystery *Second Skin* in 2000; an action adventure *Diamond Cut Diamond* in 2001; a serial killer thriller *Pavement* in 2002; a science fiction adventure *Sumuru* in 2003; and a horror film *Dracula 3000* in 2003. Roodt has worked with a variety of genres of films. Roodt, a white male born in South Africa, has worked on films with all black or all white or mixed racial casts. The actors in his film have been native South African, as well as Hollywood actors. In 2004, Roodt teamed up again with Anant Singh and Leleti Khumalo to film *Yesterday*, written and directed by Roodt. *Yesterday* is also the name of a hugely popular melancholic ballad recorded by The Beatles for their 1965 album Help!. The Beatles music group symbolizes the Anglo sexual revolution of the 1960s. Roodt's choice to name the film *Yesterday* akin to The Beatles melancholic ballad *Yesterday* is a poignant reflection on the nature and effect of the HIV/AIDS pandemic. The foreboding for the pandemic can be related back to the

sexual revolution in the west in the 1960s and the effects of the revolution and the disease can be seen through the experiences of the characters in the Zulu film *Yesterday*.

Among all Roodt's films, *Sarafina* and *Yesterday*, with female black protagonists addressing apartheid related discrimination and the HIV/AIDS scourge are the ones to have won him recognition. This multi-racial team coming together to produce these films alludes to the racial and gender dynamics of contemporary South Africa. Nelson Mandela represents the compassionate patriarch supporting the cause of victims, and Roodt and Singh, as media entities, provide a platform and direction for South African black female narratives to be voiced. Roodt has continued to make several films since *Yesterday* and is currently filming *Winnie* expected to release in 2011.

Anant Singh, the producer of *Yesterday* (2004), is the Chief Executive Officer of a South African entertainment company, Videovision Entertainment that has produced over 75 films in the past 25 years in South Africa and other English speaking countries, including the United States, United Kingdom, Canada and Hong Kong. Anant Singh was recently granted the rights to make a film based on Nelson Mandela's autobiography *Long Walk To Freedom*, scheduled for release next year. As per the information provided by the corporate webpage of Videovision Entertainment (2010),

Born and raised in Durban, Singh began his film career at age 18 when he left his studies at the University of Durban-Westville to purchase a 16mm movie rental store. From there, he moved into video distribution, forming Videovision Entertainment. He moved into film production in 1984 with Darrell James Roodt's acclaimed *Place of Weeping*, the first anti-apartheid film to be made entirely in South Africa.

Other films Singh made with Roodt include *Sarafina*(1992); *Father Hood*(1993); *Cry, the Beloved Country* (1995); *Yesterday* (2004); and *Faith's Corner* (2005). Singh was conferred honorary doctorate degrees by the University of Durban-Westville and the University of Port Elizabeth for his contributions to cinema in South Africa and elsewhere.

*Yesterday* (2004) was filmed entirely in KwaZulu-Natal, South Africa. According to Horne (2005), KwaZulu-Natal is one of the provinces worst affected by HIV/AIDS. Therefore, the filmmakers' choice to film *Yesterday* in KwaZulu was a deliberate attempt to situate the narrative in one of South Africa's worst hit regions. From an entertainment education perspective, filming *Yesterday* in KwaZulu lends authenticity to the narrative. While *Yesterday* may be a fictitious character, her story represents the actual lives of many in KwaZulu. South Africans who see the film may identify the region and this enhances the potential for audience involvement with the film to later generate dialogue. The film portrays, KwaZulu-Natal as a vast, arid, dusty, non-industrialized rural region with the dramatic natural backdrop of hills, desert and changing seasonal climatic patterns. The setting is at once serene yet inhospitable, and romantic yet fruitless. The female protagonist *Yesterday* is in her 20s and the other village women, including the teacher, range in age from 20s to 50s. All the women in the film are black, except the white female doctor who diagnoses and treats *Yesterday* for HIV/AIDS. Black men of the village are present only symbolically in the conversations the women have around the village water pump. In her observation of the film *Yesterday*, Horne (2005) notes that husbands and fathers in the film are merely visitors and only the women are permanent residents of the village. According to Horne (2005) this situation portrayed in *Yesterday*

corresponds to reality of many South Africans due to the migrant worker system that is a cultural phenomenon in the region. Men are recruited from rural areas to work in the goldmines, a mainstay of the South African economy, and are housed in single-sex hostels for long periods away from their families. This culture of keeping the families apart encourages men to seek sexual partners outside of marriage and results in high levels of prostitution (Horne, 2005). Correspondingly, in the film *Yesterday*, John - the *father*- fits this image of a migrant worker from rural South Africa who contracts HIV/AIDS while working the mines in Johannesburg and transmits the disease to his wife. John is thus portrayed as the vector of HIV/AIDS in KwaZulu. He is the sole breadwinner of their family and *Yesterday* and Beauty rely on him entirely for financial support. It becomes evident that the income he provides is meager when *Yesterday* delays treatment of her ailment. She chooses to walk to the clinic rather than take a taxi, and when she does take a taxi, it is only due to the generosity of the teacher. These instances point to *Yesterday's* financial helplessness and her dependence on her husband's income for sustenance. According to Horne (2005), other indicators of poverty in *Yesterday* include a house without electricity or running water, lack of sugar for preparing tea, and lack of adequate medical service facilities as evidenced by the sole medical doctor serving a large population for a wide array of physical ailments. The poverty evident in *Yesterday* illustrates that poverty is responsible for the rapid spread of HIV/AIDS in South Africa.

Poverty combined with lack of literacy puts forth many obstacles to restrict the spread of the HIV/AIDS among South Africa's vulnerable population. While literacy is a barrier to information dissemination and disease prevention, information is transmitted

orally from person to person. *Yesterday* receives information from her doctor about her ailment in a face-to-face conversation, the teacher talks to the other village women about the mode of transmission of HIV/AIDS and finally, oral stories about other people with HIV/AIDS are shared among members of the community. For instance, *Yesterday* narrates the story about a woman in a neighboring village who was stoned to death for contracting HIV/AIDS. According to Horne (2005) this story corresponds to a real life incident in South Africa when Gugu Dlamini (1962-1998) of KwaMacinza, Kwazulu-Natal was stabbed and stoned to death in her hometown after publicly disclosing that she was HIV-positive at an AIDS awareness gathering. This incident and its reference in the film *Yesterday* alludes to the stigma associated with the disease. This incident also sheds some light on the relative disadvantage of oral transmission of information compared to written information. Since oral records do not allow for maintenance of patient privacy and confidentiality, especially crucial in the case of HIV+ victims, illiteracy in South Africa poses a barrier for combating stigma and protecting the rights of patients.

Privacy and protection of medical patients' rights are notions rooted in present day Western biomedical practice, nonetheless relevant in the context of HIV/AIDS in South Africa since Western biomedicine is the preferred mode of administering treatment and care for HIV patients in the region. The film *Yesterday* portrays Western biomedical practice and native healing traditions to exist in conflict with one another in present day South Africa. While the availability of Western biomedical care may be sparse, *Yesterday* prefers to follow up on the advice of the white biomedical doctor rather than the black, native healer or *Sangoma*, By not sufficiently developing the character of the *Sangoma*, the film fails to adequately illustrate the relationship between native healing practices and

western biomedicine in South Africa. Horne (2005) explains that traditionally a *Sangoma* deals with the subconscious side of human nature. The purpose of a *Sangoma* is to discover the unconscious impulses in the inner recesses of the mind that cause afflictions and help people bring grudges to the fore thereby ridding them of their ailment (Horne, 2005). Based on this role of the *Sangoma* in South African society, the filmmakers create an unfair juxtaposition of native practices with Western biomedicine in *Yesterday*. However, it may be reasonable to draw parallels between Jungian traditions in Western psychology with the practices of the *Sangoma*, since both paradigms deal with unconscious human impulses. Therefore, the film touches upon the role of native healing practices but in making an unfair comparison, portrays the Western paradigm to be superior to native traditions. While Western biomedicine may be effective in alleviating some symptoms associated with physical illness, *Sangoma*'s practice may be as effective as Jungian practitioners in dealing with psychological or psycho-spiritual causes of illness. Thus, despite its overall utility in presenting a Western medical perspective, *Yesterday* fails to provide an in-depth study of how the role and practices of a *Sangoma* could integrate native practices and beliefs with Western biomedical efforts to tackle the HIV/AIDS crisis in South Africa. Instead, the film vilifies traditional healing practices by portraying the native healer as the *false hero* whose misguided advice is unhelpful to *Yesterday*, the *victim hero*, whose abject poverty keeps her from seeking Western biomedical diagnosis and care for her physical ailment.

*Yesterday* portrays HIV/AIDS as an affliction among poor black women in rural South Africa, although the vectors of the disease include black men working the gold mines in urban industrialized regions. The whole film is set to a seasonal timeline

beginning and ending in the summer. The only time a date is mentioned is towards the end of the film when October 2003 is written on the school chalkboard. According to Horne (2005) this date is of some significance because the roll-out of free anti-retroviral drugs in South Africa was announced in November 2003, with the drugs beginning to be distributed in April 2004. An anti-retroviral drug is not a cure for HIV but merely slows the progression of the disease. In *Yesterday*, both John and his wife Yesterday have already succumbed to AIDS ailments when the film begins. The physical degradation caused by the disease is portrayed through the character of the *father* – John, while the emotional toll of the disease is expressed through the tribulations of the *victim hero* – Yesterday, and the status of AIDS orphans is addressed through the character of the *princess* – Beauty. Through the portrayal of these characters and their predicament *Yesterday* illustrates some of the ramifications of HIV/AIDS in South Africa.

#### *Applying Propp's morphology to Yesterday*

According to Propp (1968), a narrative usually begins with an *initial situation* (*not a function*) where the protagonist and his/her family are introduced. This movie is named after the protagonist, Yesterday. The movie is set to a seasonal timeline beginning and ending in summer. Yesterday and her daughter Beauty are introduced in the *initial situation* walking down a dusty desert road in South Africa. They travel a long distance to the nearest clinic for a visit with a biomedical doctor. Along the way, they meet two teachers looking for work in their village of Rooihoek. Due to the long queue at the clinic, they are unable to visit with the doctor and Yesterday is unable to sleep due to her persistent cough. In the village, Yesterday shares an amicable relationship with the other

villagers with whom she shares a few laughs and some of her troubles. While performing daily chores with her daughter, *Yesterday*'s health slowly deteriorates. In the meantime, she makes several vain attempts to see the doctor who is available at the clinic only once a week. Because she has to walk many miles to the clinic to save money, she is unable to get to the clinic soon enough to see a doctor.

The Table 4 below is a tabulated summary analysis of *Yesterday* based on Propp's morphological framework. In Column A, the functions are numbered in the sequence proposed by Propp. In Column B, the functions are numbered in the sequence they appear in *Yesterday*. The differences in sequence of functions in Columns A and B can be justified since Propp's sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *Yesterday* is a filmic narrative belonging to the tragedy genre. Therefore, while all the 31 functions proposed by Propp are present, the functions take on a different sequence in *Yesterday*. Alphabets (a) to (h) listed at the end of the table denote the definition of Propp's eight main characters and the names of the corresponding characters' in *Yesterday*. The table and the list of characters is followed by a detailed analysis of the functions and the characters.

Table 4

Propp's 31 Functions Adapted from Berger (1992)

A = Propp sequence, B = Yesterday sequence

A	B	Function	Definition of Functions
		<b>Initial situation</b>	Yesterday, Beauty and the teacher are introduced
1	3	<b>Abstention</b>	John is away working in the mines in Johannesburg
2	1	<b>Interdiction *</b>	The village women object to the village chief's practice of polygamy
3	2	<b>Violation</b>	Yesterday does not object to the practice
4	5	<b>Reconnaissance</b>	Yesterday attempts to get information from the doctor
5	19	<b>Delivery</b>	John gets information about Yesterday's medical diagnosis
6	14	<b>Trickery *</b>	John transmits HIV/AIDS to unwitting Yesterday
7	13	<b>Complicity *</b>	Yesterday is diagnosed with HIV/AIDS
8	15	<b>Villainy *</b>	HIV/AIDS afflicts Yesterday through John
9	12	<b>Mediation *</b>	Misfortune made known to Yesterday by medical doctor
10	24	<b>Counteraction *</b>	She manages the disease through positive thinking and frequent visits to the doctor for <del>check ups and medicines</del>
11	18	<b>Departure</b>	Yesterday leaves for Johannesburg to visit John
12	8	<b>1<sup>st</sup> Donor function</b>	Teacher offers monetary and moral support to Yesterday. Also takes care of beauty.
13	9	<b>Hero's reaction</b>	Yesterday accepts the teacher's assistance

14	10	<b>Receipt of Agent</b>	Yesterday meets the teacher and they become closely acquainted
15	27	<b>Spatial change</b>	Yesterday moves John to the outskirts of the village
16	25	<b>Struggle</b>	Yesterday and John struggle for survival in their village
17	11	<b>Branding</b>	Yesterday offers an explanation of her name
18	29	<b>Victory</b>	Victory in the form of death to John
19	31	<b>Liquidation</b>	Initial lack is liquidated when John dies and Yesterday destroys the hut she built for him
20	21	<b>Return</b>	Yesterday returns from Johannesburg beaten up and bruised
21	4	<b>Pursuit, Chase</b>	Mysterious illness pursues Yesterday
22	7	<b>Rescue</b>	Teacher urges Yesterday to take a cab to see the doctor
23	20	<b>Unrecognized Arrival</b>	John does not recognize Yesterday's efforts
24	6	<b>Unfounded claims *</b>	Native healer presents unfounded claims
25	16	<b>Difficult Task</b>	Yesterday tries to inform her husband about the diagnosis.
26	17	<b>Solution</b>	She decides to travel to Johannesburg leaving Beauty in the teacher's care.
27	22	<b>Recognition for hero</b>	John recognizes Yesterday's heroic effort when he returns home a very ill man
28	23	<b>Exposure</b>	It becomes known that both John and Yesterday are exposed to HIV/AIDS.
29	26	<b>Transfiguration *</b>	Physical signs that her health is deteriorating
30	28	<b>Punishment *</b>	John becomes very ill, he is unable to work or even care for himself and eventually dies
31	30	<b>Wedding</b>	Yesterday and the teacher come to an agreement about Beauty's guardianship.

- (a) the villain who struggles against the hero: HIV/AIDS, personified by John
- (b) the donor who prepares the hero or gives the hero some magical object: the teacher
- (c) the (magical) helper who helps the hero in the quest: the teacher
- (d) the princess whom the hero marries and is often sought for during the narrative:

Beauty

- (e) the father: John
- (f) the dispatcher is the character who makes a lack known and sends the hero off:

Medical doctor

- (g) the hero or victim/seeker hero, who reacts to the donor and weds the princess:

Yesterday

- (h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/tries to marry the princess: the native healer

(\* *Important health information is provided when these functions are performed*)

In the *initial situation*, we are also introduced to the teacher who performs the role of *magical helper* and *donor* in this film. Since the teacher is a new comer in Rooihoek, Yesterday helps her get acquainted with the other villagers while familiarizing her with their norms and customs. At this point, it becomes known that the village chief is polygamous, alluding to the sexual/relational attitudes and roles of the men and women in the village. Gathering at the village water pump, the women *address an interdiction (2)* to Yesterday while discussing, raising opposition to and even ridiculing the chief's practice of polygamy. Yesterday *violates this interdiction (3)* by not objecting to the practice. Instead, she says that if they are in love, they should do as they please. Since functions (2) and (3) are performed in the context of the socio-political environment of the village, these functions are performed after the *initial situation* and before *Abstention (1)*.

*Abstention (1)* is performed by *the father*, John, who is away in Johannesburg working the mines to make a living. As another indicator of the gender roles that members of this village follow, John is a migrant worker and his wife is responsible for childcare and housekeeping. While John is away, Yesterday is *pursued (21)* by a mysterious illness. Performing the function of *reconnaissance (4)*, Yesterday makes many attempts to visit a medical doctor walking several miles to the nearest clinic in Kromdraai. Each time she visits the clinic, she is turned away because she arrives too late. The uncertainty around the mysterious illness taunts her and worries her young daughter. When Yesterday's health takes a turn for the worse, she visits the native healer who *presents unfounded claims (24)* in her efforts to diagnose and treat Yesterday. First, she chastises Yesterday for not visiting her sooner. Then, on performing some traditional

rituals using shells and stones, the healer diagnoses her with anger and informs Yesterday that she cannot be cured unless she releases her anger. Yesterday is *rescued* (22) from her mental anguish by the teacher who urges her to take a cab to visit with the doctor in Kromdraai. As the health narrative unfolds, functions (1), (21), (4), (24) and (22) emphasize the social context within which HIV/AIDS patients live in South Africa.

Performing the 1<sup>st</sup> *donor function* (12), the teacher arranges and pays for a taxi to take Yesterday to the doctor at the clinic. Yesterday previously avoided taking a taxi to get to the clinic on time due to the costs involved. The teacher also offers to take care of Yesterday's daughter. Yesterday *reacts* (13) to the teacher by accepting her generosity and *receiving the magical agent* (14) into her life and they become closely acquainted. Functions (12), (13) and (14) following the *rescue* (22) function are appropriate in this film since the development of a close bond between Yesterday and the teacher is emphasized. These scenes are followed by Yesterday's visits to the medical doctor and functions (17), (9), (7), (6) and (8) unfold.

When Yesterday meets the doctor at the clinic, the *branding* (17) function is performed. When the doctor asks her how she got the name Yesterday, she replies that her father named her. She says he felt that times were better yesterday than they are today. Since a child is typically named after birth, the pessimism surrounding the name Yesterday indicates the father's attitude towards gender and fatherhood. The doctor conducts a physical examination, draws some blood for testing and asks her to sign a consent form. Yesterday informs the doctor that she cannot read or write, thereby highlighting the barriers posed by inadequate health literacy in combating HIV/AIDS.

At her next visit to the clinic, *mediation* (9) is performed by the medical doctor who informs Yesterday about her health status. The doctor asks her several questions related to sexual risk taking, including condom use, polygamy and adultery. When the doctor finds out that Yesterday's husband is a migrant worker, she insists on testing him as soon as possible. During this doctor-patient interaction the word HIV/AIDS is never mentioned. However, the discussion on sexual risk taking alludes to cause and indicates that Yesterday was *complicitous* (7) in contracting a sexually transmitted disease. A poster on the doctor's wall with the red ribbon - the universal symbol for HIV/AIDS - suggests the nature of the disease. At the end of the discussion, Yesterday asks the doctor if she is going to stop living. The doctor is unable to respond, insinuating the lack of an effective cure for the disease. It becomes evident that John has performed *trickery* (6) and *villainy* (8) by transmitting HIV/AIDS to unwitting Yesterday.

Yesterday's visits to the doctor are followed by functions (25) and (26). Following the doctor's advice Yesterday performs the *difficult task* (25) of contacting her husband in Johannesburg to inform him about the diagnosis, but she is unable to reach him by telephone. She *solves* (26) this difficult task with the teacher's assistance. Performance of functions (25) and (26), sets the stage for (11), (5), (23) and (20) to be performed. Leaving Beauty in the teacher's care, Yesterday *departs* (11) for Johannesburg to personally inform John about the doctor's diagnosis. In Johannesburg, John performs the function of *delivery* (5) when he receives information about the Yesterday's health diagnosis. Upon receiving the information, he brutally beats her and her well-intentioned *efforts go unrecognized* (23) by him. She *returns* (20) home beaten up and bruised.

By winter time, Yesterday becomes weaker unable to even perform her daily chores. Returning home from her daily chores, much to her surprise, she finds a considerably weakened John waiting for her. As the seasons change, function (27), (28), and (10) are performed indicating a change in the circumstance of the *victim hero*. Now, *recognizing Yesterday for her heroic effort* (27), John laments to her the loss of his health and also his inability to work in the mines. John informs Yesterday that a second doctor's opinion also confirmed their *exposure* (28) to HIV/AIDS. The function of *counteraction* (10) is performed by Yesterday who manages the disease by making frequent visits to the clinic for personal check-ups and medicines. She also informs the doctor that she tries to stay healthy with a positive frame of mind for her daughter's sake. However, she has a hard time staying positive. The disease combined with her role caring for John and Beauty take its mental and physical toll on her as function (16) plays out.

As Yesterday and John continue their *struggle* (16) for survival against the mental and physical deterioration caused by the disease, they are faced with a new challenge of a confrontation with the villagers. The teacher approaches Yesterday to inquire about her health and informs her that the villagers are suspicious that it may be HIV. Yesterday confides to her that they both have the virus but couldn't tell anyone for fear of provoking the ire of the village members. She recounts the story of a girl in a nearby village who was diagnosed with AIDS and was stoned to death for returning to the village with the dreaded disease. Highlighting the stigma associated with the disease, this scene sheds light on the social repercussions of this biological affliction in this culture.

The village women gather at the school to discuss John's situation and insist that he shouldn't be allowed to stay in the village fearing he will infect them. The women

cannot comprehend the concept of disease transmission, again highlighting low health literacy as a barrier to tackling the epidemic. The teacher explains that the disease is spread only through blood transfusion or sex. Despite the explanation, they conclude that John must leave the village. At the village water pump, discussion of the disease continues and the women reach the understanding that their husbands bring it to them, but are still concerned that it may be airborne. When Yesterday arrives to gather water, they quickly leave the scene to avoid all contact with her. By this time, Yesterday has also undergone some *transfiguration* (29) showing some physical signs of the illness, such as lesions. Function (29) is subsumed in function (16) – *the struggle*. Troubled by the villagers' reaction, she approaches a sanatorium to seek accommodation for John. There she learns about long waiting lists of patients seeking accommodation, highlighting the insufficiency of resources to counter the epidemic. As the villagers' taunts grow bolder, Yesterday is forced to build a hut for John in the outskirts of the village initiating *spatial change* (15). In this film, function (15) follows functions (29) and (16) since Yesterday makes the move only after enduring a long *struggle*.

With some help from Beauty and sympathetic passers-by, Yesterday uses old, rusted building materials and scrap metal from old cars to build this dwelling that she calls her own hospital. When the construction is complete, *spatial change* (15) is performed. Yesterday moves John into the new dwelling, with villagers looking on at his weakened, diseased frame as he struggles to walk on his crutches. This journey characterizes the *punishment* (30) that John receives as the *villain*. John, the patriarch, who is expected to be the pillar of strength and primary bread winner of the family, is *punished* (30) with humiliation for not fulfilling his role as a patriarch, ostracization for

bringing the dreaded disease into the village, mental and physical distress and eventually death. With the death of John and the performance of function (30), HIV/AIDS emerges the *victor* (18) killing John, taking over Yesterday's life and forever altering Beauty's life in the village. After this, the film concludes with functions (31) and (19).

The following summer, when Yesterday offers her respects at her husband's grave, the teacher approaches to offer support. The *wedding* (31) function in this movie is replaced by *adoption*, highlighting the status of AIDS orphans as one of the social ramifications of the disease in this culture. Standing at John's grave, the teacher assures Yesterday that she would love and care for Beauty as her own. Due to the lack of a cure for the disease, *liquidation* (19) of the disease takes place only symbolically. Securing her daughter's future and having fulfilled her responsibilities as a dutiful wife, Yesterday destroys the hut she built for John. The rusted hut that she painstakingly built and called her hospital is symbolic of the decay caused by the disease in her life. Destroying this symbol serves as a liquidation of the misfortune caused by AIDS.

### *Findings from Yesterday*

This section clarifies and summarizes the findings using Propp's framework to analyze how *Yesterday* renders a coherent entertainment narrative while disseminating HIV/AIDS related information. Propp's (1968) Morphology of a Folktale was a useful framework to analyze *Yesterday* and the representation of HIV/AIDS in the movie because the coherence of the film could be assessed. *Yesterday* rendered a structurally coherent narrative in that the functions in the film formed a causal sequence despite

deviation from Propp's sequence. All of Propp's 31 functions were present in the structure of the film but the functions did not appear in the same sequence suggested by Propp. Additionally, some of the main actors in the film played more than one of Propp's main characters. For instance, John played two of Propp's eight main characters - *the father* and *the villain*. In doing so, eleven of the Proppian functions were attributed to John including – *abstention (1)*, *delivery (5)*, *trickery (6)*, *villainy (8)*, *spatial change (15)*, *struggle (16)*, *victory (18)*, *recognition of hero (27)*, *exposure (28)* and *punishment (30)*. The teacher also played the role of two main characters – *the donor* and *the magical helper*. Three functions were attributed to the teacher including – *1<sup>st</sup> donor function (12)*, *rescue (22)*, and *wedding (31)*. Other actors in the film played only one main character. For example, Yesterday played the character of the *victim hero* and was attributed eighteen functions including – *violation (3)*, *reconnaissance (4)*, *complicity (7)*, *counteraction (10)*, *departure (11)*, *hero's reaction (13)*, *receipt of agent (14)*, *spatial change (15)*, *struggle (16)*, *branding (17)*, *liquidation (19)*, *return (20)*, *pursuit (21)*, *unrecognized arrival (23)*, *difficult task (25)*, *solution (26)*, *exposure (28)*, and *transfiguration (29)*. The medical doctor played the character of *the dispatcher* and was attributed one function – *mediation (9)*. Beauty played the character of *the princess* and was attributed one function – *wedding (31)*. The native healer played the character of *the false hero* and was attributed one function – *unfounded claims (24)*. Lastly, the function of addressing an *interdiction (2)* was performed by the village ladies. However, the village ladies did not play any of Propp's eight main characters. The characters listed here and the functions they perform did not follow the sequence suggested by Propp. Refer to Table 4 above for the sequence of Proppian functions as they appear in the film

*Yesterday*. The deviation from Propp's sequence can be justified since Propp's sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *Yesterday* is a filmic narrative belonging to the tragedy genre. Therefore, despite discrepancies between Propp's sequence and the sequence of functions in *Yesterday*, the film rendered a coherent narrative with a health narrative embedded in its structure. Moreover, the film *Yesterday* followed a seasonal timeline that also contributed to the deviation from Propp's sequence.

The film's sequence followed a seasonal timeline beginning in the summer and ending in summer. Setting the narrative to a seasonal timeline ironically helped create a sense of timelessness along the vast arid landscape of KwaZulu-Natal. It established a contrast between the immortality of nature versus the mortality of the human flesh. In *Yesterday*, nature plays witness to the suffering, disease and death brought on by human negligence. Time represented as changing seasons is thus an eternal testament to the fragility of human life on the harsh plains of KwaZulu-Natal. While Propp's morphology supported this seasonal timeline, the film deviated from the Proppian sequence to render a drama on HIV/AIDS to entertain and educate its audience about a social issue that has devastated many South African communities over the last two decades. The main health messages in *Yesterday* were communicated through the following characters: John – *the villain and father*, Yesterday – *the victim hero*, medical doctor – *the dispatcher*, the native healer – *the false hero*. In this analysis, John was assigned the characters of the *villain* and *father* based on Propp's definitions of the characters and certain functions. Propp does not offer an exact definition for the *father* character. In this analysis, John was assigned the role of the father since he is Beauty's father and the male figure head of

Yesterday's family. According to Propp, the *villain* struggles against the hero. In this film, John does not struggle against the hero Yesterday nonetheless the role of *villain* was assigned to John because he performs certain functions assigned to the *villain* based on Propp's definition of the functions. For example, he performs the function of *villainy* (8) defined by Propp as *villain causes harm to member of the family*. In this film, since John transmits HIV/AIDS to Yesterday the function of *villainy* (8) and the character of the *villain* was assigned to John. Similarly, the characters and functions in this film were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. Therefore, while Propp's categories are clear and explicit, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 76 years after Propp developed his morphology.

Medical information is provided in *Yesterday* while the following functions are performed: *interdiction* (2), *trickery* (6), *complicity* (7), *villainy* (8), *mediation* (9), *counteraction* (10), *unfounded claims* (24), and *transfiguration* (29). In the following section, the health narrative of *Yesterday* is highlighted.

### Medical Information

HIV/AIDS-related information was communicated in the movie through the characters and their actions. Specific information about the disease and its symptoms is first presented in the movie through the ordeals of the *victim hero*, Yesterday, as she

seeks more information about the mysterious illness plaguing her. Yesterday is a resident of KwaZulu-Natal an idyllic rural community set in a vast arid region of South Africa. In actuality, KwaZulu-Natal is the province in South Africa with the highest HIV/AIDS infection rate. The filmmaker's choice to situate the film in this province lends realism to the narrative and enhances its entertainment-education potential. At the onset of the film, Yesterday is shown gossiping with other women from the village when the *interdiction* (2) is addressed regarding polygamy - an indication of one of the risk-factors for HIV/AIDS. The subtext is that condoning polygamy paves the way for adoption of other risk-taking behaviors such as adultery and sex with multiple partners. When the *mediation* function is performed by the doctor at the Kromdraai clinic, who plays the character of the *dispatcher*, it becomes evident that *trickery*, *complicity* and *villainy* have taken place. The doctor highlights some of the physiological and sociological features of the disease, such as the requirement of a blood test to diagnose the disease; its sexual transmission and lack of a cure; the risk factors of polygamy, adultery and not using condoms for disease transmission; the likelihood that migrant workers who engage in sexual risk taking are at risk of contracting and spreading the disease; and the lack of adequate health literacy creates certain barriers to preventing the spread of the disease and complicates the ethics of administering treatment.

Through Yesterday's interaction with the medical doctor and the native healer – *the false hero* who *presents unfounded claims*- some cultural issues to combating the disease also come to the fore. The medical doctor at Kromdraai is white, representing Western biomedical values and serving a largely black population in South Africa that has a history of apartheid. This model of disease diagnosis and treatment is shown to be

in conflict with the native healer's less scientific model. In regions like KwaZulu-Natal, South Africa where Western biomedical care may be sparse, locals may resort to traditional, native healing practices as a salve for their ailment. By not adequately developing the character of the *Sangoma* or native healer, the film fails to adequately illustrate the relationship between native healing practices and Western biomedicine in South Africa. Horne (2005) explains that traditionally a *Sangoma* deals with the subconscious side of human nature. The purpose of a *Sangoma* is to discover the unconscious impulses in the inner recesses of the mind that cause afflictions and help people bring grudges to the fore, thereby ridding them of their ailment. Based on this role of the *Sangoma* in South African society, the filmmakers create an unfair juxtaposition of native practices with Western biomedicine in *Yesterday*. While Western biomedicine may be effective in alleviating some symptoms associated with physical illness, *Sangoma's* practice may be as effective as Jungian practitioners in dealing with psychological or psycho-spiritual causes of illness. In South Africa, *Sangoma's* could be integrated into the Western biomedical model to provide support to patients and their caregivers dealing with the psychological pressures associated with living with HIV/AIDS. From an entertainment-education perspective, a major shortcoming of the film *Yesterday* is its negative portrayal of native healing traditions and the relationship between Western biomedicine and traditional healing practices. This shortcoming is significant in the context of a history of conflict between Western cultures and native traditions in South Africa. The unfair juxtaposition of Western biomedicine with native healing practices is a profound oversight by the filmmakers who seek to educate people about culturally appropriate modes to overcome illness. This oversight further creates an environment of

distrust and discrimination. In her interactions with the Western doctor and native healer, it is evident that Yesterday is caught in a vicious cycle of distrust and discrimination, compounded by the lack of a biomedical or alternative cure for HIV/AIDS. The explanation provided by the *magical helper - the teacher*, to the villagers that the disease is only spread through blood transfusion or sex is not sufficient to squelch the discrimination. When pressure mounts on Yesterday to move John out of the village, she is unable to find accommodation for him at the sanatorium due to the epidemic nature of the disease. Therefore, she builds a make-shift sanatorium out of scrap metal in the outskirts of the village which she later destroys. The film offers a three-way indictment of the existing social systems in South Africa in dealing with the HIV/AIDS crisis. The film highlights the failure of a Western medical system that proved inaccessible and inadequate at helping Yesterday during the early or later stages of the disease. The film depicts illiteracy and lack of basic knowledge or education regarding HIV/AIDS transmission as a major failing in preventing and treating the disease. The film also portrays the misguided advice offered by the traditional healer as a deterrent to holistic healthcare. This three-part systemic failure in South Africa brings about the film's tragic consequence.

John plays the character of both *the father* and *the villain* who personifies HIV/AIDS. The movie suggests that John, as a migrant worker, contracts HIV/AIDS by engaging in sexual risk taking and becomes a carrier of the disease. This portrayal of John as a heterosexual migrant worker matches the reality of HIV/AIDS in South Africa. In South Africa, heterosexual transmission is the dominant mode of transmission of HIV/AIDS and the most severely affected population is black and employees of the

mining industry. In the film *Yesterday*, John's sexual transgressions cost him his life and he transmits HIV/AIDS to his unwitting wife Yesterday. John becomes completely bed-ridden from the disease and is unable to work or even care for himself. As the disease advances, demonstrated by the *transfiguration* of John, some of the visible symptoms he experiences before his death include lesions and muscle attrition. Failing as a father, John is responsible for rendering Beauty an AIDS orphan - another sociological fallout of this disease in South Africa. AIDS orphans pose a serious threat to the social fabric of South Africa because the disease is killing the economically productive age members of the population, leaving orphaned children to be cared for by elders who can barely provide for themselves. In this film however, orphaned Beauty is cared for by the *teacher* as a resolution to the AIDS orphan phenomena.

Through the portrayal of these characters, the main HIV/AIDS information presented in the movie are: (1) it is a sexually transmitted epidemic, (2) polygamy, adultery, not using condoms and blood transfusion are risk factors for HIV/AIDS, (3) the lifestyle of migrant workers is one of the sociological causes of the disease, (4) some symptoms of the disease include: lesions and muscle attrition, (5) treatment can prolong life and some people may lead normal lives after contracting the disease, (6) fatality is a likely outcome of the disease, (7) inadequate health literacy is a barrier for disease prevention and treatment, (8) AIDS orphans and AIDS related discrimination is prevalent in South Africa. The biomedical establishment represented by a white doctor is portrayed as the credible authority in combating HIV/AIDS. However, Western biomedicine exists in conflict with the traditional way of life in contemporary South Africa further complicating the issue of disease prevention and treatment among the local populace. The

lack of adequate access to Western biomedical care and treatment is portrayed as a cultural failing in the film.

*Yesterday* was made twenty three years after the first case of HIV/AIDS was identified in the United States in 1981. The film portrays HIV/AIDS as an affliction of the poor black, heterosexual population in South Africa. Employees of the mining industry and migrant workers are the worst affected by the disease. By adapting the HIV/AIDS narrative of the film to the reality of HIV/AIDS in South Africa, *Yesterday* presents a realistic drama on the effect of HIV/AIDS on a small community in rural South Africa. In doing so, the film also provides some pertinent information regarding HIV/AIDS prevention and transmission but fails to include up-to-date information about HIV testing and treatment. The exclusion of relevant testing and treatment information from the film may be attributed to the lack of widespread access to Western biomedical testing and treatment facilities in South Africa. Moreover, the film fails to adequately develop the potentially positive relationship between Western biomedicine and native healing practices in South Africa in combating illness. Propp's morphological framework facilitated this analysis by providing an empirical tool to assess structural and characterological coherence of the narrative. The structural coherence of *Yesterday* was assessed based on the sequence of functions proposed by Propp. The sequence in *Yesterday* varied from the sequence propounded by Propp, nevertheless, the film sequence progressed in a causal pattern appropriate for the tragedy genre. Characterological coherence of *Yesterday* was assessed based on the definition of eight main characters proposed by Propp. The narrative of *Yesterday* comprised of all the main characters. The tragedy depicted through *Yesterday* represents only a small sample of the

millions of black South Africans affected by the HIV/AIDS since it was first identified in 1981 in the United States.

### Conclusions on *Yesterday*

*Yesterday* is a fictionalized, nonetheless realistic, drama on the impact of HIV/AIDS on a small rural community in KwaZulu-Natal, South Africa. The film conveys a black, Afro-centric experience of HIV/AIDS specifically within the confines of heterosexual relationships and migrant working communities of South Africa. The film derives its realism from its correspondence to real facts and conditions about HIV/AIDS in South Africa. For instance, the movie is filmed in KwaZulu-Natal in the Zulu language and in reality this region is one of the South African areas most affected by the HIV crisis. The film also highlights the lives of migrant workers in the mining industry who are also one of the worst affected population groups in South Africa. Written and directed by James Darrell Roodt, produced by Anant Singh's Videovision Entertainment and supported by the Nelson Mandela Foundation, the film portrays the emotional, physical and social degradation associated with HIV/AIDS in South Africa. Set to a seasonal timeline, the film connects the changing life of *Yesterday* to the changing seasons highlighting the changing, yet constant, relationship between humans and nature.

This analysis found that *Yesterday* followed a modified version of Propp's classical comedy structure to incorporate a chronological narrative technique with a tragic ending. All of Propp's 31 functions were present in the *Yesterday*, although the film's sequence did not follow the sequence of functions proposed by Propp.

Nonetheless, causation can be attributed to the sequence observed in the film thereby making it a structurally coherent narrative. The fact that Propp's morphological framework, derived from the study of oral folklores with a classical comedy structure, was applicable to the structure of *Yesterday*, a filmic narrative of the tragedy genre is of some significance. First, it suggests that Propp's morphology can be applied to genres other than comedies. Second, Propp's morphology is applicable to narratives communicated orally or through the audio-visual medium. Propp's categories are clear and explicit in delineating the basic elements of a narrative. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original. That is, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 76 years after Propp developed his morphology. Finally, this finding supports the structuralist assumption that narratives are communication phenomena with deep underlying structure and Propp's morphology adequately elucidates the underlying structure of narratives.

## Chapter 7

### *ANALYSIS OF MIRUGAM*

This chapter analyzes the film *Mirugam* (2007, Tamil). The chapter begins with a brief overview about AIDS in Tamil Nadu, followed by a discussion about the writer and director of *Mirugam*, Samy, and his motivation for making the film. Some of the main themes and the cultural context of the film are also discussed. This overview is followed by a Proppian analysis of the film and a summation of health related findings in *Mirugam*.

While AIDS was first diagnosed in the United States among homosexual men in Los Angeles in 1981, according to the Tamil Nadu State AIDS Control Society (2010), the first case of HIV was reported in Tamil Nadu in 1986. Tamil Nadu has a population of almost 60 million people and as of 1999, there were 14,750 HIV cases in Tamil Nadu with 4,354 cases progressing to AIDS. While the enormity of the HIV situation in Tamil Nadu may not be on the same scale as South Africa or other developing countries, government initiatives responded swiftly to tackle the threat posed by the new virus. In 1986, soon after the first case of HIV was identified, a surveillance mechanism was put in place to track HIV incidence and prevalence by the Government Medical Hospital of Chennai and Christian Medical College Hospital in Vellore. According to the Tamil Nadu State AIDS Control Society (2010), the groups that are at the greatest risk of contracting HIV/AIDS are commercial sex workers, truck drivers, migrant laborers, industrial workers, slum dwellers, fishermen, hotel and lodge workers, domestic workers, street children and men who have sex with men. These risk factors in the state of Tamil

Nadu were exacerbated by a two-decade-long civil war in neighboring Sri Lanka that resulted in a constant influx of refugees and high numbers of undocumented workers. Urban cities, such as the state capital Chennai, have experienced high levels of urban crowding with slum dwellers and migrant workers living in unsalubrious environments, rife with opportunities for epidemic outbreaks. The Tamil Nadu State AIDS Control Society (2010) instituted a multi-pronged strategy to deal with HIV in the state, including surveillance, training in blood safety; information, education and communication; care and support for AIDS patients; and advocacy and social mobilization. All STD clinics in the state of Tamil Nadu provide free treatment to patients. Additionally, in-patients with opportunistic infections related to HIV/AIDS receive free treatment at several government hospitals. Some government hospitals also undertake HIV/AIDS related clinical trials that include the administration of indigenous Siddha medicines - derived from herbal products, inorganic products and animal products - to HIV/AIDS cases. According to the Tamil Nadu State AIDS Control Society (2010), these Siddha medical trials have had some effect on HIV/AIDS patients.

Written by and directed by Samy, *Mirugam* is the first widely released, mainstream, commercial production in the Tamil language to deal with the subject of AIDS. Samy, whose full name is R. Saminathan, hails from Thiruvarur district in Tamil Nadu. The son of a farmer, he was sent to a Tamil boarding school where he spent most of his spare time pouring over various types of Tamil literature at the school library. As a youngster, Samy was accustomed to watching stage plays in his village and was eventually inspired to enter into films. Samy went on to earn a diploma in Mechanical Engineering from a technical institute in Tamil Nadu. During the early years of his

career, the diploma in Mechanical Engineering allowed him the security of an industrial job in Chennai before he made a switch to the film industry. Samy met with some initial failures when he transitioned to the film industry. He was refused admission into the Madras Film Institute, but later managed to earn his apprenticeship under three well-known directors: R. Parthiban, S. A. Chandrasekhar, and Cheran. Both R. Parthiban and Cheran are National Film Award winning directors. The National Film Award, established by the Indian Government's Directorate of Film Festivals in 1954, is the most prominent film award in India. "Working with these directors earned me valuable experience," Samy has said proudly (Personal Communication, August 15, 2010).

Now they request me to teach courses at the Madras Film Institute. . . . The film institute seriously lacks resources and I am glad I did an apprenticeship rather than enroll as a student at the institute. I now support the institute by accepting its students as apprentices in the films I make. (Samy, Aug. 15, 2010).

Prior to *Mirugam*, Samy made his debut as a director in Tamil Cinema with the film *Uyir (Life)* in 2006. *Uyir* raked up some controversy due to its unusual script. The story follows a woman, Arundathi, who falls in love with her husband's brother. She induces her husband to a suicidal state of mind following which he commits suicide. After his demise, she attempts to ensnare and marry his reluctant brother. In the end, she falls off a cliff to her own death. The film's depiction of an amorous female harboring adulterous motivations - a controversial subject in South India, was boldly undertaken by Samy to much media chagrin. Nevertheless, *Uyir* realized some success at the box office. By 2007, Samy, no stranger to controversy in Tamil cinema, tackled the subject of HIV/AIDS with *Mirugam*. "I had the script ready in 1995, when I was working as an

assistant director, but nobody was willing to produce the script,” said Samy (Personal Communication, August 15, 2010). He further added:

I finally had the chance to make the film in 2007, when producer Karthikeyan of KarthikJai Productions chose to produce this script when I presented him with four script options. Karthikeyan is a politician with the Bharatiya Janata Party and is also the owner of Stalin Exports -- a garment export company in Tirupur, Tamil Nadu. Karthikeyan felt this was a good script to produce because HIV-positive cases were prevalent among his factory workers who had no awareness about how to prevent the spread of the disease. Factory workers eighteen years and younger engaged in at-risk behavior as soon as they managed to earn some disposable income. These people are at-risk of infections due to lack of awareness. In the cities too, where there are BPO (Business Process Outsourcing) units, the risk of HIV transmission exists. But city dwellers are more aware that condom use can prevent the spread of infection, which minimizes risk. In rural areas such awareness does not exist and that is the reason for picking a rural theme for the film. (Samy, Aug. 15, 2010).

*Mirugam* was dubbed into the Telugu language for release in Andhra Pradesh, a state neighboring the Tamil Nadu state. The film was also released in Kerala in the Tamil language. The actor in the lead role in *Mirugam*, Adhi, is originally from the Telugu speaking state of Andhra Pradesh. Casting Adhi in the lead role ensured the cross-over appeal of the film in Tamil Nadu and Andhra Pradesh, since both states share Dravidian roots and, therefore, similar lifestyles, customs and practices. For the southern states, such as Tamil Nadu and Andhra Pradesh, agriculture is the economic mainstay. This rural setting went to the heart of the HIV disease’s rural roots and also ensured the film would have widespread appeal. While the first known case of HIV/AIDS was in Chennai, the urban, commercial and industrialized state capital of Tamil Nadu, the director’s choice to situate the film in a rural environment suggests that the filmmaker sought to take the message of HIV/AIDS to India’s rural areas. The film was shot in an arid village called

Kurandi, near Madurai, Tamil Nadu. “I chose this village with the barren, parched landscape because when I visited an AIDS patient at an AIDS hospital he was malnourished and had nothing but skin on his bones and I felt the setting for the film should reflect this desolate condition” (Samy, Aug. 15, 2010). In Tamil Nadu, the film was well received in the rural areas, but didn’t make a profit in the box office. “In Kerala the film secured a profit of Rupees 57 lakhs [\$122, 700 USD] and in Andhra Pradesh the film made Rupees two crores [\$430, 400 USD]” (Samy, Aug. 15, 2010). According to Samy, the motivation to release the film in Kerala and Andhra Pradesh was purely a monetary decision and there was no further research to identify the impact of the film in the southern states, other than box office collections.

*Mirugam* is the first Tamil film to address the topic of HIV/AIDS in 26 years since the virus was identified. A film of this nature is useful to carry out HIV/AIDS prevention efforts in Tamil Nadu. Entertainment-education through films is a convenient method to deliver social messages in rural parts of South India where literacy levels are low and sexually transmitted diseases are taboo subjects. Before making the film, director Samy conducted some research among AIDS patients at a Chennai hospital to receive input about HIV-related attitudes and beliefs in rural areas. Based on those interviews, Samy’s *Mirugam* addresses some misconceptions about HIV/AIDS among the rural people of Tamil Nadu. Some of those misconceptions include people’s belief that the HIV-virus spread to humans from African monkeys and the virus is spread through mosquito bite. In making *Mirugam*, Samy received the encouragement of some prominent health administrators, such as the Dean of Chennai Medical College and Supriya Sahu, the Indian Administrative Services officer for the Tamil Nadu AIDS

Control Board. Samy (Personal Communication, August 15, 2010) said, “They were supportive of the HIV/AIDS-related messages in the film.” Although the film was not actively promoted by HIV/AIDS prevention organizations, the film received promotional support through the commercial television program - *Hasini Pesum Padam* (Hasini Motion Picture). It is a talk show hosted by famed South Indian actress, director and producer Suhasini Maniratnam, wife of renowned producer and director Mani Ratnam. *Hasini Pesum Padam* airs on Jaya TV - a private television station owned by former Tamil Nadu Chief Minister J. Jayalalitha. Within this talk show, Suhasini regularly reviews films. “*Mirugam* was reviewed twice on this show, once with HIV/AIDS patients as guests. They were invited to provide feedback about the film.” (Samy, Personal Communication, August 15, 2010).

*Mirugam* portrays many aspects of Tamil Nadu rural life. The initial setting of the film reveals a village experiencing a water drought that is about to rouse a battle between two tribes. In agrarian South Indian states like Tamil Nadu, a drought can have similar impact on a population as a dreaded disease. The juxtaposition of a drought alongside the AIDS narrative poignantly taps into the Tamil people’s apprehension about natural calamities to convey a cautionary tale about HIV/AIDS. In the end of the film, when Ayannar - the *villain* - dies, the clouds burst into a thunderous rain shower to suggest the victory of good over evil. *Mirugam* also highlights aspects of rural life that are risk factors for HIV/AIDS, including the prevalence of prostitution, local alcoholic brew consumption, gambling, and domestic violence.

The village scene in the initial setting of *Mirugam* reveals a mixed demographic comprised of village elders, young men and women. The main characters in the film vary in age and gender representing the demographic of the community. Ayannar - *the villain* - and Alagamma - *the victim hero* - are in their twenties. The character of the *donor* and *magical helper*, both played by Ayannar's mother, is in her late sixties. Alagamma's uncle, who plays the character of *the father*, is in his forties. His children range in age from infant to ten years old. The medical doctor – *the dispatcher* – is in his late thirties. Lastly, Savithri -*the false hero* - is in her twenties or thirties. The demographic of village members in the film reflect an average village in south India. The setting reveals that most members of this community live in poverty and the source of income for most of the villagers, including Alagamma's uncle, is unclear. However, it is reasonable to assume that most people in this poor neighborhood work for wealthier merchants or landlords in nearby regions. The gender roles performed in the film reflect a rigid hierarchy where the men work and women tend to their homes. In one instance, when Ayannar takes ill and Alagamma sets off to work as a construction worker to provide for the family, he publicly beats, humiliates and forbids her to ever work again. Only Savithri -*the false hero* – who earns a living as a prostitute is exempt from this rigid gender hierarchy.

Ayannar makes a meager living renting his stud bull for its reproductive services. His other sources of income are gambling and occasionally stealing from others. While the cow is considered sacred in Hindu mythology, the bull is a symbol of virility and vitality. In some agrarian areas, bulls are still used to till the fields. Some bull owners also use them for sport. For example, Jallikattu is a popular sport in rural Tamil Nadu where bulls are showcased by their owners in bullfighting matches and bull cart races.

These matches and races demonstrate the strength and virility of the bull and are symbolic of the vitality and prestige of their owners. These matches, essentially unregulated religious sports, are typically held between January and May. Recently, in an effort to regulate this sport, the Supreme Court asked the Tamil Nadu government to frame laws and rules for holding Jallikattu, increase the license fee deposit, and restrict the sport to two months of the year rather than five months (Venkatesan, 2010).

According to Venkatesan's (2010) report, the new regulations seek to protect the life of humans participating in these sporting activities who often succumb to animals that are fed liquor to make them ferocious. In *Mirugam*, Ayannar feeds his bull almonds and lentils for a job well done and treats himself to alcohol, gambling, and women. In this manner, the distinction between man and beast is blurred in the film *Mirugam*, highlighting the savage nature of the *villain* and the virus he comes to carry.

#### *Applying Propp's morphology to Mirugam*

In this section, Propp's analytical framework is applied to the analysis of the film *Mirugam*. The analysis identifies the social construction of HIV/AIDS in the film. Using Propp's analytical framework was helpful to uncover the underlying structure of the film. According to Propp (1968) a narrative usually begins with an *initial situation (not a function)* where protagonists and their families are introduced. As the story begins, the narrator describes Ayannar as a heartless ruffian living in the arid regions of Tamil Nadu in the 1980s. Thus, *the villain*, Ayannar, is the first introduced along with his sidekick, Idi thangi, as they visit a prostitute, Savithri, the *anti-hero* of the film. Just as Ayannar enters

the brothel a warning is addressed to the villain. An old man wearing a sombrero sitting outside the house warns him about contracting some disease if he fails to wear a condom. But *the villain* brazenly rebuffs this warning stating that his body is impervious to disease, fornicates with the prostitute and also steals from her. Later when he meets his mother, he gifts her with the loot of the day. At dinner, at the behest of the village elders, the mother informs him that she has agreed to drill a village well in the backyard of their house to solve the water crisis facing the village. Ayannar loses his temper, chases his mother through the streets of the village and beats her in front of the other villagers saying, “This village has done nothing for me, why should I let them dig a well on my property.” Similarly, he terrorizes the village, spends his leisure drinking and gambling, rapes the drunk neighbor’s wife with impunity, and earns a living by leasing out his bull for its breeding services. The movie thus presents HIV/AIDS in the context of a poor young man, who is an uneducated thug in rural Tamil Nadu.

Table 5 below is a tabulated summary analysis of *Mirugam* based on Propp’s morphological framework. In column A, the functions are numbered in the sequence proposed by Propp. In column B, the functions are numbered in the sequence they appear in *Mirugam*. The differences in sequence of functions in columns A and B can be justified since Propp’s sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *Mirugam* is a filmic narrative belonging to the tragedy genre. Therefore, while all the 31 functions proposed by Propp are present, the functions take on a different sequence in *Mirugam*. Alphabets (a) to (h) listed at the end of the Table denotes the definition of Propp’s eight main characters and the names of the

corresponding characters' in *Mirugam*. Table 5 and the list of characters is followed by a detailed analysis of the functions and the characters.

Table 5

Propp's 31 Functions Adapted from Berger (1992)

A = Propp's sequence, B = Mirugam sequence

A	B	Function	Definition of Functions
		<b>Initial situation*</b> <i>(Not a function)</i>	The villain Ayannar, his mother, his bull, his sidekick Idi thangi, and some other village members are introduced
1	13	<b>Abstention *</b>	Ayannar is sent off to serve time in prison
2	2	<b>Interdiction</b>	Alagamma is advised not to assume guardianship of her uncle's child upon marriage
3	5	<b>Violation</b>	She assumes guardianship of her uncle's youngest child even after marrying Ayannar
4	1	<b>Reconnaissance</b>	Ayannar gets information about Alagamma
5	3	<b>Delivery</b>	Ayannar marries Alagamma
6	8	<b>Trickery</b>	He informs her that he wed her only to bed her
7	7	<b>Complicity</b>	Alagamma marries him and has his baby
8	6	<b>Villainy</b>	Ayannar rapes Alagamma
9	18, 35	<b>Mediation*</b>	When Ayannar undergoes treatment for appendicitis, the doctor diagnoses him with HIV/AIDS and Alagamma is informed to keep it a secret
10	20	<b>Counteraction *</b>	Alagamma keeps diagnoses a secret but cautiously monitors Ayannar's health
11	28	<b>Departure</b>	Alagamma sets out to bring Ayannar back home
12	9	<b>1<sup>st</sup> Donor function</b>	The mother tells Alagamma the story of Ayannar's past
13	10	<b>Hero's reaction</b>	After hearing the story, Alagamma asserts that she will make an effort to change his ways
14	12	<b>Receipt of Agent</b>	The Mother helps her in her quest
15	32	<b>Spatial change</b>	Alagamma lives with Ayannar in the village outskirts

16	<b>33</b>	<b>Struggle</b>	Alagamma and her family struggle for survival
17	<b>34</b>	<b>Branding</b>	Alagamma is called pump set
18	<b>21</b>	<b>Victory</b>	Ayannar suffers the consequences of HIV/AIDS
19	<b>36</b>	<b>Liquidation</b>	Ayannar is killed by a villager who suffered at his hands
20	<b>26, 29</b>	<b>Return</b>	Alagamma returns to the village with Ayannar
21	<b>15</b>	<b>Pursuit, Chase</b>	When Ayannar gets out of jail he attempts to kill pregnant Alagamma and chases her out of the village
22	<b>16</b>	<b>Rescue</b>	Rescued by her uncle
23	<b>17</b>	<b>Unrecognized Arrival</b>	After she delivers the baby, Ayannar is still unwilling to accept the child as his
24	<b>14, 24</b>	<b>Unfounded claims</b>	Savithri spreads rumors about Alagamma in the village to taint her reputation; Savithri spreads misinformation about HIV transmission
25	<b>22, 30</b>	<b>Difficult Task</b>	The villagers do not want Ayannar to live in the village for fear of contracting the disease
26	<b>25, 31</b>	<b>Solution*</b>	Alagamma appeals in court; She is advised to live in the village outskirts with Ayannar
27	<b>27</b>	<b>Recognition for hero</b>	Ayannar begins to trust Alagamma and displays his softer side to her.
28	<b>19</b>	<b>Exposure*</b>	Ayannar is exposed to the HIV virus
29	<b>11</b>	<b>Transfiguration</b>	She get pregnant with Ayannar's child
30	<b>23</b>	<b>Punishment *</b>	Villain is quarantined for medical examinations
31	<b>4</b>	<b>Wedding</b>	Alagamma marries Ayannar

- (a) the villain who struggles against the hero: HIV/AIDS personified by Ayannar
- (b) the donor who prepares the hero or gives the hero some magical object: The Mother
- (c) the (magical) helper who helps the hero in the quest: The mother
- (d) the princess whom the hero marries and is often sought for during the narrative: 2 children, the adopted child and the son she has with Ayannar.
- (e) her father: Marries her off to Ayannar, her uncle
- (f) the dispatcher is the character who makes a lack known and sends the hero off: The doctor
- (g) the hero or victim/seeker hero, who reacts to the donor and weds the princess: Alagamma
- (h) the false hero/ anti-hero/ usurper who takes credit for the hero's actions/tries to marry the princess: Savithri
- (\* *Important health information is provided when these functions are performed*)

As Ayannar's relentless exploits continue, he comes across Alagamma, a boisterous village belle – *the victim hero*. Introduction of the *victim hero* is followed by the *reconnaissance* (4) function. At first sight, Ayannar's curiosity is piqued as he seeks to find out more information about Alagamma. In the pretext of getting water, Ayannar performs the function of *reconnaissance* (4) to get information about Alagamma to see if he can get lucky with her. Smitten by Alagamma, Ayannar professes his desire for her to Idi thangi who convinces Ayannar to take Alagamma as his bride. Alagamma, an attractive, hard-working girl helps her widower uncle raise his young children, assuming the role of an unwed mother. As the character of Alagamma unfolds, functions *interdiction* (2), *delivery* (5), *wedding* (31) and *violation* (3) are performed. These functions highlight Alagamma's stubborn nature that leads to the *violation of interdiction* (3). As her family is approached by suitors for Alagamma, an *interdiction* (2) is addressed to the victim hero. She is warned of the social consequences of assuming the role of mother to her uncle's progeny. When Ayannar approaches her as a suitor, he agrees to all her conditions performing the *delivery* (5) function by agreeing to marry her and the *wedding* (31) is performed. The initial interdiction is *violated* (3) when Alagamma takes her uncle's youngest child to her husband's house despite the warning. These preceding scenes are the harbinger of marital conflict between the newlywed couple as functions *villainy* (8), *complicity* (7) and *trickery* (6) are performed soon after the wedding.

While many villagers and family members periodically suffer from Ayannar's cruelty, Ayannar performs the function of *villainy* (8) towards Alagamma when he rapes her on their wedding night to which she is *complicitous* (7) out of helplessness. As her

protests grow more virulent so does Ayannar's attacks and he performs the function of *trickery (6)* informing her, in front of their neighbors, that he married her only to sleep with her. He lets her know that she can leave if she is unhappy with the arrangement. At the end of this violent altercation, as Alagamma contemplates leaving, the *first donor (12)* function is performed. Ayannar's mother – *the magical helper* - pleads with Alagamma to stay and performs the *first donor (12)* function. The mother attributes Ayannar's vile demeanor to his past and tells Alagamma the story of his rough childhood. The mother informs Alagamma that Ayannar is not her biological son. He was born in a brothel in Madras and was originally christened Anbu Azaghan by his biological mother, a prostitute. The boy was orphaned when his mother was assaulted and killed by a greedy pimp. In retaliation, running to his mother's defense, the boy killed the pimp and ran away from the brothel fearing any reprisal. The mother and her husband found the run-away orphan crying and adopted him, considering him a blessing from God and thus named him Ayannar, after their deity. Performance of the *first donor* function by the mother-in-law is followed by functions *hero's reaction (13)*, *transfiguration (29)* and *receipt of agent (14)*.

Hearing the sordid story of Ayannar's past, *Alagamma's reacts (13)* by saying she will make efforts to mend his ways and slowly begins the process of *transfiguration (29)*. She *receives the help of magical agent (14)- the mother* - in her quest. To domesticate the man she once called an animal, she softens towards him and showers Ayannar with kind attention and sensual affection, eventually becoming pregnant. Unfortunately, the process of transfiguration comes too late for Ayannar as he performs function *abstention (1)*. He is arrested for engaging in a brawl with and injuring a politically influential man. Just as

Ayannar, the animal, gets an opportunity to become domesticated, he is treated like a caged animal. Thus, with the imprisonment of Ayannar, the *abstention (1)* function is performed. The *abstention* function is significant to the health narrative since HIV/AIDS risk-taking behavior is portrayed at this time.

While in prison, Ayannar is brutally beaten and is introduced to marijuana by a fellow prisoner as a salve to alleviate his pain. He proceeds to share needles for injection drug use and experiences homosexual relationships with other prisoners, further putting himself at risk of contracting HIV/AIDS. While he is jail, as a symbolic depiction of his past risk-taking behavior, Savithri – the prostitute - visits him. She performs the function of presenting *unfounded claims (24)* about Alagamma. She tells him that Alagamma and her uncle are having a jolly good time together in his absence. She adds that Alagamma is pregnant and the villagers suspect that the uncle is the father. Thus, Savithri incites Ayannar's ire and sets the stage for the conflicts that ensue and functions *chase (21)*, *rescue (22)*, and *unrecognized arrival(23)* are performed.

On his release from prison, remembering Savithri's words, Ayannar meets pregnant Alagamma and forces her to abort the baby. When she refuses and runs away from him, he *chases (21)* her, attempting to kill Alagamma and the baby. She is *rescued (22)* by her uncle and moves to a different town to have her baby even as Ayannar continues to pursue her. After she has the child and introduces the baby to Ayannar, her virtues remain *unrecognized (23)* by Ayannar as he attempts to kill the baby. Ironically, indications of Ayannar's imminent death slowly begins to surface as functions *mediation (9)*, *exposure (28)*, *counteraction (10)* and *victory (18)* follow and important HIV/AIDS related information is provided.

While at the hospital visiting Alagamma, Ayannar begins to writhe in pain. He is diagnosed with appendicitis and undergoes surgery. After Ayannar is treated for appendicitis, the *mediation* (9) function is performed by the doctor who informs Alagamma that her husband is *exposed* (28) to HIV. But since the doctors do not have sufficient information about the disease, the diagnosis is not confirmed. Nonetheless, he asks Alagamma to take care of her husband and lists some of the symptoms of the disease as: (a) continuous fever, (b) diarrhea, (c) weight loss, and (d) profuse sweating at night. Lastly, he informs her to monitor Ayannar's health and return him to the hospital if she detects any of the symptoms, but also tells her to keep this diagnosis a secret from Ayannar and others. *Counteraction* (10) is performed by Alagamma who agrees to follow the doctor's instructions and keeps the diagnoses a secret while monitoring Ayannar's health. As his health deteriorates, she notices a swollen lymph node behind his ear and urges him to go to the hospital, but he refuses. Slowly the HIV-virus emerges *victor* (18) as it makes its way through his body and the news about his illness spreads throughout the village. As more information about HIV/AIDS emerges, functions *difficult task* (25), *punishment* (30), *unfounded claims* (24) and *resolving the difficult task* (26) are performed, adding to the health narrative of the film.

The functions of performing a *difficult task* (25) and *resolving the solution* (26) are repeated twice in this movie. When the details of Ayannar's illness surface among the villagers, they stone him attempting to chase him away. When Alagamma intervenes, the *difficult task* (25) is addressed to the hero for the first time. She is told that he is a danger to their community and they want him to leave. Promptly, the police arrive to *punish* (30) and arrest him in an effort to quarantine him for medical observation despite her protest.

After Ayannar is quarantined, the news of the disease incidence in Tamil Nadu is written about in the local newspapers and that triggers discussion among the denizens. The people come to believe that AIDS is a communicable disease spread to humans from African monkeys. Some say that the disease is contracted from women and has been around a long time in Tamil Nadu but has only recently been named in English. Others believe the disease is contracted by men who have sex with men. And Savithri performs the function of presenting *unfounded claims* (24) again by suggesting to the villagers that the disease is airborne and is also spread through mosquito bites. This incites the villagers to burn down Ayannar's house to avoid contagion.

As information about the disease spreads through various channels, Ayannar finds himself quarantined along with his former prison-mate. Alagamma performs the function of *resolving the difficult task* (26) by appealing for Ayannar's release in court. The court rules that an AIDS victim is a medical patient like any other and it is inhuman to keep him locked up for contracting a fatal disease. Based on the doctor's recommendation that Ayannar is not a threat to anyone, the court issues his unconditional release. The Judge also urges the central government to put policies and laws in place for effective medical treatment and to ensure the protection of AIDS victims. On the day of Ayannar's release, the doctor informs Alagamma that there is no cure for the disease and only her affection and care can prolong his life.

When Ayannar is released, functions *return* (20) and *recognition for hero*(27) are performed. He *returns* (20) to his village to find that his house is burned down and all the villagers, including his mother shun him. The villagers refuse to drink with him, his mother tells him not to handle the baby, and even the prostitutes refuse to let him into the

brothel. As the villagers' reproach gets worse Ayannar begins to *recognize Alagamma* (27) for her heroic sacrifices and exposes his softer nature to her. However, Ayannar continues to be daunted by the prospects of a bleak future in the village. He runs away from home, leaving his family behind, setting the stage for the *departure* (11) function to be performed by Alagamma. Learning that her husband has absconded, Alagamma performs the function of *departure* (11) and sets out to find her husband. Finally, the doctor informs her that Ayannar was spotted in a hospital in Madras.

When she arrives at the hospital she finds a considerably weakened Ayannar and is distraught to see him in that condition and functions *return* (20), *difficult task* (25) and *solution* (26) are repeated. Despite his reluctance, she persuades him to *return* (20) home with her. When they *return* (20) home, a *difficult task* (25) is proposed to Alagamma again as the villagers do not want Ayannar to enter the village. This time one of the village elders recommends that they stay in the village outskirts. Ayannar and Alagamma accept the offer, thereby *resolving the difficult task* (26). This resolution sets the stage for functions *spatial change* (15), *struggle* (16) and *branding* (17) to be performed. After getting rid of Ayannar, the mob runs to Savithri's house to chase her out of the village, followed by Idi Thangi – Ayannar's sidekick.

*Spatial change* (15) occurs when Alagamma, Ayannar and their family move to the village outskirts where they all *struggle* (16) for survival and eventually lose the mother. Even in their despair, Alagamma and Ayannar experience some tender moments during his last days. Throughout the movie Alagamma is *branded* (17) and referred to by her nickname Pump Set by people who know her. Ayannar asks her how she got that

name. She explains to him that she was standing near a pump set when she got her first period.

As his health deteriorates, Ayannar is portrayed as a weaker and thinner man, losing his hair and suffering from lesions. When the doctor visits him for a check-up, the *mediation* (9) function is repeated. Ayannar is informed that he is blinded and is advised to try a new medicine that Siddha medical practitioners derived to treat the disease. Having lost interest in his own life, Ayannar is more preoccupied with making amends with the villagers. He asks the doctor to help him convince the reluctant villagers to draw water from his former house without fear of contracting HIV/AIDS. In the presence of the villagers, the doctor drinks the water from the pump and informs them of the mode of transmission of HIV/AIDS. He tells them that the disease can be contracted only through unprotected sex, having children with an HIV/AIDS carrier, or transfusion of contaminated blood products. Convinced by the doctor, the villagers begin to fearlessly draw water from the pump. When Ayannar enters the village to share in their relief from water shortage, he is killed by one of the men, thereby *liquidating* (19) the previous ills that Ayannar inflicted upon them. This *liquidation* (19) is symbolically characterized with the arrival of a rain shower on their land that had been suffering a drought.

### *Findings from Mirugam*

This section clarifies findings from using Propp's framework to analyze how *Mirugam* renders a coherent entertainment narrative while disseminating HIV/AIDS related information. Propp's (1968) *Morphology of a Folktale* was useful to analyze

*Mirugam* and the representation of HIV/AIDS in the movie because the coherence of the film could be assessed. *Mirugam* rendered a structurally coherent narrative in that the functions in the film formed a causal sequence despite deviation from Propp's sequence. All of Propp's 31 functions were present in the structure of the film. However, the functions did not appear in the same sequence suggested by him and with the repetition of some functions, there were a total of 36 functions.

In *Mirugam*, the excessive use of some functions did not advance the plot. For instance, with the introduction of a song when the *chase* (21) function is performed, the function receives too much screen time without advancing the plot. Likewise, in developing the character of *the villain*, some attributes, such as his constant violent outbursts, are overstated and repetitive without moving the plot along. However, the same is not true when the functions *mediation* (9), *return* (20), *difficult task* (25) and *solution* (26) are repeated twice. Since important information about social attitudes towards HIV/AIDS is provided, repetition of some functions advance the health narrative in the film. Despite a few excesses, the film conveys some significant information about HIV/AIDS and also about people's attitude towards HIV/AIDS. While Propp's morphology supported the repetition of functions, the film also deviated from the Proppian sequence to render a fictionalized melodrama on HIV/AIDS for the South Indian audience. The deviation from Propp's sequence can further be justified since Propp's sequence presupposes a classic comedy structure and was derived based on analyzing oral folklores, whereas *Mirugam* is a filmic narrative belonging to the tragedy genre. Although the *villain*- Ayannar -is vanquished, the film is still a tragedy due to the lack of any resolution or reward for the victim hero's struggles. Therefore, despite

discrepancies between Propp's sequence and the sequence of functions in *Mirugam*, the film rendered a coherent narrative with a health narrative embedded in its structure.

In this analysis, Ayannar's mother was assigned the characters of the *donor* and the *magical helper* based on Propp's definition of the characters and certain functions. Propp defines the *donor* as the one who prepares the hero or gives the hero some magical object. Ayannar's mother was assigned the role of the *donor* because she performs the 1<sup>st</sup> *Donor function* of giving the hero a magical helper. Further, she was also assigned the role of *magical helper* because she is the one who helps Alagamma in her quest. Similarly, the characters and functions in this film were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original Proppian rendition. Therefore, while Propp's categories are clear and explicit, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 79 years after Propp developed his morphology. In the following section, the health narrative of *Mirugam* is highlighted.

### Medical Information

HIV/AIDS-related information was communicated in the movie through the characters and their actions. The main health messages were presented in the film through the following characters: Ayannar – *the villain*, and the medical doctor – *the dispatcher*. The health information is presented through the following functions: *initial situation*,

*abstention (1), mediation (9), counteraction (10), difficult task (25), solution (26), exposure (28) and, punishment (30)*

Specific information about the disease and its symptoms are presented in the movie through the *villain*, Ayannar, whose risk-taking behaviors are noted from the *initial situation*. When the *mediation (9)* function is performed, Ayannar is diagnosed with HIV/AIDS after undergoing a routine surgery for appendicitis. With the performance of the *abstention (1)* function, Ayannar's actions of drug-use, sharing needles for injection drug use, and experiences with homosexual relationships are the suggested risk-factors for his *exposure (28)* to HIV/AIDS. As the story progresses more information about the disease is revealed by the *dispatcher*, the doctor who treats Ayannar, in order to assuage the fears experienced by the villagers and to console Alagamma.

When Ayannar is diagnosed with HIV/AIDS, the doctor performs the *mediation (9)* function and tells Alagamma some of the symptoms to watch out for include: (a) continuous fever, (b) diarrhea, (c) weight loss, and (d) profuse sweating at night. Performing the function of *counteraction (10)* and keeping a close eye on Ayannar, Alagamma sees Ayannar's health deteriorate and she notices a swollen lymph node behind his ear. When news of the disease incidence spreads among the local denizens, a *difficult task (25)* is addressed to Alagamma because Ayannar is *punished (30)* and quarantined to avoid contagion. The disease incidence is reported in the local newspaper and triggers discussion among the locals. The people in the village believe one or more of the following things about HIV/AIDS: (a) It is a communicable disease spread to humans from African monkeys. (b) It is contracted from women and has been around a

long time in Tamil Nadu but has only recently been named in English. (c) The disease is contracted by men who have sex with men. Finally, the *anti-hero* suggests that the disease is airborne and is also spread through mosquito bite and that incites the villagers to burn down Ayannar's house to avoid contagion. In *Mirugam*, the newspaper was utilized to communicate information about disease incidence but was not attributed any *function*. Thereby, the film failed to fully extract the potential of the newspaper as a credible source of health information. The filmmakers lost a good opportunity to portray the newspaper as a change agent with significant influence over people's attitudes and behaviors in Tamil Nadu, India. However, the newspaper in *Mirugam*, served as a tool to initiate dialogue about a sensitive health issue. From an entertainment-education perspective, attributing a function to the newspaper in *Mirugam* could have enhanced its educational value.

Due to the panic created by the newspaper article, Ayannar is quarantined indefinitely. The status of civil-rights of patients with HIV/AIDS is highlighted with the performance of the *solution (26)* function, when Alagamma appeals for his release from quarantine in court. The court rules that an AIDS victim is a medical patient like any other and orders the unconditional release of Ayannar. The judge urges that policies and laws are lacking for the effective medical treatment and protection of AIDS victims.

On the day of Ayannar's release, the doctor informs Alagamma that there is no cure for the disease. The disease progression and deleterious effects of the disease are noted through the visual depiction of Ayannar, as losing weight and hair, and eventually suffering severe lesions and blindness. In his efforts to treat the disease, the doctor performs the *mediation (9)* function again and prescribes new medicines derived by

Siddha medical practitioners. Siddha medicine is an ancient medical practice predating western bio-medicine and its origin is Tamil Nadu. This highlights the local medical community's efforts to develop a cure for the disease. The doctor also educates the community members by informing them about disease transmission, namely: (a) unprotected sex, (b) having children with an HIV/AIDS carrier, or (c) transfusion of contaminated blood products.

Through the portrayal of these characters and actions, the following HIV/AIDS information is presented: (a) The disease is transmitted sexually and through the transfusion of contaminated blood products. (b) Drug-use, sharing needles for injection drug use, and homosexuality are risk factors for HIV/AIDS. (c) Some symptoms of the disease include: lesions, weight loss, and blindness. (d) Fatality is a likely outcome of the disease. (e) Treatment is being indigenously developed by Siddha medical practitioners. The legal establishment is seen as protecting the rights of patients. The biomedical establishment is portrayed as a credible authority, taking an active role in developing suitable treatment and cure. The doctor is portrayed as a credible authority in administering treatment and dispelling myths surrounding disease transmission.

*Mirugam* was made twenty six years after the virus was first identified in the United States in 1981. The film portrays HIV/AIDS as an affliction of the poor, uneducated, Dravidian population in rural Tamil Nadu. The producer of the film, KarthikJai Productions, was persuaded to make this film because of the prevalence of HIV/AIDS among young, rural garment factory workers in Tamil Nadu. Director Samy believed that awareness about HIV prevention is very low in rural areas and decided to take the message about HIV/AIDS to the rural populace. While the film is a late effort of

the Tamil film industry to address the topic of HIV/AIDS, it is still relevant and significant since young people engage in risky sexual practices out of sheer lack of knowledge. The film provides some pertinent information regarding HIV/AIDS prevention and transmission, but fails to include up-to-date information about HIV testing. Moreover, information about treatment alternatives, such as Siddha medical practice, is relatively ambiguous. Propp's morphological framework facilitated this analysis by providing an empirical tool to assess structural and characterological coherence of the narrative. The structural coherence of *Mirugam* was assessed based on the sequence of functions proposed by Propp. The sequence in *Mirugam* varied from the sequence propounded by Propp, nevertheless, the film sequence progressed in a causal pattern appropriate for the tragedy genre. Characterological coherence of *Mirugam* was assessed based on the definition of eight main characters proposed by Propp. The narrative of *Mirugam* comprised of all the main characters.

*Mirugam* is director and writer Samy's second movie and first dramatic effort to unabashedly address the topic of HIV/AIDS. Through this film the filmmaker highlights the HIV risks prevalent in the poor, rural South. The tragic element in the film is developed simultaneously with the health narrative of the film through the personification of HIV/AIDS as *the villain* - Ayannar, and the depiction of the hardship enduring *victim hero* - Alagamma and her family. The tragedy depicted through *Mirugam* represents a case study. Millions of people in Tamil Nadu are potentially at-risk of contracting the disease if adequate information is not disseminated at the right place and time. With the conclusion of the civil war in Sri Lanka on May 18, 2009, the influx of refugees exacerbates HIV-related risks in Tamil Nadu. Films like *Mirugam* are a necessary and

important tool to communicate significant information to large numbers of uneducated audiences. Using *Mirugam* for the purpose of entertainment-education in various parts of Tamil Nadu can help stave off risk-taking behavior among the local populace.

### Conclusions on *Mirugam*

*Mirugam* conveys a Tamil, Dravidian-centric experience of HIV/AIDS, specifically within the confines of poor and uneducated working class people. Written and directed by Samy, who hails from a farming community in Tamil Nadu, the film perceptively captures the emotional, physical and social degradation associated with HIV/AIDS in the rural South. Following the life and times of Ayannar- the village ruffian, the film highlights HIV risks associated with poverty, illiteracy and lack of information in rural Tamil Nadu. Reference to a local language newspaper in the film is evidence that illiteracy is not widespread. However, by not attributing a function to the newspaper, the filmmakers lost an opportunity to portray the newspaper as a change agent with significant influence over people's attitudes and behaviors in Tamil Nadu. This again reflects the limitation of Tamil language newspapers in information dissemination. In Tamil Nadu, illiteracy rates tend to be high and the reach of Tamil newspapers is confined to the higher income-earning, better-educated subpopulation. *Mirugam*, on the other hand, portrays HIV/AIDS as an affliction of the poor and uneducated. Among this population group, Tamil language newspapers are not likely to be effective as change agents. This again emphasizes the point that entertainment-education through films is a good way to reach the uneducated masses in the state.

This analysis found that *Mirugam* followed a modified version of Propp's classical comedy structure to incorporate an HIV/AIDS narrative with a tragic ending. Where Propp's morphology proposes 31 functions, *Mirugam* contained 36 functions with the repetition of the functions *mediation* (9), *return* (20), *difficult task* (25) and *solution* (26) twice each in the film. *Mirugam* also did not follow the sequence of functions proposed by Propp, nonetheless causation can be attributed to the sequence observed in the film thereby making it a structurally coherent narrative. The fact that Propp's morphological framework was applicable to the structure of *Mirugam*, a filmic narrative of the tragedy genre, is of some significance. First, it suggests that Propp's morphology can be applied to genres other than comedies. Second, Propp's morphology is applicable to narratives communicated orally or through the audio-visual medium. Propp's categories are clear and explicit in delineating the basic elements of a narrative. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analysis of the characters and the functions in the film required some interpretive transformations from their original form. That is, some interpretive readjustments were required in order to interpret a filmic narrative that was produced 79 years after Propp developed his morphology. Finally, this finding supports the structuralist assumption that narratives are communication phenomena with deep underlying principles and Propp's morphology adequately elucidates the underlying structure of narratives.

## Chapter 8

### Discussion of Findings

This study illuminates the mechanism by which health information is interspersed into entertainment narratives. According to McLuhan, (1964), primary modes of communication influence learning, knowledge and experience. In our entertainment saturated world, the power of entertainment media in the knowledge economy cannot be underestimated. Although entertainment media have been criticized for promoting negative social behaviors, the argument that entertainment-education scholars make is that the same genre can be harnessed to promote pro-social behavior while providing entertainment. The caveat, Busselle and Bilandzic (2008) argue, is audience engagement in narratives. If the audience perceives the narrative to be unreal, either because it does not match external reality (defined by Fisher as material coherence) or it lacks narrative realism (defined by Fisher as structural coherence), then the audience is likely to allocate cognitive resources to making judgments about the perceived realism of the narrative, rather than focus on the individuated elements of the narrative, including the health information embedded in the story.

According to Fisher (1987), the proponent of narrative theory, narratives are moral constructs with values embedded in its structure, characters, conflicts, and actions. He defines narrative coherence as a judgment of how a story hangs together, free of contradictions. Narrative coherence is assessed in three ways: (a) by its argumentative and structural coherence, (b) by comparing it to stories in other discourses or material coherence, and (c) characterological coherence, an interpretation of character's decisions and actions that reflect value. In order for a narrative to be persuasive, it must possess

narrative coherence. Fisher's theory offers an elegant explanation about how narratives shape the social world. However, the limitation of Fisher's theory is that he does not provide protocols for testing narrative coherence. This lacuna in Fisher's theory is filled by Propp's morphology as he offers clear and explicit criteria for assessing narrative structures and characters.

According to Propp, narratives possess certain stable characteristics that render them coherent. He defines these stable characteristics as the basic components of a narrative's structure and they include; an initial situation, 31 functions and the 8 main characters. Propp derived his morphology by analyzing oral folktales. Propp defines each function and character in his morphology making it possible to apply his framework to the study of narratives. While Fisher's theory emphasizes that human narratives are value systems, Propp identifies the main components that lend structural coherence to narratives. Therefore, Propp's structural principles deal with the specific mechanisms of plot and character development, whereas Fisher's narrative theory is conceptually culturally relativistic and offers only a broad explanation about the importance of narratives in shaping social reality.

Using Propp's narrative morphological framework, this study delineates the mechanism through which narrative coherence is achieved by films. Since Propp's framework has previously been applied to oral folktales, this study examines films to identify Propp's relevance to contemporary films. Propp argues that characters and the functions they perform within a narrative are the vital elements that hold a narrative together. In applying his framework to the study of films with health content, specifically HIV/AIDS content, this study examines narrative patterns used in feature films to

disseminate health information. This study highlights the narrative strategies through which feature films accomplish the dual role of being entertaining and presenting educational content and concepts that help shape the social reality surrounding health issues. More specifically, exploring films' narrative structures and characterization, this study demonstrates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices.

In the following sections, health related beliefs and practices of the four culturally disparate films are compared and discussed. The four films were produced for different cultural audiences and present HIV/AIDS information in varied cultural circumstances. The information thus provided is compared to gain some understanding of the milieu within which HIV/AIDS existed in these cultures when the films were released. This discussion delineates the social construction of HIV/AIDS through these films and contributes to an understanding of the mechanism by which film narratives shape social reality. Comparison of the health beliefs and practices is followed by a comparison of the Proppian elements in each film. While the four films contained all the 31 Proppian functions and 8 Proppian characters, each film utilized these elements differently. The similarities, difference and discrepancies that emerged in comparing the films' utilization of the Proppian elements are outlined below.

### *Health beliefs and practices*

While all the films addressed the single health issue of HIV/AIDS, the films differed qualitatively in the type of health information provided. In this section the health beliefs and practices communicated through the four films are discussed. The discussion

begins with *Longtime Companion* followed by *All About My Mother*, *Yesterday* and *Mirugam*.

*Longtime Companion* was made nine years after the virus was first identified in the United States in 1981. *The New York Times* article published on July 3, 1981 that describes the incidence of a rare cancer among 41 homosexual men forms the situational basis for this film. Both the article and the film portray HIV/AIDS as an affliction of a white minority, homosexual male population in the United States. Including *The New York Times* article in the health narrative of the film serves as a marker of the historical irony in the film as it represents the tragic events that unfolded in the early 1980s. Historically, *The New York Times* is faulted for the slow diffusion of information that tragically resulted in millions of avoidable deaths. Inclusion of *The New York Times* article in the film alludes to the early apathy of American institutions towards a disease perceived to be affecting a gay minority. As significant as *The New York Times* is to the upwardly mobile members of the gay community, the newspaper was responsible for the initial marginalization of gays during the early onset of HIV/AIDS. While this was the prevailing case in the early 1980s, *Longtime Companion*, made in 1990, portrays these early circumstances surrounding HIV/AIDS to present a historical fiction on the effect of HIV/AIDS on the white, homosexual minority in the United States in the 1980s.

*Longtime Companion* utilized five actors – all of whom represent *the villain* – to personify HIV/AIDS. HIV/AIDS was also personified through the character of the *father* and *false hero*. Through the portrayal of these characters the disease attributes are developed and considerable HIV/AIDS information is presented in the movie, including: (1) It is an epidemic. (2) Drug-abuse, promiscuous sex, men having sex with men, history

of viral infections, such as herpes and hepatitis B, and the history of parasitic infections, such as amoebiasis and Giardia, are risk factors for HIV/AIDS. (3) Fatality is a likely outcome of the disease. (4) Exact prognosis and treatment for HIV/AIDS is unavailable. (5) Some symptoms for the disease include Kaposi Sarcoma, pneumonia, and lesions. (6) Some people may lead normal lives after contracting the disease. The medical establishment is portrayed as taking an active role in identifying an accurate diagnoses and treatment for the disease.

*Longtime Companion* does omit some scientific information pertaining to HIV/AIDS that was available by 1990, when the film was made. The film does not specify that AIDS is caused by a retrovirus. It fails to make any mention of an HIV test kit that was available for wide usage by 1985. The film also fails to make any mention about the drug Retrovir that received FDA approval in 1987 for the treatment of HIV/AIDS. By excluding some significant scientific information the film lost an opportunity to enhance its educational value for homosexual and mainstream audiences in the United States. From a disease prevention perspective, all the relevant information to avoid contracting HIV is provided, however, from a treatment perspective, some crucial information is omitted. Exclusion of select information from the film alludes to the historic irony surrounding the HIV/AIDS crisis in the United States. The slow diffusion of information tragically resulted in millions of avoidable deaths. Exclusion of select information is suggestive of events as they transpired in the early 1980s. It represents the early apathy of American institutions towards a disease perceived to be affecting a gay minority. However, the film fails to fully capitalize on its information

dissemination potential for its audience by excluding HIV/AIDS testing and treatment related information that was available by 1990 when the film was made.

*All About My Mother* was made eighteen years after the HIV/AIDS virus was first identified among gay men in the United States in 1981. The film conveys a Euro-centric experience of HIV/AIDS specifically within the confines of nontraditional familial and social environments characterized by homosexuals, transsexuals and women. Scripted and directed by Pedro Almodóvar, *All About My Mother* is an exposition of alternative family values. His work represents the sentiments of the counter-culture movement in transition from General Franco's dictatorial regime to a democracy. *All About My Mother* symbolizes the adventurous explorations into sexual identities of the counterculture movement of the post-Franco period. The film and its popularity in Spain and abroad demonstrate the religious and cultural anxieties of a transitioning and evolving post-war European country.

The film communicates HIV/AIDS-related information through four main characters: *the father, the villain, the false hero, and the two sons* who replace the *princess* character featured in Propp's morphology. Through the portrayal of these characters and their actions, the movie presents four key pieces of information on HIV/AIDS: (1) It is an epidemic. (2) Drug-abuse, promiscuous sex, mother-to-child transmission and organ donation are risk factors for HIV/AIDS. (3) Fatality is a likely outcome of the disease. (4) Antibodies may be effective in some cases for combating the disease. This is the only film to address mother-to-child transmission as a risk factor for HIV/AIDS and the utility of antibodies in combating HIV/AIDS. This is also the only film to suggest the risk posed by organ donation in transmission of the disease. In

addressing organ donation as a health issue, the medical establishment is portrayed as a cold, factory-like environment that mechanically facilitates the transfer of organs from the dead to the living.

*All About My Mother* fails to incorporate specific details about HIV testing devices. An HIV test kit was available for wide usage in the United States by 1985. This test kit would be useful for the early detection and treatment of the virus and could be crucial in improving the quality of life for HIV-positive individuals. While this test kit was expensive for administering to people in poor countries, developed European countries, such as Spain, could afford access to test kits. From an entertainment-education perspective, the film provides adequate information for disease prevention while making treatment alternatives ambiguous. Exclusion of select information from the film is suggestive of the stigma associated with HIV/AIDS and discrimination endured by people who adopt non-traditional lifestyles. However, the film fails to fully capitalize on its information dissemination potential by excluding HIV/AIDS testing and treatment related information that was available by 1999 when the film was made.

*Yesterday* was made 23 years after the first case of HIV/AIDS was identified in the United States in 1981. The film portrays HIV/AIDS as an affliction of the poor black, heterosexual population in South Africa. Employees of the mining industry and migrant workers are the worst affected by the disease. By adapting the HIV/AIDS narrative of the film to the reality of HIV/AIDS in South Africa, *Yesterday* presents a realistic drama on the effect of HIV/AIDS on a small community in rural South Africa.

The main health messages are presented in the film through five main characters: *Yesterday* – the victim hero, John – the father and the villain, the western biomedical

doctor- *the dispatcher*, the native healer – *the false hero* and the teacher – *the magical helper*. Through the portrayal of these characters, the main HIV/AIDS information presented in the movie are: (1) it is a sexually transmitted epidemic. (2) polygamy, adultery, not using condoms and blood transfusion are risk factors for HIV/AIDS. (3) the lifestyle of migrant workers is one of the sociological causes of the disease. (4) some symptoms of the disease include: lesions and muscle attrition. (5) treatment can prolong life and some people may lead normal lives after contracting the disease. (6) fatality is a likely outcome of the disease. (7) inadequate health literacy is a barrier for disease prevention and treatment. (8) AIDS orphans and AIDS related discrimination is prevalent in South Africa.

The film offers a three-way indictment of the existing social systems in South Africa in dealing with the HIV/AIDS crisis. The film highlights the failure of a Western medical system that proved inaccessible and inadequate at helping Yesterday during the early or later stages of the disease. The film depicts illiteracy and lack of basic knowledge or education as a major failing in preventing and treating HIV/AIDS. The film also portrays the misguided advice offered by the traditional healer as a deterrent to holistic healthcare. This three-part systemic failure in South Africa brings about the film's tragic consequence.

*Yesterday* provides some pertinent information regarding HIV/AIDS prevention and transmission but fails to include up-to-date information about HIV testing and treatment. The exclusion of relevant testing and treatment information from the film can be attributed to the lack of widespread access to Western biomedical testing and treatment facilities in South Africa. The film also fails to develop a positive relationship

between Western biomedicine and native healing practices in South Africa in combating illness. The failure to develop a positive relationship is suggestive of the historical tensions that exist between native and western cultures in South Africa. It is indicative of the distrust between the two systems of health care. Produced by a multi-cultural team, *Yesterday* fails to capitalize on an opportunity to bridge the trust deficit between native and Western health care systems in South Africa.

*Mirugam* was made twenty six years after the virus was first identified in the United States in 1981. The film portrays HIV/AIDS as an affliction of the poor, uneducated, Dravidian population in rural Tamil Nadu. The producer of the film, KarthikJai Productions, was persuaded to make this film because of the prevalence of HIV/AIDS among young, rural garment factory workers in Tamil Nadu. Director Samy believed that awareness about HIV prevention is very low in rural areas and decided to take the message about HIV/AIDS to the rural populace.

The main health messages are presented in the film through two main characters: Ayannar – *the villain*, and the medical doctor – *the dispatcher*. Through the portrayal of these characters and their actions, the movie presents the following information on HIV/AIDS: (a) The disease is transmitted sexually and through the transfusion of contaminated blood products. (b) Drug-use, sharing needles for injection drug use and homosexuality are risk factors for HIV/AIDS. (c) Some symptoms of the disease include: lesions, weight loss, and blindness. (d) Fatality is a likely outcome of the disease. (e) Treatment is being indigenously developed by Siddha medical practitioners. The legal establishment is seen as protecting the rights of patients. The biomedical establishment is portrayed as a credible authority, taking an active role in developing suitable treatment

and cure. The doctor is portrayed as a credible authority, administering treatment and dispelling myths surrounding disease transmission.

*Mirugam* also highlights some unique attitudes held by the local people of Tamil Nadu about HIV/AIDS. People's beliefs about HIV/AIDS include: (a) It is a communicable disease spread to humans from African monkeys. (b) It is contracted from women and has been around a long time in Tamil Nadu but has only recently been named in English. (c) The disease is contracted by men who have sex with men. The reference to these attitudes about HIV/AIDS among the local people is unique to this film.

The film provides some pertinent information regarding HIV/AIDS prevention and transmission. Like other movies, *Mirugam* also fails to include up-to-date information about HIV testing. This suggests the stigma associated with HIV/AIDS and discrimination against carriers of the disease. Also, information about treatment alternatives, such as Siddha medical practice, is relatively ambiguous. Siddha medicine is an ancient medical practice predating western bio-medicine and its origin is Tamil Nadu. Indigenous Siddha medicines are derived from herbal products, inorganic products and animal products. *Mirugam* fails to elucidate the distinction between Siddha medicine and Western bio-medicine. Drawing out the clinical distinction between Siddha and Western bio-medicine was beyond the scope of *Mirugam* whose primary intention was to educate the audience about HIV/AIDS. However, the film fails to fully capitalize on its information dissemination potential by excluding HIV/AIDS testing and treatment related information that was available by 2007 when the film was made.

While the films presented some different information related to HIV/AIDS, some of the common messages that resonated across the films were: (a) HIV/AIDS is

transmitted sexually and through the transfusion of contaminated blood products. (b) Drug-use and sharing needles for injection drug use are risk factors for HIV/AIDS. (c) Exact treatment for HIV/AIDS is unavailable. (d) Fatality is a likely outcome of the disease. (e) Some symptoms of the disease include lesions, weight loss, and muscle attrition. All the films except *Longtime Companion* mention the availability of a drug to treat HIV/AIDS. All the films provided adequate information about HIV/AIDS prevention but failed to include information about HIV testing.

The cultural context within which HIV/AIDS plays out in all the films is unique. Both *Longtime Companion* and *All About My Mother* convey a Euro-centric experience of HIV/AIDS within the confines of non-traditional relationships. *Longtime Companion* focused on a small white male minority homosexual community in the United States, whereas *All About My Mother* was characterized by women, transsexuals and homosexuals. *Yesterday* conveys a black, Afro-centric experience of HIV/AIDS specifically within the confines of heterosexual relationships and migrant working communities of South Africa. And, *Mirugam* conveys a Tamil, Dravidian-centric experience of HIV/AIDS, specifically within the confines of poor and uneducated working class people. Due to these varied cultural circumstances the films conveyed some unique health information.

Since *Longtime Companion* is characterized by educated and upwardly mobile American white males, the film stressed the etiology of HIV/AIDS and utilized *The New York Times* newspaper to convey this information. Since most of the main characters in *All About My Mother* were women, this was the only film to address mother-to-child transmission of HIV/AIDS. *All About My Mother* was also the only film to suggest organ

donation as a risk factor of HIV transmission. This can be attributed to Spain's post-war transition experience. Portraying major fallout of HIV/AIDS in South Africa, *Yesterday* highlights AIDS orphans as a sociological outcome of the disease. The film also portrays inadequate literacy and improper access to western biomedical care as cultural failings in tackling HIV/AIDS in South Africa.

*Yesterday* and *Mirugam* have one unique health component in common. The two films made reference to native health practices along with Western biomedical practices. In *Yesterday*, native healing was shown to be in conflict with western biomedicine. The purpose of a native healer is to discover unconscious impulses in the inner recesses of the mind that cause afflictions and help people bring grudges to the fore, thereby ridding them of their ailment. Based on this role of the native healer in South African society, the filmmakers create an unfair juxtaposition of native practices with Western biomedicine in *Yesterday*. While Western biomedicine may be effective in alleviating some symptoms associated with physical illness, *native healer's* practice may be as effective as Jungian practitioners in dealing with psychological or psycho-spiritual causes of illness. From an entertainment-education perspective, a major shortcoming of *Yesterday* is its negative portrayal of the relationship between Western biomedicine and traditional healing practices. In *Mirugam*, Siddha medical practice or indigenous medicine native to Tamil Nadu is portrayed as working in conjunction with Western biomedicine to develop a treatment for HIV/AIDS. However, the film fails to delineate the distinction between the two systems.

### *Comparison of Proppian elements in the films*

Propp argues that characters and the functions they perform within a narrative are the vital elements that hold a narrative together. According to his narrative morphology, a narrative should contain an *initial situation*, *31 functions* and *eight characters*. In the four films analyzed using Propp's framework, the *initial situation*, all the *31 functions* and *eight characters* were present. However, each film utilized these elements differently. The characters and functions in the films analyzed were interpreted deductively using Propp's categories. However, since Propp developed his categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analyses of the characters and the functions in the films required some interpretive transformations from their original Proppian rendition. Therefore, while Propp's categories are clear and explicit, some interpretive readjustments were required in order to interpret a filmic narrative that was produced more than half a century after Propp developed his morphology. While all the films began with the *initial situation*, the sequence of *functions* in the films did not follow the sequence proposed by Propp. Since the sequence that Propp proposes suggests causation – that is, one event causes another, the films adopted a sequence that fit within their storylines. For example, the film *Mirugam*, repeated some functions twice to render a coherent narrative. Moreover, all the films also adopted different Proppian elements to communicate the health narrative of the film.

In the four films, health information was presented when specific functions were performed. *Longtime Companion* utilized the fewest number of functions to provide health information. HIV/AIDS information was provided in *Longtime Companion* when four functions were performed: *interdiction* (2), *villainy* (8), *mediation* (8) and

*punishment* (30). However, in *Yesterday*, the filmmakers utilized nine functions to convey HIV/AIDS information: *interdiction* (2), *trickery* (6), *complicity* (7), *villainy* (8), *mediation* (9), *counteraction* (10), *unfounded claims* (24), *transfiguration* (29) and *punishment* (30). Similarly, *All About My Mother* utilized six functions and the initial situation, and *Mirugam* utilized the initial function and seven functions to convey health information. Despite the differences in the number of functions utilized to communicate health information, adequate information was provided by each film. This finding is significant because despite the rigidity of the structure in Propp's framework, the 31 functions allow for several permutations and combinations in the actual application of the structure. Any of the functions or any number of functions can be utilized to convey social messages, implying that there is room for sufficient flexibility within the seemingly rigid framework. For example, in *Longtime Companion*, since the *interdiction* (2) function was performed by the *NY Times* article, a lot of detailed information was conveyed through this article. Therefore, only four functions were utilized to convey health messages. Whereas, *Yesterday* conveyed information over nine functions. The fact that *Longtime Companion* addresses a more literate society compared to *Yesterday* could be the reason for the cinematic decision, since *Yesterday* highlights health literacy as a health barrier. Irrespective of the reason for the directorial choices, Propp's framework offers the narrator flexibility in utility of the functions. Therefore, Propp's framework is a flexible yet comprehensive analytical tool to understand the various elements that constitute a filmic narrative. This finding is particularly significant in light of the fact that Propp derived his functions from analyzing Russian folk tales, yet it has cross-cultural applicability and can be applied to the analysis of contemporary films.

Specific to the analysis of entertainment-education films, Propp's morphology does not offer any guidelines on the amount of education that needs to be performed, relative to the importance of entertainment in the films. The ratio of entertainment content to education content in any film depends on various production factors. The commercial factors that drive entertainment content include audience ratings, box office collections and advertising dollars. The social factors that drive education content include the complexity of the social issue, audience and producers' knowledge about the social issue, producers' fear of generating controversy or losing audience and money. Therefore, entertainment-education producers can utilize Propp's morphology to organize and assess content for structural and characterological coherence.

Aside from the presentation of health content, the films shared other commonalities and had some differences in utilizing the Proppian elements. In Propp's original sequence, he suggests that the *wedding (31)* function is the last to be performed. However, that was not the case in these films. In all the films, except *All About My Mother*, *liquidation (19)* was the last function to be performed. The *liquidation (19)* function is defined by Propp as *liquidation of initial misfortune*. In *Longtime Companion*, dead characters returning as an apparition set to the song "Post-mortem bar" constitutes the *liquidation (19)* function. In *Yesterday*, the protagonist destroys the temporary tenement built for John. In *Mirugam*, Ayannar is killed by a villager who suffered at his hands. In *All About My Mother*, *punishment (30)* was the last function to be performed. The *punishment (30)* function is defined by Propp as *villain is punished*. In *All About My Mother*, revelation of Lola's death constitutes the *punishment (30)* function. Not surprisingly, since Propp's morphology presupposed a classic comedy structure of

popular folk tales, *wedding (31)* is the last function to be performed. However, the films analyzed in the present study were tragedies and filmic narratives, therefore, they did not end with the *wedding (31)* function. In each case, deviation from the Proppian sequence did not detract from the logical flow of the narrative. In fact, the conclusion was appropriate for the storyline stylistically and served to emphasize the major health-related theme in the movie. That is, HIV/AIDS is synonymous with death. Therefore, Propp's framework allows for creative flexibility within the confines of the defined structure even though Propp's narrative structure presupposed a classic comedy narrative structure. Applying a morphology derived from analysis of classic comedy narrative structure to study films that conform to the tragedy genre resulted in the discrepancies observed in this study.

While Propp proposes that a narrative has 31 functions, some films repeated some of the functions allowing for more complex or lengthened plots. *Longtime Companion* had a total of 32 functions because the *exposure (24)* function was repeated twice. The function *exposure* is defined by Propp as *villain is exposed*. Since *Longtime Companion* had more than one *villain* the function was repeated twice. In *Yesterday* and *All about My Mother*, all the functions played out only once and had a total of 31 functions. *Mirugam* had a total of 36 functions because the following functions were repeated twice: *mediation (9)*, *Return (20)*, *unfounded claims (24)*, *difficult task (25)* and *solution (26)*. *Mirugam* repeated these functions to facilitate a more lengthened plot typical in Tamil cinema format. Repetition of functions with health information such as *mediation (9)* can help audience recall information after viewing the film. Given the repetition of functions, *Mirugam* was also the longest of the four films.

The ability of filmmakers to present slight variations of the idealized Proppian structure suggests that Propp's structure is a flexible yet comprehensive analytical tool for uncovering the various elements of filmic narratives. That is, Propp's morphology which presupposes a classic comedy structure can be applied to other genres like the tragedy films analyzed in this study. While all the 31 functions were present in the films, the creative directors have flexibility in utilizing the functions. For example, compared to Western filmic traditions, Indian films run approximately two-and-a-half to three hours. Given this cultural tradition in film narratives, it is not surprising that the functions were repeated in *Mirugam*. Despite the differences in the cultural styles of storytelling, Propp's structure served as a useful analytical tool and was comprehensive in scope.

The films also had some similarities and difference in the way the *characters* were utilized. According to Propp, a narrative typically contains *eight characters*: *the villain, the donor, the magical helper, the princess, the father, the dispatcher, the victim/seeker hero, and the false hero*. The films analyzed contained all the *eight characters*. In all the films the *character of the dispatcher* was played by one or more doctors. The role of the *dispatcher* is to make a lack known to the hero. In the four films analyzed, the *dispatcher* was always depicted by a medical doctor, which emphasized the fact that the lack was health-related. Therefore, from the perspective of entertainment-education, the *dispatcher* was a key *character* communicating vital information about pertinent social issues. This finding is useful from the perspective of E-E producers who seek to tailor their *characters* to communicate social messages.

The films also shared some similarities and differences in the utilization of other *characters*. In three films, the *character of donor and magical helper* was played by one

person. According to Propp, the *donor prepares the hero or gives the hero some magical object*. The *magical helper* character helps the hero in a quest. In Propp's morphology the functions performed by the *donor* and *magical helper* overlap. Three functions, namely, the *1<sup>st</sup> donor function*(12), *Hero's reaction* (13) and *receipt of agent* (14) can be assigned to the *donor* and *magical helper*. In *Longtime Companion*, Lisa played both the *donor* and *magical helper*. Likewise, in *Yesterday*, it was played by the teacher, and in *Mirugam*, it was played by the mother-in-law. In the three films, ascribing the characters of *donor* and *magical helper* to one person reduces complexity in the script.

Similarly, in *Longtime Companion*, *All About My Mother* and *Yesterday*, the *character of the father and villain* was played by one person. According to Propp, the *villain* struggles against the hero and the character of *father* is simply defined as *the father*. The *villain* is assigned several functions in Propp's morphology, whereas, the *father's* function is not rigidly defined. Therefore, some interpretive readjustments were required in order to interpret the *father* character. This study interpreted the *father* as the patriarch of a family. In *Longtime Companion*, David plays both the *characters*, in *Yesterday*, it is played by John, and in *All about my mother*, Esteban, alias Lola, plays both *the father* and *the villain*. *Longtime Companion* was the only film to portray the *character of the villain* using five people. The *villain* was personified by David, Sean, John, Paul and Howard. Therefore, while Propp's framework was applicable to the films, some discrepancies from the original morphology were identified in the films.

Overall, this study found that Propp's morphological framework was useful for the analysis of four disparate E-E films. The characters and functions in the films were interpreted deductively using Propp's categories. However, since Propp developed his

categories based on oral folklores and before a time when issues such as HIV/AIDS existed, the analyses of the characters and the functions in the films required some interpretive transformations from their original Proppian rendition. Therefore, while Propp's categories, developed in 1928, are clear and explicit, some interpretive readjustments were required in order to interpret contemporary filmic narratives. The framework was useful to identify the creative strategies used by filmmakers to convey health content. Applying the framework to analyze films proves that even creative processes have an underlying logic. While the films may not follow the exact sequence purported by Propp, the films adapt the sequence to fit the logical flow of their narratives. This logical flow could be easily deciphered and tabulated using Propp's morphological framework, and this suggests three things: (a) Propp's framework can be effectively used to analyze film narratives despite the genesis of this framework in the oral folkloric tradition; (b) Propp's framework, which presupposes a classic comedy structure, can be effectively used to analyze narratives from other genres, such as the four filmic tragedies, (c) it is a comprehensive tool with a clear enumeration and operational definition of the component parts of a narrative's structure. This study found that the sequence of *functions* and representation of *characters* outlined by Propp are not rigid but offers narrators creative freedom in utilizing them, albeit within the limits of the framework. That is, the 31 functions and eight characters are always present in the narrative. However, the sequence, the number of times functions are repeated, and the number of persons representing a character are flexible depending on the genre. Moreover, because the framework outlines the structural components of a narrative, it was useful for the analysis of films from different cultures.

Propp derived his narrative morphology after analyzing Russian folklores. However, this study found that the framework was applicable in today's digital age to the analysis of contemporary films. This cross-media applicability of the framework could be attributed to some similarities between primary orality and secondary orality. Ong (2002) defines primary orality as all oral communication devoid of writing, for example, oral folklores. Secondary orality, on the other hand, is characterized by aural and visual depictions in digital and electronic media that are built around print. Therefore, unlike primary orality, secondary orality is a facet of post-literate societies. However, due to the cyber technologies' ability to bridge the time-space gap, secondary orality shares some features in common with primary orality. Both primary and secondary orality allow for instant feedback in communication, help build community, and encourage fluidity and communal ownership of information. Due to some of these similarities, Ong argues that primary and secondary orality are very similar in the effects produced. The findings of this study suggest that the similarity in the effects produced by primary and secondary orality can be attributed to the common underlying structure shared by both narrative traditions. That is, since oral folklores and film narratives share the same narrative morphology propounded by Propp, they may produce similar effects in their audience.

Propp's framework also has some distinct advantages when compared to Sabido's methodology (2005) that was introduced in Chapter 2. Sabido's methodology utilizes five different theories to produce entertainment-education programs making it a cumbersome methodology for filmmakers to adopt. Moreover one of the theories utilized by Sabido, namely, Carl Jung's theory of archetype, does not provide clear operational definitions for the archetype concept. This makes it difficult to create, test or apply the concept to media

narratives. Propp, on the other hand, offers very clear definitions for his *characters* and the scope of the *functions* performed by each character. Therefore, Propp's framework better lends itself for empirical testing and application compared to Sabido's methodology.

Structuralism is one of the main philosophical positions guiding this study. The primary ontological assumption that structuralism espouses is that everything that is natural or man-made has an underlying structure. This study contributes to the conversation on structuralism by suggesting that narratives relying on primary and secondary orality can share the same underlying narrative structure. That is, folk tales and stories produced for transmission using the filmic audio-visual medium can share the same structure. This study also found that Propp's narrative structure, which presupposes a classic comedy structure, is a flexible and comprehensive tool that lends itself easily for testing and analysis and application to the very complex narrative genre of education-entertainment films. Lastly, this study asserts that Propp's methodology has cross-cultural applicability to analyze film narratives. Conducting a Proppian analysis on a script can help filmmakers improve their plot structure to enhance the plot and its narrative coherence. Such an analysis should also enable producers to better present and convey relevant information.

## Chapter 9

### Significance of Findings and Future Directions

The goal of this research is to examine narrative patterns used in feature films to disseminate health information. This research illuminates the narrative strategies through which feature films accomplish the dual role of entertainment-education to shape the social reality surrounding health issues. More specifically, exploring films' narrative structures and characterization, this study illuminates how a coherent HIV/AIDS narrative is woven into cinematic artifacts laden with specific cultural values, beliefs and practices. The entertainment-education literature has rarely undertaken a study of films to demonstrate their entertainment-education potential. Moreover, by taking a structuralist perspective this study uncovers underlying elements that cut across narratives. Such a perspective resulted in some useful findings to facilitate analysis and production of films for entertainment, education or both.

This study utilized Propp's narrative morphology derived from the analysis of Russian folktales and applied it to the study of films. This section provides a summary answer to the four research questions in this study. This is followed by a discussion of the utility of Propp's morphology to the work of film critics, social scientists, and film producers. This chapter also suggests directions for future research.

The first research question sought to understand the usefulness of Propp's structural elements in analyzing contemporary films. The investigation found that Propp's morphology is a comprehensive structural tool with a clear enumeration of the underlying components of a narrative. Therefore, the framework was useful for the analysis of films despite its genesis in the oral folkloric tradition. Nonetheless, some interpretive readjustments from Propp's original rendition had to be made in analyzing

filmic narratives. Propp's framework presupposes a classic comedy narrative structure and all the films analyzed were of the tragedy genre. Hence, while all Propp's 31 functions and 8 characters were present in all four films analyzed, the functions did not follow the sequence purported by Propp. This does not imply that Propp's framework needs to be updated. It can be considered evidence of the flexibility of Propp's morphology. That is, despite the morphology's seemingly rigid structure applicable to classic comedies, the framework allows for sufficient flexibility to produce a variety of plot scenarios and is applicable to various genres. This study found that Propp's structural elements can be applied to the study of films and it can also be applied to the study of films of various genres.

The second research question sought to understand if Propp's structural elements were evident across all four culturally disparate films. According to Propp's narrative morphology, a narrative should contain an *initial situation*, *31 functions* and *eight characters*. In the four films analyzed using Propp's framework, the *initial situation*, all the *31 functions* and *eight characters* were present. However, each film utilized these elements differently. While all the films began with the *initial situation*, the sequence of *functions* in the films did not follow the sequence proposed by Propp. Since the sequence that Propp proposes suggests causation – that is, one event causes another, the films adopted a sequence that fit within their storylines. Moreover, some films like *Longtime Companion* and *Mirugam* repeated certain functions more than once allowing for more complex or lengthened plots. The films also contained all eight *characters*, however, the films were flexible in the number of actors portraying the *characters*. In analyzing the

characters and the functions, some interpretive readjustments from Propp's original rendition had to be made in analyzing filmic narratives.

Research questions three and four pertain to the health content in the films. As discussed in chapter eight, the films each contained some unique information about HIV/AIDS based on their respective cultural milieu. Both *Longtime Companion* and *All About My Mother* convey a Euro-centric experience of HIV/AIDS within the confines of non-traditional relationships. *Longtime Companion* focused on a small white male minority homosexual community in the United States, whereas *All About My Mother* was characterized by women, transsexuals and homosexuals. *Yesterday* conveys a black, Afro-centric experience of HIV/AIDS specifically within the confines of heterosexual relationships and migrant working communities of South Africa. And, *Mirugam* conveys a Tamil, Dravidian-centric experience of HIV/AIDS, specifically within the confines of poor and uneducated working class people. Due to these varied cultural circumstances the films conveyed some unique health information. The common health messages that resonated across the films were: (a) HIV/AIDS is transmitted sexually and through the transfusion of contaminated blood products. (b) Drug-use and sharing needles for injection drug use are risk factors for HIV/AIDS. (c) Exact treatment for HIV/AIDS is unavailable. (d) Fatality is a likely outcome of the disease. (e) Some symptoms of the disease include lesions, weight loss, and muscle attrition. All the films provided adequate information about HIV/AIDS prevention but failed to include information about HIV testing. Excluding select information, the films lost an opportunity to enhance its educational value for the audience.

The findings from this study are useful for critics, social scientists, and producers. A discussion of the utility of Propp's morphology to the work of film critics, social scientists, and film producers follows.

For film critics, Propp's morphology is a useful analytical tool to form the basis of film commentary. One limitation of the framework for critics is that it only allows for analysis of the components of a film's narrative, it cannot be used to make judgments about whether a film is good or bad. But the framework does allow the critic to make judgments about a film's structural coherence. That is, using the framework a critic can discern if the structure of the film is logical. For example, as discussed in chapters four through eight, the films analyzed followed a logical course that suggests causation of events despite the deviation from Propp's structure. Moreover, since Propp's morphology presupposes a classical comedy structure and the films analyzed were tragedies, deviation from Propp's structure was justified.

Using Propp's morphology, a critic can also comment on the development of the significant *characters* in the film to assess characterological coherence. For example, the films analyzed utilized the character of the *false hero* quite differently. The role of the *false hero* is as the anti-hero/ usurper who takes credit for the hero's actions by trying to "marry the princess," in Propp's terminology. In *Longtime Companion*, David represented the characters of the *villain*, *father* and *false hero*. Having one person represent so many characters, the film failed to adequately develop the character of the *false hero* thereby losing the opportunity to add depth and complexity to the character. The plot of *Longtime Companion* could have benefited from treating Howard - one of the *villains* – as the *false hero*. Similarly, *Yesterday* did not convincingly develop the

character of the *false hero*. The native healer represented the *false hero* in *Yesterday*. The film also presented native healing traditions to be in conflict with western biomedicine. Developing the character of the native healer adequately could have allowed the film to make a stronger commentary on the nexus of traditional healing practices and western biomedicine. In both *Mirugam* and *All About My Mother* the character of *false hero* was well established. In *Mirugam*, Savithri is portrayed as the *false hero*. Savithri casts aspersions against Alamma and presents falsehoods. This character is convincingly developed and fit within Propp's conception of a *false hero/anti-hero*. Similarly, Sister Rosa as the *false hero* in *All About My Mother* was subtle in her anti-hero potential by representing a negative role-model.

Using Propp's morphology, a critic can also comment on the attribution of significant *functions* in the film. For example, two of the films analyzed, *Longtime Companion* and *Mirugam*, had a newspaper component in common. In *Longtime Companion*, the *NY Times newspaper* performed the function of addressing an *interdiction* (2). Thus the newspaper was utilized to convey significant health related information presenting the paper as a credible source for scientific information. In *Mirugam*, however, the newspaper was utilized to communicate information about disease incidence and was not attributed any *function*. Thereby, the film failed to fully extract the potential of the newspaper as a credible source of health information. The filmmakers lost a good opportunity to portray the newspaper as a change agent with significant influence over people's attitudes and behaviors in Tamil Nadu, India. This oversight could be avoided if a Proppian analysis was performed on the script. However, the newspaper in *Mirugam*, as in *Longtime Companion*, served as a tool to initiate

dialogue about a sensitive health issue. From an entertainment-education perspective, attributing a function to the newspaper in *Mirugam* could have enhanced its educational value.

For social scientists interested in film studies or narrative studies at large, Propp's morphology serves as a very useful analytical tool that would withstand the rigors of empiricism. Propp delineates the various components of a narrative, offers a clear operational definition for each component and also provides a logical sequence that a narrative can follow. This study found that Propp's sequence is flexible and the number of actors representing a character can vary. Nonetheless, the films fit within the narrative structure propounded by Propp. His framework can be used by social scientists interested in qualitative and quantitative research. This study undertook a qualitative analysis of a sample of films to uncover the underlying structure of the films and to understand the relevance of Propp's structure to these films. Entertainment-education scholars can conduct similar analyses to investigate other social topics related through films. Further, this study found that oral narratives and audio-visual narrative share the same underlying structure. Future research can investigate if Propp's narrative structure can be applied to literary texts. Since Propp is a structuralist, his framework can be applied to cross-cultural study designs.

Since this study found Propp's morphology to be relevant to the study of films, quantitative researchers can use Propp's framework to undertake content analysis of films on topics of their choosing. Such an analysis can help the researcher record information such as frequency of repetition of certain key symbols within and across films. This will help illuminate certain recurring symbols to theorize about why those symbols may be

recurring. For instance, Carl Jung proposes that certain characters or symbols form part of the unconscious mind and find expression in all life forms and humanity, including art. This Jung defines as the collective unconscious. Performing a content analysis using Propp's morphology can help illuminate and build a more comprehensive understanding of Jung's archetypes and collective unconscious.

This study also has some significance for film producers. Conducting a Proppian analysis on film scripts can help producers develop structurally and characterologically coherent scripts. Specifically in the context of entertainment-education films, producers can verify the structural logic and consistencies in characterization while conveying relevant social messages. Conducting such an analysis during the pre-production stage and pre-testing the script through focus groups can help producers of entertainment-education films determine if the appropriate strategies are followed in the communication of social content through their films. Such an analysis and pre-testing before filming can help producers tailor the script to the needs of their audience.

Propp's methodology also has one significant advantage over Sabido's methodology (2005) discussed in Chapter 2. Sabido's methodology utilizes five different theories to produce entertainment-education programs making it a cumbersome methodology for filmmakers to adopt. Moreover one of the theories utilized by Sabido, namely, Carl Jung's theory of archetype does not provide clear operational definitions for the archetype concept making it difficult to test the concept. Propp, on the other hand, offers very clear definitions for his *characters* and the scope of the *functions* performed by each character. Therefore, Propp's framework better lends itself for empirical testing and application compared to Sabido's methodology. However, a Jungian or a Freudian

analysis in conjunction with a Proppian analysis can help producers add depth to their analysis of the script, characters and stylistic representation of the symbols in the film. Also, Sabido methodology has been utilized for the development of entertainment-education soap operas – a format that is popular worldwide. Future research can investigate the viability and utility of applying Propp to the soap opera format.

## References

46664 (2010). <http://www.46664.com/About.aspx>. Retrieved July 7, 2010.

AIDS epidemic update by the Joint United Nations Program on HIV/AIDS (UNAIDS). (2008, March 21). Retrieved March 21, 2008, from <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>

Ajzen, I., & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, NJ: Prentice Hall.

Altman, L. K. (1981, July 3). Rare cancer seen in 41 homosexuals. *The New York Times*.

Retrieved from <http://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html?&pagewanted=2>

Ambati, B. K., Ambati, J., & Rao, A. M. (1997). Dynamics of knowledge and attitudes about AIDS among the educated in Southern India. *AIDS Care*, 9,

Anderson, J. A. (1996). *Communication theory: Epistemological foundations*. London: The Guilford Press.

Ansen, D. (1990, May 14). Friends in the face of death. *Newsweek*, p. 75.

Avert (2010). <http://www.avert.org/history-aids-south-africa.htm>. Retrieved July 8, 2010.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.

- Bentley, E. (1967). *The life of drama*. New York, NY: Atheneum.
- Berger, A. A. (1992). *Popular culture genres: Theories and texts*. Thousand Oaks, CA: Sage.
- Berger, P. L., & T. Luckmann. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, NY: Anchor Books
- Busselle R. & Bilandzic H. (2008). Fictionality and Perceived Realism in Experiencing Stories: A Model of Narrative Comprehension and Engagement. *Communication Theory*, 18, 255-280.
- Catina, J. A., Coates, T. J., Stall, R., Turner, H., Peterson, J., Hearst, N., Dolcini, M. M., Hudes, E., Gagnon, J., Wiley, J. & Groves, R. (1992). Prevalence of AIDS-related risk factors and condom use in the United States. *Science*, 258, 1101 - 1106
- Catina, J. A., Kegeles, S., & Coates, T. J. (1990). Towards and understanding of risk behavior: An AIDS risk reduction model (AARM). *Health Education Quarterly*, 17, 53-72.
- CDC Morbidity and Mortality Weekly Report. (1981, June 5). *Pneumocystis Pneumonia* –Los Angeles, 1981, (30): 250-252. Retrieved May 20, 2010 from [http://news.bbc.co.uk/2/shared/bsp/hi/pdfs/05\\_06\\_06\\_aids.pdf](http://news.bbc.co.uk/2/shared/bsp/hi/pdfs/05_06_06_aids.pdf).
- Chomsky, N. (2003). *On language*. New Delhi, India: Penguin Books.
- Clift, E., & Freimuth, V. (1995). Health Communication: What is it and what can it do for you? *Journal of Health Education*, 26 (2), 68-74.

- Croliss, R. (1990, May 14). The really big chill. *Time*, 135(20), 96.
- De Jager, C. (2004, September 27). Zulu AIDS feature draws awards, tix sales. *Variety*, p. 16.
- DeLamater, J. D., & Hyde, J. S. (1998). Essentialism vs. social constructionism in the study of human sexuality. *The Journal of Sex Research*, 35(1), 10-18.
- DiClemente, R. J., & Peterson, J. L. (1994). Changing HIV/AIDS risk behaviors: The role of behavioral interventions. In DiClemente, R. J., & Peterson, J. L. (Eds.). *Preventing AIDS: Theories and methods of behavioral interventions (pp. 1 - 3)*. New York, NY: Plenum Publishing Corporation.
- Eco, U. (2006). Excess and history in Hugo's Ninety-three. In Moretti, F. (Ed.). *The Novel, Volume 2: Forms and Themes (pp. 272 - 294)*. Princeton, NJ: Princeton University Press.
- Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, 111, 455- 474
- Fisher, W. (1987). *Human communication as narration: Toward a philosophy of reason, value and action*. Columbia, SC: University of South Carolina Press.
- Fiske, J. (1990). *Introduction to Communication Studies*. New York, NY: Routedledge.
- HIV/AIDS basic information by the Centers for Disease Control. (2008, March 21). Retrieved March 21, 2008, from <http://www.cdc.gov/hiv/topics/basic/index.htm>

- HIV/AIDS surveillance report by the Centers for Disease Control (2006). (2008, March 21). Retrieved March 21, 2008, from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#surveillance>
- Gilberman, O. (1990, May 11). Longtime Companion (199). *Entertainment Weekly*. Retrieved March 3, 2009, from [http://webcache.googleusercontent.com/search?q=cache:0t\\_1W6HaVk8J:www.ew.com/ew/article/0,,317365,00.html+owen+gleiberman+Longtime+Companion&cd=1&hl=en&ct=clnk&gl=in&client=firefox-a](http://webcache.googleusercontent.com/search?q=cache:0t_1W6HaVk8J:www.ew.com/ew/article/0,,317365,00.html+owen+gleiberman+Longtime+Companion&cd=1&hl=en&ct=clnk&gl=in&client=firefox-a)
- Hinson, H. (1990, May 25). 'Longtime Companion' (R). *Washington Post*, Retrieved from [http://www.washingtonpost.com/wp-srv/style/longterm/movies/videos/longtimecompanionrhinson\\_a0a975.htm](http://www.washingtonpost.com/wp-srv/style/longterm/movies/videos/longtimecompanionrhinson_a0a975.htm)
- Horne, F. J. (2005) Yesterday, AIDS and Structural violence in South Africa. *Communicatio*, 31(2), 172-197.
- Jaffe, H., W. (2008). Universal access to HIV/AIDS treatment: Promise and problems. *JAMA*, 300, 573-575
- Jung, C. G. (1970). *Archetypes and the collective unconscious*. Buens Aires: Editorial Paidos.
- Kalichman, S. C. (2008). Time to take stalk of HIV/AIDS prevention. *AIDS Behavior*, 12, 333-334.
- Kelly, G. A. (1963). *A theory of personality: The psychology of personal constructs*. New York: Norton.

- Kreps, G. L., Bonaguro, E. W., & Query, J.L. (1998). The History and Development of the Field of Health Communication. In Jackson, L.D., & Duffy, B.K. (Eds.). *Health Communication Research: Guide to Developments and Directions*, Westport, CT: Greenwood Press, pp. 1-15.
- Mallin, N. (2005, November 24). "Yesterday": Best intentions, difficult viewing. *The New York Amsterdam News*, p. 22.
- McLuhan, M. (1962). *The Gutenberg galaxy: The making of typographic man*. Toronto: University of Toronto Press.
- McLuhan, M. (1964). *Understanding media: The extensions of man*. New York, NY: McGraw Hill.
- Miller, K. (2005). *Communication theories*. New York: McGraw Hill.
- Montaño, D.E., Kasprzyk, D., & Taplin, S.H. (1997). The theory of reasoned action and the theory of planned behavior. In Glanz, K., Lewis, F.M., & Rimer, B.K. (Eds.). *Health behavior and health education: Theory, research, and practice*. San Francisco: Jossey-Bass, pp. 85-112.
- Ong, J. W. (2002). *Orality and literacy*. New York, NY: Routledge.
- Online Encyclopedia (2005). <http://www.encyclopedia.com>. Retrieved February, 18, 2005.
- Pavitt, C. (1999). The third way: Scientific realism and communication theory. *Communication Theory*, 9(2), 162-188.

- Piaget, J. (1970). *Structuralism*. New York, NY: Basic Books.
- Piotrow, P. T., Kincaid, D.L. Rimon II, J., & Rinehart, W. (1997). *Health communication: Lessons from family planning and reproductive health*. Westport, CT: Praeger.
- Population Media Center. (2005). Soap operas for social change to prevent HIV/AIDS: A training guide for Journalists and media personnel. [Brochure]. Shelburne, VA: Barker & Sabido.
- Propp, V. (1968). *Morphology of the folk tale (Introduction by Alan Dundes)* (2<sup>nd</sup> ed.). Austin, TX: University of Texas Press. (Originally published 1928).
- Pudovkin, V. I. (2007). *Film technique and film acting: The cinema writings of V. I. Pudovkin (Introduction by Lewis Jacobs)*. New York, NY: Bonanza Books.
- Rogers, E. (1994). *A history of communication study: A biographical approach*. New York: Free Press.
- Rogers, E. (1996). The field of health communication today: An up-to-date report. *Journal of Health Communication, 1*, 15-23.
- Rogers, E. M., Singhal, A., & Thombre, A. (2004). Indian audience interpretations of health-related content in *The Bold and the Beautiful*. *The International Journal for Communication Studies, 66*, 437-458.
- Sabido, M. (1981). *Towards the social use of soap operas*. Mexico City, Mexico: Institute for Communication Research.

- Sabido, M. (2004). The origins of entertainment-education. In A. Singhal., C. J. Cody., E.M. Rogers., & M. Sabido. (Eds.). *Entertainment-education and social change: History, research, and practice* (pp. 3-20). Mahwah, NJ: Lawrence Earlbaum.
- Singhal, A. (1990). *Entertainment-education communication strategies for development*. Unpublished doctoral dissertation, University of Southern California, Los Angeles.
- Singhal, A. (2004). Entertainment-Education through participatory theater: Freirean strategies for empowering the oppressed. In A. Singhal., C. J. Cody., E.M. Rogers., & M. Sabido. (Eds.). *Entertainment-education and social change: History, research, and practice* (pp. 377-397). Mahwah, NJ: Lawrence Earlbaum.
- Singhal, A. (2007). Popular media and social change: Lessons from Peru, Mexico and South Africa. *Brown Journal of World Affairs*, XIII, 259-269
- Singhal, A., & Rogers, E. M. (2002). *Entertainment-education: A Communication Strategy for Social change*. Mahwah, NJ: Lawrence Earlbaum.
- Singhal, A., & Rogers, E. M. (2002). A theoretical agenda for entertainment-education. *Communication Theory*, 2, 117-135.
- Singhal, A., & Rogers, E. M. (2004). The status of entertainment-education worldwide. In A. Singhal., C. J. Cody., E.M. Rogers., & M. Sabido. (Eds.). *Entertainment-education and social change: History, research, and practice* (pp. 3-20). Mahwah, NJ: Lawrence Earlbaum.

- Singhal, A., & Vasanthi, P. N. (2005). The role of popular narratives in stimulating the public discourse on HIV and AIDS. *South Asian Popular Culture*, 3, 3-15.
- Sood, S. (1999). *Audience involvement with "Tinka Tinka Sukh" and entertainment-education soap opera in India: An analysis of media effects*. Unpublished doctoral dissertation, University of New Mexico, Albuquerque.
- Sood, S. (2002). Audience involvement and entertainment-education. *Communication Theory*, 2, 153-172
- South Africa (2010). In U.S. Central Intelligence Agency. World Factbook [online]. Retrieved August 31, 2010 from <https://www.cia.gov/library/publications/the-world-factbook/geos/sf.html>
- Sreenivas, D. (2007). HIV/AIDS in a Bollywood film: Weaving health content into narratives for mass consumption. Paper presented at National Communications Association, Chicago, IL.
- Sturrock, J. (1986). *Structuralism*. London, England: Paladin Grafton books.
- Usdin, S., Singhal, A., Shongwe, T., Goldstein, S., & Shabalala, A. (2004). No shortcuts in entertainment-education: Designing Soul City step-by-step. In A. Singhal., C. J. Cody., E.M. Rogers., & M. Sabido. (Eds.). *Entertainment-education and social change: History, research, and practice* (pp. 153-176). Mahwah, NJ: Lawrence Erlbaum.
- Venkatesan, J. (2010, July 10). Consider restricting jallikattu to 2 months. *The Hindu* (Chennai, Tamil Nadu), p. 5.

Videovision Entertainment (2010). <http://www.videovision.co.za/content/view/128/27/>.

Retrieved July 7, 2008

Williams, F., Monge, P. (2001). *Reasoning with statistics: How to read quantitative research* (5<sup>th</sup> ed.). New York: Harcourt.