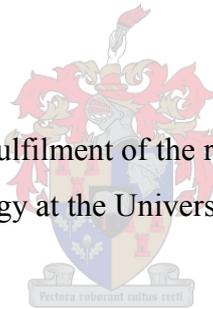


**Spirituality in film:  
a critical enquiry into the film *Yesterday* and the question of  
stigmatisation within the context of the HIV pandemic**

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Thesis presented in partial fulfilment of the requirements for the degree of  
Master of Theology at the University of Stellenbosch



Study leader: Prof. D.J. Louw

March 2008

## **DECLARATION**

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:.....

Date:.....

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## Abstract

Conventional HIV intervention strategies are based on the presupposition that scientific knowledge and appropriate information about HIV will curb the spread of the disease. The dominant approaches to the HIV debate and pandemic focus mostly on the medical, pedagogical and ethical dimensions of the pandemic. Governments are concerned with democratic and human rights and the juridical implications of HIV. This study proposes that a team approach should be followed, with the emphasis on a holistic model of prevention care. In this regard it is hypothesised that the spiritual dimension, emphasising our human quest for meaning, moral decision-making and virtues as related to the transcendent dimension of our being human, should play a substantial role.

One of the most burning issues in the pandemic is the phenomenon of stigmatisation. This investigation is in search of an approach that can effectively penetrate the realm of prejudice, blaming, and discrimination. If spirituality can address stigmatisation, antistigma interventions must acknowledge the role of pastoral care with its emphasis on ‘soul care’, values and meaning.

The study explores the possibility of extending the traditional understanding of theology as *fides quarens intellectum*, with its emphasis on knowledge (the rational), to *fides quares imaginem*, with its emphasis on imagination (the aesthetic dimension of life). Therefore the important presupposition that, due to the aesthetic dimension of faith, care to people living with HIV should include the aesthetic dimension. If one links *fides quares imaginem* to *fides quarens visum* new options can be created for Practical Theology. In this regard, the visual dimension of life as represented by media, and specifically film, should be investigated in a HIV prevention strategy.

The study thus proposes that a specific form of art, namely film, has potential as an effective antistigma intervention. It is hypothesised that film inherently has a spiritual dimension. This spiritual dimension could be linked to issues that can determine the direction and meaning of life, as well as the understanding of human identity and dignity. In this regard the study wants to determine to what extent film can play a fundamental role in addressing the realm of attitudes, convictions and belief systems. Film is thus suggested as a medium for spiritual intervention in order to bring about change on the level of perceptions.

Lesser-educated people are very vulnerable, especially in relation to HIV. The study wants to explore whether film can be an effective medium of addressing, educating and influencing such people at their level. In order to test this, an empirical study was done to assess the effect that film has on HIV stigmatisation within such a group of people. The aim of the empirical research was not to create statistical evidence, but to illustrate certain trends and tendencies. A group of people from Vlaeberg, a rural area outside of Stellenbosch, South Africa, was chosen for the study.

In order to empirically explore the potential of film in addressing HIV stigmatisation it was decided to use the film *Yesterday*, the first South African film to be nominated for an Oscar. The film was chosen for the following reasons: a) it is set within South Africa, depicting vulnerable persons within a rural setting; b) it has a positive, though realistic approach to HIV; c) it depicts the cruelty of stigmatisation; d) it shows how you can assist those with HIV; and e) it is easily understandable.

The film was positively received and able to influence the stigmatising perceptions, attitudes and convictions of the target group. The empirical study proved that film has a spiritual dimension and should be used as a medium for spirituality formation. Due to this, it has an important role to play in antistigma interventions. In this regard, the research showed that film can indeed play a decisive role in a HIV prevention strategy and an antistigma intervention.

## Opsomming

Konvensionele MIV-ingrypingstrategieë word gebaseer op die aanname dat wetenskaplike kennis en geskikte inligting aangaande MIV die verspreiding van die virus sal kan halt. Die dominante benaderings tot die MIV-debat en –pandemie fokus meesal op die mediese, pedagogiese en etiese dimensies van die pandemie. Regerings is bemoeid met die demokratiese regte, menseregte en wetlike implikasies van MIV. Hierdie studie stel voor dat ’n spanbenadering gevolg moet word, waarbinne die fokus sal wees op ’n holistiese model van voorkomende sorg. Die hipotese is dat die spiritualiteits-dimensie ’n substansiële rol moet speel, aangesien dit ons menslike strewe na betekenis, morele besluitneming en waardes, soos dit in verhouding staan tot die transendente dimensie van ons menswees, in ag neem.

Een van die kwellende vraagstukke van die pandemie is stigmatisasie. Hierdie navorsing soek ’n benadering wat effektief die gebied van vooroordele, beskuldiging, en diskriminasie kan penetreer. Indien spiritualiteit stigmatisasie kan aanspreek, moet antistigma-ingrypings die rol van pastorale sorg, wat klem lê op ‘sielesorg’, waardes en betekenis, erken.

Die studie ondersoek die moontlikheid dat die tradisionele verstaan van teologie as *fides quarens intellectum*, met die klem op kennis (die rasonale), uitgebrei moet word na *fides quares imaginem*, met die klem op die verbeelding (die estetiese dimensie van die lewe). Daarom word die belangrike aanname gemaak dat, as gevolg van die estetiese dimensie van geloof, sorg vir dié met MIV die estetiese dimensie moet insluit. As ’n mens *fides quares imaginem* skakel met *fides quarens visum* word nuwe moontlikhede ontsluit vir Praktiese Teologie. In hierdie opsig moet die visuele dimensie van die lewe, soos dit uitgebeeld word deur die media en meer spesifiek film, ondersoek word in ’n MIV-voorkomingstrategie.

Die studie stel voor dat ’n spesifieke vorm van kuns, naamlik film, potensiaal het as ’n effektiewe antistigma-ingryping. Daarom die hipotese dat film inherent ’n spirituele dimensie het. Hierdie spirituele dimensie kan geskakel word met kwessies wat die rigting en betekenis van lewe kan bepaal, sowel as ons verstaan van menslike identiteit en waardigheid. Gevolglik wil hierdie studie bepaal tot watter mate film ’n fundamentele rol kan speel in die aanspreking van houdings en oortuigings. Film word dus voorgestel as ’n medium vir spirituele ingryping om sodoende verandering te bring op die vlak van persepsies.

Mense met minder opvoeding is baie kwesbaar en blootgestel, veral in terme van MIV. Hierdie studie ondersoek of film 'n effektiewe medium kan wees om sulke mense aan te spreek, op te voed en te beïnvloed. Om dit te bepaal is 'n empiriese studie gedoen wat moes vasstel watter effek film het op MIV-stigmatisering binne so 'n groep. Die doel van die empiriese studie was nie om statistiese bewyse te lewer nie, maar om sekere neigings en tendense aan te toon. 'n Groep mense van Vlaeberg, 'n plattelandse area buite Stellenbosch, Suid-Afrika, is gebruik vir die studie.

Die film *Yesterday* is gebruik vir die empiriese ondersoek aangaande die potensiaal wat film het om MIV-stigmatisering aan te spreek. *Yesterday* is die eerste Suid-Afrikaanse film wat vir 'n Oscar benoem is. Die film is gekies om die volgende redes: a) dit speel af in Suid-Afrika en weerlose mense binne 'n plattelandse omgewing word uitgebeeld; b) dit het 'n positiewe, dog realistiese benadering tot MIV; c) dit beeld die wreedheid van stigmatisering uit; d) dit dui aan hoe 'n mens diegene met MIV kan bystaan; en e) dit is maklik verstaanbaar.

Die film was positief ontvang en het die stigmatiserende persepsies, houdings en oortuigings van die groep beïnvloed. Die empiriese studie het bewys dat film 'n spirituele dimensie het en as medium vir spirituele vorming gebruik moet word. Dus het film 'n belangrike rol te speel in antistigma-ingrypings. In hierdie opsig het die navorsing gewys dat film wel 'n deurslaggewende rol in 'n MIV-voorkomingstrategie en 'n antistigma-ingryping kan speel.

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# Chapter 1

## Introduction

### 1.1 Introduction

HIV<sup>1</sup> has reached pandemic proportions in South Africa. But those infected with and affected by HIV are not only exposed to physical suffering. HIV is greatly feared and stigmatised in South Africa. Those who are HIV-positive<sup>2</sup>, and very often also their loved ones, are often rejected by their community, and suffer from the indignities caused by a community which stigmatises HIV.

Media has been used in the response<sup>3</sup> to HIV. TV programmes, advertisements, articles, interviews, etc. are used to help educate South Africans. Also, more and more films about HIV are being produced<sup>4</sup>.

Yet the underutilising of media was shown in a two-year study done by Media Tenor, the Institute for Media Analysis. The study was on the use of the media in South Africa and specifically the media's response to HIV. It was conducted from October 2004 to September 2006. Media Tenor concluded that, although the pandemic is growing at an alarming rate, HIV still receives less than 1% of the total media coverage in South Africa. Furthermore, much of this media coverage is related to important and/or controversial events like the Zuma-trail<sup>5</sup> and International AIDS Day, and not enough to HIV awareness and prevention. They conclude that although the media can and should play a leading role in the initiative against HIV, the media is largely ignoring HIV (Schreiner, 2006: Online).

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<sup>1</sup> In this study preference will be given to the term 'HIV'. The *UNAIDS Editors' Notes for authors* (UNAIDS, 2006: Online) indicate that the term 'HIV' should be used to refer to both HIV and AIDS. The term 'AIDS' should only be used when referring to only AIDS (UNAIDS, 2006: Online). Thus this document will use the term 'HIV' when referring to both HIV and AIDS, unless specifically stated differently. Thus, for example, 'HIV stigma' will be used to refer to the stigma attached to both HIV and AIDS.

<sup>2</sup> In this study the decision was made not to refer to those with HIV as 'sufferers' or 'victims'. This is in support of Parker & Birdsall's (2005:5) opinion that such wording contributes to stigmatisation. The *UNAIDS Editors' Notes for authors* endorses this viewpoint (UNAIDS, 2006: Online).

<sup>3</sup> In accordance with the *UNAIDS Editors' Notes for authors* (UNAIDS, 2006: Online), "fight and other combatant language" will be avoided in this text. UNAIDS encourages authors not to use words such as struggle, battle, campaign, war, etc. in relation to HIV, unless in direct quotation.

<sup>4</sup> For example, in South Africa, *Tsotsi* (2005) and *Beat the drum* (2003).

<sup>5</sup> In 2006 the ANC deputy president, Jacob Zuma, was on trial for rape. He claimed it was consensual, unprotected sex, and that he had showered after intercourse as a way of avoiding HIV. The woman who brought the charges was HIV-positive. As Zuma was one of South Africa's leading officials on AIDS policy, he was harshly criticised, both by officials and AIDS activists. In May 2006 he was acquitted of the rape charges (Zuma accuser gets asylum, 2007: Online).

Thus the question needs to be asked: how relevant is the media in a HIV stigmatisation prevention strategy? When specifically looking at the medium of film, what role can it play in curbing stigmatisation and its resulting evils? This study wants to create sensitivity and awareness of to what extent film is relevant to the efforts against HIV stigmatisation, and how it can contribute to HIV stigma interventions and to a general HIV prevention strategy.

## **1.2 Research problem**

According to Badham (1996:101-106), theology literally means “thinking about God”. The process of theologising introduces the tension between faith and reason (Louw, 1998:16). It turns faith into the object of study and reflection. Theology has always struggled to maintain the balance between a positivistic scientific stance and a clericalisation of theological science. It has been acknowledged that theology as a hermeneutical science needs symbols and signs in order to communicate the encounter between God and human beings, as theological language is essentially metaphorical (Louw, 1998:19). However, a dimension has been neglected, a very important existential dimension, namely the visual. Theologians are satisfied with defining theology as a process and activity that needs rational-historical analyses of experiential data, wisdom, reflection/contemplation about the transcendent dimension of faith, and cognitive analysis along the lines of a logical and philosophical argumentation (Louw, 1998:20). But little attention has been paid to what theology can gain from the visual existential dimension of spirituality, specifically the visual dimension of film.

This study will launch a threefold investigation. Firstly will be explored the sense in and extent to which theology does and should recognise and utilise film as a medium for spirituality. Much of the theology being practised today is too rational and cognitive. Theology does indeed include a rational component. Thus the now very famous and classic formulation of theology: *fides quaerens intellectum*. However, this researcher wants to argue that theology in the 21<sup>st</sup> century should become aware of both the existential and visual dimension of faith: *fides quaerens visum*. In this regard the study will argue for a paradigm shift: away from a very schematic and positivistic stance (truth as the identification of fact) to a hermeneutical stance: truth as embedded in the dynamics of relationships, truth as knowing, doing, being, believing, experiencing and seeing.

What is needed is that paradigms be shifted. Hendriks (2004:19) defines a paradigm as “a mindset; a philosophical and theoretical framework of a scientific school or discipline within which theories, laws and generalisations and the experiments performed in support of them

are formulated”. Paradigm shifts occur when a dominant paradigm is replaced by another. This is usually an extended, difficult process. In theology the dominant paradigm is that of theology being practised as a cognitive, logical, rational, and reflective activity. This paradigm needs to be supplemented by a paradigm in which there is also room for a visual existential dimension.

Secondly, an investigation will be made into film as a potential medium of spirituality formation, and into the influence that film can bring to bear on the individual’s identity and self-image. The critical question that will be investigated is what role film can play within the dimension of perceptions. Can the media play a constructive role in breaking down the barriers formed by fixed, ingrained perceptions, especially perceptions that lead to stigmatisation?

Lately, there has been a tendency in various disciplines towards a more positive approach to life and life-issues. Even in psychology there has developed what is called ‘positive psychology’. Fortigenesis is an example of this “science of strengths”, as “not only the origins of psychological well-being should/will be studied, but also the nature, manifestations and consequently ways to enhance psychological well-being and develop human capacities” (Strümpfer, 1990:265). What this study wants to do is investigate whether film can also take this step into the direction of a more positive approach. Is there a possible positive, constructive role that film can play in the action against HIV stigmatisation? The media and film is accused of focussing on the negative side of life, i.e. violence, corruption, abuse, etc. Can it also do the opposite?

Furthermore, the possible therapeutic, healing role that film can play in the current HIV pandemic will be investigated. The role of film in curbing stigmatisation and promoting prevention will be explored. The basic presupposition of this study is that film is a potential text for social reflection and analysis, and as such this study plans to utilise it.

### **1.3 Objective of this study**

This study wants to see whether film can actually make a positive contribution to society via its portrayal of HIV. The basic assumption and presupposition of the study is that, within contemporary South African society, violence, crime, poverty, and the abuse of power defines every reflection on human dignity and the meaning of life. Intertwined with these issues is the HIV pandemic. The pandemic overshadows every aspect of human relationships. It

penetrates into the most precious and most vulnerable aspect of human life: a human being's need for intimacy.

HIV infects and affects the value of human life. In this regard, the following question surfaces: how can a Christian spirituality penetrate this area and contribute to the transformation of perceptions regarding the value of human life?

Due to the influential role of media, and specifically film, on perceptions, the objective of this research is to determine whether one can use film and media as a role player in addressing the devastating impact of the virus on people's lives, and whether it can induce the possible transformation of perceptions and, hopefully, also human beings' norms and values. In testing the feasibility of such a use of film, the researcher decided to use the film *Yesterday*.

The study wants to determine how a film like *Yesterday* can contribute to a more positive, constructive approach to HIV. How can it contribute to HIV stigmatisation prevention? What indeed is the spiritual element in film and how can this medium be used to influence people's mindsets, perceptions and paradigms? Within the scope of this study there will be a focus on how film can influence people's prejudices against those living with HIV.

## 1.4 Hypotheses

This study starts from the presupposition that the role and potential of film is being underestimated, especially in pastoral work, with regards to its therapeutic potential and its role in spirituality-formation<sup>6</sup>. Louw's *A pastoral hermeneutics of care and encounter* (2000) is an example of this. The book does indeed focus on the existential components of our being. It even points out the importance of a shift from *cura animarum* to *cura terrae*. However, it pays no attention to the visual dimension of spirituality, very specifically the visual dimension of media and film. The focus is still too much on rational and analytical understanding and too little on imagination, aesthetics and the 'seeing dimension' of faith.

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<sup>6</sup> The evangelical usefulness and abilities of film is recognised. The *Jesus* film (1979) is a two-hour docudrama about the life of Jesus Christ. The film has been screened in every country of the world and translated into over a thousand languages. It is used as an evangelical tool in converting non-believers. Many mission experts see *Jesus* as "one of the greatest evangelistic success stories of all time" (Jesus Film Project, 2007: Online). More than 1 500 Christian agencies use the film and as a result of seeing the film more than 200 million people have been converted (Jesus Film Project, 2007: Online). Thus the usefulness and abilities of film as an evangelical tool has been recognised. This study, though, wants to argue that the usefulness and abilities of film in aiding spirituality formation and in influencing spirituality is being underestimated and undervalued (if at all recognised).

The first general hypothesis that will be researched in this study states that the connection between meaning and spirituality, and spirituality-formation, must play an important role in any intervention against stigmatisation. Educational approaches in response to stigma will not be enough.

The second hypothesis is that any stigma intervention must function on different levels. Education is not enough. Stigma intervention must address people on the level of their emotions, perceptions, and attitudes in order to be effective. If this is the case, a type of intervention that can do this must be found. Therefore the need to probe into the visual dimension of life and, perhaps, of theology also: *fides quaerens visum*.

The third hypothesis that will be researched in this study is that film has a role to play in the changing of paradigms and the fostering of values as related to the spiritual dimension of our being human. Film as medium is an important facilitator of meaning, as it addresses viewers on a spiritual level. It has the potential to positively influence viewers on the level of their ideas, attitudes and beliefs. Thus film has a unique ability to address stigma, and should be utilised in antistigma strategies.

If this is the case, further investigation will be made into whether this dimension can be used as an art form in the effective addressing of the HIV pandemic and its stigmatisation prevention strategies. In this context the research will be linked to the important dimension of aesthetics in Practical Theology. Two aspects of Practical Theology are relevant in this regard, namely *fides quaerens imaginem* and *fides quaerens visum*. Practical Theology must not only be rational. It also deals with the component of human imagination. This links with the visionary dimension. Human beings have a need to represent and recreate what they believe in visual art. Look, for example, at how Jesus is presented in the Children's Bible and in some churches' windows. The visual dimension of faith is nothing new. The liturgy surrounding the sacraments and baptism represents and is in answer to the human need for visual expression of faith. The decorated interior of many churches, especially gothic churches, is an example of how imagination in relation to the transcendent is stimulated. Human beings need to represent that which cannot be represented and they do this by using their imaginations. Film has the potential for harnessing the dimension of imagination. This ability of film can also be utilised in HIV antistigma interventions.

## 1.5 Methodology

Different methods will be employed in this study. A literature study will be done. Extensive documented research has already been done in the case of many of the disciplines addressed in this study. Such literature as is relevant will be accounted for. Critical analyses of said literature will also form an important part of the study. This will be linked to an evaluation of existing opinions and studies, as well as logical argumentation.

HIV stigmatisation functions on the level of the emotional. Emotional interpretation of the illness and situations play a key role and this emotional impact must be discussed. There is a lack of information regarding the link between the visual and perception blockages, specifically in the case of stigmatisation. A literature study regarding the role that film can play in HIV stigmatisation and possible intervention strategies is not enough. Therefore an empirical study will also form part of the study.

The effectiveness of film in the influencing of fixed ideas and perceptions will be investigated in an empirical study, in order to answer the question of whether it can be used to this end. The empirical study will want to tentatively establish what influence film can potentially have in the context of stigmatisation and HIV, i.e. if it can constructively lessen or weaken the stigmas linked to HIV. The aim of the empirical research is not to create statistical evidence for the effectiveness of film in addressing stigmatisation. The aim is to indicate and illustrate certain trends and tendencies, so that one can be sensitive to them.

Furthermore, the study wants to ascertain how the visual can be used in order to inform and empower uneducated and/or illiterate people. This stands in relation to the importance of the acknowledgement and promotion of the human dignity of all people.

### *Sampling*

To explore the potential of film in addressing stigmatisation, sampling will be done by using target groups. This study wants to focus on a certain section of the population, namely people in poorer communities who have not had extensive scholastic training. This section of the population often is not reached by, or does not fully grasp, the more educational and informational HIV programmes.

A group of people from Vlaeberg, an area outside of Stellenbosch, South Africa, has been identified for the study. The group consists of Coloured farm workers and their families. The

researcher has been working with a congregation in this area for a year and HIV, and the stigma attached to it, has been shown to be a problem. The researcher has a very good relationship with key figures in the community. These figures know and can mobilise the rest of the community and the researcher could thus count on cooperation and honesty from them. Lastly, the community perfectly fits the criteria of a population that is poorer with little or no extensive scholastic training. Thus they need interventions that do not only focus on the informational and educational.

A pilot study was done first, in order to test the effectiveness of the proposed empirical study. A smaller group of people, also from Vlaeberg, was used for the pilot study. It proved most effective and thus it was decided to continue with the proposed empirical study. The format and results of the pilot study is set out in Addendum A.

#### *Empirical component*

- *Questionnaires*: Both before and after the target group watch the film, questionnaires will be answered by each individual. This is to assess what their preconceived, fixed ideas and perceptions regarding HIV are and to see how it changed with the watching of the film, if at all.
- *Focus group discussion*: This will follow the viewing of the film. An open discussion can bring important insight into how the film was experienced and understood.

The data compiled via the questionnaires and focus group discussions will be analysed, in order to draw some conclusions regarding the effectiveness of film in the addressing of HIV stigmatisation.

## **1.6 Constructs**

Certain concepts play a key role within this study. Yet there are different understandings and definitions of these concepts. Although the concepts and the conflicting definitions will be discussed in detail later on, the following are brief working definitions of four key terms. Understanding from the start how they will be used in this study will help the reader.

### *Spirituality*

Spirituality refers to the deepest dimensions present in a person and consists of the core values by which the individual creates meaning in life (Kourie, 2006:22). Inherently part of spirituality is the awareness of an Other or Absolute, with whom the individual is in a

relationship with. This ‘Other’ can be conceptualised in many different ways (Waaaijman, 2002:1). Chapter 2 discussed spirituality in more detail.

### *Stigma*

Stigma is a social construct which is in essence relative and relational. Stigma is a two-step process. Firstly a distinction between two people (or groups) is made, based on the identification of a certain difference. Then a devaluation of the one person (or group) follows, due to this perceived difference (Dovidio et al., 2000:3). Chapter 4 discusses stigma in more detail.

### *Discrimination*

Discrimination is a direct enactment of stigma. While stigma is mostly related to ideas about others, discrimination turns these ideas into action. Discrimination can be verbal or physical. It is usually hurtful and/or harmful to those it is addressed at (Parker & Birdsall, 2005:5). Chapter 4 discusses discrimination in more detail.

### *Aesthetics*

Aesthetics is “the study of beauty, especially the beauty of art” (Longman, 2001:21). Aesthetics is the exploration of beauty, in whichever form or medium it may be presented. Thus looking for and studying the beauty present in HIV and HIV-positive people is also an aesthetic activity. Aesthetics is discussed in more detail in Chapter 3.

## **1.7 About the researcher**

The researcher spent a year in a rural area in the highlands of Lesotho. HIV is rampant in this country. In the area in which she was working many people were dying from HIV-related illnesses, yet the community was still hesitant to speak about HIV. Although help was offered to those who are HIV-positive, people were too afraid to disclose their status, as the community ostracised those with HIV.

In starting a sports ministry, the researcher became aware of the importance of using new, alternative ways of connecting and communicating with people. Although the church was preaching about HIV, it was not really making a difference in behaviour. Starting a sports ministry created the opportunity for new and novel ways of connecting with the youth and the entire community. This created different and unique avenues for talking about HIV and addressing stigma and discrimination.

What she experienced in Lesotho made the researcher aware of how inadequate our existing ways of addressing HIV and HIV stigma and discrimination are. She became aware of how important it is to start thinking of new ways of dealing with these serious issues. The sports ministry showed her how new ways of connecting can create new and better avenues of communication. This study is an attempt at creating such a new avenue of addressing HIV, especially HIV stigma.

## **1.8 Outline of the study**

Chapter 2 will give a very general and brief overview of spirituality. Spirituality is the frame of reference and point of view from which the study will approach the different subject matter addressed in the study. Thus Chapter 2 will more or less be an introduction to the rest of the study.

Chapter 3 will discuss HIV and aesthetics. Although some attention will be paid to what HIV and AIDS are, as well as to the South African HIV statistics, the main focus will be on the spiritual dimension of the disease. This is done in order to highlight the importance of this dimension, as it will play a key role in the hypotheses generated in the study. Then the importance of the aesthetic dimension will be discussed, as art has an important role to play in addressing some HIV-related problems.

Chapter 4 will discuss stigma and stigmatisation. This study aims at suggesting a possible avenue for stigma intervention. Thus it is very important to first thoroughly understand what stigma is and how it functions. Understanding this will be very important in order to formulate an intervention strategy.

Chapter 5 will be on film. This chapter proposes that film can be an invaluable tool in HIV stigma intervention. In order to argue this it is important to have a firm grasp of what film is and how it functions. This is what Chapter 5 wants to achieve. Strong emphasis will be placed on the spiritual dimension present in film.

On the basis of Chapter 2 to 5 will be argued that film should be used in HIV stigma intervention strategies, as film addresses and touches people on a spiritual level and thus can have an influence on stigma and stigmatisation. Chapter 6 discusses an empirical study that was done in order to show the relevancy and truth of the hypotheses formulated in the

previous chapters. The effects of a film screening will be discussed, in order to show how film affects the viewer, especially on a spiritual level.

Chapter 7 concludes the study by drawing up a list of findings. These findings are based on what was learnt, hypothesised and illustrated in the previous chapters.

## Chapter 2

### The dimension of paradigm: spirituality as important frame of reference in the interpretation of texts

#### 2.1 Introduction

There has been a general upsurge of spirituality within our secular world. This is despite many people throughout the 20<sup>th</sup> century forecasting the rising of a totally secular, ‘postreligious’ society and age. Harvey Cox’s *The secular city* (1966), for example, was written more than 40 years ago and was built on this premise. Yet the same author was forced to write a new book, *Fire from heaven* (1995), 30 years later in order to show that, on the contrary, the opposite has happened. “Today it is secularity, not spirituality, that may be headed for extinction” (Cox, 1995:1).

When it comes to the processes of interpretation of a text, the chosen paradigmatic field of interpretation is important. This is even more so when an issue such as meaning is addressed. Within HIV and the problems surrounding the pandemic the meaning dimension is important and dominant.

This study hypothesises that film is a spiritual medium. Although many argue that film and media are inherently secular, this researcher is of the opinion that film is actually inherently spiritual. For film to be film, it has to be busy with the activity of interpreting life and as such it is spiritual. Due to this relationship between spirituality and film it is important to have a good understanding of spirituality.

This chapter toys with the assumption that an individual’s spirituality plays a key role in identity formation and self-image. Identity and self-image have a decided influence on how the individual interprets experiences and rates and judges people. Spirituality, how it is formed, and its role in the individual plays a central role in assessing individual responses to such things as stigmatisation, HIV, film, etc. Grasping spirituality, and its relevance to the individual, is thus of the utmost importance to any potential antistigma and/or HIV intervention.

In order to assess the spiritual dimension of films, as well as the key role of spirituality in general, it is important to have an understanding and working definition of spirituality. There

are many different such understandings and definitions and thus a working definition for the purpose of this study should be formulated. Therefore the chapter gives a broad overview of spirituality and, more specifically, of Christian spirituality. The aim is to provide an understanding of the complexity of the term and to explain how it will be used in the study. Spirituality provides a framework and point of reference from which any text can be interpreted. This chapter, and the study in general, will look at how spirituality as frame of reference provides an unique outlook on stigmatisation, HIV, aesthetics, and film.

## **2.2 Spirituality: three basic forms**

Waaajman (2006) differentiates between three forms of spirituality. These are helpful for an understanding of the broader significance and occurrence of spirituality. The three basic forms are the well-established schools of spirituality, primordial spiritualities, and counter-movements.

A school of spirituality is a spiritual way which is based on a Source-experience. Around this way and Source-experience a circle of pupils form. These pupils are situated within the socio-cultural context in a certain way and the school of spirituality gives a specific view on the future. A second generation of these pupils structure the way into an organic whole. Through this whole more people can share in the Source-experience (Waaajman, 2006:5).

The danger of schools of spirituality lays in the fact that the more the school becomes a system and method, the more the individual and unique way of the individual pupil is restrained. The essence of a school of spirituality lies in the fact that the individual pupils must be free to accept and appropriate whatever they wish. Thus indoctrination into a set theory threatens the essence of what schools of spirituality should be (Waaajman, 2006:7).

Primordial spirituality refers to those forms of spirituality that do not belong to a specific school. Within primordial spirituality different subforms of spirituality can be found. These are lay spirituality, indigenous spiritualities, and forms of secular spirituality. Lay spirituality is the everyday spirituality that is developed within the world of the family. Indigenous spiritualities are those spiritualities which are not yet transformed by a dominant religious tradition, while secular spirituality is spirituality that has been emancipated from religious dominance (Waaajman, 2006:7-8).

There are many counter-movements in spirituality. They are found outside of power structures and set relations. This kind of spirituality is anti-structure, and within this lays a space for new ideas and developments. Waaijman distinguishes three forms of spiritual counter-movements, namely liminal spirituality, inferior spirituality and marginal spirituality. Liminal spirituality develops outside of the established structures of cultures. Inferior spirituality refers to the spirituality which develops with those who are without status, power, or identity. This is a position that can give sharp insight into a society. Inherent to marginal spirituality is double loyalty: both to a prestigious group, but also to a group outside. Because of this double loyalty radical criticism of societal structures can be made from the inside (Waaijman, 2006:10-12).

### **2.3 Defining spirituality**

Before starting the task of attempting a definition of ‘spirituality’, it should be made clear that defining spirituality is a very problematic task. The previous section already made it clear that there are vastly different forms and understandings of what spirituality is. Spirituality is very popular these days, and almost any attempt at helping or defining the self is labelled as spiritual or spirituality<sup>7</sup>. This interest in spirituality reflects people’s need for significance and transcendent dimensions to their lives (Louw, 2007:53)<sup>8</sup>. McGinn (in Louw, 2007:51), as well as Waaijman (2002) emphasise how difficult it is to create a final definition of spirituality.

A good broad definition of spirituality with which to start is that of Kourie (2006:22). Spirituality is understood to refer to the “deepest dimension of the human person”. It refers to those core values that give meaning to the individual’s life. These values can be religious or non-religious (Kourie, 2006:22). From this understanding of spirituality it is clear that everyone portrays some form of spirituality. Spirituality is the way in which people “transcend themselves and reach out to the ultimate possibilities of their existence” (Kappen, as quoted in Kourie, 2006:23).

The existence of an Other as part of the concept of spirituality is introduced by Waaijman’s (2002:1) definition of spirituality. He sees spirituality as that which touches the core of human existence, which is the individual’s relation to the Absolute. This ‘Absolute’ can be

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<sup>7</sup> See, for example, Louw’s (2007:50) and Kourie’s (2006:19) discussions of the proliferate use of the term.

<sup>8</sup> The unpublished manuscript of “Cura Vitae: illness and the healing of life in pastoral care and counseling” was obtained directly from the author, D.J. Louw. The book is due for publication in 2008.

defined in many different ways (Waaijman, 2002:1). This study, though, wants to also look at a more religious dimension of spirituality, specifically a Christian perspective.

## **2.4 Christian spirituality**

The general nature of spirituality has been explored<sup>9</sup>. From now on a closer look will be taken at specifically Christian spirituality, and spirituality will forthwith be explored and discussed from an inherently Christian perspective. Within Christian spirituality the ‘Absolute’ of Waaijman can be identified to perceptions about God and people’s God-images. Yet within Christian spirituality the same multitude of definitions for ‘spirituality’ exist.

Modern definitions of spirituality within a Christian framework reveal a move away from a reformed approach, within which spirituality was only seen in relation to the transcendental dimension of justification and salvation. Nowadays theologians want to bring God’s grace in relation to daily experiences and social problems. Thus spirituality is described as the awareness of transcendence within the reality of existential and social conflicts. Such an awareness of God results in two actions, namely prayer and charitable deeds of love within society (Louw, 2007:52).

It is becoming more common that people try to link spirituality to the quality of their being human. Within spirituality a psychological understanding of maturity is linked and integrated with a theological understanding of maturity. Due to this connection, it becomes very important that spirituality should be understood and experienced in terms of human relationship. It is actualised when Christian faith is integrally linked to our being human. Spirituality should thus lead to an integration of all the different dimensions of being human (Louw, 2007:54).

In summary of the different basic aspects of spirituality, Waaijman (2002) identifies the following characteristics. Firstly, spirituality is convictions of faith with reference to the transcendent dimension of life, to the ultimate and to God. Secondly, within spirituality there is awe and wonder, and the acknowledgement of a spiritual realm and world. Lastly, spirituality aims at establishing significance and searching for meaning (Waaijman, as quoted in Louw, 2007:52).

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<sup>9</sup> See the previous two sections, namely 2.2 (“Spirituality: three basic forms”) and 2.3 (“Defining spirituality”).

Within the specifically Christian sphere and understanding of spirituality, spirituality denotes an existential knowledge of God. It also has an eschatological dimension, which means that spirituality functions within the tension between salvific truth and daily life. Furthermore, spirituality indicates a changed lifestyle. Lastly, spirituality involves subjectivity. It should be interpreted as an exponent of living faith (Louw, 2007:56).

Within this context of debate around spirituality, the following understanding of spirituality shall be used within this study. Spirituality is understood as the jointed process of the divine-human relation (Waaïjman, 2002:vii). This relational process can be viewed from the divine pole, or from the human pole. It is a layered process. What this means is that all of human experience is on a personal, social, and socio-cultural level involved in it. Lastly, this process is also mediated. Some forms of it take humans in the direction of God (forms of knowing, acting, etc.), while other forms bring God in the direction of humans (Scripture, sacraments, etc.) (Waaïjman, 2006:14-15).

## **2.5 Spirituality: a moral dimension**

In the light of the theme of this study, some emphasis and focus should be placed on the relationship between spirituality and morality. The relationship between spirituality and behaviour formation and modification should be investigated.

While definitions of spirituality, and specifically Christian spirituality, focus on the transcendent dimension apparent in spirituality, this is almost always taken one step further. People's convictions regarding their spirituality inform their behaviour. Thus spirituality also has a morally normative dimension. The individual's spirituality plays an integral role in determining what is right and wrong. Moralising becomes part of people's spirituality, as they make categorical, positive, and negative judgements. This leads to different spiritualities having different convictions regarding what is right and wrong. Thus this study's point of view will be that people decide on morally appropriate behaviour on the basis of their spirituality.

## **2.6 Spirituality and theology**

Within the field of Christian spirituality there is also much debate about the proper role of spirituality. What is the relationship between spirituality and theology? This debate has come to the fore since the twelfth century, which was when the split between theology and spirituality occurred (Holder, 2005:3-4). Some argue that Christian spirituality is inherently

theological, as no aspect of Christianity can be understood without reference to God and human discourse about God. Others argue that the academic discipline of Christian spirituality is best studied as a form of religious studies, and that theology makes a contribution to it as one of many auxiliary disciplines. To some extent, opinions depend on how the author defines 'theology' (Holder, 2005:3-4).

## **2.7 Spirituality and religion**

Depending on how religion is defined, there is no necessary, inevitable relationship between spirituality and religion. In fact, many people who claim to be spiritual are vehemently opposed to being deemed religious. Some even claim that spirituality and religion are mutually exclusive (Kourie, 2006:24).

This debate has brought the realisation that principles such as love, compassion, tolerance, etc. do not belong to a specific religion. It belongs to the universal nature of spirituality. This is why spirituality, rather than religion, is seen as being more relevant for modern-day secular societies (Kourie, 2006:25). Spirituality refers to the ongoing harmonious integration of all the dimensions of the human person. It refers to something that is personal, inward, experiential and authentic. Religion, on the other hand, is associated with institutions, rituals, and doctrines (Kourie, 2006:26).

Yet religion and spirituality are not necessarily in opposition to one another. Schneiders (quoted in Kourie, 2006:26) argues that religion is the best context for spirituality, as religious traditions are more appropriate and adequate structures within which spiritual development and practice can occur. Spirituality can also bring rebirth and revitalisation to stale, fossilised religion (Kourie, 2006:25-26). Thus seeing spirituality and religion as partners, rather than as rivals, creates a setting in which spirituality can vitalise religion, and religion can be a pivot which prevents spirituality from becoming isolated and rootless. Though it is therefore still possible to be religious without being spiritual, just as it is possible to be spiritual without being religious, there is no necessary, inevitable divide between the two (Kourie, 2006:26).

Distinguishing between spirituality and religion is important to this study. Spirituality is proposed as a dimension that can form the basis of new interventions against HIV stigmatisation. If spirituality is restricted to religious people and practices, it drastically limits the effectiveness of the proposed intervention. In distinguishing and differentiating between spirituality and religion, the proposed intervention can influence all.

## **2.8 Conclusion**

In recent times, interest in spirituality has flourished. Yet there are many different forms and understandings of spirituality. Christian spirituality is an example of a specific school of spirituality, although even within this school there are also different understandings and definitions of spirituality. This differentiation extends to the area of spirituality and theology as well, where scholars differ on what the proper position for the study of spirituality is. At the same time there is also much debate around the relationship between spirituality and organised religion. What this makes clear is that spirituality is no clearly defined term or area of study. At the same time it is obviously an important part of every individual, and thus deserves study and an attempt at understanding.

A working definition of spirituality is needed for the purposes of this study. This working definition will take the following form:

Spirituality must not be equated with religion. Although the two can stand in a mutually beneficial relationship, spirituality can be present in non-religious circumstances. Spirituality refers to the deepest dimensions present in a person and consists of the core values by which the individual creates meaning in life (Kourie, 2006:22). Inherently part of spirituality is the awareness of an Other or Absolute, with whom the individual is in a relationship. This 'Other' can be conceptualised in many different ways (Waaijman, 2002:1). The individual's spirituality guides and informs choices regarding morally appropriate and inappropriate behaviour.

This chapter aimed at giving a broad overview of spirituality. It is a complex concept, as was reiterated throughout the chapter. Yet, as spirituality has an integral role to play in what this study attempts at accomplishing, it was necessary to create some form of understanding of what it is. Spirituality will now be taken as a frame of reference from which certain issues can be understood, approached, and possibly explained. The spiritual element inherently present in HIV, stigmatisation, aesthetics, and film will be explored, in order to utilise it in a specifically spiritual intervention against HIV stigmatisation.

## Chapter 3

# HIV as a spiritual dilemma and challenge to healing in a pastoral theology: towards an aesthetical approach to life

### 3.1 Introduction

Many studies on HIV focus on the statistics of the disease. With this study, although there is a brief reference to the HIV statistics of South Africa<sup>10</sup>, the choice was made not to make such statistics the focus of the study. This study wants to focus on how HIV brings out the question of identity and vulnerability. In the way HIV problematises such difficult and controversial subjects such as death and dying and life, and moral-ethical issues such as sex and promiscuity, it touches everyone at the core of their being as humans. As HIV directly broaches the question of our humanity and being human, this researcher wants enter the HIV debate from the angle of spirituality.

HIV has reached pandemic proportions. This chapter aims to briefly explain the disease and its effects within South Africa, before exploring the spiritual dimensions and effects of HIV. Yet it also wants to propose a new approach to HIV: an aesthetic approach. Looking at HIV from an aesthetic point of view can create a situation in which human dignity and intimacy is acknowledged. Furthermore, the aesthetic perspective creates awareness of the role and power that art plays in life. This role and power can be utilised in addressing HIV, and specifically HIV stigmatisation. Art can challenge core values and thus spirituality. In such a way aesthetics has the potential and ability to change attitudes and perceptions as they relate to stigmatisation.

Aesthetics explores how things can be, not how things should be (which would be an ethical exploration and judgement). Theology has long stood in a relationship with art, and this relationship will be explored. The researcher believes that the spiritual dimension present in art has the potential to play a meaningful and important role in addressing HIV and HIV stigmatisation.

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<sup>10</sup> See Chapter 3.3: "HIV in South Africa: the basic statistics".

### **3.2 What is HIV and AIDS?**

HIV stands for Human Immunodeficiency Virus. The HI-virus is a very complex retrovirus that can mutate and change itself quickly, and can also evade the immune system of the human body. The HI-virus attacks and destroys the most important defensive cells of the immune system. Thus the body's immune system has no defence against the virus. As the disease progresses, the immune system becomes weaker and weaker, and with this the body becomes more vulnerable to other infections (Van Dyk, 2005:10-11).

HIV causes AIDS. AIDS is an acronym for Acquired Immune Deficiency Syndrome. AIDS is acquired, not inherited. Although the term 'disease' is used in relation to AIDS, it is actually not a specific illness. AIDS is a collection of many different conditions. These conditions manifest in the body due to the weakened state of the body's immune system (Van Dyk, 2005:3-4).

Thus everyone with HIV does not have AIDS. With time though, HIV becomes AIDS. The virus goes through different stages, with the last one being AIDS. People progress through these stages at different rates, depending on what HIV-strain they are infected with, how high their viral loads are, their general health, and their individual bodies. There is no cure for HIV, nor for AIDS, although there are medicines that can slow the progress of the disease (Van Dyk, 2005:22).

### **3.3 HIV in South Africa: the basic statistics**

According to the World Health Organisation, 17,8%-24,3% of South African adults between the ages of 15 and 49 are HIV-positive. That translates into between

4 300 000 and 6 000 000 South Africans between the ages of 0 and 49 living with HIV.

While 158 688 people between the ages of 0 and 48 are receiving antiretroviral treatment, an estimated 837 000 actually need it (World Health Organisation, 2005: Online). According to the Human Sciences Research Council, roughly 1 500 new infections occur daily (Human Sciences Research Council, 2007: Online).

### **3.4 HIV as a spiritual dilemma**

HIV is a terminal illness. The role of spirituality and spiritual meaning in terminal illness is an area in which not a lot of research has been done (Hall, 1998:143). In the last decade or so, though, there has been more interest in this subject, especially in regards to the relationship between spirituality and coping with HIV.

Reed (in Grimsley, 2006:113) theorised that self-transcendence, or more simply put an awareness of something greater than the self, increases as persons become more aware of their personal mortality. Studies done by researchers such as Mellors et al. (in Grimsley, 2006:113) support this theory. HIV is arguably the disease that confronts those infected with it most directly with their own mortality, as the disease carries a realisation of the inescapable finality of death that most other illnesses do not convey with first diagnoses.

Hall (1998) studied the way in which spirituality plays a role in advanced HIV disease. She discovered that the following three major themes emerged in how HIV-positive people constructed personal meaning within the context of the disease. Firstly, HIV-positive persons rejoined with family and faith in new ways due to the stigmatisation they were confronted with, which allowed the emergence of new spiritual meanings. Secondly, HIV-positive persons moved away from stigmatisation to the realisation that HIV might have a positive purpose and positive role to play in their lives. People were able to include the illness and its symptoms into their spiritual being. Thirdly, it became clear that a health crisis often make people more open for questioning and discovering spiritual meaning. There is often more of a readiness to face and resolve problematic and/or unfulfilling relationships and situations. Thus a spiritual understanding of their lives evolved (Hall, 1998:147-149). Hall suggests that spirituality emerges in these three ways as a result of the stigmatisation and discrimination HIV-positive people are confronted with. This spiritual dimension must emerge in order for the self to survive (Hall, 1998:152).

Recently, many studies have been done on the relationship between spirituality and coping with HIV<sup>11</sup>. These studies have shown that spirituality is a vitally important resource for

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<sup>11</sup> For example, the following studies:

Siegel & Schrimshaw (2002) studied the perceived benefits of religious and spiritual coping among older adults living with HIV. They listed nine perceived benefits, among them the easing of the emotional burden of the illness, and facilitating of the meaning and acceptance of the illness.

Tarakeshwar et al. (2005) did a pilot study on the development and implementation of a specifically spiritual coping group for adults with HIV. Their pilot study concluded that HIV-positive adults clearly appreciate discussions related to spirituality, that they find it vitally important to coping with their illness, and that addressing spirituality during mental health interventions is valuable and feasible.

Somlai & Heckman (2000) studied the correlation between spirituality and well-being within a community sample of people with HIV. They concluded the necessity of incorporating spiritual practices into the care for those living with HIV, even going so far as to say that spiritual evaluation should be part of the clinicians' intake of patients.

Tuck et al. (2001) studied spirituality and psychosocial factors in those living with HIV. Their findings support the inclusion of spirituality as a variable for consideration when you examine the psychosocial factors and quality of life of someone with HIV. They also recognise that spirituality may lengthen life and/or enhance the quality of life of someone with HIV.

those who are HIV-positive. Researchers have gone so far as to offer the opinion that health professionals should be trained so that they would be able to address spirituality with their patients (Grimsley, 2006:117) and that clinicians should assess spirituality as part of the intake process of the patients (Somlai & Heckman, 2000:66).

### **3.5 Spirituality vs. religiosity in HIV**

For many people diagnoses with HIV went hand in hand with rejection from their faith community. They experienced disclosure as leading to stigmatisation, which led to rejection. They were labelled and persecuted for having HIV (Hall, 1998:152). Due to this phenomenon, it is common to find many people who are HIV-positive who do not affiliate themselves with any religious institution, yet they still retain spiritual beliefs (Tarakeshwar et al., 2005:180).

Thus it is important not to equate religion and spirituality. A great many studies proclaiming to study the effects of spirituality within HIV have merely studied the effects of religion and religious practices, assuming a fusion between spirituality and religion (Hall, 1998:144). Hall (1998:144) is of the opinion that spirituality needs to be constructed using a scientific perspective, not a theological perspective. She writes from a health professional perspective, looking for appropriate interventions for health professionals, and she states her aim as finding a professional understanding of spirituality, which must then serve as basis for practice and research. Although this researcher does not see a theological perspective as doing injustice to spirituality, the need to not equate religion with spirituality is understood and affirmed. If spirituality is understood as religion, many of the spiritual practices and beliefs of HIV-positive individuals will be ignored if the individuals are not affiliated with a church, or if the practices are not recognised religious practices.

If one uses the working definition of spirituality formulated in this study<sup>12</sup>, one can avoid the danger of assuming that spirituality and religiosity is synonymous. The definition makes it clear that spirituality does not necessarily include specific religious convictions. Spirituality is about the individual's chosen core values and meaning in life. There is an awareness of an Other, but this 'Other' is not necessarily God, Allah, etc.

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Sowell et al. (2000) studied spiritual activities as a resistance resource for women with HIV. They concluded that spirituality is a good resource for dealing with illness and for the promoting of quality of life.

Grimsley (2006) studied the link between spirituality and the quality of life of a HIV-positive person. The findings showed that spirituality has the biggest independent effect on quality of life.

<sup>12</sup> Chapter 2.8: "Conclusion".

Studies have shown that people with HIV tend to define themselves as ‘spiritual’ rather than ‘religious’. Within such a divide, spirituality is linked to individual subjective experiences, while religion is understood as an organised social entity which focuses on prescribed beliefs, rituals, and practices (Tarakeshwar et al., 2005:180). Although this is quite a narrow-minded view and understanding of both spirituality and religion, this is how most people see it. Thus, for the purpose of this study, this divide between spirituality and religiosity will be kept. This is done in order to include all spiritual practices and beliefs, and all forms of spirituality. Again, though, it is reiterated that it is not the opinion of this researcher that spirituality and religiosity are mutually exclusive categories.

### **3.6 Spirituality and HIV**

In a broad understanding of spirituality, spirituality is about a person’s core values and an awareness of an Absolute Other, whichever form the values or the ‘Other’ may take<sup>13</sup>. Within spirituality as a general category there are many different spiritualities (as was explored in the previous chapter). It is due to these different spiritualities that different attitudes toward HIV develop.

In judging and assessing his/her experience, the person who is HIV-positive uses a specific spirituality. The person makes qualitative evaluations of the quality of his/her life, which is a spiritual issue.

At the same time, the HIV-negative person looking at the HIV-positive person also makes a qualitative evaluation. The illness, the circumstances, the person, etc. is assessed. To do this, the HIV-negative person uses his/her spirituality. The spiritualities of the HIV-positive person and the HIV-negative person might differ, but the issue of spirituality remains the same. Spirituality plays a central role in both evaluations, but as the individual spiritualities may differ, the evaluations may differ. Thus the moralising dimension of spirituality<sup>14</sup> plays an integral role in determining how the individual will see and judge HIV, as well as those infected with and affected by it.

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<sup>13</sup> For the working definition of spirituality, see Chapter 2.8 (“Conclusion”).

<sup>14</sup> Chapter 2.5: “Spirituality: a moral dimension”.

### **3.7 Aesthetics in HIV**

HIV and AIDS have no cure. Therefore certain elements pertaining to this disease, like suffering and death, can never be removed. The aim is rather to ensure, or to even improve, the quality of life of someone who is HIV-positive. Life must have value. To promote human dignity, human connectedness, intimacy, sensitivity, and the value of an individual is something beautiful. This is the aesthetic dimension present in the HIV challenge.

With HIV we tend to emphasise the moral-ethical dimension. HIV-positive people are confronted with others' value judgements and moral judgements. Alternatively a more positive emphasis would be on the meaning of their lives, on the human value and dignity thereof. This is a spiritual issue. Furthermore, emphasis on how life can still be beautiful brings the aesthetic dimension into play.

Focus on the aesthetic dimension, rather than the morally-ethical dimension, will counteract stigmatisation. This does not mean that the moral-ethical dimension is not important within HIV. But if moral-ethical questions can be asked from an aesthetic point of view, one can hopefully find a place where HIV-positive people are not harshly judged and stigmatised.

The role and importance of the aesthetic dimension for theology will forthwith be explored.

### **3.8 Art and theology**

Art is important to both theology and the church. There is an intrinsic relationship between beauty and the divine (García-Rivera, 2005:345). This link must be recognised, accepted and utilised. Jensen states this quite strongly (2004:ix-x): “Unless the church engages the arts both critically and appreciatively, its message will become monotone and irrelevant in a culture saturated with images, music, and drama...” Theology and the church must give recognition to this part of human expression, or face the consequences of alienating people if they choose to ignore it. Artistic expression, in its many forms, is inherently part of human self-expression, and thus theology and the church must create room for it within its structures. Imaginative work expresses the way people encounter, experience and engage with the divine (Jensen, 2004:14).

Yet the purpose of art is not only to express the world as people experience it. The artist is not only a recorder of reality. Art's true function is not to imitate life, but to externalise, shape, and present a particular view and perception of life, thus shaping its own reality

(Jensen, 2004:14). In this, Yarnold (1976:9) sees art and theology as having the same goal. Both attempt to extend the basic experience of faith into new areas. This researcher would not go so far as to say that all art aims at extending the experience of faith into new areas. Rather, theology and art share the drive for exploring and extending experience and vision into new areas, challenging imagination to cross set conceptual boundaries.

Still, theology should not see art as a quarry, in which ‘proof’ can be found for whatever theologians choose to argue. A work of art can only offer that which is already present in it. Meaning cannot be forced onto it. It would be both false, forced meaning, as well as unfair to the artwork. The artwork should be used and appreciated for what it is: a piece of art (Purdy, 1976:14). Sometimes an artist might show a religious concern within his work. But this concern will not be evident to someone, whether that person is a theologian or not, if that person does not know how to look and listen to a work of art. “Art sings the glory of God in its own way (whether deliberately, unconsciously and involuntarily) and only by learning patiently what that way is shall we respond to the work truly” (Purdy, 1976:14).

### **3.9 The spiritual dimension present in art**

Traditionally it has been claimed that art enhances and deepens the individual’s comprehension of reality. This ability causes the individual to live a better life, namely a life that will be more in line with the truths of the existence that the artwork clarifies and brings forth (Northcott, 2005:220). With this influence on the assessing of a ‘good life’, as well as the influence that art thus has on what is assessed as right and wrong, it becomes clear that art has a decided influence on the spirituality of the audience.

Beauty is divine, and human experience of beauty has a spiritual basis. This lies in both the human ability to experience God, but also in the human ability to create works that are in themselves beautiful (García-Rivera, 2005:345). Beauty is connected to the sublime. The connection with meaning makes something beautiful, even though it may appear ugly. Thus the spiritual dimension of aesthetics lies both in the human ability to experience divine beauty, as well as in the human ability to create beautiful works (García-Rivera, 2005:345).

Many Christians believe that all art that is not specifically Christian is secular and therefore potentially evil. Such a simplistic viewpoint limits the potential for both good and evil that exists in art (Corbitt & Nix-Early, 2003:85). Art has a spiritual dimension, and has the ability to influence people’s spirituality. This dimension and ability is not limited to Christian art.

All art must thus be taken seriously, in order to assess and possibly use the spiritual dimension present in it.

In recent times an increasing awareness of the spiritual dimension of art is developing (Harries, 1993:1). Some have even gone so far as to see art, or rather the whole aesthetic experience, as the only remaining sign of transcendence. This experience of the transcendent is what makes art spiritual and a spiritual experience (Fuller, quoted in Harries, 1993:2).

### **3.10 Art's responsibility**

Johann Rossouw, in an address at the opening for the *Kunstebestuursimposium*<sup>15</sup>, focussed attention on the growing responsibility of artists. That is, some artists. He argues that artists that are motivated and committed to producing symbols that represent the Good<sup>16</sup>, and who are looking for new ways of portraying 'we', are soldiers in a global symbolic war (Rossouw, 2007).

Rossouw explains Bernard Stiegler's concept of tertiary retention, i.e. the long-term retention of meaning and experience within books, films, etc. Primary and secondary retention are much more short-term. The Industrial Revolution created a world in which platforms for tertiary retention increased dramatically. And not all such sources for tertiary retention are responsible, especially not if the influence that mass culture and Hollywood have on symbolic creation is taken into account. It is within this context that the global symbolic war rages. It is between the artists who want to create meaning and symbols in the name of the community who strives for the Good, versus those artists who create simply to satisfy the maximum amount of people and to get the maximum amount of profit (Rossouw, 2007). The latter group of artists<sup>17</sup> are those Northcott (2005:222) find guilty of merely reproducing "the widespread cultural enslavement to industrial technology and consumerism". Such artists have lost (or is ignoring) their capacity to ennoble and inspire.

Within a society in which such a profit-making discipline of meaning-making rules, there is necessarily a symbolic loss. This is the war that committed artists must engage in. They must

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<sup>15</sup> The opening of the *Kunstebestuursimposium* (symposium on the management of the arts) was held on the 5<sup>th</sup> of June 2007, at Potchefstroom, South Africa.

<sup>16</sup> Rossouw is of the opinion that a community is created around a shared tradition, and that this tradition mediates the community's relationship with the transcendent. He supports the Platonian idea that man is created with a need, desire and craving for the Perfect and the Good. This is the 'Good' that he refers to (Rossouw, 2007).

<sup>17</sup> Northcott calls this group of artists "postmodern artists" (Northcott, 2005:222).

be symbolic producers of the Good, as there is such an absence of it. Especially in South Africa there is a need for artists to engage in creating and showing a re-imagined 'us' (Rossouw, 2007).

With this address, Rossouw highlights the responsibility that comes with creating art, a responsibility that it seems many artists refuse and/or deny. Berger (1998:26) also emphasises the responsibility that artists have towards those who witness their work. He reminds artists to never forget that they are ethically responsible for their audience. Art has the ability to recreate and re-imagine reality. Art is a creation based on the beliefs and motivations of the artist, and is a representation of reality. The audience might not have been aware of this reality (Corbitt & Nix-Early, 2003:64). This power to recreate and/or re-imagine reality can be used or abused. If it is used with profit as motivator, it mostly leads to abuse. The world is then recreated and re-imagined in a way that will bring material profit. What should be done is that the world be recreated and re-imagined in such a way that it gives the audience access to the Good, to a new way of viewing and experiencing community. Art has the power to powerfully influence people's experience of their world. This power must be harnessed for good (Good).

This links with what Corbitt & Nix-Early (2003:61) see as the transformational power of art. The arts are seen as a "catalyst for transformation by confronting social injustice and personal sin and creating critical awareness of the need for change, (2) serve a mediating function in working out transformation as it begins to take place, and (3) are significant in the celebration of renewed people communities and societies"(emphasis removed). Art thus plays a role in confronting people, institutions and society with the current state, wrongdoing, and/or injustice (Corbitt & Nix-Early, 2003:63). As art has the power to translate emotions and intellect into form, and to express beliefs and values through concrete symbols, it has the power to change the viewer's vision for life, quality of life, and life circumstances. Thus art has the power to transform (Corbitt & Nix-Early, 2003:75).

### **3.11 Conclusion**

This chapter explored what HIV and AIDS are, and the statistical effect that it is having in South Africa. The spiritual dimensions of the disease were explored by looking at studies that showed the importance of spiritual interventions in the lives of those with HIV. The possible presence of spirituality in the absence of religiosity was again reiterated, as to make sure that all forms of spirituality are recognised.

HIV brings with it questions regarding what the meaning of life is, both for those diagnosed with it and for those affected by it. HIV looks at and influences our basic beliefs and attitudes about life. It concerns and affects our value systems, normative frameworks, our bodies, and our sexuality, to name but a few. All these elements have a spiritual dimension, and this is why HIV inherently has a spiritual dimension. One cannot look at HIV from only sociological, psychological, and/or medical perspectives. One has to look at it holistically, taking into account how it affects the quality of being human, in as much as this issue is connected to questions about the meaning of life. Thus the spiritual dimension of HIV is very important.

This is how art has the ability and potential to play a positive role in the HIV pandemic. Art has the ability to influence and change spiritual frames of reference, as it can influence values and perceptions. If one can change people's values and perceptions regarding HIV, there is a good chance that many of the negative consequences of HIV, such as stigma, discrimination, fear, etc. can be removed or at least lessened.

Theology has long recognised and appreciated the ability that art has in helping people express what it is that they believe. Yet nowadays the world is saturated with new ways of aesthetic expression. Theology must recognise and embrace these new ways of expressing faith and beliefs, otherwise it runs the risk of alienating believers.

Art has the potential to transform lives and communities. With this ability comes responsibility. In this ability of art to transform lies the potential for intervention on the level of HIV, and specifically HIV stigmatisation. In the following chapter the stigmatisation connected to HIV will be explored.

## **Chapter 4**

### **Stigma as a social construct: HIV and the value of persons**

#### **4.1 Introduction**

HIV, and those infected with and affected by it, is stigmatised all over the world. Many forms of interventions against this stigmatisation have been attempted and exist. This study will attempt to show that the spiritual dimension present in all people, but also in HIV, stigma, aesthetics, and film, can be utilised to form a more effective intervention against HIV stigma.

The chapter will explore what stigmatisation is, how it works, and why people stigmatise. Thereafter stigmatisation within specifically the HIV context will be explored. It is important to note that, in the context of this study, stigmatisation is necessarily negative, although in some cases positive stigmatisation does exist. For example, in the Christian faith it is considered positive to be stigmatised with the mark of Christ. Stigmatisation within social relationships is, however, regarded as negative. This is the context within which this study explores stigma.

#### **4.2 Conceptual inflation in defining stigmatisation: stigmatisation vs. discrimination**

A variety of definitions of stigma are offered in literature (Link & Phelan, 2001:364). This is further complicated by the fact that stigmatisation is increasingly defined in such a way that it includes a bigger and bigger range of phenomena. This leads to what Deacon et al. (2005:2) described as the problem of conceptual inflation. Stigma is seen as an umbrella-term for all the negative beliefs, attitudes and actions that is linked to HIV (Parker & Birdsall, 2005:4). What most often happens is that stigma is defined in such a way that it includes discrimination. Stigma is seen as something which necessarily and automatically results in discrimination (Deacon et al., 2005:2). Yet, although stigma may sometimes reinforce existing inequalities, there is no direct causal relationship between stigmatisation and discrimination. Stigmatisation may lead to discrimination if certain power relations and specific enabling contexts are present, but it does not necessarily do so (Deacon et al., 2005:23).

It is therefore important to define and separate stigmatisation from the effects of stigmatisation (which may include discrimination) (Deacon et al., 2005:18). Also, all

negative attitudes and acts are not examples of stigma. Other possible motives also exist and must be examined (Bond, in Parker & Birdsall, 2005:4). Thus this study will attempt to define and explain stigmatisation in such a way as to avoid conceptual inflation.

### **4.3 Defining stigma**

Dovidio et al. (2000:3) describes stigma as a social construction with at least two fundamental components. Firstly it relies on the recognition of difference between people based on some distinguishing characteristic which, secondly, leads to a consequent devaluation of a person because of the perceived differences. Important to keep in mind is that this stigmatisation process is relative and relational. There is nothing inherent about the differentiation, nor about the devaluation. The social and physical environment fundamentally influences whether a characteristic of an individual will become stigmatised or not (Dovidio et al., 2000:3-4).

Since this study is specifically within the context of HIV, the definition of disease stigma as is formulated by Deacon et al. (2005:19) is very helpful. Disease stigma is an ideology that proclaims that those with a specific disease are different from 'normal' society, in more ways than mere infection with a disease agent. A link is created between the presence of a biological disease agent, or any physical signs of a disease, and certain negatively-defined behaviours or groups within society (Deacon et al., 2005:19). It is important to keep in mind that the disease stigma is not determined by biology (the disease itself), but that diseases receive social meaning within a specific political and historical context (Deacon et al., 2005:9).

A third important element of stigmatisation is explained when seeing stigmatisation as a process. Deacon et al. (2005:23) defines disease stigmatisation as a social process. Through this process, people use shared social representations to distance themselves and their ingroup from the risk of contracting a disease. They do this by construing the disease as preventable and controllable, by identifying immoral behaviours which cause the disease, by associating these specific behaviours with carriers of the disease in other groups, and by thus blaming others for their own infection and justifying punitive action against them (Deacon et al., 2005:23). Stigma is thus a social construction and process.

These definitions are striking in how they reveal how relative, personal and to some extent irrational stigmatisation may be. There is no logical basis for it. It is based on people's attitudes, perceptions, and fears.

#### **4.4 Why do we stigmatise? The blaming model of stigmatisation**

Deacon et al. (2005:18) supports Joffe (1999) and Crawford (1994) in explaining the existence of stigma on the basis of the blaming model. The blaming model is:

...a fundamental emotional response to danger that helps people feel safer by projecting controllable risk, and therefore blame, onto outgroups. Stigmatisation thus helps to create a sense of control and immunity from danger at an individual and a group level. These socially constructed representations only result in discrimination and the reproduction of structural inequalities when other enabling circumstances (such as power and the opportunity to discriminate) come into play (Deacon et al., 2005:18).

The blaming model is based on fundamental human defence mechanisms known as splitting and projection. Splitting offers a very simplistic worldview, in which everything is either bad or good, with no middle ground. The reason for splitting is to separate and remove the bad from the good, in the hope that the bad will not affect the good and destroy it. Splitting is a mechanism often used by infants to reduce anxiety, and is also deployed by adults in times of great stress or crisis. With splitting and projection, the bad is separated from the good, and the bad rejected by projecting it onto the 'other' (Joffe, 1999:734-7).

The blaming model uses splitting and projecting to explain people's simplistic way of interpreting reality. Within stressful situations they use this defence mechanism in order to alleviate worry and anxiety about danger. This is done by projecting the 'bad' onto the 'other', and by portraying the 'other' as a more deserving target of the danger (Joffe, 1999:2). The risk perception that people have is not based upon facts and information. People choose to represent the risk they are exposed to in such a way that they are protected. They interpret threats in such a way that they remain protected, even if it means that their interpretation is not in line with valid facts (Joffe, 1999:10). For example, you will find people convinced that, because of their background, job, wealth, community, and/or status, they are in no danger of contracting HIV, even though they are having multiple sex partners and unsafe sex. They are of the opinion that only people with a different background, job, status, etc. can contract HIV.

A person's identity is constructed not only by who and what he/she affiliates with, but also by comparison to other groups. Both in modern and 'primitive' societies it is common to gain a positive sense of identity through comparison with negatively valued groups (Joffe, 1999:18-19). Thus the process of 'othering' functions not only to distance the individual from the perceived risk, but also to ensure positive identity. The individual's representations of reality are constructed in this way so as to ensure the protection of both the individual's self-identity as well as the identity of the ingroup (Joffe, 1999:11). Identity work is the protecting or reformulating of self boundaries, the reinforcing of images, or the re-imagining of the other. Such work is demanded of people when they have to respond to fears of contagion or stigma (Crawford, 1994:1348). In the case of epidemics, the process of othering and blaming is very active. Research on people's responses to epidemics has shown that people disassociate themselves from the epidemic, while locating it within a certain 'other' (Joffe, 1999:25). As group-identity is a component of self-identity, the process of connecting epidemics with a certain 'other' sustains a positive self-identity (Joffe, 1999:34).

Joffe (1999) argues that with HIV stigma the individual uses splitting and projecting to create a protected identity, one that is safe from the threat of HIV. Risk and deviance are projected onto outgroups. These outgroups are portrayed as having the characteristics that would increase the risk of contracting the disease. Then these outgroups are blamed for those characteristics and for contracting and spreading the disease. The blaming model of stigma reasons that negative meanings are associated with disease and with those who contract it, in order to allay the individual's anxiety about risk of infection. Thus the aim of the projective process is not only to cleanse the self of bad parts, but also to control that which is dangerous (Joffe, 1999:76).

This process of othering and blaming is universal. Joffe's study shows that, though different people and cultures might speak differently about crises, their basic reaction to crisis and danger is the same. Everyone says 'not me – others' (Joffe, 1999:54).

Thus stigmatisation is the means to the ends of anxiety reduction and regaining a sense of control. This links to Dovidio et al. (2000:7) who sees anxiety buffering and control enhancement as two of the main functions of stigma. The potential threat is so big and scary that the individual, consciously or unconsciously, reverts to stigmatisation to lessen anxiety and assert control.

This blaming model of stigma is effective in explaining the existence of stigma. It shows one why people stigmatise. It highlights that stigmatisation is a social process, and that people actively stigmatise (Deacon et al., 2005:23). Yet people do have a choice in resisting stigmatisation and/or self-stigmatisation. It is not a hegemonic process (Deacon et al., 2005:50).

#### **4.5 Stigmatisation and power**

As was mentioned earlier, stigmatisation depends on power relations. This relationship will now be explored in more detail.

Link & Phelan (2001:375) deems stigma as being entirely dependent on social, economic and political power. Yet this inherent role of power is often overlooked, as the power differences are taken for granted to such an extent that they seem unproblematic.

Link & Phelan (2001:376) uses the example of patients in an institution for mental illnesses. Though the patients might label human differences in the staff members, and treat some of these staff members differently due to conclusions they have drawn about them, the staff would not end up as a stigmatised group. Even though the patients are enacting the components of stigmatising behaviour, the staff is not stigmatised. This is because the patients do not have the social, economic, cultural and political power to take their cognitions about the staff to the level of serious discriminatory consequences.

Power to stigmatise should not immediately be equated with discrimination. Discrimination is only one of the possible consequences of stigma. People may stigmatise a certain other, yet this stigmatisation will not necessarily lead to discrimination against the other<sup>18</sup>.

Although stigmatisation is thus dependent on power, stigmatisation also leads to power relations being further established and entrenched. If a certain group has the power to distance another group as outsiders and stigmatise them, the original group's power is made stronger and entrenched by this act of stigmatisation. Stigma might be the result of power relations, but it also plays a key role in producing and reproducing relations of power and control (Parker & Aggleton, 2003:16).

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<sup>18</sup> At this stage, it might be useful to highlight the difference between stigma and discrimination. Stigma is largely related to ideas about others. Discrimination is direct enactment of stigma. It can be verbal or physical, and will most likely be hurtful and/or harmful to the person it is addressed at (Parker & Birdsall, 2005:5).

## 4.6 Stigma and disclosure

Health professionals advise those diagnosed with HIV to disclose their status to at least one person. There are two theories regarding disclosure. The first is that, as the disease progresses, the individual is forced to disclose, as they can no longer keep it a secret and need additional resources and help (Serovich, 2001:355). Yet, due to changing HIV therapies, there is no longer a standard pattern of declining health. Thus disease progression is no longer a necessary component and motivation of disclosure. Rather, as an alternative theory proposes, disclosure occurs after careful deliberation of all the possible positive and negative consequences of disclosure (Serovich, 2001:355).

If this is the case, stigma and stigmatisation have a decided influence on disclosure. If the individual is situated within a community that strongly stigmatises those with HIV, a weighing up of consequences will probably end up in favour of non-disclosure. And non-disclosure has serious negative effects on those with HIV, both psychologically and physically.

Pennebaker et al. (quoted in Paxton, 2002:560) proved by means of controlled clinical studies that inhibition affects the immune system. Holding back feelings and emotions causes stress, and this negatively affects the individual's physical health. The study showed that immune functioning was significantly improved and heightened after the participants expressed long-held secrets or traumatic experiences (Paxton, 2002:560). Thus non-disclosure directly negatively affects health.

Paxton (2002) talks of "the paradox of public HIV disclosure". In a situation where HIV is stigmatised, disclosure can be incredibly difficult and frightening. But secrecy has such psychologically and physically negative consequences, that the thing that seems most dangerous to do – disclosure – can be the most liberating. Although disclosure means confronting stigma and facing possible discrimination, it leads to alleviation of stress and improved health, which makes an incredible difference in the individual's life (Paxton, 2002:565). Paxton did a study on a group of HIV-positive people from different countries who disclosed publicly. Virtually all of them had no regrets about doing it and only talked of the immense benefits of disclosure (Paxton, 2002:559).

Non-disclosure has a direct negative impact on health. Yet people weigh up the perceived consequences of disclosure and if they are living in a stigmatising community, the (possible and perceived) negative consequences of disclosure may just seem too overwhelming. Thus they do not disclose, and the psychological stress from hiding their status affects their health negatively. Stigma is not innocent. Stigma and stigmatisation are actively contributing to people dying from HIV.

#### **4.7 Stigma trajectories**

Alonzo & Reynolds (1995), based on the work of Strauss & Corbin, proposes the existence of stigma trajectories. They are of the opinion that stigma does not remain constant over the course of an illness. According to Alonzo & Reynolds (1995:305) “(t)he shape of the stigma trajectory is intrinsically entwined with the disease course but is uniquely tied to the responses of the broader society, family, peers, strangers, health care professionals and the identity of the individual who is potentially stigmatisable.”

It is generally recognised and understood that the nature and extent of stigma differs with different illnesses. Alonzo & Reynolds (1995:313) bring in a new dimension by showing that stigma changes and varies over the course of a single illness trajectory. They identify four distinct biopsychosocial phases within the HIV stigma trajectory. These are: 1) at risk: pre-stigma and the worried well (being more worried about the social risks of being in an at risk group); 2) diagnosis: confronting an altered identity; 3) latent: living between health and illness; and 4) manifest: passage to social and physical death. Each phase has its own unique stigmatic qualities, characteristics and problems. Stigma is thus not something static. It is emergent, changing and expansive (Alonzo & Reynolds, 1995:306-313).

Thus people with HIV are not always stigmatised in the same way. This is fairly obvious if one thinks about how someone in Stage 1 of the HIV-phases will be treated by most people, compared to someone who is in the final stages of AIDS. HIV-infected people will thus experience stigma and stigmatisation differently as the disease progresses.

#### **4.8 Stigma and health**

Crawford (1994) argues that society's conception of and views on health are to blame when it comes to people's negative views on disease and diseased people. He bases his argument on three points.

Firstly, the concept of health is central to modern identity. Health and the body are not only practical concerns, but are packed with meaning regarding what it is to be good, respectable and responsible. Secondly, since the 1970's health and the pursuit of health has become more and more important. Health has been understood as a metaphor for self-control, self-discipline, self-denial, etc. (Crawford, 1994:1353). It has become the crucial terrain on which personal identity is formulated. Thirdly, the 'healthy' self is created and sustained partly through the creation of 'unhealthy' others. These unhealthy others are portrayed as having the properties not part of the health-signified self (Crawford, 1994:1348).

Crawford argues that stigmatising beliefs and behaviours can be addressed by re-thinking health itself. New conceptions of what health is and what meanings are expressed through it must be created. The way 'health' is used as the implicit language of the self must also be rethought. At the same time he recognises that such rethinking must take place within the totality of social and cultural relations, as these provide the substance and boundaries with which people articulate health and personhood (Crawford, 1994:1348).

Health has thus, due to modern conceptions and beliefs, become such a crucial basis for identity formation that any threat to it provides a basis for stigmatising thoughts and behaviours. Logically thus, if one can create a new understanding of health, one can curb some of society's stigmatising beliefs and behaviours.

#### **4.9 Stigmatisation and sex**

In a study done by Campbell et al. (2005) virtually every informant said that the stigma they experience due to their HIV-status is due to the association between HIV and sex. Stigma is construed via associative networks of symbolic links (Campbell et al., 2005), and sex is one of the strongest links to HIV within the South African context.

Crawford (1994:1360) has discussed how the pathologised other is portrayed as being dangerously sexual. At different times in history, gay men, Africans, women, the poor, or Jews have been characterised as being hyper-sexual. Whichever 'other' is seen as inherently dangerous is sexualised. Throughout history, sexual excess, perversion, and seduction have been identified with those groups who are seen as 'other'. What is experienced as an internal danger is projected onto a sexual other. It seems that this tendency to identify deviant sexuality with those who are deemed 'other' is an almost inevitable social tendency. Since

the 19<sup>th</sup> century sex has become representative of the force that undermines bourgeois' preoccupation with control over the world (Crawford, 1994:1360).

Thus deviant sexuality has always been projected onto the 'other'. People who are HIV-positive are just the next in the line of stigmatised 'others' who suffer due to this human tendency. Yet HIV is also a sexually transmitted disease, and the instinct to sexualise the 'other' is enforced by this characteristic of the disease.

#### **4.10 Stigmatisation suppression**

A possible way of handling stigma is to try and force the suppression of stigmatisation. To an extent, this is what legal measures to curb stigmatisation are and try to do. Yet such a suppression of stigmatisation responses has a number of affective, behavioural and cognitive consequences. The suppression of stigmatisation and prejudice causes ambivalence, anxiety and tension within individuals. This ultimately leads to the avoidance of stigmatised individuals, as those who stigmatise others want to avoid these negative effects of suppression (Crandall, 2000:139).

Crandall (2000:140) goes on to suggest that the suppression of stigmatisation and prejudice can have an effect opposite to the one intended. In certain circumstances suppression can lead to increased avoidance and enhanced prejudice, thus leading to more negative emotional and behavioural reactions to the stigmatised.

What this highlights is the need for a more far-reaching intervention than mere suppression of stigmatising beliefs and actions. Suppressing such thoughts and actions cannot lead to the obliteration of stigma. What is needed is intervention that can change the thoughts and behaviours that act as catalysts for stigmatising thoughts and beliefs. If one can intervene on the level of how people see and experience differences, one stands a chance of actually changing and possibly eliminating stigmatising behaviour and beliefs.

#### **4.11 Stigmatisation and HIV**

Jones et al. (1984:24) identified six biologically-related dimensions of stigmatisation. These are concealability, course/predictability, peril, disruptiveness, aesthetic qualities and origin. These six factors can encourage stigmatisation. On the basis of this, some researchers suggest that the strong stigma connected to HIV is due to its concealability, the unpredictability of its

onset, the fact that it is fatal, the development of visible and unaesthetic skin conditions, and its early links to the gay community and Africa (Deacon et al., 2005:8).

For the stigmatised, stigmatisation is a very negative experience. Some research suggests that the stigma that those living with HIV perceive is in actual fact less than they report it to be (Deacon et al., 2005:35). This links with Parker & Birdsall's (2005:9) findings that stigma and discrimination is less pervasive than global discourses report it to be. They emphasise that stigma (and discrimination) do exist, but in varying degrees and that it is not necessarily pervasive. Thus generalisations must not be made, and particular instances of stigma (and discrimination) should rather be considered. Whatever the case may be, people living with HIV say that the experience of the stigma of HIV is far worse than the disease itself (McKee et al., 2004:288).

Stigmatisation can lead to the internalisation of stigma by the stigmatised. If a certain set of stigmatising ideas are endorsed by a powerful person or group and used as part of more general power struggles, the stigma becomes entrenched and pervasive. Stigma can be so powerful that the stigmatised internalise it, believing the same about themselves as that which the dominant group believes (Deacon et al., 2005:23). Self-stigmatisation is a response to stigmatisation. The stigmatised has the choice of conforming or resisting the framework thrust upon them by those who stigmatise. Conforming to stigmatisation, i.e. self-stigmatisation, is psychologically very damaging to the individual (Deacon et al., 2005:34).

Yet it is sometimes necessary to treat those with HIV different from those who are HIV-negative. It is important to differentiate between discrimination based on stigma and ignorance, and differential treatment based on a rational assessment of risk (Deacon et al., 2005:13). Differential treatment, for example not accepting blood donations from HIV-positive donors, are based on a rational assessment of the risk of HIV spreading if those with HIV are treated the same as those without it. Differential treatment is necessary within a pandemic such as HIV. Thus not all differential treatment should be accused of being discriminatory.

#### **4.12 Possible interventions against HIV stigma**

Skinner (in Deacon et al., 2005:75) suggests the following possible interventions against the stigma surrounding HIV: education, as persuasive communication and/or social marketing; demystification of threat, via persuasive communication and/or contact hypothesis; positive

contact and/or exposure to people living with HIV; empowerment of people living with HIV; development of a spirit of resistance among people living with HIV; and structural interventions, for example the law.

Different studies question the effectiveness of the different methods, with arguments for and against all. Yet it is important to keep in mind that HIV stigma changes over time (Deacon et al., 2005:76). Thus a multi-prong attack on stigma, that uses different methods of intervention, and uses it differently at different times, might just prove most effective.

#### **4.13 Antistigma strategies**

HIV literature shows that three different antistigma strategies are actively being used within the South African HIV situation. These will now be explored in more detail.

The first antistigma strategy is legal measures. Legal safeguards are instituted, which make discrimination against those with HIV a punishable offence. Such antidiscrimination legislation has the potential ability to reduce explicit and public stigmatisation of those who are HIV-positive. Yet the impact of this antistigma strategy is questionable. Stigmatisation is often on such a subtle level that legislation cannot really address it. Thus legal safeguards cannot be the only strategy for addressing stigma (Campbell et al., 2005:808).

The second antistigma strategy involves the participation of community members in antistigma efforts. Although this strategy is often advocated, there is a lack of clarity on how community members should participate and on how the participation should take place. Specific direction for such community initiatives are needed (Campbell et al., 2005:808).

The third of the active antistigma strategies is information-based awareness programmes. As this is the strategy most often propagated and used in measures against stigmatisation of HIV, it will be explored in more detail.

#### **4.14 Stigmatisation and education**

Traditional psychological approaches to stigma are of the opinion that stigma is the result of ignorance. Thus, if information about HIV is given to all, stigmatisation will end. This was the basis for the promotion of public educational campaigns. These have not been as successful as hoped for. Stigma still exists (Deacon et al., 2005:3). The blaming model of stigmatisation explains why HIV education campaigns have not been as successful as

expected in curtailing the stigmatisation related to HIV. People do not care about the facts of HIV. Their fear and anxiety drives them towards creating an 'other' from which they can distance themselves, thus also distancing the disease.

Incorrect beliefs about HIV as the basis for stigma have led to interventions that focus on educating the public and increasing the tolerance of those who are HIV-positive. The fact remains, though, that in many cases the greatest discrimination these people experience is from health-care workers, who are relatively well-educated, and from family members who must care for them, who also usually are more informed about HIV than the average person (Deacon et al., 2005:75). Thus sufficient education and knowledge cannot remove all stigma and stigmatisation.

Yet some education is important. Incorrect information and misperceptions must be corrected. A study done on stigma and HIV in Ethiopia, Tanzania and Zambia showed that many people are to a large extent unaware that their attitudes and actions are stigmatising. They know it is important not to stigmatise those living with HIV, yet they still use stigmatising terms and stigmatising worldviews (McKee, 2004:289). Thus it can be argued that education can play some role in addressing stigma. This is supported by Rakubu's study (1999:86) which showed a strong association between a negative attitude towards HIV and a lack of information.

But education is not that effective in challenging stigmatisation, as stigma is not primarily due to ignorance (Deacon et al., 2005:80). Stigmatisation is not a rational or cognitive process. It is largely an emotional process (Deacon et al., 2005:29) and about value assessments. Thus campaigns that appeal to the individual's logic and knowledge cannot be effective when it comes to eradicating HIV stigma. This argues that a new approach in addressing HIV stigmatisation is necessary. If stigmatisation lies on the level of the emotional, addressing it must also be on an emotional level. McKee et al. (2004:105) also argues that training about HIV must go beyond knowledge. It should also address attitudes and interpersonal communication, among other things. Education as intervention for stigma has to be combined with other interventions in order to be effective.

The findings of Crandall (2000:126) support this hypothesis that education will not be enough to curtail stigmatisation. He states that the people who stigmatise are not oblivious to the pain they cause those they stigmatise. They are most likely aware of the consequences of their

stigmatising. Yet they still do it. People adopt beliefs that justify and might even promote stigmatisation. Justification ideologies (Crandall, 2000:127) are the basis for people stigmatising others while still feeling it justified. Justification ideologies makes one feel that ‘othering’ people is justified, natural and fair.

The ideal is not that one antistigma strategy is followed. What is needed is a comprehensive, multi-pronged approach, in which information-based awareness, legislation, and community participation are all activated in order to curb stigmatisation.

#### **4.15 Re-hypothesising the HIV pandemic**

What has emerged from the literature on stigmatisation and prevention is that an educational approach to addressing stigmatisation is not enough, as merely increasing people’s knowledge about HIV will not stop stigmatisation. Nor will increasing legislative measures lessen stigma, or increasing community participation. Stigmatisation implies more than basic social interaction, more than impressions. At its core it is linked to paradigmatic components, therefore interactive patterns of thought within socio-cultural contexts. In order to address the issue of stigmatisation, an intervention strategy must heed the interactive link between paradigmatic thought structures and the forming of perceptions. Within this dynamic the whole question of meaning plays a conclusive role. Therefore the first hypothesis is that the connection between meaning and spirituality, and spirituality-formation, can make an important contribution to an intervention strategy, especially since spirituality directly relates to the issues of identity and truth.

The blaming model of stigmatisation argues that stigmatisation is due to people’s fears. This is an existential spiritual issue. Thus it must be addressed on a spiritual level. Education, legislation, etc. cannot carry sole responsibility for helping people address their fears. They must be swayed on a spiritual level.

In looking for a medium that can address the individual on this spiritual level, the second hypothesis was formed. This hypothesis states that in media, specifically film, life’s realities are simulated within the contextual existing paradigms. Therefore film functions within the framework of meaning in life. Media, specifically film, is an important and unique medium for addressing the issue of stigmatisation. The literature discussed above has shown that stigmatisation is not a rational, cognitive process, and that effective intervention demands action on the emotional level. Film has the power to address people on the same level on

which their stigmatising thoughts and beliefs are formed and exist. Film reaches the viewer on the deeper level where stigmatisation exists, namely the level of emotions and feelings. People's emotions and feelings exist before any conceptualising of perceptions occurs. Film functions in this same space. This space of meeting, where emotions and feelings are instinctively formed and dominate the individual, is what film and stigmatisation have in common. Film can thus play a fundamental role in addressing stigmatisation.

#### **4.16 Conclusion**

This chapter has explored the basis and effects of stigmatisation. People stigmatise in order to distance themselves from danger, and thus lessen perceived risk. It is not a rational, logical process, nor is it based on fact. People stigmatise in order to defend their and their ingroup's identities.

Stigma and stigmatisation stand in interesting relationships with power and sex, and decidedly influence disclosure (thus affecting health), and these relationships were also briefly discussed. The specific nature of HIV stigmatisation was explored, and existing antistigma strategies were discussed.

What emerged is that existing antistigma strategies are not sufficient in eradicating stigma and stigmatisation, as they do not take the nature of and reasoning behind stigmatisation into account. An antistigma strategy that addresses the spirituality inherently present in all individuals can address these issues. Film was suggested as a possible way of creating an antistigma strategy that functions on the level of the spiritual, addressing the emotional side of people. Therefore the following chapter will explore film.

## Chapter 5

### Film as art: the spiritual dimension of film

#### 5.1 Introduction

The previous chapters have explored spirituality and stigmatisation, as well as several dimensions of aesthetics: its role in theology, its spiritual dimension, its responsibility and transformational power, and its role in HIV. This chapter will take an in-depth look at a specific form of art, namely film. Film in general will be discussed, but the spiritual dimension present in film will also be scrutinised. This is done as it is hypothesised that film has a potentially important role to play in HIV stigma intervention.

#### 5.2 Background: media and HIV in South Africa

Media Tenor<sup>19</sup> did two in-depth studies of South African media coverage of HIV. The one study ran from 2002-2003 and the other from 2004-2006. These studies showed that HIV has largely been ignored by the South African media (Schreiner & Rule, 2004:30).

In 2004 the amount of coverage given to HIV in all forms of media was a scant 1,4% of total coverage. The media's main focus has been on issues of treatment, with prevention also receiving some attention (Schreiner & Rule, 2004:30). The study running from October 2004 to September 2006 showed that media coverage of HIV is now less than 1% of the total media coverage. Such scanty coverage of a disease that has infected approximately five million people in South Africa raises the question of whether the media is ignoring its civil societal duties (Schreiner, 2006: Online).

Coverage relating to HIV is mostly related to annual events like World AIDS Day and controversial figures like Jacob Zuma<sup>20</sup>. While events like Minister Manto Tshabalala-Msimang's actions in Toronto<sup>21</sup> give some coverage to HIV, it is a form of negative reporting on the disease. Other subjects, like news on prevention, might be more important and

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<sup>19</sup> Media Tenor is a media research institute focusing on continuous media analysis. It analyses every report in opinion leading media. This includes print, television, radio, blogs, newsgroups, and online media (Media Tenor, 2007: Online).

<sup>20</sup> Chapter 1, footnote 5.

<sup>21</sup> The South African Minister of Health, Manto Tshabalala-Msimang, was responsible for the South African "vegetable stall" at the 16<sup>th</sup> International HIV and AIDS Conference in Toronto, Canada. The stall exhibited foods such as beetroot and garlic as alternative medicines for HIV. Both Tshabalala-Msimang and the South African government was sharply criticised by delegates from all over the world for what was seen as pseudo-scientific attitude towards HIV (Louw, 2006: Online).

beneficial to the audience, yet the media sticks to reporting on controversial figures and debates (Schreiner, 2006: Online).

The media world admits that it has a crucial role to play in raising awareness about HIV. It has the power to promote prevention of the virus and reduce the stigma connected to those who are HIV-positive. It can also hold governments and society accountable when they fail to adequately address the issue. Yet, arguably, South African media reporting is still sensational rather than educational (Schreiner & Rule, 2004:30).

As justification for the inadequate coverage of HIV, editors state that HIV is old news, too women-focused, soft, etc. They are also of the opinion that their audiences do not want to hear/read anymore about HIV, and/or that there is not many story opportunities related to this topic (Schreiner & Rule, 2004:30).

Thus editors and journalists complain that ‘AIDS fatigue’ has set in. But another theory is that the issue of HIV has grown so large and complex that they struggle to get a grip on it (Schreiner, 2006: Online). This links to one of the complaints from journalists and editors, which is that they do not know how to address the subject of HIV, as it is such a sensitive issue with ethical and legal implications. Therefore they rather just avoid the subject. One answer to this might be to give special training to journalists, which will enable them to ethically, knowledgeably and responsibly address HIV (Schreiner & Rule, 2004:30).

Retention of information depends on the frequency with which an audience is exposed to a subject, as well as to how much attention they pay to it. Thus it can be questioned whether the current type of HIV media coverage, which is cyclical (linked to annual events) and incidental (brief exposure linked to controversial figures), does in any way contribute to the effective dissemination and eventual uptake of information (Schreiner, 2006: Online).

South Africa is not the only country guilty of undercoverage of HIV. In the United States of America, for example, activists are also complaining about the flagging attention US networks pay to HIV (Schechter, 2001:3).

### **5.3 Film as media**

South African media is guilty of not playing a substantial enough role in the response to HIV. Yet studies on media do not really explore film. Film is a form of media that can play a

significant role in the initiative against HIV, specifically (as will be argued) in addressing HIV stigma.

Film can be seen as part of the broader communication, entertainment and media industries. According to the South African Film and Television Industry Report (1998)

...(the film) industry plays a powerful role in communicating ideas, information and ideology. For individuals, film and television provides at least an indirect link to the rest of society. It has the potential to create a common culture and system of values as well as inform people of a diversity of cultures and ideas... (Furthermore), on a political level, this industry provides a forum for debate and discussion as well as information, which is essential for individuals' participation in community life (South Africa, 1998:18).

Thus film can play a role in the void created by the media in addressing the HIV pandemic in general. This proposition does not deprive other forms of media of their responsibility. The lack of coverage of HIV in South African media is very worrying and should be addressed. What is suggested here is rather that film, as a type of media, can play an important role in addressing HIV. Film is an important tool for serving social development purposes (South Africa, 1998:107). It contributes to a nation's resources of information, communication and entertainment (South Africa, 1998:19). Within this context, film can be mobilised to address the issue of HIV and stigmatisation.

#### **5.4 Film as reality simulation**

According to Miles (1996:xv) "(f)ilm is an accessible medium in which competing issues of public and private life in a pluralistic society are formulated and represented for consideration and interpretation". Film creates a landscape in which people can experiment with the issues they are faced with in their lives, society and environment. Without media entertainment they would be unable to experiment with new models, roles, values, theories and behaviours (Miles, 1996:xv). Film takes the world as it is and invents a new world (Plate, 2003:3)<sup>22</sup>.

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<sup>22</sup> This is, for example, done in the film *Waterworld* (1995). Set in some future time when the polar ice caps have melted, the world is covered with water. The few remaining humans are struggling to survive, while searching for a place called 'Dryland', whom some believe is merely a myth. The film confronts the audience with the possible consequences of global warming, which is a relevant issue for them. In the way the people in the film fight and compete, the audience is enabled to think about how one struggles in today's world. A new world is created in *Waterworld*, yet it portrays both our possible future and our current reality.

Films help the audience to understand and critique their culture, by identifying their society's values and anxieties. It explores and shows them dimensions of their reality that they might not yet have become aware of. Films also give the audience a collective image of themselves, their values and their social world (Johnston, 2000:64)<sup>23</sup>.

Imagination plays a central role in an individual's life. People cannot begin to live a certain type of life if they do not first imagine that life. Films help people to imagine. Films create different ideas, options and opportunities within the imagination, thus creating new possible avenues of action for the individual (Miles, 1996:23). Film also confronts individuals with their blind spots. Alternative ways of thinking, behaving, and/or doing is modelled within film, which can confront the viewers with the flaws within their own ways of thinking, behaving, and/or doing. Sometimes simply viewing a film will not be enough to let individuals recognise their blind spots. A discussion of the film after viewing the film might also be needed (Miles, 1996:9).

This ability of film to recreate is powerful, and therefore also dangerous. This does not make film and cinema something bad. But it makes it dangerous and powerful within the wrong hands (Jasper, 1997:236). Jasper (1997:244) accuses Hollywood of abusing this power. Hollywood has the deliberate and commercial habit of absorbing all ways of seeing into its own, and offers the viewer something that can be consumed and experienced without any fear of significant change or disturbance. This critique of Jasper's highlights an important dimension of film. If, as many theorists propose, film has the potential and ability to look at life in a different way and help the viewer deliberate on it, it does not mean that all films do this. Some films merely reflect society as it is, thus contributing to the status quo. And the status quo is not necessarily right and good and acceptable. Thus, if film has the potential to represent and formulate alternatives for discussion, it also has the potential to recreate the existing and, thus doing, enforce potentially negative structures<sup>24</sup>.

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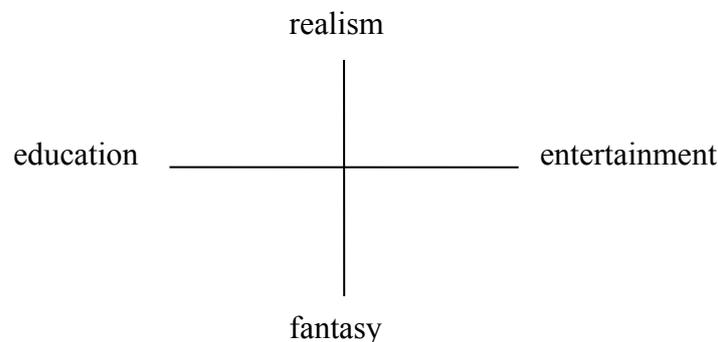
<sup>23</sup> The film *The Truman Show* (1995) does this very well. Unbeknown to him, Truman Burbank's world is an elaborate television set. Everything and everyone in his life is scripted and the whole world is watching. Truman's world and the manipulative power of Christof - the director and producer - confront the audience with a stark and critical portrayal of their world and their dominant values.

<sup>24</sup> The film *Zoolander* (2001) does this to a certain extent, although some may argue that the structures that it supports is not that influential or negative. Fashion models are stereotyped as being ignorant, unintelligent, slow and superficial. This is definitely not the case with all models. But the film *Zoolander* uses this stereotype to create comedy. Thus it does not question the stereotype in any way and enforces the existing ideas regarding models and their behaviour.

## 5.5 Popular vs. art: should there be a division?

A division between ‘art house’ films and commercial, popular films are often made. ‘Art’ films are then deemed deserving of reflection and discussion<sup>25</sup>, while popular film (often off-handedly and derogatorily called ‘movies’) are rejected<sup>26</sup>. Should this divide exist? Is the one more deserving of being the subject of film criticism as discipline?

Johnston (2000:88) proposes a matrix that explains the range of cinema. Film is a hybrid, running on two axes. On the horizontal axis the extreme on the left is ‘education’, while the extreme on the right is ‘entertainment’. On the vertical axis the extreme at the bottom is ‘fantasy’, while the extreme at the top is ‘realism’.



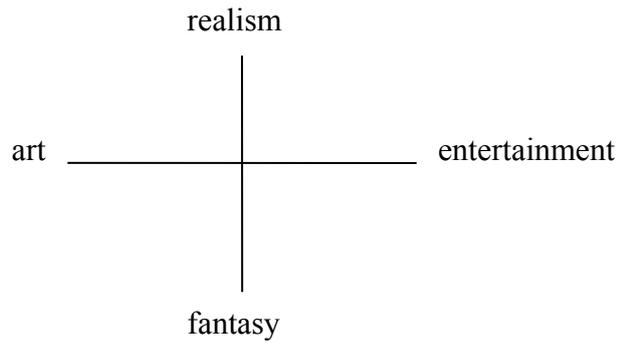
**Johnston’s matrix of cinema communication (2000:88).**

Browne (1997:10) proposes much the same matrix, with the horizontal axis divided between ‘art’ and ‘entertainment’, and the vertical axis between ‘realism’ and ‘fantasy’. All films can be plotted somewhere on this matrix. Yet such plotting leads to two broad polarisations, ‘art’ and ‘entertainment’, which is a minefield in itself (Browne, 1997:10).

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<sup>25</sup> Such ‘art’ films are films like *Vitus* (2006), *Flandres* (2006), *Eternal sunshine of the spotless mind* (2004), and *Memento* (2001).

<sup>26</sup> Such ‘movies’ would be films like *Dodgeball* (2004), *Runaway Bride* (1999), *Armageddon* (1998), and *Waterworld* (1995).



**Browne's matrix (1997:10).**

Marsh (1997:32) argues against labelling films according to its merit assigned by artistic elite. A film's popularity can also be an indication of its importance. Yet it remains important to evaluate a film on its own terms, which includes issues such as ascertaining whether it was well made or not. So, while one should not be blindly led by what so-called experts say, one should not deem every film as being worthy of analysis and discussion.

People differentiate between popular and art films. Art films, which are not entertainment as they are often for many difficult to understand and frustrating to watch, are then seen as worthy of scholarly analysis. Popular films cannot be analysed, in part because their entertainment-value will be spoiled by serious criticism. The difficulty people have of letting go of these notions about art and popular films are, according to Miles (1996:xiv), an indication of a firmly embedded blind spot. They do not realise that that which entertains people can also be worthy of scrutiny. That which entertains the audience is a signpost of their values, presuppositions, beliefs, etc. Thus popular film can also justify analysis. This viewpoint is supported by that of Martin (1995a:vii), who is of the opinion that popular art (i.e. Hollywood films) should be investigated, as they are integral to understanding the culture that produced it<sup>27</sup>.

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<sup>27</sup> A good example is the film *Armageddon* (1998). This was an immensely popular film, with plenty of bankable stars (Bruce Willis, Ben Affleck, Liv Tyler, Billy Bob Thornton and Owen Wilson, to name but a few) and it earned \$36 089 972 in its opening weekend in the United States alone (Internet Movie Database, 2007a). It was a very popular film. The film was about the imminent destruction of mankind, due to a meteorite heading directly for Earth. A group of men from different backgrounds and countries must work together in order to save the world. Thus it confronted the audience with their fears about the destruction of Earth (in whichever way), an awareness of their own mortality and the delicate balance in which life hangs, and the importance of working together and supporting each other. The action sequences and handsome stars played a big role in making the film popular. But it can be argued that the subject matter also played a role. Thus the popularity of a film can be indicative of its importance.

## **5.6 Is film art?**

Films are often not seen as art, or at least not legitimate art. The artistic dimensions, achievements or potential of film is often disdained (Smith, 2005:597). The main argument for such a viewpoint is film's commercialism. Anything that makes so much money, and is created for the sake of money, cannot be real art. To quote Horheimer and Adorno (in Johnston, 2000:87): "Movies and radio need no longer pretend to be art. The truth that they are just business is made into an ideology in order to justify the rubbish that they deliberately produce." The aesthetic potential of film is disturbed and corrupted by its commercial function (Smith, 2005:598).

The commercialism that dominates Hollywood blockbusters can be criticised. But the basic presupposition that art and business should not and cannot mix is false. Film, even though it can generate money, still has the power to move and enlighten, to enrich and disturb. Many other traditionally acceptable forms of art are also profit-making endeavours. Ballet and opera (for example) are considered art, yet no-one criticises ballet and opera companies if they make a profit, or choose to do a certain show because it draws a large paying crowd (Johnston, 2000:87-88). The fact that money is made out of art does not make it any less artistic.

Theorists like Eisenstein and Arnheim started early in the history of film to advocate for film's acceptance as an artistic discipline. The basic argument that comes forth in many such theorists' work is that, as was emphasised in Chapter 3, an artwork qualifies as such if it transforms the world. It cannot merely be an imitation of it. Film is seen as art as it also has this potential to represent a transformation of the world (Smith, 2005:598-599).

## **5.7 Film and theology**

Throughout the history of Christianity, the importance of the visual for religion has been recognised<sup>28</sup>. The images produced by film can be seen as an extension of this tradition, as it is also used to produce emotion, to strengthen attachment, and to encourage imitation (Miles, 1996:3). Millions of people watch films, many of whom are Christians. Thus the theology of Christians are partly influenced and formed by their film-viewing, as is the theological, religious, and/or ideological viewpoints of non-Christians. Therefore, whether churches like

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<sup>28</sup> Chapter 3.8: "Art and theology".

it or not, theological discussion is stimulated and activated by film (Marsh & Ortiz, 1997a:2)<sup>29</sup>.

Film has the ability, like other forms of media, to stimulate and/or communicate theological reflection. This is in part based on the idea of ‘God-in-everything’. The division between what is religious and what is secular is removed. God can be experienced through anything and everything, and film is one of these possible mediums (Graham, 1997a:36-37). Theology must work with film in a creative way. Film is a potential resource material. With it, theologians can enrich their understanding, and/or they can review the contemporary relevance and effectiveness of certain aspects of Christian theology (Marsh & Ortiz, 1997a:2).

There are five possible theological reactions to film: avoidance, caution, dialogue, appropriation, and divine encounter. Chronologically, theology’s reaction to film has through the decades followed more or less the same order (Johnston, 2000:41).

Avoidance is a boycotting strategy. Early on it denoted a stance within which all film was seen as evil. Now it indicates a position that argues that films that are deemed morally objectionable should be boycotted. Caution is a more common attitude among contemporary conservative Christians. It does not see abstinence as a viable option, yet it advises care as it is worried about the influence of film. Viewer discrimination is the key to this approach. Dialogue means that Christians should first view a movie on its own terms, before starting a theological dialogue with it. This approach does not see theology as less important, it only wants to create a space in which the film can communicate on its own terms. Within the fourth type of reaction, appropriation, film is seen as having the ability to expand the theologian’s understanding. Film enlarges horizons. Thus the critic must first turn to the film, not to theology. Lastly, within the approach that sees films as an opportunity for divine encounter, films are seen as having the sacramental potential to provide the viewer with a transcendental experience (Johnston, 2000:43-58).

## **5.8 Can film serve theology?**

If film is art, as most of the literature will now accept (Smith, 2005:608), can it be of service to theology? Margaret Miles is not convinced of this. She deems film at best as a “weak

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<sup>29</sup> *The Da Vinci Code* (2006), for example, elicited heavy debates inside and outside of the church. Although it was a mainstream Hollywood film, it had churches and church members seriously talking about the whether Mary Magdalene was Jesus’ lover, whether Jesus’ descendants are still living today, and whether the Roman Catholic Church is part of a gigantic cover-up of the truth.

religious visual aid” (Miles, 1996:188). The basis for this argument is that it is possible for the viewer to watch a film with very little engagement of the imagination. The viewer is merely a passive receiver. She contrasts this with a painted narrative scene, which demands active involvement from the viewer. The viewer must imagine the context, the movement, etc. And it is this imaginative labour that creates the connection between a religious painting and a devout believer, not the subject or style of the painting itself (Miles, 1996:188).

There is much to recommend this theory of Miles’. But what is explored here is not the role of religious film. If a film telling the story is compared to paintings depicting Jesus’ story, then Miles’ argument is valid. A painting does demand more involvement from the believer, more commitment. Yet there are three factors not taken into account. Firstly, it can be argued that no person is ever truly passive. It is impossible to view a film without some form of involvement, though said involvement might be very little. Secondly, not everyone who is confronted with religious paintings is a devout believer. If viewers know nothing of Jesus, they cannot interact and imagine the context. They do not know the story. A film of Jesus’ life would be much more effective<sup>30</sup>. It might not demand such imaginative interaction, but in this interaction the primary goal is to tell the story. In such a case this researcher is not convinced that film is merely a weak religious visual aid.

Thirdly, Miles discussed film and art within the context of religion. However, all films are not created for religious purposes. A film can simply tell a story. That story can be interpreted in such a way that it has religious meaning or lessons for the viewer. But this demands imaginative interaction on the side of the viewer. To see and experience theological insights demands something from the viewer. To see and experience a religious dimension in the film demands the imagining power that faith provides<sup>31</sup>.

Film is a possible method of approaching and understanding life issues. It can be a sort of analytical hermeneutical tool. Thus it can assist and contribute to theology in the following ways. Firstly, film is an important way in which Christian theology can explore the contemporary relevance of theology’s major themes. It helps with a social and contextual

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<sup>30</sup> The success and effectiveness of the film *Jesus* (1979) is a good illustration of this. For a discussion of the *Jesus* film, see Chapter 1, footnote 6.

<sup>31</sup> The film *The Matrix* (1999) is an example of such a film. It tells an interesting, complex, thought-provoking story with the use of stunning visuals and action. Yet many Christian viewers have seen theological subtext in the film, for example seeing the main character Neo as a kind of Christ-figure, or the traitorous Cypher as Judas. Thus the film can be viewed and enjoyed without seeing any religious meaning or dimensions in it, but such meaning and dimensions can also be discerned (and enjoyed) by a religious viewer.

analysis. Secondly, the public dimension of any Christian theology is portrayed when you use film in theology. Thirdly, Christian theology must do justice to the emotional and aesthetic aspects of human life, while it deals with life's issues. Film, due to the visual image presented, creates an emotional response and thus film allows theological reflection to begin via an emotional channel. Fourthly, film is one of the most accessible and influential cultural media. Thus its ability to raise theological questions far exceeds the ability of the church and the ordinary church service. Fifthly, theology is very close to journalism, as it seeks to be relevant. Film can assist in accomplishing this desire (Marsh, 1997:33).

Johnston (2000) offers theological reasons why Christians should enter into dialogue with film. Firstly, he argues that God's grace is present in and through all of human culture. Furthermore, God is active within the wider culture. He speaks to us through all of life. Johnston is convinced that theology should be concerned with the Spirit's presence and work in the world. Both word and image can help people to encounter God, and theology's narrative nature makes it particularly open to interaction with other stories. Finally, Johnston is of the opinion that, in order for theology to be done constructively, it must be done via a dialogue between God's story (Bible, Christian tradition, and a particular worshiping community) and our stories (the surrounding culture and life experiences). Thus he is convinced that Christians not only can dialogue with film, but that they should (Johnston, 2000:64).

In the debate about the relevance of film for theology, the issue of popular versus art films is also again brought up. Often people are of the opinion that film can contribute to theology, but that it is only art films that should be theologically analysed. It is true that certain types of film are easier to interpret theologically (Marsh & Ortiz, 1997b:252). But this does not mean that theologically useful material is restricted to a few art films with an obvious theological subtext. Theology must work with culturally relevant materials in order to assure that it remains culturally comprehensible. This is done in order to create an accessible theology. If theology pays attention to popular film it does run the risk of creating a theology of the trivial. But to a large extent this is a necessary risk, in order to ensure that theological elitism is challenged (Marsh & Ortiz, 1997b:252-253)<sup>32</sup>.

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<sup>32</sup> *The passion of the Christ* (2004) and *Jésus de Montréal* (1989) are obviously easier to interpret theologically, as the stories are based - directly or indirectly - on the life of Jesus Christ. But what about films like *Armageddon* (1998) and *The Terminator* (1984)? These films tell one a lot about the dominant fears, concerns and hopes of the people of today. To ignore such popular films would make theology poorer and with less understanding of the people it is supposed to serve.

## 5.9 The spiritual dimension of film

For many people, film (and television) plays a central role in determining meaning, identity and spirituality. Increasingly films serve as the most prominent and accessible spiritual and moral reference points in culture (Rossiter, 2007:2-4)<sup>33</sup>. Popular films implicitly, and sometimes explicitly, address the issue of how human beings should live. They give different answers, some ambiguous, others dubious, and others maybe even profound (Miles, 1996:7-8). Verbeek (1995:29) also sees film as having this potential to evoke human spirituality. “...(F)ilm art creates within a narrative perspective contemporary icons that mediate between the transcendent ideal and broken human existence...(It) is able to represent what in our scientific systemisations and in our daily experience is unrepresentable”<sup>34</sup>. Thus film has the potential to engage with human spirituality. It opens human rationality towards “the Other, the Transcendent” (Verbeek, 1995:29). Deacy (2001:14) support this view by quoting the editorial of the autumn 1995 edition of *Media Development*, which states that film is better than any other medium in dealing with the realm of the metaphysical. Thus film functions within the realm of spirituality.

A major reason for the existence of the spiritual dimension of film is the way in which stories play a prominent role in personal and spiritual development. People construct meaning by combining their personal story with various cultural stories. While these stories used to be told by elders or religious institutions (for example), they are increasingly told via film (Rossiter, 2007:28-29). Constructing meaning, identity and spirituality may not be the intention of film-makers and the media industry, yet it happens and must be taken into account (Rossiter, 2007:28-29)<sup>35</sup>.

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<sup>33</sup> Marissa Crawford and Graham Rossiter published *Reasons for living: Education and young people's search for meaning, identity and spirituality; A handbook* in 2006. Rossiter emailed a chapter from the book to the researcher. This emailed chapter is the text that is referred to in this study.

<sup>34</sup> The film *La vita è bella* (*Life is beautiful* – 1997) is a good example of a film that through its spirituality brings to the fore the beauty that can still be present in suffering. Though the film is enacted mostly within the hell of a Nazi concentration camp, it embraces the aesthetic dimension present in all human life and thus finds beauty in the midst of suffering, dying and death. The film manages to construct a rickety bridge between what Verbeek (1995:29) calls the “transcendent ideal” and “broken human existence”. The film celebrates “the beauty of life under oppressive circumstances” (Viano, 1999:54). *La vita è bella* is an example of how film can engage human spirituality and provide different perspectives.

<sup>35</sup> The films *Schindler's List* (1993) and *Hotel Rwanda* (2004) are examples of films telling important stories. *Schindler's List* tells the true story of a German businessman who saves more than a thousand Jews from death during World War Two. The film starkly depicts the horrific nature of the war, but also the love, goodness and compassion that was also present. *Hotel Rwanda* is set in the time of the genocide in Rwanda, and tells the story of a man who risks everything to save refugees. Both these films are examples of how film has become a medium for telling the stories that define us as human beings, at the same time (through the stories) delivering a serious and critical commentary on the world and its people. In doing so it has the ability to influence the audience.

Arguments for or against the presence of spirituality within films can be voiced. On the one hand it can be argued that in many films the impression is given that life has no spiritual dimension, as people are projected as giving little (or no) time for moral reflection. On the other hand, in countering this argument, it can be said that the spiritual dimension is present, but that the moral content and implied values are not always positive. Thus people might think there is no spiritual dimension, as they are of the opinion that spirituality is necessarily positive moral judgments and values. A second reason for people thinking there is no spiritual dimension to film is that the spiritual and moral dimensions are implicitly present in film. They are embedded in characterisation and as such they are not immediately obvious (Rossiter, 2007:19-20).

For a film to be coherent and understandable, values and morals are an essential substructure of a film. It gives a film credibility. The audience need to be aware of the implied values of the film's characters, otherwise they will not be able to follow the story or empathise with the characters (Rossiter, 2007:19-20).

Rossiter (2007) argues that the potential film has for affecting people's meanings, identity and spirituality is usually not related to only one film. In other words, usually one film on its own would not have the ability to determine/change the individual's meanings, identity and spirituality. It is more likely that the culture of films will achieve this. Over a long period of time a subtle influence on the spirituality of the audience, from the films they watch, can be predicted. It may thus not be the social reality of one particular film, but rather of the culture of films, that changes the viewer<sup>36</sup>.

How fundamental the influence of a film, or of the culture of films, is in as far as it concerns the individual's spirituality is an open question. But the following can be said. In order to watch and enjoy a film, the viewer must be able to access the worldviews and value systems present in the film, in other words have some inkling of the spirituality present in the film. This is picked up from clues in the narrative. If the viewer is unable to do this, the film would be impossible to follow. When the film is over, the viewer disengages from the story. For

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<sup>36</sup> This is illustrated by films such as *Knocked up* (2007), *Wedding Crashers* (2005), and *Zoolander* (2001). In these films, casual sex is considered the norm. In *Zoolander*, the two main male characters are shocked to hear that the leading female character had not had sex in years. Thus they promptly all have sex. In *Wedding Crashers*, the two leading characters look forward to 'wedding season', as they can bed a different girl (whom they meet at the weddings where they turn up uninvited) every night. In *Knocked up*, the two main characters meet in a club and have a drunken one-night stand. These films target more or less the same audience. As such they create a culture of films, one which normalises casual sex.

most people, this would mean disengaging from the spirituality they had to accept during the film in order to understand and follow the story. Most people would be able to disengage with their own meanings, identity and spirituality in tact (Rossiter, 2007:20-22).

Yet this is not always the case. Sometimes people keep the worldviews and values that were present in the film. This can be due to different reasons. If the viewer's beliefs and values are not firmly developed, or are fairly fluid, they will be more vulnerable to influence from film. It is also possible that an individual may not have clarified his/her own spirituality and moral code. Then the value systems from the film can become his/hers by default. The chances of this happening increase if the individual is exposed to a culture of film that presents the same 'reality'. If the same spirituality is repeatedly presented, the viewer may lapse into this for lack of a better option (Rossiter, 2007:20-22)<sup>37</sup>. It is also possible for the value matrix of a specific film not to be the sole source of values for the individual, but to serve as reinforcement of the values the viewer already has. This potential of film to influence spirituality is all the more powerful the more it remains unnoticed (Rossiter, 2007:20-22).

### **5.10 Viewing film on its own terms**

Although film, as shown above, has a big role to play in theology, it is important that the viewer watches the film on its own terms.

Critics should refrain from calling a film 'religious' simply because they think the film addressed certain central religious themes. If it was not the intent of the movie to be religious, labelling it as such can be deemed dishonest. It is safer to then describe the film as 'religion-like' or to say that it invites dialogue or appropriation from a Christian point of view (Johnston, 2000:55). Martin (1995b:4) phrases it well by warning the reader not to "squeeze blood out of turnips"<sup>38</sup>. He adds that, fortunately, most films fall somewhere between having an explicitly religious theme and those that have basically nothing to do with religion. In this large middle ground there are many films left for discussion and analysis (and this is also where he focuses his research).

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<sup>37</sup> For example, a culture of films endorsing casual sex, like the ones explored in the previous footnote, can thus be enormously influential on a teenager who is confused and uncertain regarding responsible and acceptable sexual behaviour.

<sup>38</sup> *Zoolander* (2001) is a comedy about an idiotic male model who is brainwashed and programmed to assassinate the Malaysian Prime Minister, and must work together with a female reporter and a former rival in order to stop it from happening. Trying to theologically analyse *Zoolander* and to try and find religious meaning in it would be an example of a dishonest and, to some extent, ridiculous exercise.

Religious motifs in films are to a large extent in the eye of the beholder. The viewer has a theological perspective and theological language, and thus identifies theological themes in the film. But to most viewers the theological themes will not be visible (Miles, 1996:19).

### **5.11 Film: does it influence behaviour?**

Miles (1996:189) states that film does not influence the audience in such a way that they wish to appropriate, incorporate, and/or embody the characters' qualities, characteristics and behaviour. This can be a good thing, for many films portray irresponsibly lived lives, relationships and behaviours.

On the other hand, Graham (1997a:38) stresses the power of film to stimulate, convince and affect viewers. As film engages the viewers' feelings and emotions before it does their logic and rationality, it is much more immediately affective. Film has the ability to make many emotional and value-laden issues more accessible (Rossiter, 2007:39). This is why film has such a big influence. The visual takes precedence over both the written and the spoken, and therefore the influential power of film should not be underestimated (Graham, 1997a:38). This is supported by Deacy (2005:5) referring to Ostwalt's claim that there is evidence to suggest that a good part of the millions of people who view films are affected or changed to some extent by what they see, and that films can exert influence on attitudes, beliefs and behaviours<sup>39</sup>.

Opposing opinions thus exist regarding film's ability to influence ideas, attitudes and behaviour. But many studies have shown that film does have an influence on the viewer's

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<sup>39</sup> The *Heartlines* initiative is an example of an initiative that relies on the power of media to influence attitudes, beliefs and behaviours. It presupposes that values must change for the better in order for South Africa to change for the better, and it uses media in order to change people's values.

The *Heartlines* initiative, established by the Mass Media Project, is based on the presupposition that people's values should be changed in order to address some of the key issues of South African society, such as HIV, crime, and poverty. *Heartlines* uses "the power of media to promote good values" (Heartlines, 2007: Online). It uses television, radio and print media in order to tell stories that stimulate South Africans into talking, thinking and acting on values (Heartlines, 2007: Online).

In July 2006 the first phase of the campaign was launched. Eight *Heartlines* films were broadcast, each addressing and focusing on a particular value (acceptance, responsibility, forgiveness, self-control, perseverance, honesty, compassion and second chances). The films were supported by print and other media components (Heartlines, 2007: Online).

A post-intervention evaluation was launched. An estimated 26% of the South African adult population watched one or more of the films and audience numbers doubled from the first to the last film. An estimated 4, 5 million additional values-related conversations occurred due to the watching of the *Heartlines* films. Furthermore, the films had a positive impact on decreasing stigma towards people who are HIV-positive (Heartlines, 2007: Online).

This initiative was based on the presupposition that media, specifically film, influence people. If one looks at the response to the films, as well as the post-intervention evaluation, the presupposition was accurate.

ideas, attitudes and behaviour<sup>40</sup>. Yet most of these studies have focussed on the influence of film on children, and on the negative influence that film is having. But if film does influence the ideas, attitudes and behaviour of the audience, can this ability not also be harnessed for the good? If the audience is exposed to positive messages, will it not also have an influence?

The argument of Rossiter (2007) links with what was explored in Chapter 3. Like other forms of art, film has the ability to propose, and thus make possible, new behaviour, thoughts, and/or attitudes. An individual's imagination is the tool with which he/she tries out alternative possibilities in advance, before he/she makes any decisions about personal change (Rossiter, 2007:28-29). "Active imagination is a continuing experiment in self-understanding and self-expression, hence it is an important part of identity development" (Rossiter, 2007:29-30). This links with how communications scholar James Carey (in Miles, 1996:xv) sees media entertainment in general. It is a site of imaginative possibility, with which people are given the opportunity and ability to try new models, roles, theories, and behaviours. This agrees with what Miles (1996:xv) sees as the ability of film to formulate, for consideration and interpretation, the "competing issues of public and private life in a pluralistic society".

Film affects the imagination. It stimulates the imagination by providing many images that can be recalled. It is possible that it is through this effect on the imagination that film exercises its subtle, relatively unconscious influence (Rossiter, 2007:28-29). The individual can activate his/her own imagination to explore alternative possibilities, which may lead to personal changes. But this impetus for change in behaviour and/or personal development may also be subtly conditioned by external cultural elements like film (Rossiter, 2007:29-30). Imaginations of the self that come from outside of the individual are important for the development of identity (Rossiter, 2007:29-30).

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<sup>40</sup>For example:

Studies on the effect of violence and smoking in media shows that media directly influences people. Since 1975, scientific proof and statistical evidence has increased to such an extent that a clear positive link between violence in the media and increased violence among youth can be deduced (Bushman & Anderson, 2001:477). With smoking the same obvious link between observing smoking in films, especially if done by favourite movie stars, and youth starting smoking, can be made (Tickle, et al., 2001:16; Dalton et al., 2003). Villani (2001) reviewed the research published within the past ten years regarding the impact of media on children and adolescents. Film was among the media categories included in the study. Conclusions from this study included that the primary effects of media exposure are increased violent and aggressive behaviour, increased high-risk behaviour, and accelerated onset of sexual activity.

## **5.12 Illustration: the spirituality of violence in Martin Scorsese's *Cape Fear***

The following section will explore Martin Scorsese's film *Cape Fear*, as an illustration of the spirituality present in film and its influence on perceptions and human behaviour.

### **5.12.1 Why *Cape Fear*?**

There are a few reasons why this film was chosen by the researcher to illustrate the spirituality present in film. Firstly, the film is very violent, and was chosen by the researcher specifically for this reason. Violence is not normally associated with spirituality; on the contrary, it is often seen as being detrimental to spirituality. In using such an 'extreme' example, the researcher is hoping to illustrate the powerful pervasiveness of spirituality in film. Secondly, *Cape Fear* was a mainstream, blockbuster, Hollywood hit. Scorsese did give it his unique twists and depth, but it was created to be a hit. Scorsese was commissioned to do it, unlike his previous films (for example *The last temptation of Christ* [1988]) which were personal endeavours (Del Río Álvaro, 2004:63). Thus, in showing the spirituality present in mainstream Hollywood films, the value of 'movies' can be illustrated. Thirdly, the film makes constant use of religious themes: Cady (the antagonist) quotes the Bible all the time, speaks to God personally, his tattoos are of a religious nature, etc. Yet this overt use of religious symbols subverts religion: Cady is misusing, even abusing, religion. Cady's actions show the dark side of religious justification. Many might think that spirituality will only be present in films with a positive religious theme and nature, like *Passion of the Christ* (2004) or *Jesus* (1979). *Cape Fear* was chosen as it illustrates how spirituality is present in a film that on an overt level makes a mockery of religion.

As a thorough analysis of the film would be outside the scope of this study, the focus will lie on the spiritual dimension present in the violence depicted in the film.

### **5.12.2 *Cape Fear*: the story**

*Cape Fear* is Martin Scorsese's 1991-remake of John Lee Thompson's 1962 film, which was based on the novel *The Executioners*, by John D. MacDonald. *Cape Fear* was the film that represented Scorsese's entry into mainstream Hollywood (Del Río Álvaro, 2004:61-63).

The film's antagonist is Max Cady (Robert de Niro), who, being released after 14 years in prison for rape, terrorises Samuel Bowden (Nick Nolte) and his family. Bowden was Cady's lawyer at his trial, and Bowden withheld evidence that could have given Cady a lesser sentence. Cady came to know of this while in prison. Thus Bowden, his wife Leigh (Jessica

Lange) and daughter Danielle (Juliet Lewis) become the target of Cady's obsession with teaching Bowden "the meaning of loss".

### **5.12.3 Spirituality and *Cape Fear*'s characters**

Cady chooses the whole Bowden family as target of his revengeful attack. What unsettles the viewer is the fact that Cady's violation of the Bowdens are made possible by Sam's own violation of moral, legal and social codes (Del Río Álvaro, 2004:67). Bowden withheld evidence, commits adultery, engages in illegal behaviour, etc. The viewer, furthermore, gets the feeling that the family is made an easier target by the fact that there is already discord: Bowden's extramarital affairs, Leigh's anger and history of depression, and Danielle's typical teenage anger and resentment.

In creating such an anti-hero, Scorsese confronts the viewer with the murky, unclear nature of life itself. People have both good and evil hidden inside them. Graham (1997b:93) quotes Connelly in saying that "Scorsese shows people in their spiritual condition". What Scorsese sees and experiences as the realities of life and society he reflects and depicts in his films. Thus, in the characters Scorsese creates, the viewer is already forced to face the true nature of being human, and all that this entails for individual spirituality.

One of the reasons why violence has such a profound spiritual effect in this film (as will be explored in the next section), is the fact that Scorsese created no clean-cut characters in *Cape Fear*. The film explores the dissatisfactions present in nuclear families, as well as the culturally repressed psychosexual conflicts within it (Del Río Álvaro, 2004:64). Bowden, who in the 1962-version was beyond reproach and an innocent victim of Cady, is in this version a man who cheats on his wife, has a very troubled domestic life, and reverts to illegal measures in order to get rid of Cady. He is no traditional hero. Cady, although terrifying, is created in such a way that the viewer cannot but help wondering if he is a victim of 14 horrendous years in prison, although they know he raped and battered before he went to prison. But Bowden did hold back evidence, and with this the issues of justice becomes unclear and murky (Graham, 1997b:92). Both characters step outside the law and make use of devious measures and animal-like behaviour to try and get rid of the other. Although Bowden is victorious, the viewer does not instinctively give him a hero's welcome. Too much has happened and we have seen too much of Bowden's real character to side with him without reservations.

#### 5.12.4 Spirituality in violence: redeeming violence

The film is overtly violent. Cady was sentenced for rape and battery, his brutal rape of Bowden's colleague (and potential new lover) is depicted, and violent fights, beatings and murders fill the screen up to the final riverboat scene. Yet in this violence is showcased what Graham (1997b:90) calls the redemptive power of violence.

Violence can be redeemed from senselessness to purpose, and can have a redemptive effect on others, both the perpetrators and recipients. It does, and must, always function like a parable, to shock and subvert our preconceptions, not for mere effect, but to change our perceptions and reactions, in particular those which many religious traditions often offer us and which leave us simply comforted (Graham, 1997b:93).

The film industry, and Hollywood in particular, is often accused of making use of 'gratuitous violence'. In other words, they portray excessive violence for no discernable reason except to entertain and maximise profits. The argument is then that films should rather portray what is good in life and reflect traditional, good, safe values and attitudes. Graham (1997b:94) counters this argument by arguing that the role of films (or the "religion of the movies" as he calls it) does and should challenge traditional values, attitudes and beliefs. Films play a deconstructing role. Films should make the viewer rethink the religious ideals of salvation, or offer alternatives to it. "We might even say that there is a priestly role for directors, as they offer to the mass of the people a different understanding and interpretation of reality" (Graham, 1997b:94).

Violence thus acts as a subversive theological intervention. Through the violence in *Cape Fear*, and through the anti-heroes Scorsese creates, the ambiguity of life and roles are portrayed. The viewer is forced to recognise and acknowledge that there is no clear-cut, obvious moral divide between Cady and Bowden. Each must take responsibility for their own decisions, and not all these decisions were moral, ethical and above-board. The viewer is forced to recognise that life is full of choices, and that the choices that we make and how we think about them determine who we are. The spirituality of Bowden and Cady (and to a lesser extent, Leigh and Danielle) are thrown into sharp relief by the events portrayed in the film, and by witnessing it, the viewers are made more aware of their own. Through Cady, and the events surrounding him, the viewer is furthermore made aware of the weaknesses and deficiencies of the family and legal system. This makes the viewer rethink these traditional institutions, as well as the values and norms connected with it. To quote Graham (1997b:94): "Film can therefore be revisionist in more than one sense: exploring the religious through a

superficially ‘secular’ medium, and using parable to subvert traditionalist explanations of human experience”.

### **5.13 Conclusion**

This chapter has explored and discussed film. The nature of film as work of art was explored, leading to a discussion on the role that film can and should play in theology. This was developed into a broader discussion of spirituality and film, which showed how the spiritual dimension in film can affect the viewer, and thus possibly affect thoughts, attitudes and behaviour.

It has been argued that film has an influence on behaviour, in as far as negative and destructive behaviour is concerned. The hypothesis proposed here, though, is that film can also introduce a positive change in ideas, attitudes and behaviour. As has been discussed earlier, films offer new ways of seeing the world. New thoughts, opinions, attitudes and behaviours can be ‘tested’ via film. Thus film can introduce positive new thoughts, opinions, attitudes and behaviours, thus positively influencing the viewer.

The second proposed hypothesis is that this supposed ability of film can be utilised in the efforts addressing HIV stigma. As film influences on such a subtle level, and introduces new ways of thinking and new attitudes, it can also influence people’s stigmatisation of those with HIV. If, via film, one can change the way people think about those with HIV, and change their attitudes towards them, it can go a long way towards eradicating HIV stigmatisation. The next chapter will explore the validity of these two hypotheses.

Film has a unique way of introducing new ideas, attitudes and behaviours. It has a very subtle way of influencing the viewer. This ability of film to affect the viewer’s spirituality is something that can be utilised in an intervention against HIV stigma and stigmatisation. This theoretical possibility will be explored empirically in the next chapter.

## Chapter 6

### The case of *Yesterday*: an empirical approach

#### 6.1 Introduction

The hypothesis has been proposed that film can be an effective tool in challenging stigmatising beliefs and behaviours, especially in regards to HIV. From a variety of films that addresses the subject of HIV, the film *Yesterday* was chosen for this study, based on the reasoning that it will be most effective in addressing HIV stigma and stigmatisation.

The film *Yesterday* was used in an empirical study to illustrate the potential of film in intervening with HIV stigmatisation. The following chapter will give a synopsis of the film, discuss the director and actors, the impact of the film, and the spiritual dimension present in the film. On the grounds of this the reasoning behind and motivation for choosing the film will be illustrated.

The way the empirical study was conducted will also be explained. The empirical study was done to explore the validity of the hypotheses generated in the previous chapters. In this chapter the nature of the empirical study is explained, the way it was conducted explicated, and the information generated from it communicated. Lastly, the information gleaned from the empirical research will be assessed.

#### 6.2 The film

*Yesterday* was written and directed by Darrell James Roodt and produced by Anant Singh. They are also responsible for films like *Sarafina!* (1992) and *Cry, the beloved country* (1995). *Yesterday* is their ninth film together (*Yesterday* official website, 2007: Online). It was released in South Africa on the 3<sup>rd</sup> of September 2004 (Internet Movie Database, 2007b: Online).

*Yesterday* is the first Zulu-language film made for the international market. It was nominated for an Academy Award for Best Foreign-Language Film in 2004, the first South African film to have this honour. It was shown at the Venice Film Festival in 2004, as well as the Toronto International Film Festival of the same year. Furthermore it won the Best Film Award at the 3<sup>rd</sup> Pune International Film Festival in India (Soares, 2004: Online).

*Yesterday* was made with the support of Nelson Mandela, as well as the Nelson Mandela Foundation (Home Box Office, 2007). The film was made in Zulu, but has English subtitles. The main actors are Leleti Khumalo (*Yesterday*), Kenneth Khambula (John Khumalo, *Yesterday*'s husband), Harriet Lenabe (the teacher), Lihle Mvelase (*Beauty*, *Yesterday*'s daughter), and Camilla Walker (the doctor) (Hawker, 2005: Online).

### **6.3 Why use *Yesterday*?**

*Yesterday* confronts the viewer with all kinds of issues related to HIV: poverty, gender inequality, inadequate healthcare, ignorance, stigmatisation, discrimination, rejection, etc. What makes it all the more poignant is that that which is portrayed in the film is exactly the situation faced by so many millions of South Africans. It is a real-life story, and the stigmatisation and rejection experienced by *Yesterday* and her family is exactly what so many with HIV are suffering under. Women and children are the vulnerable groups of the South African population and this *Yesterday* also starkly portrays.

There are many films about HIV<sup>41</sup>. *Yesterday* was chosen for this study for six reasons. Firstly, the film will be shown to South Africans. Thus a film set within South Africa, portrayed by South Africans, and telling a South African story, will be much more effective in reaching the audience. They will find it easier to relate to. Secondly, *Yesterday* has a very positive outlook on life with HIV, without ever minimising the dark realities of it. It shows the unfairness of how the disease is often spread, the pain of being stigmatised and discriminated against, and the horrific deaths resulting from HIV. Yet it also shows how a person can live a positive, productive, worthwhile, meaningful life in the midst of it all. It is brutally honest about HIV, yet constantly proclaims the positive message that people can live a meaningful life with HIV. Thus it addresses the issue of human dignity and worth within the context of HIV. Thirdly, it shows how you can assist those living with HIV. Fourthly, this film was chosen as it starkly points to the unfairness and cruelty of stigmatisation and discrimination. This study wants to explore the ways of addressing stigmatisation, thus the film proves particularly relevant. Fifthly, the film is not sensational. It tells a simple story in a simple way. Lastly, the film was chosen for its accessibility. It is in Zulu, with English subtitles. Yet it is not dependent on its dialogue. The film can be followed and understood even if the viewer does not understand Zulu or English, or if the viewer is illiterate. The characters do not speak a lot, and the film depends on its strong visual imagery. Thus the film can be screened to a wide and diverse target audience and still communicate effectively.

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<sup>41</sup> See, for example, the list of HIV films on the website [www.disabilityfilms.co.uk](http://www.disabilityfilms.co.uk).

## 6.4 The story: a synopsis

Yesterday is a 30-year-old Zulu woman, living in the village of Rooihoek in Kwazulu-Natal, South Africa. Her husband, John, is a miner in Johannesburg who only occasionally comes home. She lives with her 7-year-old daughter, Beauty. Theirs is a quiet, simple life, dependant on crops and rain. Yesterday is illiterate and very poor, yet she and her daughter are happy.

Troubled by a persistent cough, she goes to the nearest hospital, a few hours' walk away. Twice she is not seen by the doctor, despite standing in line for hours. An act of kindness by a friend (the schoolteacher) allows Yesterday to take a taxi the third time, and she is early enough to see the doctor. The doctor listens to Yesterday's symptoms and draws blood. A few weeks later Yesterday comes back, to be told she was diagnosed as having HIV.

Knowing she has to tell her husband, as she is aware of the importance of disclosure, Yesterday travels to Johannesburg. He refuses to believe her, and ends up beating her. Yet, some time later, he returns home, very sick and emaciated. He has AIDS, and is dying.

Yesterday and her family is ostracised by the village. She is rejected by the women of her village who used to be her friends. Finding no hospice with a free bed, she is forced to build a shack far from the village, where she takes care of John until he dies. The doctor is astounded with Yesterday's good health. Yesterday explains that it is because she is determined to survive until Beauty goes to school the next year.

Close to the end, both of the film and of Yesterday, the teacher, as the one person who supported Yesterday since she became ill, promises to take care of Beauty when Yesterday dies. By now Yesterday is getting thin and coming down with opportunistic infections. The film ends with Yesterday taking Beauty to school on her first day, and watching her as she walks into her classroom. Then Yesterday walks the long, dusty road home.

## 6.5 The impact

Roodt said that with *Yesterday*, on one level, he was trying to humanise HIV. Whereas his previous South African films were political, this was for him a more socially aware film. Roodt emphasises that *Yesterday* is not a message movie. It does not offer any answers. It merely portrays one person in a difficult situation. Yet, although Roodt believes films cannot

solve the world's problems, it can create and stimulate dialogue and awareness (Home Box Office, 2007: Online).

Nelson Mandela personally offered his support for the film and he also got the Nelson Mandela Foundation involved with it. Mandela sees film as a medium that can effectively mobilise people. He believes that the film *Yesterday* can assist in spreading the message of prevention, care and support for those infected with and affected by HIV. Most important for him is the way in which *Yesterday* highlights the need to remove stigma and discrimination (Home Box Office, 2007: Online). The Nelson Mandela Foundation has been using *Yesterday* to promote HIV awareness in Africa (Soares, 2004: Online)<sup>42</sup>.

## **6.6 The spirituality present in *Yesterday***

As was explored in the previous chapter, film has the ability to influence meanings, identity and spirituality. Although generally this is done through a culture of film, individual films can also have such an impact<sup>43</sup>. The values and judgements made by characters in the film, and the spirituality implicitly or explicitly present in the film, can influence the audience.

*Yesterday* is a simple film. It tells a simple story, without hard action, or dramatic scene changes, or intricate dialogue. It tells a simple story and it tells it well. The basic values, the basic spirituality of the film, easily communicate.

In *Yesterday*'s brave friendliness and resolute behaviour, the audience becomes aware of what it means to do the right thing no matter what the circumstances. But the film has firm opinions of what the 'right' thing is: it is taking care of your daughter, being honest, supporting your friend, not rejecting anyone, forgiving, etc. In watching the film, the viewer's understanding of what the correct behaviour is in such circumstances, and in life in general, is influenced. Thus the film influences our spirituality.

There is no overt mentioning of God. The teacher wears a crucifix around her neck, and she is the only person who steadfastly supports *Yesterday*. But this is the only sign of religion in

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<sup>42</sup> In a personal telephonic conversation with a representative of the Nelson Mandela Foundation, it was ascertained that the use of *Yesterday* in the 46664-campaign was postponed for a while. However, the campaign was relaunched on 11 September 2007 and they now plan to use *Yesterday* as part of their 46664 antistigma campaigns.

<sup>43</sup> For example, see Martin's discussion of his classmate's turnaround after seeing the first *Rocky* film (Martin, 1995b:1).

the film. This shows that a film does not have to be religious in order to be spiritual and spiritually influencing.

## **6.7 The empirical study: background**

From research set out in the previous chapters, the hypothesis was postulated that film has a role to play in spirituality. Furthermore, this spiritual dimension of film can be utilised in responding to HIV stigmatisation. The empirical study was done in order to see whether these hypotheses are valid or not.

The study wants to look at the spiritual dimension present in film, as well as film's potential effectiveness as a vehicle for spiritual formation. The effectiveness of film in the influencing of fixed ideas and perceptions was also investigated, in order to answer the question of whether it can be used to this end. Furthermore, the study was done to establish what influence film can potentially have in the context of stigmatisation and HIV, i.e. if it can constructively lessen or weaken the stigmas linked to HIV. The aim of the empirical study was not to create statistical evidence for the effectiveness of film in addressing stigmatisation. The aim was to indicate and prove certain trends and tendencies, so that we can become sensitive to them. This is in line with Parker & Birdsall's (2005:22) view that quantitative research on its own is unable to grasp and capture the layered nature of stigma. Quantitative research cannot access or encompass the complexities stigma presents in specific contexts. They see qualitative research as extremely important in relation to research regarding stigma.

Before the empirical study was conducted, a pilot study was done in order to assess the effectiveness of the proposed study. The nature and assessment of the pilot study is set out in Addendum A.

## **6.8 Empirical component: sampling, questionnaires and discussion groups**

The empirical study was done via sampling, with the aid of a target group. Questionnaires were completed by participants, and the information gleaned from the questionnaires was aided by general discussion done with the group.

### **6.8.1 Population and sampling**

'The population of the group' within this context is used to refer to the group about whom a study wants to be able to draw conclusions (Babbie, 1992:107). It was decided to use Vlaeberg, an area outside of Stellenbosch, South Africa. The population for this study was

Coloured farm workers and their families. The reasons for this decision were twofold. Firstly, the researcher had access to this community, as she had been working with a congregation in the area for a year. HIV, and the stigma attached to it, has been shown to be a problem. Secondly, the need for stigmatisation intervention in lesser-educated, poorer communities is fairly desperate. This is a vulnerable group of the South African population. By making them part of this intervention, they are sensitised to the HIV situation and empowered. Their human dignity and worth is acknowledged, supported and strengthened. Thus was decided to assess the effectiveness of this intervention strategy within just such a community. If it proved effective, it can continue at other farms in the area.

As not all members of the chosen population could form part of the study, a sample group was chosen. No stringent measures were set in place to ensure a certain type of sample group. As this is only a study to show certain trends and tendencies, it was not deemed necessary. Also, the researcher is very aware of the HIV stigmatisation present in the community. The message that *Yesterday* conveys about HIV is one that everyone should hear, and thus anyone who wanted to be part of the sample group could be.

### **6.8.2 Questionnaires**

Two questionnaires were prepared, one for before the film screening, and one for after. This was done in order to assess what the target group's preconceived, fixed ideas and perceptions regarding HIV were, and to see how it changed with the watching of the film, if at all.

#### *Pre-film questionnaire*

The pre-film questionnaire had only two questions:

- 1.) What do you think about HIV and AIDS and about people who are HIV positive?
- 2.) What do you know about the HIV-situation in South Africa?

The reason it was decided to have only two questions was in order to keep the questionnaire as simple and easy as possible. The people used in the study are not very educated (some of them took a very long time to answer only these two questions). Thus it was decided to keep the questionnaire simple.

Furthermore, the two questions were enough to get the desired information. The reason for a pre-film questionnaire was that there could be some insight to what the perceptions and views on HIV were before the viewing of the film. Otherwise no assessment could be made into

how the perceptions and views had changed, if at all. Film has such an insidious way of influencing people that they often do not realise that their perceptions and views have changed. Thus it was decided to employ the help of a pre-film questionnaire with these two questions.

*Post-film questionnaire: assessment criteria and questions*

The researcher realised that, in order to make the post-film questionnaire valuable with regards to the research being done, certain categories had to be addressed in the questions. Different categories were evaluated and finally there were decided on the following: feelings, identification, perceptions, text/message, theology, and reaction. These six categories were chosen in order to assess how the film as text was understood, how the individual understands spirituality, and how he/she understands theology.

- **Feelings**

In addressing feelings, the aim was to assess the feelings that the film evoked. This can help to determine to some extent the influence of *Yesterday* on the viewer, as the research wants to ascertain to what extent film can influence spirituality and therapeutic healing. Emotions play a central role in this.

- **Identification**

An identification-question was decided on, in order to determine with which character the viewer identified the most. These are not educated people. Through their identification patterns you can assess to some extent their schemas of identification. Who they identify with is a reflection of the values, characteristics and behaviours they find good, right and important. Also, films are constructed in such a way as to maximise the extent to which viewers identify with characters (Rossiter, 2007:30-32). In asking this question there can be ascertained how effective the film was in fulfilling this goal.

- **Perceptions**

A question regarding perceptions was used as the study wants to determine whether film can play a role in changing perceptions. People already have opinions. This question was necessary to ascertain what these opinions are, and also whether they are aware of it changing because of the film.

- **Text/message**

In screening the film, the aim was to convey a certain message. A question regarding the text or message of the film was asked in order to determine whether the intended

message was communicated. It is important to determine whether this message was communicated and if so, how it was communicated. This can help the researcher in determining what type of message regarding HIV communicates well in certain kinds of ways.

- **Theology**

Addressing the viewer's understanding of God was important, as people's perceptions and views are profoundly influenced by their God-images. Thus, in asking this question, it can be determined whether film can play a constructive role in positively influencing God-images.

- **Reaction**

The reaction question asks to what extent the film influences the viewer in the area of responsibility and ethics. Has it motivated the viewer to action? The ethical dimension is very important, and must be explored.

The questions were:

1. "How do you feel after you have watched the film? Why?" - *feelings*
2. "With which character did you identify the most? Why?" - *identification*
3. "Did the film a.) confirm any of your existing ideas, convictions and beliefs? Explain.  
b.) challenge any of your existing ideas, convictions and beliefs? Explain."  
*- perceptions*
4. "What was the film trying to say?"  
*- text/message*
5. "Now that you have seen the movie, do you think differently about God? Why?"  
*- theology (understanding of God)*
6. "Now that you have seen the movie, what are you going to do? Are you going to do anything differently?"  
*- reaction (dimension of responsibility and ethics)*

### **6.8.3 Focus group discussion**

A focus group discussion followed the screening of the film. An open discussion can bring important insight into how the film was experienced and understood. Many people are not that good at or able to write about how they experienced something. Many people are also more comfortable with talking than they are with writing. Thus was decided to make a group discussion part of the analysis of the film's effect and effectiveness.

## **6.9 The study**

The film screening took place on the 14<sup>th</sup> August 2007, at the Vlaeberg Tennis Club, which is also the church hall of the Vlaeberg Congregation.

### **6.9.1 Target group**

Originally it was decided to use the workers of a specific farm as target group. But as the film screening had to take place in the evening, there could be no assurance of how many people would come. Thus was decided to freely advertise the screening. Posters were put up at the farm, the shop closest to the Tennis Club, and at the Tennis Club. The Sunday just before the screening it was also advertised at the church service.

Yet, deception was present to a certain extent. In the posters advertising the film screening, no mention was made of HIV or of the study being conducted. Only the name of the film and the fact that it would be free, was advertised. Also, the availability of free refreshments was advertised, as added incentive. The pastor in charge of a local church advised the researcher not to make any mention of HIV, as this was guaranteed to put people off seeing the film.

The evening of the screening was bitterly cold. The pastor of the church was anxious about the fact that this might put people off coming, which it did to a certain extent. More or less 55 people turned up, but about 20 of them were very young children. In the end there were 23 people who could be used as participants in the study. The rest were either too young, had to leave early, or were illiterate.

The age distribution of the target group was as follows:

*Age 10-19:* 12 people; 5 female, 7 male

*Age 20-29:* 4 people; 3 female, 1 male

*Age 30-39:* 1 person; female

*Age 40-49:* 4 people; 2 female, 2 male

*Age 60-69:* 2 people; 2 male

### **6.9.2 Pre-film questionnaire: the response**

*Question 1: What do you think about HIV and AIDS and about people who are HIV+?*

Regarding HIV itself, people saw it as a bad illness, contagious, incurable, and that it ruins the body. Although one person stated that you can get it in different ways, the overwhelming

majority was of the opinion that you get it due to a promiscuous sex life. Interestingly, one participant stated that HIV is curable, while another was of the opinion that, no matter what we try to do, we will never be rid of it.

On a practical level, people who are HIV+ must look after themselves well, by eating and drinking the right things, by taking their medicine, and by sleeping enough. People with HIV can be identified by the fact that they get thinner and thinner, get sores and pimples, have fevers, and cannot sleep well.

Everyone said that we must love and support those who have HIV. Many said that HIV-positive people are just as important as those who do not have HIV, and that they must get enough love. People make mistakes, and if they knew beforehand about the consequences they would have been more careful. Many participants were of the opinion that those with HIV cannot look after themselves. Only one said that HIV-positive people can have lives just like HIV-negative people. Two participants also recognised that it is hard to have HIV, as you cannot tell people about it, as they think it is a disgrace.

*Question 2: What do you know about the HIV-situation in South Africa?*

The majority of the group were aware that HIV is a big problem in South Africa, and that South Africa has the highest incidence of the disease. Many stated that the number of HIV-positive people is growing everyday. The target group all saw the HIV-situation in South Africa as a problematic issue, as so many people are dying from it, as there is no cure, and as people are so afraid of it.

Again the dominant opinion was that South Africans are getting the disease due to a promiscuous lifestyle. Many blamed South Africa's high infection rates on a) people not knowing about HIV, b) people liking sex too much to care about HIV, or c) people believing that they cannot get it.

Only two participants discussed the effects of HIV on interpersonal relationships. One stated that HIV is causing people to trust each other less easily, while the other said that, in South Africa, those with HIV are treated like "pigs".

### 6.9.3 Post-film questionnaire: the response

*Question 1: How do you feel after you have watched the film? Why?*

The overwhelming emotion felt by the target group was sadness. Yet the participants varied in their reasons for being sad. Some were sad because of what they saw about how people treat each other, i.e. the betrayal, the gossip, the physical abuse, etc. Others were sad because of the death they witnessed, and the awareness of how many others are also dying. Others were sad for what people are forced to experience due to HIV.

The surprise was that quite a few people stated that they were happy after having seen the film. They appreciated what the film had taught them about HIV, and that they now knew what the virus did to people. They felt they could now also teach others about the virus.

*2. With which character did you identify the most? Why?*

Most people identified with Yesterday, because of her courage, bravery, confidence, friendliness, the fact that she never gives up, and that she stood by what she believed. Some identified with the teacher, because of the way she supported and helped Yesterday throughout. One person identified with the doctor, as she (the doctor) really wants to help people. Two people identified with Beauty, as they were worried about her because she had lost her father.

From the answers it became clear that the participants chose the character they liked the most, rather than someone they really identified with<sup>44</sup>.

*Question 3: Did the film a.) confirm any of your existing ideas, impressions and/or convictions? Explain.*

*b.) change any of your existing ideas, impressions and/or convictions? Explain.*

The overwhelming majority said that their ideas, impressions and/or convictions had changed due to the film. The two participants who said it did not change, stated that they always knew AIDS killed.

The reasons for ideas, impressions and convictions changing were threefold. Firstly, people said their view on people changed. They became aware of how quickly friends and family

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<sup>44</sup> This is discussed in more detail in 6.10.6.

can reject you. Secondly, they stated that they realised the importance of supporting those with HIV. They realised they must treat them better and not be scared of them. They also realised, for the first time, something of how it is to live with the virus, and the emotional aspects of living with it. Interestingly, the third reason is educational. People said they now knew a lot more about HIV, how you get it, and about what it does to the body. The majority of the group mentioned this.

*Question 4: What did the film want to tell you?*

These answers fell into two camps.

The first grouping focused on what the film tried to tell the viewer about people and how to treat those with HIV. The film's message was thus that we must not gossip, that people are very selfish and mean towards HIV-positive people, and that they betray them. It tried to show us how society treats those with HIV. One participant saw the message of forgiveness of others as being dominant.

Secondly, the message of prevention was heard very clearly. The film was telling the viewer to be careful not to get HIV, and it informed the viewer about HIV. Many participants saw the dominant message as the call to practice safer sex. Many also said the film was telling the viewer to go for regular HIV-testing and to be very careful as anyone can get the virus.

*Question 5: Now that you have seen the film, do you think differently about God?*

*Why?*

Some participants were of the opinion that the film showed them something new about God. It showed them how God uses people to help each other. Also that we cannot survive and cope with something like HIV if we do not believe in Him, and that He will always support us. Interestingly, these same reasons were also used to argue that the viewer does not think differently about God after watching the film. Obviously people have different ideas about God.

It seems that with this question, people did not so much refer to the film as just revert back to Sunday School answers about God. Very few of the answers bore any relation to the film<sup>45</sup>.

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<sup>45</sup> This is discussed in more detail in 6.10.8.

*Question 6: Now that you have seen the film, what are you going to do? Are you going to do anything different?*

The participants reacted very strongly to this question. All but one stated that they will do things differently after watching the film. Absolutely dominant was that they were going to think differently, and also behave differently, than what they used to. They now want to respect, support, love, and encourage those with HIV.

Participants were also aware of their role as messengers. Many stated that they are going to tell others about what they have learnt from the film (i.e. about how HIV works, and how to treat those with HIV, and to be less promiscuous).

On a similarly practical level, many stated that they are going to practice safer sex, or have no sex. They were also going to go to the clinic immediately if they did not feel well, they will test regularly, and will test before they get married.

#### **6.9.4 Focus group discussion**

The focus group discussion was about 20 minutes long. The researcher did not want it to take any longer, as it was getting late and even colder. While the discussion was going on two ladies, who saw the film as part of the pilot study and thus did not have to partake in the questionnaires and discussion, served coffee and tea and cookies to the group.

In being asked what they thought of the film, everyone said that it was very sad. The film made them all very emotional, but sadness was the dominant emotion. The unfairness of what happened to Yesterday, and what she was forced to experience, was the dominant reason for the participants being sad.

When asked which of Yesterday's experiences made them sad, the group focussed on the abuse she received from her husband when she confronted him about her status, and the way she was treated by her community. The scene when some of the village women walk away from the village pump, looking askance at Yesterday when she approaches, was discussed as a particularly poignant example of ill treatment.

The discussion then went on to looking at why the villagers treated Yesterday in such a way. Two reasons were brought forth. Firstly, the connection between HIV and sex was seen as the main reason. Because, in South Africa, HIV is mainly transmitted through sexual activity,

most people associate the virus with a promiscuous lifestyle. And people judge those who are promiscuous very harshly. Thus, if you have HIV, people immediately assume you are promiscuous, judge you, and treat you badly.

The second reason for the way Yesterday was treated by the villagers was ignorance. Because people are ignorant about the virus, they get the wrong idea about the carriers of the virus, and then they treat them badly. If people were only educated and knew the truth about HIV, they would not treat them in such a way.

When asked whether the story about Yesterday makes them think differently about HIV, there was an uncomfortable silence. It was broken by one man saying that it does not make them think differently, as this generation is educated about HIV. As they are not ignorant, they do not think any differently after seeing the film.

The researcher then asked whether the participants thought that there are people out there who, even though they are educated about HIV, still treat HIV-positive people the way the villagers treated Yesterday. Everyone in the audience said yes to this question. The reasons given for this were twofold. Firstly, pride was given as a reason. People look down on those with HIV, and because of their pride treat them differently, even though they know they should not. Secondly, it is not because of the HIV, but because of the way people contract it. Again the link between sex and HIV is the cause of the problem. People judge you and treat you badly if they think you are promiscuous, and everyone thinks you are promiscuous if you have HIV.

During this part of the discussion, people for the first time started admitting that they still to some extent do what the villagers do (treat those with HIV as outcasts). The dominant reason for this is fear. People are so scared of HIV that, even though they know the facts about it, they cannot be rational about it. People are scared of HIV, as they are scared of death and dying.

The film created some awareness of how it is to be the one being treated as an outcast. The participants stated that it made them realise how hard it is to be judged and excluded by others. It is bad enough having HIV, without it being made worse by your community. Thus they now want to treat HIV-positive people differently. They want to help and support them,

and not label them simply because they have HIV. The importance of positive thinking, and the role a community can play in it, also came to the fore.

## **6.10 The empirical study assessed**

The conclusions that can be drawn from the study have been arranged in twelve separate areas.

### **6.10.1 Education**

Interestingly enough, participants in the younger age bracket (10-19) were more focused on the educational input and impact of the film. In almost all their answers they mentioned what factual information the film had imparted, and how it was helpful.

This can be due to one of three reasons. It could be that, as they are all in school, they are just more attuned to the educational, informational value of films. Secondly, it could be that they feel they are at an age where they are particularly at risk to HIV infection, and thus the relevant information about the virus is particularly important to them. Thirdly, it might simply be that they are at an age that they do not mind admitting their ignorance. Thus they, unlike the other participants, do not mind admitting that they did not know certain things about the disease.

Other participants also mentioned that they had learnt a lot about HIV through watching the film. Thus, although the reason for choosing the specific film was to address issues of HIV stigma, the film still had educational impact. This is a good and positive thing. Just because the study wants to focus on addressing stigma and stigmatisation, it does not mean that education is not important. Any means whereby correct information about HIV is transferred is good. The aim is merely not to make it the main focus of the intervention. But to a certain extent this educational focus is a bit worrying. It shows that, despite all the information-based awareness programmes of the government, and despite the participants' own emphasis on their knowledge of the disease, they still lack a lot of basic and important information about the virus.

### **6.10.2 Sex**

With the participants' answers to both questionnaires, as well as their participation in the open discussion, the link between HIV stigmatisation and promiscuity was incredibly clear and obvious. In all the answers, HIV was always connected to a *promiscuous* sex-life. This thus

corroborates and justifies Crawford's assertion that deviant sexualities are linked to stigmatised outgroups<sup>46</sup>. These links strengthen and enforce existing stigmas.

Many of the participants viewed the dominant message of the film as being that of practising safer sex and being careful. This was surprising for the researcher, as it was definitely not the purpose behind the screening, or what she saw as the dominant message of the film. Yet this is not a problem. Safer sex, being careful, and going for regular HIV-tests is a very important message, and it is important that people hear it. It also means that those who feel that this is the most important message when addressing HIV will be satisfied if this film is screened. It can then serve the dual purpose of addressing both stigmatisation and the spreading of the disease. Lastly, although *Yesterday* might be saying safer sex is important, it directly states that you do not only get HIV if you are promiscuous. It is clear that *Yesterday* got the virus through no fault of her own. Thus the film makes it clear that HIV cannot necessarily be equated with promiscuity and it opposes that stigma.

### **6.10.3 Knowledge about HIV pandemic**

The participants' answers to the second question in the pre-film questionnaire made it clear that the message about the HIV pandemic is getting through. People are aware of the danger and prevalence of the virus. Yet, if you take into account the blaming-model of stigmatisation, this does not necessarily mean that they lead more careful lives. On the contrary, awareness of the danger of the virus can be causing them to try and distance themselves from the virus by denying their own susceptibility to it.

### **6.10.4 The film communicates effectively**

The hypothesis that the film will be effective in connecting with viewers even if they cannot speak Zulu, are not so proficient in English, or are illiterate was proven correct. None of the participants had any difficulty in following the story. On the contrary, they were very touched and moved by it. This was shown in their responses to the first question of the post-film questionnaire, as well as in the open discussion. Thus the film can be used with widely differing audiences.

### **6.10.5 New attitudes and behaviours**

Due to the film, the participants developed new attitudes and beliefs. These attitudes and beliefs emerged in different ways.

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<sup>46</sup> Chapter 4.9: "Stigmatisation and sex".

Firstly, the film brought a new and enriched awareness of the feelings of those with HIV. It is as if the participants knew about the disease, but have never thought about how it must feel to live with it. The film thus created a whole new awareness. This led them to wanting to change their behavioural patterns. This finding supports the hypothesis that film communicates and addresses the viewer on an emotional level, something which information-based programmes can not do. Thus it addresses HIV stigma in a totally different way, one which will hopefully prove effective.

A surprising effect of the film was that the participants became very aware of the undependability and fickleness of friends. Repeatedly they voiced their shock and disappointment at how friends can betray each other. Yet this awareness, that came due to what they saw Yesterday experience, led them to the point that they said they do not want to be guilty of the same action. In the last question of the post-film questionnaire, combined with the open discussion, it became clear that what they had witnessed made them realise they do not want to be accused of the same things. Thus the film had been effective in creating new attitudes, which will hopefully lead to new behaviours.

Question 3 of the post-film questionnaire directly asks about the participants' ideas, convictions and beliefs. The overwhelming majority of the participants were of the opinion that their ideas, convictions and beliefs had changed after watching the film. This supports the hypothesis that film can influence and change thoughts and attitudes. The participants felt very strongly that they think differently about those with HIV after seeing the film, and will act differently towards them as well. This became clear through the post-film questionnaire (especially question 6) and the open discussion. This supports the hypothesis that film addresses and confronts people on a deeper level, on the level of their deepest beliefs and behaviours. After seeing the film, the participants were able to admit that they have been treating those with HIV wrongly, and were willing to change their behaviour. More than that, they were eager to change it. The film enabled them to change their stigmatising beliefs. They were adamant that they will also change their behaviour, although only time will tell if this will be the case.

The most important realisation (according to the participants) was that those with HIV need their support. The film made them realise this and made them want to start doing it. It can be argued that this does not necessarily mean that there are fewer stigmas present. Yet this

researcher is of the opinion that people cannot really offer support if they still stigmatise the individuals they are supposed to support. Thus the film did have an influence on the participants' levels of stigmatisation of people with HIV.

#### **6.10.6 Identification**

With question 2 of the post-film questionnaire, the participants were asked which character they identified with. This was asked in order to ascertain their schemas of identification, which is an indication of the norms, values and attitudes the viewer regards as good and right. From the answers it is clear that most of the participants did not really understand what is meant by "identify with". Although the question was explained to them, it is possible that, for most, the concept of identification was a bit too difficult to grasp. Yet they did indicate who they liked or admired the most. Which character a viewer likes the most is an indication of the norms and values they like and regard as positive, and this came out in their motivation for choosing certain characters. Thus the question was not wasted. Yet, in choosing characters they like and not necessarily those they identify with, their answers can only be an indication of the qualities that they admire. It does not mean that they (the participants) have these qualities.

#### **6.10.7 Possible stereotypical expectations of those with HIV**

Most of the participants mentioned how much they admire the strength, bravery, commitment, perseverance, etc. of *Yesterday*. This is not necessarily only a good thing. The film's portrayal of *Yesterday* might create the impression that all HIV-positive people are strong, brave, committed, etc., and that only such people deserve the participants' support and encouragement. Thus, if a HIV-positive person does not display these qualities, the participant might see him/her as a 'failure'. Therefore the film might be creating stereotypes about what the 'correct' behaviours for HIV-positive people are, and these stereotypes might place incredible pressure on HIV-positive people.

On the other hand, John does show the viewer a 'weak' HIV-positive person. He is not strong and brave, and he needs his wife's support and care. Thus it can be argued that *Yesterday* does show the full spectrum of reactions to HIV.

#### **6.10.8 God-question**

The question about God did not seem to be very effective. Participants simply reverted back to the answers they learned by rote when they were in Sunday School. The researcher gets

the impression that they did not really bring God in relation to what they saw in the film. They were much more aware of other things. Thus the question caught them unawares, and they just wrote the things they thought were expected of them. Furthermore, the film screening took place in the church hall. People feel unspoken pressure to provide the 'correct' answers.

#### **6.10.9 Messengers**

It was interesting that the participants also, after seeing the film, felt they were messengers. They felt that they must tell others of what they have learnt and realised from seeing the film. This was unexpected. It seems that, as they realised the enormity of the nature and effects of their previous beliefs and behaviours, they felt so strongly that these must change that they also felt it very important that other people must also change their wrongful beliefs and behaviours. It could be that they are so aware, after seeing the film, of what those with HIV are experiencing that they want to spare them the added hurt and pain caused by stigmatisation and discrimination. Thus they want to tell everyone to stop stigmatising and discriminating.

#### **6.10.10 Not ignorance**

In the discussion it came to the fore that people tend to blame stigmatising beliefs and behaviours on ignorance. Yet, and this the participants themselves recognised, it is fear (rather than ignorance) that causes the stigmatisation. People fear death and dying, thus they fear HIV. This finding supports the blaming-model of stigma, which says that people stigmatise in order to distance themselves from danger, as they fear the danger.

#### **6.10.11 Pressure to give 'right' answers**

People are aware of what the 'right' reaction to HIV should be. They know that they should not stigmatise and discriminate. This became clear from participants' answers. They often gave what can be seen as the 'correct', text-book answers. This tendency to give 'right' answers, especially in front of a group, was shown by the discrepancy between the answers to the questionnaires and the open discussion. Whereas the participants stated in question 3 and 6 that their beliefs, attitudes and convictions had changed and that they wanted to change their behavioural patterns as well, an uncomfortable silence was present when the same question (with different wording) was asked during the open discussion. No-one wanted to admit that they might have had inappropriate beliefs, attitudes and convictions about HIV and people

who have it. It was only after a long discussion that they started admitting it in the group in front of their peers.

#### **6.10.12 Unspoken pressure**

Due to the conversations that were generated by the empirical study, the film will also be shown to other groups in the Vlaeberg area, in order to address the issue of HIV stigmatisation. As the screening with the empirical study took place in the church hall, and as it was presented by the church, it is possible that the participants felt added pressure to give the 'right', Christian-like answers. It might be wise to conduct such screenings in neutral spaces, where people feel they can be open and honest about their perceptions, especially in the light of the discussion that follows the viewing of the film.

### **6.11 Conclusion**

Of course this study cannot assess whether the changes in beliefs actually led to changes in behaviour. It cannot even ascertain whether the changes in beliefs lasted. Yet it does show that film has the hypothesised effect. The dimension of the immediate impact of film was shown within the realm of the participants' responses. Film addresses the audience on an emotional level, and thus it can address ideas, thoughts, perceptions and beliefs in a totally unique way. Therefore it is a unique intervention strategy in addressing HIV stigmatisation. Probably it will have to be combined with other forms of antistigma strategies in order to prove effective in curbing stigmatisation in the long run, yet this is acceptable. The argument was never that films should be the sole defence against stigma.

## **Chapter 7**

### **Findings**

#### **7.1 Introduction**

At the beginning of this study, a research problem was defined, presuppositions formulated, and hypotheses suggested. After the qualitative research and empirical study that was done, these problems, presuppositions and hypotheses will now be evaluated. Furthermore, other ways of approaching them, unexpected results and realisations, as well as other needed avenues of exploration, will be discussed.

#### **7.2 Film: a medium for spirituality**

This study wanted to pay attention, and give recognition, to the visual as an important existential dimension of spirituality. Film, as a specific form of the visual, was chosen as an element of the visual that receives little attention when it comes to the discussion of spirituality. The study wanted to see in what sense film was a medium for spirituality.

While Chapter 2 explored spirituality in general, Chapter 5 focussed on film and its spiritual dimension. In qualitatively researching this aspect of film, as well as exploring the spiritual dimension in the films *Cape Fear* and *Yesterday*, it was shown that film does have a spiritual dimension.

In illustrating this, the need for a paradigm shift was reiterated. Theology must recognise the visual, specifically film, as having a powerful spiritual dimension. Theology must no longer be only a cognitive, logical and rational activity. It must allow room for the visual existential dimension. If it does not do this, it will estrange a valuable element of human spirituality.

#### **7.3 Film: potential medium for spirituality formation**

Thus it was shown that film has a valuable existential spiritual dimension, and thus is a medium for spirituality. But can this dimension be utilised in order to assist spirituality formation in people? The extent to which film can influence the viewer's identity and self-image, thus influencing meaning-making, needed further investigation.

Chapter 5, in analysing studies done on film, showed that film can function as a medium for spirituality formation. This was further explored and illustrated by the empirical study, which

studied the influence of the film *Yesterday*. Viewing the film had a profound effect on the values, presuppositions, attitudes, and ideas of the audience.

Film must thus be recognised for what it is: a powerful tool in spirituality formation. Pastoral communication can prove much more effective if it utilised this dimension of spirituality formation.

#### **7.4 Film: important in stigma intervention**

Film has a spiritual dimension and can play a role in spirituality formation. The hypothesis was formulated that, seeing that film has this dimension and can play this role, it also has the ability to be a powerful role player in addressing stigmatisation, specifically in relation to HIV.

Chapter 3 explored the HIV pandemic, specifically the spiritual dimension of this pandemic. Chapter 4 looked at stigma, specifically stigma related to HIV. Different possible existing intervention strategies were evaluated.

Stigma was shown not to be a rational or cognitive process, but rather an emotional process. Film influences the viewer on an emotional level. It engages feelings and emotions. Thus film functions and addresses the audience on the same level as where stigma develops and functions. Thus it was hypothesised that film can be an effective tool in addressing stigma, as it immediately engages the dimension where stigma and stigmatisation functions. This hypothesis was explored in the empirical study. The influence of the film *Yesterday* on stigmatisation and stigmatising tendencies was investigated. It was shown that the film had a definite influence on this aspect of human behaviour. Viewing the film touched the audience on a very deep, emotional level. This made them able to access their stigmatising thoughts, beliefs and behaviours, and to change these.

Thus a second hypothesis of the study, namely that film can have a role in the changing of paradigms and the fostering of values as related to the spirituality in humans, was also proven correct. Both the studies investigated in the chapter on film<sup>47</sup>, as well as the empirical study<sup>48</sup> showed how film can change people's paradigms, values, attitudes, ideas and perceptions. Thus film really does have a role to play in the spiritual dimension of people's lives.

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<sup>47</sup> Chapter 5.

<sup>48</sup> Chapter 6.

## **7.5 Film: a positive dimension**

In the qualitative research, it was proposed that film can also have a positive dimension and effect. Whereas film is often accused of having a negative influence, the study hypothesised that film can also have a positive influence on the audience.

The empirical study showed that this is the case. Seeing the film *Yesterday* opened the audience's eyes to a reality that have not comprehended before and this motivated them enough to change their behaviour, attitudes and perceptions. Thus film does and can have a positive influence.

## **7.6 Film: theology should take it seriously**

The qualitative research, as well as the empirical study, should provide enough motivation for theology to recognise film as being important to theological endeavours.

Film has been shown to have a strong and ever-present spiritual dimension, as well as being able to influence spirituality and spirituality formation. Theology should be aware of this and utilise it! The time is past where theology can disdain and distance itself from film and the film industry. Film is part of modern culture and is an important cultural beacon and indicator.

## **7.7 The importance of post-film discussion**

The post-film discussion which followed the screening of the empirical study brought to the fore the importance of such a discussion.

Rossiter (2007) explain how people are affected by a film's spirituality<sup>49</sup>. During the film they embrace it, but after the film they are able to disengage from it (except if there are certain deficiencies in their own spirituality). A post-film discussion can have the important effect of entrenching the spirituality present in the film, as the viewer is forced to acknowledge and rethink it. Thus it would be less easy for the audience to distance themselves from it.

This was proven in the post-film discussion. When it came to acknowledging possible stigmatising and discriminatory behaviour and attitudes, few people were willing to admit to

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<sup>49</sup> Chapter 5, especially 5.9 ("The spiritual dimension of film") and 5.11 ("Film: does it influence behaviour?").

it. An open discussion was necessary for them to realise their attitudes and behaviours, to realise the alternative offered in the film, and to bring this in relation to their own lives.

This is so important that the researcher is of the opinion that, if a film cannot be followed by an open discussion lead by a skilled facilitator, film should not be used as an antistigma strategy. Stigma and stigmatising tendencies are too deeply entrenched for the film to prove particularly effective in changing it, especially long-term, without a discussion.

## **7.8 A culture of film needed?**

Rossiter (2007) is of the opinion that it is a culture of film, rather than an individual film, that influences an individual's spirituality<sup>50</sup>. From what was learnt from the empirical study, this opinion can be evaluated and applied in two ways.

Firstly, it can on the basis of this opinion be argued that any antistigma strategy that uses film must make use of a range of films and to make all the films part of a programme. Thus the intervention would be conducted over a few weeks/months and the audience will watch a variety of films which have the same spirituality. Thus a culture of film can influence the audience's spirituality.

Another option is to look at the effectiveness of the empirical study. In this case, a single film was enough. This researcher is of the opinion, though, that one film was enough as it was followed by a facilitated open discussion. The researcher is not sure if it would have been equally effective had there been no facilitated open discussion. Thus one film is enough, and a culture of film is not needed to influence spirituality. But the single film must be followed by a facilitated open discussion.

## **7.9 Multi-dimensional interventions**

Looking at HIV, the aim was to explore how film plays a role in specifically stigmatisation intervention. Due to the nature of stigma and stigmatisation, and the spiritual dimension present in film, the idea was that film will prove particularly effective as an antistigma intervention.

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<sup>50</sup> Chapter 5, especially 5.9: ("The spiritual dimension of film").

The empirical study showed the researcher that no intervention strategy acts so specifically. It came as a big surprise how many people, in seeing the film, said that the biggest influence it had was on the level of giving them the correct information about HIV<sup>51</sup>. Thus, what was meant to be a spiritual approach to addressing HIV stigma and stigmatisation, was for many a HIV education session.

This illustrated, and made the researcher aware, of the multi-dimensional nature of any intervention. Educational approaches to HIV, whose main aim is to educate people about the facts of the virus, can have an effect on stigma and stigmatising tendencies. An intervention that focuses specifically on HIV stigma and stigmatisation can also provide much-needed information.

Thus, in evaluating an intervention, the main goal should be identified, and this goal must be achieved in order for the intervention to be deemed successful. But if added value can be gained from related dimensions, it is a bonus. Such a multi-dimensional effect should be striven for. Those responsible for the intervention must just always be sure that the main goal had also been achieved.

### **7.10 The relevancy of the blaming model**

The relevancy of the blaming model of stigmatisation<sup>52</sup> was reiterated in the empirical study.

In the discussion with the target group it became clear, and they also became aware, that enough and correct knowledge about HIV is not enough to prevent stigmatisation. Although the group started off by saying that, due to the fact that they know a lot about HIV, they do not stigmatise, honest and open discussion led to the point where they were able to admit that they stigmatise and discriminate. Knowledge was not enough to prevent stigmatisation.

This enforces what the blaming model of stigmatisation says. People stigmatise because they fear, and want to distance themselves from what they fear. Thus knowledge and information can even lead to the opposite of the intended effect. People learn the truth and facts about HIV. This makes them so scared of contracting the virus that they try to distance themselves from it by projecting all their fears onto an ‘other’. Information-based campaigns, if not combined with stigmatisation intervention, can thus cause stigmatisation.

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<sup>51</sup> Chapter 6, especially 6.10.1 (“Education”).

<sup>52</sup> Chapter 4, especially 4.4 (“Why do we stigmatise?: the blaming model of stigmatisation”).

In the open discussion, when asked why they (and others), who are informed about HIV, stigmatise those with HIV, the participants were of the opinion that fear is the main reasons. They are so afraid of it, that they cannot be rational about it. The response from the group directly echoes what the blaming model of stigmatisation says.

Thus it is very important that any HIV intervention campaign, on whichever level it functions, takes this model of stigmatisation into account. If those who organise interventions are aware of how stigma and stigmatisation develops and functions, interventions will most probably be much more effective.

### **7.11 Creating opportunities**

People watched *Yesterday* and was fired up and motivated to change their behaviour, attitudes and convictions. But how long did these changes last? In order for film to be an effective method of antistigma intervention, it should be combined with opportunities that can enforce these changes. Such opportunities would be HIV groups with whom they can get involved with, HIV testing opportunities, opportunities to meet and help people with HIV, etc. Antistigma interventions should thus take place within a specific structure that can enforce changes and influence and/or establish permanent change.

For attitudes and conviction, and especially behaviour, to become entrenched, it must be practised. If people only view *Yesterday*, they have no opportunities to practise and entrench their new attitudes, convictions, and proposed behaviours. It is doubtful that it will then prove very effective and long-lasting.

Thus this antistigma strategy should be followed up with all kinds of HIV-related opportunities. This links with what has been said about a multi-dimensional approach to stigma intervention.

### **7.12 Sex: the dilemma of promiscuity**

From the empirical study it became clear that sex plays a big role in stigma, stigmatisation and stigmatising tendencies. Although the researcher was aware that perceptions about sex play a role, she was not expecting it to have such a big influence. Time and time again in the empirical study the participants referred to sex as being one of the main reasons why people stigmatise those with HIV.

The participants were very aware of the link between sexual activity and contracting HIV. A lot of them emphasised the importance of safer sex. This can be an indication that the government programmes emphasising safer sex are getting across to the public. Yet it is possible that the emphasis in information-based programmes on safer sex might be causing and enforcing HIV stigmatisation. With such a focus on the sexually transmitted nature of the virus, it enforces the stereotype that is those who are promiscuous who contract the virus. This strengthens people's stigmatising of those with HIV. At the same time, it can be argued that the ends justify the means. Although stigmatising beliefs may be enforced, safer sex promotion lessens the chances of new infections. Fewer infections justify the added stigma.

Promiscuity, or even just sexual behaviour in general, is judged very harshly by society. As HIV is a sexually transmitted disease, all these prejudices and preconceived ideas are transferred onto those with the disease. Becoming aware of this, the researcher has developed the opinion that, in order to address stigma, it will be necessary to address sex. People have so many hang-ups about sex. Open and honest discussion about sex and about those who engage in it, is important. In such a discussion the whole issue of promiscuity, judgmental attitudes, and condemnation should be addressed. If society is more comfortable and less judgmental about sex, this researcher is of the opinion that they will judge and stigmatise those with HIV less harshly.

### **7.13 Further study**

This study, specifically the empirical study, has highlighted some areas that need more study. These are:

#### **7.13.1 Long-term effectiveness**

The empirical study studied the spiritual influence of *Yesterday* by looking at how it influenced the audience's stigmatising beliefs and tendencies. A pre- and post-film questionnaire, as well as a discussion, was used to ascertain this.

The questionnaires and discussion showed that there had been a definite change in values, attitudes and perceptions. People were also adamant that they will change their stigmatising behaviour towards those with HIV. But did this happen? This study did not in any way explore the longevity of these changes in spirituality.

Such an exploration was out of the scope of this study. But in order to thoroughly research the effect of film on spirituality formation, and specifically HIV stigmatisation, a study should be done that looks at these changes over a longer period of time.

### **7.13.2 Future screenings**

In the previous chapter, the unspoken effect that using the church hall might have had was mentioned. As the screening took place in the church hall, this might have put some pressure on participants to provide ‘Christian’ answers, instead of just being absolutely honest.

Thus it would be proposed that, in future, neutral spaces should be used for screenings, if possible. In order to address stigma and stigmatisation, honesty and openness is of the utmost importance. In as far as possible, facilitators should try to create such a setting and atmosphere. Thus, if possible, as neutral spaces as possible should be used, so that people can feel comfortable and safe enough to be honest.

### **7.13.3 Future study**

If more empirical research should be done on the spiritual effect of film, it might be advisable for the researcher to rather make use of one-to-one conversations, if possible. In this study’s empirical work it was found that, in the writing down of answers, even if it is done anonymously, people still feel pressured to give ‘right’ answers. Thus it would be wise, if a researcher wants to (for example) ascertain which stigmatising beliefs and behaviours are present, to rather engage in conversation (preferably individual conversations). In a discussion, if it is led by a skilled interviewer, the truth about attitudes and behaviours is more likely to come out. Furthermore, if interviews are done illiterate people can also form part of the study.

### **7.13.4 The moral-ethical vs. the aesthetic dimension of HIV**

Chapter 3 briefly mentioned the importance of using an aesthetic approach to HIV as a starting point to HIV. The aesthetic dimension of HIV gives recognition to quality of life of those who are HIV-positive. The moral-ethical dimension merely judges them.

These dimensions, and the implications it can have for our attitudes to HIV, was not looked at any further. This would be a worthwhile subject for further study.

## **7.14 Collaboration between film and theology**

Spirituality is a dimension that connects all people. It is also the key to addressing issues caused by one of the most serious epidemics ever. The spirituality inherently present in film can be the way to address the stigma and stigmatisation of those who have HIV. The spiritual dimension present in all individuals can be addressed via the spiritual dimension in film. As stigma and stigmatisation functions in this same dimension, film can be a possible way of addressing HIV stigmatisation.

What this study tried to show is that film, and the film-culture, is not an opponent of theology. Acknowledging and recognising the dimension of *fides quarens visum* within theology is necessary in order to embrace a useful and important collaborator. Film might be a modern invention, but that does not make it an evil one. Theology must recognise the importance of the visual, and also the importance of film as a form of visual art. It has the ability to influence spirituality. This ability can be channelled and utilised in certain directions and areas. In this study, the spiritual dimension and abilities of film was explored in the realm of HIV stigmatisation. Film has the power to influence people in the way they perceive and treat those with HIV.

Film is not theology's opponent. On the contrary, it is an important role player in spirituality. Especially with regard to the HIV pandemic, theology must recognise and embrace film.

# **Addendum A**

## **Pilot study**

### **Introduction**

A pilot study was done on the 24<sup>th</sup> of April 2007. This study was done in order to assess the effectiveness of the proposed empirical study. This addendum will show how the pilot study was done and what was learnt from it.

### **The target group**

A smaller group was used in the pilot study, to assess the effectiveness and potential of the proposed strategies for the empirical study. A congregation just outside of Stellenbosch (South Africa) was used for the pilot study. Vlaeberg is a Coloured congregation. This group was already known to the researcher and they are mostly farm workers and their wives. The researcher had known the pilot study focus group since January 2007, as they are all in her weekly Bible School. Thus group dynamic and cohesion was already present, which makes research so much easier. As the focus group was well known to the researcher and as they also knew her very well, she could depend on the honesty and trustworthiness of their answers and opinions.

Most of the group (about 65%) have matriculated. They are almost all of them very involved in the church, some in very high positions. A group of fifteen, eight women and seven men, were used in the pilot study. They were between the ages of 14 and 52.

On arrival the pre-film questionnaire was handed to each participant. They took about 15 minutes to answer it. The film lasted 1 hour and 25 minutes. Immediately afterwards the post-film questionnaire was handed out. While they answered it, coffee, tea and cookies were prepared, and those who finished could help themselves. Some participants took up to about 25 minutes to answer the questionnaire. While everyone was eating and drinking, an informal discussion of the film was conducted.

## **Questionnaires**

The same questionnaire questions were used as the ones used in the empirical study<sup>53</sup>. Just one change was made after the pilot study. The second question of the pre-film questionnaire originally read “What do you know about the pandemic in South Africa?”. From the answers it became clear that most people do not know what “pandemic” means. Thus the question was rephrased in the empirical study, and then read “2.) What do you know about the HIV-situation in South Africa?”

## **Preliminary findings**

Analyses of the answers to the questionnaires of the pilot study revealed that the film did have an effect. Especially with the questions relating to perceptions and reaction (questions 3 and 6), change was evident. A clearer understanding of HIV was professed, but most emphasis was placed on the fact that HIV-positive people must be treated like others. A realisation of how the discrimination and stigmatisation is affecting those infected with and affected by HIV, was present in almost all of the answers. In question 6 everyone professed a very strong desire to become more actively involved with those infected with or affected by HIV. The importance of being supportive, loving, caring and non-discriminatory was prevalent.

The combination of these two elements – a realisation of the effects of discrimination and stigmatisation, as well as the desire to act the opposite way and fight it – was seen as illustration of the effectiveness of film, and especially the film *Yesterday*, in addressing HIV stigmatisation.

## **Lessons learnt from the pilot study**

Some constructive lessons were also learnt in regards to conducting target group studies, and these lessons were implemented with the official empirical study.

Firstly, enough time must be budgeted. People arrived up to 40 minutes late for the scheduled time. This put some pressure on the event, especially on the discussion that was to follow the film. Pens should also be provided, as not everyone brought pens. Thus, with the empirical study, ample time was budgeted, and pens and pencils were provided for everyone.

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<sup>53</sup> Chapter 6.8.2 (“Questionnaires”).

The original idea at the pilot study was to have an open discussion at the end of the screening. This failed, due to a few reasons. Firstly, time was limited. It was already almost 22:00. Secondly, some people were still writing. Thus the interviewer limited the discussion to asking a few questions. Yet, every time the interviewer wrote an answer down, the whole conversation would stop. To have an effective open discussion, it seemed that the following must occur. All participants must be done with the questionnaire. Then, while having tea/coffee, everyone can sit in a circle. The interviewer can then serve as facilitator. It is clear that a recording device must be used, so that the interviewer can serve as facilitator. All this was done in the empirical study, and the target group discussion proved very effective and informative.

## **Conclusion**

Due to the effectiveness of the pilot study, and the important lessons that were learnt in doing it, the official empirical study took the form that it did.

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