Popular Plotlines And Passionate Conversations: Interpreting The Sex And The City Breast Cancer Storyline

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POPULAR PLOTLINES AND PASSIONATE CONVERSATIONS: INTERPRETING THE SEX AND THE CITY BREAST CANCER STORYLINE

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DEDICATION

I would like to dedicate this research to all the women out there that break barriers through open dialogue. And to those whose voices are stifled, may they find their voice one day.
POPULAR PLOT LINES AND PASSIONATE CONVERSATIONS: INTERPRETING THE
SEX AND THE CITY BREAST CANCER STORYLINE

By

MONICA VICTORIA ALVILLAR, B.A.

THESIS

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I would like to thank my friend and advisor Professor Arvind Singhal, who has taught me not only about communication, but about life. He served as my guide on this journey. I am honored to have traveled this road with him. He helped me overcome many academic and personal obstacles and for that I will be forever grateful.

I would like to express my gratitude to my family: my mother who has always shown me unconditional love, my father who has taught me the value of optimism, and my brother who has always given me strength. Also, to my future husband who has always had faith in me, even when I didn’t.

Finally I would like to thank the ladies that inspired me, kept me company on long nights and made me push the boundaries in my own life: Carrie, Miranda, Charlotte and the brave Samantha.
ABSTRACT

Using the framework of entertainment-education as a media strategy, the present study sought to determine how viewers of *Sex and the City (SATC)* interpreted its highly gripping breast cancer storyline through conversations and group sense-making. Some 17 heavy viewers of SATC, all women, participated in this study, watching three episodes of the SATC breast cancer storyline in small group contexts. The viewings sparked conversations and discussion on a variety of topics, and five major themes emerged from an analysis of the transcripts: (1) personal identification with SATC’s characters, especially with Samantha, (2) the importance of social support during a cancer diagnosis, (3) the importance of trusting doctor-patient relationships, (4) a heightened awareness of breast cancer and other health issues, and (5) the cognitive and emotive effects of the breast cancer storyline on the respondents as involved viewers.

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Consider the following snatch of conversation between Samantha and Carrie, protagonists of *Sex and the City* (*SATC*), a highly popular television show of this past decade.

**Samantha:** I am just so angry. The chemo I can handle, but this hair thing, it’s…it’s too much.

**Carrie:** Sweetie, we’ll find you a better wig.

**Samantha:** I have left hair all over Manhattan. Every time the wind blows I have to check to make sure I’m not bald.

**Carrie:** It’s only temporary, it’ll grow back.

**Samantha:** Until then, I have to look like a sick person, and I don’t do “sick person”.

**Carrie:** Because you’re not! You’re someone who had a little blip of bad luck and now it’s over.

**Samantha:** And what if it’s not over?

**Carrie:** It’s over, so over.
**Samantha**: What if it comes back? I could die Carrie…with really bad hair.

**Carrie**: Hey, you are not going anywhere.

**Samantha**: Carrie please, let me talk about what I’m afraid of, please.

What happens when two much-loved characters of a popular television program have a conversation such as the above? How do audience members respond, react, and interpret the breast cancer plotline of *SATC* about coping with chemotherapy, the accompanying hair loss, and nervous anxiety about the future?

Welcome to the world of *SATC*, its protagonists, its gripping plotlines, and its audience responses.

***

*Sex and the City (SATC)* was, and continues to be, an extraordinary popular cultural phenomenon, as evidenced by the recently -released *Sex and the City 2* movie in late-May, 2010.

To understand its popularity, consider an *SATC* episode dealing with women’s obsession with highly desirable and painfully uncomfortable shoes. The episode “A Women’s Right to Shoes” not only exhibited what a pair of shoes could do for a woman’s confidence, but also raised many provocative questions. Carrie Bradshaw, one of the *SATC* protagonists, goes to a party at her friend’s apartment. She, and other guests, are asked to leave their shoes outside -- so as to not bring in germs. When Carrie is about to leave the party she discovers that her brand new pair of Manolo Blahniks that cost her $485 are missing. When Carrie informs her friend, she is not just unfazed by Carrie’s predicament but “shoe shames” her, criticizing her lavish lifestyle. The single and childless career woman Carrie Bradshaw is hurt and upset by her friend’s harsh judgment especially as she believes she works hard, pays her bills, and hence can sometimes splurge on trendy fashion items.
After this episode was broadcast, I remember shoe shopping with a girl friend of mine. Neither of us had much money, and we talked about this episode, about how we are both financially responsible, and whether or not it would be wrong for us to splurge on a pair of shoes. We especially talked about the dilemmas that this episode raised. At the end of the show, Carrie’s friend decides to buy her the shoes to replace the stolen ones. My friend and I both agreed that it was the right thing to do. We also agreed that judging someone for their choices in life was hurtful and harmful and that it could potentially lead to other social ramifications, such as intolerance and prejudice.

I receive phone calls, text messages, emails, and even letters from friends who tell me they just finished watching Sex and the City and it jogged their memory of me, and our times together. The conversations that inevitably follow relate to the topics discussed in SATC. My friends use the show as a means to discuss with me issues that they are facing in their own lives. To my friends I am known as a living encyclopedia of SATC so they know they can come to me, make any reference to SATC, and know that I will understand them. I have often wondered what if more women watched the show? Would that give them more opportunity to discuss with others the current challenges they are facing? This thought inspired the present research.

The purpose of this study was to talk to women viewers of SATC, to gauge how they process the sensitive topics that the program addresses, and to gain an understanding of how the program is interpreted through the conversations that follow. That is, how do women interpret SATC and make sense of the issues they have seen the characters experience? In this study I focused on the breast cancer storyline in SATC, using three key episodes that dealt with the topic. I arranged for several women’s groups to watch these three SATC episodes and followed the conversations that ensued. In-depth interviews were conducted with some of these respondents.
In essence, this study sought to understand how watching a popular show on television can benefit a community of viewers in terms of spurring conversations about a health issue, creating a space for dialogue that may otherwise, given the taboo nature of the topic, not be available.

**The Power of Popular Television**

When we sit around as families and friends and watch a favorite television program, the viewing experience is qualitatively different than it is if we watched alone. Television has become a shared “space” or experience for many. We watch a show during the week and then ask our friends on the weekend if they caught the episode. We talk about the issues characters face and how they are resolved in a 30 to 60 minute period. Television has the ability to make us talk about things we may not talk about otherwise. Television lets us see conflict from various perspectives. It makes us questions how we would handle issues if we faced them. It sparks our imaginations and at times makes us question our own opinions and sometimes our own values, “What would I do in that situation?”

Where can conversations go, where can they take us, how can they change us, or influence us, if at all? Because watching television has become an activity that people can do as a group -- with friends or family -- it is interesting to reflect on the various levels at which communication occurs in such a situation. There is mediated communication, that is, people watching what is happening on the television (the medium) screen. This mediated experience may spark a conversation between two of the viewers, that is, at the interpersonal level; or a conversation before, during, or after a program among the bigger viewing group, that is, group communication. And, also intrapersonal communication, the continuous internal dialogue that works in conjunction with any of the other types of communication that is occurring. To
understand how this study will work, one must understand what SATC is about. The storylines are diverse, the characters colorful, and the conversations passionate.

About Sex and the City

For six straight seasons (1998 to 2004), the television series, SATC captured the imagination of young women in the United States, becoming a cultural phenomenon as none had expected. Since 2004, the show has rerun on TBS and FOX, and been made available on VHS/DVD, and on HBO on demand. The show targeted women between the ages of 18 to 49. SATC brought in an estimated 64 million viewers to view the series finale in 2004. The show has influenced women in their ways of fashion and designer cocktails (Carrie’s favorite drink). SATC was such a cultural phenomenon that it was turned into a major motion picture in May 2008 and again in May 2010. However, despite the significant following we do not know much about how the show influenced conversations between and among avid women viewers.

SATC featured four main characters, each with their own personality and foibles, allowing viewers to find a diverse array of emotions, situations, and plotlines to relate with. The four characters were Carrie Bradshaw (Sarah Jessica Parker), Samantha Jones (Kim Cattrall), Miranda Hobbes (Cynthia Nixon), and Charlotte York (Kristin Davis). Carrie is a writer for a weekly newspaper, she is referred to as the eternal single girl who is always looking for love but trying to maintain her independence. Samantha owns her own public relations firm and loves to meet men but fears commitment for she emphasizes her need for independence. Miranda is a tough lawyer who prosecutes everyone including the men in her life. Finally, there is Charlotte who runs an art gallery and is always in search of the perfect man. Every episodes deals with a specific issue that most women face such as being single and independent or being in a relationship and still making time for friends. Through the character’s different personalities and
motivations, viewers experience how the same topic, issue, or problem could be addressed in multiple ways.

The show, set in Manhattan, New York, follows the lives of Carrie, Samantha, Miranda, and Charlotte over a period of six years. When the show began, the main issue it focused on was how women in their thirties handle being single. With being single came many other issues, which the four friends took on headfirst and spoke openly about. Throughout the series many social and educational issues were addressed such as HIV/AIDS, adultery, unplanned pregnancy, abortion, miscarriage, infertility, divorce, impotence, STDs, breast and testicular cancer, addiction, homosexuality, plastic surgery, smoking cessation, mental illness, women’s gynecological issues, self-image, exercise, and healthy eating habits. Many of these issues were repeatedly addressed with different situations involving different characters.

For instance, audiences watched as Carrie, Samantha, Miranda, and Charlotte dealt with Miranda’s unplanned pregnancy. She struggled with the idea of having an abortion confiding in both Carrie and Samantha. She hesitated to tell Charlotte about her situation because unfortunately she had been having trouble conceiving with her husband. Charlotte wanted nothing more than to be a mother and Miranda dreaded what that might mean to become one. In the end Miranda kept the baby and the women all supported her in her decision. Audiences also rooted for Carrie as she attempted to quit smoking, so that Aiden Shaw, the handsome and bohemian furniture designer, would agree to date her. She not only lied to Aiden about not quitting smoking, but she also engaged in an affair with her married ex-boyfriend. We saw Carrie fall from grace when she confessed it all and ended up alone.

Many controversial storylines also centered on Samantha, the most outgoing and wild woman of the foursome. Known for her promiscuous lifestyle, Samantha is asked by a man to
have an HIV/AIDS test before they engage in an open and free sexual relationship. Regardless of her multitude of previous sexual partners she had never been tested. She discussed the issue with her girl friends and found that they had been tested; they all questioned why she had failed to ever be tested. Samantha spouted excuse after excuse and then finally confessed that she was scared that she might “have it”. Audiences waited to hear the results, and fortunately the outcome was favorable, that is, it was negative. In later episodes she is always sure to have condoms just in case. Very rarely did Samantha ever enter into a long-term monogamous relationship in the series, but in a few episodes she dates a woman named Maria. She had never claimed to be gay, but she decides to commit to this woman and try a new lifestyle. Although she loved Maria deeply, in the end they parted ways. It was shocking to see her in a serious relationship and it was even more shocking that it was with a woman. Her friends although stunned at first, decided to embrace her choice as long as it made her happy.

These few examples only skim the surface of what SATC dealt with in terms of serious educational issues. Some issues were only visited in a single episode while others were addressed over the course of numerous episodes. For example, the breast cancer storyline spanned seven episodes including the season finale that reached a whopping 64 million viewers.

The Breast Cancer Storyline

Of the many issues that SATC addressed during its six-season run, the breast cancer storyline was one of the most prominent and in-depth, and was an issue that each of the four main characters dealt with, albeit in different ways. Breast cancer is one of the most insidious types of cancer found in female patients; nearly 200,000 women will have a form of invasive breast cancer in 2008, and over 40,000 women die from breast cancer each year. There is a 1 in 8 chance that a woman will be diagnosed with breast cancer during her lifespan and a 1 in 35
chance of dying from it, which makes this disease one that many individuals experience first-hand or through someone they know. The death rate of breast cancer has been decreasing over the years. Researchers believe this is due to early detections and enhanced treatments options.\(^1\)

Breast cancer can affect both men and women, although women are more susceptible. A breast cancer patient, upon diagnosis, needs various types of support: informational, emotional, and practical. Informational support is provided by people who can help an individual understand what breast cancer entails. This type of support can be provided through experience sharing or assistance in information gathering such as options for treatment. Emotional support is provided by those who are empathic to what the person is feeling. Practical support can be provided by someone who helps with everyday tasks that can become difficult while in treatment or recovery.\(^2\) Through the various \textit{SATC} episodes that dealt with the breast cancer storyline, different characters exhibit these different types of support.

As I will explain more in Chapter 2, this health-centered plotline of \textit{SATC} represents a type of entertainment-education programming. Entertainment-education media programs, such as radio and television soap operas, have been purposefully used in many countries around the world to influence audience attitudes and behaviors toward socially-desirable ends. Here in the United States it has also been used, albeit on a somewhat limited basis, with such socially-ameliorative purposive intentions. This study looks at audience interpretations of the \textit{SATC} breast cancer storyline.

**Summary**

In this chapter, I introduced the topic of this study: An investigation of how audience members interpret the breast cancer storyline of \textit{SATC}. I also provided background information

\(^1\) American Cancer Society
\(^2\) Susan G. Komen Foundation
regarding the show for those who are not as familiar with the show and a refresher for those who are more familiar. Chapter 2 reviews the background literature on entertainment-education and outlines the primary research question that guides this story. Chapter 3 describes the methodology and data-collection procedures. Chapter 4 answers the research question, analyzing the key themes that undergirded the post-viewing group discussions. Chapter 5 discusses the implications of the findings.
CHAPTER 2

ENTERTAINMENT-EDUCATION HOLLYWOOD STYLE

In this chapter, I provide a background on the entertainment-education communication strategy, especially focusing on its use in television. A historical context is provided on this strategy and relevant examples of its uses are discussed in the U.S. context. A guiding research question is posed to frame the present study.

Entertainment-Education and Health Promotion

Health campaigns used to educate the public and prevent illnesses are not something new; however, in recent years with the growth of the entertainment industry a new strategy is gaining prominence. Entertainment-education (EE), which goes by various names such as edutainment, enter-educate, infotainment, and prosocial entertainment is the fusion of an educational message into an entertaining medium (Singhal & Rogers, 1999). Some of the most popular media being used in EE all over the world are television shows, radio serials, music and music videos, and comic books (Papa, Singhal, Law, Pant, Sood, Rogers & Shefner-Rogers, 2000). People look to entertainment for leisure, which makes popular genres a potentially powerful vehicle to reach a wide range of individuals with various health messages. EE programs often take on sensitive social topics including HIV/AIDS prevention, family planning and sexuality, gender equality, and discrimination of all types (Singhal & Rogers, 1999).

There are many types of EE programs in terms of their scope, design, and implementation. For example, one well-known EE practitioner is the Mexican writer-producer-director, Miguel Sabido, who employed various human communication theories to construct powerful social content telenovelas. For instance, he employed Rovigatti’s circular model of communication, Eric Bentlely’s dramatic theory, Carl Jung’s theory of collective unconscious,
Albert Bandura’s social learning theory, and Paul MacLean’s theory of triune brain in his EE strategy (Singhal & Rogers, 1999).

The narratives in EE programming are usually formed in one of two ways. The first type focuses on the creation of new EE messages, where healthy behaviors are addressed in-depth by designing and broadcasting, for instance, a television or radio soap opera. A second type of EE involves inserting or incorporating educational messages into the already ongoing entertainment storylines (Singhal, 1999). Put another way, one type of EE narrative centers on health and educational topics; the other type includes educational messages in a more peripheral manner in an existing entertainment program. Another component usually integrated into EE narratives is information goading the audience to do something at the end of a broadcast. Depending on the message incorporated into a specific episode, a service announcement, or an epilogue, might appear to ask a rhetorical question, spur discussion, and/or inform the audiences where and how they can access particular services (Singhal & Rogers, 1999).

The intention of EE has been studied in the context of two types of social change. This is very similar to most of the goals set in health campaigns and interventions; education is not the only objective of EE, social change is seen as a key factor as well. The two types of change are as follows: “first-order social changes (which involve small shifts in knowledge, attitudes and practices without any fundamental shift in one’s value system)” and “second-order changes (which involve a fundamental, transformational shift in one’s values and beliefs) in social systems” (Singhal, Rao & Pant, 2006, p. 269). The goal of EE programs is to promote pro-social behaviors. Pro-social behaviors is considered doing for the community, being altruistic, or engaging in selfless actions (Putnam, 2000). Many healthy behaviors being addressed in EE can be seen as both beneficial on the individual level as well as on the community level. Improving
or altering an individual’s behaviors can in turn impact an entire community, especially if the message reaches a large audience.

**Brief History of Entertainment-Education**

Two of the earliest EE programs are *The Archers* and *Simplemente Maria* (Singhal & Rogers, 2002). *The Archers* was a program created and broadcast on BBC radio, which was meant to educate rural British farmers about various issues, adoption of modern methods of farming, increasing crop yields, and the like especially in light of the devastated British agriculture in the wake of World War II. The television show *Simplemente Maria* was broadcast in Peru during 1969-1971 with 448 episodes each 1 hour long (Singhal & Rogers, 1999). The show followed the storyline of a maid and single mother, Maria, who struggles and triumphs as she educates herself and becomes an accomplished seamstress, and later a fashion designer. Inspired by Maria, many audience members enrolled in adult literacy classes in Peru. The show was adapted and broadcast in other countries such as Argentina, Venezuela, and Mexico (Singhal & Rogers, 1999). Since these pioneering shows on radio and television, respectively, EE has expanded and influenced many people all over the world. Since the 1970’s, EE has been purposely implemented all over the world India, Mexico, Jamaica, Costa Rica, Kenya, Tanzania, and China, just to name a few places (Singhal & Rogers, 1999; 2002; Wang & Singhal, 1992; Singhal, Cody, Rogers, & Sabido, 2004).

EE serials that have been researched in India include *Hum Log, Hum Raahi, Dehleez,* and *Jeevan Saurabh.* Serials from others parts of the world that have been studied include *In a Lighter Mood* (Nigeria), *Tushauriane and Ushikwapo Shikimana* (Kenya), *Twende Na Wakati* (Tanzania), *Ke Wang* (China), *Journey of Life* (Ethiopia), *Dialogo* (Costa Rica), *Shabuj Chaya*

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3 BBC Radio Online
(Bangladesh), Oshindrome (Thailand), and Soul City (South Africa). Each of the previously mentioned dramas has been investigated for audience effects, and insights have been gleaned about how and why EE works. Simply put, EE serials seem to engage audience members through a melodramatic plotline, spur identification with favorite characters, spark conversations on social topics over a period of time, and may help shift attitudes and behaviors of audience members as they consider possibilities for action that they may not have considered before (Singhal & Rogers, 1999; Singhal, Cody, Rogers, & Sabido, 2004).

The first show mentioned, Hum Log, the English translation of the title is We People (Singhal & Rogers, 1999). The show consisted of 156 chapters, where at the end of each episode a famous actor would discuss the key points made in that particular episode (Singhal & Rogers, 1999). The show dealt with various issues such as family planning, equality, and conflict within families; the show also employed the technique of Sabido’s use of role models (Singhal & Rogers, 1999). They used positive, negative, and transitional characters to show the consequences or outcomes of various types of behavior (Singhal & Rogers, 1999). The effects of the show were studied using personal interviews, content analyses of scripts and viewer’s letters, surveys, and mailed questionnaires (Singhal & Rogers, 1999). From each of these means of analysis, the findings showed that Hum Log raised audience awareness about a variety of social topics, and did lead to some changes in audience attitudes and behaviors, although on a somewhat limited basis (Singhal & Rogers, 1999).

The television show In a Lighter Mood broadcast in Nigeria worked in a slightly different manner than Hum Log because In a Lighter Mood was an already established television program before the EE strategy was implemented into its episodes (Piotrow, Rimon, Winnard, Kincaid, Huntington, & Convisser, 1990). Family planning was a primary topic to be addressed in the
show, and focus groups were implemented to during formative research to assess audience needs. Topics were then developed by both family planning and media experts working together (Piotrow et. al, 1990). From 1986-1987, the time, which the family planning episodes aired, there was a major increase in clients at the family planning clinic (Piotrow et. al 1990). The overall findings of the study suggested that EE was a positive way to promote and change health behaviors.

Another study examined the rapid population growth in Kenya and the decision to create a radio series titled *Ushikwapo Shikimana*, the English translation is *Hold on to He Who Holds You* (Singhal & Rogers, 1999). Some of the main issues addressed by the serial included agriculture, child abuse, family planning, polygamy, spousal respect, and child health (Singhal & Rogers, 1999). Research suggested that using EE helped in the promotion of healthy behaviors. Many Kenyan women wrote-in to talk about how the show had affected them in a positive manner (Singhal & Rogers, 1999).

The radio show *Twende Na Wakati, Let’s Go with the Times*, was a success at reaching people in order to fight the growing epidemic of HIV/AIDS; other topics that the program addressed included equality, family planning, and other health issues (Singhal & Rogers, 1999; Vaughan, Rogers, Singhal & Swalehe, 2000). The show used the same method as most of the previous studies mentioned; the behaviors of the positive, negative, and transitional role models were implemented to educate the audience (Singhal & Rogers, 1999; Vaughan et. al, 2000). With data collection and statistical analysis it was concluded that *Twende Na Wakati* had made a significant impact on its listeners (Singhal & Rogers, 1999; Vaughan, 2000).

Another show that saw success was broadcast in China during the 1990’s. The show’s title was *Ke Wang*, which translates to *Aspirations* was the first soap opera of its kind in China.
and helped to address issues such as gender and class equality, parenting, tradition, and many other social issues (Wang & Singhal, 1992). Pro-social behaviors were being mimicked by the audience, for example, the show aided in resolving family conflicts by promoting family harmony (Wang & Singhal, 1992). Behavioral change was not the intention of the creators of Ke Wang; however, this was a clear result of the popular soap opera.

The radio serial Journey of Life broadcast in Ethiopia was created to help reduce risk of HIV/AIDS transmission (Smith, Downs & Witte, 2007). The series tailored its message around three specific behavioral practices: abstinence, monogamy, and condom use (Smith et. al, 2007). The researchers found that the more the audience members were involved with the characters and the more they identified with them, the higher their perceived self-efficacy to engage in one of the desirable behaviors (Smith et. al, 2007). A different study conducted in Bangladesh looked at the television series Shabuj Chaya (Do & Kincaid, 2006). The intended goals of the show were to increase HIV/AIDS awareness, clinic visits, and contraceptive use among the viewers (Do & Kincaid, 2006). The findings of the study were as expected, viewers had a higher awareness of HIV/AIDS and they had adopted healthier sexual practices regarding clinic visits and contraceptive use (Do & Kincaid, 2006).

Even though most of these series were intentionally planned and created to change behavioral patterns, EE can also happen without design. Some television shows in the United States have managed to insert important health information into its regular programming without intentionally trying to create an intervention. For example, the television show ER (Emergency Room) deals with the drama that takes place in the lives of doctors and nurses in a Chicago hospital. During a series of three back to back episodes in 2004 the issues of teenage obesity, hypertension, exercise, and diet were a large part of the storyline (Valente, Murphy, Huang,
Gusek, Greene & Beck, 2007). Positive effects of these episodes were also recorded by researchers.

What these studies show is the constructive potential of EE in influencing an audience community, especially if the programs are based on formative research. Health campaigns and interventions deal with many of the same and relevant issues that are addressed by EE programs: for example, HIV/AIDS prevention, obesity, smoking, abuse, gender equality, and various other healthy behaviors. It can be beneficial to both those who study EE and health promotion to understand the way they can be and have been interconnected.

**EE on the Small Screen in America**

For several decades, television shows in the U.S. have been addressing controversial social topics, blazing trails for *SATC* to follow. Another women-centered show was *Cagney & Lacey* (1982-1988), which had two female leads who lived in Manhattan. The show was more dramatic than *SATC* as the main characters worked in law enforcement, but it touched on similar issues and showed women working at the same level as men in what are traditionally male-oriented careers. *C&L* also addressed issues like breast cancer, abortion, and the like. Due to abortion clinic bombings in the U.S. in the 1980s, the cop drama shows the detectives tracking a suspected abortion clinic bomber and aiding a pregnant woman in entering an abortion clinic. Various characters portrayed the different sides of the abortion argument, stimulating public discussion and debate about this sensitive topic (Montgomery, 1989).

Another groundbreaking series for its time was *Maude*, about an extremely liberal woman named after its protagonist. The show aired ten years prior to *Cagney & Lacey*, but addressed similar issues. A show taking on the topic of abortion was especially controversial for its time. Originally the episode was designed to show Maude’s pregnancy. Instead, Maude
decides to go through with the abortion. Many factors played a role in her decision making, which humanized the character and provoked public discourse on her decision. Just like in SATC, these topics are not just about legislation and civil rights; they are about the human struggle behind making difficult decisions (Montgomery, 1989).

_All in the Family_ (1971-1979) also tackled difficult social issues for its time. The writers chose political and social topics to address in the storylines including gender equality, homosexuality, and miscarriages. Further, the main character on the show, Archie Bunker, an irascible bigoted man, did not hesitate to partake in racist dialogue, parodying prejudice and discrimination in a sitcom. These types of “negative” characters can also catalyze dialogue among audiences. After all, foibles and weaknesses spur conversations as much as triumphs and strengths (Montgomery, 1989).

_Soap_ was also a “modern” television series for its time. Broadcast in the U.S. between 1977 and 1981, it covered topics like homosexuality, premarital sex, adultery, and impotence. The show, a combination of comedy and drama, was a parody of daytime soap operas. The series was controversial among religious organizations because of its racy storylines. The show also evoked protests from gay rights groups regarding the stereotypical portrayal of one of the gay characters. Similarly, when _SATC_ begun to air on regular network television in the U.S. (it premiered on HBO), it was edited for language and nudity. The important storylines, though, were not altered. Another popular show for its time was _Three’s Company_, which ran from 1977 to 1984. The main storyline featured three singles living together, two females and one male. None of them were sexually involved, but many humorous plotlines emerged from the false impression created by their co-habitation (Montgomery, 1989). _Love, Sidney_ was another show that overlapped with the broadcast of _Three’s Company_. The sitcom had controversial characters,
a gay man and an unwed mother, as protagonists. They were also roommates, spurring audience conversations on a variety of sexual mores (Montgomery, 1989).

The television show, *Beverly Hills, 90210*, was a teen drama that ran for a decade from 1990 to 2000. The show initially focused on issues that young adults face. The story centered on a group of teens that went from being in high school to college, to careers. Some of the most difficult and serious issues discussed on the show were date rape, gay rights, AIDS, and unexpected pregnancy. While female viewers questioned the “realism” of how some of the social issues were portrayed, the show “pushed the limits” by having young characters deal with extremely sensitive issues (Rockler, 1999).

Made for TV movies may also represent engaging vehicles to address controversial issues. The movie *An Early Frost* (1985) dealt with a gay man who was dying of AIDS. So, two controversial topics were simultaneously addressed in through a complex treatment of humanity and sexuality, far more gripping than a statistical report. Another made for TV movie that brought homosexuality to light was titled *In the Glitter Place*. The film showed a lesbian couple, one of which was in jail for a crime she did not commit. Neither female character was portrayed as negative, which deviated from stereotypical interpretations of homosexuals. *Sister, Sister* was another TV movie that caused quite a disruption among conservative groups. The movie centered around three black sisters and many controversial topics. One male character was a minister who had an intimate relationship with two of the sisters and often stole. *Sister, Sister* attracted protests from the Christian right, but ultimately found support and aired on network television (Montgomery, 1989).

Common threads among the various EE attempts on U.S. television are that they all spurred some kind of controversy, uproar, resistance, and criticism. They pushed the “edge” –
often bringing taboo, sensitive issues into the mainstream public discourse. *SATC* had its critics too, but at the same time many people enjoyed what the show was about, and especially what it had to say about topics that were hitherto ‘taboo.”

**Theoretical Frames**

What common theoretical frameworks guide the design and evaluation of EE programs? How might this study be theoretically informed and yet be open to being inductively grounded in the interpretations and conversation of SATC audience members? In an exploratory investigation such as this one, I am mindful of, and guided by, both a deductive theoretical frame of how mass media may influence its audience members, and also an inductive ground-up lens of where the audience members are situating their interpretations and conversations. Of the many theoretical frameworks that have guided entertainment-education research, two in particular provide a deductive umbrella for this exploration: Social Learning Theory/Social Cognitive Theory and Theory of Reason Action/Theory of Planned Behavior.

Bandura (1977) Social Learning Theory (SLT) explained how individuals learn new behaviors by watching other’s actions, and paying attention to the consequences that follow. Bandura emphasized that individuals could either learn by directly engaging in a behavior and receiving feedback, or they could learn vicariously by observing others. Further, such observational learning could be from real-life models or from mass media models (such as, for instance, the protagonists of *SATC*). Eventually SLT evolved into Social Cognitive Theory (SCT), which focused on provided a rich explanation of how individual actions are often a function of observational learning, environmental factors, behavioral capability, outcome expectancies, self control, motivational reinforcement, self efficacy, and reciprocal determinism (Baranowski, Perry & Parcel, 1997).
Bandura’s SLT and SCT were consciously employed by Miguel Sabido in Mexico in the design of entertainment-education soap operas. Various models – positive, negative, and transitional (for an educational value) were purposefully created to influence audience behavior. These models were rewarded or punished to reinforce to the observers (that is, the audience) what may constitute desirable or undesirable health behaviors. For instance, a negative role model for sexual responsibility might end up contracting HIV, an illustration of the possible repercussions of engaging in repeated risky behavior. A positive role model, on the other hand, leads a healthy life and has a harmonious family where members exhibit responsibility, self-control, and accountability.

Another influential theory of health promotion is what was initially coined as the Theory of Reasoned Action (TRA) proposed by Fisbein and Ajzen (1975). According to the model, TRA explains that attitudes and subjective norms influence an individual’s intentions and in turn a person’s intentions directly influence their behavior (Fishbein & Ajzen, 1975). Attitude is considered how favorable one views a particular behavior and subjective norms are what the people most important to them think about the individual performing said behavior (Fishbein & Ajzen, 1975). Intention is considered whether or not they plan on actually engaging in a particular behavior, and behavior itself is self-explanatory (Fishbein & Ajzen, 1975). Following TRA in 1985 Ajzen decided to elaborate further on the model, formulating the Theory of Planned Behavior (TPB) to add the component of perceived behavioral control. Perceived behavioral control refers to a person’s belief in whether or not they have control over performing a given behavior (Ajzen, 1985). This component impacts both intention and behavior, and is akin to Bandura’s notion of self-efficacy, that is, the degree to which a person believes they can control their actions. Another important addition to the model was that attitude, subjective
norms, and perceived behavioral control each influenced each other as well as the behavioral intention (Ajzen, 1985).

Both TRA and TPB, in conjunction with SLT and SCT, provide a useful theoretical backdrop to understand how a television program may influence audience members. For instance, television viewers may watch characters of a show engage in certain behaviors, observe the consequences that follow, and can then use this information to form a favorable or an unfavorable attitude toward those behaviors. By watching how characters may handle certain difficult situations (for instance, handle a breast cancer diagnosis, or cope with the ill-effects of chemotherapy), audience members may increase their perceived behavioral control to carry out a similar action. A television show can become even more beneficial if, for instance, family members of an audience member who has breast cancer watch a show with a breast cancer plotline, and support the positive supporting behaviors displayed.

While this study was attentive to the theoretical frames provided by SLT/SCT and TRA/TPB, for instance, role modeling, character identification, motivational reinforcement, attitude formation, behavioral intentions, issues of efficacy, and the like, it also privileges an inductive, grounded approach; that is, it was open to discover what conceptual and theoretical insights emerge in the dialogue conducted with small groups of women viewers of SATC. The study is not designed in the hypothetical-deductive tradition using theory testing as a starting point; however, the researcher was mindful of these theoretical frameworks to make sense of audience interpretations during group viewings.

The following research question guided the present study:

RQ1: How do viewers of SATC interpret and breast cancer storyline through conversations and group sense-making?
Summary

The present investigation focused on how viewers of SATC interpreted its breast cancer storyline, especially through the conversations that ensued during group viewing context. In the next chapter, the method and data-collection procedures that were employed in the present study are outlined.
CHAPTER 3

GROUP VIEWING AND CONVERSATIONS

The present chapter outlines the methodology and data-collection procedures for the present study. These primarily include group viewings, in-depth interviews, and archival research.

Because no prior “effects” research was conducted while SATC was being broadcast, it is difficult, in hindsight, to measure the affect of SATC on audience attitudes, beliefs, and behaviors. However, we can undertake qualitative inquiry to understand how viewing of a particularly engaging and educational SATC storyline sparks conversations among audience members, and how audience members make sense of their viewing experience in consort with others. The present study was aimed at better understanding the meaning-making that occurred especially in small groups of women who watch SATC.

This study analyzed the ways in which women viewers of SATC process the breast cancer storyline at an intra, interpersonal, and group level. Much like the four protagonists -- Carrie, Samantha, Miranda, and Charlotte -- interact in the series, it was useful to understand how viewing that interaction can influence the interactions of the women watching the show. Women who attend a medium-sized Southwestern university were asked to participate on a voluntary basis in this study. Participants were recruited by the present researcher, and through referrals. Recruiting was focused on women already familiar with the series who considered themselves informed and heavy viewers. The women who chose to participate were brought together to view the breast cancer storyline in groups ranging from three to six viewers. In all there were five separate group viewing sessions.
Each group of women viewers met in a comfortable viewing environment (my home) on different days, as per their convenience. Each session briefly outline the purpose of the study and the activities for the session, without providing too many “leads” to the discussions that ensued. The message was “Here is a storyline of SATC, spread over a few episodes. Please watch and enjoy as you would with friends, and then we will talk about it.”

The screening consisted of three specific episodes of SATC: “The Ick Factor”, “Catch 38”, and “Out of the Frying Pan”, each approximately 25 minutes long. In these three episodes, the four main characters deal with different sets of issues, but the main plotline is Samantha’s diagnosis and coping with breast cancer. During the viewing, natural reactions and comments were taken note of as well as the interactions that ensued of the women.

Each of the three episodes was watched in full. Each discussion began with the question: “What would you wish to discuss from any of the episodes we have just watched?” With prior approval of all women, each session was tape recorded and transcribed at a later time. No note taking was done during the discussion session by the researcher to encourage free and open discussion with no boundaries. The goal was to not just be seen as a researcher but as a participant as well.

**The Chosen Episodes**

As noted previously, the breast cancer storyline spanned three particular episodes of SATC. Here an episode-wise description is provided for the reader to get a sense of the ebbs and flows of this particular plotline.

**Episode: 88 “The Ick Factor”**

The episode begins with Miranda and Steve (David Eigenberg) drinking beers and dialoguing about their past, present and future. Miranda and Steve, the on again off again couple
with a child in *SATC*, finally decide they want to make their future official. Miranda proposes (marriage) to Steve over their “$3 beers” and he accepts.

Carrie, in love with the Russian, Aleksandr Petrovsky (Mikhail Baryshnikov) is having trouble adjusting to how much more romantic he is compared to her previous lovers. Aleksandr writes Carrie songs and plays them for her on his piano and reads her poetry. She finally confesses to him, after she faints when he tries to dance with her in public, “I’m an American; you’re going to have to take it down a notch”.

Charlotte tells her husband about Aleksandr’s romantic gestures and Harry (Evan Handler) tells her that he can be just as romantic. Harry takes Charlotte to dinner at a fancy French restaurant where he orders for her in French, impressing her with his skills. After dinner, as they head home, they realize that something they have eaten is making them sick. The couple spends the night on the bathroom floor together, realizing that what they have is “true love”.

Samantha, after seeing herself in a number of celebrity tabloid magazines with her actor boyfriend Smith (Jason Lewis), decides it is time for her to get her breasts enlarged. She spends time shopping around for a plastic surgeon and decides on one. While in her consultation exam, the doctor finds a lump in her breast that he asks her to have checked before agreeing to do the surgery.

On Miranda’s wedding day, Samantha picks Carrie up at her apartment because she explains she has something to tell her before they get to the ceremony. Samantha explains to Carrie in a cab that her doctor found a lump, had it biopsied, and informed Samantha she has cancer. Carrie in shock listens carefully and Samantha with confidence explains that she knows she’s going to be fine, but she likes her breast just the way they are and she is afraid of losing them. She also tells Carrie she does not want to ruin Miranda’s day by accidentally yelling out in
the middle of the ceremony “I have cancer”, which is why she decided to only tell Carrie. Later at the reception Samantha decides to tell Charlotte about the cancer. Miranda notices the three girls acting strange around her and asks for an explanation. Finally after persistence Samantha tells Miranda the news. In shock, the women still genuinely rally around Samantha and provide their support.

Samantha (second from the right) revealing to Miranda (far left), for the first time that she has breast cancer.

Episode 89 “Catch 38”

Carrie and Charlotte offer to watch over Brady, Miranda and Steve’s baby, while they are on their honeymoon. Carrie struggles with whether or not she wants to have children, when she finds out her Russian lover already had a child and has undergone a vasectomy and does not want any more children. Miranda on her honeymoon is starting to go crazy because there is no television, radio, or Internet, but Steve tries to salvage the situation with his positive attitude. Meanwhile, Samantha still coming to grips with her cancer feels like her doctor is blaming the cancer on her, specifically her freewheeling lifestyle that included not having children. He
explains that there is a higher incidence of breast cancer in women who have not had children. Samantha, angry and offended, decides she wants a new doctor, but the one she wishes to see is the best in New York and is unavailable for an appointment for quite some time.

However, a persistent Samantha waits in the doctor’s waiting room hoping to take the place of a cancellation. Here she meets a nun also hoping to get an appointment. Samantha does not know she is a nun and explains to the woman that she (Samantha) can get in anywhere, “Once I was at a Rolling Stones concert and was told I wouldn’t be able to get back stage and I did and I met Mick Jagger and blew him!” She asks the woman if she has any children and the woman replies, “I am a nun” and Samantha says “you have none” and the woman once again says, “No, I am a nun.” Samantha begins to feel better by realizing that breast cancer could happen to anyone, “sinner or saint”. She ends up getting an appointment for herself and the nun by using her movie star boyfriend as leverage with the receptionist. She finally tells Smith, her boyfriend, about the cancer when he starts to question changes in her behavior.
Episode 90: “Out of the Frying Pan”

Samantha begins chemotherapy, and her three girlfriends join her. The women are sitting around Samantha eating popsicles and making jokes. The nurse enters to check on Samantha and whether or not she has developed mouth sores; apparently the popsicles help prevent or alleviate this problem. The women begin to discuss how strong Samantha is and she confidently states, “I will kick cancers ass and the red carpets” at Smith’s movie premiere, where he is the main star.

From left to right: Charlotte, Miranda, and Carrie keeping Samantha company while she is receiving chemotherapy.

Carrie talks to her boyfriend Aleksandr about Samantha and how strong she is and how she is going to get better. Aleksandr mentions that he had a friend with breast cancer who died. Carrie explains to him that she felt his response was insensitive as he brought up his friend who died of cancer. Aleksandr wants Carrie to be realistic and acknowledge the fact that her friend might die. She denies this possibility while repeating to him “my friend is fine, she’s going to be fine.” They get in a fight and Carrie struggles to sleep. Samantha begins losing her hair at the worst possible time, while performing oral sex on her boyfriend he accidentally pulls some of her hair out. Carrie and Miranda begin to discuss the fight Carrie had with her boyfriend and they
both insist that Samantha is going to be fine. They both realize maybe they are both being overly optimistic. Carrie ponders whether or not they are in denial.

Carrie and Samantha go shopping for wigs for Samantha to wear to Smith’s movie premiere. Samantha is angry that none of the wigs look like her natural hair. The salesman explains to her that none of them are going to “really” look like her. Samantha and Carrie end up going to lunch and Samantha starts telling Carrie how angry she is and how she doesn’t want to look like a sick person. Carrie reassures her that she is not sick. Samantha questions Carries “denial”. Samantha tells Carrie that if the cancer comes back she could possibly die. However, Carrie, once again, denies this possibility. Samantha pauses then asks Carrie to let her talk openly about what she is afraid of.

Samantha wig shopping because her hair has begun to fall out as a result of the chemotherapy.

Samantha, feeling as though she has lost control of her life, decides to shave her own head; she calls her boyfriend to tell him she is unable to attend the movie premiere. While in the
middle of shaving her head Smith walks in wanting to know what is happening. She tells him it’s too scary for him to deal with and he reassures her that he can handle it. He wants to be there for her but she tries to push him away. She tells him there is no way he could understand what she is going through. He grabs the electric shaver and starts to shave off his trademark hair and tells her he is going to shave her head when he is done shaving his. Samantha decides to attend the movie premiere in a bright pink wig.

When Samantha was caught by her boyfriend, Smith, shaving her head, he begins to shave his own head to show his support.
Samantha and Smith walking the red carpet at his movie premiere sporting their new looks.

Carrie later confesses her fears to her boyfriend, Aleksandr, and he explains to her that he was caught off guard when his friend died and he did not want Carrie to feel the same pain. The episode ends with the four women having drinks and Samantha is able to laugh again.

All four women having drinks while Samantha jokes that she cannot visit Miranda in Brooklyn because she has cancer.
Analysis of Transcripts

The group discussions generated as a result of viewing the above three episodes were recorded, transcribed, and then coded and categorized through multiple readings by the present researcher. Participants were assigned pseudonyms that were used throughout the transcripts and present analysis to preserve anonymity of all respondents. Each session was listened to multiple times and transcripts were also reread numerous times to identify common themes. Themes which represented recurring patterns of behavior and meaning were allowed to emerge from the participants’ own words. These themes were then clustered and grouped in a sense-making process that provided insights on how viewers of SATC interpreted the breast cancer storyline. Based on each recurring theme, the most powerful and compelling quotes that either exhibited a strong case for the theme or showed its multidimensionality were highlighted in the analysis. Direct quotes were listened to repeatedly to preserve the accuracy of the respondent’s actual words. Quotes were also listened to and analyzed contextually to maintain the integrity of the theme identified.

Summary

In the present chapter, we discussed the methodology and data-collection procedures for the current study as well as the analysis of the transcripts. In the next chapter, we discuss the results of the present study and identify the recurring themes that emerged from the data.
CHAPTER 4

INTERPRETATIONS OF THE BREAST CANCER STORY LINE

This chapter presents the results of the study, highlighting the key themes that emerged in our respondents’ interpretation of _Sex and the City’s_ breast cancer story line.

As noted in the previous chapter, each group viewing session was initiated through a personal invitation, which brought women viewers of _SATC_ into my home. With snacks and beverages on the table, we informally mingled, introducing ourselves. Once comfortably ensconced, we then watched the three designated _SATC_ episodes on the breast cancer storyline, and then opened a space for conversations that lasted, on average, for an hour or so.

As often happens when a group of friends get together, our respondents’ conversations covered a variety of topics, including a discussion on such health issues as HIV/AIDS, STDs, cancer, gynecological exams, pregnancy, self-breast exams, and breast cancer. There was agreement and differences of opinion on a variety of topics but the tone was cordial and respectful. When the viewing sessions ended, our respondents were exchanging contact information and connecting with each other as old friends do. The women trusted each other with sensitive information and their intimate, personal stories.

The overarching research question that guided this inquiry was:

_How do viewers of _SATC_ interpret and breast cancer storyline through conversations and group sense-making?_

The question was broad enough to allow for the participants’ conversations to go in many different directions. However, multiple readings of the conversation transcripts led to the emergence of five major themes in the discourse of our respondents: (1) personal identification with _SATC_’s characters, especially with Samantha, (2) the importance of social support during a
cancer diagnosis, (3) the importance of trusting doctor-patient relationships, (4) breast cancer and beyond; that is, heightened awareness of health issues, and (5) the cognitive and emotive effects of the breast cancer storyline on them as involved viewers.

**Personal Identification with SATC’s Characters, Especially with Samantha**

An overarching conversation strand in each of the group sessions was how everyone related to the *SATC* characters and their lives. Many of the women said they identified with at least two of the four main protagonists in the show, suggesting both the multidimensionality of the characters’ actions and the viewers’ aspirations. Many of the respondents talked about other episodes and storylines (beyond the breast cancer plotline) that reflected issues they had dealt with in their personal lives.

Some observable patterns in the respondents’ comments included identifying with Charlotte’s always politically correct behavior and desire to start a family. Respondents also identified with Miranda’s work ethic and dedication to her career. Many of the women used Carrie’s love life to guide them through their own issues with men. One of the most interesting things that respondents in each group noted was a great admiration or respect for Samantha. While most respondents did not see themselves as Samantha, there was a palpable gushing of desire to be more like her. As one respondent noted:

Samantha is just a very different person but I think she’s awesome. She’s very admirable in terms of not putting up with anything. She’s not a bitch about things but she gets what she wants. She’s not rude or offensive. The way Samantha carries herself—people are like ‘oh I get it’.

Samantha was described by some of the women as strong and confident without being a “bitch”. It was also noted that she works hard and always gets what she wants. The conversation about
her character were directly associated with respondent perceptions of how Samantha handled the breast cancer situation.

During the viewing of episodes, another storyline had emerged -- Charlotte’s difficulty in getting pregnant. Respondents shared insights on how and why people relate to television characters. In one group, Jessica, a respondent identified more with Charlotte’s plight because her mom also had difficulty conceiving.

In terms of what society tells us, in terms of what religion and marriage tells you—that is what women are supposed to do. You are supposed to have kids. As Charlotte, my mom was in the same situation years ago. One can’t have kids anymore, but they still want them, so what to do?

Another respondent, Chrissy, related more to the storyline of Samantha because her grandmother had breast cancer. Jessica and Chrissy then passionately talked about public awareness of health issues and prevention of illnesses through early screening and annual exams. Jessica’s concern with conceiving was far greater than breast cancer, she revealed how like clockwork she never misses an annual pap exam, but she seldom gives herself a breast exam. “Yearly pap smear check-ups, I am on them. I’m on top of them, never miss a beat and the doctor knows my family history and the doctor knows that is something I’m really scared of.”

Chrissy admitted to being not so concerned about her annual pap smear exams, but checked her breasts monthly for lumps. “Since then I’ve been really conscious of it and I have a history of a lot of cancer in my family and I do try to go to the doctor every year.” These respondents like many others were especially impacted by the storylines that they could relate to personally. Although respondents did connect with characters and storylines, it also begged the
question, how do viewers connect with characters if they have no direct personal experiences that mirrored those in the storylines?

In the three episodes that were viewed, the groups watched Samantha travel an emotional journey. She handled her breast cancer diagnosis in a number of ways and exhibited different behaviors depending on whom she interacted with. Samantha began by sharing the news with Carrie, on Miranda’s wedding day. At this point in the storyline she had the lump biopsied and it was diagnosed as breast cancer. She seemed to discuss the issue in a very detached manner, without emotion. Some of the respondents felt quite differently about this scene. Some were emotional. One respondent, Paula, insisted that she would have never broken this news to any of her friends on their wedding day.

I wonder why she chose to tell people on Miranda’s wedding day—that is such a big day to be overcome by such big news. I understand not wanting to be the only one to carry that news and I also think it was a testament to their relationship.

Another respondent, Amanda, explained that in a relationship with one of her close friends even if she tried to hide it her friend would have known something was wrong.

If it was a very important day for my friend and I wouldn’t have said anything. I have this friend who has been a very good friend since high school and I know sometimes when I really don’t want to say anything—I don’t need to say anything she knows something is wrong—just like the way Miranda sits down and knows something’s wrong.

Differing perspectives, angles, takes, and interpretations such as these, were not uncommon in the group discussion. Interestingly, when respondents in the same group started out with different points of view they almost always came to some sort of consensus before moving on to
the next topic. This suggests that personal sense-making is often a function of collective dialogue and meaning-making.

There was also discussion that centered on Samantha’s hesitation to tell her friends, including her boyfriend about the lump in her breast that Dr. Bevel, her plastic surgeon, discovered. The respondents talked at some length about the about the merit of handling this issue alone versus telling family or friends. One respondent, Veronica, noted that it could possibly “be explained by culture”. She emphasized that in the southwest, where a majority of the population is Hispanic⁴ and believes in collectivistic sensibilities, families represent an important aspect of one’s social support; however, a single woman in her forties living in New York City has already grown accustomed to handling things on her own without the help of anyone.

I don’t know about you but the way I’m used to dealing with those issues is with family not so much with friends. In SATC, we never see their families and I think that’s a really interesting difference. I don’t know if it is cultural or it is New York or what it is but it’s really cool that they have each other and their friendship. That’s important but for me if I imagine myself with cancer—immediately I would be running to my brother or my mom. It’s good that they have friends; it’s a different type of family.

Veronica further added that more women than we think are probably handling these types of situations on their own, like Samantha.

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⁴ The term “Hispanic” is used here, although acceptable to some, can carry political implications and be seen as problematic. Although the present research is not focused on identity politics, it is important to acknowledge and be mindful of the issues surrounding various terminologies such as “Hispanic”, “Latino-Latina,” “Chicano-Chicana,” “Mexican-American,” and others.
All the respondents from each group agreed that Samantha handled the situation in a very realistic way, with wide ranging emotions. Some respondents noted that it was nice to see a different and more vulnerable side to Samantha; it made her even more relatable. One respondent, Arlene, stated “it’s crazy because you see her breaking down and you see a softer side, she’s usually so sexual.” Because of Samantha’s state, she begins reaching out to people for support. Samantha although hesitant at first to show she might have some flaws or weaknesses, ends up seeking the help of others. One respondent, Joan, said, “I think it humanized her because she’s usually like a sexpot.” The women in this group found that an experience like this for a character like Samantha made her more believable and real.

Respondents like Chrissy and Jessica used the SATC plotlines and stories and, even though not like the protagonists of the program, related them to their personal situations. Issues like cancer and infertility are sensitive topics to broach on one’s own, but because of Samantha and Charlotte’s struggles these women were able to confidently open up and share their own personal experiences and fears. Chrissy’s grandmother lost her fight with cancer and Jessica’s mother was unable to conceive and they both feared similar fate. These women, who had never previously met, were able to discuss their sensitive and private emotions. Many other participants mirrored this behavior as well. By identifying with the character’s storylines, respondents opened up about their own personal struggles. With articulation and utterance of personal struggle often comes support, as the characters of SATC also displayed. Many participants noted the value and importance of support during a cancer diagnosis and in other times of difficulty. Social support became an dominant theme in all viewing sessions and in the dialogues that ensued.

**The Importance of Social Support During a Cancer Diagnosis**
Samantha, upon her cancer diagnosis, experienced a great deal of support from her friends. Respondents in each group admired such support and could relate to it in one form or another. One respondent, Jennie, stated that Samantha’s revelation of her breast cancer diagnosis at Miranda’s wedding epitomized their friendship,

I understand that you need to tell someone so you aren’t the only one thinking about it but I wonder why she chose to tell people on Miranda’s wedding day. It’s a big day to be overcome by such big news. I also think it was a testament to their friendship because that’s what Miranda wanted; for it to just be a normal day.

Jennie struggled a bit wondering why Samantha didn’t wait to tell her friends. Jennie did not vocalize disapproval of Samantha’s actions just referred to them as “interesting”. Everyone did not share these sentiments. A different participant, Kathy, from the same group followed-up by saying she could relate to Samantha’s actions:

I have a very good friend that I’ve had since high school. I know that sometimes I wouldn’t want to say anything but you know sometimes when you are really good friends with someone, you don’t need to say it…they know something is wrong.

These types of exchanges and interactions were not uncommon in the post-viewing discussion groups. Some participants could relate more with Samantha than others but it all respondents had an opinion on Samantha’s actions. Samantha’s actions got the groups talking.

An issue that came up in each group was Carrie, Miranda, and Charlotte’s overly optimistic outlook on Samantha’s situation. Here was a topic that provoked discussion. Some women believed it was necessary to be optimistic and encouraging when coping with a serious illness. Some women believed that the characters were acting naïve by thinking that nothing bad could happen to Samantha. A respondent, Paula said, “I think they are in denial, they should be
prepared and know that she could die. It is like they never even thought about it.” The other opinion was to exude optimism to the person who is sick, but to also be aware of potential outcomes. Respondent Stephanie stated, “I thought it was cool that they were all positive but it’s also better to be realistic. I think Carrie really overreacted with her boyfriend when he mentioned his friend who died.” Clearly, this topic encouraged conversations and also showed how the respondents believed in the importance of being optimistic but also being realistic at the same time.

Another scene discussed extensively in the context of social support was when Smith walks in on Samantha shaving her head. All respondents loved the ethic of care embodied in this scene, and were emotionally moved by it. When Samantha decided to shave her head after her hair begins to fall out, Smith shows his support by shaving his head as well. Some of women insisted that if they were close to someone who had cancer they would do the same thing for them. This scene was powerful in many ways because it showed Samantha taking control of her emotions: it showed her vulnerability, and it also showed how the people in her life were a support for her. Amanda explained her interpretation of Smith’s supportive actions, “His hair is his thing. He’s like I’m prepared to do this with you, include me in your life.”

Many of the women agreed that they would handle a difficult situation like this in the same way as Samantha. Chrissy remarked that her grandmother had done the same. “When I was younger my grandmother had cancer and she did the same thing and shaved her head.” This was one of the few times that Chrissy whole heartedly agreed with Samantha’s behavior.

As social support in the face of a cancer diagnosis became a dominant topic of conversation, the respondents struggle to agree on the actions of Samantha’s friends. Some respondents believed the characters were overly optimistic and extremely sensitive while other
respondents like Paula suggested the women needed to face the reality of Samantha’s cancer diagnosis. Because of these opposing views, conversations continued as respondents worked to make sense of Samantha’s situation from their own personal perspective. Support from Samantha’s friends and her boyfriend Smith was not the only support relationships that were discussed; many respondents raised the issue of doctor-patient relationships and their importance. Respondents had varied opinions about the doctors Samantha interacted with and they used their own personal experiences to validate and support their perspectives.

**The Importance of Trusting Doctor-Patient Relationships**

In the three episodes of *SATC* that were viewed, we see Samantha’s first interaction with Dr. Bevel when she is having her consultation for a breast augmentation. Dr. Bevel discovers the lump and asks her to have it checked out before they proceed. Our respondents had mixed emotional responses about this interaction between Samantha and her doctor. Some women felt that he was insensitive in the manner in which he brings the lump to her attention. As respondent Amanda explained:

I thought that the doctor was very insensitive because he was like ‘oh there is a lump and get it checked.’ And Samantha kind of got a little bit scared. I thought he should have been a little more sensitive to her. I would have wanted more support.

Some women respondents noted that they preferred a doctor who was upfront about what was going on, and some of the women thought it were strange that Samantha had not previously felt the lump. This short scene brought forth a wide range of responses, and opened the gates for them to share their own personal experiences with their doctors. Veronica explained that she felt Dr. Bevel was very insensitive and she thought he should have handled it in a different – more compassionate -- manner. Another interesting reaction came from Joan (and many agreed with
her) who thought that the doctor was not insensitive; rather, Samantha was being overly sensitive: “I think he didn’t want to scare her—if he was like ‘oh my god I feel something’ she would have started freaking out.” And, some respondents were surprised that Samantha had not previously felt this lump. Different justifications were provided. Paula talked about being in denial; Jennie explained that it was common for women to have cysts in their breasts; and Arlene just found it strange that Samantha’s boyfriend never felt the lump. These topics provoked further discussion about early detection of breast cancer, including the importance of regular exams.

All through the group conversations respondents shared what they preferred from their own personal doctors, using their personal experiences and preferences to make sense of Samantha’s interaction with Dr. Bevel. Some respondents were clear that they wanted to have a firm, direct, expert doctor who was up front about what was happening to their bodies. A respondent, Sandra, shared her story about going into early labor at six months. She explained to the group that she was unable to reach anyone on the phone, so while having delivery contractions she drove herself to her doctor’s office.

I remember him hearing me and coming out the door and he got me and put me in the room where they do the sonogram. He told me ‘It’s okay, stuff happens. Nobody has the perfect pregnancy.’ He left to let me calm down and then he came back in and sat next to me, which was really nice—he didn’t stand, he sat next to me.

Sandra emphasized how important it was that he sat beside her while discussing the things that could go wrong. She mentioned that he was sensitive while also being honest about potential pregnancy complications.
Not all the women had such positive experiences with doctors. Veronica discussed an unpleasant visit to the gynecologist for an annual pap smear and how in the middle of the exam the doctor exclaimed that she might have cancer.

Once I was getting an exam, a gynecological exam, and the person who normally does the exam wasn’t there so I had another one and she said ‘oh my god’ while I’m sitting there in an awkward position and she’s like ‘oh wow this looks like cancer’. I’m sitting there and I’m 27 years old …I don’t know what to do. So I have to come back and get the results and when I come back they say, ‘Oh my god you have high blood pressure’ and I said ‘really you think I might have high blood pressure because the last time I was here the lady said my uterus or whatever looked like cancer.’ And then it turned out I had nothing, nothing!

This unpleasant encounter left a lasting impact on Veronica and now causes her, naturally, to be on-the-edge when dealing with doctors. On a different occasion, Veronica received a phone call from the doctor’s office after a pap smear was done asking her to come in and have the exam redone. They explained to her that the results were clouded. Due to her previous experience she felt uneasy, so she asked the person to remain on the phone and answer all her questions until she felt satisfied that her questions had been answered. Veronica says that to this day she always asks the doctor and nurses to recheck any test results because she does not trust them and believes in the possibility of mix-ups. Simple interactions with doctors can change one’s outlook on one’s well-being, triggering anxiety or comfort, depending on the nature of the doctor-patient interaction.
Veronica’s experience spurred a conversation with Jennie, a respondent in the same group. Jennie, whose father is a practicing gynecologist in Mexico, felt that visiting with doctors in the United States is like going to a fast food restaurant.

What I’ve noticed here is that the doctors are in a hurry…it’s like you’re going to Kentucky Fried Chicken, like okay next! They don’t have a chance to bond with the patient and I think that’s what’s missing here. You just go and don’t ask questions because you don’t want to be bothering him.

Jennie explained that she feels rushed during medical exams in the U.S. and that in Mexico that would not be the case. She described typical interactions with Mexican doctors as caring. Jennie discussed how this type of interactions allows for a patient to disclose more information, advocated for an enhanced relationship component between US doctors and their patients.

The interaction between Samantha and her oncologist, Dr. Pinkner, also generated group discussion. Dr. Pinkner suggests that Samantha start Chemotherapy. She becomes very upset and questions why this has happened to her. The doctor explains that one study shows that women without children may be more likely to get breast cancer. Several of the women respondents reacted strongly to this scene. Respondent Jessica referred to this statistic saying it was projected as a sure shot consequence although she did not think the doctor mean it to sound that way. However, by societal standards it would be deemed as a consequence.

Veronica had an interesting take on Dr. Pinkner’s response: “In terms of what society tells us, in terms of what religion and marriage tell us, that’s what women are supposed to do, they are supposed to have kids.” Other respondents also felt that this statistic reflected society’s position on the role of a woman. Some respondents also suggested that societal norms are for women to marry and have a family, despite our advancement in terms of gender equality. Many
of the respondents appreciate the characters in the show for the societal and normative barriers they are breaking. SATC characters Samantha, Carrie, Miranda and even Charlotte challenge what society expects from women, especially the way Samantha challenges traditional gender roles. The SATC story lines are able to focus on other issues because the four main characters are in nontraditional female roles. The women in the show take risks, are on the edge, and thus open a space for nontraditional dialogue within the show and with their audience. This dynamic allowed our women respondents to more comfortably discuss sensitive topics within their groups.

Veronica’s single experience with a doctor changed her perspective on them permanently. Sandra, a respondent, had an empowering experience with her doctor while she was pregnant. In processing Samantha’s situation, these respondents drew upon their well of personal experiences with doctors. Some respondents were sympathetic to Samantha’s interactions while others described her as overreacting. Regardless, the participants agreed that doctor-patient relationships are extremely important especially in sensitive diagnosis such as cancer detections. This provided an opportunity for some to openly discuss other sensitive and sometimes taboo health issues.

**Breast Cancer and Beyond: Heightened Awareness of Health Issues**

Breast cancer was a staple in each group discussion because of the Samantha story line. This allowed women to talk about their fears, concerns, and experiences with breast cancer. Paula shared her account with a frightening situation. Her aunt had passed away from breast cancer and she felt a lump between her breast and armpit, the same area that her aunt had felt a tumor.
I had an aunt who passed away in '05 of breast cancer, she had breast cancer. She was diagnosed in November and it took her a year to pass away, because she’s my mom’s sister that puts me at greater risk. So ever since then I got really paranoid and I kept feeling my breast thinking I have breast cancer but just feeling very paranoid. And it just so happened that I had an ingrown hair and I freaked out, I flipped out because my aunt said that she had felt something in her armpit not really on her breast—so then I was so paranoid that I went to the hospital because they have a clinic at Texas Tech and it is based on your income so it only cost me $30 and the doctor checked said it was only an ingrown hair. So I’ve been checked before but I sort of rather not know. But I’m going to have to since it’s in my family.

Panicked, Paula immediately visited a doctor to find out that the bump she felt was an ingrown hair. She emphasized that if it had not been for her aunt, she probably would not have even gone to the doctor. Her aunt’s lost battle with breast cancer is a constant reminder to her that she is at risk.

Jennie, a woman respondent in another group told us about her sister’s doctor visit and the importance of something she learned:

My sister told me that when she went to the gynecologist, the doctor told her ‘how many lumps do you feel in this little piece of silicon?’ she didn’t feel anything; then he’s like ‘this thing has 10 lumps and you didn’t feel anything so that’s why you have to come to the doctor for us to feel because we have developed the sensitivity that you don’t have.’

You’re supposed to check yourself once a month but we don’t even have that sensibility. This lesson was to emphasize the importance of not only self-breast exams but the importance of having one’s breasts checked at one’s yearly exam. We might not know what we are looking for
but abnormalities can be detected which can be problematic. This openness about personal health issues encouraged other women to self disclose.

Other health issues that came up involved HIV/AIDS and Human Papillomavirus (HPV). Veronica talked about the importance of sex safe as well as the importance of getting tested for HIV. She shared this message with different people in hopes of encouraging those at risk to take some action. Veronica also noted that she did not know anyone in El Paso with HIV/AIDS and how surprising that was because it is either kept a secret, or because people she knows have not been tested.

If you have AIDS people are going to judge you big time. I in El Paso, outside of people I may work with, I don’t know anybody, friends or family that has AIDS and that blows my mind. Not that I want anybody to but if somebody does its not mentioned and I know I’ve done things in my life, I’ve made mistakes and I’m thinking they’re thinking I did something that I didn’t do.

Being “judged” for an affliction was a popular topic of discussion in most post-viewing group discussions. Most respondents seemed very sensitive to the issue of being judged based on an illness. Stephanie shared an experience when her friend decided to tell her that he was HIV-positive.

One of my best friends told me he had HIV/AIDS and he didn’t know how I was going to take it. He was trying to prepare me before and then once I knew then I was like okay, how can I help you? But I think it’s like what you said; they choose who they are going to tell because they don’t want to be judged.

Stephanie then talked about how she supported her friend, and how it had been difficult for both of them. Another respondent talked about the stigma that surrounds illnesses such as HIV/AIDS.
This stigma is what keeps people from openly discussing with others their problems. She emphasized the fact that SATC addressed many things of this nature, creating a platform for her to discuss with her friends health issues or topics that may otherwise be stigmatized. The respondents felt comfortable in each other’s presence and over time they did not fear of being judged. The removal of this fear encouraged many personal stories or experiences to be shared.

Paula, Veronica, Stephanie and Jennie did not all have the same experiences but they all did openly discussed difficult health issues. Paula, whose aunt passed away from breast cancer, used the opportunity to tell the group about her own experience. She also shared relevant information, like her aunt’s tumor was not located in her breast but under her arm. She also told the women about the clinic that she visited and how they billed patients on a sliding scale based on income. These relevant health related topics most likely would not have been shared under ordinary circumstances. HIV/AIDS became a hot topic of conversation with some respondents openly discussing their personal experiences, not feeling stigmatized in so doing. The post-viewing discussion sessions rarely began with these open dialogues; rather, over time and through confidence-building, they evolved to get to that place. SATC’s breast cancer storyline and the dynamics of the group created a space for such conversations.

**Cognitive and Emotive Effects of the Breast Cancer Storyline**

Interestingly, the conversations in each of the three-hour post-viewing sessions evolved with time. As the evenings began there was a slight discomfort among the women for a number of reasons. Most of them did not know each other and many had not met me before either. When the women arrived for the viewing, they knew a bit about the study and I explained upfront that I was not looking for any particular kind of answers or feedback. The lack of pressure, and open invitation to speak their mind, opened a safe space for wide-ranging discussions. As information
was shared, trust increased within each of the groups. In social gatherings where people do not
know each other very well, they usually engage in lighthearted discussions, often in an upbeat
tone. Knowing that we were there to watch SATC with a somewhat serious undertone allowed
the women to bring up other issues that they either wanted to discuss or needed to discuss. The
women bonded over similar experiences, similar opinions and showed support for each other,
especially when someone felt comfortable broaching an issue from their deep personal
experience.

Similar patterns emerged in the respondents’ answers, especially when the opinions of
the SATC characters resonated with theirs, or if they shared other things in common. One group
spent some time on discussing the joys of being a mother. The other women respondents in the
group who did not have children praised the other two for their dedication to motherhood and
their families. In groups when the women did not directly relate with each other, they showed
verbal support. When difference of opinions emerged, it was interesting to watch how the
women would politely counter whatever was being discussed. Everyone was mindful about
disagreements, showed respect for each other’s opinions, and on several occasions conceded or
reconciled to the others’ position. The viewing of SATC encouraged and provoked discussion
that might not otherwise have emerged. The interpretations of the breast cancer story line evoked
emotive responses on a wide range of topics.

Information sharing took place and gave the respondents an opportunity to use their own
personal experiences to educate each other about health topics. A very powerful discussion arose
when a young woman, Kathy, admitted to having dealt with cancer herself. She hesitantly, after
the conversation had gone on for a while, brought up her own battle with the illness, so no one
including myself probed deeper into the details of her personal situation. Over the course of the evening, Kathy voluntarily divulged bits and pieces of her experience.

When they took out the tumors and did biopsies on them they found a whole bunch of cancer cells. But since they had grown on the tumors and the tumors had been taken out of my system, ok good. So I was on chemotherapy, taking pills for like a year and a half and still to this day I have not told my parents. I have not told anybody in my family except for my husband. My husband knew what I was going through but I have not told my family, why, because cancer runs in my family and I’m a smoker.

Kathy’s main concern for not telling her family was her fear of judgment. She confessed to being a heavy smoker and believed that if her family knew about it they would blame her for the cancer. As the evening passed she explained that she had cancerous tumors on her ovaries and that the doctors believed was symptomatic of a relapse. She had taken chemotherapy for the year following the diagnosis but ceased taking the medication because she had felt better. She would travel with her husband to the Mayo Clinic in Scottsdale, Arizona for her treatment. She could understand Samantha’s desire to receive treatment from the best doctor she could because she had felt the same way.

Kathy also discussed the emotional aspect of her cancer experience and her present situation. She said that she takes the cancer situation, puts it in a box, and shoves it in the back of her head. She only pulls it out when she believes it might be beneficial to her or others. It seemed she shared her story this evening because she hoped it might benefit the women in the group; however to her surprise she made a realization of her own. She recounted Carrie and Alek’s discussion about the possibility of Samantha dying, emphasizing that just because someone says something you do not want to hear does not mean that they mean ill or harm. It
was this thought that made her question, palpably in front of others, her own practice of not disclosing her illness to her family. This potentially behavior-changing realization came about because of the openness among the group, the support they showed, and because the characters in the show made the topic open for discussion.

Kathy’s candid dialogue and realization was special and showed how the right circumstances created an environment for potential behavioral changes. Watching SATC along may not have changed Kathy’s perceptions and actions, but watching SATC in a group allowed her to talk about things she had not previously shared with her own family. This was a powerful post-viewing conversation for all present. Not all the conversations were powerful in the same way but they did allow for open and honest dialogue among strangers. The dialogue among respondents was shaped by the plotlines they watched, and the support they received from each other.

Summary

This chapter codified and thematized the conversations that took place in the SATC post-viewing group discussions. Although topics discussed varied from group to group, five common themes emerged stridently in these sessions: (1) personal identification with SATC’s characters, especially with Samantha, (2) the importance of social support during a cancer diagnosis, (3) the importance of trusting doctor-patient relationships, (4) a more heightened awareness of breast cancer and other health issues and (5) the cognitive and emotive effects of the breast cancer storyline on them as involved viewers.

Personal identification with SATC characters allowed some of the respondents to discuss their own personal struggles. Many of the participants did not personally identify with Samantha but her cancer diagnosis made her more relatable. Social support from family and friends became
apparent not just in the SATC storyline but among the respondents as well. The respondents did not hesitate to share their opinions about the characters behaviors. They also discussed how in their own personal relationships a similar situation might unfold. Doctor-patient relationships became an obvious topic of interest when the respondents began describing both negative and positive effects their own personal interactions with their physicians. Some respondents in the group found an opportunity to discuss their own personal experiences with breast and other cancers, as well as other sensitive health issues. The viewing session had an impact on the participants in the sense that they openly talked about the how often they were unwilling to share sensitive information for the fear of being judged. In this sense, the collective viewing of the show seems to open a space for honest discussion on topics that are ordinarily not so talkable.

The next chapter summarizes the key findings and implications of the present research and addresses limitations of the present study.
CHAPTER 5

WHAT DOES IT ALL MEAN?

This final chapter summarizes the present thesis, including its key findings, and raises implications for such Hollywood-style entertainment-education programming. Also, limitations and ethical concerns of such approaches are raised.

The present thesis began by articulating for a lay reader what *Sex and the City (SATC)* was about and how many millions of viewers, especially women, it had touched and continues to touch illustrating its past and contemporary relevance. The entertainment-education communication strategy was used as a conceptual framework to understand how television characters may serve as role models, triggering emotive and cognitive responses from media consumers, including shifts in attitudes, intentions, and performed behavior. Next a data-collection method was outlined to recruit heavy viewers of *SATC*, and a description of the group viewing situation provided. The three episodes of *SATC*’s breast cancer storyline, which were shown to all groups, were reviewed, so that those who are unfamiliar with *SATC*, especially the breast cancer storyline, could better understand the entertainment-education content.

The present study sought to better understand how viewers of *SATC* interpret its highly-engaging breast cancer storyline through conversations and group sense-making. Women respondents in the viewing and discussion groups shared many common elements. It seems, for reasons unknown, that there was a general awareness of breast cancer, how to screen for it, and the consequences of the disease and treatment. Women respondents, in general, identified with the struggles of different characters especially when they found personal resonance in their lived experiences. There were different ways of dealing with cancer whether it emerged from a personal experience or experience of a loved one. Unfortunately, the specter of cancer seemed to
be prevalent in the lives of women who participated in the discussion groups whether it is through a friend or family member. Almost all women respondents had seen first-hand the effect that cancer could have on one’s body as well as the emotional, and psychological health of the patient and their caregivers.

The group viewing and discussion sessions offered a scenario that the regular broadcasts of *SATC* were unable to provide to a lone, solitary viewer. The group sessions provided a space to discuss relevant health issues that these women faced individually and collectively. *SATC* provided an opening, a muse, and an “ice breaker” for each group of respondents to collectively broach difficult issues. Watching the show alone obviously would not have had the same impact as watching in a group. The participants had all previously been fans and viewers of the show but many had been hesitant to have important conversations about sensitive issues with close family and friends. Our respondents revealed things to other group members that they had not even revealed to their family and friends. It became evident that through *SATC*, a discussion was facilitated more easily. These group-viewing sessions created a space to accommodate difficult conversational topics. Group viewing rather than viewing individually encouraged communication between strangers on taboo topics.

As noted previously, when respondents in the same group started out with different points of view they almost always came to some sort of consensus or reconciliation before moving on to the next topic. This suggests that personal sense-making is often a function of collective dialogue and meaning-making. This is a valuable observation in terms of how a natural viewing situation at home or a friend’s house can allow for such conversations and meaning-making to occur. *SATC* as a form entertainment-education aided in not only raising awareness of breast
cancer but also facilitating a discussion that may not have occurred under different circumstances.

**Implications and Future Research**

*SATC* had a number of scriptwriters for the show, both male and female. The writers were public in stating that most of their storylines were based either on direct personal experiences or based on situations faced by friends, relatives, and co-workers. Hence, the scriptwriters over the long duration of the show, six seasons, came up with diverse storylines. Because the current study took place after *SATC* had ended its run, there was no baseline data directly related to *SATC* and its impact on viewers. To be able to longitudinally assess the impact of a show on its viewers, whether through quantitative or qualitative research methods, from the beginning would give greater insight into how television can increase awareness of health issues and create social and behavioral change. Following a show from its inception could provide more insights on not just what effects such entertainment-education program can offer, but also a rich insight into how these effects may be engendered, resisted, or countered.

When *SATC* first aired, it was only available on HBO, an expensive premium channel that viewers of lower socio-economic status may not have had access to. Later, however, the show became more easily accessible on basic cable and then finally on the FOX channel, which ultimately had the capabilities of reaching a wider audience.

Also, the present research focused on an exploratory analysis of one television show, *SATC*, and one of its educational (breast cancer) storylines. Exploring other popular shows broadcast in the U.S. that had similar, powerful educational storylines, could be highly valuable. Since the new seasons of *SATC* ended, TV shows based on the experiences of women have become more popular. A few of these shows include *Lipstick Jungle, Cashmere Mafia,* and
Samantha Who, all of which were/are based on strong female lead characters. Unfortunately, none of these shows had a following like SATC, and many of them have been cancelled. The implication here is that shows that are already popular with audience members perhaps are better positioned to tackle such educational issues. Audience members who may be deeply involved in the lives of these characters, then can more deeply process and be engaged with personal crises (such as a breast cancer diagnosis), that the characters might face.

Some of the other plotlines in SATC may have been difficult for some audience members to relate to, and identify with, on a personal level. However, the three episodes chosen for the group viewing on the breast cancer storyline transcended class, ethnicity and gender. The respondents who participated in the study were able to identify with this storyline because breast cancer is an issue that affects a wide range of people, and even if people are not affected themselves many know someone who is stricken with breast cancer.

Limitations and Ethical Concerns

It is necessary to be mindful of ethical concerns with entertainment-education approaches. Singhal and Rogers (1999) suggest a number of ethical concerns and limitations that entertainment-education scholars and practitioners should be mindful of including questioning what is “prosocial,” who determines, for whom, and what does it mean to educate under the guise of entertainment (Singhal & Rogers, 1999).

The current research did encounter a few limitations described by Singhal and Rogers (1999), such as what is prosocial content, and how does it play out in a regular television series? Although the three episodes viewed by each group had prosocial messages on breast cancer that was not so apparent with all the SATC episodes over its six seasons. The show was not created to be a form of entertainment-education or a vehicle health promotion; it became one as Samantha
faced a difficult situation. Not all of Samantha’s behaviors were “positive” or “prosocial” in the way she dealt with breast cancer; however, such complexity allows viewers to engage, discuss, and make meaning from their personal standpoints. In this sense, entertainment-education is less about “telling” but more about “showing”; and it is the “showing” that has generative potential and possibilities for individual and collective actions.

Another limitation or concern about using programs such as SATC is that the show revolves around four single, white women, living in a big city, with all their vigor and vulnerabilities. While entertaining and engaging to watch, the lifestyles and issues these four white women face clearly resonate more with some viewers’ experience than others.

The issues raised above are valid concerns and should be taken into consideration when creating an entertainment-education series; however, SATC was not created with that intent. It can be difficult to address any and all dilemmas, but it is important to be mindful of them.

Although most health interventions can be tailored specifically to highly segmented audiences, entertainment-education is relatively less precise. However, it has the potential to reach a wider audience over a long period of time.

Perhaps studies such as the present one, while modest in scope and exploratory at best, will inspire the consideration of this EE strategy in the field of health promotion. The entertainment business need not be solely anchored on glitzy lifestyles, cutthroat ratings, and vacuous content. This study suggests that entertainment industry professionals and health promoters can work in conjunction to create effective health interventions to create richer, more meaningful viewer experiences.
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VITA

Monica Victoria Alvillar was born and raised in El Paso, TX, one of two children of Francisco Xavier Alvillar and Maria del Rosario Alvillar. She attended University of Texas at El Paso and initially pursued a degree in Theater. After her first two years of college she moved to Austin and took theater classes at Austin Community College. She then returned to El Paso and reenrolled at UTEP and decided to spend a summer session at New York University taking a theater course. After returning to El Paso, she decided to change her major and began to pursue a B.A. in Organization and Corporate Communication.

She was encouraged to pursue a M.A. in Communication at UTEP, which began in August of 2006. While completing her course work, she held various positions within the university and outside of the university. During her first semester she worked as a research assistant to the then Chair of the Communication Department, Patricia Witherspoon, Ph.D. She also worked as a teaching assistant to Frank G Perez, Ph.D. and Stacey Sowards, Ph.D. Finally, she concluded her final assistantship with Arvind Singhal, as his research assistant. During her assistantships she also worked as a substitute teacher for the El Paso Independent School District. In August of 2008 she moved to San Antonio, TX while continuing work on her thesis and worked as the Communications Director for the Service Employees International Union in Texas. She oversaw the communication campaigns for San Antonio, Dallas and the Rio Grande Valley. After a year working in labor organizing she decided to shift her focus back to communication and education. She is currently employed by the University of Texas Health Science Center San Antonio as a Senior Health Educator for the Patient Navigator Research Program.