

**OXFORD CAMBRIDGE AND RSA EXAMINATIONS
GENERAL CERTIFICATE OF SECONDARY EDUCATION**

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ENGLISH (Specification 1900)

Unit 1 Non-Fiction, Media and Information (Higher Tier)

READING BOOKLET INSERT

TUESDAY 8 JUNE 2010: Morning

DURATION: 1 hour 45 minutes

SUITABLE FOR VISUALLY IMPAIRED CANDIDATES

INSTRUCTIONS TO CANDIDATES

- **The material in this READING BOOKLET INSERT is for use with the questions in Section A of the question paper.**

NON-FICTION

In this article from a website, Daniel Chandler describes the genre of television soap opera.

WHAT IS A SOAP OPERA?

The soap opera genre originated in American radio serials of the 1930s, and owes the name to the sponsorship of some of these programmes by major soap powder companies. Television soap operas are long-running serials concerned with everyday life. A serial is not to be confused with a *series*, in which the main characters and format remain the same from programme to programme but each episode is a self-contained plot. In a *serial* at least one storyline is carried over from one episode to the next. A series is advertised as having a specific number of episodes, but serials are potentially endless.

Successful soaps such as *Eastenders* and *Coronation Street* may continue for many years, so new viewers have to be able to join in at any stage in a serial. In soaps, the passage of time also appears to reflect 'real time' for the viewers – the characters age as the viewers do.

Soaps share some features with other genres such as *melodrama*; these features include a focus on female characters, unlikely coincidences and exaggerated emotions. Like these genres, soaps make use of simplified characters and their stories develop in an episodic way. However, soaps do not share with these forms the happy ending or the idealised characters which are features of these related genres. British soaps are also distinctively different in their debt to 'kitchen-sink dramas', which emphasised everyday contemporary social problems.

Unlike action/adventure programmes such as westerns and ‘cop’ programmes which show men in positions of power, authority, aggression and technology, soaps, like *sitcoms*, are seen as more ‘feminine’ and are more concerned with presenting women in relation to the family.

Recurrent events in soap operas include courtships, marriages, divorces, deaths and disappearances. Gossip is a key feature in soaps (usually absent from other genres): in part it acts as a commentary on the action. Broadcast serials have the advantage of a regular time-slot, but even if some viewers miss it, they can easily catch up with events. Any key information which might have been missed is worked into the plot again when necessary. Nevertheless, knowledge of previous events can usefully be brought to bear by habitual viewers, and doing so is part of the pleasure of viewing for them. Viewers are also in an omniscient position, knowing more than any character does. The form is unique in offering viewers the chance to engage in informed speculation about the possible turns of events.

Unlike a play or a series, there is always a wide range of characters in a soap opera (which means that no single character is indispensable). The large cast and the possibility of casual viewers necessitate rapid characterisation and the use of recognisable ‘types’.

Soaps are unlike traditional dramas which have a beginning, a middle and an end: soaps have no beginning or end, no structural closure. Viewers can join a soap at any point. There is no single narrative line: several stories are woven together over a number of episodes. In this sense the structure of soaps is not linear.

The structure of soaps is complex and there is no final word on any issue. There is no single 'hero' and the wide range of characters offers viewers a great deal of choice regarding those with whom they might identify. Not much seems to 'happen' in many soaps (by comparison with, say, an action series or an adventure serial) because there is little rapid action. In soaps what matters is the effect of events on the characters which is revealed through characters talking to each other. In soaps the key question is not 'What will happen next?' but 'What kind of person is this?' This invites viewers to offer their own comments and interpretations.

MEDIA TEXT

Television schedules are packed with hospital dramas and medical storylines. But, asks Ben Goldacre, why do they keep getting it so wrong?

HAVE TV SOAPS LOST THE PLOT?

Ronny has been stabbed. He is rushed to hospital, where the doctors realise he has lost a kidney: his only kidney, in fact. Gasp! He urgently needs an emergency kidney transplant, and only his family can help. “He needs the transplant now!” “Ronny is stable, all he’s gotta do is stay that way until we have the tests...”

I’m biting my nails. But only because I’m worried about just how dodgy *Eastenders*’ medical advisers can be. Emergency kidney transplants don’t happen. There is a fantastic machine called a haemofilter, invented a few decades ago. These machines are available on most intensive therapy units and they mean you can potter along for years with no kidneys at all.

So what sort of a doctor would make a patient go through a major transplant operation, followed by life-threatening doses of immunosuppressant drugs to stop them rejecting the organ, just after they had been stabbed, when there is a perfectly good way of keeping them alive and well until they are ready for an operation and a donor can be found, gently and appropriately?

Maybe I'm just being picky: after all, it's hardly the first time television doctors have got it wrong, and I am surprised the corridors of *Holby City*, *Casualty*, *Doctors*, and *Eastenders* aren't crawling with medical negligence lawyers. I have lost count of the number of times I have seen a baby being waved around in the cold and rushed into neonatal resuscitation before they even bother to dry it off with a towel. Nice try, shame about the risk of hypothermia through being exposed to the cold air. Or how about that *Neighbours* episode where they smear electrode jelly on to the defibrillator paddles while charging up, and then rub them together to make sure the stuff is nicely spread around (stand well clear if I were you), before shocking the patient back to life with her oxygen face mask still on.

But is it really so bad? Yes. Kidney transplants, especially from live donors, are a difficult moral and emotional area, and even the BBC has recognised that, running a campaign through *Holby City* to get more people on the NHS organ donor register. "It's Tariq's duty to find out if he can act as a kidney donor ..." doesn't really cover the issues appropriately.

I can understand that they might have needed a clumsy plot device to break the story that Tariq is Ronny's half brother; but imagine you have been worrying and waiting months and years for a live donor kidney transplant, going through the colossal hassle of being haemofiltered, and then you watch *Eastenders*. What are you going to think? Here I am waiting patiently, and it must be all these emergency kidney transplants that are bumping me down the list? What are these doctors waiting for? If only I'd been stabbed ...

It is hardly an isolated incident. A classic paper in the British Medical Journal gave the first quantitative estimate of the size of the pinch of salt that should be taken when watching soap operas. In an analysis of the deaths in four soap operas over twelve years, they found that the most dangerous job in Britain was not, as previously suspected, a bomb disposal expert, steeplejack, or racing car driver, but being a character in a soap opera. A character in *Eastenders* was twice as likely to die during an episode as a similar character in *Coronation Street*, and deaths in soap operas were almost three times as likely to be from violent causes than would be expected from a character's age and sex. Characters tended to die young, and from a variety of obscure and often violent causes: ranging from a mystery virus in *Brookside*, which killed three, to a plane crash in *Emmerdale*, which killed four. The authors recommended protective clothing, and regular counselling for the psychological impact of living in an environment not dissimilar to a war zone.

I know it is only pretend, but hospitals are scary enough; and there is a plethora of studies showing that television and the media affect people's perceptions of their own health, and risk, and healthcare, and worse, can change their behaviour. The least we could do is make sure the horror stories are accurate.



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