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Comfort TV: Considering Everyday Television Use as a Mode of Self-Care

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Abstract

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This thesis argues that television is an overlooked, yet often highly significant source of comfort in everyday life. It examines television's contribution to the resilience and wellbeing of three distinct audience groups: family units, first-year undergraduate students and hospital patients. An important resource for comfort and support in many of their lives – a way by which to feel better – study data indicates that watching television can be an instrumental activity. More accurately, specific television texts and viewing routines become salient in light of the viewer's shifting subjectivity, relied upon to regulate their feelings (consciously or unconsciously) and respond to external influences. Presenting two in-depth, qualitative case studies involving family units and first-year undergraduate students, and a third utilising survey data from hospital patients, I consider what comfort TV is and evaluate the effectiveness of this mode of self-care for my audiences in context. Beginning with the impact of setting, I demonstrate how viewers are positioned by their environment and how their relation to a specific space or place influences their need for and reception of TV. Through doing this, I make an argument for television viewing as a form of emotional digression, a way to manage emotion and compensate for threats to personal continuity. Illustrating how comfort viewing facilitates important moments of transition for various members of my study sample, I then analyse the characteristics of the comfort text. Focusing on the traditional television sitcom – which presents as the archetypal comfort genre – I consider how the comfort television text is realised through a combination of formal characteristics and experiential qualities. Given the findings and particular context of this research, I conclude by looking at television's current use in hospital care and suggest how the medium might fulfil a more therapeutic purpose.

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Acknowledgements

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This thesis is dedicated to my mum. Thank you for making me into the person that I am today. You have always been my best example; strong, moral, kind, funny, supportive, determined. As I complete this thesis and think about my life as a husband and soon-to-be father, I hope to live up to your example.

Author's Declaration

This thesis represents the original work of Kerr Castle, unless otherwise stated in the text. The research upon which it is based was carried out in Film and Television Studies (School of Culture and Creative Arts) at the University of Glasgow under the supervision of Dr Amy Holdsworth and Professor Karen Lury during the period of October 2015 to May 2019.

Chapter 1
Introduction

At 10:30pm on 17 November 2018, Emmy-nominated comedy writer Bess Kalb posted the following question to her Twitter account (@bessbell): "What is the TV show that got you through an unbelievably sad time?" (2018a). By 21 November 2018, the tweet had been commented on over 7,800 times. The responses Kalb received varied in intensity, with perhaps the most powerful being those posted by individuals who had either contemplated suicide or suffered bereavement. As people who had been in crisis, they explained how particular programmes became lifelines and supported them through difficult periods of uncertainty or transition. In most instances, television was positioned as an outlet for feeling, a way to express and release emotion, but also to take in positive affect – I say in most instances as some individuals suggested comforting films or novels, or even the affections of a family pet instead of television programmes. As one user commented regarding *Sense8* (Netflix, 2015-18), "[It] had a nearly indescribable effect on me. I was at my lowest point, suicidal low, and it gave me courage when I didn't think I had any left…" (All you need is Sense8, 2018). Another reflected on the reassurance of watching *Law & Order* (NBC, 1990-2010) reruns, stating, "They got me through my grandmother passing, nursing two kids, and most times I just need to check out and find mindless solace in the familiar" (Leigh Graham, 2018). Initially turned to and embraced as a distraction, as a way to imaginatively escape their concerns for a time, the narratives, characters and worlds of these texts were restorative and revitalising. Watching television was/is understood by these individuals as a way to alleviate extreme emotional and psychological pressures and increase their resilience.

Other responses to Kalb's question attested to the soothing effect of television viewing in daily life more generally. The original *Star Trek* (Paramount Television, 1966-69) was celebrated for its familiarity and dependability by a user who experienced "a lot of instability and conflict" during their childhood (Kobayashi Saru, 2018). Watching reruns of *Golden Girls* (NBC, 1985-92) was described by one individual as, "Like being with family that drove you nuts [and you] couldn't be away from because you loved them so much! Comforting, insanely snarky [and] filled with pieces of everyone you know" (MerriweatherSunshine, 2018). Another simply declared *Friends* (NBC, 1994-2004), "Better than therapy" (Rebecca Blokker, 2018). Particular programmes and viewing routines are appreciated then for their continuity and dependability, for providing characters who

come to feel like friends (or family) and worlds as familiar as home. As well as offering entertainment, these texts remedy other concerns. As Kalb herself later suggested, "*Parks and Rec* and *The West Wing* should be recognized by the American Psychiatric Association as effective *treatment* options when used in conjunction with other clinically tested therapies" (Bess Kalb, 2018b, my emphasis). This idea that the viewer treats themselves with television and their viewing sits at the heart of this research. Moreover, in asking about those shows that 'got you through an unbelievably sad time,' Kalb highlights an instinctive awareness among viewers; that television can be used to make us feel better.

In this thesis, I argue that we must reappraise the value of our TV viewing. I argue that television is an overlooked, yet vitally important, resource for comfort in the day-to-day lives of many. Specifically, and as those who interacted with Kalb's tweet evidence, I believe that viewers often use television to respond to emotion and external influences, an attempt to regulate their feelings with what and how they watch. This behaviour might be a conscious or unconscious intervention on their part. Many forms of comfort viewing are borne of habit and sustained through the same old routines, while others are about the viewer knowingly engaging with television and watching specific texts as acts of self-care. In both scenarios, the viewer exhibits some desire to change their current state – be that a state of boredom, dissatisfaction, sadness or vulnerability – and to strengthen their position in their world, which is to say their feeling of "security" (see Silverstone, 1994), satisfaction and belonging.[1] Indeed, TV can allow the viewer time in which to reflect and recover, to be with others (people from real life or that they "know" from the screen) and can reacquaint them with altogether more appealing and rewarding emotions, such as feelings of joy, recognition and reassurance. Viewing is often an instrumental activity, part of a collaboration of discourses and inputs that help to sustain personal continuity in everyday life. As such, TV deserves critical attention beyond its delivery of spectacle, information and entertainment, exploring instead its value as a regular source of comfort in contemporary society.

The work of this thesis is to consider what comfort TV is (or what can make television comforting), to illustrate distinct ways in which TV use contributes to the resilience and wellbeing of viewers and reflect on the effectiveness of this mode of personal care. There is a wealth of criticism which examines resilience and wellbeing as neoliberal concepts, meaning they are terms complicit with the idea of self-governance as a form of

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[1] It should be said that the viewer may also feel happy or contented already, and that television is arrived at to either continue or enhance further these feelings; there need not always be a "deficiency" or lack of positive feeling on the part of the viewer.

"liberation". Looking to their definitions, resilience relates to strength, but also confirms an ability to adapt to change quickly and easily (resilient., 2018), while wellbeing, as well as describing the health, comfort and happiness of an individual is also said to be a reflection of their success (wellbeing., 2018). In both cases, it appears freedom equates with increased personal responsibility and the resilient, healthy or happy individual is one who has succeeded in mastering their own self-care. More precisely, they have learned how to respond to threats in their day-to-day world by necessity, as the uncertainty and complexity of modern life looms large and is positioned as relentless and beyond their control (see Mckeown & Glenn, 2017). The sense of struggle that permeates these concepts, and, indeed, the crux of this thesis being that viewers often rely on TV in the absence of sufficient care from the state or other people, poses broader questions as to the roles of state, society and culture in everyday life and how they should operate; questions for subsequent study. For now, however, it is useful to state that resilience and wellbeing are at once personal, i.e. relating to the self as a continually evolving entity in need of guidance and self-management, and prescribed, i.e. neoliberalism dictates that an individual either has or should attain the capacity to look after themselves (see Skeggs & Wood, 2012).

As well as evidencing how comfort TV contributes to viewer resilience and wellbeing, I wish to ascertain how comfort TV's purpose and effect is understood by viewers, reflecting on various examples of directed and spontaneous television use that result in some feeling of comfort. To satisfy this objective, I designed and completed an original audience research study in collaboration with the NHS. This involved three distinct audience groups, including 5 family units (comprised of 6 adults and 8 children), 10 first-year undergraduate students and 10 hospital patients. These groups were selected as each faced different situations and pressures: everyday life in the domestic context, life away from home for the first time, and life within a medical institution, entirely removed from one's regular day-to-day world. Presenting two in-depth, qualitative case studies involving family units and first-year undergraduate students, and a third utilising survey data from hospital patients, I consider how these audiences typically use, and in many cases rely on, TV for comfort. I also reflect on how relationships with television shift and evolve in light of the changing circumstances of the viewer.

As advised by the College of Arts' Research Ethics Committee (University of Glasgow) and NHS Greater Glasgow and Clyde's sponsor representative, hospital patients were required to complete a written survey only – the intention being that a survey would likely prove less intrusive than a face-to-face interview. The consequence of this prescribed

method, however, is that patient data is more limited and often lacks the detail of family unit or first-year undergraduate students' responses (a combination of qualitative interviews, surveys and participant journals). This being said, I believe that hospital patient participants still offer significant insight as to the current role and perceived value of television viewing in health care, while family unit and first-year undergraduate student data suggest how TV might be employed more knowingly in patient care. In addition, my experience designing and conducting this study with the NHS provides an instructive narrative for future medical humanities researchers. This study's methodology is fully outlined and critiqued in the chapter that follows this one. For now, it is simply important to note that my approach to this topic is holistic, meaning that I am as much concerned with the lives of viewers around and away from their television devices – and how this informs viewing choices and behaviours – as I am with what and how they watch. Informed by a wealth of new data that considers television use *in context* and attests to its therapeutic potential, I assume a 'non-media-centric' approach to media studies and consider media use as part of a "wider quotidian fabric" (Moores, 2018: 7; see also Silverstone, 1994: 2).[2]

In this introductory chapter, I expand on the concept of comfort TV and start to consider why watching television can be an effective response to the stresses and anxieties produced by everyday life. Beginning with definitions of comfort, I suggest that television can be used to positively influence the individual, exploring TV and its texts as 'transitional phenomena' that are relied on to maintain or make better the situation of the viewer (see Silverstone, 1994). Highlighting a number of ways in which television offers comfort – as a familiar presence, an object around which people can gather and interact, a companion whenever we are alone, and so forth – I explain why this sort of engagement with the small screen is problematic in academia and studies of reception. Traditionally, TV is a device and pastime associated with loss and guilt. Prolonged exposure is said to result in loss of control, as viewers become subservient to the power of "things" and additionally, there is loss of identity and choice, as the "unending sameness" of culture industry products subsumes the individual (Adorno & Horkheimer, 2002 [1944]: 106). This results in the loss of drive or vitality, as television is seen to devour free time and cause its viewers to disengage from their own lives and roles in society. While an uneasiness persists as to the cost of viewing – many participants describe feeling guilty or anxious about the volumes of television they consume at the expense of other activities – I argue that watching television can be far more

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[2] First proposed by David Morley (2007, 2009), a 'non-media-centric' approach to media studies is advocated and advanced by Shaun Moores in *Digital Orientations* (2018), essentially arguing for the need to 'de-centre' media research and consider media use alongside of other technologies and activities in everyday life.

productive, rewarding and essential than viewers typically realise. Looking to audience survey data, I then present the principal characteristics of the comfort TV text and a sample of participants' thoughts on the comforts they offer. Finally, I set out the structure of this thesis and key questions I mean to answer upon its conclusion.

Defining Comfort

In suggesting that television is an undervalued yet consistently relied upon resource for comfort, I raise a number of important questions. The most pressing of these appears simple: what is comfort? More precisely, what is comfort in the context of television? The definitions offered in Collins' online English dictionary present a useful starting point, with 'comfort' defined firstly as "what you feel when worries or unhappiness stop" (comfort., 2018a). This reinforces my previous suggestion that watching television can be motivated by an effort to replace existing concerns with something altogether more responsive and satisfying. Doing something 'in comfort' is described similarly as feeling "physically relaxed or contented" and free from "any pain or other unpleasant sensations" (ibid.), suggesting comfort is a state of physical and psychological wellness that often accompanies (or is achieved through) other activities. When it is then attached to people or things, we begin to see comfort is transferable, that the actions or words of other people or the feelings excited by particular objects or recollections can create feelings of relaxation and contentment. Indeed, "If you comfort someone, you make them feel less worried, unhappy, or upset, for example by saying kind things to them" (ibid.). Equally, "If you refer to a person, thing, or idea as a comfort, you mean that it helps you to stop worrying or makes you feel less unhappy" (ibid.). The relationship presented here implies a certain reliance as the worried or unhappy individual is restored or made better by an external object or influence. As opposed to a lack of pain or 'unpleasant sensations', a feeling of relaxation or contentment, the individual is not comfortable to begin with; rather they need *something* or *someone* to help make them so and support their recovery.

Looking to its etymology, the word comfort comes from the Late Latin *confortare*, meaning "to strengthen much" (comfort., 2018b). As well as meaning to "give or add strength to" in Middle English (c. 1300), comfort also meant to "encourage, urge, exhort" (ibid.). There is something appealing in this idea that comfort is the strengthening of a

person, with the reference to encouragement and persuasion perhaps read more appropriately as the comforting object or influence giving the individual confidence and a sense of optimism. Pulling together the strands I have set out thus far, I believe that comfort is principally a sensation, a feeling of being at ease and without worry. Yet, for the individual *in need of comfort*, the person who requires some form of consolation, support and strength (whatever their reason may be), comfort is also a process of sorts and requires action. Whether they choose to surround themselves with objects that make life easier and more pleasant, or draw comfort from other people, ideas, behaviours or routines, the individual means to progress from a state of unhappiness or worry to one of contentment and increased satisfaction. They do this by returning to particular people, places and/or things.

In thinking about optimism and instilling confidence, it is also important to acknowledge that the comfort delivered by other sources is (typically) neither instantaneous nor complete. Instead, it should be said the comforting resource "orientates" (see Moores, 2018: 3-4; see Gorton, 2009: 12) the individual more positively to their position (namely, physical and psychological, but also social and cultural) at that moment in time. It makes possible their restoration and feelings of renewal as it were by shifting their concerns for a while and letting other sensations in. In the context of television, we can say TV facilitates valuable space and time in which to comfort oneself *and* to allow oneself to be comforted by TV. This is to say the viewer, through their behaviour and their decision to spend time watching television in the first place – their receptiveness and attitude towards the small screen – is as vital to any experience of comfort as TV is (the device and its texts). Their presence and/or attention allows TV as the source of comfort to take effect, to introduce an alternative to their current affective state. The viewer might then experience comfort as a feeling of great confidence and contentment, as recognition and understanding, something spectacular and energising, or more everyday and reassuring (comfort can be a multitude of different feelings).

Throughout this thesis, television is presented as an important site for "working through" (Ellis, 2000: 79) personal concerns and performing these efforts of self-care. I invoke John Ellis's term as he similarly suggests that TV provides space and opportunity in which to entertain uncertainty and come to terms with different – and difficult – aspects of contemporary life. According to Ellis, television introduces the viewer at home to "a sense of powerless knowledge and complicity with what we see" (ibid.: 1), to feelings of exposure intensified by intimacy and liveness. As 'witness' to traumatic events (local and international) in TV news programmes and social issues highlighted by talk shows,

documentaries and soap operas, for example, the viewer faces potentially overwhelming information. Yet, Ellis suggests TV is at once an outbreak and remedy for anxiety. Indeed, he proposes television is a "vast mechanism for processing the material of the witnessed world into more narrativized, explained forms" (ibid.: 78). Describing working through as "a process of reconciliation based upon familiarity and repetition-in-difference" (ibid.: 81-82), he argues that television "renders familiar, integrates and provides a place for the difficult material that it brings to our witness" (ibid.: 79-80). In doing so, the medium appears to "care" for its viewers, in the sense that it invites them to engage directly with often complex issues from the security of their own homes – a communal endeavour – before alleviating any concerns generated by offering a form of (temporary) resolution (ibid.: 81-82; see also Scannell, 1996). As Patricia Mellencamp echoes in *High Anxiety: Catastrophe, Scandal, Age & Comedy* (1992), "Television is shock *and* therapy; it both produces *and* discharges anxiety. […] TV administers shock and ameliorates the collective affects, imagined as shared, perhaps uniform" (1992: 85).

In Ellis's paradigm, television makes the outside world familiar and offers understanding at a distance. Viewers are never in danger (physically, at least) as they come into contact with other lives or ways of living and are encouraged to form an opinion of them. Yet, while working through is about "solving" particular issues, in the sense that they are placated and better appreciated by audiences as a result of their viewing and television's modes of presentation, I propose comfort TV is in fact about audiences *working with* television respective of their personal concerns. This is not to suggest television is capable of knowing and reacting to the idiosyncrasies of individual viewers, but rather TV and our viewing are continuous. There is at once a natural momentum and continuity to television as it carries on alongside of the regular viewer's everyday life and becomes an accepted part of their support network. TV is not a 'cure' for trauma or anxiety or discontent – these are sensations that cannot be eradicated permanently from daily life. However, comfort is about the individual influencing how they feel day in, day out by working with television, by using it to excite a positive change or transition that might restore their sense of self or feelings of contentment.[3] Indeed, comfort TV is about the individual engaging with content intended for the many – television speaks both to and for imagined audiences – and experiencing said content as a form of self-care, responsive to their subjectivity that moment. While comfort

[3] As James Friedman describes in *Reality Squared: Television Discourse on the Real* (2002), "The new therapeutic dynamics of consumer culture […] [encourage] people to manage problems, emotions, and fantasies" (2002: 313). He continues, "Therapeutic discourse involves negotiating and working through social subjectivity and does not necessarily involve achieving a specific transformation or effecting a "cure"." (ibid.)

can be textual, a formal aspect of the television text (the comfort of specific actors or personalities, narrative structures, visual and aural aesthetics, and so forth) what becomes apparent is the viewer determines the suitability of available comforts and applies them as needed. In doing so, television becomes idiosyncratic to the individual and the moment(s) where they encounter the comforting text.

Why TV?

The next question I address is more complex: why TV? Having made clear my understanding of what comfort is, this question looks first to our innate need for comfort and support as human beings before considering television's suitability as a source of comfort. Roger Silverstone's *Television and Everyday Life* (1994) emerges as a significant text here as he examines the individual's engagement with everyday life and the various strategies by which they attempt to maintain order and a sense of personal 'continuity' (namely media use and the appropriation of commodities). Central to his research approach are two interrelated concepts: Anthony Giddens' notion of 'ontological security' and D. W. Winnicott's theory of the 'transitional object' (see also 'object relations theory'). According to Giddens, "ontological security refers to the confidence that most human beings have in the continuity of their self-identity and in the constancy of the surrounding social and material environments of action" (1990: 92, cited in Silverstone, 1994: 5). "A sense of the reliability of persons and things" (ibid.), ontological security is subsequently described by Silverstone as an unconscious "kind of faith" (1994: 6) that is "sustained through the familiar and the predictable" (ibid.: 19). As Silverstone explains, the confidence Giddens refers to is "born of experience" as the individual learns how best to "manage, counteract or minimise the various threats and dangers that appear to challenge [them]" (ibid.: 6) in everyday life.

One way the individual is said to manage themselves and the risks and opportunities they face is by structuration, meaning they develop predictable and reliable routines that help to reinforce their sense of trust, confidence and contentment (ibid.: 7). This leads appropriately to the second concept Silverstone employs, that of the transitional object (see also Winnicott, 1953). Originally used by Winnicott to describe the infant's first attachment to a 'not me' object, such as a teddy bear, doll or blanket, Silverstone explains the transitional object is "the object through which the infant begins to distinguish between him/herself and

the mother" (ibid.: 9-10). Anthropologist Elizabeth Chin elaborates in *My Life with Things: The Consumer Diaries* (2016), "The notion of the transitional object posits that infants lack the concept of 'object permanence,' so when the mother is absent, they experience distress, anger, or other negative feelings" (2016: 42). In place of the mother, the infant learns to rely on and "draw comfort from a thing" (ibid.: 45). Silverstone confirms:

> "This object becomes vitally important to the infant for use at the time of going to sleep, and as a defence against anxiety. It becomes a comfort and a comforter. It is taken everywhere, cherished for its familiarity, a magical object embodying the continuities of care but also the infant's emerging powers of creativity." (1994: 9-10)

The transitional object is imbued with intense affection and significance, supporting the infant as they develop and start to recognise themselves as separate from the mother, as an "independent [being] with their own motivations, ideas, feelings" (Chin, 2016: 42).[4] Affirming identity, it is the foundation of their ontological security, the infant's first realisation they need not rely solely on interactions with others for comfort and feelings of security. Reflecting on the status of objects and commodities and their significance throughout the life course, Chin explains they are appreciated for "the solidity and continuity they describe" and their "staying power" (ibid.: 99).

Fundamentally, people need comfort to maintain or restore their sense of security in the world. Learning at a young age to protect themselves by investing mental and emotional energy into the predictable and the familiar, into reliable objects and routines, they seek such catalysts for comfort whenever they find themselves under 'threat'. These objects and routines enable the individual to regain composure and help to alleviate feelings of vulnerability, sadness or anxiety. For Silverstone, TV is one such object, "occupy[ing] the potential space released by blankets, teddy bears and breasts […] and function[ing] cathectically and culturally as [a] transitional object" (1994: 13) in childhood *and* adulthood. As Jo Whitehouse-Hart confirms in *Psychosocial Explorations of Film and Television Viewing* (2014), "Transitional object and transitional phenomena usage are present throughout life and can be utilised in all situations where creativity of thought and perception are needed or to manage anxiety" (2014: 40). According to Silverstone, television prevents

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[4] By "acclimating children toward forming social relationships with objects," Chin describes the provision of security objects as "a foundational moment in creating a commodity fetishist" (2016: 45; see also Debord, 1995). Indeed, "Where commodity fetishism exists, it is commodities that appear to have social lives and social being, not people. […] The things they produce and the things they purchase have acquired all the livingness that people have lost" (ibid.: 24).

the outbreak of chaos by virtue of its constancy and scheduled regularity: "[TV] survives all efforts at its destruction. […] Television is, as many observers have noted, constantly present. It is eternal" (1994: 15). While scheduling is likely less of a concern for contemporary viewership, as the experience of TV has changed with increased use and access to on demand services and increasing platform mobility, viewers still curate their own TV schedules and develop routines which they rely on.

The object – in this case television (device and/or its texts) – will readily satisfy a particular need and is expected to do so again and again. Whitehouse-Hart agrees, stating, "It is the specific combination of text, context and viewing practice or style that designates the use of a text as a transitional object" (2014: 45). For Whitehouse-Hart, the "impact text" will reflect a specific moment in the life of an individual (ibid.: 27). Their arrival in front of the screen and their decision to engage with said TV text will then become a part of the text and its associations in the future, an additional layer evoking their "psychic history" (ibid.: 41-42). More simply, part of our trust and confidence in the transitional object comes from its ability to capture and retain something of ourselves when we use it. Describing objects as "containers for different emotional self-states" and "part of a *cumulative* process of self-elaboration" (ibid.: 43), Whitehouse-Hart explains they are at once reminders of identity and personal progress, things through which we can "elaborate psychic idiom" and "perform emotional work" (ibid.). As opposed to being expressions of taste only, she argues particular television texts become "expressions of character" which the individual can use "spontaneously" and "creatively" to respond to their own "desires, needs and imagination" (ibid.: 41-42).

Returning to the question of 'why TV' and television's suitability as a form of comfort, several important points are raised here. Firstly, television emerges as a medium responsive to individual concern, as a viable "space" for comfort in day-to-day life. On the one hand, this relates to television as a physical device, as a familiar technology often found in the heart of the domestic world. Indeed, television is the object around which people gather and talk, which they look to attentively day after day and share with other people (literally when living with others, but also figuratively with regards to other households watching similar content in a similar way on their own devices). Considered *in context*, this surrogate "member of the family" (Silverstone, 1994: 40) is crucial to how we understand, experience and shelter in the home (literally but also metaphorically in terms of coping with those exterior threats and concerns). Constantly available, its presence can be reassuring,

often activated as an automatic behaviour and appreciated for the normality it suggests. Furthermore, as David Morley describes in *Family Television* (1986):

> "Television can be seen to provide in one sense an alibi, in another sense a context, for encounters between family members, where the content of the television programme they are watching together may often simply serve as a common experiential ground for conversation." (1986: 22)

He continues, "In this kind of instance, television is being used for something which is more than entertainment. It is being used as a focus, as a method for engaging in social interactions with others" (ibid.). That television can be used to encourage familial or social connection in this way is significant, appreciated as a device through which the viewer might stimulate genuine intimacy and affection (see Spigel, 1992: 42).

Thinking more specifically about television as a medium, as this constantly fluctuating arrangement of sound and image onscreen, of story after story, a comforting sense of connection and interaction with others is suggested for the isolated individual. Labelled "para-social interaction" by Donald Horton and Richard R. Wohl (1956: 215; see also Giles, 2002; Wood, 2009), TV is said to create this "simulacrum of conversational give and take" (1956: 215) between personalities onscreen and the viewer at home. While this virtual sense of exchange and reciprocity, of being with people even when we find ourselves alone, is entirely synthetic – "The interaction, characteristically, is one-sided, nondialectical, controlled by the performer, and not susceptible of mutual development" (ibid.) – the viewer might yet rely on these continuing relationships at a distance in place of connections and interactions with real people. Indeed, this is further reinforced by the physicality of our interactions with persons onscreen as we instinctively read their vocal and bodily signals, judge their actions and behaviours based on our own moral codes and values (as we would in real social situations), which then colours our attitudes towards them thereafter. As Horton and Wohl confirm:

> "This intimacy, even if it is an imitation and a shadow of what is ordinarily meant by that word, is extremely influential with, and satisfying for, the great numbers who willingly receive it and share in it. They "know" such a persona in somewhat the same way they know their chosen friends: through direct observation and interpretation of appearance, his gestures and voice, his conversation and conduct in a variety of situations." (ibid.: 216)

Although the viewer can neither speak to nor readily influence those who they come into contact with via their screen, they still react and respond to them instantaneously (their

emotions are triggered and felt), they can be moved by them (for better or worse), and they might learn from or be changed by the encounter. To all intents and purposes, these interactions can feel as vital, inclusive and rewarding as personal exchanges in the real world.

Furthermore, as Stuart Hall explains during his introduction to Morley's *Family Television*, "We enjoy the way the televisual flow is incorporated into the "flows" of everyday domestic life" (1986: vii), as characters, fictions or events enter into the home and become topics for discussion (see also Briggs, 2010). This is to suggest many people feel most 'at home' with TV and that to an extent it *is* their lives; that content becomes real and feels consequential to them, at least for a time. As Helen Wood describes in relation to TV talk shows, "Programmes are alive and in motion in reception contexts" (2009: 4), their meanings "mutually constructed" (ibid.: 178) as viewers elaborate on them through their own discussion and interaction. This sense of consequence and contribution is most obvious in TV talk shows and reality formats as viewers often have a role to play while the text is 'alive' – to talk back, to vote for their favourite contestant, and so on.[5] Yet, I would argue the same can be true of other genres and that viewer involvement does not end with the deactivation of the television set, rather viewers carry resonant narratives, characters and experiences into their lives. As was suggested with *Golden Girls*, *Friends* and *Star Trek* at the start of this introduction, characters and their stories can feel as important as the people we meet and the narratives we encounter in everyday life. In fact, there is potential to experience an even greater sense of knowing and connection with multiple characters over a short period of time than would likely be possible in the real world, an immediacy that can quickly satisfy the viewer's desire for reciprocity and togetherness. In addition, Robert Blanchet and Margrethe Bruun Vaage explain that familiarity with particular characters or TV texts can create a pleasurable feeling of recognition and ease which only increases with time (2012: 23-24). As characters and their behaviours "remain basically unchanged in a world of otherwise disturbing change" (Horton & Wohl, 1956: 217), dedicated viewers are gifted a comforting level of predictability and certainty which is otherwise absent from daily life (see also Klinger, 2006).

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[5] Implicated by social subjectivity, by their position and interactions in society, the viewer performs their identity and value in a way similar to those featured onscreen (see White, 2002). In fact, as Wood highlights with Beverley Skeggs in *Reacting to Reality Television: Performance, Audience and Value* (2012), "We learn to recognise ourselves *through* others" (2012: 69-70, my emphasis); "We are dialogical beings that come into effect through our relations with others. We continually negotiate what Lisa Blackman (2008) calls being 'one yet many'" (ibid.: 69). This is to suggest the talk of television (talk on TV, with TV, and around the device) can be therapeutic and affirming, can provide a sense of community and validity, can help one to feel involved and significant.

Similarly, having suggested that comfort often equates with ease and notions of simplicity, there is an effortlessness and immediacy to small screen engagements – both in terms of how viewers watch and where they typically watch from – that seems to make TV a natural source of comfort. Television allows space for its viewers, or at least those viewers who feel sufficiently catered for by TV broadcasters and/or programme makers; some audiences might feel marginalised by TV and find it more difficult to derive comfort from. In turn, viewers can use television to create (the right kind of) space for themselves, specific to its modes of address, its everydayness, and its memory. They do this in light of subject position or "place" (see Moores, 2018), meaning their physical location, their relationship to said location, how the setting impacts on them that moment, and any other experiences or concerns accumulated. Indeed, place is doubly meaningful as it relates also to an individual's feeling of belonging and of 'being in place', which is to say how confident they feel in themselves and where they are, and how that influences their behaviour. In *Digital Orientations* (2018), Shaun Moores reflects on viewing as a "place-making activity" (2018: 67) and goes on to suggest viewers "dwell imaginatively" in fictional places (ibid.: 68-69). Indeed, he proposes that television texts (and films), when repeated, become sites of meaning in their own right, fictive locations in which the viewer might feel comfortable and safe (ibid.). For Moores, the worlds of *The Simpsons* (Fox, 1989-), *Doctor Who* (BBC, 1963-89; 2005-) or *Grey's Anatomy* (ABC, 2005-) can become as welcoming, reassuring and essential as the places we know and move between in daily life (see also Moores, 2012).

This is a concept which I echo and develop during this thesis, imagining TV texts as inhabitable places; not simply referring to onscreen locations or their realisation, but story worlds in their entirety, including their characters and their relationships, ongoing narratives, and so forth.[6] Specifically, my 'Place' chapter examines the use of television in response to known places and unknown spaces (see Lury, 2005; McCarthy, 2001) in the real world, suggesting TV can instil a powerful sense of place and belonging, of comfort and reassurance, that allows the viewer to exercise greater control over their surroundings and emotions. Considered in this way, the places we know from the small screen, or simply the enticing glow and endless chatter of the television device itself as a familiar "place" synonymous with home, can be called upon and brought to bear on different situations. The comfort text can change how we perceive and experience our circumstances. It is able to

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[6] As Jeffrey Sconce considers in his contribution to *Television After TV* (2004), "The series to spawn the most involved audience communities […] are those that orchestrate a strong and complex sense of community while also leaving a certain diegetic fringe available for textual elaboration" (2004: 95).

inflect our location with the comfort of familiar characters and narratives, and the feelings and/or recollections they inspire (returning to Whitehouse-Hart's idea of texts as 'containers for different emotional self-states'). In effect, comfort TV can channel and redirect emotion and can help to change our understanding of a given setting. Yet, this sort of engagement with television, suggestive of personal and practical value, challenges many traditionally held views about the medium and its effects. Indeed, my conception of comfort TV is somewhat problematic in that it directly opposes television's perceived lack of value historically.

Television and Effects

In many ways, negative attitudes towards television arise from the limited consideration (in number and scope) and over simplification of what audiences *do* with TV. More precisely, the effects of television (on infants and families, society and culture) and the processes of engagement are relatively well served by reception studies' scholars. On the other hand, viewer motivation and the personal value of small screen encounters – TV's ongoing contribution to their resilience and wellbeing – are frequently overlooked.[7] Emphasis is placed on *how* audiences watch, and sometimes why they ought not to, as opposed to *why* the individual turns to television to begin with and the significance of the relationships they develop with particular texts. In part, this is borne of the effects tradition and the Frankfurt School's "'hypodermic' model of the media" (Morley, 1992: 41), which proposed that the culture industry possesses "the power to 'inject' a repressive ideology directly into the consciousness of the masses" (ibid.).

Drawing on Marxist social theory towards the end of World War II, philosophers Theodor Adorno and Max Horkheimer held the culture industry to account for its commodification and devaluation of art in *Dialectic of Enlightenment* (2002 [1944]). According to the pair, the culture industry disciplines and controls consumers by creating

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[7] Some notable exceptions include: Christine Geraghty's *Women and Soap Opera: A Study of Prime Time Soaps* (1991), Roger Silverstone's *Television and Everyday Life* (1994), Shaun Moores' *Satellite Television and Everyday Life* (1996) and *Digital Orientations* (2018), Paddy Scannell's *Radio, Television and Modern Life* (1996), David Gauntlett and Annette Hill's *TV Living: Television, Culture and Everyday Life* (1999), David Giles' *Media Psychology* (2003), Barbara Klinger's *Beyond the Multiplex* (2006), Misha Kavka's *Reality Television, Affect and Intimacy* (2008), Matt Briggs' *Television, Audiences and Everyday Life* (2010), Jo Whitehouse-Hart's *Psychosocial Explorations of Film and Television Viewing* (2014).

and sating desire for hollow, mass produced cultural products (ibid.: 115-16). These products most often provide a model of sorts for consumer behaviour with displays featuring mediated versions of other members of society, their concerns, aspirations, buying habits and so forth. Their "unending sameness" (ibid.: 106), whether packaged as films, TV programmes or radio shows, is said to render consumers 'passive', bringing them to a literal standstill as they engage with and invest in variations of the same product ad infinitum. Indeed, Adorno and Horkheimer claim that the "schematic nature" of mass production means "products are all ultimately the same" – an observation inspired by the automotive industry which the pair apply to film production companies – differentiated only by "enthusiasts" who "perpetuate the appearance of competition and choice" (ibid.: 97). Describing "the incurable sickness of all entertainment," they state, "The spectator must need no thoughts of his own: the product prescribes each reaction" (ibid.). Encouraging disengagement from reality and subservience to the power of things, the products of the culture industry are positioned as corrosive to both individual and society.[8]

This concern with effects and the susceptibility of consumers manifests in a variety of TV-centric texts, from Marie Winn's *The Plug-In Drug* (1985), which proposes TV is "an irresistible narcotic" (1985: 12) for parents and children (administered to grant a few hours' relaxation),[9] to Neil Postman's *Amusing Ourselves to Death* (2005), which considers how TV not only "pollutes" the content of our culture (2005: 28-9), but has "gradually *become* our culture" (ibid.: 79). Indeed, scrutinising television's impact on public discourse in contemporary America, Postman states:

> "Television offers viewers a variety of subject matter, requires minimal skills to comprehend it, and is largely aimed at emotional gratification. […] What I am claiming here is not that television is entertaining but that it has made entertainment itself the natural format for the representation of all experience." (ibid.: 86-7)

In both examples, television is maligned as "dangerous" (ibid.: 27) and "destructive" (Winn, 1985: 8), a technology of deception, which is to say there is a deceptive simplicity to all TV viewing. For Postman, TV as spectacle and entertainment has shifted expectations of culture and society, not simply in terms of how each is thought about and experienced,

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[8] In *Society of the Spectacle* (1995), Guy Debord similarly bemoans our continuing withdrawal into cultural assets and performance of "trancelike behaviour" (1995: 17).

[9] A metaphor which Jason Mittell unpacks further in 'The Cultural Power of an Anti-Television Metaphor' (2000), emphasising that "television is often constructed as a scapegoat for social ills, much like drugs have been used for many years" (2000: 235).

but also the individual's position and purpose within them.[10] Indeed, "Television is our culture's principal mode of knowing about itself. Therefore […] how television stages the world becomes the model for how the world is properly to be staged" (Postman, 2005: 92).

Similar concerns present in Winn's *The Plug-In Drug*. Writing about American commercial culture in the 1980s and its impact on family life, she explains how TV in fact limits the child's understanding of, and their involvement in, the world. Arguing that TV "helps to perpetuate dependency" (1985: 7) in young children, Winn considers the medium a convenient but constraining resource. Denying children the opportunity to "work out basic […] relationships, thereby coming to understand themselves" (ibid.: 7), television is seen to supplant the value of 'real-life activity' and interaction. Specifically, Winn considers that parents, who regularly "overemphasise the importance of content" (ibid.: 10-11), fail to recognise that young viewers do not have the same "vast backlog of real-life experiences" (ibid.) with which to contextualise their viewing. As a consequence, television becomes the child's reality, and the real world simply an 'echo' of the one found on TV. Reiterating the one-way flow of information from screen to spectator and how little it demands of younger viewers – "living in a holding pattern […] passing up the activities that lead to growth or development or a sense of accomplishment" (ibid.) – Winn concludes that watching television is addictive, that it 'weakens' relationships, and, like all addictions, it consistently fails to sate the viewer's appetite, leading to yet more viewing.

Robert Kubey and Mihaly Csikszentmihalyi (1990, 2003) scrutinise further the addictiveness of TV. In their article 'Television Addiction is No Mere Metaphor', they attempt to unpack the 'love-hate relationship' that many people appear to have with TV, describing "the medium's hold on [its viewers]" (2003: 50). Less critical of television or its contents, Kubey and Csikszentmihalyi take issue instead with viewer behaviour, arguing greater "knowledge of how the medium exerts its pull may help heavy viewers gain better control over their lives" (ibid.). To evidence this, they surveyed a sample of viewers and used their data to expose and disprove commonly held attitudes about the effects of viewing.[11] Their findings suggest that dependency on television (specifically the act of viewing, as opposed to what is watched) most often develops when viewers come to

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[10] "What I mean to point out here is that the introduction into a culture of a technique such as writing or a clock is not merely an extension of man's power to bind time but a transformation of his way of thinking – and, of course, of the content of his culture. And that is what I mean to say by calling a medium a metaphor" (Postman, 2005: 13-14).

[11] Utilising the Experience Sampling Method (ESM), Kubey and Csikszentmihalyi used beepers to signal participants six to eight times per day over a period of seven days, at which point participants would note what they were doing/how they felt using a standardised scorecard (2003: 50-1).

associate the device with relaxation and use it regularly to escape daily life. The instantaneous feeling of relaxation experienced when viewing commences, combined with the stark disconnect felt once the TV device is switched off, is said to reinforce the "viewers' vague learned sense that they will feel less relaxed if they stop viewing" (ibid.: 51). Although watching television can bring about a feeling of easement and passivity, Kubey and Csikszentmihalyi contend that this can only be "beneficial in limited doses" (ibid.: 55). More often, television is seen to perpetuate negative feeling. Viewing begets more viewing, reportedly diminishing any sense of reward, and 'unstructured' time away from the screen (especially when viewers are alone) causes heavy viewers to feel "significantly more anxious and less happy" (ibid.: 53).

Contemporary studies of the effects of TV bingeing have started to challenge this assumption of waste and/or loss associated with prolonged viewing, however, including Lisa Perks in 'Media Marathoning and Health Coping' (2019). In the interest of 'neutrality', Perks employs the term 'media marathoning' as an alternative to 'binge watching', analysing how a dozen people dealing with "cognitive constraints or decreased cognitive opportunities, physical limitations, dysphoric moods, and social isolation" (2019: 31) used media as a form of distraction and means of physical and emotional recuperation. Providing "evidence that media marathoning was used as a coping tool that enabled cognitive, emotional, and physical regulation" (ibid.), Perks reveals that all 12 participants stated, "They would recommend media marathoning to a person going through the same health struggle as they had" (ibid.: 32). This indicates that, depending on the situation of the individual, 'binge watching' can have practical value, helping to improve quality of life and wellbeing more generally (see also Tukachinsky & Eyal, 2018; Horeck, Jenner & Kendall, 2018).

Television and Value

At the heart of the effects movement, then, is this presumption that television is (mostly) bad, that devoted viewers are powerless and have fallen prey to its discourses, that its influence undermines hearth and home. Watching TV is rarely considered a productive or meaningful activity, but rather an exercise in loss, with television supposedly taking from viewers and offering them little in return for their attention and affection. Although understanding of the viewer's role as they watch, that is to say the 'activeness' of the activity

as they receive and interpret content and contribute to its meaning, has evolved considerably (see Hall, 1980; Fiske, 1987; Morley, 1992 & 2006),[12] there is a dearth of literature pertaining to the positive value of TV viewing, to what the viewer might gain from watching in the first place. Jay G. Blumler and Elihu Katz's argument for a uses and gratifications approach to television is one notable exception here, exploring the idea of media use in response to human needs (1974: 30; see also Halloran, 1970). Describing the 'intentionality' of all audience activity (Blumler, 1979: 13-14), they suggest that small screen encounters stem from a need 'to be connected', either to oneself or to 'different kinds of others' (1974: 23). Viewing is seen to be active and motivated, "a form of problem solving" (Whitehouse-Hart, 2014: 7-8), and as such implies a purposefulness to viewer behaviour, driven by any number of "social and environmental circumstances" (ibid.: 26-7; see also Giles, 2003: 18-25). Blumler and Katz confirm: "Our position is that media researchers ought to be studying human needs to discover how much the media do or do not contribute to their creation and satisfaction" (ibid.: 30).

However, critics of uses and gratifications theory find fault in its limited depth and grandiose claims around viewer autonomy (the conscious use of TV as a form of problem solving) and the malleability of 'the message'. As Morley argues, television's message cannot help but be 'structured in dominance' due to the nature of its production (1992: 47-48): "The moment of 'encoding' thus exerts, from the production end, an 'over-determining' effect (though not a fully determined closure) on the succeeding moments in the communicative chain" (ibid.). In addition, uses and gratifications assumes the availability of content responsive to the needs of viewers (ibid.). As Kristyn Gorton notes in *Media Audiences: Television, Meaning and Emotion* (2009), this implies that "the media is capable of knowing what audiences want and is therefore able to give it to them" (2009: 6). Yet, the reality of viewer psychology is immensely complex, as are the ways in which programmes are produced, transmitted and received in context. Finally, there is a specificity inherent to

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[12] John Fiske argues it is the viewer who activates the television text and gives its content meaning in relation to their subject position and ways of understanding. He explains, "Television and its programs do not have an 'effect' on people. Viewers and television interact" (1987: 19). The viewer is seen to be an 'active agent', as opposed to a 'passive dupe', transforming TV into something of value. Yet, Morley challenges Fiske's approach, stating it "exaggerate[s] and wrongly romanticize[s] the supposed power and freedoms of media consumers" (2006: 102-3). Instead, Morley favours Hall's encoding and decoding model (1980). It describes the cyclical way messages are constructed by programme makers, positioned as meaningful discourse, deciphered by audiences, and subsequent productions then informed by the audience's reception and response. Hall explains, "Before [a] message can have an 'effect' (however defined), satisfy a 'need' or be put to a 'use', it must first be appropriated as meaningful discourse and be meaningfully decoded" (1980: 119). He continues, "It is this set of decoded meanings which 'have an effect', influence, entertain, instruct, or persuade, with very complex perceptual, cognitive, emotional, ideological or behavioural consequences" (ibid.).

all uses and gratifications research, "concerned inappropriately with the mental states of individuals" (Whitehouse-Hart, 2014: 7-8) and the use of television to sate some particular need or desire, which means that findings cannot be scaled and applied readily to other texts, groups or cultures (Giles, 2003: 187-188).

In this thesis, I argue for uses and gratifications' redemption (to a certain extent), presenting audience data that evidences ways in which television responds to the needs of its viewers. Specifically, I call on Whitehouse-Hart's consideration of television as *psychosocial* – Whitehouse-Hart uses object relations theories in order to explore what happens in the "space where the 'world of the text' and the 'world of the reader' meet" (2014: 11) – and her examination of TV use to resolve "emotional issues and identity conflicts" (ibid.: 75).[13] For now, however, I contend rather simply that the theory's principal issue is one of ambition. Uses and gratifications comes unstuck when it suggests *all* viewing is intentional and goal-oriented. To account for every form of viewing behaviour – where each need originates from, how it is recognised by the viewer, then satisfied (or not) by television – is unachievable. Equally, arguing every TV encounter is motivated denies unconscious thought and Moores' appealing notion that "media users and others knowledgeably feel their ways, habitually yet responsively, through everyday environments" (Moores, 2018: 2-3). TV use is often unstructured and sporadic, instinctive and 'felt', that is to say the viewer is not always in control in the way uses and gratifications implies but is finding their way; their approach to television is speculative and viewing outcomes uncertain. Indeed, watching television is more nuanced and subtler, intimate and personal than is typically acknowledged in audience research, making subjective value (or TV's 'use' value) problematic. We each develop our own hierarchies of value, prioritising some people, places, commodities and experiences over others. These subjective estimations of importance evolve throughout the life course, as changing circumstances create different perspectives and invite continual reappraisal of our personal needs from moment to moment.

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[13] For instance, Blumler and Katz note that media can satisfy a need for 'reassurance', "seeking reinforcement of one's attitudes and values," a need for 'self-esteem', using "fictional (and other) media materials for 'personal reference'," or a need to "release tension and reduce anxiety" (1974: 24), serving as a form of escape. It is worth mentioning I investigated affect theory for a time and the development of our emotional selves – i.e. the amplification and expression of the motivating drive signals given out by the body that tell us, and others, how we feel (Tomkins, 1992: 6; see also Ahmed, 2010; Highmore, 2010). As Misha Kavka reminds us, television is "a product of intimacy, a machine that functions by drawing viewers *close*" (2008: 5); "a point of contact to others" and an "affective means by which people 'get to know…other people'" (ibid.: 10). However, aside from reinforcing theories around the performance of learned behaviours as a means to safeguard individual wellbeing, this body of work proved to be of limited value in my research.

Valuing Television

Our appreciation of what television actually is has become blurred in recent years. Several times during this study, participants asked for clarification as to what "counts" as TV: does all content viewed on a television set instantly become televisual? Equally, if watching programmes on other devices, like smart phones, laptops and tablets, does that mean they are no longer TV? What about DVD box sets or episodic content produced for streaming services such as Netflix, Now TV or Amazon Prime Video? Platform mobility and increased agency with regards to the viewer's ability to bypass advertisements and less valued forms of entertainment have undoubtedly changed what it means to watch television. TV has moved beyond the restrictions of a singular device and programme schedules (though audience data indicates many viewers still engage with television in more 'traditional' ways),[14] and in doing so has become more intimate and its texts more knowable. In *Legitimating Television* (2012), Michael Z. Newman and Elana Levine consider TV's increasing cultural value and how this has been inspired by evolving technologies and the coming together of media in an era of convergence (2012: 4), along with the commodification of some televisual forms, like serialised drama, at the expense of others.[15] Newman and Levine suggest that increased agency has altered our perception and appreciation of television:

> "Now that [users] are in control of their viewing, watching television is rehabilitated as a productive and respectable way to spend leisure time, and television programs are seen to improve to match the newly legitimated ways of viewing." (ibid.: 130)

Indeed, with control comes choice, which is to say contemporary viewing often appears more valuable (productive) and is more responsive to the needs and desires of the individual. Much of Newman and Levine's thinking relates to Derek Kompare's "publisher" model (2006) and how "technologies of agency" such as DVRs and DVD players encouraged viewers to assume the roles of "archivists" and curate their own collections of satisfying texts (ibid.: 139). Made collectible, these technologies enabled the television text

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[14] Most family units indicated that they still watch TV together frequently via their television sets, with only one family unit (FU3) – a 33-year-old single father and his 14-year-old son – tending to view TV programmes on desktop or laptop computers. This would usually occur individually, though their viewing could overlap at mealtimes (FU3, interview 1). Similarly, students would often gather in their living rooms or TV rooms in shared accommodation to watch "event TV", like *Game of Thrones* (HBO, 2011-) or *Planet Earth II* (BBC, 2016), or even "something passive, something easy" (FU5, interview 1) like *First Dates* (Channel 4, 2013-), during which they could chat.

[15] "Convergence-era discourses of legitimation make particular programs, styles, technologies, or practices the exceptions to the rule of television as a whole. […] They can only achieve their stature by lending credence to the long history of the TV-as-corrupter-of-all-that-is-good theme." (Newman & Levine, 2012: 18)

"to be arrested and repeated, to be saved for later, and most of all to be appreciated as an object of intricacy, richness, complexity and beauty" (ibid.). The commodification of culture which Adorno and Horkheimer disparaged has in fact elevated TV's cultural status.

While technology has evolved even further since – DVD culture is in steady decline, replaced by digital downloads, streaming/on demand services and 'online TV' – the sense of ownership and personal value that became attached to television content in this time persists.[16] We now recognise the quality of (some) television, we cherish many TV texts as they become expressions of identity and "objects" of intense affection, and as transitional phenomena we can call upon in an instant, we trust them to bear the weight of our experiences again and again. While our ability to influence 'the message' remains relatively unchanged, this present era of abundance, choice and instant delivery means we can be highly specific in selecting the message most likely to respond to our needs. Although, as Mareike Jenner suggests in *Netflix and the Re-invention of Television* (2018), a streaming service "may not schedule in the sense of linear broadcasting, but it strongly urges, or in the terminology of data science, nudges viewers to make certain choices" (2018: 119). Just as particular genres of TV are now elevated and celebrated, appreciated as artforms of cultural significance and value, throughout this thesis I offer participant data that attests to the personal value and importance of specific television texts and viewing routines. It becomes clear TV is not always *just* entertainment, but rather can be an essential means of regulating emotion and can instil a vital sense of confidence and support in the viewer. As academics, we need to evolve our thinking and acknowledge more openly television's meaningful contribution to the emotional resilience of many of its viewers. There are programmes which become lifelines of a sort, which serve as reminders of identity or as joyful distractions, creating opportunities for relaxation and laughter and moments of togetherness. There are TV shows which offer predictable rewards, rewards that their viewers come to relish and savour, which they can utilise more knowingly to impact how they feel and which they come to rely upon. All of which leads me to the comfort texts selected by the 34 participants in this study and my assessment of the principles they share.

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[16] Catherine Johnson defines online TV as "services that facilitate the viewing of editorially selected audiovisual content through internet-connected devices and infrastructure" (2019: 53).

Comfort TV Texts

The tables that follow feature data taken exclusively from the initial surveys completed by study participants. The reason for this is that the survey presented the best opportunity in which to ask all participants to identify explicitly their personal comfort text with the question: 'What is your go-to comfort TV show, i.e. the one that you know will always make you laugh like no other, help you relax, have a good old cry, or make you feel good?'[17] Although further comfort texts were identified through the process of research, in interviews and journals, they were offered by participants at different junctures and in response to various questions, usually in the form of anecdotal accounts of prior TV use or enduring routines. In addition, as a result of the methodology agreed with the NHS Research Ethics Committee, hospital patients could not be afforded the same time as family units or first-year undergraduate students to provide such data, as I was restricted to the completion of a written survey only (see Chapter 2: Methodology). Accordingly, I rely on survey data to initiate this introduction to the comfort TV text and best represent the tastes and practices of each audience group.

With this in mind, the following table presents all 34 participants' responses to the aforementioned survey question. As well as participant IDs and programme titles, the table includes programme genres for all texts, as perhaps the most immediate means of differentiating content. Recalling Steve Neale's explanation of genre as 'repetition and difference,' Brett Mills argues in *The Sitcom* (2009) that all genres "work within a context of similarities" (2009: 26). He continues, "All media texts must be similar enough to existing ones to be understood, while different enough from existing ones in order to be interesting" (ibid.). Consequently, the coherence and consistency of genre should aid this initial appraisal of the comfort texts offered by participants and the qualities they share.

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[17] As surveys were tailored for different groups, it should be noted this question was asked at different points in their surveys; question 17 for family units and first-year undergraduate students, and question 25 for hospital patients. While the question suggests a number of possible effects and affects from the viewer's interaction with particular television texts – written with the intention of encouraging them to think actively about how different programmes make them feel – comfort TV is framed at once as a positive and reliable stimulus. Moreover, the question was asked without inviting consideration of the participant's immediate situation, i.e. no mention was made to students starting university, hospital patients responding to a need for care, nor families engaging in cyclical routines. This is not to say social and environmental factors and participant subjectivity did not impact their responses, but that participants were invited to consider their viewing preferences simply as independent individuals, as opposed to individuals in prescribed viewing, domestic or institutional contexts.

Table 1.1: Comfort TV Texts (Participant Surveys)

Participant ID	Comfort TV Text	Programme Genre
FYUS01	*In the Flesh* (BBC Three, 2013-14)	Supernatural drama
FYUS03	*Jane the Virgin* (The CW, 2014-)	Comedy drama
FYUS04	*The Office* (NBC, 2005-13)	Comedy
FYUS05	*Friends* (NBC, 1994-2004)	TV sitcom
FYUS06	*Flight of the Conchords* (HBO, 2007-09)	Comedy/music
FYUS07	*The Crystal Maze* (Channel 4, 1990-95; 2016-)	Game show
FYUS08	*Friends* (NBC, 1994-2004)	TV sitcom
FYUS09	*Shadowhunters* (Netflix, 2016-)	Supernatural drama
FYUS10	*The Simpsons* (Fox, 1989-)	TV sitcom
FYUS11	*South Park* (Comedy Central, 1997-)	TV sitcom
FU1.1	*Gogglebox* (Channel 4, 2013-)	Reality TV
FU1.2	*The Graham Norton Show* (BBC, 2007-)	Chat show
FU1.3	*IISuperwomanII* (Lilly Singh, YouTube)	Vlog
FU1.4	*Steven Universe* (Cartoon Network, 2013-)	Animation/drama/fantasy
FU2.1	*Frasier* (NBC, 1993-2004)	TV sitcom
FU3.1	*Looney Tunes* (Warner Bros., 1930-69)	Animated comedy shorts
FU3.2	Did not identify a specific comfort TV show	n/a
FU4.1	*Saturday Kitchen* (BBC, 2002-)	Cookery
FU4.2	*Still Game* (BBC, 2002-07; 2016-)	TV sitcom
FU4.3	*Impractical Jokers* (Comedy Central, 2011-)	Comedy/hidden camera show
FU4.4	*Friends* (NBC, 1994-2004)	TV sitcom
FU5.1	*Frasier* (NBC, 1993-2004)	TV sitcom
FU5.2	*Friends* (NBC, 1994-2004)	TV sitcom
FU5.3	*The Next Step* (CBBC, 2013-)	Teen drama
HP01	*The Big Bang Theory* (CBS, 2007-)	TV sitcom
HP02	*Friends* (NBC, 1994-2004)	TV sitcom
HP03	*Only Fools and Horses* (BBC, 1981-2003)	TV sitcom
HP05	*Still Game* (BBC, 2002-07; 2016-)	TV sitcom
HP06	*QI* (BBC, 2003-)	Quiz show

HP08	*River City* (BBC, 2002-)	Soap opera
HP09	*EastEnders* (BBC, 1985-)	Soap opera
HP10	*The Grand Tour* (Amazon Video, 2016-)	Entertainment/factual
HP11	*Coronation Street* (ITV, 1960-)	Soap opera
HP12	*The Chase* (ITV, 2009-)	Quiz show

What immediately stands out when surveying this table of 33 television shows (participant FU3.2 failed to identify a preferred comfort text) is the predominance of comedy-related content.[18] Indeed, 55% of TV programmes listed are comedy genres (18), with 39% of shows being sitcoms (13). By contrast, 24% of texts are drama-related (8), including soap operas, animation, teen drama, supernatural dramas, and comedy drama (please note, as *Jane the Virgin* is a comedy drama, I have included it in both comedy and drama categories here).[19] The remaining 24% of comfort TV shows identified are best classified as non-fiction formats (8), including quiz shows, reality TV, a chat show, cookery programme, game show, entertainment/factual, and a continuing YouTube series (all are repeated formats). Notably, many of these non-fiction texts still feature comedic elements, however, including semi-factual car review series *The Grand Tour,* quiz show *QI*, hosted by comedian Sandi Toksvig and featuring a panel of well-known performers in the UK comedy circuit, Graham Norton's self-titled celebrity chat show, and ITV's tea-time quiz series *The Chase*, hosted by actor and comedian Bradley Walsh.

Comedy-based programming accounts for 70% of student participants' texts and 54% of texts preferred by family unit participants.[20] While 40% of hospital patients' selections are sitcoms, however, participants appear to favour soap operas (30%), quizzes (20%), and entertainment/factual genres instead. This might be due to the volumes of content viewed by many of the unemployed and retired patients outside of hospital – out of a total of 10 patients, 4 are unemployed, 4 are retired, 1 is in full-time education and 1 is self-employed as a joiner – and the availability of particular programmes.[21] With the exception

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[18] FU3.2's response: "Not sure, probably one that makes me binge watch it."

[19] As a result of *Jane the Virgin* being featured twice, once as a comedy-related text and once as a drama-related text, the combined percentage of all comfort TV texts here totals 103%, as opposed to 100%.

[20] 30% of comfort TV texts identified by first-year undergraduate students were drama-related (once again, *Jane the Virgin* was included in both drama and comedy categories here), and 10% non-fiction. For the family units, only 15% of texts were drama-related (*Steven Universe* and *The Next Step*), while 31% were non-fiction texts.

[21] Of the 10 hospital patients, 4 retirees (3 males and 1 female) and 2 unemployed males over 55 illustrate a greater reliance on TV as a comforting resource, with all but one stating they watch television at home on average for over 6 hours a day. By comparison, younger, unemployed females and those who are employed

of *The Grand Tour*, which is exclusive to Amazon Prime Video, the drama and non-fiction content identified is broadcast on BBC One, BBC Two, or ITV, and adheres to a reliable daily or weekly schedule, possibly helping structure routines in the domestic context. Nevertheless, comedy emerges as a key criterion for the comfort TV text, its prevalence reinforced by the fact that 90s/00s sitcom *Friends* was the most popular comfort text identified by the survey (5).

Indeed, asked to account for their selection of comfort TV text in the question which followed this one,[22] a number of participants highlighted the significance of humour and comedy value to them, as well as light subject matter and notions of ease. For instance, having identified *Looney Tunes* as his comfort TV text, this 33-year-old father and online merchant says, "It's funny, straightforward exaggerated humour that's not meant to be real" (FU3.1), while this 18-year-old male (FU4.3) says of US hidden camera show *Impractical Jokers*, "It is very funny and light-hearted." This appreciation of simplicity and lightness of touch is echoed by this 44-year-old father of two (FU5.2), who says of *Friends* (as well as US sitcoms *Frasier* and *The Big Bang Theory*, for that matter), "Lots of series to choose from/short episodes/light hearted and easy to watch." His wife, aged 43, concurs, stating she selected *Frasier* as her go-to comfort text because, "I just know that it will always make me laugh out loud" (FU5.1). Considering his choice of classic British sitcom *Only Fools and Horses*, this 59-year-old male hospital patient explains, "It's really funny, worth watching again. It's one of those shows you never tire of" (HP03). Finally, having identified US animated sitcom *South Park* as his comfort text of choice, this 18-year-old male, a first-year engineering student, notes, "Same great humour, same great message, same [be]loved characters that have been part of my life and my older sister's life for a long time" (FYUS11).

Comedy, especially the traditional sitcom – studio-based, brightly lit, filmed with multiple cameras, and featuring the characteristic laughter track – presents as 'straightforward', reliable and repeatable. There is an inherent sense of continuity and journey with such texts. Viewers often share long histories with them, accumulating meanings and circulating memories over time. The predictability of the traditional sitcom and its characters negates any sense of risk, of potential for any disappointment or discomfort. If anything, predictability can enrich its comfort value and make particular

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or in education watch on average between 2-4 hours each day. Notably, the self-employed joiner (HP10) and the patient in full time education (HP08) state their viewing increased as a result of being in hospital.

[22] 'Why do you think that is your favourite feel-good text'; question 18 for first-year undergraduate and family unit participants, question 26 for hospital patients.

moments more rewarding, reinforcing comedy value and promoting 'grown up' interaction. As this female student, aged 18, says of *Friends*: "It is easy to watch, I have seen every episode, so don't need to worry about missing parts, it is reliable because it's always on and I love all the characters. Plus, it still makes me laugh" (FYUS05). Her peer, a 24-year-old male, similarly justifies his selection of *Friends*, stating: "Because I can predict exactly what each character is going to say next, nothing too dark happens and all the characters are generally good people" (FYUS08). In addition, comedy television texts are comparatively short and self-contained. Their narratives are typically resolved by the end of each episode, placing minimal obligation on the viewer and guaranteeing closure.

There is also a distinct social and participatory dynamic to the vast majority of comfort TV programmes identified by all participants, including those series which are comedy-based. They are all television texts which either feature depictions of familial interaction and social dynamics, which stir some sense of involvement (fictitious or otherwise) and feelings of community, or which viewers share with others and develop social routines around. For example, the comfort texts identified by the fourth family unit, with the exception of *Saturday Kitchen* – which was seemingly savoured by the mother alone (FU4.1) – are all shows that participants later expressed they enjoy viewing together. While *Friends* emerged as a staple for the whole family, Scottish TV sitcom *Still Game* and *Impractical Jokers* are texts which the father of the family and his sons share, and which (consciously or unconsciously) create a time and space exclusively for them. Similarly, the father of the first family unit (FU1.2) justified his selection of *The Graham Norton Show*, which he and his wife watch together every Friday night, stating, "[It's] because we share it; I wouldn't watch it on my own. We talk about it. It brings us together at the end of the week, tells us it's the weekend and we'll be together till Monday morning." Particular texts are appreciated, then, for their wider significance and all that they come to represent (a sentiment largely imparted by the viewer), whether that is signalling the arrival of time for family, leisure or rest, or in providing opportunities to gather on an evening and be entertained as a group.

As a further point of comparison, I invited all 34 participants to identify their *favourite* texts, as opposed to their most comforting, with the question: 'What is your favourite TV show?'[23] They selected the following programmes:

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[23] Again, this question was asked at different junctures in the surveys; question 4 for family units and first-year undergraduate students and question 7 for hospital patients.

Table 1.2: Favourite TV Texts (Participant Surveys)

Participant ID	Favourite TV Text	Programme Genre
FYUS01	*Hannibal* (NBC, 2013-15)	Horror/thriller
FYUS03	*American Horror Story* (FX, 2011-)	Horror/thriller
FYUS04	*Friends* (NBC, 1994-2004)	TV sitcom
FYUS05	*Game of Thrones* (HBO, 2011-)	Drama/fantasy
FYUS06	*Twin Peaks* (ABC, 1990-91; 2017)	Drama/crime/mystery
FYUS07	*The Crystal Maze* (Channel 4, 1990-95; 2016-)	Game show
FYUS08	*Lost* (ABC, 2004-10)	Drama/mystery/supernatural
FYUS09	*Skam* (NRK, 2015-17)	Teen drama
FYUS10	*Shameless* (Showtime, 2011-)	Comedy drama
FYUS11	*It's Always Sunny in Philadelphia* (FX, 2005-)	TV sitcom
FU1.1	*Gogglebox* (Channel 4, 2013-)	Reality TV
FU1.2	*Doctor Who* (BBC, 1963-89; 2005-)	Drama/science fiction
FU1.3	*Stranger Things* (Netflix, 2016-)	Drama/supernatural
FU1.4	*BoJack Horseman* (Netflix, 2014-)	Comedy drama (animated)
FU2.1	*Death in Paradise* (BBC, 2011-)	Drama/crime
FU3.1	*Sherlock* (BBC, 2010-)	Drama/crime
FU3.2	*Game of Thrones* (HBO, 2011-)	Drama/fantasy
FU4.1	*Air Crash Investigation* (National Geographic Channel, 2003-)	Documentary
FU4.2	*Judge Judy* (CBS Television, 1996-)	Reality TV
FU4.3	*Homicide Hunter* (Investigation Discovery, 2011-)	Documentary
FU4.4	*Friends* (NBC, 1994-2004)	TV sitcom
FU5.1	*Holby City* (BBC, 1999-)	Drama/medical
FU5.2	*Friends* (NBC, 1994-2004)	TV sitcom
FU5.3	*The Next Step* (CBBC, 2013-)	Teen drama
HP01	*The Walking Dead* (AMC, 2010-)	Drama/horror
HP02	*Friends* (NBC, 1994-2004)	TV sitcom
HP03	TCM (Old Westerns)	Westerns
HP05	*The Antiques Roadshow* (BBC, 1979-)	Entertainment/factual
HP06	*The Train Now Departing* (BBC, 1988)	Documentary

HP08	*Hollyoaks* (Channel 4, 1995-)	Soap opera
HP09	*EastEnders* (BBC, 1985-)	Soap opera
HP10	*The Grand Tour* (Amazon Video, 2016-)	Entertainment/factual
HP11	*Silent Witness* (BBC, 1996-)	Drama crime
HP12	*Tipping Point* (ITV, 2012-)	Quiz show

Radically contrasting with the selection of comfort texts, only 21% of the 34 programmes identified as favourites were comedy-based (7), with just 15% being TV sitcoms (5). Instead, 59% of favourites were drama-related (please note, as *Shameless* and *BoJack Horseman* are comedy dramas, they feature in both categories),[24] including horror/thriller genres, fantasy, crime, supernatural, teen drama, science fiction, medical drama, comedy drama, and soap operas. One participant (HP03) said his favourite texts are classic Western movies broadcast regularly on TCM, as opposed to identifying a specific programme. Non-fiction TV favourites accounted for a comparable 26% of texts (9), with documentaries, quiz shows, entertainment/factual, reality TV, and one game show. This inversion of the popularity of comedy-based texts with drama genres is useful, suggesting comfort shows allow for different modes of attention and often feature 'lighter' performance styles, aesthetics and content. TV favourites appeal instead to a desire for drama and uncertainty, and, in most cases, are texts which necessitate close attention and encourage isolated viewing (perhaps through fear others might detract from or disrupt them).

I am drawn to Paddy Scannell's thoughts on 'concern' here, where he states in *Radio, Television & Modern Life* (1996): "That things matter for us (no matter what), the ways in which they matter and the extent to which they do so, mark out the boundaries of our concerns. [...] Concern is being caught up in. It is engagement with, involvement in" (1996: 144-5). This is the key distinction between favourite television and comfort TV, as favourites stir in the viewer a more explicit feeling of enthusiasm and anticipation. In effect, the viewer is more keenly aware of their concern for favourite shows. With comfort TV the sensation of being 'caught up in' a programme is not necessarily absent but is not usually marked by the same intensity or excitement. The comfort text appears more controllable (it does not incite specific viewing behaviours), reliable, and responsive to the whims of the viewer. It can be shared with others or enjoyed independently. Always available, there is an inherent

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[24] As a result of *Shameless* and *BoJack Horseman* featuring twice, the combined percentage of favourite TV texts totals 106%, as opposed to 100%.

feeling of dependability to it, a familiar resource, or even a texture, as opposed to a viewing event.

This is not to suggest drama texts cannot be comforting. There are many TV dramas which, though intense, emotionally-charged, and very much about excitement and event, are comforting because of their characters and satisfying narratives, or because of experiences viewers develop around watching them. In the case of this 19-year-old Finnish-British student, her comfort text of choice, supernatural drama *In the Flesh*, rewards her with a sense of recognition and acceptance. As she noted when asked in the survey why she considers it her 'go-to comfort TV show':

> "I feel that it is cathartic. […] I feel understood when I watch *In the Flesh*, and that I can survive. I love the way it features such a popular trope as the zombie-apocalypse and turns it into something quiet and introspective about family and isolation within a community. There's something about it that makes me feel like it's mine." (FYUS01)

Presenting as a fairly grim series about death and loss, *In the Flesh* evidently satisfies a particular need for this viewer, nourishing and reassuring her in a way less explicit than, say, the traditional sitcom might. The sense of ownership she alludes to is intriguing, emerging from a combination of her intimate knowledge of the show and her feeling 'understood' whenever she watches it – perhaps not surprising given the BBC Three drama was made for a British youth audience (Woods, 2016: 94-101). A different kind of comfort to the laughter and warmth of the traditional sitcom, the programme's comfort is akin to validation. It is as if she uses this text to rediscover and/or to better understand aspects of herself, either as she is now or as she used to be. This in turn reassures this viewer that others share or have shared similar thoughts to her – specifically around mortality and relationships – and that she is not alone. Her example illustrates once again how a text's comfort is often determined by viewer experience and, in this case, a sense of recognition and closeness whilst viewing. Although sitcom accounts for the lion's share of comfort TV texts in the survey, it is important to recognise other genres can also comfort viewers, albeit in less predictable ways.

What I have begun to illustrate with this summary of survey data is some of the ways in which I intend to explore the infrastructure of the comfort text later in my penultimate chapter. Specifically, I have relied on a combination of statistical data and participant reflections to identify the prominent characteristics of their chosen texts. These

characteristics include, but are not limited to, narrative simplicity and predictability; 'light hearted' content (for the most part); allowance for different levels of attention; feelings of recognition and identification with characters and/or situations; sociality and (the illusion of) participation; the comfort of known characters or personalities; and, finally, familiarity and control. I also wish to include textual aesthetics, which is to say visual and/or aural characteristics that provide comfort. I will revisit this list of defining characteristics at the end of my 'Texts' chapter. For now, however, the texts identified here and the attributes that they share provide a useful point of reference, indicating comfort TV has a particular easiness and/or predictability that the viewer can quickly become familiar with and utilise to satisfy ever-evolving needs and desires.

Conclusion & Aims

In this introductory chapter, I have explained my conception of comfort and suggested various ways in which TV can provide comfort to groups and individuals in everyday life. I have outlined negative attitudes towards the small screen and how it positions and enacts upon viewers, arguing instead that television can gratify important needs and should be valued more highly as a means of regulating (or working *with*) emotion. Finally, looking to participants' surveys, I highlighted the sorts of TV texts most associated with experiences of comfort and considered their most apparent qualities.

In this thesis, I explore the use of TV in response to change (*external*) and as an agent of change (*internal*), meaning that television's value lies partly in its ability to facilitate moments of transition; to inspire feelings of comfort and contentment where there were none, to respond to and reassure the person who we are always in the process of becoming (as people are neither fixed nor complete). While motivation will be different from person to person, and is therefore extremely difficult to account for definitively, by examining why participants in this study turn to TV, the significance of the relationships they have with particular programmes, and their experiences of these television "texts-in-action" (Wood, 2009: 4-5), I try to account for TV's capacity for comfort. Looking to moments of transition, to the positive changes brought about by various forms of viewing, I evidence how productive and rewarding television can be as a comforting resource.

Accordingly, through this thesis I mean to satisfy two objectives: (1) To establish where and how comfort value originates from television texts, and (2) to ascertain how comfort television's purpose and effect is understood by viewers. In other words, what is it that makes television/a TV programme comforting, and how do viewers understand their personal TV use? Do they recognise when they use TV for comfort? In order to answer these questions, and others like them, the thesis is divided into three core chapters. The first of these, 'Place', looks to the physical position of the viewer and examines how familiar places and unfamiliar spaces can impact our viewing. Often producing a more urgent need for comfort, a case study concerning the arrival of first-year undergraduate students at university explores the significant role TV played as they negotiated new spaces, new people and new routines.

'Instrumental Viewing' then considers television as a form of emotional digression, arguing TV is employed in daily life as a way to manage emotion and compensate for threats to personal continuity. As well as illustrating television's significance as companion for the isolated individual and as host for groups and families looking to be together, a case study involving a widower and father of two reflects on the important role television continues to play in his and his children's recovery. At once a way to remember (revisiting old texts), to forget (viewing as a form of fantasy or consolation), and to be together (TV connecting him and his children in the present). 'Texts' then returns to the traditional TV sitcom – as the archetypal comfort text – and considers its *formal* characteristics and *experiential* qualities arising from its use to ascertain what makes the genre so consistently comforting and rewarding (I also return to other texts and genres identified through the course of the study). With a selection of examples involving sitcom viewing as a form of self-care, I consider the responsiveness of the comfort text and the importance of recognition and familiarity.

Having attested to the effectiveness of various forms of comfort viewing – specifically, via family unit and first-year undergraduate students' far more extensive data – in the thesis conclusion I consider if comfort TV might be used differently in patient care. The instrumental uses of television as self-care highlighted in the second and third chapters of this thesis indicate that (directed) comfort viewing can be therapeutic and restorative, leading me to believe TV could have a greater role to play in the hospital setting. First, however, my methodology chapter outlines the development, implementation and management of this research project, and provides a useful resource for (medical) humanities scholars interested in conducting audience research with the NHS.

Chapter 2
Methodology

The best way to contextualise my research aims and methodology is to tell a story, to present a narrative which fully accounts for the development of this research and collaboration with NHS Greater Glasgow & Clyde (NHS GG&C, the study sponsor). While the project I ultimately designed and implemented largely resembles the one conceived during the initial phase of my research – as I will shortly outline – the NHS's process for ethical approval was rigorous and complex. Better suited to clinical research (specifically, clinical trials) involving multiple researchers and a great number of participants than investigation into television use by a lone humanities scholar, the research application demanded meticulous attention to detail and provision for numerous scenarios that could put researcher, participants or host organisation at risk. Despite the more modest scale of my research, I was required to adhere to the same rules and principles as any clinical study, enforced by the assigned Research Ethics Committee (REC) and local Research and Development (R&D) authority.[25] Inevitably, this overt level of scrutiny and due process impacted my research approach to some extent, and the amount of time I had available in which to successfully carry out the research and interpret my findings.

To contextualise proceedings, the NHS application process lasted just over five months: I began working with the sponsor representative 19 May 2016 and received favourable ethical opinion from the REC on 25 October 2016, closely followed by R&D approval on 27 October 2016. Promotion, recruitment and data collection were similarly completed over a period of five months: PR distribution began 27 October 2016 and the final interview [FU2.1] conducted 22 March 2017, before NHS permissions ended officially 31 March 2017. Yet, while preparation for research was extensive, I am also keenly aware that this somewhat alien approach to studying audiences helped me to become a more proficient researcher. In particular, my initial preoccupation with accountability and strict adherence to the guidelines imposed by the REC and R&D soon gifted me a necessary feeling of confidence and authority. The methods prescribed, especially with regards to the creation of a highly structured site file for the storage of all study data, consent forms, permissions, correspondences, and so on, made clear my every action and outcome for the duration of the

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[25] The REC is concerned with maintaining the highest ethical standards in research, while R&D approval "provides permission for a study to commence […] and is required for all research studies involving NHS patients, their tissues or information, or studies involving NHS staff participating by virtue of their profession" (NHS GG&C, 2018).

project. The NHS method, including mandatory additional training I was required to complete before interacting with patients/participants, informed my conduct and offered (at least, for the most part) suitable guidance and support throughout the course of the study.

With this in mind, in this chapter I consider the preparation of my research application for the NHS, making clear the various stages involved in that process, how I attained REC and R&D approval and, importantly, how I gained access to conduct research with patients at the Queen Elizabeth University Hospital (QEUH) in Glasgow. I then turn my attention to the launch of the study, considering the success of my recruitment drive and the suitability of data collection methods for NHS and non-NHS participants (first-year undergraduate students and family units). In doing so, I mean to provide an instructive and insightful resource for academics looking to engage in medical humanities research. I mean to share my experience and suggest ways in which future collaborations of this sort with the NHS can be improved upon. First, however, I think it necessary to revisit the origins of the 'Comfort TV Research Project' (as it would be known) and how other examples of audience research informed my methodology.

Research Design

Perhaps like many newcomers to audience research, I began this project with an extensive (and slightly unrealistic) wish list of participant demographics and data collection methods. Having reviewed, among other things, David Morley's *The 'Nationwide' Audience* (1980) and *Family Television* (1986), Helen Wood's *Talking with Television* (2009), and Shaun Moores' *Media and Everyday Life in Modern Society* (2000), I decided that an ethnographic approach would generate very distinctive primary sources/qualitative data for me to work with. I also concluded that rather than focus exclusively on one single audience in one context, a more diverse selection of participants might offer a dynamic picture of television's comfort function and value in daily life. With a range of life experiences and faced with different everyday situations (not just in terms of their physical setting or wellbeing, but also distinct emotional and psychological pressures), multiple demographics could yield richer data. Accordingly, I settled on the themes of *everyday* TV viewing, viewing during a period of change or *transition*, and viewing during/after *crisis* and identified family units, first-year undergraduate students, and current or recently discharged

hospital patients (dependent on accessibility) as suitable audience groups. My aim was to recruit 5 family units (comprising up to 20 participants), 10 first-year undergraduates and 10 hospital patients total. In addition, I had planned to interview professional care givers/clinicians and TV industry professionals to further contextualise the therapeutic potential of viewing and possibly account for any intentions of programme makers in this regard. However, professional interviews were soon dismissed as the complexity of conducting original research with the audiences I had identified became more apparent.

In their respective audience texts, Morley and Wood make clear the issue of 'contexts'; specifically, the importance of where and how audience data is generated and collected. Reflecting on "the major problems" he identifies in his study of the *Nationwide* audience, Morley notes in *Family Television* "the difficulties arising from the fact that the […] study was conducted by interviewing groups of people outside of their homes" (1986: 29). He continues, "This strategy had the disadvantage that I was not talking to people about television in the context in which they normally watch it" (ibid.). Framing his revised approach to such research in *Family Television*, Morley then states:

> "It is for this reason that in this new research project the decision was taken to interview families, as family groups, in their own homes. […] I would wish to argue that this is the necessary framework within which we must place our understanding of the particularity of individual responses to different types of programming." (ibid.: 30)

A viewpoint echoed by Wood, who makes mention of Morley's early work and the necessary shift within audience studies "to focus upon the domestic conditions of media consumption" (2009: 103), she explains "actual moments of viewing are essential to capturing the communicative event of the text *in action* with its audience" (ibid.: 105). In both instances here, due attention is given to "how the [TV] text is negotiated while it is *alive*" (ibid.: 109) and how external factors, such as audience location, impact reception (or 'decoding'). As I was specifically concerned with how different audiences encounter and use different television texts for comfort, and where that comfort value comes from, I became convinced of the need to interact with audiences in their own settings (domestic, social, institutional) and to design a methodology that would suit their locales and lifestyles.[26] In addition, this issue of 'contexts' is significant throughout this study as I frequently focus on position and experience of the individual in day-to-day life, on how a

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[26] As this student from Lithuania noted during her second interview/feedback session, "The interviews are really comfortable because you come to my home, of course" (FYUS04, interview 2).

given situation can inform what, how and why they watch television. This also gestures appropriately to another aim of this research: looking to establish how reliant distinct audiences are on TV as a tool for self-care, and how aware they are of their own use of/dependency on the medium in this way.

Rather than identify participants based on signifiers like class, income, occupation, ethnicity, gender, my intention was to employ more flexible recruitment criteria principled on comparable or relatable situations, such as family or domestic life, undertaking significant change or challenge (university) and ill health. As Moores usefully explains of his survey of satellite TV viewership – in which he interviewed 18 households in South Wales – "I do not focus exclusively on 'conventional' nuclear families. Instead, [I examine] merely one living arrangement found amongst others" (2000: 59-60). It is this notion of 'arrangement', of studying individuals connected by a similar situation or position at a historic moment in time and space (geography), that would guide my recruitment aims. Contemporary audience research examples, such as Elke Weissmann's study of British viewers watching *CSI: Crime Scene Investigation* (CBS, 2000-15) on Channel 5 and 5 USA (2017), similarly call attention to the position of viewer and/or text in a given moment. In Weissmann's case, recruitment simply required participants be regular viewers of *CSI* on either of the channels listed, as she hoped to observe their negotiation of broadcast TV flow's integration into 'household flow' (Altman, 1986), i.e. the rhythms and hierarchies of domestic life.

Ksenia Frolova's 2017 survey of parenting, digital television viewing practices and experiences of TV flow similarly cast a wide net in terms of attracting research subjects, recruiting parents and families via online media and forums to complete an online survey, before inviting them to interview. Although Frolova could extrapolate trends with regards to participant identity and diversity, she interestingly concedes:

> "While the aim was to recruit parents from diverse social, economic, cultural and racial backgrounds, particularly for the in-depth interview part of the project, it was not always possible, as there was no control over who chooses to express interest in further research participation." (2017: 246)

On the one hand, it is possible to argue here that greater specificity during recruitment would allow greater control over participant diversity. Yet, as Frolova also suggests, researcher location, and by extension research funding (or lack thereof, as was the case with my project), inevitably has an impact on study reach. Such restrictions, I believe, give the researcher cause to suitably tailor or expand their eligibility criteria to satisfy their

particular research aims. For example, it seemed logical for me to recruit first-year undergraduate students using promotional channels available to me via the University of Glasgow. Similarly, the broad term 'family unit' was used to denominate a variety of familial dynamics, such as two parent families, single parent families, children cared for by a legal guardian(s) who may or may not be blood related, and so on. This was because I was particularly uncertain what the response rate to the call for family unit participants would be like and I wanted to make sure I managed to secure the 5 families required. Even hospital patient criteria simply stated participants be aged 18 or over and speak English (translation services would have necessitated funding). As Frovola considers of her own study sample:

> "While this sample does not allow to produce representative and generalizable results, it is sufficient to elicit deep and personal accounts from respondents, as well as to explore the personal nature of television viewing in the context of the home and parenting, its diverse practices and experiences." (ibid.)

This summation best reflects the intention of my research and the kinds of responses I hoped to uncover from the three audience groups I identified. I sought to understand television's comfort function in their daily lives (assuming it did indeed fulfil that role for them) with a view to better utilising its therapeutic potential following further study. This is not the definitive study of comfort television and/or instrumental forms of viewing in day-to-day life; rather, it is a much-needed introduction to an area of research deserving of greater scrutiny.

Little has been written on TV and its propensity for comfort,[27] much less audience research specifically investigating how small screen encounters serve as modes of self-care. Contemporary audience research remains concerned instead with digital consumption, for the most part, as per Weissmann's and Frolova's analyses of flow (above) and a great many investigations into second screen use around the domestic (see Sherryl Wilson, 2016; Elizabeth Evans et al., 2017; Rebecca Coates Nee & David M. Dozier, 2017; Evelien D'heer & Cedric Courtois, 2016). Focused more on how modern audiences (or 'users') negotiate a media landscape plagued by distraction and abundance (both in terms of content and technology), most seek to understand and explain the effects of these evolving viewing practices. Such research is of course significant as relationships with personal screens

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[27] Aside from passing reference to experiences of comfort from specific texts or personal viewing rituals (see Barbara Klinger, 2006: 151-64; Bob Mullan, 1997: 4; John Ellis, 2007: 13-4; Joy V. Fuqua, 2012: 53-4), TV/screen media's capacity for comfort is largely overlooked. A sample of blogs, such as Tom Nicholls' 'Comfort Telly' (2016) and Douglas Howard's 'Bazinga/Bazinga: On Predictability and Reruns' (2013) – both written for *CST Online* – reflect on what 'comfort telly' looks like and the pleasures of familiarity and repetition, but each is highly subjective and their scopes limited.

continue to grow and assume greater importance in daily life. Yet, this emphasis on technological shifts and different ways of viewing television alongside other screen media obscures what, for me, is the more interesting question: why do people do what they do with TV? What motivates a viewer to watch television, particularly when they feel tired or sad or lonely? What makes certain texts or viewing rituals comforting and rewarding? There exists in TV academia an anxiety around questions of value and the reality of the support role which television so often plays in the lives of its viewers. While criticism of the perceived 'negative' effects of viewing is important (see thesis introduction), I also believe television can, and does, add value to many lives and situations. It is an essential source of comfort, pleasure and security for many, and as such it is vital that we acknowledge and scrutinise TV's more positive contribution to viewer resilience.

My study closely belongs to the field of medical humanities research, considering the role of the arts (television) in maintaining personal wellbeing and the delivery of care. A similar example is to be found in Ana Salzberg, Jenna Breckenridge, Thilo Kroll and Gavin Wylie's interdisciplinary investigation into the use of 'classic' films in care homes (Scottish Social Services Council, 2016). Salzberg et al. observed groups of residents in two care homes watching specially selected films, their intention being to discover if watching these films together promoted social connectivity between residents. As well as observation, they discussed the films with residents after each screening and interviewed staff about the benefit for residents of communal viewing events. Sadly, there has been no significant publication of their findings to date – I was fortunate to discover a leaflet online which includes a brief summary of their analyses, entitled *Care Home as Cinematic Community* (Salzberg et al., 2016), and to hear Salzberg present this research at *Discourses of Care* (5-7 September 2016, University of Glasgow). Nevertheless, several themes Salzberg et al. identify are strongly echoed in my research, including the pleasure – and displeasure – of memory, instrumental viewing to enhance mood, the ability of certain texts to excite some physical response (e.g. clapping, dancing), and viewing as a way to facilitate interaction with others.[28] I mention this example, then, as it suggests my investigation is part of an emergent trend in contemporary audience research concerned with questions of self-care and the benefits of (instrumental) media use. What this body of research intends to offer is something perhaps more optimistic, accepting that while media dependencies can prove detrimental in many

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[28] The leaflet ends by stating Salzberg et al. now wish to pursue a bigger interdisciplinary study looking at how to improve film screenings for care home residents and how film might have a positive effect on loneliness (Salzberg et al., 2016). I am optimistic any such research would complement my own findings.

instances (concerns around screen addiction, the influence of content on mental health and sociability, and so forth), there is potential for rewarding *and* constructive media use as well.

Method & Analysis

Initially considering a more fluid methodology (see Koro-Ljungberg, 2016), involving participant observation and the generation of bespoke interview questions based on their survey responses, I concluded a linear approach with greater continuity and uniformity in questioning would yield more versatile results. While observation as a research method is essential in studies like Elizabeth Evans, Tim Coughlan and Vicky Coughlan's survey of 'digital estates' and multiscreening technologies in the household (2017), its value was less apparent here when compared to that of participant reflection and discussion.[29] In addition, observation as a research method would have required filming and editing equipment, incurring additional cost, and extensive scheduling both in terms of participant availability and the selection of programming (either scheduled broadcasts, comfort TV schedules curated by participants, or comfort schedules curated by me). I also had reservations about my presence and/or the presence of cameras during observations impacting viewer behaviour. While Evans et al. used motion detectors and data logging to track participant activity on primary, secondary and tertiary screens over an extended period, limited resources would likely have determined I be present as the viewer(s) watched content in their home or student accommodation (participant observation was never considered a suitable option for hospital patients).

Instead, I devised a methodology that I believed would satisfy the interests and availability of my chosen audience groups and allow them sufficient time to reflect on their viewing behaviours. Attending to family unit and first-year undergraduate student participants first – as both groups were invited to complete several phases of research,

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[29] The idea of 'digital estates' is intended to "conjur[e] up not only connotations of multiple outlets integrated into a coherent unit but also strategies of asset management" (Evans et. al, 2017: 194). Similar to transmedia storytelling, Evans et. al originally expected to uncover instances of second screen use where audiences interacted with content related to what they were watching on TV (ibid.: 197). Yet, "What actually emerged was relatively little such behaviour" (ibid.); "moments when television and digital technologies were used together in distracted, passive and ephemeral ways were far more common" (ibid.). Second screen use, as in my own research, is rarely related to the primary screen activity. Interesting to note research findings resulted in a very different narrative to the one Evans et. al had anticipated, instead "captur[ing] the absence of behaviour that is often touted by the industry as fundamentally altering audiences' relationship to television" (ibid.: 201).

responding to identical questions for the most part – participants were tasked with the following research activities:

- Complete an online survey about their viewing habits, likes and dislikes (25 questions in total, including a mix of multiple-choice options and questions with text boxes for more detailed answers);
- Participate in a first phase interview (family units would interview as groups in their homes for 60-90 minutes, students would interview individually in student accommodation for 60 minutes);
- Complete a journal of their viewing activity for 7-14 days;
- Participate in a second phase/final interview, in which journal entries would be reviewed and an opportunity given to provide feedback on the research process (again, taking place in familial homes or student accommodation, interviews would last 15-30 minutes).

In addition, I would also collect environment photos to illustrate where and how participants most often engaged with television and their preferred comfort shows.

My intention with this assortment of methods was, on the one hand, to generate as much original data as possible for subsequent analysis, but more specifically, I wished to garner a real sense of participant identity and how they call upon television (or not) to support their wellbeing and position over time. For instance, with the online survey, participants would be asked to comment on their viewing routines, favourite texts, comfort TV texts, any previous experiences of discomfort from television, and so on (see Appendix A & B). This would not only offer me some understanding of the people I would later interview, but also begin to indicate possible trends in the collective data which I might go on to examine further. While the first (focused) interview would principally rely on a series of set questions – with 25 questions for first-year students and 27 for family units – I would also ask additional questions where appropriate concerning individual survey responses (see Appendix C & D). To paraphrase Morley, these would be introduced in an attempt to engage with and further develop points already raised by participants (1980: 32-3). I believed this would help me to build a stronger rapport with participants, inviting them to expand on their previous insights and demonstrating that I had engaged with them and their current situation and was keen to discover more about their personal use of TV. Viewing journals would then attest to the accuracy of reflections and recollections, painting a picture of their day-to-day experiences with or around the small screen (see Appendix E). Finally, the second

phase/final interview would allow me to discuss their viewing over that short period of time and consider how it compared to their accumulated data and data provided by others in the study. In addition, I hoped for feedback not simply on what it was like to participate in the study (responding to focused questions once again), but also whether participants believed they had learnt anything valuable about their viewing and if they might use TV differently in the future as a result of this research.[30]

With regards to question style, while survey questions and journals were inevitably more formal and to the point, it was always my intention to assume a personable and relaxed approach in focused interviews. On the one hand, this was because I was keenly aware participants would be inviting me into their homes and providing their time and efforts entirely for free. Yet, I was also of the view that a more informal, conversational tone would make the study more enjoyable for participants and encourage them to offer the best data possible. Just as Moores explains his question style during his audience research "was chiefly open-ended, tailored to producing narrative responses rather than short answers" (2000: 60), I would similarly design open questions to gift participants greater freedom during interviews and allow them to lead much of the conversation. As interviewer, favouring anecdotal accounts would in turn enable me to probe further points of significance, calling on examples or specific memories offered by participants throughout the course of the study as points of reference. The quality of the interview data collected during the research attests to the success of this question style/method. In a study concerned with comfort and instrumental TV use supporting distinct forms of personal care, it was essential I embody that principle of care as a practitioner also, taking care with participants and framing them with expressions of openness and concern would likely allow them to be more vulnerable and honest in their responses. I believed this approach would also negate some of the concerns voiced by other audience researchers, such as Sherryl Wilson (2016) during her investigation into second screen use as standard viewing practice, that participants might shape their responses "to 'fit' an interview with a university researcher" (ibid.: 182-3).

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[30] All participants were positive about their research experience, with several indicating they think about their TV use differently – more positively and consciously – as a result of taking part. As this 33-year-old single father explains, "It made me think more about how I watch TV and why I watch it […] It was a good insight for me, personally" (FU3.1, interview 2). This 43-year-old mother of two similarly states, "You don't really analyse the comfort aspect of [watching TV everyday]" (FU5.1, interview 2), suggesting TV use is very often subliminal and taken for granted. She continues, "It was really interesting to actually sit and go, 'How did that make me feel? Why do I keep going back to that [programme]?'" (ibid.). This 19-year-old Finnish-British student also points out, "Usually, I would kind of go, 'TV makes me feel better, I'm just going to do that now,' but now I'm like, 'Why?'" (FYUS01, interview 2).

The methodology for hospital patients was somewhat different. Anticipating that the time available for interaction with patients would be greatly restricted, I originally proposed a single interview only in which to discuss their TV viewing inside/outside of hospital and explore any comfort value they derived from their small screen encounters. However, following an initial application for ethical approval to the College of Arts' Research Ethics Committee at the University of Glasgow (submitted 9 March 2016, returned to me for resubmission 15 April 2016), and later discussion with NHS GG&C's sponsor representative, I was advised that this approach would likely be unsuitable. Alternatively, a written survey/questionnaire was believed to be less taxing for patients. Specifically, the College of Arts' REC were concerned about interviews being 'intrusive' to hospital patients; vulnerable adults who, by my own definition, are in crisis. Accordingly, I accepted this feedback and expanded on the survey questions asked of family unit and first-year undergraduate participants to capture as much data as possible (hospital patient surveys featured 35 questions total and would be delivered to patients as physical copies for completion [see Appendix F]). However, it is worth stating my experience with patients, clinicians and medical staff on site at the QEUH would conflict with this assessment, and that the survey would not only yield less data but would require greater effort from patients to complete compared to informal discussion. The hospital patient envisioned by the College of Arts' REC, and NHS GG&C's sponsor representative for that matter, lacked the capacity and/or inclination to take part in interviews. Yet, in reality, their estimation did not account for different kinds of illness nor different stages of recovery, for any nuance in patient ability or experience. This is something I return to later in this chapter when considering the success of my data collection methods. Finally, rather than capturing environment photos of each patient's room, I would simply procure a sample of images of an unoccupied single room at the QEUH to illustrate standard viewing conditions in the hospital setting.[31]

As for how I was going to make sense of this assembly of audience data, the research generated was to be a mix of written and aural responses, requiring extensive transcription (I would conduct 30 interviews in total, amassing 1,138 minutes' worth of audio). Once this had been completed and collated, I could begin to develop my *interpretation* of the study data. I italicise interpretation as, like Moores framing his analysis of audience responses in *Media and Everyday Life in Modern Society* (2000) – "I offer an interpretation of people's talk about their relationships with technologies, and with each other, in consumer cultures"

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[31] All patient rooms on the ward I was given permission to access were single rooms, and each had a touchscreen TV which could be easily manoeuvred to watch from bed or an adjacent armchair.

(Moores, 2000: 57) – I am all too aware that the findings of this research (except for quantitative data, perhaps) rely on my reading and connecting people's articulations correctly. Understandably, I am motivated to uncover instrumental uses of television and how the medium is already being used in daily regimes of comfort and self-care, and I believe my research succeeds in this regard. Nevertheless, the wealth of data collected also offers a broader snapshot of TV viewership and day-to-day living which extends beyond the immediate focus of this thesis. A variety of familial and social dynamics are exposed in the data and in participant responses, for example, as are other screen tastes and experiences, all of which could prove fruitful to researchers following further interrogation. As David Gauntlett and Annette Hill similarly note of the data they utilise from the BFI Audience Tracking Study in *TV Living: Television, Culture and Everyday Life* (1999), "We hope that we have also captured some of the detail and texture of the lives of our diarists, even though condensing all of that material into the confines of one book was, frankly, a struggle" (2). While I do not intend to endlessly explore alternative ways of utilising my research findings here – the 'texture of the lives' of my participants – I wish to highlight that various secondary and tertiary narratives are still present in the research data.

Continuing with Gauntlett and Hill for a moment, their consideration of how best to 'become familiar' with the open diary-questionnaires completed (three times a year for five years) by their 500 respondents seems appropriate here. They explain:

> "We wanted to be led by the respondents, as it were, rather than approach the data with a set of questions, concerns and assumptions which the diaries would simply confirm or deny. Naturally, we had a range of interests and issues which we imagined the diaries would illuminate, but we have tried to follow up new leads presented by the data itself and sought to pay closer attention to the issues and material which the data itself made more pressing." (1999: 17)

Just as I would introduce specific questions now and again in focused interviews, following up on emergent themes or significant ideas introduced by interviewees while the study was active, it is useful to note Gauntlett and Hill's determination to be led by data in their analyses. In particular, the theme of change would dominate their findings as the lives of their 500 respondents over the five-year period evolved in quite unpredictable ways, shifting their perspectives and patterns of TV use.[32] I would come to reflect on data in a

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[32] "The important and interesting changes (which we forgot at first) are the changes in people's lives. These changes cannot be missed in the diaries: people grow older, get married, get divorced, get a job, become unemployed, fall ill, move house, have children or see them leave home, retire, lose loved ones, fall in love, and experience a massive range of other unpredictable developments, shifts and transitions" (Gauntlett and Hill, 1999: 17-8). It is also worth noting here that the number of respondents declined over the course of five

similar way, identifying emergent trends – including themes of choice, familiarity, risk, sociability, shifting contexts, recovery, guilt and value – and allowing the data to inform the direction of the study, before considering how best to account for my three audience groups.

NHS Application

Following the findings of the College of Arts' Research Ethics Committee, I contacted NHS GG&C's R&D office on 13 May 2016 for advice developing and conducting research with hospital patients. As I intended to interact with patients directly, I was told I must apply for both NHS R&D management approval and NHS REC favourable opinion. Moreover, I was informed that all NHS-related research must have a sponsor, an organisation that takes responsibility for the initiation, management and/or financing of the study. Fortunately, as a University of Glasgow student undertaking this research as part of an educational qualification, NHS GG&C would fulfil the role of sponsor, and I was assigned a sponsor representative to support me during the preparation of the research application. In addition, the sponsor representative confirmed that I would no longer require REC approval from the College of Arts as NHS REC approval would cover *all* aspects of the study (including those relating to family units and first-year undergraduate students, i.e. participants outside of the hospital setting). In many ways, this was a relief as it meant I would only have to contend with one application process. Yet, what I initially perceived as an efficient streamlining of concerns would subsequently come to delay the launch of family unit and student recruitment, with negotiating access to patients proving especially complex. For now, I will (attempt to) summarise the NHS research application process as concisely as possible.

The application for NHS REC and NHS R&D approval was arduous and involved a number of stages – though, I would like to note here that the sponsor representative was immensely helpful, patient and encouraging to me. First of all, I would have to devise all study documents, including the development of a meticulous study protocol (see Appendix G), participant information sheets (PIS) for NHS and non-NHS audiences, consent and assent forms, sample questions (survey, interview, viewing journal), promotional materials

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years, starting out with 509 respondents in total and dropping to 427 respondents by the study's conclusion (ibid.: 13).

for study recruitment, and so forth.[33] These would then be submitted for sponsor review, by the sponsor representative, and returned to me with detailed comments noting all necessary changes (in some cases, this would result in several versions of a document). Once satisfactory, I could apply for approvals via the NHS's Integrated Research Application System (IRAS) online. This would involve the completion of several additional online forms, with applications for NHS REC favourable opinion and NHS R&D management approval requesting different information (see Appendix H & I). For instance, I had to complete Site Specific Information (SSI) forms pertaining to NHS and non-NHS sites where I would be conducting research, confirming who the principal investigator would be at each site, details of location and research activities taking place, independent points of contact for contributors and so on (see Appendix J). SSI forms would also need authorisation from each site's management organisation (NHS GG&C R&D would approve research at NHS sites, and the University of Glasgow's Research Governance Manager would approve all non-NHS sites [familial homes and student accommodation]). Following further feedback and revision – I first submitted drafts of IRAS forms to the sponsor representative 13 June 2016 – my IRAS REC and R&D forms and supporting documents would finally be authorised on behalf of the sponsor and ready for submission 2 September 2016.

In addition to IRAS REC and R&D forms and supporting documents, as I did not have a contract with the NHS, I also had to apply for a Research Passport for permission to access patients. This demanded Occupational Health clearance, a standard disclosure check with Disclosure Scotland, an up to date CV, and completion of a Research Passport application form in which I had to identify the ward or department where I would be conducting the research. I was very fortunate to establish links with two consultants from Queen Elizabeth University Hospital (QEUH), who helped me to identify (and later facilitated access to) an appropriate general medical ward.[34] It is not an exaggeration to state that their combined efforts made possible the hospital phase of this research. Both offered valuable advice, served as on-site representatives during the application process, would help me to meet my additional training requirements as swiftly as possible prior to study launch, and provided me a platform to introduce myself to clinicians and nurses and explain my research. Their recommendation that research be carried out in a general medical ward, for example, was useful as such wards typically feature a diverse range of patients (both with

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[33] Please note that all participant information sheets, consent and assent forms are available to view, along with the complete dataset for this research project, at http://dx.doi.org/10.5525/gla.researchdata.798.

[34] Prof Matthew Walters (Head of School [Medicine, Dentistry and Nursing] and Professor of Clinical Pharmacology at the University of Glasgow; Honorary Consultant QEUH) and Dr Marie Freel (Consultant Endocrinologist and Honorary Associate Clinical Professor at QEUH).

regards to their daily life, position in society and medical history) who are less likely to be critically ill/in a critical condition. It was important that I evidence to the assigned REC and NHS GG&C R&D that I had thought clearly about the specifics of patient situation, their capacity to take part in research, and, basically, that I had sufficient justification to carry out the research on the ward I had identified.

Once the full application and supporting documents were authorised on behalf of the sponsor and ready to submit via IRAS, I had to contact the Central Booking Service (CBS) to arrange proportionate review. The CBS operator asks a series of questions to ensure the study is ready to submit and to book an appropriate REC, before enabling electronic submission through IRAS. Following the call, I received booking confirmation, including details of the assigned REC and a reference number, to add to the NHS REC application on IRAS. The submitted application was subsequently transferred to North of Scotland REC 2 and scheduled for review by Proportionate Review Sub-Committee 27 September 2016. The Sub-Committee delivered a provisional opinion letter 3 October 2016 with some revisions required; most notably, they stated I would need to complete Good Clinical Practice (GCP) training to take informed consent from patients, as well as asking me to expand on my patient recruitment process. While I would have permission to recruit eligible patients and provide them with necessary research materials (a physical copy of the survey and an Audience Data Form [see Appendix K], collecting general information such as age, gender, nationality, employment/profession, relationship status, and so on), the Sub-Committee were clear that it was not appropriate for me to initiate contact with patients to promote the study. Accordingly, a solution was devised – with the QEUH consultants mentioned previously – whereby junior clinicians would inform patients about the research during ward rounds. I would then visit the ward later that day to distribute information sheets (PIS) to those who voiced interest and discuss the research in person. After a prescribed minimum period of 24 hours to consider taking part, I would return to the ward again to take consent from patients and distribute surveys and Audience Data Forms. This revised patient recruitment method was approved in principle and all necessary training scheduled, including mandatory attendance of a Site Setup Workshop (21 November 2016) concerning the storage of data and incident reporting, and the aforementioned Introduction to GCP training (9 November 2016) for taking informed consent from patients. After clarifying a couple of minor points raised in a further decision letter (13 October 2016), I received a Further Information Favourable Opinion letter from North of Scotland REC 2 confirming a favourable ethical opinion "on the basis described in the application form, protocol and supporting documentation as revised" (25 October 2016 [see Appendix L]). R&D management approval

followed shortly after, including NHS GG&C Board Approval, an NHS GG&C Letter of Access (from 27 October 2016 – 31 March 2017) and authorisation of my Research Passport.

I think it is important to reiterate at this point that this was not a straightforward application process. Negotiating access to patients took a considerable effort of time and patience, effectively having to learn the language of the NHS and perform the mindset of a clinical researcher, as opposed to a Television Studies scholar. The GCP training highlighted above offers a perfect example of this as I sat in a room full of clinicians and medical staff – the only social science/non-medical researcher among them – and learnt about the history of ethical research and clinical trial procedures. One particular exercise involved close scrutiny of a hypothetical patient's prescription, noting incorrect or inconsistent patient data, basic medication errors and/or incorrect doses. While I was still able to participate to an extent and find value in the day-long session, this experience indicates that the NHS research method is, perhaps inevitably, somewhat insular, making it difficult at times to navigate as an external researcher. In addition, as issues around patient recruitment came to dominate proceedings in the final months of the application and proportionate review process, I was keenly aware that this was delaying promotion of the study to non-NHS audiences. Rather than recruiting participants September-October 2016 and completing all research activities with them prior to the end of the semester/beginning of the Christmas holidays, the research process would instead be forced to pause during the holiday season (for NHS and non-NHS recruitment and research tasks). Not only would this hamper my progress with data analysis and writing in my second year of study, but it meant that for many participants their involvement in the study would now last several months. I am grateful for everything I learnt about clinical research and project management as a result of this application process, but it was by no means plain sailing.

Study Launch and Recruitment

As soon as I received REC favourable opinion and NHS GG&C R&D management approval, I started non-NHS recruitment right away (27 October 2016). I had already launched a dedicated Comfort TV blog (3 March 2016, www.comforttv.wordpress.com), featuring a variety of different blog posts which I produced exploring aspects of comfort TV and my personal history with the small screen (*Figure 2.1*). I would incorporate a call for

family units and first-year undergraduates into this website once the study went live and continue to add new blog posts for the duration of the recruitment phase (my final post, in which I asked readers if they could live without TV, was published 17 January 2017).[35] All blogs were shared on Twitter (@comforttv), as well as on private social media accounts. While, to the best of my knowledge, no participants were recruited as a direct result of the blog, it helped me to raise awareness of the research project among friends and colleagues and enabled me to explore my understanding of comfort television in various ways.
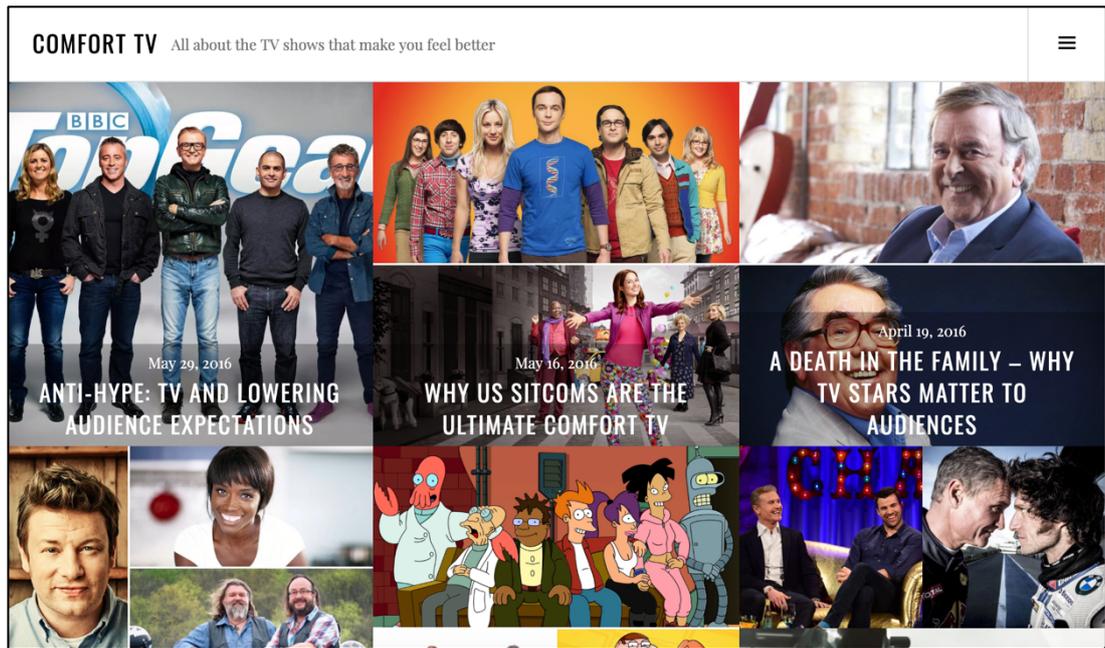
Figure 2.1: Comfort TV Blog

Mailing lists and posters proved far more successful methods for study promotion and the recruitment of first-year undergraduate students from University of Glasgow. As I was already negotiating one NHS site and several other non-NHS sites, in the form of households and student accommodation, I decided to recruit all student participants from University of Glasgow only. This being said, it was my intention to try to engage with first-year students from different schools/colleges at the university, and to ideally attract a mix of UK and international students, in order to account for a broad range of experience and TV use. It is useful to note that the only age restriction applicable to students required them to be aged 18 or over; there was no upper limit. While I expected the majority of student participants to be 18 or 19 years old, I did recruit a 24-year-old student (FYUS08, returning

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[35] Other notable (and popular) blog topics included 'Why US Sitcoms are the Ultimate Comfort TV' (16 May 2016), 'A Death in the Family – Why TV Stars Matter to Audiences' (19 April 2016), 'Viewing Diary – Why I'm a *Tattoo Fixers* Addict' (11 March 2016), 'Goodnight, Seattle – Saying Goodbye to Frasier (Again and Again)' (19 July 2016), and 'Living with the Gilmore Girls: A Tribute to Truly Comforting Telly' (24 November 2016).

to university for a second time) and it was interesting to note his general confidence in himself – his emotional maturity – compared with the uncertainty and/or anxiety of many younger students away from home for the first time. I developed two posters for non-NHS audiences: a punchy short form advert and a long form version with greater detail (the same posters were used for family units and first-year undergraduate students [see Appendix M & N]). After a short summary of the research, interested parties were invited to contact me via email for more information on taking part, and also to visit the Comfort TV blog to read about the project and field of study. Having contacted administration staff from all colleges to confirm that they were willing to distribute PR to their 2016/17 cohort of first-year undergraduate students, they kindly shared the short form poster with qualifying students via email lists. Many also placed – or allowed me to place – posters around the campus to further increase the visibility of the study.

This first call for student participants (27 October 2016) was very successful, and I received several enquiries about the project immediately. For some of the enquiring students, it seemed the methodology was perhaps too intensive, especially as they, unfortunately, could not be compensated financially for their time. With the benefit of hindsight, I would consider simplifying my data collection methods to make the project more appealing to and manageable for students and families alike; something I return to later in the chapter. Yet, during November-December 2016 I recruited 8 first-year undergraduate students to the study (one participant, FYUS02, would later be excluded from this research following a breakdown in communication), with a further 3 students recruited January 2017 following a second call for participants (again, utilising college mailing lists). As expected, several participants were film and TV undergraduates, but I was fortunate to recruit 4 students from other disciplines as well (audiences less likely to survey the screen with such a critical eye). Similarly, I was also pleased to recruit 3 international students as I hoped they would offer different perspectives on television's (new) role in day-to-day life for them at that time, adjusting not only to academic life but to a different society and culture as well. The brief summary of first-year student demographics in the table below also reveals that 70% of student participants were female, although I find gender to be a more limited signifier within the context of this research.[36] In the case of student participants, the attitudes and behaviours of male and female students appear remarkably similar for the most part. Yet, socialisation

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[36] While stereotypes around male and female TV viewing inevitably endure to an extent – like men preferring sport or physical comedy, or women finding comfort in cookery shows or moments of romance onscreen – I feel the study sample is too small and too person-specific (i.e. bound to the tastes, personalities and situations of these individuals) to adequately engage with questions of gender.

– to which gender remains central, in the sense that children learn a "culture's gender-related rules, norms, and expectations" and form their own gender identities accordingly (Vinney, 2019) – *did* appear to have a more significant impact on students' viewing during this period. Indeed, how effectively students managed to interact with others, to develop new relationships as well as to sustain pre-existing ones with friends and family back home, would often determine how much they viewed as well as influencing the types of programmes they watched.

Table 2.1: First-Year Undergraduate Student Participant Demographics

Study ID	Age	Gender	Nationality	Employment	Field(s) of Study
FYUS01	19	Female	Finnish-British	Unemployed	Film & TV Studies
FYUS03	18	Female	English	Unemployed	English Literature/Film & TV Studies
FYUS04	19	Female	Lithuanian	Unemployed	Film & TV Studies/Digital Media
FYUS05	18	Female	British	Part time	English Literature/Film & TV Studies
FYUS06	18	Female	British	Unemployed	English Literature/Film & TV Studies
FYUS07	18	Male	Greek	Unemployed	Electronics/Electrical Engineering
FYUS08	24	Male	British	Unemployed	English Literature/Film & TV Studies
FYUS09	18	Female	British	Unemployed	Astronomy/Physics
FYUS10	18	Female	British	Unemployed	Politics/Geography
FYUS11	18	Male	British	Unemployed	Mechanical Engineering

Promoting this research to students via mailing lists and posters proved successful, and was aided in part, I believe, by the focus of the project itself – TV viewing and its contribution to self-care. I think the opportunity to discuss at length (and with great certainty) personal viewing habits, favourite television texts and comforting small screen experiences was relished by many, and this enthusiasm is often evident in responses.

The recruitment of family unit participants was a more difficult task, at times complicated further by my decision to exclude child participants under the age of 10. I originally held the view that participants younger than 10 years would have less to contribute and might distract during interviews, potentially impacting the quality and relevance of data collected. On reflection, however, this was an unnecessary, and somewhat costly, stipulation as I struggled to locate qualifying families during my initial recruitment drive. Relying on regular social media posts (@comforttv and private social media accounts), posts on parenting forums and TV fan forums, and poster distribution around Glasgow to engage eligible families living locally, the response rate was lower than anticipated. I was very fortunate to meet the father of one family unit (FU2.1) at an academic conference who expressed his keenness to participate, while I was introduced to two other interested families (FU1 and FU4) by a colleague. The two remaining family units were recruited from social media posts (FU3 and FU5). As a result of this rather protracted recruitment drive – with one family unit committing to the study November 2016 (FU1), two December 2016 (FU2 and FU3), and two January 2017 (FU4 and FU5) – participants would progress through the various phases of the study at different rates. I think it is worth mentioning here the difficulty of recruiting three different audiences simultaneously (found in quite different locations, be they physical or digital sites). Managing promotion to/recruitment of each audience, while others were already providing data, could be challenging at times. Although I would later devise a participant timeline document to keep track of each participant's progress, it would have been much more economical to start research activities with all participants from a given audience at the same time. If I were to conduct similar research in future, I would ensure that all recruitment was complete before commencing research (assuming data collection would involve interviews and/or more than one research activity).

The short summary of family unit demographics in the table below is perhaps most interesting in terms of familial structure – i.e. the involvement of two single-parent family units (FU2 due to bereavement, FU3 due to separation) and three 'nuclear families' (FU1, FU4 and FU5) – and participant occupation. I mention familial structure as it becomes apparent in the thesis that single-parent families in particular used TV in quite different ways; a personal medium of remembrance for one father (FU2.1) and a way to develop new routines with his children,[37] and an obstruction or distraction for another (FU3.1), eating into his limited time with his son. Similarly, occupation has this double meaning with regards to

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[37] It was initially agreed that one of his two 14-year-old children would participate in the study, as his daughter had indicated interest. However, she would later change her mind. Yet, despite the absence of either child from the study, this participant would go on to provide some of the richest audience data collected.

the work of family unit parents, at once relating to their employment but also their role as a parent, as a household authority, and how both can impact personal and familial viewing. To a limited extent, age proves an interesting signifier also in terms of debates around TV's place and/or function within the domestic space, with some even calling into question what television actually is in contemporary culture.

Table 2.2: Family Unit Participant Demographics

Study ID	Age	Gender	Nationality	Employment	Occupation
FU1.1	50	Female	British/ Scottish	Self-employed	Childminder
FU1.2	54	Male	British	Employed	Senior Lecturer
FU1.3	13	Female	British	n/a	n/a
FU1.4	19	Female	Scottish	Part time/Student	Veterinary Nursing Assistant
FU2.1	50	Male	English	Employed	University Lecturer
FU3.1	33	Male	British	Self-employed	Online Merchant
FU3.2	14	Male	British	n/a	n/a
FU4.1	55	Female	British	Employed	Social Worker
FU4.2	63	Male	British	Employed	Social Care Inspector
FU4.3	18	Male	British	Employed	PR
FU4.4	14	Male	British	n/a	n/a
FU5.1	43	Female	British	Employed	Teacher
FU5.2	44	Male	Scottish	Employed	Teacher
FU5.3	11	Female	British	n/a	n/a

Reflecting on family unit recruitment, while regular social media posting proved "successful," I believe additional promotional platforms would have boosted the rate of recruitment (though, this would have required greater time and funding). For instance, engaging with local councils and exploring opportunities with schools and community groups, or monetising an online advertising campaign which targeted Glasgow-based families, might have inspired a more immediate uptake. That being said, the 5 family units

recruited were enthusiastic and generous with their time, and sufficiently diverse to raise a number of interesting questions.

Hospital patient recruitment was an altogether different challenge. After attending a clinical meeting 12 December 2016 to introduce myself to clinicians covering the general medical ward where I would recruit patients from, I visited said ward and got to know the medical staff and their normal routine (i.e. what times were best to visit/avoid the ward). An assigned junior doctor began telling patients about the study the following day and shared a different version of the short form poster (tailored to NHS patients) with those who expressed an interest in the study (see Appendix O). I then visited the ward later that day to review the information sheet (PIS) with patients and answer any questions that they might have. I took consent from 6 hospital patients 14 December 2016, along with their completed Audience Data Forms, and provided each with a physical copy of the survey. Returning to collect the completed surveys a few days later, it emerged one patient had been discharged from the ward (HP04) and failed to finish their survey – they were removed from the study accordingly. This left me with 5 hospital patients yet to recruit, a task that, for a number of reasons, I would not complete until 1 February 2017.

Firstly, winter is inescapably busy for the NHS and far from ideal for conducting audience research. The prolonged research application process meant that, rather than carry out research in September-October 2016, I was faced with a general medical ward which would be inundated with patients over Christmas and New Year. The majority of these patients (elderly and admitted with flu) had neither the capacity nor the inclination to take part in research. As well as disinterested patients, it is important to acknowledge the immense strain on clinicians and medical staff during this time, also. While this research is of the utmost importance to me, I had to recognise that it represented another task for junior clinicians already pushed to breaking point. With this in mind, the promotion of the study was postponed until early January 2017, when a more receptive junior clinician (with some experience in audience research) would offer to assist with recruitment. I also had to approach R&D to request an extension to my research passport at this time, as it appeared recruitment might continue into February 2017. More recruitment runs were attempted in the weeks that followed, but it was not until 26 January 2017 that I would take consent from 2 more hospital patients (one of whom was in fact aged 16 but was able to consent as she was being treated as an adult on an adult general medical ward). The outstanding 3 patients were recruited 1 February 2017.

Table 2.3: Hospital Patient Participant Demographics

Study ID	Age	Gender	Nationality	Employment	Occupation/Industry
HP01	83	Female	Scottish	Retired	Secretary
HP02	27	Female	Scottish	Unemployed	Finance
HP03	59	Male	British	Unemployed	n/a
HP05	69	Male	Scottish	Retired	n/a
HP06	58	Male	Scottish	Unemployed	n/a
HP08	16	Female	Scottish	n/a	Full time education
HP09	25	Female	British	Unemployed	n/a
HP10	44	Male	Scottish	Self-employed	Joiner
HP11	79	Male	Scottish	Retired	n/a
HP12	69	Male	Scottish	Retired	n/a

I appreciate that this summary of patient recruitment is very specific, but it is important to acknowledge this trying research journey, which included several failed recruitment attempts. Due to the nature of the research site, it was often the case that patients who had capacity were soon to be discharged from the ward, either prior to my arrival to discuss the research with them in-person or before they had time to complete the written survey. Equally, patient health could decline without warning, meaning that someone who seemed willing and able to take part in research on a morning might no longer be eligible by the afternoon. When I arrived on site, I would always enquire at the ward front desk to make sure those patients identified by junior clinicians were still suitable to approach. On one or two occasions, a patient might have changed their mind about taking part in research, either because it turned out not to be of interest to them or because they no longer felt up to it. There was one particular instance when a potential recruit, after allowing me to explain the research in some detail, revealed to me that she had just moments before received an unexpected terminal diagnosis. This startling revelation brought home to me the reality of this environment and the uncertainty which so many patients face. As mentioned previously, I felt I had a duty of care to all participants in this research, as I was asking them to be vulnerable and consider why television might be relied on or cherished in their daily lives (in effect, often to think about what their lives might be lacking). I think this was manifested in my personable and open approach to questions and discussion. Reflecting on this difficult

moment again, I can only surmise that the patient appreciated a brief distraction and innocent discussion about something as apparently mundane as television. We chatted a few minutes longer after and she appeared grateful for the company.

The promotion of any research project in a hospital setting is inevitably difficult, more so for external researchers who must rely on posters (or possibly leaflets/flyers) and the goodwill of busy clinicians. In addition, it is impossible to approach recruitment with any notion of selectivity. It is quite simply a case of recruiting all those who indicate any interest in your research, rather than holding off for greater diversity. I was very fortunate to recruit a relatively broad sample of patients (age, gender, employment), as per the summary of patient demographics above, and there are some interesting trends in their data. Nevertheless, I must reiterate the limitations imposed on patient data by the prescribed research method (survey only), which I now intend to illustrate with one atypical example, before reflecting on family unit and first-year student data collection methods.

Data Collection

While completing the consent process with one hospital patient participant (HP03), the patient explained he would not be able to write his answers himself and suggested that I complete the survey with him. Whereas other patient surveys were all handwritten, I opted to complete his survey digitally instead as this would allow the participant to request changes. In order to fill out the survey, I would read each question to the patient twice and then transcribe his answer. Once I had finished typing up his response, I would read it back to him and he would then confirm if he was happy to move on or not. Although a little more time consuming than completing the survey independently, the responses logged, in my opinion, are a much more accurate representation of that patient's life with the small screen. I say his 'life with the small screen' here, as this participant was particularly vocal about the importance of television to him, declaring in one question, "Life without TV would be an absolute misery for me" (HP03, 2016). This response perfectly illustrates the difference between answering formal survey questions independently and responding to questions asked (or in this case relayed) by an interviewer. I chatted with this patient for a short time prior to tackling the survey with him. We discussed various British sitcoms and other kinds of TV we each enjoyed, and he seemed to savour the company. The benefit of such an

approach was we established a rapport prior to the survey questions. I believe that the participant felt comfortable with me and also took satisfaction knowing that his contribution mattered to my research. Accordingly, his reflection on the prospect of life without TV has a certain honesty and depth which is, for the most part, entirely absent from other hospital patients' survey responses.

As a further example, having identified programmes he likes to watch regularly in a previous question – including soap operas, concerts and wildlife documentaries – the same patient was asked, 'How do you feel when you watch them?' (Q.14). He replied:

> "I can feel quite up and down when I watch the soaps. When they're happy, I'm happy; when they're sad, I'm sad. I do get involved in them, maybe too much for my own good. I've got to watch what I watch and how much I get involved. I can identify a lot with the moods of characters, but it can trigger stuff off with me." (ibid.)

Responding to the same survey question, another patient, who had previously identified *The Jeremy Kyle Show* (ITV, 2005-) as a programme she viewed regularly, simply stated: "Relatable/humorous" (HP02, 2016). Not only is her answer somewhat vague in light of the question, but there is no real sense of participant personality or experience. The male patient suggests he is susceptible to the content he views regularly, betraying vulnerability ('it can trigger stuff off with me'), whereas the female patient's answer is functional, perhaps as the physical survey also determined she write answers by hand, compared to completing a digital survey or my relaying survey questions to her. All of which suggests two alternative approaches may have proved more successful for patient data collection: 1.) I could have been present to ask and record answers to survey questions on behalf of patients, or 2.) I could have conducted a full interview with each patient, eliminating the need for me to repeat their transcribed responses back to them and allowing me to ask them to elaborate further on points of interest. On reflection, I believe that a written survey required an unnecessary effort from patients and resulted in a collection of data which only partially accounts for their use of television in the hospital setting. Yet, it is also worth stating here that the quality and quantity of family unit and first-year student data more than compensates for any oversimplification of experience in hospital surveys; and, in fact, later enables me to consider how instrumental examples of viewing as self-care in day-to-day life might be replicated in patient care.

The effectiveness of family unit and undergraduate student data collection methods might be assessed in tandem, as both groups followed near identical research paths.

Beginning with the distribution of an online viewing survey, hosted on Google Forms, the majority of student and family unit participants completed the survey fairly swiftly. An added benefit of Google Forms was that it would automatically collate survey data and indicate trends of note; for example, statistics relating to how many hours of TV students believed they watched on an average day. After each participant completed the viewing survey, their first phase interview was scheduled. In addition, as per study protocol, I had to keep a schedule of my research activities once interviews began (and NHS recruitment, for that matter). I would share this with my supervisors at the beginning of each week and send an email notification prior to commencing an interview/research activity and another email after each interview/research activity concluded. All interviews were conducted in participants' shared or rented accommodation or family homes, with the exception of two family units (FU2.1 and FU3) whose interviews were completed via Skype.[38] The first student interview was conducted 29 November 2016 (FYUS03), while the first family unit interview took place 19 December 2016 (FU1). In *Reacting to Reality Television: Performance, Audience and Value* (2012), Beverley Skeggs and Helen Wood reflect on their similar decision to interview and observe viewers in their homes, allowing some participants who were friends already to take part in group viewing sessions, while others watched alone with the researcher.[39] They explain:

> "This decision was made to make the research environment less pressured and more comfortable, but it also means that some text-in-action sessions are influenced by the effect of a group, whilst others are a product of a different dynamic between television, sole participant and interviewer." (2012: 117)

Although I did not undertake any 'text-in-action sessions', it is necessary to acknowledge that interview dynamics vary in much the same way. Group interviews, somewhat inevitably, invite more economical responses from study participants and are shaped to a large degree by the dominant voice(s) in the group; typically, a parent or parents when interviewing family units. On occasion, this could be beneficial as a parent(s) might encourage more detailed responses from their child(ren), perhaps relaying a question in more familiar terms or sparking some recollection. Yet, I am also aware that, despite asking each family participant the same question individually before moving to the next, affording each the same opportunity to voice their point of view and experience, some children are simply

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[38] FU2.1 resided in London, while FU3 recently moved from Glasgow to Inverness. Each was still located in their family home, however, for their first phase and second phase/final interviews.

[39] Skeggs and Wood do note that some interviews had to be completed in local community centres or libraries instead due to participants living in shared accommodation (2012: 117).

less forthcoming when questioned.[40] Solo interviews with each family participant could have helped in this regard, but would have demanded significantly more time to carry out and further review by the REC – as I was granted favourable ethical opinion to conduct group interviews only with family units, any change (particularly to interview child participants without the presence of a parent or guardian) would have required REC approval once more.

For student participants, interviewed individually (most often in their own rooms, though sometimes in communal areas), the process was more efficient and appeared to allow a greater intimacy and a feeling of reciprocity between interviewer and interviewee. Generally, REC-approved questions worked well for family unit and undergraduate student participants. First, I would invite interviewees to reflect on what comfort is *to them*, their routines with TV, their favourite texts and comfort TV shows, any experiences of comfort and discomfort from the small screen and conclude by asking how important TV is to them and if they believe that TV is comforting. As planned, I would also review their viewing survey(s) before each interview to get some sense of participant(s) identity and to prepare any additional questions of interest. This approach seemed to produce a much more natural flow of conversation. The end result is 15 primary sources rich in originality and detail. All first phase student and family unit interviews were completed by 17 February 2017 (FU5); again, Christmas and New Year would disrupt progress to an extent and would also come to influence viewing journal entries completed over that period.

Having originally intended participants to complete 14 viewing journal entries, this was quickly revised to just 7 journals (minimum) once research began. This decision was taken as I came to realise that, having completed their online survey and first phase interview, I was perhaps asking too much of participants.[41] One week's worth of journal entries seemed more appropriate, and most welcomed this change (though, a sample of participants still completed 10 journal entries or more). The family units based in Inverness and London submitted all of their journal entries digitally (via Google Forms), as did all student participants. The three families living in Glasgow instead requested the required number of physical copies of the journal – this was largely to act as a reminder to complete journal entries at the end of each day. A number of students later stated in research feedback

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[40] Two young male participants from separate family units come to mind here, both aged 14 (FU3.2 and FU4.4). Each of their contributions are valuable, but I think there may be an inherent shyness/reservation for young males around that age which causes them to recede and more often observe in group situations like this.

[41] As one student participant notes in her second interview/feedback session, "I feel like asking for seven [journals] is fine, but fourteen is just a bit too much" (FYUS03, interview 2).

that a similar physical prompt would have been useful for them, also.[42] For the most part, viewing journals worked well, although during feedback a number of participants noted some confusion concerning two very similar questions. Having accounted for their selection of programme(s) at the start of each journal, participants were asked to 'Describe how you felt or reacted physically as you watched the programme(s)', followed by, 'Describe how you felt or reacted emotionally as you watched the programme(s)'. However, as one participant noted during her family's second phase/final interview, "I can't always distinguish the two" (FU1.1, interview 2). The intention here was to encourage reflection on embodied expressions of ease, tension, elation, and so forth, and how emotion manifests in physical behaviours or responses (or how the viewer attempts to conceal and deny emotional reactions). However, had I conflated the two questions, this confusion would possibly have been avoided.[43]

Similarly, there was some discussion initially – from the same family, in fact – around what 'counted' as television. For instance, does watching a series on Netflix via a tablet/second screen qualify as TV? Or watching a movie or a DVD together on a television set? What about vloggers on YouTube and equivalent digital content? Ultimately, I would urge participants to note all screen media they viewed over the seven days (TV programmes, films, DVDs, streaming services, YouTube), as this would still offer an important insight into their media consumption and the prevalence of different digital devices and content distribution platforms. Generally, the texts they identified were televisual anyway, at least by my definition, in that they were either originally produced for broadcast or adhered to structures (episodic/serialised) and tropes that would usually be thought of as televisual. This request for clarification is interesting, however, in that it illustrates how audiences take much of their viewing for granted; these participants would not normally consider television's form or its effects in such a critical way. In terms of situating this research, uncertainty about what television is in contemporary culture seems pertinent as proliferation of media forms (visual and aural) invites due consideration of why we continue to consume the content we do in the way(s) that we do.

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[42] Two students (FYUS01 and FYUS03) only completed and submitted 6 viewing journal entries, although they believed they had completed the required 7 journals.

[43] Some participants also voiced concern about being too repetitive in their journal entries, concerned they were not watching a diverse enough sample of television programmes. As this 55-year-old mother of three explains, "I felt a bit bad by about day four, cos I was thinking, 'I must be getting really repetitive now.' […] I kind of felt obliged to think of something more interesting to say about what I was watching! It was the same old rant" (FU4.1, interview 2). Her son, aged 18, similarly considers, "Gradually, I started thinking, 'I just watch the same thing over and over every day' […] I have no variety in my TV watching" (FU4.3, interview 2). However, I would always explain there was value in observing the same recurring patterns, allowing me a better understanding of the role television and specific texts play in their daily lives.

Finally, all first-year students and family units would complete a second phase/final interview, starting 15 February 2017 (FYUS09, FYUS01, FYUS07, FYUS06, FYUS05, FU4 and FU1) and concluding 22 March 2017 (FU2.1). Although this was a useful opportunity to discuss viewing journal entries and clarify or develop points of interest, my overriding feeling with the second phase/final interview is that it was of limited value. Instead, I think a single interview would have sufficed for each student and family unit, with a revised timeline for research activities beginning with the viewing survey still, followed by completion of viewing journal entries, and finally progressing to interview. The interview would include the same questions as the first phase interview but would also take into consideration data from viewing journals, before inviting feedback on the research process. Streamlining data collection methods in this way would have been much more efficient, both for researcher and participants. The one consolation about the approach I took, however, is I believe it did allow me to become more familiar with participants, which in turn would make later analysis of their data much more straightforward. I had a clear sense of who they were and how their particular uses and experiences of television correlated with those identities.

Data Analysis and Summary

Over the course of this research, I would collect 34 surveys, 173 complete viewing journals, 16 sets of environment photos, and conduct 30 interviews, amassing a total 1,138 minutes of audio for transcription and analysis. It would take several months to collate and review all data. While focused interviews made it possible to compare responses fairly efficiently, I would later decide to group answers thematically. Prominent themes included discussion around programme choice, scheduling, watching alone or together, familiarity, risk and reward, TV position and viewing environment, comfort texts, sociability, value, and discomfort. This approach would help me to identify significant trends in the data and develop a much clearer understanding of the archetypal comfort viewer's use of TV. Having isolated key themes, I could then consider how experiences varied between audience groups and in light of their circumstances. This would allow a more comprehensive examination of, for example, the importance of place to comfort viewing; for family units, a feeling of place/of 'being in place' (Moores, 2012) is usually about people, proximity and familiar

comforts around the domestic, but students will often rely instead on TV to replicate a similar feeling of home, of connectedness and security. Similarly, various instances of instrumental viewing emerge in the study data, which is to say watching TV in order to enact some physical, emotional or psychological change, the motivations behind which can vary dramatically and will have a direct effect on the type of programme selected and how it is viewed. By grouping together such moments, I could start to think about the responsiveness of different forms of comfort viewing and, once again, how participant position comes to impact text selection and reception. This method of thematic analysis worked well, with focused interviews accounting for the lion's share of analyses initially, before incorporating supporting evidence from participant surveys and journals.

Accordingly, this thesis is divided into three core chapters. The first of these, 'Place,' looks at viewing context and how environment can prescribe the viewer's use of/need for TV; for example, to make a new space appear familiar or less intimidating. 'Instrumental Viewing' then explores themes of digression, sociability and rescue, evidencing how particular TV texts and viewing routines can strengthen the position and resilience of the viewer in daily life. Finally, 'Texts' focuses on the comfort texts identified by study participants, analysing the form and use of the most popular comfort genre: the TV sitcom. It is worth stating hospital patient data is mostly absent throughout my second and third chapters. As has been mentioned, patient data is somewhat limited as a result of the methodology advised by the College of Arts' REC and the study sponsor. This being said, patient surveys still provide significant insight into television's perceived value (or lack thereof) within the hospital setting. Therefore, when I conclude the thesis, I combine patients' survey data with key insights from my analysis of family unit and first-year undergraduate student responses to consider how comfort TV might be used to greater effect in hospital patient care.

Conclusion

In this chapter, I have outlined my research process and considered the merits of the innumerable decisions I have had to make along the way as a developing audience researcher. The challenges that I faced – including perfecting my applications for REC and R&D approval with the NHS, as well as various difficulties I encountered promoting the

study to patients and recruiting eligible participants in the hospital setting – at times appeared overwhelming. I think it is important to highlight here that this is an atypical audience study and that while support was available to me throughout this research – from supervisors, from the sponsor representative, from the two consultants who secured me access to the appropriate general medical ward at the QEUH – no one had really undertaken this sort of study with the NHS previously (at least, in television scholarship I have encountered). This is to say there was not a vast repository of knowledge or experience available to me to call upon within my own field of study, meaning I simply had to persevere and align myself with the prescribed NHS method of (clinical) research as best I could. Yet, as I believe this chapter has shown, the result of this experience is a very solid data set that more than satisfies my research aims – and can be utilised by others in similar research – and valuable expertise for me as a researcher.

My hope now is that by outlining my procedures and experience, by including examples of the various applications and supporting materials I was required to produce (see appendices), and by suggesting how my research approach and methods can be improved upon, humanities researchers will be able to engage with the NHS more confidently in the future.

Chapter 3
Place

> "I really thought I was content, counting sheep and staring at the ceiling. When you're around my world is rosy, when you're around you make me feel so cosy. Home is where you are, home is where you are. You can come home to me, wherever you are, you can come home to me." (BBC Store, 2015)

In a 2015 campaign for the newly launched BBC Store, BBC Worldwide's short-lived video on demand marketplace (5 November 2015 – 1 November 2017),[44] television is framed as inherently domestic. An important part of home – regardless of the device on which it is viewed – television is shown to integrate almost seamlessly into the architecture and activity of what many think of as their most significant and valued haven. While it must be said that home is not always a safe space for all people, within the context of this advert, entitled 'A Journey Through the Decades', television brings the domestic world to life, releasing within it bursts of colour, noise and texture. As the above song lyrics which accompany the advertisement suggest, many 'come home' to television every day, to the place and embrace of their favourite shows and personalities, surrounded all the while by familiar home comforts.[45] Whatever their reality beyond the front door, the 'rosy' world that TV in the domestic appears to offer is one where the viewer might feel comfortable, a space and time in which they are held (figuratively) by what they watch and where they can feel at ease.[46] Promoting this overarching sense of security and familiarity when viewing TV at home – either alone or with loved ones – the advert highlights how televisual ephemera can contribute to our feelings of belonging in that place. Indeed, television appears integral to understandings of home, to the ways in which we each move through and experience our own particular version of the domestic.

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[44] The store was based on a buy to own model, as opposed to a digital streaming service like Netflix.

[45] Written and performed by Nadia Fay, the featured song is called "Home" and was released in 2008 on the album *Honeycomb* (Hot Geek Records).

[46] This relates to D. W. Winnicott's ontological concept of "holding" (1971), at once describing existence and the experience of being, while also referring here to the imagined embrace and reassurance of transitional phenomena (see Whitehouse-Hart, 2014: 81; see also thesis introduction).

Figure 3.1: *Muffin the Mule* (BBC, 1946-52)

Figure 3.2: *Sarah & Duck* (CBeebies, 2013-17)

Presenting just short of a two-minute sequence, the advert features a selection of the most cherished, innovative and fondly remembered BBC programmes. The near chronological progression of historical and contemporary highlights plays out in what is intended to be a representative family living room during the original broadcast eras of each show, starting with *Muffin the Mule* (BBC, 1946-52) viewed on a vintage black and white television set and concluding with *Sarah and Duck* (CBeebies, 2013-17) on a tablet [*Figures 3.1 & 3.2*]. While all that surrounds the screen continues to evolve – the decoration of the living room, the growing and ageing family, the shows of the moment, even the TV set itself, the device developing as the technology does – the advert implies that our feelings towards television and home remain the same. Indeed, TV is positioned as a perpetual domestic comfort, consistently running alongside of daily life and sharing in each milestone, be it

love, heartache, births, deaths, celebrations or moments for reflection. As Amy Holdsworth considers in *Television, Memory and Nostalgia* (2011), "The conditions of viewing […] produce sensual environments and moods in which memories of television are framed" (2011: 25), and this is evidenced here as intimate moments from the life course attach themselves to TV when viewed in the home. Whether it is the lit birthday cake being placed on the side table during *Yes, Minister* (BBC, 1980-81) [*Figure 3.3*], the couple holding hands as they watch *Pride and Prejudice* (BBC, 1995) [*Figure 3.4*], or different generations of the same family hiding behind sofa cushions as Daleks cry "Exterminate!" in the classic and new series' of *Doctor Who* (BBC, 1963-89; 2005-) [*Figures 3.5 & 3.6*], such moments in television also capture 'impressions' of home and of ourselves. There is an implied trust on the part of the viewer, inevitably bound to television's domesticity and its embeddedness in the structures and routines of home. Moreover, there is a sense that TV belongs in the domestic with us, a cohesive presence which, as well as entertaining, informing and challenging audiences, can comfort them and help make a space feel like a home.

Figure 3.3: *Yes, Minister* (BBC, 1980-81)

Figure 3.4: *Pride & Prejudice* (BBC, 1995)

Figure 3.5: *Doctor Who* (1963-89)
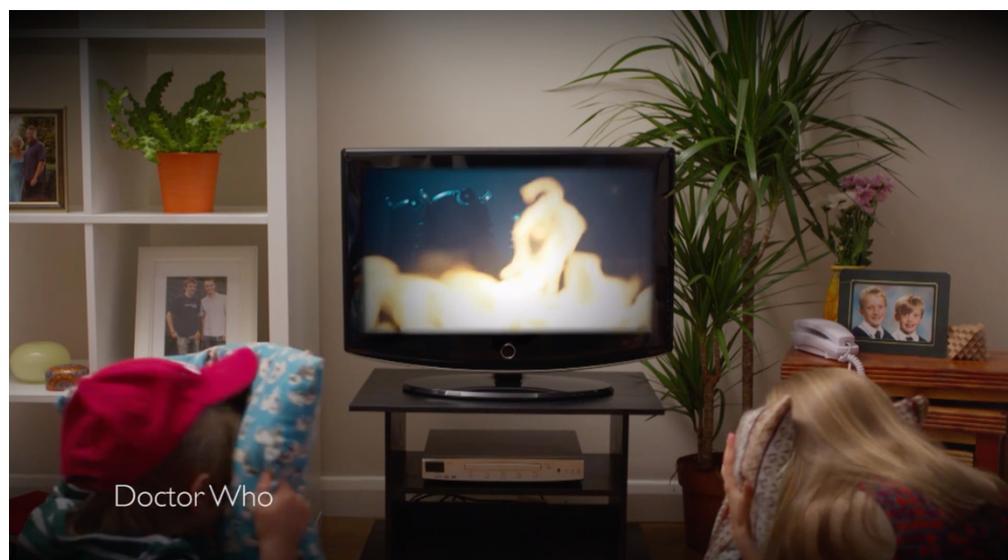
Figure 3.6: *Doctor Who* (2005-)

It is important to state that this was not always the case. As Lynn Spigel indicates in her seminal *Make Room for TV: Television and the Family Ideal in Post-war America* (1992), television's integration into the American home was far from seamless. Families (all viewers) and their homes evolved to accommodate it as part of a "symptomatic […] merging of domestic life with the public world of commercial amusements" (1992: 22). "Television, it was said, would bring the family ever closer" (ibid.: 39), envisioned as "a kind of household cement" (ibid.) in popular magazines of the time and presented as the essential 'focal point' in every home. Indeed, as Spigel explains, television "became the cultural symbol par excellence of family life" (ibid.), as though TV ownership and collective viewing practices were a suitable way to foster and/or signal familial harmony. Yet, having made space for TV, viewers then had to learn how to live with it. Reviewing publications from the period, Spigel notes that while some indicate "people believed television strengthened family ties" (ibid.: 44), others malign the medium's effect on children and its undermining of parental authority, fears around the mechanisation of the household and emasculation, and the emergence of the divided family. Television changed (and challenged) the relationships between family members and their experiences of home. Anna McCarthy confirms in *Ambient Television* (2001), "When the TV set becomes part of the family living room, it not only adapts to the conventional spatial or sensorial arrangements of its location, but it […] takes up a position within the immaterial networks of power that characterise family life" (2001: 2; see also Ang, 1996). This is to say as well as more positive, productive or meaningful encounters, TV can also become a site for conflicts and disharmony, apathy and divisions (manifesting inside and outside of the home).[47]

However, such things are absent here as BBC Store paints a particular image of television in the home (like the print adverts examined by Spigel) and, more accurately, of the BBC itself as broadcaster. TV's position is shown to be that of life-long companion, subtly contributing to the lives of viewers day after day, producing these personal, social and cultural moments that connect us (to each other, to the past, to specific places and who we

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[47] In his article 'Make any room your TV room: digital delivery and media mobility' (2012) Chuck Tryon examines a similar advert produced by Time Warner Cable (TWC) to promote their new streaming application for iOS users. Focused on platform mobility and the temporal and spatial freedom it offers viewers ('users') – "the idea that films and television shows can move seamlessly from one device to another with minimal interruption" (ibid.: 289) – the advert suggests that personal screens in fact "help to reduce family conflict over entertainment […] by offering individualized viewing experiences" (ibid.: 300). To paraphrase Tryon, families can be together in the same space but engaged in separate media activities (ibid.: 291-92), responding to what Amanda Lotz calls "technological tethering" and a post-9/11 "cocooning impulse" (cited in Tryon, 2012: 291).

used to be) and help sustain us. While the advert is especially celebratory – its role is to emphasise how the BBC has been and continues to 'be there' for its viewers, synonymous with comfort, entertainment and trust – as an illustration of how television can influence our experience of different settings, it rather neatly brings to the fore the significance of *where* the viewer watches from. Indeed, although television now seems indigenous to the domestic realm, its operation an instinctive action and its output just another part of the fabric of home, it can fulfil a different set of requirements altogether when activated and utilised in unfamiliar locations. In new or unknown spaces, those that make us feel uncomfortable, uncertain or out of place, TV is used differently. With the potential to assume near transformative qualities, to shift our perception of such spaces and shield us from our own vulnerabilities – be it feelings of exposure, isolation, anxiety, and so forth – watching television can be understood in many instances as a protective action. A way to transpose the reassurances of home into a new environment, or the confidence and autonomy we often experience as viewers in the domestic, TV can provide a much-needed sense of control. As Matt Briggs describes, "We use television to *organise* the everyday, the here and now, the there and then" (2010: 95; my emphasis). Consequently, we ought to ask how does TV comfort the viewer around and beyond the home? More specifically, how does watching television help to create a 'sense of place'?

With this in mind, this chapter considers how viewers are positioned by their environment and how their relation to a particular space impacts their requirement for and reception of TV. Fundamentally, it is about getting to the heart of the viewing subject's need for television in different locations and what it is about TV that comforts them (or not) in said situations. Beginning with distinctions between space and place, I explore television's traditional setting in the home and how we make the setting around the screen ours, i.e. the use of commodities and supplementary comforts to reinforce our sense of place and belonging as we watch. Using audience data to consider the impact of the familiar setting on what and how viewers watch, I highlight some alternate modes of viewing and the comfort function of TV in the domestic. Attention then shifts to viewing in unknown or less familiar spaces, examining a selection of first-year undergraduate students' examples that indicate a greater reliance on the comfort of television during periods of change and transition.

Space & Place

In its simplest form, place is about the familiar, a way of describing a known or tangible physical environment, a location we understand in relation to other people, places, discourses or events we have experience of. Karen Lury explains in *Interpreting Television* (2005), "A place is the way in which objects, buildings, people and landscapes are related to one another in space and time" (2005: 148-49). She continues, "places seem to be something we inhabit, that we recognise." (ibid.: 148-49), explaining "our understanding of and approach to place is most often intuitive" (ibid.: 149-50). As Shaun Moores confirms in *Digital Orientations* (2018): "Location is made familiar and meaningful, and only then becomes place, through habitual practice or movement, and through an associated *affective attachment*" (2018: 63, original emphasis). Essentially, when an individual negotiates different environments, physically moving around and between spaces, they develop first-hand knowledge and experience, some of which is conscious and some of which is embodied and unconscious (ibid.: 2-3). Moores offers the term "knowing-while-going" (ibid.: 13-4) to characterise the individual's increasing familiarity with different routes and locations over time, as repetition orientates them in particular ways. He explains, "My argument is that skilfully moving around and negotiating environments […] is crucial for habitation or for constituting place by making oneself at home in everyday worlds" (ibid.: 3-4).[48] The skilful negotiation of environments described here at once applies to the viewer traversing the landscape of television, moving towards some programmes (places) and away from others, and their negotiation of real locations, i.e. the use of TV to make better their own situation and surroundings.

In *Interpreting Television*, Lury's examination of place relates more directly to televisual journeys and to how place is constructed in and around television texts. Indeed, she suggests a programme must offer a specific sense of place. This sense of place is created and sustained by a range of factors, from a text's audiovisual aesthetics and mode of presentation to the way characters or personalities interact and move through it. The world and experience offered by the programme relies on logic and consistency, at once an environment that makes sense to those within it and a place that the viewer might come to know and anticipate visiting again. As Doreen Massey notes in *Space, Place, and Gender* (1994), "There is imagined to be the security of a (false, as we have seen) stability and an

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[48] 'Knowing-while-going' can be seen in media use and experiences of media environments, whether it is navigating programme lists intuitively on streaming services like Netflix and Now TV or recognising fictitious people and places onscreen and feeling reassured by their consistency.

apparently reassuring boundedness" in such readings of place (1994: 169).[49] Reflecting on British soap operas and how places onscreen are frequently returned to over a period of weeks, months, years – the Rovers Return in *Coronation Street* (ITV, 1960-), the Queen Vic in *EastEnders* (BBC, 1985-) – Lury suggests these "become extraordinarily familiar places to regular viewers" (ibid.: 154), "almost as familiar or intuitive […] as the real places they inhabit off-screen" (ibid.: 150).

Similarly, noting fans of *The Simpsons* (Fox, 1989-) are "able to imagine the 'off-screen' space of Bart and his family" (ibid.: 153-54), she contends "the place of *The Simpsons* extends (in the viewer's imagination) off-screen" (ibid.). Just as characters and personalities appear at home in these virtual worlds, then, there is a sense that the viewer inhabits them also (at least, while they watch the shows). By following the journeys and actions of those onscreen, the viewer helps to bring these places to life and affords them a certain "reality" or substance in their own mind. For instance, if ever Homer mentions the nuclear power plant to his wife Marge, the viewer can conjure an image of the location (its exterior, Homer's workstation, beset with instruments he does not know how to operate), of the people within it (Mr Burns, Mr Smithers, Lenny, Carl) and its significance to Homer and his family as his workplace and source of income. Equally, the regular viewer comes to know Bart and Lisa's school, Springfield Elementary, as the place where Principal Skinner, Mrs Krabappel, Groundskeeper Willie, Nelson Muntz, Ralph Wiggum and a host of other supporting characters "live". Viewer knowledge and experience reinforces these fictitious places and their relevance to the different characters who inhabit or pass through them.

In addition, describing her experience watching *Ant & Dec's Saturday Night Takeaway* (ITV, 2002-) with her daughters, Lury indicates, "Part of the show's operation is to produce the illusion of a specific place, to suggest that the programme offers 'a great night out'" (2005: 179). This notion of the text itself as a place, as *somewhere* the viewer visits for a time and can feel like a part of – albeit via their television device – is significant. It acknowledges that the viewer can use a text to figuratively transport themselves, to experience and/or participate in some alternative, more immediately satisfying 'location'. Massey notes, "The identity of a place does not derive from some internalized history. It derives, in large part, precisely from the specificity of its interactions with 'the outside'"

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[49] Massey contends "the identities of places are inevitably unfixed […] because the social relations out of which they are constructed are themselves by their very nature dynamic and changing" (1994: 168-69). Indeed, "What is specific about a place, its identity, is always formed by the juxtaposition and co-presence there of particular sets of social interrelations, and by the effects which that juxtaposition and co-presence produce" (ibid.). This means that the identity of any place is always open to influence, that it can be 'contested'.

(1994: 169). This is to suggest the place *Ant & Dec's Saturday Night Takeaway* offers Lury and her children is appealing precisely because it is distinct from their day-to-day experiences away from the screen (and is ideally positioned in the schedules). It is not work or school or weeknight routines, but rather is home and togetherness, an opportunity to interact and to laugh and be close. As Lury confirms, "It is a place which acts as a temporary embrace, a fantasy of community, where the sensual abundance, the tactile qualities articulated on-screen are echoed briefly at home" (2005: 184-85). 'The outside', as Massey calls it, can also make those places onscreen all the more satisfying and desirable.

In fact, the place of the viewer, i.e. their physical relation and reaction to where they watch television from, might be thought of in similar terms to places they encounter onscreen. While space is categorised by Lury as "abstract", "analytical" and "geographical", place is said to be "familiar" and "fantastic" (ibid.: 149-50), "operat[ing] on an intimate and personal scale" (2005: 148-49). Whether it is your regular seat in the family living room,[50] the appeal of watching television alone in your bedroom, the same old desk at work, even the interior of your car, places are encountered and understood differently to unknown or unfamiliar spaces, those we might have an awareness of or can quantify to a degree but have yet to experience or are unlikely to "know". Places are sites of meaning. They inspire recognition, "ownership" and belonging. The home especially is critical to maintaining ontological security and feelings of continuity (see Silverstone, 1994). Spaces, by contrast, are the gaps *between* worlds, by which I mean the spaces between our own personal sites of significance which do not usually impact our lives in any recognisable way. As Lury notes, "space defines the relationship of one object to another" (2005: 147-48), suggestive of function and detachment as opposed to emotional resonance. In fact, spaces could be seen to represent our sense of distance from the feelings of comfort, home and security which we all innately desire and depend upon; the journey, rather than the destination. Space, as Massey suggests, is the outside, often perceived to be threatening and hostile (see Ellis, 1989; Ellis, 2007), while place is the safety and reassurance of the interior, of shelter, of our people and things.

The three sites featured in the audience data usefully illustrate this distinction between space and place. Beginning with the familial home, it is typically a place of significant meaning. As Moores notes, "Being there means being where we feel most

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[50] As a female first-year undergraduate student noted, "Some people have an area of the sofa they always sit in […] Like my dad at home, he'll always sit on that [part] of the sofa. Everyone has their little quirks in a certain area that I think they gain [from]" (FYUS06, interview 1).

'ourselves', where identity is confirmed" (1996: 19), a place of 'powerful emotional resonances' where vulnerability and emotion are often entertained without worry. Yet, as John Fiske acknowledges of the family living room, this "cultural space bears different meanings for different members of the family" (1987: 74). By extension, the domestic might not be safe or satisfying to all – at the very least, not all of the time. It is important to recognise that home can also be threatening, uncomfortable and alienating. Domestic life can be troubling and unpredictable. As Silverstone echoes, "Home [is] both full of conflict and political" (1994: 28). In *Geographies of Exclusion* (1995), David Sibley similarly explains:

> "What is missing from 'the house as haven' thesis is a recognition of the polar tensions surrounding the use of domestic space, tensions which become a part of the problem of domination within families. They derive from the ambiguity of boundaries which some people have difficulty in resolving." (1995: 94-95)

For Sibley, home "provides the context" (ibid.) for various 'tensions' and conflicts – he makes reference to individuals with mental health issues and victims of abuse in particular – indicating the domestic can feel like an *arena* for some as opposed to the 'haven' or refuge. I must reiterate here that study participants were self-selecting, and as such individuals with perhaps more troubled or complex relationships with home appear to be largely absent from my study data. Instead, home presents most often as a sanctuary for participants, a welcome retreat – albeit one with its own challenges – which operates in recognisable and reassuring ways.

Indeed, the individual at home "know[s] their place," has a clear understanding of their role in that 'interactional environment' and what behaviours the setting and its people will allow for (Moores, 2012: 9). According to Moores, 'practices of consumption' help define the home and its boundaries (2012: 19), which suggests habitual action (including media use) and the continuous commodification of the home to reflect the tastes and needs of the individual creates familiarity. This in turn fuels a sense of certainty and confidence in that environment. As Silverstone appropriately declares, "Home, substantial or insubstantial, fixed or shifting, singular or plural, is what we can make of it" (1994: 26). The student newly arrived at University accommodation, however, requires more time and effort to achieve a similarly intuitive and comforting status. Firstly, prior to the student's arrival at university, their accommodation is just another part of the university experience to look forward to, tied to their future aspirations, education and next phase of life, likely discovering their identity as an independent individual away from home for the first time. The abstract space

represents a logical choice, ruled by practicality. It is only when they arrive at and inhabit the space that it then becomes real, and the student is tasked with making this new space acceptable for them, with finding a way to make it theirs and somewhere they feel they belong (if only temporarily). Television, as I will later explore, can play a significant role in this transformation, in shifting our perception of spaces by cushioning our transition.

The Queen Elizabeth University Hospital perhaps represents most clearly the 'abstract' or the 'unknowable' space in this study, one which patients are unlikely to feel readily at ease or at home in. The typically limited duration of each patient's stay does not allow for any meaningful transformation of space, as they are held in a nondescript single room with a bed, chair, table, sink, bedside cabinet, bathroom, and touchscreen TV, identical to that of every other patient [*Figures 3.7 & 3.8*]. There is no allowance for the quirks of identity or individuality. The room is designed purely to meet the medical needs (by which I primarily mean biological, as opposed to psychological) of the patient, providing material comforts only, such as bedding and blankets. Accordingly, the space itself is only ever temporary, designed for recovery and transition. It does not promote attachment, long-term habitation or meaningful recognition from patients; it is purely functional.[51] Becoming known or familiar, assuming the comforts of home, could be seen to hinder that functionality. Because of this, there is a constant sense the patient's situation could change at a moment's notice, that they might be swiftly vacated from their bed to be replaced with another patient. While this ceaseless waiting for the inevitable encapsulates the very nature of all hospitals, the uncertainty and instability this can generate for the patient makes it an especially complicated space. Using the journey analogy once more, it is as if the patient has little to no knowledge of how long their journey through this space will take, where it will take them, or what their 'arrival', i.e. if/when they are discharged, will mean for their life beyond this setting. Accordingly, as well as being a space for recovery, it is also one of turmoil and conflict.

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[51] This is not strictly the case for all areas in the hospital, with children's wards in particular tending to be more colourful, vibrant and stimulating.

Figure 3.7: Single patient room

Figure 3.8: Touchscreen TV device in single patient room

With regards to TV viewing, these examples of space and place draw attention to what Anna McCarthy describes as the viewer's "orientation to the screen" (2001: 222), i.e. how their physical position and activity in relation to the screen impacts engagement and their overall experience of what they watch. As this chapter will now go on to explore, the differing situations of audience study participants frequently determined the nature and volume of their TV use. As John Fiske states in *Television Culture: Popular Pleasures and Politics* (1987), "The conditions of a text's reception necessarily become part of the meanings and pleasures it offers the viewer" (1987: 72). A familiar setting, for example, whether the familial home or a student's personalised room in shared accommodation (as opposed to a communal TV room or social area), appears to encourage modes of viewing and attention specific to that place. Surrounded by objects and artefacts they have

accumulated over time, as well as introducing supplementary comforts and rituals to imbue the experience with additional pleasures (Ellis, 1989), the viewer in a familiar setting appears to have greater agency. More specifically, they appear confident in their use of television when situated in the domestic context, able to utilise the device as a comforting tool responsive to their needs when they require it. As an "environmental resource", James Lull suggests TV "instantly creates an apparently busy atmosphere" (1990: 36), making the domestic a more responsive setting better suited to the innately social needs of viewers. This is to say TV can provide the illusion of companionship and activity during quiet spells, as well as creating opportunities for interpersonal contact when others are nearby (1990: 39).[52] Chuck Tryon's consideration of the impact of temporal and spatial mobility on contemporary TV, due to evolving technologies and the time-shifting potential of on demand viewing, is also pertinent here, contributing to what he calls "the casualization of the practice of film and television watching" (2012: 289) around the domestic realm.

By contrast, the unfamiliar setting, the 'abstract' space which lacks personal resonance, such as the hospital room or student accommodation upon first arrival, dictates an altogether different stance. The viewer's need for TV in such spaces often appears far more urgent and motivated, driven to alleviate any immediate discomfort, feelings of vulnerability or exposure, or even just boredom, as quickly as possible. Television emerges in such situations as perhaps the only way to make the space "theirs", to influence and control the setting in a way that makes it either less intimidating or devoid of character and meaning for them. In the case of the lone hospital patient, television is, first and foremost, a way to pass time and distract from their immediate situation, from their physical location, as much as their physical condition. In *Prescription TV* (2012), Joy V. Fuqua argues, "While it is not conventionally understood as part of supportive design, I maintain that television can function as a substitute window on the world and provide psychological support for patients [in medical spaces]" (2012: 59). TV is a way to inject a degree of normality into what is otherwise a relatively lifeless, isolated space; a way for the patient to recover part of their daily routine and generate a sense of connection to the wider world beyond those four walls. As Fuqua confirms:

> "Its own type of palliative care, television enters into medical spaces; in so doing, it transforms our experiences of those spaces and our experiences as patients, visitors,

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[52] Whether alleviating discomfort by providing "an immediate agenda for talk" (Lull, 1990: 37) or serving as a "social distractor" or "family relaxant" (ibid.: 39) – negating any need for discussion whatsoever – television is described as playing a central role in the 'normative' interactions of family members and other 'social units' (ibid.: 29).

doctors, nurses, and staff. At the same time, watching television in these clinical contexts [reminds] patients of home, serving as a medium – a connective channel – between home, family, friends, and the patient's experience of the hospital." (ibid.: 2)

The hospital space informs some of the possible uses of television here, as arguably the patient's only viable outlet for "interaction" and sociality, self-expression and amusement (although during the recruitment phase of the study it became clear not all patients choose to engage with the installed TV device, either because they were not interested in television to begin with, they were uncertain how to navigate the touchscreen, or the shows that they would prefer to watch were not available). Television can become a tool for comfort and the recovery of some semblance of self in such spaces, a way to feel "normal". As Fuqua recalls of visiting her father in hospital, television's presence "temporarily distracted us from our fears and worries" (ibid.: 1-2) and "allowed [us both], if only for a brief time, to think of *something better*" (2012: 1-2).

McCarthy, who similarly considers TV encounters in waiting environments such as medical waiting rooms, airports, and car mechanic workshops, describes TV viewing as a form of waiting "legitimised" in such spaces by the sense of purpose and activity it manufactures (2001: 199). Aside from occupying the viewer's time in atypical environments, manufacturing a short-lived sense of purpose, television's role is again, arguably, that of comforter. Regardless of what might be on the screen, television's call for attention in such spaces serves as both distraction *for* the viewing subject and *from* the viewing subject. In allowing them to purposefully do "nothing," television can help to limit any feelings of exposure or vulnerability the viewer might have. Moreover, despite the content not always being familiar to the viewer, the interplay of image, light and sound emanating from the screen still adds a recognisable and reassuring quality to these unknown settings in a way that can make them appear less harsh, clinical or possibly even intimidating.

Places Transforming Television

Before progressing to consider the comfort-driven transformation of spaces using television, I want to focus on home and the familiar in greater detail, on the significance of the viewer's sense of place and how this then manifests in their viewing behaviour. To clarify what I mean by 'sense of place', I refer to a location's ability to excite feelings of comfort

or safety, to inspire recognition, purpose or reassurance in an individual, the feeling they belong there to some degree. Thus far, we have explored distinctions between space and place, but have yet to touch upon what makes for a comforting viewing environment or on the viewer actions or reactions these preferred settings inspire. To address this, I think it is important to begin with the descriptions of comfort provided by study participants and the centrality of notions of home, before examining the effects of visual, tactile and auditory comforts in the domestic context.

When asked to explain the concept of comfort, many participants related their understanding to physical places, identifying the comfort of home, of their bedroom, of warm or 'cosy' spaces, of the familiar and the familial, and an inherent desire to feel safe and secure. The descriptions offered predominantly hinged on recognition of the physical setting in which viewing occurs and the viewer's physicality within that setting, i.e. how the setting either allows or encourages them to feel and/or perform as a viewer.[53] For example, a 24-year-old male student described the pleasure of "just having a nice, comfy sofa to sit on" while watching TV (FYUS08, interview 1). He then went on to consider how his viewing in the family home compared to his new life as a student:

> "At home, you've got a sweet sofa, and, also, my living room is super cosy at home. We've got a fire, there's pictures around, that family vibe. And it's got a carpet as well, which is a big deal. Carpets are way cosier than hardwood floors, I think. Comfort has a lot to do with warmth! I've just realised. If it's warm, then I'm fine." (ibid.)

This list of comforting attributes is particularly useful. Sensory qualities are pushed to the fore, with that 'sweet' comfortable sofa, heat from the fire, and the reassuring warmth of carpet beneath his feet encouraging a more relaxed attitude and feelings of security and satisfaction. As this 54-year-old father of two echoes, "In the sitting room, it's very particular, isn't it? I think it feels much more cosy, especially when you put on the fire" (FU1.2, interview 1). Even as the student described this setting, a sense of warmth translated to the passion and enthusiasm of his speech, fondly recalling this cherished domestic retreat. Moreover, his account captures the intuitive nature of place described by Lury, identifying each of the comforting elements of his family home as though he were still inhabiting it in

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[53] Others, like this 33-year-old single father, emphasised the feeling of comfort as opposed to the comfort of specific objects, places or people: "I would say being in a relaxed state, you know, not having any stress or anxiety" (FU3.1, interview 1). His son, aged 14, similarly related comfort is, "I suppose not doing anything challenging. Basically, not doing anything to be productive" (FU3.2, interview 1); the elimination of obligation, risk, conflict or uncertainty.

that very moment, still able to locate or find himself in that place. As importantly, his reference to pictures and 'that family vibe' indicates that signifiers of identity can further support this cared for atmosphere and sense of place or belonging, even if they do not directly impact on the viewing experience. By 'cared for', I refer here to the responsiveness of the site to the individual and its ability to satisfy conscious and unconscious needs, furnishing this participant with a comforting place for respite and relaxation away from campus, as well as a chance to reconnect with his family.

Many participants agreed that the presence of photographs, either on the walls or around the TV screen, can help them to feel comfortable in a space. As John Ellis states in *Visible Fictions* (1989), "The TV set is […] often the place where family photos are put: the direction of the glance towards the personalities on the TV screen being supplemented by the presence of 'loved ones' immediately above" (1989: 113-14). Yet, the majority were quick to note such images do not typically impact upon what or how television is viewed. As one 18-year-old female student noted, "If it's a good show you tend to just focus on that. […] The pictures [on the wall] make me feel more comfortable but I don't think [they have] any relation to what I'm actually watching" (FYUS03, interview 1) [*Figure 3.9*]. A 50-year-old widower and father of two similarly noted of one of his favourite photographs of his late wife, situated to the right of the television screen in the family living room, "I don't think it changes necessarily how I view, but there's no doubt at some subconscious level I suspect I want her to be there too" (FU2.1, interview 1) [*Figure 3.10*]. Both examples draw attention to the differing functions of the supplementary comforts which we all choose to surround ourselves with. Indeed, while photographs are these tactile, physical objects, the comfort and pleasure that most derive from them is instead bound to the moments or people from the past they recall, visual cues triggering spontaneous irruptions of memory, reminding us of how things once were and connecting us to our own histories, as opposed to how the photographs feel physically.

Figure 3.9: Photographs of FYUS03's friends and family above her laptop

Figure 3.10: Photographs of FU2.1's wife and children either side of the TV

Aside from the emotions they can induce, from feelings of joy and happiness to swells of loss, sadness, even regret, photographs do not enact upon us in the same way that a comfortable sofa, heat from a fireplace, or a soft carpet might. They are perhaps understood best as signposts, signalling personal progress and continuity, in that they remind us of who we are and that the place we find ourselves in is ours (for that moment at least). The same is true of all trinkets or mementos, collections, artworks or artefacts. As Elizabeth Chin notes in *My Life with Things* (2016), "[Things] have staying power," before speculating, "Maybe if all the stuff around me is solid, rooted, it will hold me in place too" (2016: 99). She goes on to suggest that 'things' are what "hold [our] stories together" (Chin, 2016: 147-48), largely because of what we believe them to be, because of the significance or value we choose to attach to them. Even the decoration of the walls or colour of curtain fabric

represents aesthetic choices we have made, our tastes and interests, and, to an extent, our affluence and prosperity. As this 18-year-old male from a family of five confirms, "It's the stuff that matters, cos everybody's going to have a TV, aren't they? Whereas, not everybody's going to have the same pictures on the walls […] That's the stuff that we care about" (FU4.3, interview 1). In effect, that 'stuff', as he puts it, the material environment that they have curated, is them (see Moores, 2012: 26-27).

Focusing on the visual qualities of objects and decoration in the home, the comfort they offer is perhaps understood best as a form of reassurance. When paying close attention to individual objects, scrutinising old photographs or souvenirs, we may notice qualities or details that inspire excitement and enthusiasm – a beaming smile, laughter, pride, tears, and so on – but that is not how the home is usually experienced or engaged with on a day-to-day basis. Instead, these visual signposts are more like a 'collage of me', a symbolic collection and composition of things of varying levels of value or importance which make this setting familiar, which make it consistently recognisable and safe. In her study of the place and space of television in Brazil, Ondina Fachel Leal describes the decorative objects which frame the TV device as "an *entourage*, as interconnected pieces of one coherent set" (1990: 21; see also Morley, 1995: 185-86; Holdsworth, 2011: 29-31). "The choice of arrangement of these knickknacks illustrates the fact that objects are not ontologically meaningful in themselves, but human action is inherently symbolic" (ibid.), creating meaning and "transforming material objects into cultural objects" (ibid.). Evoking this idea of television as *altar*, Holdsworth similarly notes how viewing experiences are framed within "a domestic memory network" (2011: 30), the television set itself akin to the photographs and artefacts that surround it; "both a reminder of, and a member of, the family" (ibid.: 31). What I mean to suggest here is that the individual's arrangement of the domestic can be subliminally comforting, that visual continuity and displays of identity might orientate them more favourably towards the screen.[54] Returning to Moores' 'knowing-while-going', the viewer has grown into their version of their domestic experience (the domestic might be used as a catch-all term to describe a situation involving a family or group of people and their home but is not universally the same). Their subjective experience, habitual movement and routines include a specific aesthetic aspect, which is to say they recognise the spaces they

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[54] One exception to this idea was offered by an 18-year-old male student, studying mechanical engineering, who considered the guilt attached to too much viewing and how certain objects, like textbooks or family photos, can serve as a reality check: "I talked about a saturation point, like a sweet spot after [which] you start feeling, 'I should definitely be doing something else right now'. I'd say that some of the material in my room, mostly work-related stuff, but also like mementos or things to do with friends and family, can sort of prompt you to feel like, 'I should do other stuff, I should be doing other stuff'" (FYUS11, interview 1).

move through and these spaces become a part of their lived experience. When their surroundings conform to expectations, this signals to the viewer that all is as it should be and affords them a sense of confidence and certainty.

Reflecting on John Caughie's writing on 'telephilia' and distraction and what it might mean to 'love' television (2006), Rachel Moseley considers:

> "My identification of and discussion of […] 'telephiliac moments' emerges from the tension between the adult, analytical self and my unstable memories of watching as a child, of the continuities and discontinuities between on-screen and domestic space, the uncertainty of the magical and the certainty, for this viewer, of 'home'." (2016: 107-08)

Most significant is Moseley's assertion that on-screen and off-screen spaces inevitably overlap, that her memories as a viewer – of home, of childhood, of loved ones and previous screen encounters – and her location within the familiarity of the domestic coalesce with TV, occasionally to create something 'magical'. As the backdrop to her viewing, home, along with all the feelings and recollections it inspires (both good and bad), is brought to bear on each and every television text.

By contrast, there is a far greater physical dimension and interaction with objects like the sofa, blankets, pillows, cushions (their texture, at least), practical items created to enhance physical comfort in the domestic and help the living space to function better. Such objects speak to and reward our physical bodies by touch. Not only can they make a space habitable, they can make it more comfortable and inviting; a setting that we long for at the end of the working day, that we shelter in when we feel unwell, that we gather together in with others to watch anticipated shows or celebrate milestones. Although, it should be said we can also use these things to hide, to exclude ourselves, to avoid daily chores or tasks, and so on. Any notion of the viewer's sense of place is as much about the texture of different places and how the viewer uses tactile comforts to enhance their viewing experience. As this 44-year-old married father of two explained, on occasion, his family will all gather to have a movie night or watch a specific TV event together: "It can be the whole, 'Right, let's get under the blankets and get the juice and sweets out,' and […] you know, make something of it" (FU5.2, interview 1). His comment here positions TV viewing as this cumulative experience, made all the more rewarding with supplementary comforts, the consumption of special treats and the presence of loved ones nearby. His suggestion that these additions can help to 'make something' of TV, can result in a more satisfying viewing experience, is

important as he highlights not only the possible impact supplementary comforts can have on what and how we watch, but an awareness on the part of the viewer as well that, rather than being wholly pacified by television, they can intervene and shape their experience of it. Whether it is a now-and-again "binge", such as this one, surrounded by material comforts, an abundance of consumables, and close family, or daily rituals, like putting your feet up on the sofa, turning the heating up, and settling down with a cup of tea while watching the soaps, the viewer can impact their reception of television, for better or worse, with their activity around the screen. Moreover, the behaviour this father describes, I would suggest, is specific to domestic viewing and to the freedom the domestic often affords viewers to watch television in whichever way they wish. It is unlikely that viewers would perform in this way – with blankets, juice and sweets – in an unfamiliar or fleeting space, like a GP's surgery. Such behaviour is reserved for the privacy of home, for our own places (and our own people).

Another 18-year-old female undergraduate student, living in shared accommodation, provides a similar example:

> "I tend to wrap myself up in my duvet or something when I watch in my room. I still watch TV shows or films with friends [there], if it's like a couple of us, because it tends to be warmer, for a start. It is *more homely*." (FYUS05, interview 1; my emphasis)

Aside from the closeness and intimacy created by watching TV with others in the confines of her room (compared to the TV room or common areas in her shared accommodation [*Figure 3.11*]), which would appear to predominantly account for this 'homely' quality, the student's mention of 'wrapping up' in her duvet is most pertinent here. Comparable to a child's comforter, the use of the duvet evidences again how the behaviours particular places allow for impact our 'orientation' and how we watch. By enveloping the participant, the duvet, arguably, creates a more intimate relation between viewer and content. Despite this intimacy being artificial, self-induced by the participant making best use of her surroundings, the comfort this action affords is likely to subtly influence her viewing experience. Its use promotes additional feelings of comfort and protection – duvets are typically soft to the touch, they cover the whole body and trap in heat – and the association of the duvet with bed and sleep is also likely to make her feel more relaxed and contented as she watches. Continuing with the idea of 'making something' of TV, the participant covering herself with her duvet while her friends have gathered to watch content with her might also be reminiscent of childhood sleepovers or slumber parties, simultaneously making the

experience familiar and more special or event-like. This example also indicates how particular objects or rituals can be used to create that 'homely' feeling while watching TV, even when a location falls short of viewer expectations or fails to afford the reassuring or familiar atmosphere they desire.

Figure 3.11: Common area in shared student accommodation

Away from tactile comforts, the perhaps unexpected prevalence of auditory comforts in the home in the audience study data also deserves consideration. Having asked participants whether they used television as background noise, around two thirds pointedly dismissed the notion, stating that they always watch with complete attention, focused entirely on the task at hand. However, the remaining cohort displayed greater appreciation for the merits of distracted viewing and the positive effect of TV's comforting presence, particularly as a reaction to moments of isolation in the domestic. As the youngest participant in the study, an 11-year-old girl from one family, noted, "I know I would never, ever be left in the house by myself at this age, but if I was by myself [TV viewing] might just be for background noise, rather than just sitting by myself, no noise at all" (FU5.3, interview 1). Several participants, of varying ages, similarly stated they disliked sitting in silence, even when they were in familiar places, such as the family living room, kitchen or their bedroom. One 18-year-old female student recalled, "Back home, when I was alone, I didn't like to be in total silence. […] I think [television] just fills some sort of void" (FYUS03, interview 1), while another echoed, "I don't like sitting in silence or not having anything happening

around me, essentially" (FYUS06, interview 1). Describing his aptly named "set it and forget it" model of viewing – referring to his use of long form media content, such as gameplay videos on YouTube, as background noise while completing other tasks – one 18-year-old international student explained:

"Back in Greece, it wouldn't be like five seconds without some sort of noise from somewhere […] engines just screeching all over the place, or just my parents breaking something. There would always be some kind of noise. Now that I've moved here, it's a bit quieter and it's a bit unsettling. That's why I usually put stuff like that [on], to keep me on my toes, basically." (FYUS07, interview 1)

This statement is useful in that it reinforces the significant contribution sound makes to familiar settings, as much of a comfort as photographs or trinkets, a warm blanket or a comfy chair. A complete lack of noise in itself can be intimidating, able to shift our perception of known or familiar environments and suddenly make them appear unsettling or hostile.

Despite our sensory recognition of the various characteristic elements of the domestic – the sights, smells, textures – silence can negate our sense of place. In much the same way that the aesthetic qualities of home are a subliminal comfort, the comfort of the domestic soundscape, its characteristic combination of voices, machinery, melodies, and a host of other daily tasks, often goes unnoticed. Remove these elements and you are left instead with a relatively lifeless, 'unsettling' space, as the above student described. Fortunately, television is usually an integral part of said soundscape, as anticipated as hearing the voice of a partner or family member when walking into a room, and can be relied upon to alleviate such anxiety, providing a familiar focus. As Roger Silverstone confirms, "Continuities of sound and image, of voices or music, can be easily appropriated as a comfort and a security, simply because they are there" (1994: 15). The illusion of presence and activity TV creates can mask the viewer's isolation or uncertainty in such instances. The noise of television replaces the unwanted quiet in a way that seems effortless and natural, that, once again, shields the viewer from their worries and heightened self-awareness. This is not to suggest that there can be no pleasure in isolated viewing – it is often preferable, particularly when viewing much-loved or greatly anticipated programmes for the first time – but that, depending on the needs of the individual from moment to moment, even home can feel unfamiliar or unwelcoming when empty. Sharing an innate need for other people, for distinct forms of sociality and togetherness at different times, the appeal of collective viewing is often not actually about television itself, but rather the comforting space and time

that television allows for. Any auditory comfort provided by TV in moments of isolation creates the illusion of said sociality and togetherness for the individual and begins to satisfy this need for the presence of others. By the same token, the sounds of television can also be used to respond to conflict, to drown out arguing voices or escape upsetting incidents and provide an alternative focus.

Returning to Silverstone's comment, domestic continuity emerges as a theme here once again, of the domestic as a setting which anchors daily life. It is this sense of continuity, an accumulation and composition of distinct visual, tactile and auditory comforts in the home, which would appear to make a place reassuring and recognisably ours, which can allow the viewer to feel most at ease and like they belong. Furthermore, this continuity includes television itself, our preferred shows and personalities, this physical device (in whichever form it takes) and metaphorical "member of the family […] providing comfort or a sense of security" (Silverstone, 1994: 40) to those who require it most. This reliability and familiarity, our attachment to domesticity and all it can represent, undoubtedly changes our viewing behaviour within its walls, as I will now explore.

Modes of Viewing

When the viewing subject has some sense of place, of continuity and familiarity, this seemingly allows for alternate modes of viewing. Indeed, comfort in the domestic appears to encourage different forms of engagement, from multitasking and 'set it and forget it' viewing, to increased vulnerability and intense displays of emotion, and even total disengagement from the screen. The familiar place requires TV to be more malleable, to adapt to the flow of activity and to respond with whichever mood or atmosphere the viewer(s) might require. If we continue with this idea of television as background noise, for instance, as one of many sources vying for viewer attention, we begin to see how place can influence viewing habits and outcomes.

While the background noise discussed in relation to auditory comforts focused on television as a way to eradicate silence, to create the illusion of presence and normal activity in the home, study data indicates TV is also often used as background noise alongside numerous other activities. Several participants, in fact – notably, mostly undergraduate

students and younger family members – explained they typically engage with multiple information, communication and entertainment sources simultaneously whenever they are at home, be it phones, laptops, tablets, television sets, games consoles, music players, books, magazines, textbooks, and so forth. As one 14-year-old boy notes, "I'd just say it's a natural reaction. Coming home from school, I'll probably just put [TV] on as background noise, then I'll probably go on my phone for a bit and just not stay focused on it" (FU4.4, interview 1). The international student from Greece, who coined the term 'set it and forget it', also concurs:

> "When I'm in a more familiar atmosphere, like my room, I feel like I'll be more inclined to multitask; to multitask from watching the show to probably chatting on my phone or probably even having some music in the background or even cleaning my room." (FYUS07, interview 1)

Similarly, this 18-year-old arts and humanities student highlights her incorporation of television into other daily tasks, part of the multisensory landscape of the domestic:

> "If I'm doing something like putting on makeup, for example, something really routine, something that you don't really think much about, but you're sort of still focusing on it, or doing like a little bit of homework, then you'll just turn on the TV. I think I said things like gameshows or Louis Theroux documentaries [in the survey], I'll just put them on in the background usually and then do little things. […] I just like having lots of things to focus on; I get distracted easily." (FYUS06, interview 1)

Crucial to all three statements here are the frequent shifts in focus each participant refers to, as their attentions wane and they engage with alternate or multiple sources of gratification.[55]

Unlike an audience in a cinema, where viewing etiquette is prescribed and the gigantic screen, surround sound, and seating position dictate continuous attention, the viewer at home is free to wander, to move around and perform however they like. Francesco Cassetti writes how the multitasking spectator at home treats film, and, by extension, TV, as "something to pick up now and put down later" (cited in Tryon, 2012: 289), a sentiment strongly echoed here. Reflecting on the differences between theatre attendance and watching

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[55] Eating while watching TV is one further example of multitasking which emerged frequently in the study data, and was slightly more universal in nature, with students and family members of all ages discussing their viewing habits at mealtimes. As a 33-year-old single father, who expressed that he only watches television when he eats, explains: "I'm getting the satisfaction of eating and I'm seeing something on the TV that I'm liking, so, yeah, food and TV is an excellent combination for me personally. […] The more stimuli, the better!" (FU3.1, interview 1). This 18-year-old female student similarly echoes, "I'm so used to eating with something on [the TV] that I need that; watching TV is definitely part of the routine" (FYUS03, interview 1).

television in *Media Audiences: Television, Meaning and Emotion* (2009), Kristyn Gorton similarly notes, "You are allowed to doze off or just leave a television programme" (2009: 3), as opposed to feeling forced to 'pay attention'. Participants appear to be satisfied with this kind of partial engagement – despite some lamenting the habit – with TV a casual commitment that contributes to the mood or atmosphere of a room (see Lull, 1990), but does not dominate their time or, indeed, takeover the entire viewing space. Returning to the Greek international student once again, he confirms:

> "Yeah, I'm going to watch for like two minutes and then I'm going to bring out my phone, probably start browsing some websites […] If there's any loud noises happening, I'd probably watch [again]. Although I do kind of regret that I don't fully pay attention to one thing at a time, it has kind of become a habit. […] I do believe I'm getting a good enough experience." (FYUS07, interview 1)

It is as if there were safety in distraction, that by only partially committing to multiple streams of information and activity at the same time, the individual is less likely to be disappointed or dissatisfied by all of them, seen to be utilising their time more effectively and de-risking the cost of consumption (i.e. time spent, or 'lost', viewing). This 18-year-old female undergraduate confirms, "I guess it's more convenient to be doing two things at the same time, cos it's almost like an excuse for watching TV. If you're doing dinner [for example] and watching TV at the same time, it's not like you're wasting your time" (FYUS10, interview 1).

Equally, this sense of a 'good enough experience' indicates limited engagement does not automatically equate with a lack of interest. The individual is possibly pursuing what they consider instead as a more "complete" or well-rounded experience, one that engages multiple senses with the potential to yield different kinds of comfort and reward simultaneously. Again, this kind of engagement is made possible due to the viewer's familiarity with (or confidence in) their location, able to utilise their performative freedom in this place to assemble the most satisfying experience for them at that moment. Equally, "the necessarily *embodied* character of their media use" (Moores, 2018: 2-3), which is to say their "tacit, practical know-how" (ibid.), enables them to instinctively negotiate multiple media technologies (laptops, smartphones, tablets, television sets) without thought or hesitation. Another 18-year-old female student explains, "When I'm busy and not fully paying attention, I just watch *Friends* or something easy. You don't need to pay attention that much. […] It's just the sort of show that you can watch any episode of" (FYUS03, interview 1), highlighting also the importance of viewer familiarity with texts and genres

when it comes to this layering of inputs.[56] Any assessment of viewing outcomes, I would suggest, of the success or failure of this kind of activity, of the comfort achieved by creating this hive of distraction, is for the viewing subject to make. Alternative modes of viewing should not be dismissed or devalued as forms of engagement due to traditional notions of the spectator's role or position in relation to television and the screen.[57] The contemporary viewer has far more options for different kinds of engagement with television, from linear broadcast flow to physical media collections (DVDs, blu-rays), to catch-up TV, (live) streaming and video on demand services. As Jason Jacobs explains,

> "If its content is easier to own and control, our attention is less secure in relation to digital television. Knowing that we can simply pause, rewind and repeat, or download another time might easily promote a casual, inattentive kind of viewing, one that samples content knowing that our attention can be activated more fully, if needed, another time" (2011: 264).

TV in the domestic context must now compete with other media technologies, must move through the home (and beyond it) with the viewer and accompany other activities instead of being fixed in place. Television is no longer the primary media object and instead must vie for attention.

At the opposite end of the scale, study data evidences the intimacy of familiar places can also allow a far more emotive range of viewer responses, particularly when watching content alone. As this 19-year-old female student revealed:

> "If I'm watching something in the quiet of my own room and nobody is disturbing me, I can be very vulnerable with myself and just cry over TV. Oftentimes, when I have a TV series that I really love and I'm showing it to someone, I'm […] very self-conscious, all the time fearing they will not like it. It does change, it doesn't give me as much comfort when I'm viewing it in a space with someone that hasn't seen it before and it's very kind of personal to me." (FYUS01, interview 1)

The juxtaposition of these different feelings towards vulnerability, as something which is welcomed and cherished in the privacy of her own bedroom, her own thoughts, yet

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[56] A further female student states, "It depends on the thing. If it's something that I'm really into, I will not tolerate phones, I will not tolerate speaking, I shut that down. But if it's like *X Factor* or that sort of thing, [that's OK]" (FYUS06, interview 1).

[57] Caughie suggests television is tethered by the everyday, that engagement "plays off detachment and absorption, distance and closeness" (2006: 16-17): "In both its location in everyday space and in its formal rhetoric, [television] may offer an exteriority to be appraised rather than a interiority in which to lose ourselves" (2006: 15; see also Jacobs, 2011). Television anticipates and responds to the distractions of the everyday to sustain viewer attention, yet Caughie implies its segmentation denies audiences the richness, affection and potential for absorption he identifies in cinema. Distraction erodes attention, which in turn is seen to dilute experience.

feared beyond it, with her TV tastes potentially inviting judgment or feelings of exposure when viewed with others elsewhere, is very telling. While I am less inclined to believe that the fear this participant describes is necessarily universal, this example does usefully confirm the effect of different places and spaces, their (lack of) inhabitants as much as their contents, on what and how we watch. Despite her evident anxiety and vulnerability being the result of the presence of others, anticipating their critical evaluation of her favourite texts, and, by extension, of her, what is interesting here is the participant's suggestion that TV viewed alone, in the privacy of a familiar setting, almost allows her to be a different person. Indeed, a sense of place seemingly enables her to give herself over to these different narratives and characters, to temporarily forget herself and any complications in her life, as opposed to the guarded, self-aware individual who emerges when watching or discussing TV with others. She went on to explain, "I think the best part about good TV is that only those characters exist, and only that world exists while I'm watching that; only that is real at that moment. That's what does it for me" (FYUS01, interview 1). Her feeling of security when situated in her own setting, then, in her own company, makes this more intense expression of emotion possible, and neatly takes us back to this notion of being figuratively embraced by television as we watch, of the comforting and 'cared for' atmosphere that can emerge when viewing in the familiar place.

As a continuation of this sentiment, one final example of place encouraging different modes of viewing emerges in this family of four's account. Describing the appeal of the forum that TV creates *for them* whenever they watch, the family's youngest daughter, aged 13, notes, "Mum, like, lies on the sofa whilst watching [TV]. She's just on her phone or falls asleep, but she's still there" (FU1.3, interview 1). Her mother elaborates:

> "I feel like I'm there watching it with them […] I like that, I really like that. Even if they pick a movie on Friday that I don't want to watch, I will still lie on the sofa and get warm and cosy and fall asleep and I'm completely happy." (FU1.1, interview 1)

Most notable in this example is the comforting appeal of simply being with others in the same place. While television does not proffer a televisual experience of interest to the mother, it still affords her comfort indirectly by its reorientation of the family space, temporarily housing one and all in the same location. Like the sensory comforts explored previously – particularly auditory comforts – TV offers a temporary focal point around which the family can gather and interact, participating in this collective consumption. For the mother, the sound of her husband and children chatting and enjoying different shows, combined with the distant noise and flickers of light from the screen – from which she is

almost entirely disengaged – are a comforting, reassuring presence, helping her to rest easy, to feel 'completely happy'. And despite not participating directly in the viewing experience, she is, as her daughter notes, 'still there', still contributing to everyone else's interactions, both with each other and the screen.[58] As the previously cited widower confirms of his own family viewing experiences:

> "I think that is again another part of the pleasure, that I enjoy the moments when I watch TV with [my children] cos it is bringing us together […] It's a similar sort of sense of being held but being held together [by television]." (FU2.1, interview 1)

Television viewed in the domestic context, then, has this capacity to draw viewers – particularly family units – together; to hold them in place, even when they are not all paying attention, so that they might simply enjoy being with each other.

Indeed, Stuart Hall in his introduction to David Morley's *Family Television* (1986) suggests that, "Viewing can be used to provide the occasion for family interaction, or to "create space", even when the living-room is crammed with other people" (1986: vii-viii). He continues, "It can forge solidarities, establish alliances between family members or just provide a much-needed excuse for cuddling up" (ibid.). Conceptually, this seems to suggest the mere presence of television creates a virtual space, "extend[ing] the boundaries of home beyond the front door" (Silverstone, 1994: 29), and demands its own time-specific space, too, a daily window in which TV and family might coexist and interact, watching together and generating talk around any number of shows. These moments of respite and recreation, illustrated in the BBC Store advertisement at the beginning of this chapter, are an integral part of what helps to make the house a home. Such moments are what many of us 'come home' for, longing for that comforting and reassuring combination of people, places and programmes that makes us feel better. Although, again, it is important to reiterate that home is not always a haven for all.

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[58] As an illustrative example, albeit less positive, regular TV viewers are likely to have experienced feelings of annoyance and frustration when trying to watch television in their living room alongside somebody who is not watching, yet still proceeds to interrupt or distract you. Others need not be engaged with TV to still influence your own experience.

Television Transforming Spaces

From places of emotional resonance and personal significance to a consideration of unknown spaces, the absence of familiar characteristics can make for a very different televisual experience. Traditionally, as illustrated in the introduction to this thesis, television is positioned by its harshest critics as an intruder, a dominating presence which disrupts the flow and established hierarchy of domestic relations and demands unwavering attention from those within it. While this research considers TV as a comforting apparatus, a device capable of positive, therapeutic, repeatable encounters of value as viewers (knowingly or not) utilise TV to support their wellbeing, others still contend the 'plug-in drug' is destructive, disingenuous, and has a detrimental effect on individual and society. Described by Bob Mullan in *Consuming Television* (1997) as "part of the grain of everyday life" (1997: 4), it is fair to say our ceaseless relationship with the medium is imperfect. For every moment of pleasure and community, comfort and connectedness experienced while viewing, we are each as likely to have encountered feelings of boredom, isolation, discomfort or disappointment. Yet, as this 14-year-old male tellingly admits, sometimes "it's easier to just watch TV" (FU3.2, interview 1), to give in to the pull of the screen, our arrival seeming like an inevitability after 'exhausting' all other alternatives.

In an attempt to delimit the influence of television in the home, two families describe the conscious decentralisation of TV in their living rooms. As this father explains:

> "We tried not to make the television the focal point of the room. So, the couches are opposite one another so that we can kind of interact as a family. […] TV is to the side, and that's maybe why we're not […] massive watchers of TV." (FU5.2, interview 1) [*Figure 3.12*]

Moreover, this 63-year-old father of three from a second family unit commented, "Some families have got the TV in the kitchen, everywhere, so there's that dominance" (FU4.2, interview 1). He was keen to stress their attempt to limit the reach of television in their home, restricting the number of viewing devices to just one, in effect.[59] These actions indicate the somewhat contradictory nature of the television viewer; many simultaneously want/do not want TV in their homes and their lives. A range of complex and distinct attitudes towards television emerge in this study, but all participants indicate that they still rely on the

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[59] The family's youngest child did own an Xbox games console and had a TV set in his room to play that. Notably, his father was not initially aware that he also watched television content on this device from time to time.

device in one way or another. Whether it is for updates on current affairs, a companion of sorts while eating, part of a layering of media and other activities in the home, an excuse to cuddle up with loved ones, or simply because they enjoy certain shows and are excited by what they offer, they all consistently return to TV. Even the father who suggests his family are not 'massive watchers of TV' would later concede he and his family engage with television more often than he had first appreciated, and himself with a genre he had criticised previously for pushing 'inappropriate' and discomforting messages (reality TV). As he stated in his second interview:

> "[Participating in the study has] certainly made me more aware of how much TV I do or don't watch. Sometimes you have an idea in your head, 'Och, I don't watch much TV,' or you watch loads. And actually, you maybe don't watch as much as you think, or do watch more, or watch more reality TV!" (FU5.2, interview 2).

His wife responded, "Caught!" (FU5.1, interview 2), to which the participant replied, "I'm totally caught out" (FU5.2, interview 2), having revealed his enjoyment of "Sunday afternoon telly you can dip in and out [of]" (ibid.), like *Come Dine with Me* (Channel 4, 2005-) and *Four in a Bed* (Channel 4, 2010-).

Figure 3.12: TV is located to the side, with two sofas facing each other
on the right and a third left of screen

While the impact of television's 'intrusion' in the home is both evident and subject to further debate – I consider the implications of viewing in domestic environments directly in the next chapter – I position it here as a mostly positive influence when utilised in

unfamiliar settings, a way to transform a space and render it with the more predictable continuities of home. Having previously touched upon television as a way to introduce some degree of normality into the hospital space near the beginning of this chapter, I focus exclusively now on the arrival of first-year undergraduate student participants at university and their use of TV to acclimatise to this new life and setting.

Case Study: First-Year Undergraduate Students

"If it was a completely blank room, bed, desk and that's it […] I would watch something even more then to escape the reality I'm in. Like, I'm living in a box with nothing, so I have to not think about it. I'd probably watch more things to not [have to] see what's around me." (FYUS04, interview 1)

Without the comforts of their home, of their everyday life, this 19-year-old female participant, an international student from Lithuania, suggests she would rely almost entirely on television to furnish her with a more satisfying alternative. Situated in an unknown, unfamiliar, uncomfortable space, she would engage with TV differently; its comforts less automatic or forthcoming, prescribed instead by her awareness of her dissatisfying situation and the need to swiftly replace it. Responding to a question concerning the influence of television's position in a room and objects surrounding the device on how the viewer watches, this participant aptly highlights the distinction between the reassuringly predictable sorts of places we just explored and the unfamiliar spaces we will now consider. A clear majority of first-year students participating in this study indicated that their viewing changed when they first arrived at university. Whether they saw a marked increase in the amount of content they were viewing, and time spent in front of/adjacent to the (laptop) screen, or they noted a shift in what or how they were watching, television was a sure-fire way of responding to this new life and setting, to any feelings of isolation or uncertainty that they were experiencing.

Indeed, if we continue with the 19-year-old student from Lithuania, she provides possibly the clearest indication of television's significant role during this period of transition:

"I started watching it in the evenings to calm myself, to forget about stuff and just relax [...] When I came to uni, to my accommodation, of course I was extremely anxious about everything and I just needed something to make me feel better, make

me calm, I guess. Especially before bed, when you're alone, not surrounded by people anymore. Yeah, that's when I started doing it." (FYUS04, interview 1)

She later went on to explain, "Cos in the first week from coming here, I didn't have anything in my room yet; no decorations or anything. I watched a lot of things on my computer just to not think about anything" (FYUS04, interview 1). Both comments are very insightful, positioning TV as a recognisable means of escape – from her new location, from the newfound pressures of university life, surrounded by people she did not know – and, in effect, a sort of numbing agent, temporarily neutralising anxieties. Eliminating the need to focus on anything other, the viewer could keep her attention fixed on the screen, on the 'known' faces, places and narratives from her favourite TV shows, or captivating stories of interest that she could feel involved in. While the space she found herself in was simultaneously meaningful, representing her education and her future, and meaningless, in that it did not yet feel like hers, like she belonged there, TV afforded her some sense of control over it and over herself.

This 18-year-old female student concurs, "I would watch more with my family and not just by myself [when I was at home]. Being at uni, TV shows have a more therapeutic value than before" (FYUS03, interview 1), called upon to remedy the absence of family and friends, the lack of familiarity and feelings of loss, regret or uncertainty.[60] Keen to express the value of her nostalgia-inspired viewing, she notes, "If you're going through a big change […] it's nice to watch something that you know because it adds stability" (ibid.). There is comfort in that sense of recognition, in that knowledge of how things are about to unfold. Discussing the idea of "replay value" (Klinger, 2006: 142), Barbara Klinger explains in *Beyond the Multiplex* (2006):

> "Foreknowledge […] alters the narrative experience by lessening the tension associated with suspense. Viewers can be more relaxed, shifting their priorities to a knowing anticipation of events to come." (2006:154)

This participant's decision to revisit cherished texts from her past, then, or even simply formats she was familiar with and helped to remind her of home, illustrates the shift in priorities Klinger refers to here. Not engaging with television to experience new things, to be challenged, shocked or amazed, this student instead sought only comfort and

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[60] Another female undergraduate similarly explains: "At home, it would be 8 o'clock at night and the family would go through to the living room and be like, 'Is there anything on?' Whereas now it's more like you plan what you're going to watch. […] I'm probably watching a lot more things on my own" (FYUS06, interview 1).

reassurance. Undoubtedly, she wanted to be entertained by what she watched, to feel satisfied and sufficiently engaged, but pleasure was principally founded in the memories and experiences each familiar text could recall and help bring to life for her once more; in the *feel* of each show. Offering *Little House on the Prairie* (NBC, 1974-83) as an illustrative example of a nostalgia text, she explains, "I used to watch it quite a lot with my mum at the weekends. It would be our thing. Whenever I think about it now, it gives me that warm feeling inside because I relate it to my relationship with my mum, too, as well as liking the show" (FYUS03, interview 1), a way to feel close to her mother again. As one participant in Klinger's study similarly considers, revisiting a text we remember fondly is like "putting on an old pair of sneakers, you just feel comfortable" (2006: 154).

What is most interesting about this selection of examples is that television appears to assume the qualities of recognition and reassurance that, traditionally, we might associate with home. Indeed, situated in an unfamiliar environment, completely alone for a significant portion of the day, television becomes, in a way, the trusted and familiar setting; somewhere that the 'lost' viewer can recognise and escape to. Addressing Yi-Fu Tuan's (2004) research, in which Tuan describes how returning to *Gone with The Wind* (Victor Fleming, 1940) repeatedly transformed the film into 'a place for [him]', Shaun Moores similarly notes how this 'specific media setting' became "a familiar and meaningful place in and with which [Tuan] feels at home and comfortable, and through which he knows his way" (2018: 68-69). Having acquired this "density of meaning over time" (ibid.), it offers him a sense of certainty and normality. For these undergraduate students, their 'escape' into media is not necessarily about dissatisfaction with their situation – as it is more likely to be with hospital patients – but instead about buffering their transition into this new space, relying on television as one way of easing themselves into their new life, in effect. Indeed, returning to the Lithuanian student, studying Film & Television Studies and Digital Media & Information Studies joint honours, her adoration of *The Simpsons* (Fox, 1989-) and its strong association with her domestic life back home, especially family Christmases,[61] perfectly reinforces this notion:

> "When I was at home, I was comfortable, I was happy, I was cosy. If I came somewhere where I didn't feel that as much, I just put on something that makes me feel nostalgic [like *The Simpsons*]. It makes me feel good and I know I'm going to like it. It just makes me feel better overall." (FYUS04, interview 1)

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[61] "The first ever episode of *The Simpsons*, the Christmas special - the graphics are horrible, Homer doesn't sound like Homer, but that is definitely my favourite episode cos I watch it every Christmas" (FYUS04, interview 1).

The participant evidently feels she can depend on *The Simpsons* to protect her, in a sense, to shield her from negative emotion or feelings of vulnerability, and, ultimately, to restore her, in a way; to make her 'feel good' again. She comments, "I just feel so close to the characters, like I'm a part of the family, even though I'm not like a character. It's like I spectate everything" (ibid.), privy to Homer, Marge, Bart, Lisa and Maggie's interior world. Her familiarity with the people and places in the town of Springfield arguably serves as a form of reassurance and predictability comparable to the sights, sounds and textures of the family home. Moreover, childhood experiences watching the programme with family are also excited and brought to life each time she views – even when watching new episodes for the first time – the weight of years of engagement, laughter, emotion and familial interaction now inseparably attached to it. Engaging with *The Simpsons* imparts a feeling of home and helps transform her space, if only for a moment, into somewhere she feels like she belongs.

An alternative example of television transforming spaces emerges from this 18-year-old male, studying mechanical engineering, who spoke about watching *Community* (NBC, 2009-15) for the first time when he arrived at university and the positive effect this had on him during this period of change:

> "When I just moved to uni, I watched so much TV, like an absurd amount, spending most of my days that I wasn't at uni completely binge watching. […] I actually do think that comfort had quite a bit to do with it, cos I'd just moved to a new place, surrounded by new people, lots of stuff coming in. It was nice to have a new show – cos I hadn't watched *Community* before – that I really enjoyed; familiar characters, recurring characters, a level of humour that I got. So, I probably consumed so much of that so quickly because it was a sort of reassuring presence; it was a comforting thing." (FYUS11, interview 1)

Most interesting in this example is the participant's use of a 'new' television show not simply as a point of focus or reassurance, but as a way of growing into his new environment, embarking on this televisual journey and quickly getting to grips with its characters and settings while adapting to the changes in his own life, too. In fact, this 'binge watch' can perhaps be explained as a way of affording the participant a sense of control over a comparable situation. Just as all that surrounded him at university was new to him, the world offered by *Community* – coincidentally, a series which is also about a new group of students navigating college life for the first time – was new to him too but could be mastered more efficiently. With every episode he viewed, the participant gained greater knowledge, he became more familiar with the characters on screen, their relationship dynamics and quirks, and he felt included as he got the jokes and style of humour. Allowing himself to

become caught up in this narrative world, he also, perhaps inadvertently, created a more consistent and manageable place for himself to escape to.

By no means am I meaning to definitively suggest that the university experience is intimidating, isolating and hostile to all, but that this sort of break in continuity and a significant transition in life, has the potential to overwhelm individuals. Under normal circumstances, most would look to family, friends, loved ones, the security and reassurance of the home, of objects or memories they treasure, to support and comfort them, to experience some semblance of stability. While university prescribes structures and routines, it distributes timetables for classes and events for students to adhere to and offers a wealth of recreational activities via societies, the onus remains on the student to structure their free time, to successfully connect with other students and establish new relationships, to look after themselves, in effect. Granted, all of this is part of becoming an adult, but it is still a period of immense turmoil and uncertainty, of heightened emotion and change, and television emerges as one way of managing and responding to this, affording some consistency and the illusion of sociality.

Before concluding, I would be remiss not to acknowledge the absence here of spaces available to students living in shared accommodation beyond their own bedrooms, such as communal areas, TV rooms, and kitchen/dining spaces. While examples featured in this chapter focused exclusively on the consumption of TV by students in the privacy of their rooms, the following chapter will examine the significant role of collective viewing in shared spaces in detail, looking at TV as a tool for socialisation, event television, and the comfort of others.

Conclusion

In summary, this chapter began by considering television's integration into the domestic context and the lives of its viewers, and how this cohesive presence comforts viewers and can help to make a setting feel like home. Firmly establishing the distinction between space and place – with places being sites of meaning and emotional resonance, and spaces representing instead the gaps between worlds, the spaces we pass through which typically do not impact our lives or hold great meaning – it then progressed to explore visual,

tactile and auditory comforts in the home and their impact on what and how study participants watch television. Considering the different modes of viewing made possible by the familiar place, from multitasking and 'set it and forget it' viewing, to increased vulnerability and even total disengagement, it shifted to look at traditional fears around television's transformation of the domestic setting and the cost of engagement. Finally, a short case study looked at examples of first-year undergraduate students utilising TV as a response to their arrival at university, an attempt to transpose the comforts of home, and of recognisable places *on* television, into this new setting to make it more manageable and familiar.

What emerges most strongly from this chapter is the significance of the viewer's sense of place to what and how they watch. While the familiar setting encourages various forms of viewer engagement, such activity is made possible because of their sense of comfort and overall confidence and reassurance in the domestic setting, whether they are surrounded by loved ones, tactile comforts, familiar objects or mementos, or any other recognisable sights and sounds around the home. By contrast, unknown spaces appear to expose the viewer's vulnerabilities, resulting in a far more urgent need for television, with TV seemingly assuming the qualities of recognition and reassurance that might otherwise be associated with home; a way to control the surrounding space and make it more meaningful/hospitable for the viewer. The idea that particular TV texts, or, indeed, the habit of watching a new television series, can feel like home and afford the viewer comfort is significant, and reinforces the therapeutic potential of television content (regardless of the device on which it is viewed). Fundamentally, this suggests it is possible to make a place "ours" with television, even when we feel isolated or uncertain. Our sense of place or belonging is often embodied by the shows we favour, or simply the presence of the device itself, able to afford predictable comforts again and again.

Chapter 4
Instrumental Viewing

In 2016, CBS News posted an article about US Marines in wartime Iraq turning to the *Gilmore Girls* (The WB, 2000-06; The CW, 2006-07; Netflix, 2016) television series for comfort. The four Marines – Jesse, Luke, Erik, and John – were part of a sniper platoon in Ramadi in 2005 and spent much of their off-duty time back at base escaping to the idyllic world of Stars Hollow (the programme's fictional town). As Erik explained, "For me, Stars Hollow was the America I think we all thought – we all wished we were fighting for" (CBS News, 2016). In a 2005 letter to the show's creator, Amy Sherman-Palladino, Luke revealed, "Part of the attraction is a simple case of contrasts. I live in a strict, macho, sometimes violent world that very often does not make sense […] [Stars Hollow] is pretty, it's warm, friendly. And then there's the simple human stories" (ibid.).

One can quickly discern the value of the escape *Gilmore Girls* afforded these Marines on their tour of duty, thousands of miles from home, from their friends and families. Stars Hollow was a figurative place (i.e. it felt 'known') where they could all escape to, where they could take refuge and briefly imagine a different way of life. Its small-town setting and heart-warming displays of community seemed symbolic of American ideals, its pleasures safe and reliable compared to the uncertainty of their own surroundings.[62] Yet, the reader appreciates the significance of *Gilmore Girls* for these men because they have been afforded information about their lives away from the TV screen. Without knowledge of their deployment in Iraq, this example would simply concern four men watching a comedy-drama together about a quirky mother and daughter (admittedly, an atypical audience for this particular show). Instead, the old-world charm of Stars Hollow, the consistency of relationships onscreen – Jesse remarked friends in the show were "always there" (ibid.) for one another – and the emphasis on 'simple human stories' has more meaning.

In addition, it is important to note the relationships and routines these men constructed around watching the series together and the symbolic value the show has

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[62] Reminiscent of Richard Dyer's consideration of TV entertainment's promise of 'utopia' (1973, 2005; see also Lury, 2005), Stars Hollow appeals to these men as a world of abundance and relative ease. Its community is close, their concerns are simple, while mother/daughter duo Lorelai (Lauren Graham) and Rory (Alexis Bledel) exhibit a relentless enthusiasm for each other and their lives together. While the place of *Gilmore Girls* (its location, its community, their relationships) is a fiction, it is the image of "something better" (Dyer, 2005: 20) for these men, a source of inspiration and comfort they can cling to, despite being fully aware that this is not how America/home really is.

acquired since their tour of duty ended. As Erik explained regarding the *Gilmore Girls* revival in 2016, while they were excited about watching new episodes, that was only a small part of it: "We need excuses to get together. We need excuses to remember" (ibid.). Directly associated with this frenetic period in all of their lives, *Gilmore Girls* has been imbued with value and meaning that extends beyond its original premise, setting, characters and storylines. Through their repeated use of and reliance on the series, these Marines transformed the text into something greater *for them*. Having first sated their appetite for escape from wartime Iraq in 2005, the series can now also transport them back to that same time, to the strength of their collective bond and shared experiences, a digital monument to who they were and to how they kept their spirits up in a dire situation. Such attachment to a TV show cannot be anticipated. It is not a part of the original programme. Yet, this example usefully illustrates a responsive viewer-text relationship in action and explains how it came to develop.

This chapter is concerned with instrumental uses of television. Specifically, in this chapter I consider how television affords and/or has afforded comfort to study participants in the past. Introducing the theme of digression, I make an argument for viewing as a significant "step aside" (Cotterrill, 2004 cited in Salvato, 2016: 157) from everyday life. Analysing TV's role on what might be considered average or typical days for this study sample, i.e. visited as part of a set routine, a welcome distraction from work or familial concerns, or as a way to be social, I argue that the medium supports distinct forms of personal care. Indeed, I believe in the potential for profound, nuanced and meaningful small screen experiences, as particular TV texts and routines afford the viewer respite and opportunity to strengthen their position and (emotional) resilience. This is typically because they allow them time in which to recover, reflect, or share the event with others, or because they reacquaint them with more appealing emotions, such as feelings of joy, togetherness and recognition.

Beginning with TV as *instrument*, I borrow from the field of psychology and argue that the viewer instinctively uses television to regulate emotion in day-to-day life, an important outlet for "mood repair" (see Sirois & Pychyl, 2016: 163-88). Frequently lamented as a distraction and source for procrastination, I challenge experiences of guilt and loss associated with television and suggest that viewing can also be a valuable time for reflection and emotional recovery (or realignment). Progressing to TV as *surrogate*, I then explore the medium's significance as companion when we find ourselves alone and as host or facilitator when we wish to be with others. In both scenarios, TV use responds to innately social needs,

providing reassuring feelings of inclusion, recognition and closeness which the viewer can carry forward into their everyday world. Finally, the case study which concludes the chapter presents a poignant example of TV as *rescue*, as a widower and father of two reflects on his grief and the instrumental role that television continues to play in his and his children's recovery. Structured around the themes of his personal viewing – remembrance, consolation, fantasy – I examine his habitual screen engagements and use of specific TV texts as acts of self-care.

Many would challenge my assertion of value (see thesis introduction). For example, according to Robert Kubey and Mihaly Csikszentmihalyi, "Television viewing allows us to order experience and be occupied without greatly investing ourselves or using much mental energy, but then *we get what we paid for*" (1990: 144, my emphasis). Arguing that TV viewing provides "little lasting reward" (ibid.: 145) and is only ever a temporary solution to "stress and the demands of reality" (ibid.: 145-46) – swiftly replaced by feelings of guilt and regret once it stops – Kubey and Csikszentmihalyi contend, "Viewers know that they could have done something more productive" (ibid.). Similarly, television's intimacy is often highlighted as a fabrication, as the illusion of closeness and concern due to its familiar position in the home and its modes of address (see Kavka, 2008), the implication being that this 'false intimacy' lacks substance or emotional resonance. Yet, I offer several compelling examples of instrumental TV use which indicate the viewer works *with* television respective of their situation and emotional needs. Further, these examples confirm this relationship is very often beneficial, that television can be an important, highly responsive resource in day-to-day life, and is capable of providing various (nuanced) kinds of comfort and support. In order to expand on my argument, however, I revisit uses and gratifications theory and the application of some of its principles in the research of Jo Whitehouse-Hart (2014).

A Uses and Gratifications Approach

In suggesting that watching television is an instrumental activity, one that can make better the position or situation of an individual, I inevitably introduce the idea of influence and effects once more. On the one hand, 'instrumental' can be taken to mean TV is an essential mechanism by which to negotiate emotion and the concerns accumulated in daily life, instrumental to wellbeing, to our understanding of identity, and to how we live in the

world.[63] As one first-year student, an 18-year-old male from Greece, appropriately states, "I do believe that TV is an essential part of who I am. It has shaped who I am today and, really, it's just something that I've taken for granted [until] now" (FYUS07, interview 1). Another student, a 19-year-old Finnish-British female, similarly notes, "I'd be a very different person if I didn't have TV. [...] It is essential to my wellbeing" (FYUS01, interview 1). Equally, television as instrument, that is to say the TV device and its texts as tools of a sort, used in combination for specific kinds of work depending on individual need, implies that the viewer puts television to work in light of their own circumstances, fully aware of their own psychology and of how TV will "change" them. As opposed to routine engagement and the constant presence of television around the home, viewing is 'intentional' and 'selective', a knowing intervention pursuing a specific outcome (see Blumler, 1979).[64]

As highlighted in the introduction to this thesis, uses and gratifications theory suggests that there is a purpose to all viewer behaviour, "That mass communication is used by individuals to connect (or sometimes to disconnect) themselves [...] with different kinds of others (self, family, friends, nation, etc.)" (Katz, Gurevitch & Haas, 1973, cited in Blumler & Katz, 1974: 23). As Whitehouse-Hart elaborates, uses and gratifications "[takes] the position that audiences are active and 'goal-directed' [...] that media and television are used to meet pre-existing social needs, arising as consequences of modernity" (2014: 7-8). However, according to David Morley, "Uses and gratifications is an essentially psychologistic problematic, relying as it does on mental states, needs and processes abstracted from the social situation of the individuals concerned" (1992: 47-48). Criticised as "strongly individualist," David Giles suggests in *Media Psychology* (2003) these claims are "levelled by cultural scholars who prefer to study audiences en masse, with the individual user treated simply as an axis around which a variety of cultural and media influences circulate" (2003: 187-88):

> "In media studies (as opposed to communication science), the preferred term is *audiences* (Ruddock, 2001; Tulloch, 2000). At the same time, there is much more interest in actual media content (as opposed to the detached, often artificial, media

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[63] Asked 'How different do you think your life would be without television in it? Do you consider TV essential, and, if so, why?', 60% of undergraduate students and 29% of family unit participants confirmed that they believe television *is* essential to them. The question was asked during first phase interviews, meaning hospital patients were excluded.

[64] Blumler considers the work of "active audiences" in terms of 'intentionality', which is to say, "media consumption is directed by prior motivation" (1979: 13-14), and 'selectivity', meaning "media behaviour reflects prior interests and preferences" (ibid.). While each has "separate implications" (ibid.), the forms of 'active-ness' described support the idea of TV as instrument. Reinforcing notions of viewer autonomy, watching television is seen to be strategic.

stimuli used in effects research). The focus is on *texts*, which have been examined in isolation for the cultural "representations" that they contain." (ibid.: 24-25)

The same cultural scholars also take issue with "the 'openness' of the message" (Morley, 1992: 47-48) and the implication that the 'active' viewer might produce endlessly different (and gratifying) readings of a single text.

Yet, as Whitehouse-Hart argues in *Psychosocial Exploration of Film and Television Viewing* (2014), "We might have thrown the baby out with the bathwater where uses and gratifications are concerned" (2014: 7-8). Indeed, she proposes we consider audience experience as 'psychosocial': "An interest in ways in which the 'out there' of the social world of discourse, disciplinary practices and power relations is taken up by the 'in here' of the psychological and unconscious world" (ibid.).[65] Revisiting the uses and gratifications 'paradigm', she explores some of the ways in which television is already used to problem solve and what this might mean in relation to emotional issues and identity conflicts (ibid.: 75). Specifically, film and TV frequently emerge in her research as a defence, as a way in which to counteract anxiety and return to "previous positive self-states" (ibid.: 92), to "let out" emotions (a form of catharsis), and, most simply, to keep oneself occupied. These themes correspond with the categories that typify uses and gratifications theory:

> "Diversion (including escape from the constraints of routine and the burdens of problems, and emotional release); personal relationships (including substitute companionship as well as social utility); personal identity (including personal reference, reality exploration, and value reinforcement); and surveillance." (Blumler & Katz, 1974: 23)

These categories correlate with much of my own data, with participants relating their desires for escape, distraction or emotional release, for feelings of companionship and togetherness, a sense of domestic normality or longing for old routines. While I do not intend this to be a rallying cry to academia for the legitimacy of uses and gratifications theory, I agree with Whitehouse-Hart that the model's foundation largely remains valid and worth revisiting.[66]

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[65] "Implicit in psychosocial approaches is an acceptance of the idea of a dynamic unconscious, which "presses upon and interferes with everyday life, interactions and relations" (Evans, 2000, p. 13), and which responds in specific ways in terms of unconscious defences (against anxiety for instance) to the world it encounters." (Whitehouse-Hart, 2014: 8)

[66] Giles similarly notes: "From a psychological perspective […] it is entirely appropriate to focus on the individual user, who brings to each media event a host of unique life experiences (albeit within a wider social context) that collectively influence the uses of media and the gratifications derived from it, and that also determine the meaning of media content and the way in which texts are read" (2003: 187-88).

In addition, the way Whitehouse-Hart situates viewer experience as psychosocial is interesting. As well as the more established internal/external divides that exist between individuals and society, she acknowledges the idea of interior conflict and defences, which is to say the balance between the psychology of the individual (i.e. their way of thinking) and their unconscious (i.e. their lack of awareness as to the forces which drive behaviour). Considered in this way, the psychosocial points towards some TV use as a conscious action, a thought-out attempt at problem solving or self-regulation in response to some/an accumulation of stimuli, or as an affect-based reaction, i.e. an emotionally-charged intervention, the cause for which the viewer may not be aware. Put another way – returning to TV as instrument/instrumental – the viewer *improvises* with television. The idea of 'problem solving' that became attached to uses and gratifications is not incorrect; rather, the viewer is less likely to think of their TV use in this way, at least not all of the time. Viewing can be planned or spontaneous, intentional or circumstantial, and each might satisfy a particular need or desire. The viewer knows how to 'find their way about' (Moores, 2018), intuitively navigating the televisual landscape and estimating how responsive content will be to their situation and wellbeing (or to that of those around them).

My point here is that individual actions and reactions, a fluctuating combination of affect, identity and experience, lead to different forms of instrumental viewing or 'problem solving'. Regardless of intention, TV evidently still gratifies particular needs and fulfils a valuable purpose. Uses and gratifications theory may be "insufficiently sociological" (Morley, 1992: 47-48), but its emphasis on the satisfaction of needs is extremely important. By looking at the level of the individual (or at small clusters of interconnected people as I do here), we might move past an understandable preoccupation with messages and aesthetics and better comprehend television's instrumental role as emotional stimulus, as outlet and therapeutic resource. For the remainder of this chapter, I examine the kinds of relationships and dependencies that form around television and specific texts, illustrating its significance and "success", for want of a better term, as a means of personal care in day-to-day life.

TV as *Instrument*

Distraction was a prominent theme across the study, and it is important to note its dual meaning here. On the one hand, a distraction is "an activity which is intended to entertain or amuse you" (distraction., 2018), an intentional escape from specific pressures or concerns. Yet, distraction can also be "something that turns your attention away from something you want to concentrate on" (ibid.), an unplanned break or disturbance considered costly in some way (e.g. procrastination). As opposed to the individual who chooses to distract themselves, there is instead a sense that the 'something' that attracts attention (in this case, television) is too appealing, its displays leading the person away from the more urgent or apparently meaningful task (see Ellis, 1989; Caughie, 2006). In the data that follows, participants both celebrate and malign television as a distraction; at once a way to feel better, to redirect emotion, but often appearing wasteful too. As this 44-year-old father of two notes, "I think there are times when you just need to disengage from your day, and TV is maybe the easiest, most convenient way to do that" (FU5.2, interview 1). A mechanical engineering student, an 18-year-old male, similarly attests to the appealing ease of watching television:

> "There's times when I'm feeling low, I'm feeling tired, and I'm just like, 'Right, I really want to relax: TV,' more than, 'I really want to relax: guitar, book, game.' I want to relax, to be passive, to sit back and just melt away, and be filled with stimulus without having to do anything." (FYUS11, interview 1)

Positioning her activation of television as a largely instinctive, automatic response, this 19-year-old Finnish-British female student considers how she typically arrives at TV:

> "The first thing that comes to mind when I find myself typing Netflix [in on my laptop] is, 'Oh, OK, I'm going to that place.' […] I feel that it stems from needing a distraction, because often when I find myself watching [film or television] I'm telling myself, 'Yeah, I need this now,' because I've been thinking about something academic or work I haven't done. […] So, I just go and think of something else immediately and just push that away." (FYUS01, interview 1)

What is notable about this selection of examples – aside from the evident simplicity with which TV can be activated – is that they suggest television can be relied upon to swiftly displace their concerns. In fact, all three comments illustrate television as a substitution of sorts. The father uses it to disengage from the world of work, to temporarily disconnect from his responsibilities and retreat to the peace and privacy of home. The female undergraduate turns to Netflix to negotiate her deadlines and her looming anxiety, relying on television to

make her feel better in the short term. Finally, the engineering student, who wants to 'melt away and be filled with stimulus', uses TV to change or complement how he feels that moment. This can manifest as a supplementary wave of relaxation, watching familiar shows when he is tired, or as inspiration, witnessing displays of altruism when he feels low. In all three instances, each participant not only shifts their attention mentally and physically, replacing other tasks or accumulated concerns with TV, but they intend to change their emotions and stimulate alternative affects as a result of viewing.

While television is positioned as this convenient escape, it is interesting to speculate what happens emotionally and psychologically when the viewer chooses to be with, or to 'give in' to, TV. On the one hand, it would be fair to suggest that TV, at least in the case of the procrastinating student, is used as an excuse; the viewer appears to convince herself of her "need" for television, or that she has earned the right to some viewing time, legitimising any diversion from her academic work. Yet, the engineering student's comment that he uses television whenever he feels low or tired, a way to relax and drift away from reality as it were, is perhaps the most revealing. Ultimately, he expects TV to help him escape his emotional slump or to provide easement when he needs rest and relaxation. In a sense, television appeals because it is likely to restore him to some degree, introducing external thoughts and emotions into the mix that he might involve himself in. The Finnish-British female also appears to confirm this, explaining, "A lot of the time, when I'm in real life and I'm feeling kind of numb, I turn to TV because it can make me feel" (FYUS01, interview 1). Another arts and humanities undergraduate, a 24-year-old male, similarly notes of his TV use whenever he feels lonely or sad, "In the last couple of weeks, I've shoved on *Transparent* and watched like four or five episodes just cos I don't want it to stop, I don't want to go back to how I was feeling before" (FYUS08, interview 1). What is interesting about these comments is they confirm television is often used to feel more, rather than just differently. Moreover, its comforts are not limited to escape or distraction, as viewers can also feel things that they might not experience in the context of their own lives, with television providing fictive or spectacular escapes which can make their lives appear fuller or more exciting.

Thinking about how she typically arrives at TV, another female student, aged 18, remarks, "I know that I want a story to be invested in for a bit" (FYUS09, interview 1). She continues, "It always kind of balances your emotions a little bit, just kind of sitting and dealing with fictional problems" (ibid.). This notion of balancing emotions is pivotal to why viewers turn to television and to why a sizeable amount of viewing can be thought of as

comfort-led. Introducing what might be termed emotional *placeholders*, different texts can simulate and excite desirable affects and responses. They can create that which the viewer seems unable to create for themselves, an approximation of the feelings they lack and/or have some innate sense that they need, returning to the notion of television as a temporary 'mood repair'. In addition, by investing in narratives and making the outcomes of programmes consequential, the viewer appears to quickly commit to the content they watch, further justifying their deviation from other tasks or concerns away from the screen.

Continuing with the idea of individuals justifying their viewing, where television serves as a method for procrastination, or a means of avoidance – as per the example from the Finnish-British student – it is interesting to think on the ramifications of this kind of engagement. For example, a large body of research exists concerning procrastination's impact on mental and physical health. Looking to the field of psychology, Fuschia Sirois and Timothy Pychyl explain:

> "Procrastination can be viewed as temporally bound behaviour in which momentary affective boosts from disengaging from unpleasant or aversive tasks may improve affective well-being in the present, but at the expense of well-being in the future." (2016: 3-20)

Commonly identified within its field of study as "a form of self-regulation failure" and "an emotion-focused coping strategy" (ibid.: 163-88) – i.e. one in which the individual fails to exert the self-control necessary to complete their current task – Sirois and Pychyl argue that when we procrastinate "we use avoidance to create some short-term improvement in mood" (ibid.: 163-88). They continue:

> "We conceptualise procrastination as a self-regulation failure that results from the overriding desire to feel good now, or rather to *not* feel bad now […] We do not procrastinate because we are impulsive or lack self-discipline, we procrastinate because we are using task avoidance as means to regulate our emotions." (ibid.)

Emphasising that procrastination can in fact amplify existing negative emotions, as well as causing new ones, the pair position these "misregulated" indulgences as "ineffective coping" detrimental to subjective wellbeing (ibid.).

This sense of procrastination as a costly diversion is echoed in my audience data, as several participants highlight that the draw of television is often too appealing: its apparent simplicity and the illusion of relaxing passively while viewing, constantly tempts them away

from more pressing concerns. As this 18-year-old female undergraduate considers, "Sometimes, I'll think it's a good idea to put [TV] on while I'm writing an essay, which just never works. I know when I put it on that I'm not going to work, but I just kid myself I will" (FYUS05, interview 1). Another of her peers, a 19-year-old female from Lithuania, similarly notes, "It's something that I do instead of doing work, not after doing work, most of the time" (FYUS04, interview 1). In fact, asked to consider the prospect of a life without television, several participants welcome the possible benefits such a change could have on their lives. For example, this 18-year-old male from one family unit explains, "In some ways, I think it would also be a relief, because there are so many things that can just distract you, like a TV or whatever" (FU4.3, interview 1), identifying television and screen media as common outlets for procrastination. The aforementioned engineering student also agrees, stating, "I might feel a bit relieved because I'd be less distracted […] If you took away [that] distraction I would get value from reading, playing guitar, meeting people, which are maybe things that I find more fulfilling, on the whole" (FYUS11, interview 1). In addition, while the student from Lithuania says she would feel sad without TV, she also tellingly admits, "I'm not going to lie, I would start studying" (FYUS04, interview 1). There is a sense among participants, then, that television holds them back, that the general ease with which it can be activated – whether on a TV set, computer, tablet or smartphone – entraps the viewer, devours their free time, and leaves them with little to show for their attention. "TV is just something you do when you're at home, just like anything else" (FYUS11, interview 1). It is this sense of television's everydayness and normality which appears to make a sizeable amount of viewing appear less significant or rewarding (see Silverstone, 1994). Despite its appeal, participants often believe watching television is a costly, less productive or meaningful engagement (symptomatic of ineffective coping), that typically leads to feelings of guilt.

However, Nick Salvato presents an alternative interpretation. In *Obstruction* (2016), Salvato distinguishes digression from procrastination, which is to say a temporary move away from the task at hand to focus on something else (procrastinate., 2018). The crucial difference between the two is digression, or the "step aside" (Cotterill, 2004 cited in Salvato, 2016: 157), implies a continuing thought process and a certain level of productivity, as opposed to needlessly delaying a task to improve immediate emotional wellbeing only. While procrastination carries with it a cost to the individual in the future (e.g. anxiety attached to an insurmountable workload), digression is described instead as a "paradoxically generative" obstruction (ibid.: 1). Indeed, digression shifts the individual beyond the limits of their attention in order that they might "let in other sensations and perceptions" (ibid.:

164). Despite focusing predominantly on academia and how different forms of obstruction – embarrassment, laziness, slowness, cynicism and digressiveness – support alternative modes of intellectual activity, Salvato raises a significant point here with regards to how the individual values their time and wellbeing. As he explains:

> "One enlivening challenge of digressiveness […] is to treat it not as an obstacle or impediment to focusing our attention on what we should value […] but as an obstruction that calls generatively into question our schemas of (e)valuation and forces us to recalibrate them, such that the relatively valuable and relatively (putatively) valueless are brought into a closer proximity, an altered choreography, perhaps even a dialectical interplay, with one another." (ibid.: 159-60)

This idea of reappraising the interrelation of the valuable and the valueless, appreciating that seemingly valueless activities might in fact positively impact more serious academic endeavours, is important. The point Salvato makes is our 'schemas of (e)valuation' are largely principled on productivity and identifiable outputs, on the completion of an assignment, successful preparation for a presentation, exceeding set targets and so on. As individuals, we are often driven by tangible or quantifiable evidence when it comes to ascertaining the value of an activity, which then correlates with our driving motivation (or not) to complete said task: "Will it be worth my time? What will I have to show for it?" However, what Salvato highlights here is that superficially valueless obstructions, like television – at least, as it was critiqued by the participants above – might often benefit the individual upon their return to their original, more "valuable" activity.

Moreover, his suggestion that digressiveness can function as an intellectual reset, affording brief respite and allowing the individual time to consider their academic pursuit from a fresh perspective, also implies a significant emotional component. Time away from any difficult task is also potential time in which to recover, emotionally, mentally and physically. Many of the comments offered by participants so far about television's ability to make them feel more, to stop them feeling sad or lonely, to give them something else to be involved in, correspond with this. If we temporarily forego Salvato's emphasis on scholarly activity, I believe television is perhaps best appreciated more broadly as a form of digression. Described as "a phenomenon, a manoeuvre, and a provision" (2016: 159) by Salvato, digressiveness characterises the (inadvertently) strategic nature of much of our viewing, a move away from particular stresses or sources of anxiety as a temporary means of self-directed recovery and progression. As well as providing short-term emotional relief, similar to the literature concerning procrastination, it is my belief that television viewing often helps the viewing subject move forward, too, furnishing them with an extra emotional and/or

psychological boost to make their return to their daily reality that bit easier or more manageable.

As an illustrative example, the student from Greece considers, "TV works as a very good distraction to things that might be going wrong. For example, 'I didn't get a good mark on the exam, I'll probably just put on a TV show to try to distract myself and lessen the blow'" (FYUS07, interview 1). A process of 'optimisation', as he calls it, i.e. one of the many measures taken to ensure his life runs as smoothly as possible, this participant consciously uses TV at different times to distance himself from his situation and afford greater objectivity. Notably, he typically relies on quizzes, gameshows and reality formats, shows largely premised on logic and problem solving, to facilitate these personal situation briefs and to establish "strategies" for moving forwards. When asked if his use of TV in this way in the past was about making him feel better or helping him to forget his problems – for instance, he noted he did in fact fail an important exam during middle school, much to the disappointment of his parents – he replied:

> "Half and half. It sort of made me forget and it made sure to remove the emotion from my thought process. It helped me try to figure out, 'OK, that happened, there's no way I can fix it. What can I do moving forward to kind of patch it up?'" (ibid.)

Despite this being a rather specific approach to TV, it does evidence how television can serve as a tool to consider and control emotion, to some extent. Viewing here is about the individual seeking to reposition himself, intending to achieve a sense of detachment in order that he might tackle his situation from another vantage point. By focusing on television, on the challenges faced by others, or taking full advantage of the opportunities formats like *Pointless* (BBC, 2009-) or *The Crystal Maze* (Channel 4, 1990-95; 2016-17) present for him to demonstrate his intelligence, this viewer means to make his problems a secondary concern, ticking over in the back of his mind but not dominating his thoughts or attention.

With echoes of James Halloran's suggestion TV might "be seen as a possible teacher of the behaviour appropriate for a variety of positions, conditions and situations" (1970: 30),[67] television exists for this individual as an escape *and* an opportunity to develop skills

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[67] John Fiske's description of television's function as a form of "anticipatory socialisation"– "whereby people use the mediated view of status groups higher than their own (which they see on television) as models they can emulate" (2003: 83) – also seems pertinent. This is not to say that this participant sought to be like the TV hosts or contestants he observed in his favourite reality formats and quiz shows, but that their behaviours,

and reassert control over his life. With regards to TV as a form of digression, this example demonstrates the problem-solving functionality of certain viewer-text relationships and indicates the 'step aside' towards the embrace of the small screen can also positively impact the viewer's subsequent return to their daily reality. As for the procrastinating students, although much of their viewing leads them away from more serious or significant work-related concerns – often arriving at television simply because it is easier and more appealing – it is important to note that some digressions might still prove valuable and can in fact aid academic outputs, as well as supporting wellbeing.

TV as *Surrogate*

Television as companion, as a way to be social despite being alone, was a further trend identified in the study data. As this 24-year-old male undergraduate notes, "I'm pretty aware of my sort of reliance on entertainment […] I'm not very good at being alone and not doing anything" (FYUS08, interview 1). TV appears to naturally sate a need for distraction and sociality. It emerges as this convenient, instantly satisfying solution for many, creating the illusion of others nearby, of interaction, of participation in real or fictitious concerns beyond the front door. The previously cited widower provides a useful account of his viewing that illustrates this point. Having explained he and his wife would regularly host dinner parties for friends and family, which would often conclude with the pair discussing the night's events over a drink after everyone had left, the participant reflects on how he has since substituted this sort of discussion with watching television. He notes, "I've just found my social situation is very different, so TV is filling that space. […] There's a degree of the social in the TV, in the watching and the engagement" (FU2.1, interview 1). In the same way the couple would unwind and would relax after tidying as their world returned to normal, this participant now turns to television after he has hosted guests and his children have gone to bed.

Reminiscent of Donald Horton and R. Richard Wohl's conception of "para-social interaction", "this simulacrum of conversational give and take" (1956: 215; see also Wood, 2009) between viewer and personalities onscreen, the participant finds comfort in the

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particularly their problem-solving abilities, appealed to an individual who was, at that moment in time, unable to see a way forward by himself.

screen's cascading luminescence and its ceaseless audiovisual presentation. Often featuring 'known' performers and predictable narratives, TV offers shelter and intimacy whenever he is alone, a way to fill the interpersonal gaps in his life. Indeed, research traditionally suggests that para-social interaction's (or PSI's) "most important function [is] as a source of alternative companionship, resulting from "deficiencies" in social life and dependency on television (i.e., as compensation for loneliness)" (Giles, 2003: 189). In David Gauntlett and Annette Hill's *TV Living: Television, Culture and Everyday Life* (1999), audience data concerning personal meanings of TV similarly positions the medium as multifaceted companion. As this 76-year-old retired female in their study notes, "TV is our life, our safety valve. It is a husband, a boyfriend, another member of the family!" (1999: 116-17). Television's apparent malleability when it comes to different para-social relationships suggests this 'safety valve' can be used to sate fluctuating interpersonal needs (though intrapersonal, i.e. played out in the mind of the individual, might be a more accurate term).[68] While I do not mean to suggest that the widower is reliant on his post-night TV visits – I do not believe the function they serve is essential to him – they fulfil a valuable role in that they provide him the illusion of companionship, at least for a time. Further, with each screen visit he increases his familiarity with onscreen others and increases the likelihood they might yield him further feelings of comfort in the future.

In a similar vein, a 33-year-old single father – who was often critical and dismissive of the value of TV – considers the companionability of television when he is unwell, stating, "TV's a really good tool when you're ill. […] If I'm on my own [I watch television] so I don't feel alone. There's something happening. For some reason, I know it's not real, but there's people there" (FU3.1, interview 1). Once again, TV emerges as a *temporally* significant para-social relationship; temporally in the sense that its provision of care and company, perhaps comparable to that of a parent occupying a child's attention, is time-specific and bound to the duration of this individual's poor health (and subsequent instances of poor health he might encounter in his life). Most interesting about this example is that the father identifies such comfort and reassurance from a medium he usually disregards. Acknowledging the soothing effect of watching TV whenever he is unwell, this participant illustrates how shifting subjectivity can change the perceived value of what television has to

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[68] Giles also elaborates, "At any given time an individual media user will have hundreds of parasocial relationships, some positive, some negative, with a whole host of media figures" (2003: 191-92). Regardless of situation or media (see Fiske, 1987), Giles argues that para-social relationships do not only exist during consumption, but rather extend into the lives of individuals and are developed over time.

offer. That is to say, when the father is unwell, he is not driven by the same needs or desires as he is in good health. Television appeals because his situation has (temporarily) changed.

Returning to the Finnish-British student, her somewhat unique relationship with TV was seemingly founded on a comparable period of emotional turmoil and personal instability. As she explains:

"During my early teen years, I was miserable, and I hated spending time with myself, but I also didn't like spending time with others because I got very tired in other people's company. TV was my best friend because I didn't have to spend time with my own thoughts. […] TV is extremely valuable to me because it has allowed me to reflect on my own feelings through a medium, instead of just kind of hating myself, and just distracted me away from the negative things in my life. And it's also, as a social thing, it's opened me up to new things that I had never thought about before." (FYUS01, interview 1)

The honesty with which the participant addressed her TV history could be arresting at times, but her comments reinforce the immeasurable comfort the medium can yield for some individuals. Identifying television as her "best friend" in her teens immediately attests to its companionability, but most intriguing here is the participant's use of television to forget herself. She comments, "I think the best part about good TV is that only those characters exist, and only that world exists while I'm watching that; only that is real at that moment. That's what does it for me" (FYUS01, interview 1). For this student, television is not just an escape from her daily world, but from her entire being, streamlining her view until all that is left are her favourite shows and characters. Yet, while TV assumed what could be considered a disproportionate level of significance in her life in her early teens, this constant companion also gifted her a level of knowledge, understanding and self-appreciation she otherwise lacked.

Indeed, as her interview progressed, the participant reflected on why she valued television so greatly. Aside from notions of distraction, she largely attributes the medium's importance to its ability to help her better understand other people and, as significantly, to better understand herself. Returning to her first comment, she notes how television "has allowed me to kind of reflect on my own feelings through a medium", to indirectly explore who she was/is.[69] Similarly, highlighting her appreciation for US TV sitcom *Brooklyn Nine-*

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[69] As the Greek student considered, regarding his own viewing: "There was a time, again, in middle school, where, after getting bullied for three years, I experienced a period of self-doubt. […] It was a period of like four to five years, approximately, of me just pushing myself down and deprecating myself. TV played a bit of a part in getting out of that and becoming who I am today, in terms of being able to see the whole picture,

Nine (Fox, 2013-), she reveals, "I know it doesn't make any sense [but] I feel included into the bubble of that world, in a way. I feel like if I were to be in that story, I'd be one of them" (FYUS01, interview 1). This comment usefully suggests one way in which the participant might consider herself through television, working out where she fits into social groupings and how her personality correlates with those of the characters she feels she knows and she admires from the screen.[70] As Beverley Skeggs and Helen Wood usefully explain in *Reacting to Reality Television: Performance, Audience and Value* (2012), "We are not insular containments, our behaviour and dispositions are shaped by the social relations we inhabit. […] We learn to recognise ourselves through others" (2012: 69-70). In terms of sociality, the sense of inclusion, involvement and acceptance the participant feels whenever she watches this show, and others like it, would seem to inspire a greater confidence in herself and her own validity. As she notes, "You get to know the characters and you love them, and they're close to you. It's a world that exists alongside your own" (FYUS01, interview 1).[71] What seems to appeal most to this viewer is being a part of both worlds, feeling recognised in the fictions she consumes and then carrying that sense of understanding on into her own day-to-day life.

While television is regularly sought out as a way to comfort and amuse the isolated individual, a therapeutic service that can also help to curate and satisfy a more fully rounded self (emotionally, socially, psychologically), study data shows TV is still called upon as a way to be social, to connect with nearby family and friends. Indeed, relating the way he and his teenage children collectively decide what they are going to watch during mealtimes, the widower and father of two explains, "The very fact that we're watching the thing that we've chosen together […] brings us together" (FU2.1, interview 1), with TV promoting interaction and the importance of making time for one another (see Morley, 1986). The value of this time to be together is strongly echoed by other family units, with this single father noting how, when he and his son watch programmes like *Police Interceptors* (Channel 5, 2008-), *Judge Rinder* (ITV, 2014-) and *Can't Pay? We'll Take It Away!* (Channel 5, 2014-) together at dinner, "We always chat about what's happening" (FU3.1, interview 1). He continues:

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being able to think positive, and think, 'It's not over yet, it can't be,' and generally being on my toes and being able to think my way out of trouble." (FYUS07, interview 1)

[70] Describing the 'personal identity' function identified in McQuail, Blumler and Brown's PSI research (1972), Giles notes how, "Soap characters frequently reminded viewers of people they knew, and viewers used characters' situations and behaviour as ways of understanding their own lives" (2003: 189).

[71] Another female undergraduate, aged 18, similarly notes of her favourite series *Twin Peaks* (ABC, 1990-91; Showtime, 2017), "You almost feel as if the characters are your buddies" (FYUS06, interview 1).

"For example, if somebody's owing a lot of debt and they're not paying it up, we're chatting about how difficult it maybe is for the bailiffs and why they got themselves in that situation, you know, these kinds of things. And with *Police Interceptors*, 'Look at these idiots,' you know what I mean? So, yeah, it's a viewing experience that we both share when we're watching these shows." (ibid.)

What TV appears to provide here, alongside the evening meal, is space and time in which families might exchange their views and laughter, might learn together and from each other, and, most significantly, enjoy being with one another. Moreover, in both situations, stereotypical politics of the home and its main 'axes of power' are subverted as children are decision makers and contributors of importance as much as their parents. In *Family Television* (1986), Morley states, "The decision-making processes the family uses in respect of television will probably be similar to those which it uses in relation to other areas of family life" (1986: 25). However, the collective identification of content the widower describes suggests that the whole family has a say in how they get to feel during their shared televisual encounters, when their needs and interests fleetingly align as they seek entertainment while they eat. TV serves as an equalizer, with the needs of the collective *in this specific scenario* outweighing those of individuals and determining what kinds of shows they watch and enjoy together (they might not be as united in their viewing preferences away from the dinner table). Equally, the example of the single father and son highlights the comparative role of television, the juxtaposition of societal extremes onscreen with the everydayness of home and their mutual appreciation for their own "normal" lives – I refer here to the 'look at these idiots' remark during *Police Interceptors*. In this instance, TV reinforces the validity of their shared perspective, of where they each look from, and presents an opportunity to strengthen the bond between them, collaboratively evaluating what they watch and revealing their own points of view to one another in the process (see Skeggs & Wood, 2012).

In a similar vein, another father, aged 44, explains he consciously watches Saturday night entertainment formats, like *Strictly Come Dancing* (BBC, 2004-) and *Let It Shine* (BBC, 2017), to spend more time with his two daughters and his wife.[72] Despite his own lack of interest in such programmes, he considers:

"I think because I know the girls are sitting down to watch it, I'll make an effort to sit down and watch it as well. So, I suppose, yeah, it does change the angle of it […] [My wife and I] might not necessarily put it on if it was just ourselves, but bringing in the girls then, yeah, you make the effort." (FU5.2, interview 1)

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[72] Regarding their weekly schedule, the mother of this family notes, "The weekend is the time when they don't have any clubs, we don't have anything on, we've just got that bit of [flexibility]" (FU5.1, interview 1), adding a greater sense of significance to their shared viewing at weekends.

Not only does this notion of 'making the effort' reinforce the potential value of the space and time certain shows generate for familial interaction – worthy of engagement due to the opportunities they present to spend significant time with one another – but this father's idea of time with 'the girls' changing 'the angle' of a show is also crucial. The presence of his wife and his daughters, along with the evident enthusiasm they each display and the satisfaction they gain from watching such shows, by extension makes them meaningful to him as well. His decision to engage with such programmes is in fact about participating with his family, about staying with them and embracing their experience consuming TV together, as opposed to the contents of light entertainment shows.

In addition, his wife, aged 43, explains that highlights and echoes from their shared viewing frequently carry over into their day-to-day lives:

"The next day, we might be saying, 'Oh, I really wanted so and so to win,' and you've all got that. It's not just like myself and [my daughter] talking about it, or [my husband] or whatever. It's all of us. So, there's a continuation of the togetherness, if you like." (FU5.1, interview 1)

Aside from indicating that particular programmes resonate with viewers and endure beyond their first reception – the viewing subject's reflection on memorable moments, or their speculation as to how a programme might develop, keeping shows 'alive' for them and affording further pleasure – the 'togetherness' referred to here also evidences how shared televisual experiences naturally integrate into daily life, becoming part of the family's lived experience.

With reference to Paddy Scannell, Shaun Moores reflects on broadcast media's contribution to 'the structuration of quotidian life' in *Satellite Television and Everyday Life* (1996), stating particular texts are "woven into the very fabric of recursive day-to-day practices – stitching themselves into individual biographies and cyclical calendars" (1996: 23). As this mother of three confirms regarding such moments, "You do remember all sitting together and laughing together collectively. There's something nice about collective laughing. It sounds a bit corny, but that sort of shared moment" (FU4.1, interview 1). That TV is thought capable of facilitating moments such as these must become a further aspect for consideration in terms of its value and the viewer's desire to engage with it and those around them (see Spigel, 1992); the potential to share in moments like this again, to chance upon instances which might become comforting and nourishing for the entire family. A

further detail to note is while contemporary criticism suggests traditional models of familial viewing are in decline, all family unit participants still regularly watch television together, in their kitchens or living rooms, and find pleasure in the rituals of collective viewing (not simply a parent-driven pursuit).

While viewing presents as a more conscious way for families to be/stay together, the motivation for first-year students participating in the study to watch television with others is driven by the specificity of their circumstances and a need to socialise. Focusing exclusively on those residing in student accommodation, several recount TV's significant function as a tool for socialisation in communal or shared spaces, a way in which to subtly shift attention from individuals and collectively bond over the screen's contents when they first arrived at university. As this 18-year-old Greek male explains:

> "When we first moved in […] we would all just congregate in the common room – this TV room or the other one – and we would have the TV running in the background, probably with something like 4Music running, and we would just sit there, chat and get to know each other." (FYUS07, interview 1)

When asked why she felt communal viewing helped her to bond with her new housemates, this 18-year-old British female considered:

> "I guess just having everyone in the same room, even if we are all very different, being able to discuss [what we have watched] afterwards helps the bonding. [One time] we spent about an hour talking about a film afterwards and it was really interesting to hear each other's points of view, and that really helped us get to know each other better." (FYUS03, interview 1)

What resonates in both examples here is the malleability and functionality of TV, providing the perfect excuse to gather and bond as a collective, while ensuring attention is not fixed exclusively on what is likely to be an anxious but excited collection of individuals. Thinking back to the previous chapter, what is also significant is the fact that the spaces where these instances of communal viewing occur at once belong to all students and to none of them. What I mean by this is while the TV rooms, kitchens and common rooms referred to by students are spaces they can all use within their new accommodations, they do not belong to them in the way that their family living rooms or their bedrooms do; places they are far more likely to feel a sense of attachment to. Accordingly, television is used to make familiar these new sites and spur feelings of normality (by way of creating new routines and forming new relationships with others nearby).

The appeal of TV as a communal experience within this young academic context seems dependent on the medium's ability to simultaneously engage and unify its audience, positioned as a means of integration and social inclusion. As the female student from Lithuania tellingly reveals:

> "When I used to be back at home, the people who would surround me, like my background, no one really watched TV shows. […] When I came here, the majority watch TV shows and they have something in common and talk about it all the time. I feel left out, so I start watching it as well." (FYUS04, interview 1)

Accordingly, TV viewing might also be understood in this instance as an act of social necessity, typically gathering with others to judge the performance of contestants in formats such as *The Great British Bake Off* (BBC, 2010-16; Channel 4, 2017-) or *Masterchef* (BBC, 1990-), or to wonder at the spectacle of 'event TV' epics, like *Planet Earth II* (BBC, 2016). As this female first-year undergraduate, aged 18, explains, "If it's something like a Netflix show, it's harder to keep track of. When it's *Planet Earth* or *The Great British Bake Off*, it's easier [to watch together] each week" (FYUS03, interview 1). Moreover, the routines which are formed around the consumption of content seem critical in terms of securing one's place within a particular social grouping. Another 18-year-old female highlights:

> "Because we've all made friends now, if we do things, we'll tend to do them altogether. Someone will be like, '*First Dates* at 10pm, little TV room?', on the group chat and everyone will be down here." (FYUS05, interview 1)

Considering the chapter's emphasis on instrumental uses of television and the study's preoccupation with televisual comfort, it is interesting to note this use of TV to develop and sustain group social activities, involvement in which will likely impact, and presumably improve, the quality of day-to-day existence in this new, shared "home". Television emerges, then, not simply as a comforting resource for the individual in uncertain or intimidating situations, but also a tool by which they might involve themselves in activities with others and even secure new friendships. Several participants were keen to explain that they developed friendships over television.[73]

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[73] As this Finnish-British female explains, "I create bonds over TV, that's how I spend time with my friends" (FYUS01, interview 1), describing TV viewing as "probably the most common activity I share with people" (ibid.) – referring to both shows she watches independently then discusses with others, and to programmes she watches *with* others. Two participants (FYUS05 and FYUS06) also stated they first became friends in student halls after one observed the other watching *Twin Peaks* (ABC, 1990-91; Showtime, 2017) and they began to discuss their love of the series.

TV as *Rescue*

"The shifts in my personal life have occasioned changes in the way that I now approach some of these media [television, radio], or at least my understanding of my response to them, I think." (FU2.1, interview 1)

For the final part of this chapter, I turn my attention to a very specific case study that emerged during this research. In many ways, its specificity transports us beyond the comparatively ordinary concerns that have featured in this chapter thus far. This is not to suggest preceding situations and analyses are less significant or insightful, but rather this participant is in the process of working through a period of dramatic change and bereavement. I am referring to the aforementioned widower and father of two, whose wife died from a rare form of cancer in 2013, and to uses of television in response to grief. Moreover, by assigning the word 'rescue' to this case study, i.e. "to bring (someone or something) out of danger, attack, harm; [to] deliver or save" (rescue., 2018), I mean to further illustrate the restorative potential of television. Specifically, I present TV as a multi-faceted interface which enables the selective performance of memory work while allowing also for essential moments of respite and recovery (fuelled by fantasy and escapism) for the affected individual(s). A way to regain a sense of "emotional control" (Hofer, 2015b: 235-6), television emerges in this participant's data as a critical lifeline, commemorating the life shared with his wife, while also integrating more and more into his shifting personal and paternal routines in the present. Examining TV's evolving role in his everyday domestic world, I consider various ways in which television has saved and continues to save him (e.g. helping occupy his time, generating new routines, connecting him to memories of his relationship with his wife, introducing him to alternative feelings and emotions).

While the idea of rescue sounds grandiose, the participant was keen to communicate the significance of his flourishing relationship with television and the reliable comfort it has afforded him since the loss of his wife. As he explains, "I think TV is performing a very important function for me in terms of helping me actually just grapple with my circumstances" (FU2.1, interview 1), before confirming, "I think it is essential for me" (ibid.). His comments here are particularly revealing. Firstly, confirmation of television's essentialness for him and his situation betrays a certain dependency on the medium's 'memory', its companionability, and the ease with which it might facilitate different forms of emotional digression. Importantly, his data makes clear this relationship only developed in recent years, having previously had "quite a dismissive attitude" towards TV (ibid.). As

he confirms, "I think TV had importance at various phases in my life when I was younger, various moments, but it wasn't essential in the way I think it probably has become" (ibid.). Secondly, in considering how television helps him 'grapple' with his circumstances, the participant perfectly encapsulates TV's ability to respond to fluctuations in his mood, behaviour or point of view. Accordingly, television appears to offer not simply comfort or the promise of escape, but often an essential space and time for him to make sense of his reality, to process and reflect on his relentless stream of thoughts and emotions. Television emerges as a temporary site for the working out of significance, for irruptions of emotional excess as well as peaceful contemplation.

As a university lecturer, the academic status of this participant finds a useful parallel in the work and circumstances of Stefanie Hofer, an Associate Professor of German in the Department of Foreign Languages and Literatures at Virginia Tech (Virginia Tech, 2019). Hofer's husband, Jamie Bishop, was murdered in a mass shooting at Virginia Tech in 2007. The fifth-deadliest school massacre in American history, 32 people were killed, including Jamie, who was teaching German when the gunman initiated his attack. Hofer has since published several articles which rigorously explore the events of that day and its impact on her life and identity. Her insightful approach to her trauma is immensely valuable here, particularly as one can almost detect her continued healing in each article she publishes. Moreover, by critically engaging with her own grief and recovery (the therapy of writing and the restorative power of lifestyle television programmes), she becomes a useful point of comparison to the widower and father of two in my research. Where their experiences of loss diverge explicitly, however, is in the widower's dual role as bereaved husband *and* father (Hofer has no dependents). This distinction is important as the father of two is also charged with a duty of care beyond his own wellbeing. With this in mind, I begin this case study with a focus on the participant as grieving husband, as an individual who has experienced dramatic change and, to use his words once again, is left 'grappling' with his past, present and future. In order to do this, I call on Hofer's comparable accounts of her own recovery. I will then consider the participant's responsibilities as a father and television as a means of cultivating togetherness after a significant loss.

It is worth stressing here that this participant provides one specific example of TV use in response to bereavement. His data indicates a psychologically healthy relationship with the small screen, which is to say TV does not appear to have assumed a disproportionate level of importance in his life or caused him to neglect his many responsibilities (to his children, his employers, or to himself). His experience of the medium in this turbulent time

has been largely positive, demonstrating its capacity for rewarding and enduring comforts. Yet, others might equally abuse this functionality, to the possible detriment of their health and/or the wellbeing of those around them. As such, I emphasise the use of television as one part of the individual's larger support network (involving other persons, mediums, activities, and so on). What this participant offers with his narrative is a very honest look at how television can be called upon to help process the loss of a loved one, to impart some sense of normality, and to begin to think about what comes next.

Continuing this chapter's emphasis on instrumental uses of television and the sorts of concerns that lead us to the screen, the following response from the widower appropriately frames his personal TV engagements (I use the term personal to distinguish his isolated viewing from familial TV encounters):

> "You mentioned *Star Trek: The Next Generation* earlier on, and that's something I watched with my wife […] There's a certain sense of almost recovering her somehow or recovering us watching in the past [whenever I watch that show]. But there is that familiarity with all of the characters and that sort of sense of them as almost like a virtual extended family, in a strange kind of way. With certain kinds of shows, that is absolutely a key part of what's going on. In others, you know, it's about me being able to just escape into a fantasy world. So, *Fortitude*, for example. It's quite gripping, it's got an amazing location, and so you find yourself just transported. That is about that pleasure of escape and just putting all the anxieties of the day-to-day, the reality, over there to one side, just taking pleasure in what you're viewing." (FU2.1, interview 1)

This response usefully introduces the principal themes of his personal television viewing: remembrance, consolation and fantasy. By remembrance, I refer to the participant's suggestion he might recover some sense of his wife and their time together by re-engaging with particular programmes, like *Star Trek: The Next Generation* (Paramount Domestic Television, 1987-94).[74] Television emerges in such moments as a more intimate revisitation, bringing with it an illusory sense of closeness through biographical proximity (i.e. TV mediating between past and present, the viewer inflecting history with the weight of the now). The suggestion TV might be considered a form of consolation is also a reflection on the importance of familiarity, on his recognition of particular characters as a 'virtual extended family' of sorts. When he is "with" them, he seems to feel recognised, comforted and reassured. Comparable to previous thoughts on the sociality of TV and para-social interaction, this participant's investment in particular shows, characters and story arcs would

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[74] The participant notes subsequently that when they were dating, his partner would often travel to visit him at university, and the pair would sporadically watch shows like *Star Trek: The Next Generation*, *Friends* and *Frasier* together as they sat and ate, sharing each other's company.

seem to result in a comforting virtual camaraderie, in feelings of trust, togetherness and friendship. As Robert Blanchet and Margrethe Bruun Vaage confirm, "Engagement in long-term narratives activates some of the same mental mechanisms as friendship does in real life" (2012: 28).

Moreover, by virtue of his having often shared such small screen encounters with his wife, I wonder if the familiarity of others might also excite the feeling of her, her presence or memory. Indeed, considering the implications of "co-viewing" for para-social interaction, Giles proposes "co-viewers reinforce initial responses to a media figure" (2002: 292). He continues, "This may strengthen the para-social relationship; indeed, co-viewing – and subsequent discussion of the figure – may strongly influence the development of the para-social relationship" (ibid.). Perhaps the para-social relationships the participant and his wife first generated with characters from *Star Trek: The Next Generation* allow him to remember her through those same characters in the present. Finally, the theme of fantasy points towards temporary eradication, the denial of reality and circumstance, at least for a time – as was the case with *Fortitude* (Sky Atlantic, 2015-). Somewhat ironically, these moments of escape often inadvertently enable the participant to address and embrace his emotional vulnerability, as I later consider regarding *Battlestar Galactica* (Sci-Fi, 2004-09). Each of the viewing motivations outlined here are concerned with the participant finding ways to accept the changes in his life and prepare for the future he is now presented with, while still honouring how his life used to be. Essentially, it could be argued he turns to TV to get a better sense of both who he was and who he is now (or who he could become).

The most immediately striking, and understandable, motivation for TV engagement here is remembrance, a way by which to reactivate memories and shelter in old routines. As the participant confirms, "There's no question, I choose to watch some things because they connect me with experiences that I shared with my wife" (FU2.1, interview 1). In her paper, 'Out of the Box: Television, Documentary Fiction, and the Art of Healing' (2017), Hofer similarly reflects on her decision to cancel her Netflix subscription – which was still in her husband's name – stating that: "It was a difficult decision because it meant losing not only Jamie's "wish list" but also a record of the DVDs we had watched together, each one a connection to our joint life" (2017: 47). Both echoing a similar sense of connection to absent loved ones via their shared viewing histories, it is interesting to note the differing reactions here to the prospect of a televisual gateway, i.e. a way back to the past. In Hofer's article, she only reflects on her experiences of television *after* the murder of her husband, and while she describes Netflix as this 'connection to our joint life', she still cancelled their

subscription, denying herself access to any record of their viewing together (likely because it could prove too painful). By contrast, the widower seems to find great comfort in texts from the past, in the potential for valuable memory work and rediscovery. He explains, "It's almost like [TV] triggers certain kinds of responses or allows you to immerse yourself in a kind of extended moment, or extended recollection. Somehow, it's facilitating […] a particular state of mind" (FU2.1, interview 1).

During interviews, this participant introduced, and regularly returned to, this notion of "being held" by television (ibid.), which is to say the imagined sensation of television taking hold of, embracing, and caring for you as you watch.[75] I think one of the ways in which this idea manifests here is in his suggestion that TV makes possible these extended moments or recollections. Indeed, by revisiting those shows he shared with his wife, it is as though he might bring her back in some subtle way, that they might fleetingly be together again, existing in the past and the present all at once.[76] As well as suggesting a certain materiality, "being held" might also be about stopping time, with the participant literally at a standstill in front of the screen, holding onto particular memories and the former life certain shows can recall. In addition, his belief that TV allows him to trigger particular emotional responses acknowledges a degree of control too, suggesting that he is able to selectively revisit the past whenever he needs to excite some semblance of contact and togetherness. Accordingly, their shared TV history becomes a conduit of sorts, which he has 'mastery' over (see Klinger, 2006), allowing him back to the past so he can fuel his memories of his wife and recover some feeling of their life together in the present.

For Hofer, she seems less able to find her husband in TV programmes or in films, recapturing him instead through her writing, as well as recovering more of herself in the process and finding ways to better comprehend her trauma. As she explains:

> "Writing restores a sense of control for me. It provides self-regulated exposure and allows a cognitive organisation and reorganisation of a memory that has felt amplified but also patchy, with many elements overly vivid, while some have been blurred, with only vague traces remaining or, even more unsettling, with none at all." (2015b, 248-49)

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[75] "I've used this sort of word, this idea of being held, a sense in which comfort is actually someone […] sort of taking hold of you, holding you, making you feel, I suppose, comfortable at one level, but making you feel safe, secure. It's a certain kind of support almost" (FU2.1, interview 1).

[76] This contrasts with Patricia Mellencamp's assessment of remembrance in *High Anxiety* (1992), with television's past described instead as "a disassociated, dated history, out of sync with the present, with nothing, now, to do with us" (1992: 79).

This extract from Hofer's research is poignant in that it introduces the simultaneous pleasures and dangers of memory. While she refers to her own cognitive reorganisation and her writing as a means of restoring control, Hofer's acknowledgment of her loss of memory and how this erasure unsettles her is important. Indeed, the idea that, in her situation, memory is 'amplified but also patchy' alludes to a certain volatility, which is to say that the act of remembering might in itself be destructive (Mellencamp, 1992: 79, 280).[77] As Emily Keightley and Michael Pickering explain in memory studies text *The Mnemonic Imagination* (2012), "Imagination reactivates memory and memory stimulates imagination" (2012: 7). "If memory is the medium of reassessment," the means by which the individual recalls fragments of experience, "imagination is what animates the material on which it draws" (ibid.: 8), bringing memories to life. As a result, the version of history recalled is not necessarily representative of how the past was (ibid.: 25). Indeed, "The past [is] subject to a continually provisional process of reconstruction" (ibid.: 20) whereby the individual continually refines the narrative of an event until little of the original remains. Accordingly, Hofer's avoidance of her and her husband's shared televisual history might be interpreted as an act of preservation, as her safeguarding against the potential for further self-inflicted memory erasures. Were she to attempt to recreate certain domestic experiences or to recover cherished memories via the screen, she could in fact lose yet more of him. Therefore, when she talks about her writing as 'self-regulated exposure', I would argue she exhibits that same self-imposed restrictiveness in other areas of her life too, including television, so as not to dilute the reality of how things actually were.[78]

What is interesting about the male participant's study data, in response to Hofer's apparent avoidance of televisual memories or triggers, is that while he returns to some programmes to rekindle a sense of his wife and experiences they shared, narrative content appears less significant. Furthermore, the participant's lack of episodic specificity – meaning he is not concerned with revisiting particular episodes – would appear to stem from the way he and his wife consumed television in the past. This contrasts with how he commits to the medium more completely in the present:

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[77] Mellencamp argues that "TV enacts the contradiction of destructive conservation" (1992: 79), which is to say that honouring and preserving televisual history is very different to revisiting it and/or attempts to remake it.

[78] As an illustrative example, considering one of her husband's obituaries, Hofer notes he was described as an 'avid hiker', which did not correlate with her own view, knowing that Jamie would actually participate in hillwalking only to please her. She explains: "It made me realise how quickly people create their own images of the deceased by interpreting pieces of information based on their own experiences or needs. I am aware that even I am guilty of this and that when writing about Jamie, my subjective interpretations may be doing injustice to him or other persons" (2015b: 232). Subjective reflections in the present could warp her sense of the past.

"I always enjoyed the TV viewing I did, but I didn't invest in it in the same way, and I could take it or leave it much more easily. And actually, I never sort of followed stuff in quite the same way either. So, even the things I watched, you know, I talked about *Frasier* with my wife, and *Star Trek: The Next Generation* [...] we'd just tap into whatever episodes were on." (FU2.1, interview 2)

Their TV viewing was evidently sporadic, integrating with other, perhaps at that time more valuable or significant, concerns in their lives. In turn, the participant's present attempts at recovery would seem to mirror this behaviour. Bypassing many of the traditional fears around nostalgia, i.e. that the "search for a more perfect past" (Lury, 2008) will inevitably result in a level of disappointment, he seeks instead to recreate viewing situations rather than excite the memory of any specific textual encounter or narrative revelation. As he explains:

"So, *Midsomer* [*Murders*], for example. I'll watch *Midsomer* [and] it might be one of the newer episodes that has emerged in the last year or two, and so, obviously, that's not something that she saw, but it's the fact we used to share the viewing of that particular programme together. So, I get a sense of pleasure from a connection of sorts. It's not a real connection in a way […] but it does kind of take me back to a space that I shared with my wife." (FU2.1, interview 1)

While he risks amplifying the absence of feelings or attachments he longs for in the present (Ellis, 2007: 161-62), the participant seems to gain a significant sense of pleasure from this restaging of old routines. It is as though such programmes allow him to briefly recover the feeling and rhythms of one another as they used to be, the TV text a catalyst for imagination as much as recollection. Indeed, the pleasure is not so much within the text itself (though, *Midsomer Murders* (ITV, 1997-) was a programme he referred to more than once and clearly does enjoy), but in the mood and/or situation it inspires. With *Midsomer Murders*, this translates to memories of relaxing Sunday evenings spent together in front of the television once their children had gone to bed.[79] Echoing Barbara Klinger's research and the "sense of security and satisfaction" (2006: 154) her study respondents gained from the presence alone of their favourite films or television shows, the widower appears to temporarily reclaim his old life through this kind of viewing. He also neatly reinforces previous notions of "dwelling imaginatively in and with certain images" (Moores, 2018: 68). As opposed to simply remembering how he/they used to be, commemorating the life they

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[79] "We used to watch things like *Midsomer* [*Murders*] on a Sunday night, just for relaxation, quite conscious that it was, you know, completely OTT, but there was a certain pleasure in the simplicity of it and the familiarity with that particular form. It was that chance at the end of the weekend to just chill a bit, [the] kids would be in bed, etc." (FU2.1, interview 1)

shared, the participant calls upon these kinds of texts to instead bring his wife forward into the present.

Having previously touched upon the theme of consolation with regards to para-social relationships and the innate companionability of television, I now consider examples of TV texts that consoled Hofer and my study participant. While the widower almost instantly found comfort in the fantastical, in other worldly adventures and far-fetched fairy tales, Hofer initially avoided TV altogether. She explains, "Whereas the plots of TV shows had previously allowed me to escape the stresses of everyday life, they now consumed me entirely as I viewed them in the light of my grim realities. They paralysed me" (2017: 46). To garner comfort from television, Hofer had to consider who she had become in light of her trauma, and her readiness for emotional extremes and self-confrontation (ibid.: 69). She had to overcome what she would later describe as her "revulsion toward fiction" (ibid.). The result of her unexpected repositioning as a viewing subject following her husband's death was an on-again off-again relationship with television spanning a period of 12-18 months.

Presenting instances where she was "exposed" to television during this time, Hofer first describes the medium as though it constituted some form of personal attack. As her husband died in such a traumatic and unexpected way, she exhibited an understandable aversion to shocks and uncertainty. However, recounting her stay with relatives in the summer of 2007, she later notes her "unexpectedly soothing" (ibid.: 46) experience watching a nature documentary about marine life:

> "The location and creatures, deep down in the ocean, must have been so separated from my own reality that my mind could not make any disturbing connections between them and my past, current, or future life, allowing my mind to come to a short rest." (ibid.)

This notion of disconnection and respite as a result of her, admittedly unintentional, programme selection is very important. Returning to the theme of distraction, distantiation from her own reality first provided Hofer a glimpse of television's therapeutic potential. Her subsequent encounter with reality show *House Hunters* (HGTV, 1999-) the following summer, with its repetitive structure and focus on other people's problems, then allowed her, as she puts it, to gradually "reconnect with the outside world" and "reacquaint [herself] with decision making" (ibid.: 69-70). As she explains, "It comforted my emotional needs at different stages of this process and let me explore my post-traumatic feelings at my own pace, thereby assisting the empowering ability to be in control of my emotions again" (ibid.).

The reality format presented her with an opportunity to practice and recover competencies she had possessed previously in a safe and recognisable space. She confirms, "Eliminating surprise became a necessity for rediscovering TV as a source of comfort" (ibid.: 47-8), anticipating encounters and their potential to introduce further anxiety. Finally, arriving at HBO's *Treme* (2010-13), which focused on the aftermath of Hurricane Katrina in New Orleans in 2005, she states that the series, "responded to my need to work through loss and trauma" (ibid.: 69), describing it as "the first step toward actively pursuing my own healing" (ibid.: 70). This revival of interest in fictional programmes and apparent declaration of her steadily recovering emotional composure serves as testament to television's soothing, reassuring and restorative potential.

What stands out here, and is similarly echoed in the widower's responses, is the centrality of emotional resonance in the texts viewed. Hofer's televisual journey evidences how certain programmes respond to our emotional needs from moment to moment (ibid.: 69-70). For instance, the marine life documentary she mentions, likely dominated by visual spectacle and an other-worldly quality, seemingly responded to her sense of alienation from her own life and reality. Equally, *House Hunters* mirrored her circumstances to an extent in that contestants were also faced with significant (albeit positive) change and important life decisions. Hofer indicates she could play-act and indulge in this scenario with them, gradually forcing change upon herself in a controllable way and making sense of her own emotional triggers and responses as a widow.[80] In fact, I would suggest that Hofer used this show to imagine what a normal life would look like for her post-April 16, 2007. As she explains, "I have throughout my life deliberately chosen to follow TV series that have reflected my emotional self" (ibid.: 69). Reminiscent of the widower being able to find his partner in particular television shows, there is a similar sense of trying to recover oneself in Hofer's narrative, of finding herself *as she is now* in the texts she consumes.

This is similarly evidenced in the bereaved husband's study data, with his own unique televisual journey exposing his emotional fragility. As he appropriately considers:

> "There has definitely been a shift in relation to my bereavement. And I think there's been a shift in me. I've always been quite an emotional person – obviously, quite nostalgic – and I think that's much more on the surface now than it ever used to be. […] I'm a crab without a shell. I'm a bit sort of vulnerable and raw, and that is part of my relationship with TV." (FU2.1, interview 2)

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[80] The deliberations and decisions faced by house hunters are the sort of situations and choices Hofer would have made with her husband previously. She now has to make those sorts of decisions alone and could begin to imagine doing so through this programme.

The result of this 'shift' he mentions, firstly, would appear to be greater emotional investment on his part. Indeed, it would seem he gives himself over more completely to his preferred TV programmes and displays a degree of trust, or perhaps faith, in allowing them to temporarily govern his emotions. As he considers, "There's a certain kind of show, perhaps one that, in one way or another, allows access to a realm that is partly infected with fantasy" (FU2.1, interview 2). While this fantastical element often presents itself explicitly in many of the shows he watches, such as *Grimm* (NBC, 2011-17) and *Heroes* (NBC, 2006-10), there is also a pronounced emotional dimension to these programmes as well, which he might involve himself in:

> "They're all shows that have a great deal of humanity and warmth, and they have at their core the importance of relationships, friendships, which I suppose a lot of TV actually ultimately does. But *Heroes*, they're saving the world. They're saving the people they love. They're protecting the people they love. It's the same in *Grimm*, to some extent. And even shows like *Modern Family*, it's caring for and helping those that you love in one way or another. So, there's a theme there I think that reflects a need that I have, I suppose, or a desire to see that articulated." (ibid.)

The inclusion of *Modern Family* (ABC, 2009-) is something I return to concerning familial viewing, but the prominence of themes of love (romantic, familial), unity, camaraderie, (heroic) rescue and protection is revealing. Whether the participant is exhibiting a personal longing to be saved, or perhaps to cherish, save or best protect those he cares for (including his wife), there is a clear sense of television's emotional resonance for him here. Arguably, these programmes provide him with a sensation of wholeness or completeness, at least for a time, filling emergent gaps in his life and allowing him to play out heroic scenarios from the safety of his living room. It is as though the fantastical television he consumes, while on the one hand denying his reality, also enables him to perform emotions which he, for one reason or another, is either unable to realise or perhaps feels unable to exhibit in daily life. Considering the function of fairy tales for children, Bruno Bettelheim usefully explains that while daydreaming, "the child fits unconscious content into conscious fantasies, which then enable him to deal with that content" (2010: 21-3). He continues:

> "When unconscious material is to some degree permitted to come to awareness and worked through in imagination, its potential for causing harm—to ourselves or others—is much reduced; some of its forces can then be made to serve positive purposes." (ibid.)

In a similar fashion, it would seem that engaging with particular television programmes enables this participant to work through 'unconscious' material. By entering into worlds of fantasy, which often involve a comparable sense of struggle, he is not merely escaping or distracting himself from his own shifting concerns but alleviating conscious and unconscious feelings to positive effect.

An example of this emerges in *Battlestar Galactica*, a show which uniquely mirrored this participant's battle with his changing circumstances:

> "If I think about the last three and a half years, the one that has been massively significant was *Battlestar Galactica*, which I sort of came upon kind of by accident […] the summer after my wife died, and just got pulled in. […] It just took on this power for me that is obviously bound up with a lot of what was going on in that really strange and quite difficult period. […] That whole period felt really unreal." (FU2.1, interview 1)

Another text 'infected with fantasy,' the participant's instantaneous attachment to the series and its characters, who are faced with a fight for survival and are desperately trying to keep hold of their identities and cling to their humanity, is insightful. He contemplates, "I think so much of the themes in the show and the actuality of the characters in the show reflects aspects of what I was going through" (ibid.). He continues:

> "It's about a massive loss, loss on a kind of grand scale but also loss that individuals are experiencing in one kind of way or another. There's a lot of grief as a result of that loss. Then there's the President having cancer as the narrative develops and dying in that final episode." (ibid.)

In many ways, it is as though he journeyed with these characters as they sought a new home, a fresh start for the species after the Earth was devastated and the majority of humanity decimated by their own cybernetic creations, the Cylons. During this period of 'unreality', the participant recognised himself in the struggles of others, those he had come to know and care for. What began as a form of escape became a site for self-exploration, understanding and gradual rehabilitation.

In addition, I believe the participant's empathy towards characters and his identification with their experiences of grief allowed him to embrace his own vulnerability more completely. What I mean to suggest is that the resonance of this particular show manifested in the scale of his physical and emotional reactions to it. As he explains, "It was unbelievably powerful for me […] I would often find myself sitting watching, tears

streaming down my face, and I don't normally do that. I don't react in that kind of way" (ibid.). Thinking more strictly in terms of comfort, aside from the storytelling in *Battlestar Galactica* and sense of recognition the participant felt whenever he watched it, the importance of this space and time for him alone to "decompress" (ibid.), to be angry, or sad, or hopeful, should not be underestimated. *Battlestar Galactica* provided him an emotional outlet, a programme through which he might express the complex raft of emotions he was experiencing. A way to temporarily make sense of his feelings and categorise them, he could attribute his performance of grief here to the comparable experiences and suffering of those onscreen. This 'escape' was perhaps his means of letting himself be emotional, able to justify his tears and sadness as a response to these external triggers (which he had control over as a viewer).

Furthermore, I think his need and appreciation for this ephemeral space/time for his own expression and recovery is further evidenced in his difficulty with TV endings. Indeed, his reluctance to "lose" those characters, narratives and worlds which became so meaningful to him suggests a reliance on these rewarding, productive encounters. As the participant considers, "I clearly engage very emotionally with TV. […] I invest emotionally in it. And one of the things I struggle with sometimes actually is I'll be watching something, and I don't want it to end" (FU2.1, interview 2). Here, he confirms this need he has for emotional engagement with others, for the illusion of recognition and reciprocity achieved through the screen, complicated further by his becoming the sole parent and provider:

> "I used to be out much more. It used to be more feasible to be out in terms of work-related activities in the evenings, but also my wife and I would go out. So, a lot of that doesn't happen because I need to be back to look after the kids and, you know, I've just found my social situation is very different; so, TV is filling that space." (FU2.1, interview 1)

Ultimately, with regards to his personal viewing, TV emerges as a hugely significant site for distraction, sociality, memory and self-care. An undeniable comfort, it also becomes a way of responding to his grief, of recognising the changes in himself or his situation and reacting to them. Whether that reaction is to vent emotion, to substitute feelings for emotional placeholders, to shelter in recollections of the past, or seek to excite some beneficial change in his life moving forward, viewing has the potential to become this gateway to greater understanding and psychological wellbeing. The same is true of Hofer's televisual experiences, despite her initial reluctance to confront her situation via the screen. Over time, television assisted in her healing, it empowered her with a newfound resilience

and the ability to tackle personal issues once more (Hofer, 2017: 69). As the male study participant concludes concerning television's revised role as companion and, arguably, as a new form of support network, "It's the best replacement I can get *at the moment*, and actually it's doing the job of providing comfort, definitely" (FU2.1, interview 2; my emphasis).

Indeed, by introducing the idea of duration, the participant suggests that his *current* relationship with television will inevitably end or evolve into something else. Returning to his notion of 'being held', at this moment in time, he is still in need of carrying and support. He is in need of a 'virtual extended family', surrounding him with the familiar or with others who will soon become familiar to him through proximity. He needs to be held together, in a sense. But much of this is likely to pass also. This is not to suggest the participant will not still look to content he watched previously with his wife in order to recapture some sense of the life they shared, but that his reliance on television will likely shift and change over time. Exploring television's operation and influence in medical spaces in *Prescription TV* (2012), Joy V. Fuqua describes TV as a "therapeutic distraction" (2012: 23): "Like the window, television has promised to offer its viewers a vision of the exterior world" (ibid.: 58; an analogy borrowed from Lynn Spigel). She continues, "Offering exterior visions to confined patients, windows show the promise of an exterior life, a view of somewhere else, of life happening elsewhere even if it is not one's own" (ibid.). This 'promise of an exterior life' is critical to my consideration of comfort TV and its use. It highlights that comfort viewing, while principally about respite, reassurance and recovery (to differing degrees) is also about what comes next. For the widower and father of two, the dramatic changes in his life dictate a continuing reliance on television for various comforts and rewards. For others, their reliance dissipates quicker, supplanted by new wants and needs once a personal crisis has resolved. Fundamentally, then, comfort TV is about *transition*.

To draw this chapter to a close, I turn my attention to the widower's familial viewing. While his son and daughter, both aged 14, ultimately decided not to take part in the study, the father of two was still able to provide significant insight as to how their TV consumption changed as a result of their collective grief. Firstly, continuing with the medium's companionability and the idea it might, in various subtle ways, "stand in" for the participant's late wife, it seems telling that the family's viewing became more pronounced during her illness and after her death. As he explains, "Previously, we would sit, the four of us, round the table and we'd eat and talk, and, you know, we wouldn't necessarily have the TV [on during mealtimes]" (FU2.1, interview 1). Yet, this changed as the father and his children began to watch movies at dinner and into the evening, before falling into a nightly

routine of watching series after series on Netflix, progressing from one show to the next. Reflecting on the comfort they all appeared to take from time spent viewing together, he explains, "We would talk as well, and where the conversation started to range a bit more, we might pause what we were watching and allow ourselves to just talk for a bit; so, it was quite sort of free flow" (ibid.). When I asked if viewing in this context was a way to facilitate conversation between the three of them, he confirmed:

> "Yeah, I think that's absolutely it. And I think that probably might have been an unconscious thing on my part, that sitting the three of us, given that we used to sit the four of us […] we somehow needed that additional presence, almost, to facilitate that." (ibid.)

By further integrating television into domestic routines, the participant was able to cultivate a new sense of safety and security for him and his children. Amidst distraction, with their simultaneous combination of viewing, eating and chatting, they were able to feel more at ease and, perhaps for a time, to forget their changing situation. A forum in which they might talk critically about the content they consumed, as well as other subjects or personal matters, the comforting glow of television seemingly had both a unifying and strengthening effect.

Describing the significance of their collective decision making when deciding what they would all watch, the father of two explains, "The very fact that we're watching the thing that we've chosen together […] brings us together, actually" (ibid.). Participation would seem to result in a greater sense of control over the family's shifting dynamics and how they spend time with one another. Moreover, it is interesting to note some of the recurring themes within the TV content selected, including *Modern Family* and *This Is Us* (NBC, 2016-). The centrality of family relationships to these shows is intriguing. While this trend could invite additional consideration of TV characters as an extended virtual family of sorts, I am interested here in the family's identification of themselves within such formats. Indeed, in the first of his viewing journals, with reference to *Modern Family*, the participant notes:

> "*Modern Family* is an acutely observed comedy about modern family life and I think that the children and I are able to find ourselves in it to some degree. But it also functions as an inclusive, warm and loving 'screen' family that we can share and perhaps also learn from." (FU2.1, 27/02/17)

Continuing his reflections on the series in his second interview, he explains:

"You see elements of sort of love and kindness from various individuals which, for me certainly, I feel we are able to sort of recognise, understand, aspire to. […] You see the messiness of the modern family but, at the same time, they're actually a family who care deeply for each other and who are, I suppose, in that sense, instructive." (FU2.1, interview 2)

With comparatively light subject matter, playful comedic performances and a bite-sized format, with each episode lasting around 22 minutes, the show is suited to the family's teatime viewing schedule. Yet, it is this sense of being able to find themselves in the series, in its characters and their attempts to manage day-to-day scenarios which is interesting. The participant's suggestion *Modern Family* is both reflective of their lives as well as aspirational perhaps indicates a need for validation that they are indeed still normal or ordinary as a family, despite their ongoing recovery. By extension, the implication that they might 'share' this family as viewers, that their domestic lives and narratives intertwine to some extent, affording reliable comfort and pleasure, positions the show as a nourishing resource. In its presentation of domestic "normality", of "a wonderfully warm and loving extended family" (ibid.), the participant and his children might draw comparison and fuel their own familial relationships by virtue of close proximity and time spent enjoying the series together. As he similarly notes of TV drama *This Is Us*, "Again, it's about family, it's about the complexities, the messiness, but also about, fundamentally, love, I suppose. That's the thing that matters, actually, those relationships are the ones that count" (ibid.). Television emerges, then, as a way to reinforce the value of their own relationships to each other, of their experiences shared, as well as indicating that family life inevitably carries on in some shape or form.

In a sense, television, in this context of familial grief and collective (as well as personal) recovery, provides structure. It provides an excuse to gather, to discuss, to stay together. It provides entertainment, distraction, and a means of, perhaps indirectly, reflecting on one's own life and circumstances. While it must be acknowledged not all families will experience or use TV in this way – not all family units are necessarily happy, encouraging, or safe, and television can be used to shut down conversation – for this family, television provided comfort, strength and hope. Moreover, it continues to offer them such rewards, encouraging them to share in new (televisual) journeys and savour their experiences together around the small screen.

Conclusion

I conclude this chapter by returning to the word instrumental. Each of the examples I presented illustrate different comfort rewards generated by different programmes and different kinds of TV use. Beginning with distraction, I positioned television as a way to *feel more*, as an everyday intervention on the part of the viewer in order that they might take on emotional placeholders and enrich their day-to-day world, however subtly. While the lure of the small screen would often prove too powerful and lead students to procrastinate, I suggested viewing might also be 'paradoxically generative'. A significant form of digression, watching television – at least, in some instances – can strengthen the position of the individual and support other activities in everyday life. Looking to TV as surrogate, I then explored the innate companionability of television for the isolated viewer and its ability to help curate and satisfy a more fully rounded self (emotionally, socially, psychologically). As the viewer develops para-social relationships with characters, this can create powerful feelings of inclusion, recognition, even validation, whenever they enter the world(s) of their favourite show(s). Equally, study data shows television can be used to impart similar feelings of comfort and togetherness in real life, as viewing is still relied on to facilitate space and time for families and, as per the example of students living in shared accommodation, to provide opportunities for them to grow into their new (social) lives together. Finally, in the widower and father of two's case study, I considered most explicitly the idea of instrumental viewing as self-care. Since his wife's death, television has become a resource of immense value for this individual, a means of looking back and reflecting, of forgetting and escaping as required, of keeping his family together, and finding a way forward for himself. Viewing was/is one way to cope with significant change and the participant's data attests to the effectiveness of specific television texts and new viewing routines in light of his position at this time.

The comfort television delivers in the various examples here derives from instrumental engagements with the small screen, as individuals use television and/or specific texts to respond to their subjective needs. I believe that viewers most often improvise with TV, that screen activity so rarely begins with a particular goal in mind and is directed instead by an unconscious drive to sate temporary needs and desires. As argued, comfort TV is about transition. What is usefully demonstrated here, however, is that TV is able to respond to the constant shifts and changes in the viewer, that it can endure their evolving needs and dispositions and still provide comfort. In the next chapter, I focus on the television texts

identified by study participants as comforting and consider the formal and experiential qualities associated with comfort TV.

Chapter 5
Texts

"The key issue is not so much whether an audience is active but whether that activity is significant […] Does that activity make a difference? Does it offer the viewer an opportunity for creative or critical engagement with the messages on the screen?" (Silverstone, 1994: 153-4)

Determining an activity's significance is potentially complex. For instance, how do you quantify 'making a difference', or measure significance for individuals with different lives and accumulated experiences? Significance is inevitably very subjective. This being said, with comfort TV, viewer intention is altogether more explicit. Viewers mean to use television to make themselves feel better in some way – to relax, to be reassured or distracted, invite recollection or facilitate time with others, and so forth. A comfort TV text is selected by the viewer with a specific objective in mind, called upon to alleviate physical or emotional angst, whether they always recognise their deployment of the text in this way or not. As such, the comforting programme is understood best as a self-prescribed remedy, typically a tried and tested television text (or recognisable format) likely to elicit some desirable reaction in the viewer. With regards to 'opportunity', the 'creative engagement' with onscreen messages might be appreciated instead as the viewer involving themselves in other narratives to excite a change in feeling. The extent of this change, the urgency with which the viewer wishes to take on emotional placeholders, will vary, as will the effectiveness of different comfort texts, with their suitability increasing or waning along with the viewer's shifting subjectivity. Yet, due to its familiarity and dependability, the day-to-day significance of comfort TV often escapes the viewer. Its consistency and ubiquity can render it less visible.

What sets the comfort text apart from other cherished examples of television, such as TV favourites, is its apparent simplicity and the lack of demands made on the viewer. As a much-used form of television, in the sense that its selection is informed by practical viewer experience, engagement involves minimal risk and is almost always likely to result in some level of security and satisfaction. As opposed to a 'must-see' viewing event or spectacle, the comfort text is what might be termed a "safe" transaction, i.e. the viewer has an expectation as to what they will experience or gain from viewing, but that expectation is informed by previous successful encounters. The comforting television text is rarely new, although new episodes of previously watched shows or familiar formats (such as TV panel shows or

lifestyle programmes) can still be considered comforting despite not having been seen before, as can recognisable emotional gestures, e.g. displays of kindness, concern or affection. Rather, it is equivalent to buying a shirt you already own because you like how it looks and know how it fits and feels. A consequence of its familiarity, the significance of the duplicated item (in this case, the comfort text) can easily be forgotten.

Emphasising the concept of the financial transaction, Janice Radway's study of readers of romance fiction in *Reading the Romance: Women, Patriarchy, and Popular Literature* (1984) suggests a similar process of acquisition, i.e. "when an individual buys or obtains something, often to add to things that they already have" (acquisition., 2018). Reflecting on the domestic circumstances of her all-female study sample, Radway notes how "the simple event of picking up a book enable[s] them to deal with the particular pressures and tensions encountered in their daily round of activities" (1984: 86). Interestingly, her readers more often emphasise the pleasures accrued from the act of reading as opposed to identifying specific romance novels. Experiencing what Shaun Moores describes in *Satellite Television and Everyday Life* (1996) as "compensatory release, a limited 'declaration of independence' from the reality of their subjection in the home" (1996: 11), readers appear to rely on romantic fiction to make up for an absence of feeling or excitement in their daily domestic worlds. Moores continues, by reading romance novels, the women in Radway's study get to "experience the kind of nurturing […] missing from their own lives – care that they [are] more used to giving than receiving" (ibid.).

In thinking about the significance of the activity, Radway's readers and their use of romance fiction as a temporary means of self-liberation and emotional compensation is akin to the importance of comfort TV texts. Indeed, in their responses, Radway's participants expose varying dependencies on romance novels as well as a strong sense of ownership relating to the act of reading and effects of their preferred genre. Equally, the feeling of recognition they experience as they read, involving themselves in these fantastical escapes which appeal to the overlooked (or perhaps undernourished) aspects of their psyches, attests to the significance of the activity. By reading romance fiction, these women mean to gain greater emotional control and recover aspects of their femininity which have become lost in domestic routines and familial expectations. The comfort television text encourages an equivalent feeling of recognition and/or affords the viewer time in which to strengthen their position and resilience in everyday life. Just as the female readers from Radway's research exhibit a sense of possession over their reading practises and preferred literature, the comfort TV viewer will often experience a dual sense of belonging as they watch. As well as feeling

that particular programmes belong to them, shows they have made 'theirs' over time – through dedicated viewing, memorable experiences shared with others, the resonance and enduring appeal of content – the comfort TV viewer can also feel a powerful sensation of belonging while watching (as per the Finnish-British student's example in the previous chapter, relying on series like *Brooklyn Nine-Nine* to negotiate her adolescence).

The comfort text reassures and welcomes them, the world on the screen always available and ready to temporarily supplant their reality. In effect, comfort TV provides a figurative space, an extension of the viewer's life at home and in society. The viewer develops an affinity with this space, filled with characters they come to know and care for, experiencing an almost instantaneous feeling of understanding and acceptance whenever they settle down to watch. As compensation, comfort TV eases the situation of the viewer and replaces their concerns – for a time – by engaging with attempts made by others to order their own lives (often to comic effect). These are programmes which, for want of a better term, help the viewer to get by. This in turn encourages me to position comfort television as *just enough*, i.e. made up of texts that offer as much as is needed to pacify viewer anxiety or discomfort; to sustain, in Silverstone's terms, our 'continuity' (1994). To put it another way, the comfort TV text delivers exactly what the viewer requires of it that moment (distraction, freedom from worry) and is significant for the way in which it subtly facilitates emotional work and supports recovery. As Sally Brown, a media commentator and BACP-accredited therapist, appropriately reflects of "soothing" programmes like *Love Island* (ITV2, 2015-), "[The series is] sufficiently engaging to stop us overthinking or worrying, but not overtaxing or stress-inducing. […] It's also very funny at times which is therapeutic" (Donovan, 2018).

All of which leads me to the texts themselves. Comfort TV is rarely spectacular or challenging, which is to say it tends not to be visually extravagant or 'unmissable' event TV, nor is it overly serious or thought provoking – Sir David Attenborough's nature documentaries and Louis Theroux's signature approach to investigative journalism are notable exceptions to this rule.[81] Rather it is TV for the soul. It is television that offers

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[81] A number of participants made reference to Attenborough and *Planet Earth II* (BBC, 2016), while Louis Theroux was singled out by many students as a comforting personality. This 18-year-old female reflects, "I watch Louis Theroux documentaries all the time if I'm ever in a down mood. […] Louis Theroux is so calming, and he's so collected" (FYUS06, interview 1). This 18-year-old male similarly notes, "I think the thing about Louis Theroux is his conversations are just quite enjoyable to watch. He brings out the humanity in everybody he speaks to. […] He treats people as humans, whether they're nuns or neo-Nazis" (FYUS11, interview 2). This suggests that documentary subject matter can play second fiddle to Theroux himself, that his accessible storytelling, his willingness to get involved and step outside of his comfort zone – a premise explored often in *Louis Theroux's Weird Weekends* (BBC Two, 1998-2000) – and his overall likeability and relatability are what make his programmes appealing.

valuable nourishment yet often appears simplistic and throwaway (similar to the low cultural capital of many romance novels, commonly dismissed as 'trash' despite the evident comfort they provide Radway's readers).[82] This is illustrated in responses from study participants, with data indicating comedy genres are the most comforting forms of television (55% of programmes identified as comfort TV in surveys were comedy-based), inviting laughter, connection and good feeling. In fact, I call attention here to the 'traditional' TV sitcom, which emerges in this research as the archetypal comfort text – by traditional I mean sitcoms that observe the 'standard craft practices' of the multiple-camera sitcom established in American television by the mid-1950s (Butler, 2010: 173-222), a formula that has endured for over six decades. Despite the sitcom genre continuing to evolve in favour of the single-camera (televisual) sitcom mode in recent years (ibid.: 217), the traditional sitcom is characterised by the use of multiple cameras, by performer movement from side to side across recurring studio-bound interiors (domestic, work, social), unnatural high-key lighting, and the laughter track. As Jeremy Butler notes in *Television Style* (2010), "Much like the soap opera […] sets mirror the emphasis on home and workplace situations in the sitcom and encourage a preponderance of dialogue rather than action" (ibid.: 191). He continues, "The humour relies more heavily on comic tropes, double-entendres, word play, catchphrases […] and the description of situations by characters" (ibid.) rather than physical humour or distinct visuals. Examples of traditional situation comedies include *The Honeymooners* (CBS, 1955-56), *All in the Family* (CBS, 1971-79), *Cheers* (NBC, 1982-93), *Friends* (NBC, 1994-2004) and *The Big Bang Theory* (CBS, 2007-2019).

Consistently celebrated as the most comforting genre by a majority of participants, the traditional sitcom has particular mass appeal and longevity that lends itself to comfort. Its subject matter tends to prioritise recognisable relationships (at home, in the workplace, in social settings), as characters face often farcical challenges or concerns week to week – problems which they usually resolve by the end of each episode. As Brett Mills confirms, "The kinds of events and stories that sitcom deals with […] [mean] it rarely covers 'big' issues that are the staple diet of high-budget drama, documentaries and news" (2009: 2-3). Patricia Mellencamp echoes in *High Anxiety: Catastrophe, Scandal, Age, & Comedy* (1992), "There is no deep and meaningful enigma and little mystery or suspense. The [sitcom's] hermeneutic code is not replete with expectation, not in need of decipherment, not ensnaring us, not lying to us" (1992: 334). Instead, it is characterised by a "discourse of frivolity"

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[82] As Brett Mills appropriately describes of the sitcom, "The 'small-time'-ness of sitcom is […] one of the attributes of the genre; the sitcom is a genre which is highly complex, but which must pretend it isn't" (2009: 5-6).

(Mills, 2009: 8). This discourse often involves an imagined audience, providing the illusion of community via the laughter track and encouraging the viewer to take up that same audience position at home (ibid.: 105). The traditional TV sitcom is important, then, not simply for its good humour, but because of its storytelling and structures of repetition, its presentation of familiar character types and settings, and its consistency and warmth with regards to visual and aural aesthetics.

In this chapter, I examine the comfort television text's *formal* characteristics, focusing on the qualities of the traditional sitcom as the most representative example of comfort TV in this research – I reference other comforting comedy texts and TV genres where appropriate. Starting with the theme of repetition, I consider the importance of genre in the identification of comfort texts and the rhythms and repetitions in the traditional sitcom as a form of care. With repetition reinforcing the apparent resilience of its characters, I suggest the traditional sitcom paints a kinder, more reassuring image of the world outside. Analysing its mode of presentation, I then reflect on the comfort of recognisable story worlds, objects, character types and relationships. As well as attending to form, I also consider how participants use the sitcoms they identify in routines of self-care – i.e. those qualities which are *experiential* – and how viewer subjectivity can influence a programme's effect and comfort value. Suggesting that feelings of recognition and/or familiarity enable the viewer to use television in response to specific needs, I present a selection of participant examples which illustrate the sitcom's malleability – with regards to its ability to satisfy an array of viewer concerns – and restorative potential. Finally, I consider what the perceived easiness of comfort TV enables the confident viewer to do with (or to do alongside of) the television text, and the significance of shareability in establishing personal comfort shows. Exploring the shared attributes of, and experiences generated by, the comfort texts identified in this study, I mean to better comprehend what makes particular programmes and genres comforting in the first place.

Form | *Repetition, Resilience & Play*

"Television viewers can make sense of television only by taking up a position in relation to it, constituting themselves as an audience. What the audience is watching has to seem to be 'for them', and a relationship can then be constructed with it (whether this relationship to television is marked by pleasure, boredom, anger or frustration). So, narrative depends on a shifting pattern of identification between the

viewer and the programme. […] Narrative requires the shifting of the viewer's position into and out of the television programme, and a rhythm of identification and disavowal of identification." (Bignell, 2013: 104)

In thinking about the formal qualities that characterise comfort TV, narrative structure and programme genre provide a useful starting point. This comment from Jonathan Bignell in *An Introduction to Television Studies: 3rd Edition* neatly introduces the idea of rhythm and relatability, i.e. that the viewer must be able to recognise what a text is (its generic parameters), who they are in relation to the text and how that could impact their reception of it, and they must be encouraged into/through/out of the story. He continues, "There are several identifications which viewers make from moment to moment" (ibid., 104-5), including with television as a medium, with figures onscreen, and with narratives and fictional story worlds. A "network of looks" (ibid.) connects characters and personalities, television as a technology of observation, and the viewer(s) at home. These identifications enable the viewer to 'enter' into the world of a text, as it were, complicit in the 'daydream'. Bignell concludes, "All the possible roles in the narrative are available to the viewing subject: he or she can imagine being either the subject or object of a look, and can even occupy a position outside the scene, looking on from a spectator's point of view" (ibid.). It is this 'network of looks' which holds and sustains the viewer for the duration of a narrative. The viewer looks to the screen, which in turn looks to the interactions and behaviours of others, making them visible.

Firstly, I think it is useful to appreciate genre and identification here as interdependent, which is to suggest that in order for the viewer to take up a position in response to any text (even prior to viewing) they must possess a certain televisual literacy. They must be aware of the risks and likely rewards of different genres, as well as their disposition towards said genres. Put simply, if they have a distinct dislike for horror or supernatural dramas, for example, the 'rhythm of identification and disavowal of identification' which Bignell refers to cannot occur – or is highly unlikely to occur as the viewer would avoid this content to begin with. Instead, the viewer is likely to call on their previous viewing history to inform their choice of genre, evaluate a text's potential affect and the significance, or not, for them of the narrative they are invited to consume. This is not to say the viewer stagnates and endlessly watches the same shows or genres – of course, formats evolve, introducing variation and innovation – but that the viewer accumulates insight and experience which they instinctively employ to delimit the likelihood of discomfort or time wasting in the future. As this 18-year-old male appropriately notes:

"You stick to the familiar cos you know it's going to be good […] 'Even though I've watched it 300 times, I feel comforted and it's nice.' […] Whereas, if you watch something bad, [it's like] 'I just wasted an hour […] I've wasted my free time'." (FU4.3, interview 1)

Another participant, the 33-year-old single father cited previously, similarly considers:

"I'm quite a time-oriented person, so if I watched a show and I didn't like it, I'd be annoyed at the fact I wasted time watching it, basically. It's got to have rave reviews. It's got to take me being in a special mood to try and watch something new, to experiment with a new TV show." (FU3.1, interview 1)

Accordingly, viewers inherently consider the numerous codes and signs of different genres in order that they might match television texts with their physical and emotional reality. Identification, then, can be a question of exposure, of whether or not the viewer has the desire to engage with something which is either new to them or outside of their existing system of texts and genres.

Reflecting on the psychological investment involved in following television series, Robert Blanchet and Margrethe Bruun Vaage explain:

"Similar to partners in a real-life relationship, a spectator invests a considerable amount of intangible resources in a series, such as time and intellectual effort, and becomes emotionally invested in the fiction by empathising and sympathising with the characters." (2012: 31)

While such an investment of time and emotional energy can have its own rewards,[83] Blanchet and Vaage explain, "The spectator might then find it increasingly difficult over time to let go of the show because he is consciously or subconsciously averse to the idea that these investments would be wasted if he did" (ibid.). Though they consider such investment in terms of social psychologist Caryl Rusbult's "sunk cost effect" (1980) – used to "explain our tendency to stay committed to a relationship despite the availability of better alternatives or perceived dissatisfaction" (2012: 31) – Blanchet and Vaage's "backward-looking concern" (ibid.) echoes the sentiments of participants above. Indeed, thinking specifically in relation to comfort TV, this sense of textual weight or expectation, of new or different equating with a significant investment of time and potential for dissatisfaction, might

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[83] Chief among them being what Blanchet and Vaage call "instant intensity" (2012: 32). As well as eliminating the need to work out "what makes a character tick" (ibid.), viewer comfort and familiarity with a given television series "can also be used […] to create intricate and therefore more powerful dramatic moments right from the start" (ibid.) of a new episode or season/series.

account for the predominance of what Frances Bonner identifies in *Ordinary Television* as "small-time" texts (2003: 44; see also Mills, 2009: 5-6) in survey data, including comedy, quiz, lifestyle and reality formats. These are the genres most commonly associated in study data with rest, passivity and comfort, texts seen to be without great personal cost. Yet, as Mills reflects, "All ['small-time'] means is that television often goes out of its way to fit into the lives of its viewers, giving the appearance of simplicity when it is actually highly complex" (2009: 5-6).

Secondly, returning to Bignell's original comment, his suggestion of a particular narrative rhythm is also relevant in thinking about the significance of the comfort text's structure. Attending to rhythms and repetitions in children's television, and how such structures reflect and impart qualities of care, Amy Holdsworth and Karen Lury suggest these texts are charged with "a 'duty of care' […] the dynamic of parent and child mapped onto institution and audience/user" (2016: 185-86).[84] This dynamic is made explicit as the pseudo-parental voice of the children's text assumes the roles of entertainer, educator, informant, and enforcer. The 'looping of narratives' and repetition which the pair identify "enable[s] care-givers to enforce (or enhance) everyday routines," and establishes 'small pleasures' for the cared-for through "continual repetition of the same simple stories, characters and musical motifs" (ibid.: 193). Adapting the idea of 'small pleasures' from US philosopher Eva Feder Kittay – used to encapsulate joyful moments in her interdependent relationship with her daughter Sesha (who has multiple disabilities) – Holdsworth and Lury employ the term to similarly characterise the "small gestures, behaviours and joys repeated over time" in children's television (2016: 193). As they explain, "By observing and championing the 'small pleasures' offered by these texts, we recognise that it is their routine qualities, repetitions and diversions that reflect and articulate the important relations of care" (ibid.). Fundamentally, narrative structures in much of children's television at once enable and promote different forms of care (for carer and cared-for), affording time to rest, helping to develop new routines or introduce new concepts or behaviours. They facilitate and perform care in quite predictable ways, prioritising a new morality tale or life lesson with each viewing and surrounding each episode's core with opportunities for play and practice. Moreover, they are texts that almost always guarantee closure, with self-contained stories and clear-cut (happy) resolutions.[85]

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[84] Established principally in the medium's design and modes of address, reinforced by an increasing sense of viewer subservience to screens (laptops, tablets, mobile phones).

[85] An article from entertainment website *Den of Geek* similarly identifies UK house hunting series *Homes Under the Hammer* (BBC, 2003-) as "the adult equivalent of *Teletubbies*" (Carter, 2016). Author Alex Carter explains, "Every episode is exactly the same, there is only the vaguest semblance of peril, and every episode

The sitcom employs similar structures of repetition to satisfy the appetites of various demographics in a short time span. "The comic of situation," as referred to by Sigmund Freud, "is mostly based on embarrassments in which we rediscover the child's helplessness" (cited in Mellencamp, 1992: 335). In essence, a person or character "becomes comic as a result of human dependence on external events, particularly on social factors" (Freud, 1905). Premised on exaggeration and irruptions of emotional and performative excess, sitcom portrays child-like susceptibility and curiosity week after week as characters reliably fall prey to circumstance – as an example, Patricia Mellencamp highlights "Lucy's exaggerated crying when she is frustrated or thwarted in her desires" (1992: 335) in *I Love Lucy* (CBS, 1951-57). She continues, the pleasures derived from repetition "must depend, to a degree, on weekly forgetting" (ibid.: 335-36), on the "repetition of the intimately familiar and constant conclusions" (ibid.). That is to say the comfort of sitcom lies in the fact it is at once wholly familiar yet distinct enough from episode to episode. In his contribution to Lynn Spigel and Jan Olsson's edited collection, *Television After TV* (2004), Jeffrey Sconce argues that "differentiation within repetition is […] a dynamic within all popular, genre-based narratives" (2004: 101):

> "Television must produce 'parts' that each week embody the whole while also finding, within such repetition, possibilities for novel and diverting variations. This imperative explains the seemingly eternal viability of the 'fish out of water' story as a foundation for series architecture." (ibid.)

He continues:

> "Such a structure is the essence of the 'situation comedy', where the humour is in the situation itself, or […] in the 'confusion' inherent to the situation. 'Fish out of water' stories generate endless difference within repetition as writers simply insert the consistently incongruous character(s) into a new 'stock plot' each week." (ibid.)

While not exclusive to sitcom, there is something about the intentions of the genre, i.e. to elicit laughter, which makes its rhythms and repetitions particularly comforting. What makes the stock plots Sconce refers to work well – such as 'the meat locker' plot, which "involves two characters accidentally locking themselves in a confined space" (ibid., 104-5)

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has a weird house in it. […] It's the kind of low-engagement programming that suits any time and any mood" (ibid.). Mirroring the repetition inherent to children's television, he concludes, "It's the kind of programming that is designed to tell the same story over and over again, providing a comforting constant whether you're watching episode 5 or episode 1005. It's warm. It's familiar. And most importantly, it's always there for you" (ibid.).

– is that they involve character types the viewer quickly becomes familiar with; characters whose actions and reactions they might anticipate, savour or possibly replicate for comedic effect. The apparent predictability of character behaviour at once takes hold of the viewer, confident in how a scenario should play out, and allows programme makers to occasionally invert expectation and introduce surprise. In the case of traditional sitcoms like *Frasier*, *Friends*, *The Big Bang Theory*, and even *The Simpsons*, their characters are almost always orientated in a positive way to the viewer at home, i.e. they are fundamentally 'good' people, people whose flaws are regularly exposed, explored, then only ever partly resolved. In addition, they encourage laughter and promote good feeling. The mix of different 'incongruous' characters and stock plots week after week, then, is successful due to the appeal of the prescribed situation and, more importantly, the appeal of characters who consistently make the viewer laugh, who they come to recognise and possibly identify with over time.

This episodic repetition of fallibility is also interesting in that it evidences a resilience specific to sitcom characters. While characters in the traditional sitcom typically fluster or falter initially when faced with mild jeopardy, they almost always find a way to either overcome adversity or to reconcile themselves with any resultant change in their circumstances or their understanding by the end of each episode. As the narrative progresses, the sitcom character gradually gains insight and experience, despite frequently railing against any disruption to their equilibrium. This process usually culminates in the character accepting some change to their particular ordering of daily life and/or finding the confidence to express how they feel about said change to those closest to them. In almost every episode, the character who drives the narrative that week will shift from a child-like reactionary state when faced with a new challenge, to a position of increasing wisdom and emotional maturity by the story's conclusion (a change that may not last). For example, in *The Big Bang Theory* episode 'The Panty Piñata Polarization' (s2, ep7), theoretical physicist Dr Sheldon Cooper (Jim Parsons) banishes his friend and neighbour Penny (Kaley Cuoco) from his apartment after she tries to eat food from his plate then deliberately sits in "his spot" on the couch to protest his incessant rulemaking. As the episode progresses, their feud escalates, before Sheldon suspends Penny's laundry from telephone cables above the street. Realising Penny will not back down from this fight, Sheldon's roommate Dr Leonard Hofstadter (Johnny Galecki) offers her Sheldon's 'Kryponite' – his mom's telephone number – in order to bring the conflict to an end. Forced to apologise by his mother, Sheldon promises to help Penny recover her laundry and rescinds her banishment from the apartment, all the more

appreciative of her intelligence and resourcefulness, and made to realise – for this episode, at least – he cannot always get his own way.

This is part of the traditional sitcom's moral economy, temporarily advancing a character's experience or understanding to impart some seemingly valuable life lesson.[86] For the viewer, the sitcom character's light-hearted journey can serve as a form of catharsis, where they are simultaneously able to play out character emotions and experiences while enjoying a brief respite from their own real-world responsibilities. The sitcom presents itself as an opportunity to work through feelings of vulnerability. Resolving the personal problems of "known" others can in turn instil a sense of achievement, good feeling and closure. As this 18-year-old female student confirms of comedy drama *Jane the Virgin* (The CW, 2014-), "The world that Jane […] lives in, is very different to mine. It is nice for me to concentrate on someone else's life sometimes and try to solve difficulties that she faces. There is often a happy ending which is comforting" (FYUS03, survey). Moreover, there is a safety inherent to the sitcom character's actions as the viewer is fully aware that regardless of character behaviour there will likely be a satisfying outcome, even if that simply means re-establishing the equilibrium the character had previously. Yet, what I find most appealing here is that the sitcom character's response to "threat" or change might be seen as instructive for the viewer.

What the traditional sitcom offers the viewer at home is (generally) a kinder and more forgiving look at the world. Episode after episode, character flaws are exposed and amplified for their entertainment. As characters encounter conflict, fight insecurity, try and (most often) fail at romance, or simply highlight their incompetence, they also reveal their relentless determination and resilience. Indeed, it is by appreciating their continued response to inciting incidents that the viewer comes to identify with and care for their favourite characters. For example, the repetition of similar reactions and behaviours breeds an enjoyable and comforting predictability, such as Sheldon Cooper's disgruntled response to others sitting in "his spot" on the couch in *The Big Bang Theory*. Ross Geller's (David Schwimmer) penchant for marriage in *Friends* is an interesting example, as his endless romantic failures – divorced three times – are largely reflected on with laughter. The jibes made by his friends help to diffuse the gravity of his misfortune, transforming something which could be frowned upon in the real world, and seriously impact Ross' ability to form

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[86] Of course, single-camera sitcoms tend to take an entirely different approach. For example, series like *Arrested Development* (Fox, 2003-2006; Netflix, 2013-) and *The Office* (BBC, 2001-2003) focus upon mostly selfish and outlandish characters whose problems progressively escalate without reaching any great or instructive life lesson.

and sustain new relationships, into a recurring joke. To his friends, Ross is unchanged, and they see past his failed romances – "We were on a break," etc. Equally, Ross is undeterred in his pursuit of love and eventually reconciles with his third ex-wife, and mother to daughter Emma, Rachel Green (Jennifer Anniston). This example is useful, then, as it evidences the resilience of the traditional sitcom character. Despite increasing adversity, the character of Ross holds out hope that he will find the right woman for him and be a good husband. Similarly, Dr Frasier Crane (Kelsey Grammer) tirelessly pursues romance and affection in *Frasier* as those around him find their perfect partners. By the time each of these shows ended in 2004, both were rewarded with romance (or the prospect of romance, at least). For viewers who perhaps feel vulnerable or simply deflated, in need of comfort and reward, there is value in witnessing the resilience of others. The traditional sitcom character cannot give up, rather their spirit and determination carry them from story to story, season to season.[87]

Returning to Sconce, considering the 'cultivation of [television's] story worlds' in the same article, he suggests that, "What television lacks in spectacle and narrative constraints, it makes up for in depth and duration of character relations, diegetic expansion, and audience investment" (2004: 95). Describing the creation of "worlds that viewers gradually feel they inhabit along with the characters" (ibid.), Sconce employs Horace Newcomb's 'cumulative narrative' to characterise those texts which "'accumulate' nuances of plot and character as a series matures" (ibid.). This notion of accumulation seems pertinent, as traditional sitcom largely relies on the recognition of common character types and their experience of 'relatable' situations; or, more accurately, everyday scenarios which take an unusual turn. Moreover, there is perhaps a sense of being able to recognise oneself in such texts, which is to say the viewer becomes embroiled in the fictional lives of characters with repetition. As this 55-year-old mother of three reflects:

> "I suppose, if you're thinking about it in the comfort terms, the sort of endless episodes of *Friends* that are constantly recycled, you do end up feeling as though you're kind of a part of it, cos you know it so well and you know all the characters, and you kind of feel as if you're there eventually. […] You kind of identify with them, so maybe that is a kind of comforting thing, coming back to some sort of family." (FU4.1, interview 1)

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[87] However, as Patricia Mellencamp evidences with *I Love Lucy*, this constant repositioning of characters can be harnessed for ideological purposes – repositioning in the sense that, despite their efforts, the traditional sitcom character is fundamentally contained by their role in a series and must always return to the same position. In the case of Lucy (Lucille Ball), she is a victim of American post-war hegemonic discourse, "Caught in her economic subservience to Ricky, as well as in the social mores of the '50s, a decade which covertly tried to reduce women to the status of dependent children" (Mellencamp, 1992: 335). The comic of situation serves to reinforce Lucy's/women's 'helplessness' and 'economic dependence' (ibid.), and in fact humour arises from Lucy's inability to escape her containment.

In thinking about narrative rhythms and the potential pleasures of repetition, one might also consider the traditional sitcom's appeal as a mirror for the rhythms and spaces of everyday life. There is a routine quality to character behaviours as they negotiate worlds of work, family, friends, romance, and so on. As viewers, we become familiar with the layout of their lives, to the extent that we feel 'at home' in their living spaces: for example, we recognise which room is Monica's in her grandmother's apartment and which is Rachel's. Furthermore, it is as if when the viewer 'enters' these welcoming fictional worlds, the onscreen space extends to include their surroundings at home. As the same woman's 18-year-old son notes of watching *Friends*, "It creates [a] sort of relaxed atmosphere inside the sitting room […] I'm sitting down on the sofa, here in my house, and I sort of feel as if this sofa is in their apartment" (FU4.3, interview 1) [*Figure 5.1*]. While cumulative narratives can result in other, perhaps more exciting rewards – what Sconce calls the resolution of a series' "key narrative issue" (2004: 103), e.g. will Frasier find love, will Ross and Rachel get together, will Ray from *Everybody Loves Raymond* (CBS, 1996-2005) ever live in harmony with his intrusive family? – the comfort of feeling as though you are 'a part of' a story world should not be underestimated. In the case of the traditional sitcom, programmes can become safe places, and their characters trusted (reliable) companions, neither of which are likely to cause distress or lasting upset to the viewer.

Figure 5.1: Monica's apartment

Thinking more specifically about the traditional sitcom's genre-defining characteristics, another formal aspect which might account for its comforting appeal is its direction of the viewer. The sitcom necessarily 'cues' the viewer and seeks to channel their attention with the laughter track. As Mills explains, "What makes the sitcom a genre […] is not its comedy; it is those cues which signal it as a sitcom and which […] encourage programmes to be read as comedic" (2009: 95). The significance of a 'cue theory', as Mills puts it, is it "allows for comic failure" (ibid.), i.e. that even though not all jokes will 'land' with the audience at home 100% of the time and make them laugh, the text will still direct them to laugh nonetheless. Indeed, "The ways in which jokes work in sitcom is less important than the ways in which the genre signals its intention to be funny, creating a space within which audiences are primed to laugh" (Mills, 2009: 93-4). This idea usefully characterises the dichotomy between the attentive and inattentive sitcom viewer, both of whom accrue different comforts from the sitcom text. As above, the traditional sitcom can create 'a relaxed atmosphere' in a room, with familiar voices, music, laughter and even breaks for advertisements able to animate a living space and accompany the viewer as they undertake other tasks, e.g. eating, reading, or browsing the Internet. Mills appropriately considers:

> "There's something about sitcom which makes it 'feel' short-term and disposable, and able to be consumed with little attention. It's a genre whose lack of pomposity means it rarely makes grand claims for itself, and whose pleasures are reliant on this." (2009: 5-6)

The 'disposable' nature of sitcom, particularly those episodes the viewer has watched before, seemingly negates the need for any great effort on the part of the viewer. The apparent simplicity and inherent repeatability of the genre suggests that the overall 'stakes' are lowered, and that the viewer might watch amidst distraction, looking back to the screen as and when they choose (which might not be until an episode is next repeated).[88] The 'cues' identified by Mills, specifically the laughter track, but also opening titles, character pauses for reactions, and so forth, necessarily call to the viewer to invite their attention. As Jeremy Butler stresses in *Television Style* (2010), the traditional sitcom's "presentational mode is one of contemporaneity: this comedy is going on *now*, *live*, as you can tell by the audience's response that you are hearing *in the present*" (2010: 192). However, these cues are also interesting for the ways in which they can add to the texture of a room. As atmospherics,

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[88] John Fiske states that television's "mode of address recognizes a form of viewing *resistance* or evasion in a way that cinema's has no need to. The television viewer's response to interpellation is partial, not total: the power of the text to position the reading subject is much less than cinema's" (1987: 57, my emphasis).

equivalent to the dimming of lights or the addition of subtle background music, the sitcom has a particular malleability when it comes to viewer attention. As James Lull confirms, "Television is employed as an *environmental resource* in order to create a flow of constant background noise which moves to the foreground when individuals or groups desire" (1990: 36, original emphasis).

Even when the sitcom viewer watches with full attention, their laughter is not essential. As Bignell notes:

> "The collective audience laughing on the soundtrack is a representative of the viewer at home and occupies a mediating position between the performance of the sitcom and the television audience watching singly or in small groups, where laughing out loud is often embarrassing. The noisy studio audience allows the viewer access to a kind of excessive response which is pleasurable, and which can be enjoyed at second hand by the viewer at home." (2013: 100)

Accordingly, there is a sense that the sitcom relieves the viewer of obligation, to the extent that they are told when to laugh by the laughter track and, in place of their own performative 'excesses', the television text laughs for them. This is not to suggest that the sitcom viewer will never laugh out loud, or that there is not comfort from one's own physical laughter and the simultaneous affirmation of others laughing too, but that sitcom is always, once again, *just enough*. As a genre, its texts are of a suitably short duration, it offers easy resolutions, its situations are typically relatable (work, home, recreation), its characters likeable, or at least 'good' or moral, and it places little requirement on the viewer; they can be as involved or as absent as they wish. Similarly, there is a sense of television 'holding' the viewer once more, except in this scenario the genre is structured in such a way as to keep its audience in place, even when they are not looking.

Before progressing to think about the aesthetics and content of the comfort text, I wish to introduce here the concept of *schadenfreude*. As psychologist Wilco W. van Dijk (et. al) usefully explains, "Schadenfreude is used to describe […] pleasure at the misfortunes of others and illustrates that people not only experience sympathy toward the suffering of others but sometimes also enjoy it" (2012: 168). With negative connotations, van Dijk (et. al) argues that the emotion "seems almost inherent to social being" (ibid.: 168-69), explaining "another's misfortune may provide people with an opportunity to protect, maintain, or enhance their feelings of self-worth" (ibid.: 172); especially those with a "low self-evaluation and induced threat" (ibid.: 168). While schadenfreude is most apparent when viewing quiz, game show and reality TV formats – as the viewer often contrasts their own

situation, performance and/or attitudes towards contestants in a "downward comparison" (Wills, 1981: 246 cited in van Dijk et. al, 2012: 169-170) to make themselves feel better – it is a pleasure inherent to the sitcom also.[89] In fact, I would say it is a pleasure *encouraged* by traditional situation comedies, as audiences are consistently directed to laugh at the errors and perceived inadequacies of others, or to find humour and relief in (usually) light-hearted ridicule and derision. For example, in an episode of *Frasier* entitled 'The Innkeepers' (s2, ep23), Frasier and his brother Niles (David Hyde Pierce) fulfil their lifelong dream of opening a restaurant. However, opening night at Les Freres Heureux ("The Happy Brothers") is a disaster as head chef and kitchen staff are all either incapacitated or walk out, their signature dessert, cherries jubilee, explodes and sets off the sprinkler system – Frasier and Niles kept adding more and more liquor to the dessert without telling one another – and the restaurant's former waiter turned parking valet accidentally drives a car through the side of the building. While nobody is seriously injured, and the financial cost of this failed endeavour does not appear to have a lasting impact on Frasier or Niles, their distress and disappointment are played for laughs as the situation progressively worsens. Their failure, which the regular viewer can confidently anticipate, produces great humour and a knowing satisfaction. In this sense, comfort is not always kind; as well as celebrating the successes of others and being reassured by their familiarity and consistency as onscreen individuals, the comfort viewer can also savour misfortune and disaster (safe in the knowledge that everything will return to normal the following episode).

Form | *Aesthetics & Content*

The traditional TV sitcom has a dream-like, or perhaps hyper-real, aesthetic which marks it as different. Characterised by an even, high-key studio lighting and an adherence to the 180-degree rule, i.e. three (or four) cameras take the position of the fourth wall and operate along an imaginary 180-degree axis of action, the traditional sitcom has an unnatural consistency. The situations it depicts do not look quite like real life but instead are amplified versions of everyday reality. Just as performances, behaviours, and scenarios from week to

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[89] Recalling the 18-year-old Greek student and his choice of *The Crystal Maze* (Channel 4, 1990-1995; 2016-) as his comfort TV text, he justified his selection in the survey by stating, "It's a nice way to sit back and relax while watching a group of people fail rudimentary tasks. This also helps me unload any anger that builds up over the day" (FYUS07, survey). Whenever he has a difficult or unsettling day, this participant uses quiz or game show structures to help "restore [his] self-worth" (van Dijk et. al: 170), to compensate for the challenges he has faced – or still faces – and elevate his feelings of status and value.

week are characterised by excess, so too is the presentation of the traditional TV sitcom itself excessive. There is a precision and warmth to its aesthetic which contradicts the messiness or harshness of daily life. In effect, the comfort which it offers is a neater, cuter and more reliable version of reality. In fact, the majority of comfort texts identified by study participants are 'fourth wall shows' (traditional TV sitcoms, quizzes and game shows, chat shows, soap operas, live cookery programmes). A mode of presentation specific to television, they leave space for the audience at home, acknowledging their presence, and often simulate their intended responses via the studio audience. Speaking the native language of TV – both visually and aurally reminiscent of American vaudeville and British music hall traditions as actors and personalities perform for and appear to react to a "live" audience (Butler, 2010: 176) – there seems to be considerable comfort in recognition. This is to say the regularity and conformity of fourth wall shows makes them instantly recognisable (or easy to read if the viewer has not encountered a series previously) while they address the viewer in a familiar way so as to involve them in the narrative as quickly as possible and suggest that they will want to watch until it reaches its conclusion. The comfort of this familiar form should not be underestimated, as multiple-camera texts figuratively welcome the viewer into their worlds with open arms.

Stability with regards to set design, props, costumes, and so on, is also significant. The realisation of a story world in a situation comedy is usually highly consistent and that world might go on to become a familiar and welcoming place for many viewers. However, as well as the comfort of coherence, it is useful to note the ways in which spaces are differentiated onscreen, and how specific character traits are at once reflected and reinforced through objects and styling choices. Returning to U.S. sitcom *Frasier* as an example, it is about an unlucky in love radio 'shrink', Dr Frasier Crane, who begrudgingly invites his retired father, Martin Crane (John Mahoney), along with his Mancunian physical therapist, Daphne Moon (Jane Leeves), to live with him in his new apartment. Considering himself the epitome of sophistication, the intellectual and erudite Frasier decorates his bachelor pad with designer furniture, African art, and a grand piano, which he plays from time to time. In the midst of this modernist haven, however, sits Martin's tattered, decades old Barcalounger chair, which signals that the retired detective (injured in the line of duty) is a creature of habit with simpler tastes than his son [*Figure 5.2*]. Similarly, looking to their costuming and props, Frasier dresses impeccably in expensive Armani suits, drives a BMW, and has a penchant for sherry, while Martin wears the same plaid shirts, always has his cane and beloved Jack Russell terrier Eddie by his side, and drinks cans of Ballantine beer. "Thinking of narratives as sets of relations between terms that are opposed or similar to each other"

(2013: 98-100), Jonathan Bignell notes how *Frasier* "[sets] up oppositions between sophistication and crudeness, youth and age, so that Frasier's […] sophistication and relative youth could be contrasted with [his] father's crudeness and elderliness" (ibid.).

Figure 5.2: Frasier's apartment

Further oppositions are presented in the realisation of different spaces within the show, with Frasier's radio booth and the hallways of KACL marked out as functional, corporate and devoid of character, while his home is brighter, more colourful, and 'lived in'. Equally, Café Nervosa, where Frasier regularly meets his brother Niles, is a hive of activity and discussion, a warm sanctuary in which the pair can set the world to rights. Making each space identifiable as either domestic, social, or work-related (or romantic, for that matter), the traditional sitcom signals to the viewer how a character ought to behave or is likely to behave in light of what we know about their personality and the pressures of the particular situation they face that week. The presentation of instantly recognisable and/or understandable spaces in the sitcom eliminates the need for investigation or scrutiny by the viewer. Furthermore, over time these aesthetic means of distinguishing characters, the oppositions that Bignell notes, become comforting attributes in their own right. Taking Martin's chair as an example [*Figure 5.3*], its repeated appearance not only reinforces his matter of fact attitude and rough around the edges relationship with his son but becomes this link to him as a character, an extension of his identity. As a viewer, it becomes this cherished object which connects us to Martin and helps us to feel like we 'know' him. This is also reflected onscreen when, despite numerous attempts to dispose of the chair throughout the show's eleven-year run, Frasier finally gets his way when his father remarries and takes it

with him ('Goodnight, Seattle', s11, ep23 & 24). As a removal man wheels the chair out of Frasier's apartment, Frasier tells him to take good care of it, symbolising his newfound appreciation for the item as this link to his father and the positive relationship that evolved from their time living together. Ultimately, as well as helping the viewer to make sense of characters, spaces and their relationships, certain objects, settings, and tangible aesthetic elements in a text become comforting in their own right, accruing further significance with time. Akin to transitional objects, as explored by Silverstone previously (1994), "contact" with them can be soothing, calling to mind past experiences or memorable character actions to defend against viewer anxiety or ill feeling.

Figure 5.3: Martin's chair

Revisiting the comfort texts identified by participants in the survey (see *Table 1.1* in Introduction), there are very few similarities with regards to their subject matter. From cohabiting scientists with an attractive new neighbour to demon hunting, musicians playing for their big break in New York to a panel show about 'quite interesting' facts, comfort is not explicit from the contents of these programmes alone. This is not to say that a comfort text is immediately identifiable as such by virtue of its premise and prescribed situation only, but rather comfort more often resides in other aspects of a text, such as consistent characterisation and relatable – sometimes desirable – relationships, the recurrence of "safe" oppositions or pleasing aesthetic details. With non-fiction formats, interactions and relations are still significant, and can result in a particularly inviting and familiar atmosphere, but comfort seems to stem more directly from mild jeopardy and ephemerality, from temporary

challenge and the absence of any significant or dramatic narrative. Having surveyed the list of comfort TV texts selected by participants during the survey, each text deals with either one or a combination of the following types of relationships: *collegial* (i.e. work-related, including fictional office workers, television presenters, chat show guests, celebrity chefs); *social* (animated classmates, adult social groupings); *familial* (siblings, parents and children); *romantic* (unrequited love, couples, ex-partners); *competitive* (teammates, "enemies" or rivals); and in the case of soap opera, all of the above. The distinctive stories which the majority of these comfort texts tell revolve around fluctuations in these recognisable relationships and a commonality of experience between persons presented onscreen and the viewer at home.

For example, a significant number of viewers will likely have encountered, at some stage in their lives, an irritating colleague like Bulldog (Dan Butler) in *Frasier*, to have experienced or been witness to a sibling rivalry like Ross and Monica's in *Friends*, or simply imagined what it would be like to win the cash prize on a quiz show like *The Chase*. The people presented in these comfort texts, their feelings, attitudes and behaviours, largely make sense in light of our own experiences of, or aspirations for, the real world. Moreover, the texts are produced in such a way as to encourage these resonances, to make the viewer care about whether Leonard and Penny get together in *The Big Bang Theory*, either because they are simply rooting for them, or they can imagine what it would be like to be those people in that situation. Identifying with a programme's principal characters, their expression of ideas or emotions, can itself be comforting, exciting what Fiske calls "the pleasure of recognition" (1987: 51). He continues, "If our subjectivity conforms easily to the dominant ideology [of a text] we will find little strain in adopting the subject position that television constructs for us" (ibid.). Discovering that the attitudes and behaviours of particular characters align with our own from time to time – especially those cherished characters or performers we admire – or that their actions and responses remind us of others nearby, can be particularly satisfying. Recognition is a theme I return to with regards to different uses of TV, but it is significant to note that the 'lives' of relatable archetypes are intentionally explored to encourage resonances and attachments. Thinking back to the resilience of traditional sitcom characters, there is an element of self-testing on the part of the viewer as they draw comparison between their situation or way of thinking and the attitudes and actions of those they come to care for onscreen.

Perhaps most notably, the oppositions which characterise each episode/series, be they centred around age, gender, class, or any number of other possible concerns, are almost

always ameliorated; the old learn from the young, the intellectual falls foul to the college dropout, the love interest discovers a different side to their suitor (usually after some embarrassing incident or public failure), and so on. While not devoid of conflict, solutions in the traditional TV sitcom are forthcoming and a satisfying resolution is all but guaranteed from episode to episode. There is a simplicity to the lives of characters, in that even when they face or experience catastrophic failure – usually to great comic effect – they carry on, ready to begin again the next episode. Even in the other television genres identified, there is a performance of ease and the simultaneous denial of other domestic, social, or societal pressures. Celebrity chat show guests and programme hosts appear 'effortlessly' friendly, TV chefs concerned only with the richness of food-centric lifestyles, while quiz shows posit the illusion of friendly competition against a backdrop of contestants battling to win a life-changing sum of money (with emphasis on the life they *could* have if they triumph). While contestants (and viewers) may not win, they also do not lose, or, more accurately, their loss is not scrutinised in any detail. Following a brief outpouring of sympathy and commiserations, they are swiftly replaced by the next player and the game continues. Viewed in this way, the content of the comfort TV text might be characterised, then, by its streamlining of concerns and overall tolerance, which extends to its positioning of the viewer as well. With regards to commitment or any sense of obligation, the text asks little of the viewer; they are instead allowed to savour its consistency, to embrace its narrower field of view and offer only mild jeopardy so that they may watch with confidence.

Use | *Recognition & The Familiar*

Having examined the pertinent formal attributes of the comfort television text, I turn my attention to the viewer's use of the comfort programme and screen engagement as an act of self-care. In this chapter, I have considered in various ways the TV sitcom's reliance on disruption and mild jeopardy for comedy value and to elicit empathy. The predictability of character discontinuity and its (temporary) resolution is one of the most comforting aspects of traditional sitcom. Yet, returning to Silverstone's consideration of 'ontological security' – to our attempts to 'manage ourselves' and provide "the necessary distance between us and the various threats to [our] continuity" (1994: 1-2) – I wish to look at distinct examples of comfort texts in action and consider how different uses and experiences of said texts contributes to their comfort value. In effect, as the viewer responds to disruption or ill feeling

by looking to the small screen, what do *they* bring to the text and that viewing experience, and can their approach and behaviour help to make a television text more comforting? As well as continuing with the traditional sitcom, I also consider pertinent examples involving single-camera sitcoms and TV dramas in the following sections.

As introduced previously, the comfort text often encourages some feeling of recognition in the viewer, of simultaneous understanding and acceptance as they witness and enjoy the relatable actions and attitudes of individuals onscreen. The strength of this resonance can vary, yielding quite different experiences of comfort. For instance, this 14-year-old male notes of family favourite *Outnumbered* (BBC, 2007-14; 16), "It's quite a nice show to watch, to remember. Some of the scenarios in it I can relate to growing up, which I quite like […] That's one of the reasons I watch it" (FU4.4, interview 1). Similarly, this 44-year-old husband and father of two considers of watching *Friends* in the 90s/00s:

> "It maybe wasn't as obvious at the time, but you start to realise all the characters are put together in such a way that you can relate to one or you'll see yourself in one of them […] Sometimes you just see yourself as one particular one all the time and sympathise or empathise with that character. And it's probably deliberately done that way, cos then it draws you in for the duration of the show." (FU5.2, interview 1)

The representation of common familial experiences or social dynamics can make texts like *Outnumbered* and *Friends* more entertaining and accessible for viewers. Their experience of the text is a knowing one, as their real-world behaviours (or, at least, behaviours they are likely to be familiar with) are mimicked and exaggerated for the amusement of audiences. This neatly leads to the prevalence of intertextuality (Fiske, 1987:108) and what the viewer 'brings to bear' on television's content. Indeed, John Fiske argues it is in "the space between texts" (ibid.) that the viewer acquires the knowledge and experience necessary to make sense of them. Essentially, it is the viewer who transforms the assembly of audiovisual elements into a 'meaningful' text, as in meaningful for them in light of their own experiences and discourses (e.g. the hospital patient viewing within an institutional context, the family unit watching together at home, subject to the position and responses of those around them, and so forth). This can deliver a level of satisfaction and feelings of authority as the text legitimises and makes popular their lives/modes of living. Moreover, as the young male viewer illustrates, there is the comfort of recollection and association, that is to say memories of personal experience can be activated and brought to bear on the television text as well, adding to its comfort value.

Continuing with the theme of recognition, the Finnish-British female who previously noted supernatural drama *In the Flesh* makes her feel understood and like she can 'survive' recounts a similar affinity during secondary school with fantasy horror series *Supernatural* (The WB, 2005-06; The CW, 2006-). Despite stating the programme is "absolute trash", she recalls, "When I watched it, I felt like someone was seeing me. I think that's definitely a big part of [the comfort]" (FYUS01, interview 1). Discussing the reliance that she soon developed on texts like this for escape in her formative years, the participant explains:

> "It was a way to process emotions safely. […] I never liked talking about my problems to people because I knew that – especially my parents – I knew it would hurt them. TV substitutes a lot of emotional processing in a way that is safe for you and the people around you, really." (ibid.)

At this point in her life, this participant appears to have used television as a way to take ownership of her emotions, in a sense. The comfort she derived from *Supernatural* – a text which she still recalls with great fondness as it became so significant to her – was due in part to its nurturing embrace, with likable characters and resonant themes helping her address many of the thoughts and emotions she felt unable to discuss with others. By simply 'being there', going back to this idea of the comfort text always being available to the viewer, the participant could rely on the world of *Supernatural* to at once reassure her and give her feelings a broader context, thereby helping to demystify their initial hold over her.[90] Repeatedly revisiting this trusted show, returning to its cast of characters and ongoing stories season after season, the participant used the text to achieve greater confidence and a more robust sense of self.

The same participant subsequently went on to consider how TV has since assumed the reassuring role of surrogate parent and/or family now that she is attending university:

> "I think now that I'm not at home and I kind of have to take care of myself more and be there for myself – my mum is not telling me that I'm alright, so I have to do that myself! – I think sometimes when I watch TV specifically to get that sense of comfort, I do it with much more urgency. Like, on Wednesday I was feeling terrible, so I immediately watched an episode of *Brooklyn Nine-Nine*. […] I felt so much better. Before, I would just not really think of doing that specifically for that sense of comfort. It would just have kind of happened. Now, I know that it's a tool that I can use to make myself feel better." (ibid.)

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[90] See Lynn S. Zubernis' *Family Don't End with Blood* (2017), in which actors and fans of *Supernatural* discuss the series' positive effect on mental health and their personal lives, positioning the show as an immensely powerful resource for self-care.

Several details stand out here. Firstly, the participant describes television explicitly as a tool to make her feel better, reinforcing this idea that the viewer can prescribe how they wish to feel with their viewing – though to successfully "treat" themselves they require confidence and familiarity with whichever text or format they decide to view (and even then, success is far from guaranteed). As Barbara Klinger notes in *Beyond the Multiplex*, "The familiar text is a strategic means to a therapeutic end, a key instrument in an active quest for affective metamorphosis" (2006: 168); in this case, a quest for comfort and reassurance. Secondly, the participant makes clear she is entirely responsible for her own care, alluding to feelings of isolation and uncertainty when she notes that she must 'be there' for herself. Thinking about television's companionability, it is interesting to witness how the characters and programmes she loves are instantly relied on as a substitute for the affections of her mother. As a result, her suggestion of 'being there' for herself might be read more accurately as relying on TV to 'be there' for her instead (just like *Supernatural*), turning to this other constant in her life for emotional support, recognition and encouragement. Thirdly, the series she refers to, single-camera sitcom *Brooklyn Nine-Nine* – as mentioned previously – was a show she viewed regularly with her mother prior to university, which suggests she might recall her presence as she watches it too, along with other elements of the family home (sights, sounds, smells, textures). For this participant, TV seems to serve a critical role in her daily life, a reliable resource that gives her this sense of empowerment and helps her feel like she can manage on her own for the first time as an adult.

While TV appears to function for her as a sort of emotional crutch at times, as opposed to some form of liberation from her outstanding dependencies, its effect is to help her survive in the absence of family and other support networks. Her example is reminiscent of Holdsworth's consideration of 'safe returns' in *Television, Memory and Nostalgia* (2011) with regards to the pleasure of nostalgia and how we remember television. Although Holdsworth's chapter focuses specifically on "the recirculation of television's own past" (2011: 96) via the nostalgia programme (and its resultant idealisation in several cases), she points towards nostalgia as "a desire to remember not to re-experience; to recall not to recover" (ibid.: 102). It is this sense of recollection, and of safety, I wish to emphasise here. Despite "the paradoxical and playful nature of nostalgia on television" (ibid.: 103), personal nostalgia, which is to say an affectionate feeling towards one's own history, is called on by this student to disarm her anxiety. She does not seek to re-experience viewing this particular episode of *Brooklyn Nine-Nine* as it was the first time, nor does she appear to desire a swift return to her family home, to recover or reclaim that place through her engagement with television. Instead, her positive memories of the series from past encounters suggest to her

she might feel better by viewing it again, that it might help to fill the gap left by her absent family and friends, if only for a time. By looking backwards to this show which afforded her good feeling in the past, she gets a sense of how she might cultivate similar affective rewards in the present. Personal nostalgia is at once a retreat for this individual and a means of maintaining her security, recreating the shape of past experience as a form of learned behaviour, but not a longing to relive specific moments or memories. Viewing is not about recovery, but rather the replication of affects in her new life and surroundings. As self-care, she uses a familiar and comforting programme to distract herself, flooding her setting with the recognisable faces and voices of characters she trusts and feels safe with, and denying herself the opportunity to dwell on her looming anxiety.

This male engineering student offers another telling example where comfort viewing yields feelings of recognition, reassurance and control. Following what he describes as a "pretty nasty" breakup aged 16, the participant turned to TV in search of consolation. Responding to a complex raft of feelings, he notes how his casual viewing of U.S. sitcom *Scrubs* (NBC, 2001-08; ABC, 2009-10) for the first time "ramped up a lot" after the separation:

> "I was feeling very negative and it was nice to see other people living their lives, their personal relationships unfold, positive relationships onscreen, [other] breakups. It's like a soap, basically. There's people being unhappy, coming back from it, all that kind of stuff, so it was nice to kind of fill you with the idea that you could bounce back. […] Even the personal relationships in there, the romantic relationships in the show, like there's JD and Elliot, and Turk and Carla, just seeing that kind of stuff in a time when I felt quite damaged […] was nice." (FYUS11, interview 1)

Similar to the Finnish-British student's example, this participant identified television as a relatively stable space in which to process personal experience (emotional digression). Immersing himself in a world that was completely new to him, the stories, characters and settings in *Scrubs* quickly became familiar through his relentless "physical proximity and perceived similarity" (Blanchet & Vaage, 2012: 27). As the series temporarily took precedence over other (familial, social) and/or broken relationships (ex-girlfriend) in his life, the participant chose to replace his real-life drama with the fictional troubles of Sacred Heart Hospital and its cast of likeable characters (his new companions).

Reminiscent of Ellis' 'working through' (2000) – or working *with*, as I argued in the introduction to the thesis – the participant's repeated entry into this quirky, emotionally resonant world over a condensed period rewarded him a new sense of optimism that his

situation would improve, illustrating comparable examples of both heartache and healing. Not only did *Scrubs* soothe and distract him, but it confirmed he would eventually feel better and provided him with "a relatively safe area in which [his] uncertainty [could] be entertained" (2000: 81-82). Moreover, the series indicated he might go on to build further positive relationships in the future, and that even if he faltered, he would find a way to recover again. This example rather usefully demonstrates how a given programme can be transformed and imbued with meaning courtesy of the viewer's own situation and use of the text. Instead of looking to his past, this participant found comfort initially in the reliability of this new resource, in the intensity of what he suggests was an emotionally-involving period of engagement. His viewing then transitioned to a reflective form of consumption and the working out of significance via dramatic, funny, romantic, and heart-breaking stories. While 'binge' watching is often reflected on with guilt or cynicism, this bingeing of *Scrubs* was like a much-needed period of incubation for this viewer. Providing an alternative focus, different perspectives on equivalent situations, and an invaluable space in which to comfort himself and strengthen his position over time, the participant emerged feeling revitalised and renewed, his confidence restored.

In *Having a Good Cry: Effeminate Feelings and Pop Culture Forms* (2003), Robyn Warhol considers the enculturated body as "a text in progress" (7), and reflects on how popular narrative forms, which she identifies as 'technologies of affect', "provid[e] structures of feeling in the daily lives of their devotees" (ibid.). Pertinent to my investigation, Warhol considers how these 'technologies of affect' are embodied and expressed by the viewer:

> "Narratives mark readers' bodies with […] effects, and if the cry, the laugh, the gasp, the yawn is only ephemeral in any given instance, certain genres invoke these physical responses in predictable, formulaic patterns. A sentimental novel, a "women's weepy" film, a narrative structured by the marriage plot, a serialised fiction all follow established conventions for inspiring certain feelings at particular junctures of the story." (ibid.)

It is this emphasis on the predictability of narratives and, indeed, the predictability of narrative *effects* on the viewing subject that appeals to me. In suggesting that the viewer might use 'technologies of affect' to structure their feelings, to excite 'predictable, formulaic' responses within themselves, Warhol positions popular narratives as controllable stimuli. Recalling previous thoughts on televisual literacy, the viewer deploys these affective catalysts (knowingly or not) in response to their sense of wellness and personal assessment of their needs that instant, as the Finnish-British undergraduate and engineering student both

did above. Warhol continues, "I am arguing that we should think of narrative structures as another of these instruments, as devices that work through readers' bodily feelings" (ibid., 7-8). Her suggestion that narratives are like 'instruments' for 'working through' feelings, "mark[ing] and shap[ing] the contemporary bourgeois body" (ibid.), appropriately acknowledges how the viewer can call upon particular texts or genres to impact and excite some positive (and noticeable) change in their disposition.

As a further example, this 43-year-old wife and mother of two evidences a more conscious and specific selection process with her comfort text, intending to recapture feelings from a previous TV encounter. As she explains:

> "If [I've] had a tough day at work or something like that, I would go and get the *Frasier* box set and go and pick the one where Niles and Daphne get together, or whatever, cos I just want to watch that again; cos I just want to feel as good as I felt the first time I watched it. […] I am definitely one of those people. […] I know I'll feel really good when I watch it." (FU5.1, interview 1)

The happiness with which she describes this moment from *Frasier* instantly betrays its significance and the pleasure she continues to experience whenever she revisits it, a sort of "autobiographical landmark" (Klinger, 2006: 174). As Klinger explains, "Viewers may return to certain titles to amplify or change moods, to insulate themselves from the world, to address or compensate for problems, or to learn inspirational life lessons" (ibid.: 164) – the nostalgia programme providing this "road map through their lives" (ibid.: 174-74). This particular example evidences this participant's desire to change her mood, to 'insulate' herself or 'compensate for problems' in her life, sheltering in televisual moments that afforded 'previous positive self-states'. Examining the appeal of sitcom reruns, Douglas Howard similarly states when we actively decide to revisit the past – despite new alternatives being available – "We locate (or relocate) ourselves in an overly familiar place, one that provides us with the safety and reassurance of knowing what is going to happen" (2013). He then compares this familiar place to "a glass of warm milk […] some kind of psychological comfort" (ibid). This final analogy seems pertinent, the image conjured by it exciting the senses, able to almost taste the warm glass of milk described and imagine the soothing embrace/nourishment it suggests. I believe there is a similar physicality to this participant's recollections of *Frasier*, with her pursuit of good feeling also translating to a bodily desire for comfort and relaxation. Moreover, I suggest Howard's notion of place, in this instance, does not correspond to any physical site, such as the family home, but rather the emotional situation and security of the participant in the past (like the Finnish-British student recalling

her mother). This participant's repetition of the same moment from *Frasier* – notably, not detrimentally impacting the episode's emotional resonance for her – breeds familiarity and a sense of "comfort and mastery" (Klinger, 2006: 154). Enabling her to shift her priorities to "a knowing anticipation of events to come" (ibid.), as well as alleviating physical tension or unease, the episode has become a consistent source of pleasure and excitement for her, a reliable TV reward.

While it is tempting to focus on the characteristics of the nostalgia text in greater detail, what I want to draw attention to instead is the importance of this participant's enduring relationship with the characters in *Frasier*, and the importance of empathy. As Kristyn Gorton explains, "[Empathy] allows us, as viewers, to *know* the characters, to understand them and furthermore to interpret their significance in relation to the narrative of the programme" (2006: 76). I believe it is this empathetic sense of knowing which causes this participant to return to these pivotal moments in the lives of cherished characters, which makes the reveal of Niles' previously unrequited love for Daphne, and her unexpected reciprocity, so meaningful. Her re-engagement with this episode, and others like it, is an emotionally charged example of self-care, returning to peaks in the lives of fictional others, those she feels like she knows and has developed relationships with over time, in order that she might celebrate their triumphs once again. This recurring process of witness and elation, seeing the emotional security and satisfaction of those she has come to care for, I believe, is the principal source of pleasure for this viewer whenever she looks to her televisual past and preferred comfort text(s). As Gorton continues:

> "A text's ability to move us emotionally is not simply an aesthetic value but also a political one. The presence of emotion in popular television moves its viewers to feel a sense of connectedness and belonging that is repeated in each episode. The repetition attaches them to the text: they often come to expect and even desire this engagement." (ibid.: 78)

While this participant might recall who she was when she first watched this storyline,[91] the comfort she draws from it is perhaps more akin to fond memories of a close friend's wedding – an event she was part of and felt intimately involved in but was not the focus, it was not her story. She later explained, "I just always want [TV] to be something that I use as a positive or a feel-good [thing]" (FU5.1, interview 1). The fact that she can identify how standout moments like this will make her feel prior to viewing would seem to

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[91] She also referenced *Friends* (NBC, 1994-2004) as a series her and her husband lived through when it first aired, and were of similar ages to the main characters, as well as *Everybody Loves Raymond* (CBS, 1996-2005), featuring relatable family moments that spoke to her.

delimit the likelihood of discomfort or dissatisfaction from the small screen, the specificity of returns fortifying her sense of control. As a response to ill feeling, this act is about television providing respite and a sensation of belonging, a short time and space (or 'place') in which she might emote and feel more by reconnecting with characters she "knows". Like the Finnish-British student using *Brooklyn Nine-Nine* to stop herself from overthinking and to recover some semblance of normality, this participant relies on *Frasier* to supplant her worries and remains confident that it will always deliver something better *for her*.[92]

Use | *Attention & Shareability*

Confidence is a word I have reiterated across the final part of this chapter, and in many ways, it leads back to both televisual literacy and familiarity. Having indicated that study participants in the survey usually found comfort texts to be in many ways easier or less intensive forms of viewing, I wish to conclude my analysis here by considering what this perceived 'ease' means for the viewer; what does it enable them to do with or alongside the television text? Perhaps the best example to begin with is offered by this 18-year-old undergraduate student in her fourth journal entry, who stated she was looking for "something light-hearted [in order] to chill during study breaks" (FYUS09, 02/02/17). Watching both *Brooklyn Nine-Nine* and Norwegian teen drama *Skam* (NRK, 2015-17) on the same day, the participant was asked to identify the best programme she had viewed and to explain why. Despite stating in her previous journal that *Skam* is her "favourite show ever" (FYUS09, 31/01/17), the participant responded, "*Skam* is the better programme, but I actually enjoyed *Brooklyn Nine-Nine* more today because it's really funny" (ibid., 02/02/17). When asked about this in her final interview, she then considered:

> "That day […] I was really tired. I was just exhausted. I didn't feel that great, so *Skam* is really good, but it's not as chilled out [as *Brooklyn Nine-Nine*]. Like, there's a lot of drama. You have to pay attention. You have to know what's going on. You have to read subtitles. But *Brooklyn Nine-Nine* is just funny." (FYUS09, interview 2)

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[92] Future generations, however, might not reflect on such shows as warmly. For example, widespread discussion irrupted among millennials at the beginning of 2018 when the complete series of *Friends* was added to streaming service Netflix. Upon (re-)viewing the show, many identified problems in its underlying homophobia and transphobia, limited diversity, body shaming, stereotypes and sexism, and perhaps most prominently the character of Ross' toxic masculinity (Kaplan, 2018).

With *Brooklyn Nine-Nine*, the participant was confident of an instantaneous and easy reward. Unlike *Skam* – an immersive 'real time' web series portraying the lives of a group of high school students in Oslo – the sitcom was far less reliant on her efforts as a viewer.[93] Indeed, *Skam* requires its audience to actively seek out daily clips (viewed with subtitles), as well as characters' messenger chats and Instagram updates, in order to follow its ongoing narrative. In light of her waning attention and desire for rest, the participant appeared to find more satisfaction and nourishment in the television text that allowed her to be "absent" in a sense, which is to say the sitcom is not demanding and can still succeed in its delivery of laughter and comfort despite distraction.

In a similar fashion, this 43-year-old wife and mother of two noted of traditional TV sitcom *The Big Bang Theory* in her first journal entry, "It was very relaxing to watch something that doesn't require a lot of thought and which always entertains" (FU5.1, 18/02/17). When asked why she selected this particular text in the same journal, she stated, "I wanted to watch something that I knew would make me laugh and that I could watch and enjoy with [my husband]" (ibid.). Again, there is an inherent sense that the familiar sitcom can be relied on for laughter and relaxation, that it will offer physical and psychological relief, as well as facilitate time together for this viewer and her husband. With both examples here, I am drawn to the fact that their comfort texts each serve a dual purpose. For the female undergraduate, she uses *Brooklyn Nine-Nine* as entertainment and reward during her study breaks, but also to occupy her time in such a way as to allow her rest; viewing itself is seen as time in which to recover. For the 43-year-old female, as well as rest and laughter, she also uses *The Big Bang Theory* to connect and share leisure time with her husband, later declaring viewing that day "really made me happy" (ibid.). Familiarity in both instances breeds confidence, as these seemingly "easy" texts which are 'just funny' and 'don't require a lot of thought' can be readily dismissed then re-engaged with as required. As this 44-year-old husband and father of two appropriately notes of daytime reality TV series *Four in a Bed* (Channel 4, 2010-), "You can dip in and out, you can watch it to the end, or not. You can dose off and open your eyes again, and still kind of follow what's happening, so there's no real pressure […] which is kind of nice and relaxing" (FU5.2, interview 2). The comfort TV text, then, is highly adaptable, not in the sense that its content changes to suit the needs of

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[93] As Gry Rustad explains, "Skam is distributed as daily clips with a runtime of between 2 and 20 minutes. The narrative is also told through social media and consists of screen grabs of the characters' messenger chats and Instagram updates. This is all posted on a distinct web page skam.p3.no and is organised as a social media feed. The most innovative aspect of the programme is that the viewers follow the story as it unfolds in 'real time'. The clips are released as the events happen in the characters' lives. For instance, a clip about a character's insomnia was posted on the web page in the middle of the night" (2018: 507).

the viewer, but rather that it can withstand the different situations it is utilised in and still deliver comfort in spite of ever-evolving viewer behaviour.

Recalling my previous suggestion that traditional sitcom characters are especially resilient, the comfort television text itself is also resilient, able to endure as the viewer becomes distracted or disinterested, lying in wait in the background and ready to call them back to the screen again or to be picked up as needed. Most importantly here, apparent disengagement does not in fact negate said text's ability to comfort the viewer, as might be expected. Instead, a programme can still yield comfort in combination with other tasks or activities, like eating, discussion, even napping, as it provides a familiar place in which the viewer can rest a while, feel at ease and without worry. For example, as the aforementioned engineering student says of watching animated sitcom *Rick and Morty* (Adult Swim, 2013-), either alone or with friends:

> "I think it's more the atmosphere […] that the show creates, rather than [it] being a comforting narrative or elements of the show making me feel better about myself. It's just it's funny, it doesn't require too much thinking, it's something you can enjoy with friends." (FYUS11, interview 2)

In fact, in all four journal entries in which the participant stated he viewed *Rick and Morty*, he was always performing other activities, be it talking on/using his phone (12/02/17, 09/03/17), packing his bag as he prepared to go back to university (13/02/17), or chatting and eating with his roommates (12/03/17). Moreover, he maintained that these supplementary activities made his viewing experience *better*, either because they added to his overall enjoyment of the series or because he was "able to get tasks done whilst relaxing" (FYUS11, 13/02/17). These other tasks were not seen to damage his experience of the text, but rather the confidence and satisfaction he experienced as he watched – he notes feeling happy, calm, relaxed, amused and at ease – allowed him to undertake multiple tasks simultaneously. As the text continued to stimulate symptoms of comfort, like smiling and laughter, as well as feelings of recognition and relief, the participant could also divert his attention intermittently in order to complete other tasks.

I turn my attention now to shareability, which similarly hinges on the confidence instilled in the viewer(s) by the tested and familiar TV text. In this instance, however, the text's comfort value often derives from its viewing context (see 'Place' chapter) and establishing and maintaining specific routines with others, as opposed to its formal qualities.

For instance, this 18-year-old undergraduate reflects on watching U.S. comedy drama series *Desperate Housewives* (ABC, 2004-12) with her mother in her second journal entry:

> "Again, with my mum, we watched two episodes in the evening; one before dinner and one after. We decided to watch this show because it is a programme that we both adore, and despite having watched these episodes before, we watched them again because it helped us feel like "old times" (before I moved out). We both agreed that watching this show alone, without each other's company, is not the same experience." (FYUS03, 02/01/17)

Once again, there is a comedic element to the comfort TV text, but it is the participant's suggestion that viewing helps her mother and her to 'feel like old times' which stands out here. In this particular instance – viewing together towards the end of the festive season, when the participant would be thinking about returning to university – the pair's desire to recapture old routines and pleasures might also be seen as their unwillingness to let go of each other. Indeed, their viewing is a metaphorical embrace (and perhaps also literal, although this was not stated), symbolic of their close relationship. In addition, by conceding that viewing the series independently of each other does not deliver the same comfort for either viewer, the participant confirms it is the show's ability to facilitate togetherness of mother and daughter which comforts and rewards here. While *Desperate Housewives* is significant to them both and excites memories of each other, its comfort is borne out of their unity and their collaborative transformation of the show whenever they first watched it into something meaningful for them. As a result of their original use of the series, it has now become this comfort resource through which they both might share and remember.

Another example of use informing the comfort of a TV text is offered by a 55-year-old wife and mother of three, who proudly revealed in her first interview, "[My second eldest son] and I are in a little secret club called the *Holby City* club! We watch *Holby City* together on a Tuesday night […] It's fab! We are a bit addicted" (FU4.1, interview 1). Her 18-year-old son also confirmed this, stating in his penultimate viewing journal that watching the British medical drama with his mum "gave [him] the most happiness" (FU4.3, 31/01/17) that particular day (he also viewed a football match and two episodes of *Friends*). When asked to elaborate on the comfort of *Holby City* (BBC, 1999-) – which he also stated was a stressful show – he reflected:

> "It's not really comforting in terms of what's actually going on in the show, cos most of the time it can be stressful, and you're wanting something to happen and it's not happening, or whatever. But, yeah, I'd definitely say the comforting element to it is the fact that you know the characters in the show, you know all their personalities,

and so you know how they're going to react to certain situations. But just also watching it with my mum as well, it's just a nice, comforting, safe, relaxed place. It's very set and regular, and you know it's going to be good viewing, basically." (FU4.3, interview 2)

As well as allusions to quality and the satisfaction and security of recognisable characters and forms of storytelling, it is this participant's description of the unlikely situation which the medical drama provides for him and his mother that stands out. During interviews, both were extremely passionate about their shared fandom and the value of the time and place it creates exclusively for them is evidenced here. As well as appreciating the show itself, 'watching it with mum' is perhaps comparable to the metaphorical embrace I described above, affording them time in which to appreciate and enjoy each other's company (particularly since the son has entered adulthood and employment). Returning to the series week after week, further involving themselves in the fictional lives of its characters and their typically chaotic story world, reinforcing the importance and pleasure of this 'set and regular' routine which they share, it is the mother and son who originated the comfort value of the show. Indeed, watching together is likely what makes *Holby City* so appealing and enduring for them, in the same way that *Desperate Housewives* was only comforting when viewed by both mother and daughter together. In both cases, comfort appears to stem from the collaborative use of texts and the meanings said texts have been imbued with over time. For this mother and son, however, rather than a gateway to the past, to how things used to be – as *Desperate Housewives* seemingly is for the mother and daughter pairing – they instead enjoy and take comfort from *Holby City* as a text that connects them now and keeps them together in the present.

I conclude this final section with reference to Richard Dyer's *Light Entertainment* (1973) and his discussion of 'utopia'. Positioning light entertainment as a welcome distraction "from the horrors of everyday life" (1973: 11), Dyer states that, "Entertainment creates a world of *abundance*, a world in which necessity and scarcity have been defeated" (ibid.: 39). This world is said to be characterised by "human *energy*" (ibid.), a combination of performer actions or displays and audience reactions, driven by excitement, movement and feelings of elation and involvement. The world of TV light entertainment also "seeks to create, for a moment, *community*, the sense of warm, close, human togetherness" (ibid.). In *Only Entertainment* (2005 [1992]), Dyer adds *transparency* and *intensity* as further aspects of entertainment, which are used to denote a sense of authenticity (clarity of thought) and

sincerity respectively (2005 [1992]: 24-25).[94] Arguing the television audience needs "affirmative, utopian expressions" (1973: 40-41) to compensate for a lack of these aspects in the real world and society, Dyer concludes that television light entertainment's utopia is often "insipid, tired [and] not meant" (ibid.: 41); its realisation "mechanistic" and "phoney," and its image of effortless emotional and material wellbeing beyond the reach of most of its viewers (ibid.). Instead, entertainment means to suggest the *idea* of utopia – or as Karen Lury puts it, 'engineers' visions of an "imagined place, where things are possible and may be 'better'" (2005: 177).

Indeed, in *Interpreting Television* (2005), Lury identifies pleasures similar to those described by Dyer while viewing *Ant & Dec's Saturday Night Takeaway* (ITV, 2002-) with her daughters (see 'Place' chapter). The contemporary light entertainment series appeals to Lury and her children as a *place* emblematic of home, laughter and togetherness, the simultaneous overlapping and interplay of both locations and their discourses. As a destination for the family, the series promises – and regularly delivers – shared feelings of "excitement, community and participation" (2005: 176). These feelings are realised by combination of the personality and skill of the programme's star hosts, by Lury and her daughters' recognition of and identification with them, the situations they offer and others onscreen, but also by 'non-representational' qualities of image and sound (ibid.: 177-78); "colour, texture, movement, rhythm, melody, camerawork" (Dyer, 2005 [1992]: 20-21). 'Utopian sensibilities' are *felt* as representational and non-representational signs fleetingly align for these viewers in context, with their experiences and understanding. In Lury's analysis, she associates the characteristics described by Dyer with her discussion of space ('abstract', 'all at once', 'flows', 'travel') and place ('tangible', 'intimate', 'familiar', 'known'):

> "[Space and place] need not necessarily usurp each other but can interact with one another to create an audio-visual narrative which blatantly combines both the unreal and impossible with a version of the familiar and known world of the everyday." (2005: 178)

While Lury refers to the manifestation of the real and the unreal *onscreen*, the 'good place' – "where good things can and do happen" (2005: 177) – and the fantasy ('no place')

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[94] "It is hard to find a word that quite gets what I mean [by intensity]. What I have in mind is the capacity of entertainment to present either complex or unpleasant feelings (e.g. involvement in personal or political events; jealousy, loss of love, defeat) in a way that makes them seem uncomplicated, direct and vivid, not 'qualified' or 'ambiguous' as day-to-day life makes them, and without intimations of self-deception and pretence" (Dyer, 2005 [1992]: 24-25).

coexisting at once (ibid.), I believe the feeling of utopia discussed transcends TV light entertainment and can be found in other genres and, more importantly, in viewer behaviour.

Thinking specifically about my analyses of participants' experiences above – and throughout this thesis – there are a number of similarities. Firstly, their activation of comfort texts streamlined their concerns. TV was often arrived at in the hope of satisfying a particular need(s): to relax, to forget and be distracted, to inspire laughter and interaction, to remember and savour time with loved ones. Television presented itself as a (temporary) solution to a need for community and involvement, for control, recognition and other affective forces. Most significantly, participants put their faith in chosen comfort texts and believed that they would make their world better in some way (however small). While none of the shows identified in this chapter qualify as television light entertainment – the traditional sitcom is perhaps closest in form with its American vaudeville and British music hall heritage – they appealed at an *emotional* level to these individuals. Most often, they were texts that they relied on to feel more, to provide them with "the image of 'something better'" or "something [they wanted] deeply that [their] day-to-day lives [did not] provide" (Dyer, 2005 [1992]: 20).

Focusing still on shareability, although *Desperate Housewives* and *Holby City* do not offer visions of 'utopia' or perform in such a way as to suggest things are 'better' than real life, they have still acquired utopian qualities. Indeed, the moments of community and togetherness they make possible are moments of pure joy and happiness. For the mother and daughter viewing *Desperate Housewives* together, their recollections of the series and continued enjoyment when they revisit it in the present illustrate its significance for them both, its pleasures tied to memories of one another and its ability to connect them still perhaps more so than the content of the actual programme. For the mother and son watching *Holby City*, they anticipate and reach for the comfort of this show and exclusive time together week after week – the routine, their interactions and reactions as they watch, as well as the familiarity of characters, their personalities, the programme's narrative and stylistic tropes. The same is true for Lury and her daughters viewing *Ant & Dec's Saturday Night Takeaway*, as family home and television studio appear to interact and align to create this sense of abundance, energy and community. In a way, these comfort TV texts are remembered and (re)activated as moments of utopia, as places where people and events make sense (or will make sense), where viewers can be entertained and savour reliable pleasures, where they can forget the pressures of the world they leave behind, however briefly, replaced instead by laughter, closeness, reassurance, and other affects. What makes

the TV texts offered by study participants here so comforting are the ways in which the programmes are brought to life and made meaningful *in the company of others*. Their shareability outweighs many of the formal and experiential qualities highlighted by this chapter, as viewer position and shared activity result instead in these moments (and memories) which are truly comforting.

Conclusion

In this chapter, I considered what makes particular programmes and genres comfort texts. Specifically, by dividing the chapter in two, I could explore the *formal* characteristics of the most popular comfort genre identified by study participants in their surveys – the traditional TV sitcom – as well as *experiential* qualities generated more so by the viewer and how they engage with particular programmes. Looking to rhythms and repetitions in sitcom, it became apparent that comfort can be structural, that particular television formats in their regularity and predictability can be reassuring and pleasurable. The sitcom's direction of the viewer, specifically via the canned laughter of the studio audience, is also notable for the way in which it in fact relieves the viewer of obligation, the text positioned instead as an 'environmental resource' amidst distraction that the viewer can move away from or return to as they choose. Presenting an opportunity for the viewer to work *with* their feelings via the excessive displays of good but fallible characters, the version of 'reality' which the traditional sitcom offers also appears kinder and more forgiving – its characters more resilient – than the world outside.

Thinking more specifically about comfort as an aesthetic, I moved to consider presentation in the sitcom as dream-like, or perhaps hyper-real, resulting in unnatural consistency and warmth that is nevertheless comforting. Examining recognisable fictional worlds, objects, character types and their relationships, I argued that there is a simplicity to comfort texts, that their streamlining of concerns – both with regards to storytelling and aesthetics, featuring a consistent, unchanging environment – presents the viewer with mild jeopardy only that is all but guaranteed positive resolution.

Turning to experiences of recognition and the comfort of the familiar, I highlighted various examples where participants used sitcom to modify emotion, very often drawing on

personal experience and the memory of others to enhance the feeling of comfort and respond to specific needs. The sitcom appears to be an especially malleable and resilient genre, able to endure the shifting subjectivity of a multitude of different viewers and to help them excite some positive (and detectable) change in their disposition. Once more, a sense of 'knowing' specific characters appears significant here, as participants feel recognised by them and long to return to them/to moments of great emotion in their fictional lives, the sitcom predisposed to repeating its own history again and again (series like *The Simpsons* and *The Big Bang Theory* are in constant circulation on broadcast television).

Finally, I considered what the TV sitcom – as *just enough* – enables the confident viewer to do with it. Characterised by an apparent easiness and lack of lasting consequence, comfort texts often offer a return to particular moments or memories from the viewer's personal history or become comforting simply because they create opportunities to be with others and/or connect in the present. This is to say a text need not be especially gratifying with regards to its subject matter or realisation onscreen – again, comfort TV is typically 'small time' and 'ordinary' – but the significance that the viewer attaches to a programme from their experiences around it, from the situation the text was able to/is able to provide, can make it comforting again in the future. While shareability is paramount (and any text can be shared), some texts evidently make themselves more available than others.

Reappraising the list of characteristics that can make particular TV programmes and genres comforting – featured during the introduction to the thesis – these now include, but still are not limited to, narrative simplicity, repetition and predictability; 'light-hearted', humorous content (for the most part); mild jeopardy and an element of fantasy (or denial of reality); allowance for different modes of attention; allowance for self-rating, judgment or comparison (where applicable); visual and/or aural characteristics which amount to comfort (familiar settings and objects, use of colour, the laughter track, etc.); feelings of recognition and identification with characters and situations; sociality and (the illusion of) viewer participation ('fourth wall' genres); the comfort of known characters or personalities (recognition); and finally, familiarity, shareability and control.

In my conclusion to this study, I reflect on my findings thus far and the significance of comfort viewing in different locations, a way through which the viewer might create a feeling of place and belonging. Comfort viewing has emerged as a potentially rewarding and constructive form of digression and self-care, and a way through which the viewer can regulate emotion and satisfy constantly shifting needs and desires. In combination with my

analysis of the traditional TV sitcom here – the archetypal comfort text – and the experiential qualities tied to its use, I reflect on television's current role in the provision of comfort and care in medical spaces, and how this might be enhanced through more directed viewing and/or wider acknowledgment of the medium's therapeutic potential.

Chapter 6
Reflections

What is comfort TV? This was the question I first asked in the introduction to this thesis, and I feel it is appropriate to return to it again here. As this thesis has shown, comfort can be both simple and complex, both predictable and dynamic, the same yet always evolving. This is to say the comfort texts identified by participants were usually 'straightforward', 'light-hearted' and repeatable, yet they could be utilised in a number of distinct ways. Study data indicated that the *position* of the viewer – meaning their accumulation of experience and affect in day-to-day life as well as their physical location and wellbeing – determines the suitability and appeal of available television texts. Simplicity and predictability, the perceived 'easiness' of comfort TV, did not automatically equate with a lack of value or an inability to respond to diverse needs or desires. If anything, resulting feelings of confidence and certainty derived from the activation of a comfort text would allow this *resilient* example of television to endure the viewer's shifting subjectivity and to sustain more abstract applications. Indeed, comfort TV can offer distraction, provide a valuable sense of recognition, serve as consolation, a way to remember (ourselves and others), an escape into worlds of fantasy, and so forth. Comfort TV is best described as a programme, or a series of programmes, that the viewer can either turn to in response to change (*internal* or *external*) or as an agent of change. Comfort TV most often facilitates moments of *transition*, a way to regulate mood, modify emotion and to achieve or maintain an important feeling of security and control.

What became apparent in this research is that while comfort values can be attached to individual texts, the feeling of comfort that the viewer attributes to them is in fact a combination of *formal* and *experiential* qualities, as well as viewer location at the moment of contact. This alignment of experience and form – called on to remedy the effects of different settings and situations – is what creates the feeling of comfort (rather than a universal constant, comfort can be felt and understood differently at different times). In my 'Place' chapter, I illustrated how viewers are positioned by their environment and how their relation to a particular *space* or *place* can influence their need for and reception of TV. In a familiar place – namely, the domestic household – surrounded by reassuring objects and people, by things which mark a setting as theirs and as somewhere they belong and/or feel comfortable, viewers are often free to perform as they wish. In some cases, this necessitates isolated viewing, though collective screen encounters, whether as families or social groups,

can still allow for idiosyncratic behaviours. The various examples I presented indicated that the familiar place can support different modes of viewing, from relaxed detachment and multitasking to increased vulnerability – each stemming from levels of security – to total disengagement, with television merely providing a situation in which the individual can be with and enjoy others without paying attention to the content of the text. When location conforms to expectation, the viewer can use television/specific TV texts to complement or enhance their situation, to instil an additional sense of comfort and satisfaction. They can return to particular genres or programmes viewed previously so that they might experience similar pleasures again, watch alongside others in the present, perform "emotional work" (Whitehouse-Hart, 2014: 43), or relax and feel at ease; several noted consumables and tactile comforts can further enhance this experience, too.

By contrast, the unfamiliar space typically determines a far more urgent need for comfort and a sense of familiarity. Without a 'sense of place' – of 'being in place' – television becomes the trusted and familiar setting for the uncertain individual. As the first-year undergraduate students' case study illustrated, television and specific programmes can afford viewers a powerful feeling of recognition and understanding. Their use of TV when they first arrived at university took various forms. Television provided them with a known escape, a sort of numbing agent for many and a way to occupy time spent alone in their new accommodation. Similarly, TV offered feelings of reassurance and connection via personal nostalgia programmes, conjuring a sense of home and absent loved ones. Perhaps most significantly, instrumental viewing helped to manufacture a new feeling of belonging for many students, either by providing them an opportunity to connect with others and share their interests, or as a way of growing into their new life and surroundings, embarking on new screen adventures or investing in reassuring fictional worlds. What all of this indicates is that, again, comfort is in the *situation* of the individual, meaning that the viewer calls on forms of TV which they recognise as comforting as and when required so as to satisfy subjective needs or desires *in that moment*. In a way, comforting television is sensorial, something which is *felt* – or which the viewer uses to feel their way around within their own life. The right TV text(s) can help them to navigate changing circumstances and/or to restore some semblance of calm and continuity.

In 'Instrumental Viewing', I examined distinct examples of instrumental TV use – or "mood repair" (Sirois & Pychyl, 2016: 163-88) – and argued the medium supports various forms of personal care in everyday life. Appreciated best as a form of emotional *digression*, a necessary 'step aside' from particular stresses or sources of anxiety, television use

frequently provided study participants with alternative affects – or emotional *placeholders* – which enabled them to feel *more*, rather than just differently; to streamline their concerns and defuse external threats; to recover and find a way forward. Mitigating many of the problems they encountered in their daily lives, instrumental viewing responded to fluctuating interpersonal needs. Comfort viewing would often occur when an individual found themselves isolated and lacking in opportunities for interpersonal exchange – a therapeutic service – or, in the case of family units or social groups, when an individual hoped to strengthen, or to at least maintain, their relationships with the people around them. In these instances, television was often recognised by participants as a possible solution to temporary problems, as a reliable means of emotional compensation.

The case study concluding the chapter, involving a widower and father of two, then attested to the immense comfort and value of both sporadic and directed forms of viewing in response to crisis. Arguing that TV 'rescued' this participant – a *temporally* significant intervention – I suggested it enables him to celebrate his wife and the life they had together, allowing him to perform selective 'memory work' and to embrace her indirectly through programmes and routines they shared previously. I also argued that, in her absence, television allows the widower and father of two to 'interact' with others and feel recognised by them, to trust in them and their story worlds, and to savour these para-social relationships, old and new, as a form of consolation. Fantasy (or eradication) was the final trend of note in his personal viewing, immersing himself in fantastical escapes which would often allow him to process and express emotion indirectly, to be vulnerable and/or to imagine a different way of life, if only for a time. Comfort viewing also became an activity he could share with his two teenage children, providing structure and distraction, an excuse to gather, discuss and stay together at mealtimes and late into the evening.

Considering the effectiveness of comfort TV, this example, along with the others from that chapter, illustrated how rewarding and constructive many small screen encounters can be. While it would be a fallacy to suggest that every experience of television is comforting – as I have indicated, comfort is more *conditional* – each of these interactions with comfort texts supported the wellbeing of the individual in some way and made them stronger, happier, more resilient; alleviating conscious or unconscious feelings to positive effect. Their behaviours proved instrumental in the sense that television became this outlet for reflection and self-care at different moments in their lives, a way to subtly intervene and redirect emotion as needed. While comfort TV does not eliminate 'threat', comfort viewing is perhaps described best as a form of easement. This is to say television can help to pacify

the individual – not to be confused with notions of viewer passivity – meaning the activity can soothe them and restore some sense of order. The viewer can then return to other tasks or challenges feeling renewed or better prepared. Once again, the comfort text makes possible moments of contemplation and transition, a much-needed respite and an opportunity for the individual to either cement or improve their position within their world.

In my 'Texts' chapter, examining the formal characteristics and experiential qualities commonly associated with comfort television texts, I suggested comfort TV shows are *just enough*. Offering as much as is needed to remedy anxiety or discomfort, "small-time" (Bonner, 2003: 44) texts facilitate important emotional work and provide familiar places in which to rest and recover. The traditional TV sitcom emerged as the archetypal comfort genre, with series like *Friends*, *Frasier* and *The Big Bang Theory* especially prominent. Due to its modes of storytelling and predictable structures of repetition, its recognisable character types and fixed settings, the traditional sitcom is the ideal genre for comfort. Whether attentive or distracted, the viewer is *held* in place by combination of the laughter track and their familiarity with the conventions of the genre. The comfort TV programme is a collaboration between viewer and text, an accumulation of knowledge and experience with regards to the form and the norms for a given genre or series. Often manifesting as feelings of involvement in specific narrative worlds and character relationships, the viewer can feel like they are a part of onscreen events – or, more simply, feel as though onscreen events or characters have become a part of their personal narrative. As examples of comfort TV use in the second half of the chapter highlighted, a sense of recognition and confidence enabled participants to knowingly return to significant televisual moments or recapture some feeling of how things used to be in their own lives. Alternatively, they would binge on episode after episode and provide themselves with a more satisfying alternative focus or return to nourishing routines they share with others again and again. The resilient qualities of these texts formally (in terms of aesthetics, structure and characters) meant that they were ideal texts to sustain these participants despite their differing needs and/or applications of them.

Considering the role that comfort TV plays in the daily lives of viewers, this thesis has evidenced a range of distinct uses and outcomes. While I am hesitant to argue television is *essential* to participants in this study – despite the fact that, when asked this question, 42% of participants (first-year undergraduate students and family units only) stated that they believe TV *is* essential to them – study data clearly attests to the value and comfort of day-

to-day viewing.[95] As I have suggested at various stages, television presents as a tool of sorts, ready to work *with* the psychology of the viewer and their emotions at that instant to arrive at something better. This is not always a conscious act – the majority of participants rarely sought out TV with comfort specifically in mind. The knowing pursuit of comfort from television more often depended on some recognition of change or impending crisis. This is to say that comfort was often a by-product of a previously satisfying viewing experience or unconscious learned behaviour or routine, as opposed to an intentional intervention with a specific comfort goal (e.g. forgetting, reassurance, remembrance). When viewing was more directed – or at least when the viewer was more keenly aware of the potential effect(s) a text might have on them – comfort could be manufactured, in a sense. More accurately, the viewer could create a situation in which they might be comforted, selecting a show that would respond to their location and subjectivity and would allow for the sorts of behaviours they wished to enact as a viewer and an individual (to rest, laugh, cry, reflect, connect with others, and so forth). When the viewer was predisposed to comfort, they were generally more inclined to experience the TV programme(s) they had chosen to watch as comforting and therapeutic.[96]

This suggests that television/comfort TV has become a natural extension of the individual's support network, often arrived at instinctively and without great thought in order that their preferred places, characters or narratives might shield them from their own vulnerabilities and offer an important feeling of reassurance and value. I mention value here as the recognition and confidence participants experienced while watching television or discussing their most cherished shows, to my mind, reflects some innate sense that they – the viewers – are valued by these programmes, too. The relationships, lives and narratives they feature not only speak to them in some way, but they also suggest that they are *for them*, that they want to please and entertain viewers. In the case of those participants who described periods of isolation especially, they could replace nothingness with a device and content which prioritised their basic needs – or some of them, at least. You could argue this is true of all TV, but I think in this context, reflecting on individuals in need of a psychological boost or space in which to mull over their current situation, this feeling that their experience

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[95] Family unit and first-year undergraduate students were asked during their first interviews: 'How different do you think your life would be without television in it? Do you consider TV essential, and, if so, why?'. Ten participants in total, including 2 family units (FU2, FU5) and 6 students (FYUS01, FYUS03, FYUS04, FYUS06, FYUS07, FYUS10) stated that television is essential to them. The remaining 14 participants, including 3 family units (FU1, FU3 and FU4) and 4 students (FYUS05, FYUS08, FYUS09, FYUS11) did not believe TV is essential to them.

[96] Several participants noted their experiences completing viewing journals had made them more aware of their TV use and of the different needs they were intending to respond to with different television texts and/or behaviours.

and wellbeing matters is significant. The comfort viewer is cocooned – or, more precisely, they cocoon themselves – and they are enveloped and protected by texts which appear to reinforce their reality and their sense of self.

Television & Patient Care

Yet, what might all of this mean for hospital patients? Having explained this study's limitations in my methodology chapter with regards to the quantity and quality of patient survey data, I wish to reflect on my findings thus far and consider if TV might be used to greater effect in patient care. One notable contradiction in hospital patients' surveys was that the vast majority stated they did not use television to make themselves feel better – only 3 stated they watched shows while they were in hospital in order to feel better (HP03, HP06, HP08) – yet virtually all believed that television has therapeutic value.[97] This suggests patients appreciated the medium's potential as a source of emotional gratification, as a resource for entertainment and good feeling, but were conditioned to simply see the small screen as a way to pass the time in their predicament, as a companion of limited value. Indeed, asked, 'What do you think the main advantage is of having TV available to patients in hospital?', common responses included, "It gives you something to watch instead of sitting looking at four walls" (HP05), "It really does help to 'kill' time" (HP06), "[It] can be a comfort to people who have no visitors" (HP11), and "It can make patients settle" (HP12). Television was positioned by most patients as the only viable activity or outlet available to them, as opposed to a meaningful or rewarding one. It was not a choice but a provision.

Viewing was functional, which is to say it simply proved a more satisfying alternative for many patients than doing nothing at all. Asked if having access to television helped to shape their daily routines in hospital, only half of patients confirmed TV did provide them with some comfort and structure. Other participants remained sceptical, implying that television – at least within the hospital setting – had no real impact on wellbeing or their experiences of care. One patient noted during his survey that he had to

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[97] When asked, 'Do you think television has any therapeutic value or helps to care for patients?', 9 hospital patients confirmed they believe it does, while 1 patient (HP10) considered, "It's difficult to say. Each to their own." 4 patients also noted that they had not had access to their favourite shows while in hospital (HP02, HP05, HP09, HP11), which could mean they would have used TV differently had their preferred television texts been available.

"build up" to watching television again (HP03), which suggests that patients require a certain level of physical and/or psychological wellness to undertake viewing to best effect.[98] TV seemingly presented as a viable option further along in their care plan. What frustrated hospital patients most of all, however, was an apparent lack of choice with regards to what they could watch. When asked, 'Do you think television could be used more effectively in hospitals? If so, how?', 6 out of 10 patients made direct references to programme availability. This 27-year-old female noted, "I think if there was a wider range of channels to choose from it could help more in a comfort sense" (HP02), while this 25-year-old female agreed, "Yes, more channels – would make for a more positive experience" (HP09). A 69-year-old male also requested, "Add more channels from Freeview" (HP05), echoed by this 16-year-old female who similarly stated, "Yes, better quality" (HP08).

In my 'Place' chapter, I suggested television in the hospital setting might allow a person to recover some sense of self, a way to feel "normal" in what is otherwise a very abnormal situation. For some hospital patients, like the 44-year-old male who had been watching *The Grand Tour* on an iPad when we were first introduced (HP10), or the 69-year-old male who discussed with great enthusiasm his favourite teatime quiz shows (HP12), this held true. They were still able to enjoy their preferred shows and/or to mirror some domestic routines in this unfamiliar space. Yet, hospital patients more generally appeared to resent their lack of control when it came to what programmes they could view. While comfort TV suggests passivity, hospital patients expose the necessary element of 'choice' which other participants in the study largely took for granted. Throughout this thesis, I have written of the viewer's ability to identify and utilise comforting television texts that respond to their situation and provide them with the right sort of emotional boost to carry on with their day-to-day life and maintain their ontological security. However, the *out of place* hospital patient does not have the same resources or reassurances as the viewer at home. They cannot necessarily replicate familiar routines or retreat to the safety of their go-to comfort TV shows, because they might not be available to them. While students were able to lose themselves in reassuring fictions or to restage previously satisfying small screen experiences when they first arrived at university – in order to exert control over an unfamiliar space – hospital patients usually had to settle for broadcast TV content they might not otherwise have watched. Similarly, the hospital space does not allow for abstract applications of

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[98] "As I said, I'm not an avid reader. My first choice in life would always be the TV. I'm just fortunate that I'm in a hospital where TVs are provided. When I first arrived, though, it was the last thing I was thinking about. I had to build up to watching it. It was something to do. At the beginning, I put it on and my head wasn't quite right. So, I just switched it off again and thought, 'No, I'm not ready yet'." (HP03)

comfort texts in the same way as the domestic or bedrooms in student accommodation. This is to say multitasking appeared less common, few participants noted that they utilised television as background noise (HP01, HP02 and HP03 only), and when visitors were present, watching TV together was not a priority. In addition, the patient has a restricted range of movement, able to watch television from their bed or an adjacent chair only, limited to a single room.[99] The hospital space is unpredictable, subject to disruption and intrusion without warning.

Many of the freedoms which characterise comfort TV in everyday life – in *our* places or those situations where we are able to exercise a sufficient degree of control and influence our surroundings – seem to be absent from the hospital. In part, this is due to the institutionalised nature of healthcare, as resources (budgetary) and practicality necessarily curtail the possible behaviours of patients to some extent.[100] Yet, I would also suggest that the general public and most medical professionals have a dismissive attitude to television. More accurately, they tend not to reflect on television as an activity or resource of any great value beyond fleeting entertainment and distraction. As I suggested in the introduction to this thesis, in public consciousness, television appears to have retained its status as the 'poor cousin' of cinema, despite the amount of time and energy many continue to invest in its texts. Guilt as a symptom of viewing was echoed by many participants. What I want to argue here, however, and what I believe this thesis has evidenced in a number of ways, is that we ought to change our attitude towards the small screen and appreciate more fully the value it currently delivers to so many, day after day.

This thesis has shown that TV use can be reassuring and restorative, that specific shows or routines help to sustain us and very often enrich our lives in a myriad of ways. By better understanding what it is that we do with television, taking the time to reflect on its contribution (or possibly not) to our personal care, we might begin to use it more precisely. This is not to suggest that all viewing should be planned, that watching television cannot still be spontaneous and rewarding, but rather we each have specific texts and personalised viewing routines which consistently comfort us. Of course, situations will always shift and

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[99] It is important to acknowledge that there can be TV rooms located in different wards, as well as recreational spaces (cafes, seating areas) around the hospital. However, each of my participants occupied single rooms and made no mention of utilising any other potential viewing sites.

[100] It is important to reiterate that all patients from the ward I visited were in single rooms equipped with touchscreen televisions which also featured games and digital radio stations. This device was available to them free of charge. Anecdotally, however, some members of the medical staff were less positive about the addition of screens, recalling instances when patients have pressed their emergency buzzers simply because of technical issues with their device or because they were unable to access their preferred programmes.

change – for instance, a person admitted to hospital might perhaps be less inclined to view medical dramas while they occupied that space. Yet, as this study has revealed, there are an abundance of TV texts, the ones which are *just enough*, which are reliably entertaining and sufficiently encouraging that we might knowingly return to them again and again and be comforted. In a sense, the viewer can decide how they would like to feel and/or to influence their mood in particular ways by utilising such texts.[101] While TV viewing in the hospital setting is of course distinct from watching in the domestic context, it is possible that by providing more access to preferred television programmes, by encouraging patients to engage in small screen activities more intentionally and with comfort in mind, the patient might start to recover some sense of self and feel better.

I wish to end this thesis on a personal note and thank all of my study participants; in particular, the 5 family units and 10 first-year undergraduate students who were incredibly generous with their time and so enthusiastic in their responses throughout this research. The richness of the dataset I have produced is at once testament to the honesty and kindness of every participant, as much as to my research methods and personable approach to qualitative data collection. The level of insight they offered into their day-to-day lives has enabled me to understand and illustrate more clearly the role and value of television in domestic contexts and beyond. They have confirmed for me the immense comfort of specific television programmes and viewing routines; a potentially rewarding engagement (very often shared with others) and, more simply, a reassuring presence, signalling continuity, companionship, and security. Findings produced in this research – including my experience designing the audience study and securing ethical approval and R&D approval from the NHS – are an important original contribution to the field of Television Studies, and the emergent field of Medical Humanities research.

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[101] Music and dementia charity Playlist for Life presents a notable comparison here as personalised music playlists are curated for people with dementia and utilised in their everyday care – "All the tunes that are most deeply attached to your memories and emotions, gathered together in one place. The soundtrack of your life" (Playlist for Life, 2019a). Research indicates that personal playlists "make living with dementia easier and happier" (ibid.), stimulating sociability and activity (singing, clapping, dancing), and reducing agitation and aggressive behaviours (Playlist for Life, 2019b). This example of therapeutic personalised media use, while highly specific, calls attention once again to the presence and influence of media throughout the life course, as music provides comfort and is used to reactivate the senses and bring the past more into focus.

Appendix A
Family Unit [FU] Survey Questions

NHS Greater Glasgow and Clyde   **University** *of Glasgow*

STUDY ID:	

COMFORT TV | Survey Questions [FU]
*To be completed by each participating family member

Q1.   How many hours of television would you each typically watch per day at home?

0-2 hours	
2-4 hours	
4-6 hours	
Over 6 hours	

Q2.   Where and when would you typically watch TV the most?

Living room	
Kitchen/dining room	
Bedroom	
Other	

If other, please state:

Q3.   Do you typically watch TV more on your own or as a family/with friends?

On my own	
As a family	
With friends	

Q4.   What is your favourite TV show?

Q5.   Why do you love that show in particular?

Q6.   How do you feel when you watch it?

Q7.   Do you normally "buy into" TV show and purchase merchandise such as DVDs, games, clothing, action figures?

Yes, I do purchase TV merchandise	
No, I've never purchased TV merchandise	
The odd DVD, but not much else	

Q8.   If you answered yes to the above, do you think owning DVDs, games, clothing or action figures changes your relationship with TV shows? If so, how?

Q9.   Are there any other programmes or types of shows you like to watch regularly?

Q10.   Why do you think you watch them?

Q11.   How do you feel when you watch them?

Q12.   Would you say you consistently watch the same types of shows all the time, or are your tastes more diverse, selecting a show based on how you feel?

I always watch the same types of shows	
It's about 50/50	
I pick shows depending on how I feel; they're not always the same	
I never watch the same programmes	

Q13.   Would you ever select a TV show just as "background noise", i.e. something you don't need to watch closely?

Yes, I like TV as background noise/while I'm doing other tasks	
No, I only pick shows I'm going to watch with full attention	

Q14.   If you answered yes, what kind of programme(s) would you choose and why?

Q15.   Do you ever use TV to make yourself feel better?

Yes, I do sometimes watch TV to make myself feel better	
No, TV is just TV	

Q16.   If you answered yes, do you think TV does make you feel better? Why do you think it works?

Q17.   What is your go-to comfort TV show, i.e. the one that you know will always make you laugh like no other, help you relax, have a good old cry, or make you feel good?

Q18.   Why do you think that is your favourite feel-good text?

Q19.   Are there any types of television that you normally avoid? If so, list some examples:

Q20.   Why do you avoid those shows/types of television programmes?

Q21.   How do you react, physically and emotionally, to TV that discomforts you?

Q22.   Why do you think you react in this way?

Q23.   [*Parent/Guardian only*] Do you think watching TV has an overall positive or negative impact on your child/children? Why is this the case?

Q24.   Do you think television has any therapeutic value for viewers?

Q25.   Do you have any further comments about using television for comfort/TV as a tool to make yourself feel better?

Thank you for participating in this survey!

Appendix B
First-year Undergraduate Student [FYUS] Survey Questions

NHS Greater Glasgow and Clyde   University of Glasgow

STUDY ID:	

COMFORT TV | Survey Questions [FYUS]

Q1.   How many hours of television would you typically watch per day at home?

0-2 hours	
2-4 hours	
4-6 hours	
Over 6 hours	

Q2.   Where and when would you typically watch TV the most?

Living room	
Kitchen/dining room	
Bedroom	
Other	

If other, please state:

Q3.   Do you typically watch TV more on your own or with family/friends?

On my own	
With family	
With friends	

Q4.   What is your favourite TV show?

Q5.   Why do you love that show in particular?

Q6. How do you feel when you watch it?

Q7. Do you normally "buy into" TV show and purchase merchandise such as DVDs, games, clothing, action figures?

Yes, I do purchase TV merchandise	
No, I've never purchased TV merchandise	
The odd DVD, but not much else	

Q8. If you answered yes to the above, do you think owning DVDs, games, clothing or action figures changes your relationship with TV shows? If so, how?

Q9. Are there any other programmes or types of shows you like to watch regularly?

Q10.   Why do you think you watch them?

Q11.   How do you feel when you watch them?

Q12.   Would you say you consistently watch the same types of shows all the time, or are your tastes more diverse, selecting a show based on how you feel?

I always watch the same types of shows	
It's about 50/50	
I pick shows depending on how I feel; they're not always the same	
I never watch the same programmes	

Q13.   Would you ever select a TV show just as "background noise", i.e. something you don't need to watch closely?

Yes, I like TV as background noise/while I'm doing other tasks	
No, I only pick shows I'm going to watch with full attention	

Q14.   If you answered yes, what kind of programme(s) would you choose and why?

Q15. Do you ever use TV to make yourself feel better?

Yes, I do sometimes watch TV to make myself feel better	
No, TV is just TV	

Q16. If you answered yes, do you think TV does make you feel better? Why do you think it works?

Q17. What is your go-to comfort TV show, i.e. the one that you know will always make you laugh like no other, help you relax, have a good old cry, or make you feel good?

Q18. Why do you think that is your favourite feel-good text?

Q19. Do you watch television differently now you are at university/possibly living away from home for the first time? If so, what has changed about your viewing?

Q20.　Are there any types of television that you normally avoid? If so, list some examples:

Q21.　Why do you avoid those shows/types of television programmes?

Q22.　How do you react, physically and emotionally, to TV that discomforts you?

Q23.　Why do you think you react in this way?

Q24.   Do you think television has any therapeutic value for viewers?

Q25.   Do you have any further comments about using television for comfort/TV as a tool to make yourself feel better?

Thank you for participating in this survey!

Appendix C
Family Unit [FU] Interview 1 Questions

NHS Greater Glasgow and Clyde | **University** of Glasgow

| **STUDY ID:** | |

COMFORT TV | First Phase Interview Questions (FU)

Q1. If I asked you to explain what you think comfort is, how would you describe it?

Q2. If I asked you to explain what comfort is *for you*, i.e. what/where/when you feel at your most comfortable and why that is, what would you describe?

Q3. Describe your usual routine(s) with television? How does it fit into your day?

Q4. Do you ever put on the TV without thinking about why you are doing it? If so, why do you think that is?

Q5. How often do you watch TV together as a family?

Q6. When you watch TV together, what kinds of shows do you normally watch?

Q7. When you watch TV together, are you all paying complete attention to the TV, or are you also performing other activities, like chatting, eating, playing with your phones?

Q8. When you watch TV together, how does it make each of you feel? Are you aware of each other being nearby, and if so do you think that influences how you watch?

Q9. Do you think that the position of the TV set in your home, surrounded by other objects from your life, has any impact on how you feel as you watch TV?

Q10. When you watch TV *on your own*, where do you typically do this and what kinds of shows do you watch?

Q11. Is there a reason you prefer to watch these shows on your own?

Q12. Are there any shows you would describe as *yours*, i.e. programmes that really matter to you, that you really identify with or that you know will make you feel good?

Q13. When it comes to selecting a TV programme to watch, either for yourself or the whole family, how do you decide what the best option is from the shows available?

Q14. Does prior experience with a programme or particular type of show mean you're more likely to watch it rather than something new? If so, why do you think that is?

Q15.   Do you ever use television as a reward, either for yourself or your children?

Q16.   Do you think that television is valuable? More specifically, is it valuable to you?

Q17.   How do you think you might feel if you came home and your television wasn't working?

Q18.   How different do you think your lives would be without television in it? Do you consider TV essential, and, if so, why?

Q19.   Can you think of a specific time when you used TV to make yourself feel better? If so, what was it about that viewing experience that made it comforting?

Q20.   Equally, can you think a specific time when TV discomforted you? If so, what was it about that viewing experience that made it discomforting?

Q21.   As a parent, do you think television is good/bad for your children? Why is that?

Q22.   How aware are you of what your children watch?

Q23.   Do you feel that TV was/is an important part of their development? If so, why?

Child-only questions:

Q24.   Would you say that television is important to you? If so, why?

Q25.   How do you like to watch TV best? (E.g. phone, tablet, laptop, TV screen)

Q26.   Would you say that you use TV to make yourself feel good? Or is watching TV more automatic, not really thinking about why you choose to watch what you watch?

Final question for everyone:

Q27.   Do you think that television is comforting?

Appendix D
First-year University Student [FYUS] Interview 1 Questions

COMFORT TV | First Phase Interview Questions (FYUS)

| STUDY ID: | |

Q1. If I asked you to explain what you think comfort is, how would you describe it?

Q2. If I asked you to explain what comfort is *for you*, i.e. what/where/when you feel at your most comfortable and why that is, what would you describe?

Q3. Describe your usual routine(s) with television? How does it fit into your day?

Q4. Do you ever put on the TV without thinking about why you are doing it? If so, why do you think that is?

Q5. When you watch TV on your own, where do you typically do this and what kinds of shows do you watch?

Q6. When you watch TV, are you paying complete attention to the TV, or are you also performing other activities, like chatting, eating, playing with your phones?

Q7. Are there any types of TV you avoid? If so, why?

Q8. Do you think that you watch TV differently now that you're at university/possibly living away from home for the first time? If so, what's changed?

Q9. How often do you watch TV with others?

Q10. What kinds of shows do you typically watch with others?

Q11. Do you think that you watch TV differently when you're with others? If so, how?

Q12. Do you think that the position of the TV set in your home, surrounded by other objects from your life, has any impact on how you feel as you watch TV?

Q13. Are there any shows you would describe as *yours*, i.e. programmes that really matter to you, that you really identify with or that you know will make you feel good?

Q14. When it comes to selecting a TV programme to watch, how do you decide what the best option is from the shows available?

Q15.   Does prior experience with a programme or particular type of show mean you're more likely to watch it rather than something new? If so, why do you think that is?

Q16.   Do you ever use television as a reward for yourself?

Q17.   Do you think that television is valuable? More specifically, is it valuable to you?

Q18.   How do you think you might feel if you came home and your television wasn't working/you were unable to watch TV?

Q19.   How different do you think your life would be without television in it? Do you consider TV essential, and, if so, why?

Q20.   Can you think of a specific time when you used TV to make yourself feel better? If so, what was it about that viewing experience that made it comforting?

Q21.   Equally, can you think a specific time when TV discomforted you? If so, what was it about that viewing experience that made it discomforting?

Q22.   Do you think television is good/bad for you? Why is that?

Q23.   Do you feel that TV was/is an important part of your development as an adult? If so, why?

Q24.   Would you say that you use TV to make yourself feel good? Or is watching TV more automatic, not really thinking about why you choose to watch what you watch?

Q25.   Do you think that television is comforting?

Appendix E
Viewing Journal Questions [FU & FYUS]

STUDY ID:	

COMFORT TV | Viewing Journal Questions [FU & FYUS]

Date:	
Time (from/to):	
Place content was viewed:	
Device(s) content was viewed on:	

Please list all TV programmes viewed:

Why did you decide to watch TV/select those particular programmes?

Describe how you felt or reacted physically as you watched the programme(s):

Describe how you felt or reacted emotionally as you watched the programme(s):

Did you feel better or worse after viewing, or no effect at all?

Were you performing other activities as you watched (e.g. using your phone, eating, chatting)? If so, please list them:

Did performing other activities impact (for better or worse) your experience as a viewer? If so, how?

Did you decide to stop viewing a TV programme(s) for any reason? If so, why did you do this? (e.g. discomfort, boredom/lost interest, something better was on, etc.)

What was the best programme you viewed today and why?

Do you have any further comments about how you used TV today or how TV made you feel (good, bad or indifferent)?

Appendix F
Hospital Patient [HP] Survey Questions

STUDY ID:

COMFORT TV | Survey Questions [HP]

Q1.   How many hours of television would you typically watch per day at home?

0-2 hours	
2-4 hours	
4-6 hours	
Over 6 hours	

Q2.   How many hours of television have you watched per day while in hospital?

0-2 hours	
2-4 hours	
4-6 hours	
Over 6 hours	

Q3.   Where and when would you typically watch TV the most?

Living room	
Kitchen/dining room	
Bedroom	
Other	

If other, please state:

Q4.   Do you typically watch TV more on your own or with family/friends?

On my own	
With family	
With friends	

Q5.   Do you think you're watching television differently now that you are in hospital when compared to how you normally would at home?

Yes, I am watching TV differently	
No, I am not watching TV differently	
I'm not sure	

Q6. If yes, what is it about your viewing that is different? Has your motivation changed?

Q7. What is your favourite TV show?

Q8. Why do you love that show in particular?

Q9. How do you feel when you watch it?

Q10. Do you normally "buy into" TV show and purchase merchandise such as DVDs, games, clothing, action figures?

Yes, I do purchase TV merchandise	
No, I've never purchased TV merchandise	
The odd DVD, but not much else	

Q11.   If you answered yes to the above, do you think owning DVDs, games, clothing or action figures changes your relationship with TV shows? If so, how?

Q12.   Are there any other programmes or types of shows you like to watch regularly?

Q13.   Why do you think you watch them?

Q14.   How do you feel when you watch them?

Q15. Would you say you consistently watch the same types of shows all the time, or are your tastes more diverse, selecting a show based on how you feel?

I always watch the same types of shows	
It's about 50/50	
I pick shows depending on how I feel; they're not always the same	
I never watch the same programmes	

Q16. Have your TV tastes changed at all while you've been in hospital? Do you find you're watching programmes you normally wouldn't?

Q17. Would you ever select a TV show just as "background noise", i.e. something you don't need to watch closely?

Yes, I like TV as background noise/while I'm doing other tasks	
No, I only pick shows I'm going to watch with full attention	

Q18. If you answered yes, what kind of programme(s) would you choose and why?

Q19. Have you watched any programmes as "background noise" while in hospital?

Yes, I've turned on a few shows as background noise	
No, I've only put on the TV to watch certain programmes	

Q20.   If you answered yes, do you think "background noise" TV had any effect on how you were feeling? Did it make you feel better/worse?

Q21.   Do you ever use TV to make yourself feel better?

Yes, I do sometimes watch TV to make myself feel better	
No, TV is just TV	

Q22.   If you answered yes, do you think TV does make you feel better? Why do you think it works?

Q23.   Have you tried watching particular shows to comfort you or make you feel better while you've been in hospital?

Yes, I've watched a few shows to make me feel better	
No, I've not had access to my favourite shows	
No, I don't use TV that way	

Q24.   If you answered yes, did they work? Why do you think they made you feel better?

Q25.   What is your go-to comfort TV show, i.e. the one that you know will always make you laugh like no other, help you relax, have a good old cry, or make you feel good?

Q26.   Why do you think that is your favourite feel-good text?

Q27.   Are there any types of television that you normally avoid? If so, list some examples:

Q28.   Why do you avoid these shows/types of television programmes?

Q29.   How do you react, physically and emotionally, to TV that discomforts you?

Q30.   Why do you think you react in this way?

Q31.   What do you think the main advantage is of having TV available to patients in hospital?

Q32.   Do you think television has any therapeutic value or helps to care for patients?

Q33.   Has television helped to shape your daily routine while in hospital?

Q34.   Do you think television could be used more effectively in hospitals? If so, how?

Q35.   Do you have any further comments about using television for comfort/TV as a tool to make yourself feel better?

Thank you for participating in this survey!

Appendix G
Study Protocol

Comfort TV - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects.

Running title:	**Comfort TV Research Project v1**
Protocol Version:	**1**
Date:	**09/09/16**
REC Reference Number:	
ISRCTN/Clinical trial.gov:	
Sponsor's Protocol Number:	**GN16MH395**
Sponsor:	**NHS Greater Glasgow & Clyde**
Funder:	**AHRC**

Amendment number	Date	Protocol version

This study will be performed according to the Research Governance Framework for Health and Community Care (Second edition, 2006) and WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI Ethical Principles for Medical Research Involving Human Subjects 1964 (as amended).

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PROTOCOL APPROVAL

Comfort TV Research Project v1

<u>**Chief Investigator**</u>	**Mr Kerr Castle** Film & TV Studies PhD Candidate (Year One) 1/1 12 Fingal Road, Renfrew, Renfrewshire, PA4 8FH

Signature: Kerr Castle

Date: 12/07/16

<u>**Sponsor's representative**</u>	**Emma-Jane Gault** Clinical Research and Development West Glasgow Ambulatory Care Hospital Dalnair Street Glasgow G3 8SW

Signature:

Date:

TABLE OF CONTENTS

ABBREVIATIONS

AE	Adverse event
REC	Research Ethics Committee
SAE	Serious Adverse Event
FU	Family Unit
FYUS	First Year University Student
HP	Hospital Patient
PIS	Participant Information Sheet

STUDY SYNOPSIS

Title of Study:	Comfort TV - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects.
Study Centre:	TBC – suggest Queen Elizabeth University Hospital
Duration of Study:	Data gathering will conclude by the end of January 2017, signalling the end of involvement from all participants. The period that follows until the projected conclusion of the PhD study in Summer 2018 will involve collating, writing up and interpreting the data, before applying it to the final thesis.
Primary Objective:	To establish where and how comfort value originates from television texts, e.g. is it about how we prepare for viewing, how we set ourselves up to receive a text as comforting, or something actually within the text itself? To clarify, a television text refers to any TV programme or equivalent broadcast media (e.g. YouTube shows) watched by viewers.
Secondary Objective:	To ascertain how comfort TV's purpose and effect is understood by viewers, i.e. do they recognise that they are seeking comfort values and deploying chosen television texts in the pursuit of comfort or therapeutic reward? How do they value and appreciate the TV shows they use daily?
Primary Endpoint:	Once sufficient data has been captured to evidence where and how comfort value from television originated for the three groups studied, and how soothing, rejuvenating, restorative, or, indeed, ineffective TV viewing was at different times for them.
Rationale:	Emerging field of study within television academia that looks more specifically at what television means for audiences and how they use it for their own ends/how it becomes valuable to them, as opposed to what is good or quality TV, and simply assessing TV shows, etc. This is all about what TV can do for audiences physically, emotionally and cognitively.
Methodology:	Mixed methodologies – for Family Units (FU) and First Year University Students (FYUS): initial viewing survey, interview, viewing diary, final interview/feedback session, and photograph of viewing environment only (not participant). For Hospital Patients (HP): survey(s) only, and photograph of viewing environment only (not participant).
Sample Size:	5 x FU (estimate up to 20x participants), 10 x FYUS, 10 x HP
Screening:	FU data gathering will take place on-site in the homes of participants (unless they explicitly state otherwise), with the exception of the initial viewing survey and viewing diary, which can be completed and submitted electronically (unless hard copies are requested). Photographs of the viewing

	environment will be taken on-site (i.e. what they see when they look at the TV).
	FYUS data gathering will also take place on-site in the homes of students or on the University of Glasgow campus, with the exception of the viewing diary, which can be completed and submitted electronically. The initial viewing survey can also be completed and submitted electronically (though a hard copy can be provided upon request). Photographs of the viewing environment will be taken on-site where possible.
	HP data gathering is dependent on NHS GG&C permissions. Ideally, this will be completed on-site while patients are in hospital, with data captured on paper and later collected by the Chief Investigator. However, a post-hospital visit could also be arranged, with a more reflexive survey looking back at their hospital stay and how they used TV then vs at home in recovery. Once again, participants can be provided with a hard copy of the survey, either to be collected by myself or posted once completed, or submit answers electronically. As for the viewing environment photo, I will also need to capture an image of a hospital room, complete with TV, to illustrate typical patient surroundings and what they see when they look to the screen. Does not require participants.
Registration/Randomisation:	Will endeavour to secure as diverse a range of participants as possible, attempting to ensure the study reflects the diversity of human society and conditions, and the multi-cultural nature of society. As an example, the FYUS portion of the study will target UK, EU and International students attending the University of Glasgow from a mix of different disciplines. Those that register to participate will then be selected in order to offer the most balanced study possible.
	For HPs, randomisation will likely involve selecting participants from different wards/who have different reasons for being in hospital in the first place, agreeing a specific number from each ward and trying to keep the study's population diverse through other assessment criterion such as age, gender, ethnicity, employment status, and so forth. I will continually endeavour to safeguard the rights, safety, well-being and dignity of all participants.
Main Inclusion Criteria:	FUs: • At least one parent or legal guardian with at least one child (not simply 2.4 children households) • Written informed consent FYUSs: • Male or female ≥18 years of age, UK, EU and International students, from different disciplines • Written informed consent HPs: • Male or non-pregnant female ≥18 years of age • Written informed consent
Main Exclusion Criteria:	HPs: • Unable to watch TV or chooses not to • Critically ill
Analysis:	

STUDY FLOW CHART

FU and FYUS Participants:

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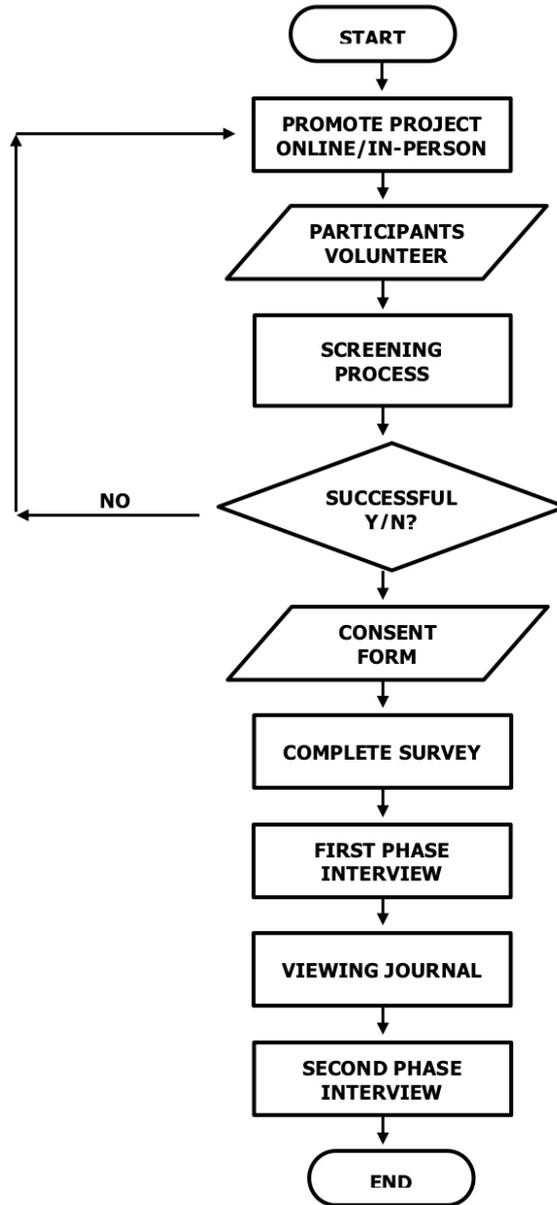
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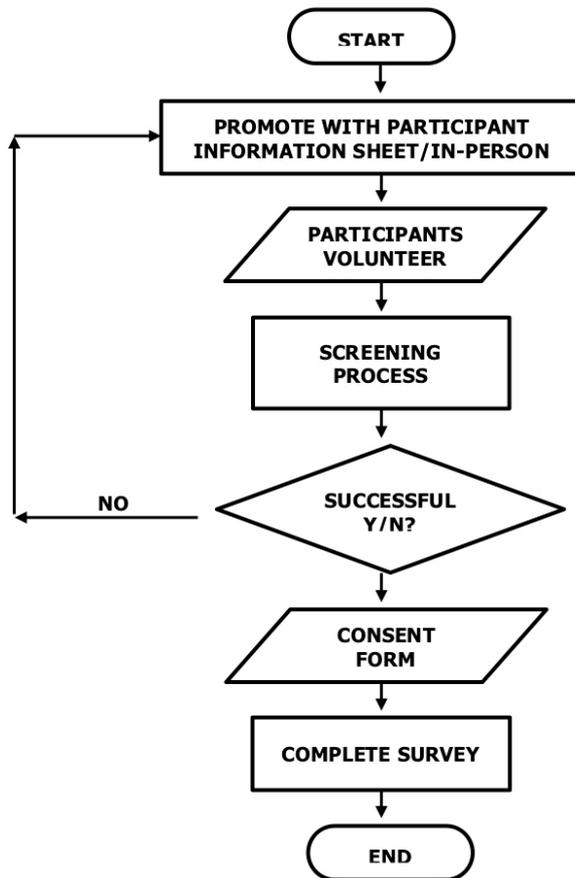
1. INTRODUCTION

1.1 Background

The Comfort TV Research Project is all about working to better understand how audiences use television as an everyday tool for comfort. In this context, comfort means something which has the potential to not only relax viewers, but also to strengthen, soothe and rejuvenate; essentially, television that makes the viewer feel better in some way. The depth and variety of television content available via TV sets, laptops, mobile devices and tablets is incredibly vast and fluid, as are the amount of ways in which audiences now choose to put that content to use and make meanings from it. And that's exactly what this project is concerned with, looking at how successfully (or not) audiences use and adapt television in an attempt to respond to their immediate situation, to meet their physical and emotional needs, as a reaction to life around and beyond the screen.

Three specific audience groups will be examined during the study – the family unit, first year university students, and hospital patients. These three groups were intentionally selected as they represent the everyday audience, the audience in transition, and the extracted audience respectively, allowing for an exploration of TV's role during periods of normality and crisis. Research data will be gathered for the project using a combination of methods, including surveys, interviews, viewing journals, and photographs, with interviews recorded as audio-only for later transcription. With regards to hospital patients, research data will be gathered using a survey(s) only and photographs to illustrate the participant's viewing environment and their orientation to the screen where appropriate (first person perspective – participants will not be featured). Furthermore, the project will have a strong presence online, utilising social media to gather additional data in the form of user comments and anecdotes, and a dedicated Comfort TV blog.

This relatively untapped area for study is hugely exciting and reflects current shifts in the field, moving away from assessments of quality, of what is good TV, towards how TV is in fact used and valued by audiences, its function, purpose and meaning within their everyday lives. This study could reveal much about how audiences actually use TV as far more than short-lived entertainment or distraction, but as an almost therapeutic tool, capable of changing their mood, influencing their physical and emotional well-being, even imparting a sense of home or belonging. Furthermore, the opportunity afforded to FU and FYUS participants to react to initial research findings, to challenge the interpretation of TV's place within their lives and how it is the Chief Investigator believes they choose to use media, allows for far richer, more accurate research data that could prove extremely valuable to this study and the field more generally. Of course, potential for comfort is met by outbursts of discomfort and encounters with more challenging TV as well. Accordingly, the research project will similarly examine how viewers navigate and respond to such negative or invasive forms of television, and TV's potential to dishearten.

When the project is completed, it is hoped that there will be a far better understanding of exactly how audiences utilise, respond to and adapt television to meet their daily needs – as opposed to TV just happening – and how successful television actually is as a tool for viewer comfort. Furthermore, the study seeks to clarify where and how comfort value originates, and how it's purpose and effect is understood by viewers, with such evidence potentially proving highly valuable to film and television academia and overlapping fields (such as social and cultural studies), institutions such as the NHS and other care environments (evidencing how TV might be reconsidered as a soothing or therapeutic tool with multiple applications), and finally to the broadcasting industry itself as valuable viewing data.

1.2 Rationale

As suggested above, this is a relatively untapped area for study that could produce extremely valuable findings and raw data. Putting this research into context, this line of inquiry intersects with, and develops, numerous fields of study, including:

- *Studies of intimacy and the 'everydayness' of television*
- *Audience studies and how it is we look to and engage with the screen*
- *Affect theory and the importance of how we prepare for viewing*
- *And, finally, nostalgia and reruns, to better understand the comfort and reassurance afforded by repetition and familiarity.*

What makes this project unique, however, is its emphasis on television's evident function as a tool for viewer comfort and well-being, as a device that can afford care (within reason). As a "technology of intimacy" (Kavka 6-7), television is woven into the fabric of our lives and our society, an "intermediary between public and private spaces" (Smit 73), an "affective means by which people get to know other people" (Kavka 10). Yet, whilst TV makes us aware of the lives of others, of different life courses and paradigms of existence, it can also provide the means by which to better understand, to express and to know one's self. On the one hand, many choose to identify and express themselves to others by the shows they like or dislike, by their opinions or reactions to controversial or divisive TV events. Yet, whilst TV favourites and viewer preferences provide an abstract summary of someone's character, this project contends that for the individual they can serve a greater, typically unnoticed, purpose. Existing as part of what might be called their personal armoury, these favoured shows and practices can be deployed as a reaction to life beyond the screen, affording laughter, joy, anger, surprise (see Tomkins; Kavka) – a whole host of affects – determined by the viewer's choice of programme, and potentially culminating in experiences of comfort, restoration and/or renewal.

Fundamentally, this project is all about how audiences use television to make themselves feel better, and the audience groups selected are perfectly situated to illustrate the many different ways in which television helps to soothe, relax, reward, even rebuild and strengthen its viewers. The findings of this project could be extremely valuable, both to Film and TV academia, and to NHS GG&C and health care more generally:

1. *The results of the study will provide detailed insight into how patients/viewers choose to use (or not use) televisual media in times of normality, crisis and/or recovery.*
2. *It will also accumulate a wealth of valuable data which might be used to influence the function of television in patient care in the future, evidencing types of TV patients are responsive to, patterns in their viewing, content that discomforts them, and so forth.*
3. *Furthermore, regarding facilities like the state-of-the-art Queen Elizabeth University Hospital, such data could also evidence how successfully or not patients are utilising the screens installed in patient rooms, providing information about their functionality, accessibility, value to the individual, development potential, and so forth.*
4. *Data will be incorporated into the Chief Investigator's PhD thesis, detailing how television affords comfort in times of normality and crisis, and how we might better understand our relationship to television as a device with therapeutic potential. It is hoped that if significant findings are discovered they might prove useful for care facilities other than just hospitals; specifically care for the elderly or individuals with degenerative cognitive conditions, using certain types of programming to enhance recall, to soothe, and to invite recollections of the past, etc. As an example, a recent study by Professor June Andrews from the Dementia Services Development Centre at the University of Stirling considers the value of television in dementia care, noting how TV presents "a window into the world," able to "support reminiscence or meaningful activities" that promote "healthy ageing" (2016). Accordingly, it is hoped that this research project will further evidence TV's value as a mechanism for care.*
5. *Finally, it is hoped that the findings of the project will be made available to the public also, so that they might potentially benefit from it, or use it to positively impact their lifestyles.*

1.3   Prior experience of intervention in Comfort TV/audience well-being

Prior experience in television studies research concerned somewhat different topics, with an undergraduate dissertation focusing on Russell T. Davies' "Doctor Who" (BBC, 1963-89; 2005-) and the construction of franchise story worlds, and an MLitt thesis examining the remediation of archive television for new audiences, including the restoration, reconstruction and remaking of cult TV classics like "The Prisoner" (ITV, 1967-68) and "The Avengers" (ITV, 1961-69). While this project presents a new challenge, former academic success conducting quality research – the Chief Investigator was awarded a first for his undergraduate degree, and a pass with distinction for his MLitt study – and passion and enthusiasm for this developing field within TV studies situates the Chief Investigator ideally for conducting this research.

1.4   Study hypothesis

Crucially, this project proposes that "how we arrive" (Ahmed 36-7) – a phrase coined by Sarah Ahmed while exploring happiness as affect – i.e. what it is that informs our choice of viewing and how we intend to invest in the media we consume, impacts our experience of television and can afford texts and practices particular comforting qualities. Fundamentally, it argues that television enables viewers to draw on familiar rituals, preferred shows or genres, even the presence of TV itself as a proximate object, to either prepare for or respond to the affects they accumulate in daily life. Accordingly, this project will seek to gather data directly from audience groups to evidence differing experiences of comfort, attempting to clarify where and how comfort value originates, and how its purpose and effect is understood and appreciated by viewers.

2.   STUDY OBJECTIVES

This qualitative study takes an ethnographic approach in order to study three distinct audience groups. In order to accommodate and respect the vulnerability of HP participants in the study, it employs two different methodologies, highlighted on p.5, with HPs only required to complete a survey(s), plus an accompanying photograph to illustrate their viewing environment/look to the screen. The FUs and FYUSs require a more complex method, involving an initial viewing survey, first phase interview, viewing journals, and finally a second interview/feedback session to examine and discuss findings, along with a photograph of each viewing environment also.

As noted, the overall purpose, aim and objective of this study is to primarily establish where and how comfort value originates from television texts, with a secondary objective being to ascertain how comfort TV's purpose and effect is understood and valued by its viewers. The project will evidence how different audience groups each utilise, respond to and adapt television to meet their daily needs – as opposed to TV just happening – and how successful television actually is as a tool for viewer comfort. Such evidence will prove highly valuable to film and TV academia and related fields (such as social and cultural studies), institutions such as the NHS and other care environments (evidencing how TV might be reconsidered as a soothing or therapeutic tool with multiple applications), and finally to the broadcasting industry as valuable viewing data.

- **Primary Endpoint**
  - *As this is a qualitative and highly subjective ethnographic study, the primary endpoint will come once sufficient data has been captured to evidence where and how comfort value from TV originated for the three groups studied (i.e. was it in how viewers prepared for viewing, or their orientation to the screen, or their recall of previous encounters with television, or something within the television texts themselves, or even the apparatus of TV?). Captured data should indicate what types of programmes participants found to be the most comforting and responsive, why that was the case, how they were using said programmes, and so forth.*

- **Secondary endpoints**
  - ○ *When sufficient data has been gathered to evidence how comfort TV's purpose and effect is understood by viewers, i.e. what they understood about their own viewing habits and the outcomes from their viewing (i.e. what they took away from the screen after watching), and so forth.*

3. STUDY DESIGN

This qualitative ethnographic study will be performed according to the Research Governance Framework for Health and Community Care (Second edition, 2006).

3.1 Study Population

As highlighted, the study draws upon three distinct groups, FU, FYUS, and HP. Each will be identified and recruited as follows:

'The Family Unit' [FU]

'Family unit' is a broad term, intentionally chosen to open up the project to a wider range of potential respondents in the 'everyday viewer' category. The emphasis on family/parenthood is also an attempt to uncover how the typical stresses and obligations that such roles bring influence the individual's daily consumption of TV. Furthermore, family groupings will offer insight into how younger viewers adapt and mould TV to suit their needs, and in fact what they consider TV to be in the age of YouTube, smartphones, social media, and digital streaming.

Total Number of FU Required: ***5 (estimate up to 20x participants total here)***

Plan for Access:

1. *Arguably the most difficult audience to locate – despite their 'everydayness' – the project will be promoted further online and additional awareness raised via **social media**; sharing existing PR amongst first/second/third-tier connections on Facebook, Twitter [@ComfortTV], Instagram and LinkedIn, gradually extending the reach of the project further. The @ComfortTV Twitter account is active and continually recruiting followers and sharing relevant content regularly. Any PR shared would tag relevant groups, organisations, blogs and forums to again extend the reach of this recruitment phase.*
2. *The **Comfort TV Blog** – www.comforttv.wordpress.com - will serve as another tool for sourcing FU respondents, a focal point for online outreach with relevant contact information/opportunity to share any stories or anecdotes relevant to the study.*
3. *Alternative advertising methods will also prove useful, such as contacting the **Glasgow Film Theatre** (GFT) or **BFI Mediatheque** at Bridgeton Library, or the **Grosvenor Cinema** in Glasgow, and asking to promote the project at their premises (again, utilising existing PR as either a print ad, an email burst, or even shared in person). Further list of locations currently being sourced.*

'*First Year University Students' [FYUS]*

First year university students are ideal for examining the audience 'in transition', as it were, with many away from home for the first time and adapting to a new life course, and the stress and pressure that can bring. It is hoped that they are watching differently from how they would have at home/with family, with TV occupying a different role, space and function in their lives currently.

Total Number of FYUS Participants Required: ***10***

Plan for Access:

1. Utilise resources like **Student Voice** and speak to relevant School administrators in order to share a short introduction to the project, what it's all about, and how they can get involved (email lists will not be accessed by the researcher, rather they will request that an introduction to the project be shared via email on their behalf); any students who reply will be provided with a more detailed breakdown of what will be required of them, how their data will be captured, stored and used, and how they can opt out of the study if they so choose
2. Contact **first year course convenors** from multiple disciplines (TBC), and invite them to share the same short introduction to the research project with their students (plus contact info), and also attempt to arrange short pitches to potential first year respondents at the start of their classes (e.g. beginning of next semester)
3. Similarly, contact the **SRC (Student Representative Council)** for additional advice regarding access, and see if it is possible for them to help further promote the project and engage GU first year students (both UK, EU and international)
4. Contact student media outlets like **Subcity Radio** and the **Glasgow Guardian** to further promote the research project, on air and in print
5. Finally, the potential placement of **posters/ads** around the main university campus in a quest for respondents (using 'short form'/'long form' PR materials provided), as well as possibly sharing leaflets/promoting the project at open days or during Fresher's Week at the start of next semester.

'Hospital Patients' [HP]

Two alternate approaches to this portion of the audience study are currently being proposed (pending clinician feedback), each utilising the exact same methodology but respecting that there are different stages to each individual's care "journey", as it were, from sickness/a hospital stay to well-being and returning home. While it is ultimately the study's intention to research those actually in hospital, their transition back to everyday life is equally valid for study and could utilise a reflexive model to consider experiences of comfort from television in hospital vs in the domestic.

Accordingly, respondents will either be:

1. HPs currently staying on-site at a chosen institution (e.g. Queen Elizabeth University Hospital); **OR**
2. Outpatients/recent HPs who have returned/are returning home for recovery and can talk about differing uses of TV for comfort inside and outside of the health service.

Total Number of HP Participants Required: **10**

Plan for Access:

1. **Work with Sponsor and Sponsor representative to identify a suitable Study Centre**, followed by suitable ward(s) in which to conduct the study. It is vital that the study does not negatively impact participant well-being or care received. Accordingly, assessment criteria for participation should consider the suitability of participants not simply based on their willingness to take part, but also on the severity/nature of their medical condition, and their overall ability to complete the survey without it impacting their well-being in any way.
2. As this portion of the study involves participants under the care of a doctor, nurse or other care provider, **care professionals will need to be informed that patients are being invited to participate in the study**/to complete the survey and agree to retain overall responsibility for their care during the study's operation.
3. As HP rooms will likely be uniform in appearance, the required **photo of the viewing environment need only be captured once and without the presence of any**

study participants, simply illustrating what the average patient sees when they look to the screen (limiting the impact of the study on HP participants).

*The eligibility of FU, FYUS, and HP participants will be assessed on the inclusion and exclusion criteria cited in **3.2** and **3.3** (p.13).*

All participants will receive the following information:

1. ***Participant Information Sheet*** *(PIS) briefly outlining the purpose of the project, the exact nature of their contribution and the data capture procedure (survey, interviews, viewing journal, as appropriate), and how their data will be used.*
2. *The PIS will also include a segment on **Data Protection**, explaining that all personal information (e.g. name, address, email, contact number) will remain private and confidential, and that any contributions made which go on to feature in the final project will be kept anonymous.*
3. *All participants will be required to complete the written **Consent Form** confirming that they consent voluntarily to the proposed capture of data, outlined project methodology, and usage of data accumulated for publication as a part of this research project.*

3.2   Inclusion criteria

FU:
- *Written informed consent*
- *At least one parent or legal guardian, male or female ≥18 years of age, with at least one dependent ≤16 years of age (i.e. not only 2.4 children households)*
- *Employed or unemployed (e.g. stay at home parent, etc.)*
- *UK, EU or International (i.e. not only Scottish/UK participants)*
- *Fluency in English (verbal and written) as this is a student study with limited budget*
- *Based in/around Glasgow*
- *Minors will be interviewed, but only when a parent or guardian is present*
- *Minors interviewed must be ≥10 years of age (this does not mean that Family Units cannot have minors younger than ten years of age, simply that they are less likely to be interviewed as result)*

FYUS:
- *Written informed consent*
- *Male or female ≥18 years of age*
- *In the first year of their undergraduate university degree full-time*
- *UK, EU or International students attending the University of Glasgow*
- *Fluency in English (verbal and written) as this is a student study with limited budget*
- *Based in/around Glasgow*
- *Total group must consist of more than one academic discipline (i.e. not all engineering students and none from arts or medicine, etc.)*
- *Ideally all living away from home for the first time, but not crucial*

HP:
- *Written informed consent*
- *Male or non-pregnant female ≥18 years of age*
- *UK, EU or International (i.e. not only Scottish/UK participants)*
- *Fluency in English (verbal and written) as this is a student study with limited budget*
- *Based in/around Glasgow*
- *Are/were in hospital for a minimum of three days*
- *Are making use/made use of TV in hospital (and have been discharged from hospital no longer than two weeks)*

3.3 Exclusion criteria

FU:
- *If participants have no children/are not legal guardians for any children*
- *If participants' children do not live with them and they do not see them on a weekly basis (it's OK for participants to be separated and for their children to live elsewhere, however, they still need to spend time with their child/family at least once a week)*

FYUS:
- *If they are not in their first year of undergraduate study at the University of Glasgow*

HP:
- *Incapable of providing informed consent*
- *Receiving end of life care*
- *Patients in critical care*

3.4 Identification of participants and consent

See 3.1 Study Population for further information on access and recruitment channels.

FU and FYUS:

FU and FYUS participants will either initiate contact or be recruited in-person via the project promotional channels outlined in 3.1. To determine eligibility, a Participant Screening document will be prepared and adapted for each audience group as appropriate. It will feature a brief introduction to the project, its scope and purpose, and require the following information:

1. *Name*
2. *Gender*
3. *Age*
4. *Nationality*
5. *Employment status*
6. *Profession/field of study*
7. *Relationship status*
8. *How many children do you have?*
9. *Current accommodation [i.e. homeowner, student flat, living with family, etc.]*

If participants meet the required screening criteria, they will be invited to complete a written Consent Form. All child participants will be required to complete an Assent Form. All Consent and Assent forms, as well as Participant Screening documents, will be stored securely by one of the Chief Investigator's PhD supervisors in their office at the University of Glasgow (singled out as the most secure location currently available), with access available to the Chief Investigator only.

HP:

HP participants require a slightly different process. First and foremost, they will require access to the PIS about the project, its scope and purpose, how their data would be used, and so forth, as they will have received no information about the project previously. They would then require a minimum window of 24 hours to decide whether or not they would like to participate in the study. They would then be required to complete the same Participant Screening document (as data is still relevant to the study), though their suitability will already likely have been assessed by this point by the research team and clinicians/medical staff (hence being present on that ward in the first place, the PIS being distributed to them, and so forth). They would complete the Consent Form at this time also, which will also include details about how to withdraw from the study. After providing written consent, they could progress to complete the survey right away, too, or this could be scheduled for a later date. All documents, including

the PIS, the Participant Screening document, the Consent Form and Survey will likely be distributed and collected by the Chief Investigator. Accordingly, multiple visits will likely be required to the chosen study centre, i.e. an initial visit to distribute the PIS about the project, a second to share the Participant Screening document, Consent Forms and Survey, and a third to collect the Survey. This process may also need to be repeated if not enough participants are secured during the first recruitment run. The viewing environment photograph for this portion of the study will also be captured during one of these visits. Please note, all hard copy documents (Consent Form, Participants Screening document, and Survey) will be securely stored by one of the Chief Investigator's PhD supervisors in their office at the University of Glasgow (singled out as the most secure location currently available), with access available to the Chief Investigator only.

3.5   Withdrawal of subjects

Should participants wish to withdraw from the study, a Participant Withdrawal form will enable them to do so. If they have yet to complete the Consent Form and have simply changed their mind about participating in the study, any information/participant data logged up to that point will be safely stored and catalogued as part of the project's timeline/electronic data records (e.g. 'Participant X opted to withdraw from the study on 01/10/16. Their data was securely stored and the research team began looking for a replacement') and they will be removed from the study without having to complete the Participant Withdrawal form.

However, if the participant has already provided information, such as completing a survey, an interview, viewing journal, and so on, they will be required to complete said form, and also invited to state why they wish to withdraw from the project for feedback purposes (though there is no requirement for an explanation here – they can withdraw at any time without stating why). Again, data already logged will be securely stored and catalogued as part of the project's timeline. However, the data will also be marked as unusable after participant withdrawal from the project, ensuring it is not used unintentionally in the study after that point/included in the final thesis. Once they have completed the Participant Withdrawal form, they will be provided with written or electronic confirmation that they have successfully withdrawn from the study and the data they provided will no longer be used.

As per the Consent Form, participants can withdraw from the study at any stage. Conversely, should the researcher feel that participants should not continue with the study for any relevant reason, e.g. AEs, not completing required elements of the study, illness, and so on, they can remove them at any time (following consultation with supervisor(s), Sponsor and/or Sponsor representative). In such instances, a document would be prepared explaining that they have been removed from the study and their data will be stored securely but no longer used for the reason stated.

4   Trial procedures

4.1   Study schedule

The following illustrates a preliminary study schedule for each of the three audience groups participating in the study [FU, FYUS, and HP].

FU:

Visit 1: *Survey*
- *All FU surveys will either be printed and distributed to participants for completion (if requested), or more likely required to be completed electronically via a dedicated online survey platform (such as SurveyMonkey.com)*

- *The results will then be gathered and stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity*
- *Surveys will then be collated and their findings charted and incorporated into the next phase of the project*

Visit 2: *First Phase Interview*
- *All FU interviews will be captured in-person, likely with the entire family present, at a location appropriate to, and convenient for, participants; this will likely be FU participants' homes (see Section 5: Assessment of Safety for further information), all the while adhering to the Lone Working Policy to ensure researcher safety*
- *Each interview will be captured as an audio recording only. The required viewing environment photographs will also be taken at this point to illustrate each FU's orientation to the screen, etc. (participants not required to feature in images)*
- *All recorded data will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity*
- *All audio recordings will be transcribed and stored as text documents, along with the original recordings. Interview findings will then be incorporated into the next phase of the project*

Following the First Phase Interview, FU participants will be asked to keep a Viewing Journal [this will likely be an electronic journal] for a set duration, e.g. up to two weeks.

Sample Viewing Journal Criteria:

1. *Date, time, place, device content was viewed*
2. *Programmes viewed*
3. *Why did you decide to watch TV/select those particular programmes?*
4. *Describe how you felt or reacted physically as you watched the programme(s)*
5. *Describe how you felt or reacted emotionally as you watched the programme(s)*
6. *Did you feel better or worse after viewing, or no effect at all?*
7. *Were you performing other activities as you watched (e.g. using your phone, eating, chatting, etc.)?*
8. *Did performing other activities impact (for better or worse) your viewing experience? If so, how?*
9. *Did you decide to stop viewing a TV programme(s) for any reason? If so, why did you do this? (e.g. discomfort, boredom/lost interest, something better was on, etc.)*
10. *What was the best programme you viewed today and why?*
11. *Do you have any further comments about how you used TV today or how TV made you feel (good, bad or indifferent)?*

This is a basic outline of the potential Viewing Journal format. Viewers might also be invited to rank the shows they watch and why it is they put them in that order; why was one the best and another the worst? The data gathered will inform the final round of questions/feedback in Second Phase Interviews at Visit 3, tailored to respondents where possible. Again, all recorded data will be stored on two separate portable hard disk drives, and possibly in an appropriate data repository (e.g. Enlighten: Research Data), depending on entry criteria, cost and necessity.

Visit 3: *Second Phase Interview/Feedback*
- *As per the First Phase Interviews, all FU interviews will be captured at a location appropriate to, and convenient for, participants; again, this will likely be FU participants' homes (see Section 5: Assessment of Safety for further information), all the while adhering to the Lone Working Policy to ensure researcher safety*

- *Each interview will be captured as an audio recording only*
- *Again, all recorded data will be stored on two encrypted portable hard disk drives (one serving as a precautionary backup) and on online university storage (i.e. Office365's OneDrive or Owncloud). Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity*
- *All audio recordings will be transcribed and stored as text documents, along with the original recordings. Interview findings will then be incorporated into the final phase of the project*
- *This will conclude the involvement of FUs in the study.*

FYUS:

Visit 1: *Survey*
- *All FYUS surveys will either be printed and distributed to participants for completion (if requested), or more likely required to be completed electronically via a dedicated online survey platform (such as SurveyMonkey.com)*
- *The results will then be gathered and stored on two encrypted portable hard disk drives (one serving as a precautionary backup) and on online university storage (i.e. Office365's OneDrive or Owncloud). Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity*
- *Surveys will then be collated and their findings charted and incorporated into the next phase of the project*

Visit 2: *First Phase Interview*
- *All FYUS interviews will be captured in-person at a location appropriate to/convenient for participants; either within the university or, preferably, at FYUS's accommodation (see Section 5: Assessment of Safety for further information), all the while adhering to the Lone Working Policy to ensure researcher safety*
- *Each interview will be captured as an audio recording only. The required viewing environment photographs will be taken at this point to illustrate each FYUS's orientation to the screen, etc. (participants not required to feature in images)*
- *All recorded data will be stored on two encrypted portable hard disk drives (one serving as a precautionary backup) and on online university storage (i.e. Office365's OneDrive or Owncloud). Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity*
- *All audio recordings will be transcribed and stored as text documents, along with the original recordings. Interview findings will then be incorporated into the next phase of the project*

Following the First Phase Interview, FYUS participants will be asked to keep a Viewing Journal [this will likely be an electronic journal] for a set duration, e.g. up to two weeks.

Sample Viewing Journal Criteria:

1. *Date, time and place that viewing occurred*
2. *How content was viewed (i.e. TV set, laptop, mobile, tablet) and with whom*
3. *Duration of viewing and programmes viewed*
4. *What motivated your viewing/selection of programme(s)*
5. *Describe how you felt or reacted physically as you watched the programme(s)*
6. *Describe how you felt or reacted emotionally as you watched the programme(s)*
7. *Did you feel better or worse after viewing, or no effect at all?*
8. *Were you performing other activities as you watched (e.g. checking phone, making dinner, chatting, etc.)? Did this impact your viewing experience?*

9. *Did you ever stop viewing for any reason or switch to another programme? If so, why did you do this?*
10. *What was the best programme you viewed today and why?*

This is a basic outline of the potential Viewing Journal format. Viewers might also be invited to rank the shows they watch and why it is they put them in that order; why was one the best and another the worst? The data gathered will inform the final round of questions/feedback in Second Phase Interviews at Visit 3, tailored to respondents where possible. Again, all recorded data will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity.

Visit 3: *Second Phase Interview/Feedback*
- *As per the First Phase Interviews, all FYUS interviews will be captured at a location appropriate to, and convenient for, participants; either within the university or, preferably, at FYUS's accommodation (see Section 5: Assessment of Safety for further information), all the while adhering to the Lone Working Policy to ensure researcher safety*
- *Each interview will be captured as an audio recording only*
- *Again, all recorded data will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity.*
- *All audio recordings will be transcribed and stored as text documents, along with the original recordings. Interview findings will then be incorporated into the final phase of the project*
- *This will conclude the involvement of FYUS in the study.*

HP:

Visit 1: *Survey*
- *HP surveys will likely be printed and distributed to participants for completion, shared directly by the researcher or an assigned representative.*
- *However, should the project involve HP at home in recovery, there will also be an option provided for them to complete the survey electronically via a dedicated online survey platform (such as SurveyMonkey.com)*
- *The results will be gathered and stored, either on-site at the university by one of the Chief Investigator's PhD supervisors in a secure office [hard copies], or on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive [for all electronic submissions]. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity.*
- *Surveys will then be collated and their findings charted and incorporated into the rest of the project*
- *Additional: Will also need to capture a photo of the viewing environment to illustrate a hospital patient's typical orientation to the screen. As previously stated, this need only be done once and will not require the presence of any HP.*

4.2   Study Outcome Measures

As this is a qualitative ethnographic study and the data captured will represent highly subjective experiences of comfort from television during periods of normality and crisis – the simple quest for relaxation or escapism vs experiences of heightened emotion and distress – study outcomes are more difficult to quantify. However, it is anticipated that the data captured will nevertheless reveal trends in viewing and evidence how soothing, rejuvenating, restorative, or, indeed, ineffective TV viewing can be at different times for the groups participating; what types of programmes they found the most comforting and responsive, why that was the case, how they were using said programmes, what they understood about their own viewing habits and the outcomes of their viewing (what they take away from the screen), and so forth. As highlighted in 4.1, all data will be stored and systematically reviewed, with emergent themes, pertinent anecdotes or experiences, important issues around technology or programme structure – whatever might be discovered during the study's operation – then analysed, interpreted and contextualised using existing academic theory, before voicing the researcher's own experience, evaluation and understanding of the data, and what this means for academia, healthcare, and, indeed, broadcasting more generally moving forwards.

4.2.1 Primary Outcome Measure

As highlighted previously, the primary objective of this study is to establish where and how comfort value originates from television texts, e.g. is it about how we prepare for viewing, how we set ourselves up to receive a text as comforting, or something actually within the text itself? From the groups studied, the researcher plans to evidence how comfort value from TV originates from their differing perspectives, what it is that they actually found comforting (or did not) about TV, and how that value endured for them (if at all) during the study.

4.2.2 Secondary Outcome Measure

Again, as previously highlighted, the secondary objective of this study is to ascertain how comfort TV's purpose and effect is understood by viewers, i.e. do they recognise that they are seeking comfort values and deploying chosen TV texts in the pursuit of comfort or therapeutic reward? How do they value and appreciate the TV shows they use daily? Fundamentally, in terms of impact and the study's value, this is where their experiences as viewers, and a more self-reflexive approach to their viewing and what it does to/for them, will yield extremely rich audience data.

4.3 Laboratory Tests

Not applicable.

5. ASSESSMENT OF SAFETY

It is important to acknowledge that whilst this study does not require the Chief Investigator to enter any extreme or immediately dangerous environments, or to work in isolation with vulnerable adult groups, they are still required to enter unknown locations in some cases in order to conduct research. Accordingly, the following is a brief health and safety protocol/risk assessment that they will be required to follow for each and every interview scenario, and which reflects Lone Working Policy guidelines.

Once audience research is underway, the Chief Investigator will comply with the following health and safety protocol/risk assessment procedure:

1. Provide a weekly research timetable to supervisors detailing scheduled interviews, locations, number of participants present, planned duration of visit, a reminder of the Chief Investigator's contact information and the names, addresses and contact details for interviewees (only to be used in the event of an emergency).

2. Prior to commencing any interviews, supervisor(s) will be contacted and advised that the Chief Investigator has arrived and the interview is about to begin. Should a scheduling conflict occur or any change of plan, the Chief Investigator will similarly notify them that the planned interview will not be taking place.

3. Once the interview(s) is complete, the Chief Investigator will contact the supervisor(s) once again to confirm they have left the interview and all went well.

4. Should the Chief Investigator feel that any interviewee(s) is acting unusually or aggressively, or that the environment in which the interview is to be/is being conducted is unsafe or volatile, they will end the interview immediately, withdraw from the interview location, and notify their supervisor that they have left the location for that reason.

5. Should any incident or AE occur, the Chief Investigator will immediately notify their supervisor(s), the university, and the authorities as appropriate.

6. If the Chief Investigator does not contact their supervisor(s) at an agreed time, the supervisor(s) should first try to contact the Chief Investigator via mobile phone. Assuming they respond, the Chief Investigator will clarify their absence. If the supervisor(s) is still unable to contact them, they should leave a message asking the Chief Investigator to respond as soon as possible and attempt to reach them using any other contact information provided. If the Chief Investigator has still not replied, the supervisor(s) should refer to the Chief Investigator's research timetable and contact their next appointment (if appropriate) to ascertain if they have arrived yet. If after one hour they are still not able to reach the Chief Investigator, they should refer to the Head of Department or local authorities if there are major concerns about their well-being.

7. All interviews will be recorded as audio-only, providing useful evidence as to what was said when, by who, and how interviewees reacted to questioning, etc.

8. All interviews will be scheduled for the most appropriate time of day, i.e. ideally during the working day (9-5pm). This may require some flexibility, however, when it comes to interviewing FUs, depending on parent professions, childcare arrangements, and so forth. However, the suitability of proposed times will be assessed and the supervisor(s) notified accordingly.

9. With regards to HP, the same principles apply when collecting hard copies of survey data (directly from the hospital or from patient homes, if necessary).

As the project progresses, the Chief Investigator will continually reflect on the suitability of the procedures set out here and evolve them as required to ensure their safety and that of those participating in the study, too.

6.   STATISTICS AND DATA ANALYSIS

6.1   Sample size

As previously indicated, the study requires 5x FU (estimate up to 20x participants), 10x FYUS participants, and 10x HP participants. This sample size was chosen in order to offer a balanced data yield that fairly and accurately represents each audience group studied. While there are only 5x FU as opposed to 10, like the other two groups, this is because there will be at least ≥2 members of each FU, providing a greater wealth of data than the sample's initial size indicates (as stated the Chief Investigator estimates up to 20x participants in this group).

6.2   Management and delivery

The Chief Investigator will manage and analyse all study data (including participant data and recorded study data), unless requested to do otherwise. All recorded data and images will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Any physical copies of data or Consent/Assent forms and hard copies of the Participant Screening documents will be stored securely by one of the Chief Investigator's

PhD supervisors in their secure office space at the University of Glasgow. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity. All audio recordings will be transcribed and stored as text documents, along with the original audio recordings as well.

7.0 STUDY CLOSURE / DEFINITION OF END OF TRIAL

The study will end when one or more of the following situations applies:
- *Last FU, FYUS or HP study visit/data submission*

OR
   i. *The planned sample size has been achieved;*
   ii. *Recruitment is so poor that completion of the trial in its current form cannot reasonably be anticipated. Protocol would then be revisited, amended and resubmitted as required.*

8. Data Handling

8.1 Case Report Forms / Electronic Data Record
For this study a CRF can be developed if requested. However, due to the minimally intrusive or strenuous method of data gathering involving HPs, i.e. the survey only, a CRF may not be the correct format for this study. Regardless, an electronic data record will be kept charting each participant's journey through the study [including FU, FYUS, and HP], the data they have provided that has been recorded, and identity records (as required). Research data will be anonymised as much as possible, and any code linking anonymised data to identifiable participant information will be stored separately from the research data. Furthermore, there will also be an electronic record of all survey distribution/collection and interviews scheduled, their locations, essential contact information for each, the Chief Investigator's timetable during data capture portion of the study, and so forth (please see 5. Assessment of Safety). As previously stated, all recorded data/images/audio will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Any physical copies of data or Consent/Assent forms and hard copies of the Participant Screening documents will be stored securely by one of the Chief Investigator's PhD supervisors in their secure office space at the University of Glasgow. Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity. All audio recordings will be transcribed and stored as text documents, along with the original audio recordings as well.

8.2 Record Retention
To enable evaluations and/or audits from regulatory authorities, the investigator agrees to keep records, including the identity of all participating subjects (sufficient information to link records), Participant Screening forms prior to entering the study, all original signed informed consent forms, any Participant Withdrawal forms completed, adverse event forms (if required), source documents, including surveys, interview notes, viewing journals, audio files and transcribed documents, and photographs. Data will be retained a minimum of 10 years.

9. STUDY MONITORING/AUDITING

Standard text: The Sponsor (NHS GG&C) randomly selects 10% of research studies for audit per annum.

10. PROTOCOL AMENDMENTS

Any change in the study protocol will require an amendment. Any proposed protocol amendments will be initiated by the CI and submitted to the ethics committee and sponsor. The CI will liaise with study sponsor to determine whether an amendment is non-substantial or substantial. All amended versions of the protocol will be signed by the CI and Sponsor representative. Before the amended protocol can be implemented favourable opinion/approval must be sought from the original reviewing REC and Research and Development (R&D) office(s).

11. ETHICAL CONSIDERATIONS

The study will be carried out in accordance with the World Medical Association Declaration of Helsinki (1964) and its revisions (Tokyo [1975], Venice [1983], Hong Kong [1989], South Africa [1996], Edinburgh [2000], Seoul [2008] and Fortaleza [2013]). Favourable ethical opinion will be sought from an appropriate REC before patients are entered into this clinical trial. Patients will only be allowed to enter the study once either they have provided written informed consent. The CI will be responsible for updating the Ethics committee of any new information related to the study.

12. INSURANCE AND INDEMNITY

The study is sponsored by NHS Greater Glasgow & Clyde. The sponsor will be liable for negligent harm caused by the design of the trial. NHS indemnity is provided under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

The NHS has a duty of care to patients treated, whether or not the patient is taking part in a clinical trial, and the NHS remains liable for clinical negligence and other negligent harm to patients under its duty of care.

In addition, the University of Glasgow's Public Liability Insurance will apply to any harm arising from the design of the research.

13. FUNDING

The Chief Investigator is a first year Television Studies PhD candidate at the University of Glasgow, fully funded as part of the AHRC's Doctoral Training Partnership. They began studying in October 2015 and their PhD project is set to conclude in Summer 2018.

14. ANNUAL REPORTS

Annual reports will be submitted to the ethics committee and sponsor with the first submitted one year after the date that all trial related approvals are in place.

15. REFERENCES

1. Ahmed, Sarah. "Happy Objects." In Gregg, Melissa & Seigworth, Gregory J. [eds.] *The Affect Theory Reader.* Durham: Duke University Press, 2010:36-7.
2. Andrews, June. "Is the telly good for older people with dementia?" *Dementia Services Development Trust*. March 02, 2016. Accessed March 29, 2016. http://dementia.stir.ac.uk/blogs/diametric/2016-03-09/telly-good-older-people-dementia.
3. Kavka, Misha. *Reality Television, Affect and Intimacy*. Hampshire: Palgrave Macmillan, 2008.

4. Smit, A. "Care, Shame, and Intimacy: Reconsidering the Pleasures of Plastic Surgery Reality Television." *Camera Obscura: Feminism, Culture, and Media Studies.* 29, no. 2 86 (2014): 59-83.
5. Tomkins, Silvan. *Affect, Imagery, Consciousness*. New York: Springer Publishing Company, 1992.

Appendix H
NHS REC Form

NHS REC Form | Reference: 16/LO/1768 | IRAS Version 5.3.2

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
Comfort TV Research Project v1

1. Is your project research?

◉ Yes ○ No

2. Select one category from the list below:

○ Clinical trial of an investigational medicinal product

○ Clinical investigation or other study of a medical device

○ Combined trial of an investigational medicinal product and an investigational medical device

○ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

○ Basic science study involving procedures with human participants

○ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

◉ Study involving qualitative methods only

○ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

○ Study limited to working with data (specific project only)

○ Research tissue bank

○ Research database

If your work does not fit any of these categories, select the option below:

○ Other study

2a. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation? ○ Yes ◉ No

b) Will you be taking new human tissue samples (or other human biological samples)? ○ Yes ◉ No

c) Will you be using existing human tissue samples (or other human biological samples)? ○ Yes ◉ No

3. In which countries of the UK will the research sites be located? *(Tick all that apply)*

☐ England
☑ Scotland

NHS REC Form   Reference: IRAS Version 5.3.2
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☐ Wales
☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

○ England

◉ Scotland

○ Wales

○ Northern Ireland

○ This study does not involve the NHS

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4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

☐ IRAS Form
☑ NHS/HSC Research and Development offices
☑ Research Ethics Committee
☐ Confidentiality Advisory Group (CAG)
☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

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5. Will any research sites in this study be NHS organisations?

◉ Yes   ○ No

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6. Do you plan to include any participants who are children?

◉ Yes   ○ No

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7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes   ◉ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

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8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes   ◉ No

Reference: IRAS Version 5.3.2
                                  16/LO/1768

9. Is the study or any part of it being undertaken as an educational project?

◉ Yes   ○ No

Please describe briefly the involvement of the student(s):
Chief Investigator

9a. Is the project being undertaken in part fulfilment of a PhD or other doctorate?

◉ Yes   ○ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes   ◉ No

NHS REC Form   Reference: IRAS Version 5.3.2
                                16/LO/1768

Integrated Research Application System
Application Form for Research involving qualitative methods only

NHS
Health Research Authority

Application to NHS/HSC Research Ethics Committee

The Chief Investigator should complete this form. Guidance on the questions is available wherever you see this symbol displayed. We recommend reading the guidance first. The complete guidance and a glossary are available by selecting Help.

Please define any terms or acronyms that might not be familar to lay reviewers of the application.

Short title and version number: (maximum 70 characters - this will be inserted as header on all forms)
Comfort TV Research Project v1

Please complete these details after you have booked the REC application for review.

REC Name:
London-Harrow

REC Reference Number: **Submission date:**
16/LO/1768   12/09/2016

PART A: Core study information

1. ADMINISTRATIVE DETAILS

A1. Full title of the research:

Comfort TV Research Project - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects.

A2-1. Educational projects

Name and contact details of student(s):

Student 1			
	Title	Forename/Initials	Surname
	Mr	Kerr M	Castle
Address	1/1 12 Fingal Road		
	Renfrew		
	Renfrewshire		
Post Code	PA4 8FH		
E-mail	k.castle.1@research.gla.ac.uk		
Telephone	07805935754		
Fax			

Give details of the educational course or degree for which this research is being undertaken:

Name and level of course/ degree:
Film & TV Studies, PhD

Name of educational establishment:
University of Glasgow - Department of Theatre, Film and Television Studies, School of Culture and Creative Arts

Name and contact details of academic supervisor(s):

Academic supervisor 1

	Title	Forename/Initials	Surname
	Dr	Amy	Holdsworth

Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue,
	Glasgow
Post Code	G12 8QQ
E-mail	Amy.Holdsworth@glasgow.ac.uk
Telephone	01413305625
Fax	

Academic supervisor 2

	Title	Forename/Initials	Surname
	Professor	Karen	Lury

Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue,
	Glasgow
Post Code	G12 8QQ
E-mail	Karen.Lury@glasgow.ac.uk
Telephone	01413305369
Fax	

Please state which academic supervisor(s) has responsibility for which student(s):
Please click "Save now" before completing this table. This will ensure that all of the student and academic supervisor details are shown correctly.

Student(s)	Academic supervisor(s)
Student 1 Mr Kerr M Castle	☑ Dr Amy Holdsworth
	☑ Professor Karen Lury

A copy of a current CV for the student and the academic supervisor (maximum 2 pages of A4) must be submitted with the application.

A2-2. Who will act as Chief Investigator for this study?

◉ Student

◯ Academic supervisor

◯ Other

NHS REC Form   Reference: IRAS Version 5.3.2
                                16/LO/1768

A3-1. Chief Investigator:

	Title	Forename/Initials	Surname
	Mr	Kerr M	Castle

Post	PhD researcher
Qualifications	(2011-12) MLitt Film and Television Studies, Pass with Distinction. (2006-10) MA Film and Television Studies, First Class with Honours
Employer	University of Glasgow/AHRC
Work Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue,
	Glasgow
Post Code	G12 8QQ
Work E-mail	k.castle.1@research.gla.ac.uk
* Personal E-mail	
Work Telephone	
* Personal Telephone/Mobile	
Fax	

* This information is optional. It will not be placed in the public domain or disclosed to any other third party without prior consent.
A copy of a current CV (maximum 2 pages of A4) for the Chief Investigator must be submitted with the application.

A4. Who is the contact on behalf of the sponsor for all correspondence relating to applications for this project?
This contact will receive copies of all correspondence from REC and HRA/R&D reviewers that is sent to the CI.

	Title	Forename/Initials	Surname
	Miss	Emma-Jane	Gault

Address	Clinical Research & Development,
	West Glasgow Ambulatory Care Hospital,
	Dalnair Street, Glasgow
Post Code	G3 8SW
E-mail	EmmaJane.Gault@glasgow.ac.uk
Telephone	01412321819
Fax	

A5-1. Research reference numbers. *Please give any relevant references for your study:*

Applicant's/organisation's own reference number, e.g. R & D (if available):	GN16MH395
Sponsor's/protocol number:	
Protocol Version:	1
Protocol Date:	28/07/2016
Funder's reference number:	
Project website:	http://www.gla.ac.uk/schools/cca/postgraduateresearchstudents/kerrcastle

Additional reference number(s):

Ref.Number Description	Reference Number

Registration of research studies is encouraged wherever possible. You may be able to register your study through

your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you have registered your study please give details in the "Additional reference number(s)" section.

A5-2. Is this application linked to a previous study or another current application?

◯ Yes ⦿ No

Please give brief details and reference numbers.

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2. OVERVIEW OF THE RESEARCH

To provide all the information required by review bodies and research information systems, we ask a number of specific questions. This section invites you to give an overview using language comprehensible to lay reviewers and members of the public. Please read the guidance notes for advice on this section.

A6-1. Summary of the study. *Please provide a brief summary of the research (maximum 300 words) using language easily understood by lay reviewers and members of the public. Where the research is reviewed by a REC within the UK Health Departments' Research Ethics Service, this summary will be published on the Health Research Authority (HRA) website following the ethical review. Please refer to the question specific guidance for this question.*

The Comfort TV Research Project is all about working to better understand how audiences use television as an everyday tool for comfort. By comfort, I mean something which has the potential to not only relax viewers, but also to strengthen, soothe and rejuvenate; essentially, television that makes the viewer feel better. The depth and variety of television content available via TV sets, laptops, mobile devices and tablets is incredibly vast and fluid, as are the amount of ways in which audiences now choose to put that content to use and make meanings from it. And that's exactly what this project is concerned with, looking at how successfully (or not) audiences use and adapt television in an attempt to respond to their immediate situation, to meet their physical and emotional needs, as a reaction to life around and beyond the screen.

This relatively untapped area for study is hugely exciting and reflects current shifts in the field, moving away from assessments of quality/"good" TV, towards how TV is used and valued by audiences. This qualitative research project focuses on three audience groups – the family unit (5x families, 18-20 participants), first year university students (10x participants), and hospital patients (10x participants). I have intentionally selected these groups as they represent the everyday audience, the audience in transition, and the extracted audience respectively, enabling me to better explore TV's role during periods of normality and crisis. Research data will be gathered using a combination of methods, including surveys, interviews, viewing journals, and photographs. With regards to hospital patients (or patients in recovery), research data will be gathered using a survey only. When the project is complete, we will have a far better understanding of where and how comfort value originates from TV, and how it's purpose and effect is understood by these viewers.

A6-2. Summary of main issues. *Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them.*

Not all studies raise significant issues. Some studies may have straightforward ethical or other issues that can be identified and managed routinely. Others may present significant issues requiring further consideration by a REC, R&D office or other review body (as appropriate to the issue). Studies that present a minimal risk to participants may raise complex organisational or legal issues. You should try to consider all the types of issues that the different reviewers may need to consider.

There are a number of potential ethical issues involved in this study. The study involves working with three specific audience groups; namely the Family Unit (parent(s) plus children), First Year University Students, and Hospital Patients. It is my intention to work with five Family Units (estimate 18-20 participants total), ten First Year University Students (from the University of Glasgow) and ten Hospital Patients during the study. As such, the project involves two data gathering methodologies, with the five Family Units and ten First Year University Students required to complete an initial viewing survey (likely electronic), a first phase interview, a viewing journal, and a final interview/feedback session. The ten Hospital Patients, by contrast, are required to complete a survey only. Photographs will also be taken to illustrate the different viewing environments of participants and their orientation to the screen (i.e. what looking towards the TV looks like from their first-person perspective), but participants will not be required to feature in said POV images. I will now outline the ethical, legal and management issues relating to each group and the study as a whole.

THE FAMILY UNIT: Firstly, I think it is important to note, with regards to potential issues of balance, that while I do not feel there are any immediate concerns affecting the design of this project, it is worth clarifying my understanding of the Family Unit and what it constitutes. While gender, social and cultural characteristics are not determining factors in the selection of Family Unit participants, I want to be clear about what the Family Unit does not mean, and that is not just two-parent, two-children households from middle class backgrounds (though their data is still welcomed). Data from single parents or legal guardians is just as significant, as too is data from households with one child or much larger families/extended families. The Family Unit category is more about everyday viewing and representing a family's experience of TV, regardless of each family's component elements, structure, social status, hierarchy, and so forth.

Once I have successfully promoted the project and located potential Family Unit participants, I will need to secure their voluntary consent after outlining the project's aims, what will be required of them and how I intend to use the data they provide. It will be important to guarantee their privacy at all times, keeping their comments anonymous and storing their personal information and the data gathered securely to ensure confidentiality.

With regards to vulnerable groups, while I will not be interviewing any minors from Family Units without a parent or legal guardian present, they still represent a vulnerable group and must be treated as such. Any minors featured in the project will require parental consent, and, I would suggest, informed consent that they are willing to participate also. Accordingly, child participants will also be required to complete an Assent Form, acknowledging that the project has been explained to them, that they have had an opportunity to ask questions, that they are happy to participate, and so forth. Featuring minors is extremely significant to the study and will provide a very interesting alternative perspective, as they typically engage with TV in very different ways, on different devices and alongside other activities (gaming, social media, etc.). Highlighting this evolution of viewing dynamics is very important and could yield significant data for this and subsequent studies. Although interviewing minors in this context alongside their parent/legal guardian would not appear to warrant joining the Protection of Vulnerable Groups Scheme based on the available criteria, I feel it is still worth highlighting the involvement of this group in the study.

Furthermore, working with Family Units also raises some potential safety issues, particularly as I currently intend to conduct research with them in their homes. Accordingly, as per the Assessment of Safety provided in the project's protocol, I will be required to make at least one of my supervisors (if not both) aware of my whereabouts prior to entering any family's home, and similarly advise them once I have left the family's home and that portion of the research has been concluded. Equally, I will also have to make an assessment of each environment myself upon arrival and if I feel that there are potential threats or hazards, remove myself from that environment immediately.

FIRST YEAR UNIVERSITY STUDENTS: As per the Family Units, I will first need to successfully promote the project and locate potential First Year University Student participants. This will likely require access via a gatekeeper, such as first year course convenors from different subject areas (TBC), the Student Representative Council (SRC), and course/college administrators (requesting they distribute promotional content to students via email lists, and so forth). I intend to employ further promotional strategies as well, such as utilising Student Voice (an online system devised to facilitate dialogue between students at the university), student media like the Glasgow Guardian newspaper and Subcity Radio, and placing advertisements around the university campus (where appropriate).

Having successfully promoted the project, ten First Year University Students will then be selected from as broad a range of backgrounds/interests as possible (in order to keep the design of the study balanced), i.e. a mix of UK, EU and International students from different disciplines/in different living situations (i.e. student accommodation, staying at home, renting a flat, etc.). Currently there is no financial inducement/compensation for participating in this or any portion of the study, however, this is an option I am exploring further and considering potential funding options for.

As per the Family Unit, I will require voluntary consent from all students after briefly outlining the project's aims, what will be required of them and how their data will be used; this will also be incorporated into the electronic survey. It will be important to guarantee their privacy at all times, keeping their comments anonymous and storing their personal information and the data gathered securely to ensure confidentiality.

Similarly, I will apply the same protocol outlined in my Assessment of Safety and the Lone Working Policy to the First Year University Students (at least when interviews are conducted off-campus), advising my supervisor(s) of my whereabouts both before and after any data collection, and making my own assessment of any risks, hazards or potential threats upon arrival.

HOSPITAL PATIENTS: Please note, when a previous ethics approval application (Ref: 100150087) was submitted to College of Arts at the University of Glasgow and was unsuccessful, the primary concerns were around the need for an agreement in principle from the NHS to conduct the study and the complexity of the Hospital Patient participant methodology, which has accordingly been revised and simplified here. Accordingly, this final group brings with it slightly different ethical and management issues, ultimately determined by how we identify, approach and secure participants for this portion of the study. The method for this will be determined with the project Sponsor/representative, and perhaps also medical staff, constantly respecting the dignity and ultimate well-being of patients and ensuring that the study does not in any way impact their care.

NHS REC Form   Reference: IRAS Version 5.3.2
                                16/LO/1768

As the ten Hospital Patients selected will only be required to complete a survey (once they have completed their written consent form, that is) their level of participation and its duration will be much shorter than that of the Family Units or First Year University Students. Again, this was decided intentionally so as to minimise any potential stress or strain the alternative methodology would have placed upon them. With regards to ethical issues, the survey format also negates the need for the presence of a researcher during its completion – the survey can be completed in their absence and collected at a time convenient to the patient/care provider. Nevertheless, the Participant Information Sheet (PIS), Participant Screening document and Consent Form, and the survey will still be distributed and collected by the Chief Investigator.

As per the first two groups, patient privacy will be guaranteed at all times, keeping all survey data anonymous and storing it, along with any required personal information, securely to ensure confidentiality. Similarly, I will adhere to the same protocols outlined in the previously mentioned Assessment of Safety and the Lone Working Policy, keeping my supervisors aware of my schedule and any visits to the hospital for the collection of data, and so forth.

The study also involves user commentary and anecdotes captured via Twitter (@ComfortTV) and a dedicated Comfort TV blog. The blog will feature a permissions statement outlining that this is part of a research project and that any comments posted may be utilised as part of the study. For more extensive anecdotes or posts, I intend to contact contributors directly to confirm consent if required. The Twitter account will link directly to the Comfort TV blog, again outlining that this is part of a broader research project and that comments may be used in this study.

3. PURPOSE AND DESIGN OF THE RESEARCH

A7. Select the appropriate methodology description for this research. *Please tick all that apply*:

- ☐ Case series/ case note review
- ☐ Case control
- ☐ Cohort observation
- ☐ Controlled trial without randomisation
- ☐ Cross-sectional study
- ☐ Database analysis
- ☐ Epidemiology
- ☐ Feasibility/ pilot study
- ☐ Laboratory study
- ☐ Metanalysis
- ☑ Qualitative research
- ☑ Questionnaire, interview or observation study
- ☐ Randomised controlled trial
- ☐ Other (please specify)

A10. What is the principal research question/objective? *Please put this in language comprehensible to a lay person.*

The primary objective of this study is to establish where and how comfort value originates from television programmes, e.g. is it about how audience prepare for viewing, how they set themselves up to receive a show/the experience of viewing a show as comforting, or something structurally within the television programme itself? From each of the groups studied, I intend to evidence how comfort value from TV originates, from their differing perspectives, what it is that they actually find comforting (or don't) about TV, and how that value endured for them (if at all) during the study, i.e. how did watching a show that made them feel good or better then impact their lives both around and away from television?

A11. What are the secondary research questions/objectives if applicable? *Please put this in language comprehensible to a lay person.*

The secondary objective of this study is to ascertain how comfort TV's purpose and effect is understood by viewers, i.e.

do they recognise that they are seeking comfort values and deploying chosen TV shows in the pursuit of comfort or therapeutic reward? How do they value and appreciate the TV shows they use daily? Fundamentally, in terms of impact and the study's value, this is where their experiences as viewers, and a more self-reflexive approach to their viewing and what it does to/for them, will yield extremely rich audience data.

A12. What is the scientific justification for the research? *Please put this in language comprehensible to a lay person.*

As is highlighted in the project protocol, this is a relatively unexplored field within film and television studies academia, and one that deserves far greater attention as it is so strongly connected to what TV audiences actually do with the media they consume. Typically, research tends to focus more specifically on television programmes - their structure, characters, performances, visual and formal characteristics - and on what is "good" television, rather than what television means to/does for its viewers.

This project's emphasis on comfort and experiences of relaxation, restoration and rejuvenation from television highlights a widely acknowledged function/result of TV viewing that remains almost entirely unexplored to date. It is my intention that by learning more about what audiences do with television, how they use it to respond to, channel and even redirect the various affects and emotions that they accumulate/experience in everyday life, we can better understand the medium's potential as a therapeutic tool. Furthermore, by exploring where and how experiences of comfort from television originate (i.e. it would be unlikely to assume that television is naturally comforting, but instead determined by what viewers "bring with them" to the screen), as well as how the audience groups studied understand TV's role within their daily lives, we gain direct insight into experiences of comfort, their value and endurance beyond the television screen.

Such data could not only radically impact how we evaluate television programmes/the medium of television itself in academia, but also how we position television within health and residential care; not simply as an activity or as a means of filling time, but as a tool capable of soothing individuals, of enhancing well-being, and even potentially improving cognition (e.g. using particular nostalgia programmes to reignite memories or feelings among patients). Moreover, the study's results could also be of great value to broadcasters and programme makers, providing unique insight into how audiences value, turn to and rely upon different programmes at different times for particular reasons; data which could ultimately impact how TV programmes are made and distributed.

Put simply, this project has a wealth of potential, already recognised among many of my academic peers who share my excitement, and could drastically change how we understand television's ability to "care" for viewers.

A13. Please summarise your design and methodology. *It should be clear exactly what will happen to the research participant, how many times and in what order. Please complete this section in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol. Further guidance is available in the guidance notes.*

It is my intention to focus on three specific audience groups during the study – the Family Unit, First Year University Students, and Hospital Patients. I have intentionally selected these groups as they represent the everyday audience, the audience in transition, and the extracted audience respectively, enabling me to better explore TV's role during periods of normality and crisis. As the audience groups studied are relatively distinct from each other, the project requires two data capture methodologies; one methodology caters exclusively for Hospital Patients, intentionally designed to be a "low risk" academic study that is minimally intrusive or strenuous for participants, and the other methodology is a more in-depth study for Family Units and First Year University Students. Please note, for each of the groups studied, I also intend to photograph their viewing environment and their orientation to the screen (i.e. what it is they see when they look towards television, what frames the screen itself). However, participants will not be required to feature in any images as they will be captured from a first person perspective.

I will now outline the Hospital Patient journey through the study and what will happen to them, before doing the same for Family Units and First Year University Students.

HOSPITAL PATIENTS: This group is required to complete a survey only, discussing their viewing habits both inside of the hospital and prior to entering the facility. Having identified potential participants, patients will first be provided with a Participant Information Sheet, briefly outlining the scope of the project and what will be required of them. They will then be afforded a minimum 24 hour period to decide whether they wish to participate or not. Those that do wish to take part will then need to sign a written Consent Form, after which they will then be provided with a hard copy of the Survey, which they are expected to complete within the next 3-4 days. The Surveys will then be collected by the research team, and that will signal the end of Hospital Patient involvement in the study. Please note, all documents (Participant Information Sheet, Participant Screening document, Consent Form, and survey) will be distributed and collected by the Chief Investigator.

Please note, for photographs relating to the Hospital Patient viewing environment, as hospital rooms are typically uniform in design and layout, only one room will need to be photographed (and this need not be a room which is

actually occupied by a patient).

FAMILY UNITS/FIRST YEAR UNIVERSITY STUDENTS: These groups will participate in several stages throughout the study, required to complete a Survey, First Phase Interview, to keep a Viewing Journal, and finally a Second Phase Interview/Feedback Session. Photographs will also be required from a first person perspective, as outlined above. The study is intentionally designed to yield a greater volume of data from these two groups, firstly, because there are less time constraints - with Hospital Patients, they may only be in hospital for three or four days, but these two groups naturally accommodate a more in-depth study - and, secondly, because their viewing habits are likely to be far more representative of daily life, living alongside television.

Once the project has successfully been promoted online, in-person and via relevant gatekeepers (e.g. first year university course convenors - for a more extensive list of promotional channels, please consult project protocol), respondents interested in participating will be provided with a Participant Information Sheet and required to complete a Participant Screening form to confirm their eligibility to enter the study. If they are eligible and happy to participate in the project, they will be required to sign a written consent form, after which they will be provided with the Survey (likely an electronic copy, as opposed to the hard copy Hospital Patients will receive). Once all Surveys are completed, data will be reviewed and will partially inform the line of questioning for the First Phase Interviews. For Family Units, First Phase Interviews will likely be conducted in their own homes, while First Year University Student interviews will either be on-campus at the University of Glasgow or at their homes/student accommodation. All interviews will be captured as audio-only for later transcription. This is also when photographs will likely be taken, too. While the results of the First Phase Interviews are being transcribed and analysed, participants will each be required to keep a Viewing Journal (for up to two weeks), documenting their viewing habits and experiences, as appropriate. Again, the Viewing Journals will likely be electronic, although hard copies can be provided upon request. Once the Viewing Journals are complete and have been submitted/collected, their data will be analysed and collated with that of the First Phase Interviews. All data captured thus far will then inform the line of questioning in the Second Phase Interview/Feedback Sessions, tailored to individual participants where possible. The opportunity afforded to participants to react to my initial research findings here, to challenge my interpretation of TV's place within their lives and how it is I believe they choose to use media, allows me to gather far richer, more accurate research data that could prove extremely valuable to this study and the field. Once the Second Phase Interview/Feedback Session portion of the study is concluded, that will signal the end of involvement from all Family Unit and First Year University Student participants in the study.

A14-1. In which aspects of the research process have you actively involved, or will you involve, patients, service users, and/or their carers, or members of the public?

☐ Design of the research

☐ Management of the research

☐ Undertaking the research

☐ Analysis of results

☐ Dissemination of findings

☑ None of the above

Give details of involvement, or if none please justify the absence of involvement.
Currently, none of the above are involved in the design, management, undertaking, analysis or dissemination of research. However, depending on the nature of my findings, I hope to present my research to the NHS/care providers and discuss how it could impact the use of television in health and residential care as more of a therapeutic tool. Similarly, the dissemination of findings could continue with relevant television organisations in the UK (at least, initially), and research could in fact further with organisations like the Royal Association for Deaf People (RAD) and the Royal National Institute of Blind People (RNIB), considering experiences of comfort from television when suffering from an impairment such as hearing or sight loss (experiencing television as audio description or subtitles). The project has great potential to continue far beyond this initial study and yield a wealth of valuable new data and insight.

4. RISKS AND ETHICAL ISSUES

RESEARCH PARTICIPANTS

A17-1. Please list the principal inclusion criteria (list the most important, max 5000 characters).

I will now list the principal inclusion criteria for each audience group within the study.

FAMILY UNIT:
- Written informed consent (and assent from any child participants)
- At least one parent or legal guardian, male or female ≥18 years of age, with at least one dependent ≤16 years of age (i.e. not only 2.4 children households)
- Employed or unemployed (e.g. stay at home parent, etc.)
- UK, EU or International (i.e. not only Scottish/UK participants)
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow
- Minors will be interviewed, but only when a parent or guardian is present (i.e. they are not the principal participants being recruited, but their input is nevertheless valuable)
- Minors interviewed must be ≥10 years of age (this does not mean that Family Units cannot have minors younger than ten years of age, simply that they are less likely to be interviewed as result)

FIRST YEAR UNIVERSITY STUDENT:
- Written informed consent
- Male or female ≥18 years of age
- In the first year of their undergraduate university degree full-time
- UK, EU or International students attending the University of Glasgow
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow
- Total group must consist of more than one academic discipline (i.e. not all engineering students and none from arts or medicine, etc.)
- Ideally living away from home for the first time, but not crucial to the study

HOSPITAL PATIENTS:
- Written informed consent
- Male or non-pregnant female ≥18 years of age
- UK, EU or International (i.e. not only Scottish/UK participants)
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow
- Are/were in hospital for a minimum of three days
- Are making use/made use of TV in hospital (and have been discharged from hospital no longer than two weeks)

A17-2. Please list the principal exclusion criteria (list the most important, max 5000 characters).

I will now list the principal exclusion criteria for each audience group within the study.

FAMILY UNIT:
- If participants have no children/are not legal guardians for any children
- If participants' children do not live with them and they do not see them on a weekly basis (it's OK for participants to be separated and for their children to live elsewhere, however, they still need to spend time with their child/family at least once a week)

FIRST YEAR UNIVERSITY STUDENT:
- If they are not in their first year of undergraduate study at the University of Glasgow

HOSPITAL PATIENT:
- Incapable of providing informed consent
- Receiving end of life care
- Patients in critical care

RESEARCH PROCEDURES, RISKS AND BENEFITS

A18. Give details of all non-clinical intervention(s) or procedure(s) that will be received by participants as part of the research protocol. *These include seeking consent, interviews, non-clinical observations and use of questionnaires.*

Please complete the columns for each intervention/procedure as follows:

1. Total number of interventions/procedures to be received by each participant as part of the research protocol.

2. If this intervention/procedure would be routinely given to participants as part of their care outside the research, how many of the total would be routine?

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3. Average time taken per intervention/procedure (minutes, hours or days)
4. Details of who will conduct the intervention/procedure, and where it will take place.

Intervention or procedure	1	2	3	4
Hospital Patient - Participant Information Sheet distribution	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment (e.g. Queen Elizabeth University Hospital, Glasgow)
Hospital Patient - Consent Form	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Hospital Patient - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Hospital Patient - Environment Photograph (not required to feature any participants)	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Family Unit - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1		10-15 minutes	Chief Investigator (Kerr Castle) electronically
Family Unit - Consent Form	1		5-10 minutes	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes
Family Unit - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes
Family Unit - First Phase Interviews and Environment Photograph (not required to feature any participants)	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes
Family Unit - Viewing Journal (electronic or hard copy, if requested)	1		Up to 14 days	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes
Family Unit - Second Phase Interview/Feedback Session	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes
First Year University Student - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1		10-15 minutes	Chief Investigator (Kerr Castle) electronically
First Year University Student - Consent Form	1		5-10 minutes	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes or on-campus
First Year University Student - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus
First Year University Student - First Phase Interviews and Environment Photograph (not required to feature any participants)	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus
First Year University Student - Viewing Journal (electronic or hard copy, if requested)	1		Up to 14 days	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus
First Year University Student - Second Phase Interview/Feedback Session	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus

A21. How long do you expect each participant to be in the study in total?

Exact durations are difficult to specify at this moment in time. However, for Hospital Patient participants, their

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involvement will be over a relatively short period of time once they have signed the written Consent Form. I anticipate a maximum of 7 days to allow time to complete the Survey and for it to be collected/submitted. The Survey could be completed within a duration of 20-30 minutes, however, so this timeframe is simply the maximum duration before the Survey should be completed. This will then signal the end of their involvement in the study.

For Family Unit and First Year University Student participants, their involvement will be over a greater duration. After signing the written (or electronic, including e-signature) Consent Form, each participant will take part in the study for a maximum duration of 3-4 months. During this time they will complete the Survey, First Phase Interview, keep a Viewing Journal and take part in the final Second Phase Interview/Feedback Session. Once again, this is the maximum time allowed for data gathering from each Family Unit and First Year University Student participant. This will then signal the end of their involvement in the study.

A22. What are the potential risks and burdens for research participants and how will you minimise them?

For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.

HOSPITAL PATIENT: For the Hospital Patient, their portion of the study has been intentionally designed so as to avoid any adverse effects, pain, discomfort, distress, intrusion or inconvenience (their lifestyle has already been impacted by being in hospital). The only risk or burden I can anticipate at this time is if the patient's health declines unexpectedly once they have consented to participate in the study/the clinical team indicate that the patient should not be approached for medical reasons, or if they simply change their mind and decide that completing the Survey is too much for them. In order to minimise any risks or burdens, the Hospital Patient can simply elect to withdraw from the study at any time should they find it too strenuous.

FAMILY UNIT/FIRST YEAR UNIVERSITY STUDENTS: For the Family Unit and First Year University Students, the primary change to lifestyle/potential inconvenience required by the study will be keeping the Viewing Journal for up to two weeks. However, to minimise the burden of this portion of the study, participants will only be required to write entries into the journal for a minimum number of days across the 14 day period, e.g. at least 7 out of 14 days. This will allow more flexibility for participants so that the Viewing Journal does not dominate their day-to-day schedule. This also allows for the fact that some participants simply may not watch television every day.

Furthermore, as I will be entering participants' homes, this could also be potentially inconvenient at times (possibly deemed intrusive, even). While the methodology of the study and what will be required of them will be outlined at the beginning of the study, prior to them signing the Consent Form, I still need to respect their schedules and be adaptable, as inevitably an element of flexibility will be required when it comes to scheduling/conducting the First Phase Interview and the Second Phase Interview/Feedback Session. Accordingly, any interviews will be provisionally scheduled at least one week in advance, with a further reminder to participants the day before the interview takes place to ensure that it can still go ahead as scheduled and in the planned location.

Once again, should involvement in the study become too much for participants and result in any distress, inconvenience, and so forth, participants can simply complete the Participant Withdrawal form to exit the study.

A23. Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study?

○ Yes   ● No

A24. What is the potential for benefit to research participants?

Aside from the fact that the data gathered could prove invaluable to Film & TV academia, the NHS and other care providers, and the broadcasting industry, too, it's also a great opportunity for participants to learn more about their own TV viewing habits and how they can impact (positively or negatively) their well-being.

Furthermore, the opportunity afforded to Family Unit and First Year University Student participants to feedback on the research team's analysis and interpretation of their viewing and what television does to/for them, means that the study does not simply feature their "raw" data, as it were, but also their own opinions on how television operates within their daily lives, whether or not they consider it as a tool for well-being, and what they think of its potential to afford comfort/therapeutic reward.

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A26. What are the potential risks for the researchers themselves? *(if any)*

The primary risk for the researcher is having to enter the homes of Family Unit and First Year University Student participants. Accordingly, as outlined in the Assessment of Safety element of the study's protocol, and adhering to the Lone Working Policy's guidelines, I will provide a weekly research timetable to my supervisors detailing scheduled interviews, locations, number of participants present, planned duration of visit, a reminder of my contact information and the names, addresses and contact details for interviewees (only to be used in the event of an emergency). I will also contact my supervisor(s) prior to entering participants' homes to conduct interviews, and again once I have left their homes. Further procedures are in place to ensure both the researcher's safety and the safety of participants at all time, such as the favourable scheduling of interviews during the working day (i.e. 9am-5pm), where possible, and the recording of all interviews as audio-only, providing evidence of what was said by who and when, etc.

Please note, the schedule provided to supervisors will also highlight hospital visits for securing Hospital Patient participants' consent, distributing/collecting surveys, and taking the viewing environment photograph. The same procedures will be adhered to throughout.

RECRUITMENT AND INFORMED CONSENT

In this section we ask you to describe the recruitment procedures for the study. Please give separate details for different study groups where appropriate.

A27-1. How will potential participants, records or samples be identified? Who will carry this out and what resources will be used? *For example, identification may involve a disease register, computerised search of GP records, or review of medical records. Indicate whether this will be done by the direct healthcare team or by researchers acting under arrangements with the responsible care organisation(s).*

For Hospital Patients, further consultation with the clinical team is currently needed. However, I anticipate that a ward or wards will be selected at a determined study centre based upon their suitability to participate in the Survey, after which the Participant Information Sheet (PIS) will be shared to all patients on said ward(s) and they will be invited to take part in the study/sign the Consent Form and the Participant Screening document (after a minimum period of 24 hours for their consideration). Please note, the initial approach to patients should come from the clinical team, introducing the Chief Investigator to suitable patients. If more than the required 10 Hospital Patient participants confirm interest in participating in the study, we will assess the suitability of volunteers and recruit the 10 individuals who allow for the most balanced and diverse study possible. Any required assessment of the suitability of patients to the study will be completed by the Chief Investigator (CI), the CI's supervisors (where appropriate) and the clinical team.

Family Unit and First Year University Student participants will be identified through a combination of methods. For Family Units, this will require either recruiting online via the @comforttv Twitter account, the comfort.wordpress.com blog, and the promotion of the project on other social media channels and forums, or in-person/with print media at establishments like the Glasgow Film Theatre (GFT), BFI Mediatheque at Bridgeton Library, the Grosvenor Cinema in Glasgow's Ashton Lane, and so forth. For First Year University Students, this will require utilising existing university resources, such as StudentVoice (an online message board connecting students), and promotional outlets at the University of Glasgow, like the Glasgow Guardian newspaper and Subcity Radio station. Furthermore, the study will be promoted to students via first year course convenors, email (with PR materials shared with students by School administrators), and possibly also the Student Representative Council (SRC).

All Family Unit and First Year University Student participants will be required to voluntarily complete a Participant Screening document, providing very basic information about their employment/field of study, nationality, relationship status, and so forth. This will be distributed to potential participants along with the Participant Information Sheet which outlines the scope of the project, what would be required of participants, how their data would be used, and so on. Assuming they meet the required criteria, the study requires 5 Family Unit groups (estimate 18-20 participants total in this audience group) and 10 First Year University Student participants. If more than this number respond, they will be assessed, as per the Hospital Patient participants, to allow for the most balanced and diverse study possible. This assessment will likely be made in consultation with the Chief Investigator's supervisors.

A27-2. Will the identification of potential participants involve reviewing or screening the identifiable personal information of patients, service users or any other person?

◯ Yes   ⦿ No

Please give details below:
Although a small screening process is alluded to in A27-1, all information is provided voluntarily by potential

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participants and not taken without their consent/prior to approaching them to take part in the study or them approaching the research team to volunteer.

A28. Will any participants be recruited by publicity through posters, leaflets, adverts or websites?

◉ Yes   ○ No

If Yes, please give details of how and where publicity will be conducted, and enclose copy of all advertising material (with version numbers and dates).

As highlighted in A27-1, the project will be promoted to Family Unit participants via the @comforttv Twitter account, the comfort.wordpress.com blog, additional social media channels and forums, and in-person/with print media located at appropriate sites around Glasgow. A short piece of PR (enclosed) will outline the project to potential participants, along with why they should get involved/how they can.

When the study is promoted to potential First Year University Student participants, it will make use of the same short piece of PR, distributed via first year course convenors, email lists, the Student Representative Council (SRC), StudentVoice (message board), and student media like the Glasgow Guardian newspaper and Subcity Radio station.

A29. How and by whom will potential participants first be approached?

The first point of contact during recruitment will be the Chief Investigator, either promoting the project in-person or via the various electronic promotional channels outlined/print media located at relevant sites around Glasgow. For the most part, gatekeepers (be it first year course convenors, School administrators, the Glasgow Film Theatre or BFI Mediatheque, etc.) will connect the Chief Investigator to potential participants. The only exception to the rule is any promotion of the project in-person or via social media channels and the comforttv.wordpress.com blog.

For Hospital Patients, the initial approach should come from the clinical team, introducing the Chief Investigator to suitable patients (not the CI approaching patients directly/unaccompanied).

A30-1. Will you obtain informed consent from or on behalf of research participants?

◉ Yes   ○ No

If you will be obtaining consent from adult participants, please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). Arrangements for adults unable to consent for themselves should be described separately in Part B Section 6, and for children in Part B Section 7.

If you plan to seek informed consent from vulnerable groups, say how you will ensure that consent is voluntary and fully informed.

All participants will first be provided with a Participant Information Sheet (PIS) outlining the scope of the project, what will be required of them, and how we hope to use their data.

HOSPITAL PATIENT: Following a 24-hour period after receiving the PIS, this participant group will then be provided with a written Consent Form to sign, should they wish to progress into the study. They will also be asked to complete a Participant Screening document, as per the FU and FYUS groups (providing basic information about background, employment, etc.). Consent will likely be taken by the Chief Investigator, likely accompanied by a member of the clinical team as witness. Hospital Patient participants will then be provided with the Survey, to be completed within the next 5 working days, after which their involvement in the study will cease.

FAMILY UNIT: Along with the PIS (including a version specifically for child participants), the Family Unit participants will also receive a Participant Screening form to complete voluntarily, requiring basic information as to their employment, relationship status, number of children, and so forth (useful data which allows us to position the family within the study appropriately). Once they have completed this, they will be required to complete the Consent Form with the Chief Investigator present (given the complexity of the study design for Family Unit participants, the Chief Investigator should be present to answer any questions arriving from the PIS, Participant Screening document or Consent Form). Family Unit participants will also be required to confirm whether or not their children would like to participate in the study, too. While it is the responsibility of parents to provide informed consent on the behalf of any minors, it is important the any children involved in the study want to take part/give Assent. Their participation, as previously stated, is not mandatory, but will yield extremely interesting and distinct data. Accordingly potential child participants will be provided with their own version of the Participant Information Sheet and invited to complete an Assent Form should

they wish to participate in the study with their family. Again, the presence of the Chief Investigator for the signing of the Consent Form/Assent Form allows any child participants to ask questions they might have about the study and what will be required of them, etc.

FIRST YEAR UNIVERSITY STUDENT: Similar to the Family Unit, First Year University Student participants will also receive a Participant Screening form (likely electronic) to complete voluntarily, along with the PIS, requiring basic information as to their field of study, relationship status, accommodation, and so forth. Once they have completed and submitted this for review, they will be required to complete the Consent Form, signing the form with the Chief Investigator present. Again, given the complexity of the study's design for First Year University Student participants, it is important that the Chief Investigator be present to answer any questions they might have about the design of the study, the use of their data, and so forth.

If you are not obtaining consent, please explain why not.

Please enclose a copy of the information sheet(s) and consent form(s).

A30-2. Will you record informed consent (or advice from consultees) in writing?

◉ Yes   ◯ No

A31. How long will you allow potential participants to decide whether or not to take part?

For Hospital Patient participants, a minimum of 24 hours will be granted to allow potential participants to decide whether or not to take part in the project. The maximum time allowed to decide whether to take part or not would be up to 5 working days. For Hospital Patient participants, the maximum time allowed will inevitably be influenced by the intended duration of their hospital stay.

For Family Unit and First Year University Student participants, slightly more time can be granted, particularly as their part of the study requires a greater amount of involvement from them (Survey, First Phase Interview, Viewing Journal and Second Phase Interview/Feedback Session). Accordingly, a maximum of 10 working days will be allowed.

A33-1. What arrangements have been made for persons who might not adequately understand verbal explanations or written information given in English, or who have special communication needs? *(e.g. translation, use of interpreters)*

As this is a student study with limited funding, fluency in English (verbal and written) is part of the inclusion criteria.

A35. What steps would you take if a participant, who has given informed consent, loses capacity to consent during the study? *Tick one option only.*

◉ The participant and all identifiable data or tissue collected would be withdrawn from the study. Data or tissue which is not identifiable to the research team may be retained.

◯ The participant would be withdrawn from the study. Identifiable data or tissue already collected with consent would be retained and used in the study. No further data or tissue would be collected or any other research procedures carried out on or in relation to the participant.

◯ The participant would continue to be included in the study.

◯ Not applicable – informed consent will not be sought from any participants in this research.

◯ Not applicable – it is not practicable for the research team to monitor capacity and continued capacity will be assumed.

Further details:
Data which is not identifiable to the research team would still be retained.

For those who decide to leave the study, but not due to loss of capacity, there is an additional option in the Participant Withdrawal form (which they can tick or leave blank), which states "I do not give permission for any of the data I contributed to be used in the study". This allows participants to withdraw, but still give us permission to use their data (if they wish to do so).

CONFIDENTIALITY

In this section, personal data means any data relating to a participant who could potentially be identified. It includes pseudonymised data capable of being linked to a participant through a unique code number.

Storage and use of personal data during the study

A36. Will you be undertaking any of the following activities at any stage (including in the identification of potential participants)? *(Tick as appropriate)*

- ☐ Access to medical records by those outside the direct healthcare team
- ☐ Access to social care records by those outside the direct social care team
- ☐ Electronic transfer by magnetic or optical media, email or computer networks
- ☐ Sharing of personal data with other organisations
- ☐ Export of personal data outside the EEA
- ☑ Use of personal addresses, postcodes, faxes, emails or telephone numbers
- ☑ Publication of direct quotations from respondents
- ☐ Publication of data that might allow identification of individuals
- ☑ Use of audio/visual recording devices
- ☑ Storage of personal data on any of the following:

  - ☐ Manual files (includes paper or film)
  - ☐ NHS computers
  - ☐ Social Care Service computers
  - ☐ Home or other personal computers
  - ☑ University computers
  - ☐ Private company computers
  - ☐ Laptop computers

Further details:
The Chief Investigator will manage and analyse all study data (including participant data and recorded study data), unless requested to do otherwise. All recorded data and images will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Any physical copies of data or Consent/Assent forms, and hard copies of the Participant Screening document, will be stored securely by one of the Chief Investigator's PhD supervisors in their secure office space at the University of Glasgow (identified as the most suitable location currently available). A code linking identifiable information with research data will be held separately from research data.

Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity. All audio recordings will be transcribed and stored as text documents, along with the original audio recordings as well.

The publication of direct quotations from respondents etc. will obviously be anonymised in order to protect their privacy.

A38. How will you ensure the confidentiality of personal data? *Please provide a general statement of the policy and procedures for ensuring confidentiality, e.g. anonymisation or pseudonymisation of data.*

As per the NHS Code of Confidentiality, it is the Chief Investigator's (CI) responsibility to protect participant information, inform participants as to how their data will be used, and provide choice, allowing participants to decide whether or not their information can be used or disclosed in particular ways (where appropriate). Accordingly, the CI is charged with recording all participant information/data accurately and consistently, storing it securely and respecting participant

privacy, and following established information sharing protocols (where necessary/appropriate). The CI will always ensure participants are informed about the study's scope and development, that they understand where they are on their journey through the study (i.e. what comes next), how their information is being/will be used, and whether or not identifiable personal information needs to be accessed or data disclosed to others (this is highly unlikely to occur in this study, however). Furthermore, it is the CI's responsibility to check if participants have any concerns or queries about how their information is being used.

Fundamentally, anonymisation will protect participant privacy and personal information, both during the study and when submitting/publishing the study's findings. Please note, a code linking identifiable information with research data will be held separately from research data.

A40. Who will have access to participants' personal data during the study? *Where access is by individuals outside the direct care team, please justify and say whether consent will be sought.*

The Chief Investigator will have access to participants' personal data during the study, but only after participants have completed the required Consent Form to take part in the study first. Any other data, such as names, contact details and addresses, will only be shared with the Chief Investigator's (CI) supervisors as appropriate; specifically, this information is shared as part of the CI's weekly schedule, when going out to interviews and so forth, as an additional safety measure. A code linking identifiable personal information with research data will be held separately from any research data.

Representatives of the study sponsor, NHS GG&C, may also access participants' data for audit purposes.

Storage and use of data after the end of the study

A43. How long will personal data be stored or accessed after the study has ended?

○ Less than 3 months

◉ 3 – 6 months

○ 6 – 12 months

○ 12 months – 3 years

○ Over 3 years

INCENTIVES AND PAYMENTS

A46. Will research participants receive any payments, reimbursement of expenses or any other benefits or incentives for taking part in this research?

○ Yes   ◉ No

A47. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?

○ Yes   ◉ No

A48. Does the Chief Investigator or any other investigator/collaborator have any direct personal involvement (e.g. financial, share holding, personal relationship etc.) in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?

○ Yes   ◉ No

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A49-1. Will you inform the participants' General Practitioners (and/or any other health or care professional responsible for their care) that they are taking part in the study?

○ Yes   ◉ No

If Yes, please enclose a copy of the information sheet/letter for the GP/health professional with a version number and date.

PUBLICATION AND DISSEMINATION

A50. Will the research be registered on a public database?

○ Yes   ◉ No

Please give details, or justify if not registering the research.
Registration is mandatory for clinical trials only.

Registration of research studies is encouraged wherever possible.
You may be able to register your study through your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you are aware of a suitable register or other method of publication, please give details. If not, you may indicate that no suitable register exists. Please ensure that you have entered registry reference number(s) in question A5-1.

A51. How do you intend to report and disseminate the results of the study? *Tick as appropriate:*

☑ Peer reviewed scientific journals

☐ Internal report

☑ Conference presentation

☑ Publication on website

☑ Other publication

☐ Submission to regulatory authorities

☐ Access to raw data and right to publish freely by all investigators in study or by Independent Steering Committee on behalf of all investigators

☐ No plans to report or disseminate the results

☑ Other (please specify)

As the results of the study will form the basis of my PhD thesis, that will be my primary means of reporting and disseminating data. Along with submitting the thesis, I will also explore the option of submitting the results as academic papers to Film & TV Studies peer review journals (possibly social and cultural studies journals, too). Where possible, I would also like to examine data with the NHS or other care providers to consider more directly the data gathered from Hospital Patient participants during the study and how their feedback might inform potential change as to how television is used in care.

A53. Will you inform participants of the results?

◉ Yes   ○ No

Please give details of how you will inform participants or justify if not doing so.
Even simply as a courtesy, participants will be informed of the final results of the study/directed to any data or publications they can read online. Furthermore, as has already been highlighted, the Family Unit and First Year University Student participants are also afforded the chance to the Chief Investigator's interpretation of how they are using television/what TV does for them on a daily basis during the Second Phase Interview/Feedback Session. This will undoubtedly yield rich data that more accurately reflects what participants think of their viewing habits and routines, the space that TV occupies within their lives, and how it impacts their well-being.

5. Scientific and Statistical Review

A54. How has the scientific quality of the research been assessed? *Tick as appropriate:*

☐ Independent external review

☐ Review within a company

☐ Review within a multi−centre research group

☐ Review within the Chief Investigator's institution or host organisation

☐ Review within the research team

☑ Review by educational supervisor

☐ Other

Justify and describe the review process and outcome. If the review has been undertaken but not seen by the researcher, give details of the body which has undertaken the review:
Educational supervisors have been consulted throughout the design of the study. Their guidance has been invaluable in identifying the right audience groups and understanding what they add to the project. Furthermore, they are aware of the core literature that the study is based upon, and how I then plan to evolve that literature, adding to it and using it in new ways. As this is a non-clinical study, instead based upon participant viewing experiences and a subjective look at television, there are no scientific reports to submit. However, educational supervisors can be contacted for any direct feedback required on the study's design/quality of research.

For all studies except non-doctoral student research, please enclose a copy of any available scientific critique reports, together with any related correspondence.

For non-doctoral student research, please enclose a copy of the assessment from your educational supervisor/ institution.

A59. What is the sample size for the research? *How many participants/samples/data records do you plan to study in total? If there is more than one group, please give further details below.*

Total UK sample size: 40
Total international sample size (including UK): 0
Total in European Economic Area: 0

Further details:
HOSPITAL PATIENT: 10x participants
FIRST YEAR UNIVERSITY STUDENT: 10x participants
FAMILY UNIT: 20x participants (i.e. 5x family groups, which will likely consist of a minimum 2-3 participants each, and will vary depending on the size of each family)

A60. How was the sample size decided upon? *If a formal sample size calculation was used, indicate how this was done, giving sufficient information to justify and reproduce the calculation.*

Primarily, the sample size was decided due to accessibility and a realistic project timeline. The decision to source 10x Hospital Patient participants was really one of feasibility and how easy it would be to access said participants for a given amount of time. Accordingly, the study has adopted the simplest methodology possible for this group of participants, which is also the least time intensive. A minimum of 10x participants completing the Survey should yield the information required to compare with the data gathered from other participants in the study.

Similarly, 10x First Year University Students were decided upon, firstly, because capturing said data within the project's current timeline is simply realistic. The alternative methodology applied to this group, and the Family Unit participants - Survey, First Phase Interview, Viewing Journal, Second Phase Interview/Feedback Session - is more time intensive and will take far longer to process and analyse.

The same applies to the 5x Family Units, with an estimated total of 20x participants. Accordingly, the Family Unit participants will be providing, at least, double the data of the First Year University Student group.

A62. Please describe the methods of analysis (statistical or other appropriate methods, e.g. for qualitative research) by

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which the data will be evaluated to meet the study objectives.

Manual analysis of all data gathered during this qualitative study will be carried out by the Chief Investigator, primarily looking for thematic similarities/differences between the three audience groups. These themes will consider what participants are watching, any feelings of comfort or discomfort from/around TV, on what devices they are viewing (television, smartphone, tablet, laptop), what informs their viewing (i.e. why did they decide to watch that particular show?), how they each felt after watching, and so forth. Then having analysed all available data, findings will be compared and contrasted with existing literature pertinent to the study, and new ideas or theories hypothesised and argued in the final thesis.

6. MANAGEMENT OF THE RESEARCH

A63. Other key investigators/collaborators. *Please include all grant co-applicants, protocol co-authors and other key members of the Chief Investigator's team, including non-doctoral student researchers.*

Title Forename/Initials Surname

Post
Qualifications
Employer
Work Address

Post Code
Telephone
Fax
Mobile
Work Email

A64. Details of research sponsor(s)

A64-1. Sponsor

Lead Sponsor

Status: ⊙ NHS or HSC care organisation   Commercial status:

○ Academic

○ Pharmaceutical industry

○ Medical device industry

○ Local Authority

○ Other social care provider (including voluntary sector or private organisation)

○ Other

If Other, please specify:

Contact person

Name of organisation	NHS Greater Glasgow & Clyde
Given name	Emma-Jane
Family name	Gault
Address	Clinical Research and Development, West Glasgow Ambulatory Care Hospital, Dalnair Street
Town/city	Glasgow
Post code	G3 8SW
Country	UNITED KINGDOM
Telephone	01412321819
Fax	
E-mail	EmmaJane.Gault@glasgow.ac.uk

Is the sponsor based outside the UK?

○ Yes   ◉ No

Under the Research Governance Framework for Health and Social Care, a sponsor outside the UK must appoint a legal representative established in the UK. Please consult the guidance notes.

A65. Has external funding for the research been secured?

☐ Funding secured from one or more funders

☐ External funding application to one or more funders in progress

☑ No application for external funding will be made

What type of research project is this?

◉ Standalone project

○ Project that is part of a programme grant

○ Project that is part of a Centre grant

○ Project that is part of a fellowship/ personal award/ research training award

○ Other

Other – please state:

A67. Has this or a similar application been previously rejected by a Research Ethics Committee in the UK or another country?

◉ Yes   ○ No

If Yes, please give details of each rejected application:

Name of Research Ethics Committee or ethics authority:	College of Arts, University of Glasgow
Decision and date taken:	Student changes required, 15/04/16
Research ethics committee reference number:	100150087

Please provide a copy of the unfavourable opinion letter(s). You should explain in your answer to question A6-2 how the reasons for the unfavourable opinion have been addressed in this application.

A68-1. Give details of the lead NHS R&D contact for this research:

	Title	Forename/Initials	Surname
	Ms	Kayleigh	Pender

Organisation   NHS Greater Glasgow and Clyde

Address   Clinical Research and Development,

West Glasgow Ambulatory Care Hospital,

Dalnair Street, Glasgow

Post Code   G3 8SW

Work Email   Kayleigh.Pender@ggc.scot.nhs.uk

Telephone   01412321826

Fax

Mobile

Details can be obtained from the NHS R&D Forum website: http://www.rdforum.nhs.uk

---

A69-1. How long do you expect the study to last in the UK?

Planned start date: 12/09/2016

Planned end date: 31/07/2018

Total duration:

Years: 1 Months: 10 Days: 20

A71-2. Where will the research take place? *(Tick as appropriate)*

☐ England

☑ Scotland

☐ Wales

☐ Northern Ireland

☐ Other countries in European Economic Area

Total UK sites in study 1

Does this trial involve countries outside the EU?

◯ Yes   ⦿ No

A72. Which organisations in the UK will host the research?*Please indicate the type of organisation by ticking the box and give approximate numbers if known:*

☐ NHS organisations in England

☐ NHS organisations in Wales

☑ NHS organisations in Scotland   1

☐ HSC organisations in Northern Ireland

☐ GP practices in England

☐ GP practices in Wales

☐ GP practices in Scotland

☐ GP practices in Northern Ireland

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☐ Joint health and social care agencies (eg community mental health teams)

☐ Local authorities

☐ Phase 1 trial units

☐ Prison establishments

☐ Probation areas

☐ Independent (private or voluntary sector) organisations

☑ Educational establishments   1

☐ Independent research units

☐ Other (give details)

Total UK sites in study: 2

A76. Insurance/ indemnity to meet potential legal liabilities

Note: in this question to NHS indemnity schemes include equivalent schemes provided by Health and Social Care (HSC) in Northern Ireland

A76-1. What arrangements will be made for insurance and/or indemnity to meet the potential legal liability of the sponsor(s) for harm to participants arising from the <u>management</u> of the research? *Please tick box(es) as applicable.*

Note: Where a NHS organisation has agreed to act as sponsor or co-sponsor, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For all other sponsors, please describe the arrangements and provide evidence.

☑ NHS indemnity scheme will apply (NHS sponsors only)

☐ Other insurance or indemnity arrangements will apply (give details below)

Please enclose a copy of relevant documents.

A76-2. What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of the sponsor(s) or employer(s) for harm to participants arising from the <u>design</u> of the research? *Please tick box(es) as applicable.*

Note: Where researchers with substantive NHS employment contracts have designed the research, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For other protocol authors (e.g. company employees, university members), please describe the arrangements and provide evidence.

☐ NHS indemnity scheme will apply (protocol authors with NHS contracts only)

☑ Other insurance or indemnity arrangements will apply (give details below)

GU Public Liability Insurance

Please enclose a copy of relevant documents.

A76-3. What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of investigators/collaborators arising from harm to participants in the <u>conduct</u> of the research?

Note: Where the participants are NHS patients, indemnity is provided through the NHS schemes or through professional indemnity. Indicate if this applies to the whole study (there is no need to provide documentary evidence). Where non-NHS sites are to be included in the research, including private practices, please describe the arrangements which will be made at

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these sites and provide evidence.

☑ NHS indemnity scheme or professional indemnity will apply (participants recruited at NHS sites only)

☑ Research includes non-NHS sites (give details of insurance/ indemnity arrangements for these sites below)

Please enclose a copy of relevant documents.

PART B: Section 7 - Children

1. Please specify the potential age range of children under 16 who will be included and give reasons for carrying out the research in this age group.

As highlighted in Part A and the study protocol, inclusion of children in the study is specific to the Family Unit participants only, with the parent(s) or legal guardian(s) required to have at least one child in order to best represent an everyday family viewing dynamic. It is hoped that any minors featured in the study will provide a very different perspective to that of their parent(s) or legal guardian(s), using television in very different ways, typically engaging with television in very different ways, on different devices and alongside other activities (gaming, social media, etc.). Highlighting this evolution of viewing dynamics is very important and could yield significant data for this and subsequent studies.

While minors of any age can be present during the First Phase Interview and Second Phase Interview/Feedback Session - in some cases, parents or guardians may not have any alternative care arrangements in the first place - only children ≥10 years old will be invited to participate during interviews (provided with their own Participant Information Sheet explaining the project and invited to complete an Assent Form prior to any participation). The reason for selecting this age group is that 10-16 years is the ideal range for the sorts of alternative TV usage outlined. Furthermore, for minors under the age of 10, it is anticipated that the parent(s) or guardian(s) will be able to comment on their TV usage, for example, how television forms a part of their nightly bedtime routine.

2. Indicate whether any children under 16 will be recruited as controls and give further details.

Not applicable.

3-2. Please describe the arrangements for seeking informed consent from a person with parental responsibility and/or from children able to give consent for themselves.

While I will not be interviewing any minors from Family Units without a parent or legal guardian present, they still represent a vulnerable group and must be treated as such. Any minors featured in the project will require parental consent, and, I would suggest, informed consent that they are willing to participate also. Accordingly, children will be invited to give Assent to take part in research (to demonstrate that they are happy to participate, that the project has been explained to them and they've had any questions answered, and so forth) and provided with an age appropriate Participant Information Sheet also.

4. If you intend to provide children under 16 with information about the research and seek their consent or agreement, please outline how this process will vary according to their age and level of understanding.

Family Unit participants will be provided with a Participant Information Sheet (PIS) - including an age appropriate version for any child participants - outlining the scope of the project, what they will be required to do if they decide to participate, and how their data will be used. This also covers the involvement of children, where appropriate. Accordingly, when the parent(s) or guardian(s) signs the Consent Form, they are consenting to participate as a Family Unit.

Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application.

PART C: Overview of research sites

Please enter details of the host organisations (Local Authority, NHS or other) in the UK that will be responsible for the research sites. *For NHS sites, the host organisation is the Trust or Health Board. Where the research site is a primary care site, e.g. GP practice, please insert the host organisation (PCT or Health Board) in the Institution row and insert the research site (e.g. GP practice) in the Department row.*

Research site		Investigator/ Collaborator/ Contact	
Institution name	NHS Greater Glasgow and Clyde	Title	Honorary Consultant, QEUH
Department name	General Medical, Queen Elizabeth University Hospital	First name/ Initials	Matthew
Street address	1345 Govan Road		
Town/city	Glasgow	Surname	Walters
Post Code	G51 4TF		
Institution name	University of Glasgow	Title	Mr
Department name	Film and Television Studies	First name/ Initials	Kerr M
Street address	Gilmorehill Centre, 9 University Avenue		
Town/city	Glasgow	Surname	Castle
Post Code	G12 8QQ		

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PART D: Declarations

D1. Declaration by Chief Investigator

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

2. I undertake to abide by the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research.

3. If the research is approved I undertake to adhere to the study protocol, the terms of the full application as approved and any conditions set out by review bodies in giving approval.

4. I undertake to notify review bodies of substantial amendments to the protocol or the terms of the approved application, and to seek a favourable opinion from the main REC before implementing the amendment.

5. I undertake to submit annual progress reports setting out the progress of the research, as required by review bodies.

6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of patient or other personal data, including the need to register when necessary with the appropriate Data Protection Officer. I understand that I am not permitted to disclose identifiable data to third parties unless the disclosure has the consent of the data subject or, in the case of patient data in England and Wales, the disclosure is covered by the terms of an approval under Section 251 of the NHS Act 2006.

7. I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

8. I understand that any personal data in this application will be held by review bodies and their operational managers and that this will be managed according to the principles established in the Data Protection Act 1998.

9. I understand that the information contained in this application, any supporting documentation and all correspondence with review bodies or their operational managers relating to the application:

    - Will be held by the REC (where applicable) until at least 3 years after the end of the study; and by NHS R&D offices (where the research requires NHS management permission) in accordance with the NHS Code of Practice on Records Management.
    - May be disclosed to the operational managers of review bodies, or the appointing authority for the REC (where applicable), in order to check that the application has been processed correctly or to investigate any complaint.
    - May be seen by auditors appointed to undertake accreditation of RECs (where applicable).
    - Will be subject to the provisions of the Freedom of Information Acts and may be disclosed in response to requests made under the Acts except where statutory exemptions apply.
    - May be sent by email to REC members.

10. I understand that information relating to this research, including the contact details on this application, may be held on national research information systems, and that this will be managed according to the principles established in the Data Protection Act 1998.

11. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named below. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

Contact point for publication*(Not applicable for R&D Forms)*

NRES would like to include a contact point with the published summary of the study for those wishing to seek further information. We would be grateful if you would indicate one of the contact points below.

◉ Chief Investigator

Date: 12/09/2016 28 210504/1009698/1/552

○ Sponsor

○ Study co-ordinator

○ Student

○ Other – please give details

○ None

Access to application for training purposes *(Not applicable for R&D Forms)*

Optional – please tick as appropriate:

☐ I would be content for members of other RECs to have access to the information in the application in confidence for training purposes. All personal identifiers and references to sponsors, funders and research units would be removed.

This section was signed electronically by Mr Kerr Castle on 09/09/2016 17:10.

Job Title/Post:	PhD Researcher (Chief Investigator)
Organisation:	University of Glasgow
Email:	

D2. Declaration by the sponsor's representative

If there is more than one sponsor, this declaration should be signed on behalf of the co-sponsors by a representative of the lead sponsor named at A64-1.

I confirm that:

1. This research proposal has been discussed with the Chief Investigator and agreement in principle to sponsor the research is in place.

2. An appropriate process of scientific critique has demonstrated that this research proposal is worthwhile and of high scientific quality.

3. Any necessary indemnity or insurance arrangements, as described in question A76, will be in place before this research starts. Insurance or indemnity policies will be renewed for the duration of the study where necessary.

4. Arrangements will be in place before the study starts for the research team to access resources and support to deliver the research as proposed.

5. Arrangements to allocate responsibilities for the management, monitoring and reporting of the research will be in place before the research starts.

6. The duties of sponsors set out in the Research Governance Framework for Health and Social Care will be undertaken in relation to this research.

    Please note: *The declarations below do not form part of the application for approval above. They will not be considered by the Research Ethics Committee.*

7. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named in this application. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

8. Specifically, for submissions to the Research Ethics Committees (RECs) I declare that any and all clinical trials approved by the HRA since 30th September 2013 (as defined on IRAS categories as clinical trials of medicines, devices, combination of medicines and devices or other clinical trials) have been registered on a publically accessible register in compliance with the HRA registration requirements for the UK, or that any deferral granted by the HRA still applies.

This section was signed electronically by Ms Emma-Jane Gault on 05/09/2016 12:30.

Job Title/Post:	Research Governance Officer
Organisation:	University of Glasgow, on behalf of NHS Greater Glasgow and Clyde
Email:	emmajane.gault@glasgow.ac.uk

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D3. Declaration for student projects by academic supervisor(s)

1. I have read and approved both the research proposal and this application. I am satisfied that the scientific content of the research is satisfactory for an educational qualification at this level.

2. I undertake to fulfil the responsibilities of the supervisor for this study as set out in the Research Governance Framework for Health and Social Care.

3. I take responsibility for ensuring that this study is conducted in accordance with the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research, in conjunction with clinical supervisors as appropriate.

4. I take responsibility for ensuring that the applicant is up to date and complies with the requirements of the law and relevant guidelines relating to security and confidentiality of patient and other personal data, in conjunction with clinical supervisors as appropriate.

Academic supervisor 1

This section was signed electronically by Professor Karen Lury on 02/09/2016 14:07.

Job Title/Post:	Professor
Organisation:	University of Glasgow
Email:	karen.lury@glasgow.ac.uk

Academic supervisor 2

This section was signed electronically by Dr Amy Holdsworth on 02/09/2016 14:00.

Job Title/Post:	Lecturer in Film &Tv Studies
Organisation:	University of Glasgow
Email:	Amy.Holdsworth@glasgow.ac.uk

Appendix I
NHS R&D Form

NHS R&D Form   IRAS Version 5.3.2

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
Comfort TV Research Project v1

1. Is your project research?

⦿ Yes ◯ No

2. Select one category from the list below:

◯ Clinical trial of an investigational medicinal product

◯ Clinical investigation or other study of a medical device

◯ Combined trial of an investigational medicinal product and an investigational medical device

◯ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

◯ Basic science study involving procedures with human participants

◯ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

⦿ Study involving qualitative methods only

◯ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

◯ Study limited to working with data (specific project only)

◯ Research tissue bank

◯ Research database

If your work does not fit any of these categories, select the option below:

◯ Other study

2a. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation?   ◯ Yes ⦿ No

b) Will you be taking new human tissue samples (or other human biological samples)?   ◯ Yes ⦿ No

c) Will you be using existing human tissue samples (or other human biological samples)? ◯ Yes ⦿ No

3. In which countries of the UK will the research sites be located? *(Tick all that apply)*

☐ England
☑ Scotland

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☐ Wales
☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

○ England

◉ Scotland

○ Wales

○ Northern Ireland

○ This study does not involve the NHS

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4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

☐ IRAS Form
☑ NHS/HSC Research and Development offices
☑ Research Ethics Committee
☐ Confidentiality Advisory Group (CAG)
☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

---

5. Will any research sites in this study be NHS organisations?

◉ Yes   ○ No

---

6. Do you plan to include any participants who are children?

◉ Yes   ○ No

---

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes   ◉ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

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8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes   ◉ No

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9. Is the study or any part of it being undertaken as an educational project?

◉ Yes   ○ No

Please describe briefly the involvement of the student(s):
Chief Investigator

9a. Is the project being undertaken in part fulfilment of a PhD or other doctorate?

◉ Yes   ○ No

---

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes   ◉ No

Integrated Research Application System
Application Form for Research involving qualitative methods only

NHS/HSC R&D Form (project information)

Please refer to the Submission and Checklist tabs for instructions on submitting R&D applications.

The Chief Investigator should complete this form. Guidance on the questions is available wherever you see this symbol displayed. We recommend reading the guidance first. The complete guidance and a glossary are available by selecting Help.

Please define any terms or acronyms that might not be familar to lay reviewers of the application.

Short title and version number: (maximum 70 characters - this will be inserted as header on all forms)
Comfort TV Research Project v1

PART A: Core study information

1. ADMINISTRATIVE DETAILS

A1. Full title of the research:

Comfort TV Research Project - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects.

A2-1. Educational projects

Name and contact details of student(s):

> **Student 1**
>
> | | Title | Forename/Initials | Surname |
> | --- | --- | --- | --- |
> | | Mr | Kerr M | Castle |
> | Address | 1/1 12 Fingal Road | | |
> | | Renfrew | | |
> | | Renfrewshire | | |
> | Post Code | PA4 8FH | | |
> | E-mail | k.castle.1@research.gla.ac.uk | | |
> | Telephone | 07805935754 | | |
> | Fax | | | |
>
> Give details of the educational course or degree for which this research is being undertaken:
> Name and level of course/ degree:
> Film & TV Studies, PhD
>
> Name of educational establishment:
> University of Glasgow - Department of Theatre, Film and Television Studies, School of Culture and Creative Arts

Name and contact details of academic supervisor(s):

> **Academic supervisor 1**

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	Title	Forename/Initials	Surname
	Dr	Amy	Holdsworth

Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue,
	Glasgow
Post Code	G12 8QQ
E-mail	Amy.Holdsworth@glasgow.ac.uk
Telephone	01413305625
Fax	

Academic supervisor 2

	Title	Forename/Initials	Surname
	Professor	Karen	Lury

Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue,
	Glasgow
Post Code	G12 8QQ
E-mail	Karen.Lury@glasgow.ac.uk
Telephone	01413305369
Fax	

Please state which academic supervisor(s) has responsibility for which student(s):
Please click "Save now" before completing this table. This will ensure that all of the student and academic supervisor details are shown correctly.

Student(s)	Academic supervisor(s)
Student 1 Mr Kerr M Castle	☑ Dr Amy Holdsworth
	☑ Professor Karen Lury

A copy of a current CV for the student and the academic supervisor (maximum 2 pages of A4) must be submitted with the application.

A2-2. Who will act as Chief Investigator for this study?

◉ Student

◯ Academic supervisor

◯ Other

A3-1. Chief Investigator:

	Title	Forename/Initials	Surname
	Mr	Kerr M	Castle

Post	PhD researcher
Qualifications	(2011-12) MLitt Film and Television Studies, Pass with Distinction. (2006-10) MA Film and Television Studies, First Class with Honours
Employer	University of Glasgow/AHRC
Work Address	Department of Theatre, Film and Television Studies,

NHS R&D Form

IRAS Version 5.3.2

Gilmorehill Centre, 9 University Avenue,
Glasgow

Post Code	G12 8QQ
Work E-mail	k.castle.1@research.gla.ac.uk
* Personal E-mail	███████████████
Work Telephone	
* Personal Telephone/Mobile	
Fax	

This information is optional. It will not be placed in the public domain or disclosed to any other third party without prior consent.
A copy of a current CV (maximum 2 pages of A4) for the Chief Investigator must be submitted with the application.

A4. Who is the contact on behalf of the sponsor for all correspondence relating to applications for this project?
This contact will receive copies of all correspondence from REC and HRA/R&D reviewers that is sent to the CI.

	Title Forename/Initials Surname
	Miss Emma-Jane Gault
Address	Clinical Research & Development,
	West Glasgow Ambulatory Care Hospital,
	Dalnair Street, Glasgow
Post Code	G3 8SW
E-mail	EmmaJane.Gault@glasgow.ac.uk
Telephone	01412321819
Fax	

A5-1. Research reference numbers. *Please give any relevant references for your study:*

Applicant's/organisation's own reference number, e.g. R & D (if available):	█████████████████
Sponsor's/protocol number:	
Protocol Version:	1
Protocol Date:	28/07/2016
Funder's reference number:	
Project website:	http://www.gla.ac.uk/schools/cca/postgraduateresearchstudents/ker rcastle

Additional reference number(s):

Ref.Number Description	Reference Number

Registration of research studies is encouraged wherever possible. You may be able to register your study through your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you have registered your study please give details in the "Additional reference number(s)" section.

A5-2. Is this application linked to a previous study or another current application?

◯ Yes   ⦿ No

Please give brief details and reference numbers.

2. OVERVIEW OF THE RESEARCH

To provide all the information required by review bodies and research information systems, we ask a number of specific questions. This section invites you to give an overview using language comprehensible to lay reviewers and members of the public. Please read the guidance notes for advice on this section.

A6-1. Summary of the study. *Please provide a brief summary of the research (maximum 300 words) using language easily understood by lay reviewers and members of the public. Where the research is reviewed by a REC within the UK Health Departments' Research Ethics Service, this summary will be published on the Health Research Authority (HRA) website following the ethical review. Please refer to the question specific guidance for this question.*

The Comfort TV Research Project is all about working to better understand how audiences use television as an everyday tool for comfort. By comfort, I mean something which has the potential to not only relax viewers, but also to strengthen, soothe and rejuvenate; essentially, television that makes the viewer feel better. The depth and variety of television content available via TV sets, laptops, mobile devices and tablets is incredibly vast and fluid, as are the amount of ways in which audiences now choose to put that content to use and make meanings from it. And that's exactly what this project is concerned with, looking at how successfully (or not) audiences use and adapt television in an attempt to respond to their immediate situation, to meet their physical and emotional needs, as a reaction to life around and beyond the screen.

This relatively untapped area for study is hugely exciting and reflects current shifts in the field, moving away from assessments of quality/"good" TV, towards how TV is used and valued by audiences. This qualitative research project focuses on three audience groups – the family unit (5x families, 18-20 participants), first year university students (10x participants), and hospital patients (10x participants). I have intentionally selected these groups as they represent the everyday audience, the audience in transition, and the extracted audience respectively, enabling me to better explore TV's role during periods of normality and crisis. Research data will be gathered using a combination of methods, including surveys, interviews, viewing journals, and photographs. With regards to hospital patients (or patients in recovery), research data will be gathered using a survey only. When the project is complete, we will have a far better understanding of where and how comfort value originates from TV, and how it's purpose and effect is understood by these viewers.

A6-2. Summary of main issues. *Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them.*

Not all studies raise significant issues. Some studies may have straightforward ethical or other issues that can be identified and managed routinely. Others may present significant issues requiring further consideration by a REC, R&D office or other review body (as appropriate to the issue). Studies that present a minimal risk to participants may raise complex organisational or legal issues. You should try to consider all the types of issues that the different reviewers may need to consider.

There are a number of potential ethical issues involved in this study. The study involves working with three specific audience groups; namely the Family Unit (parent(s) plus children), First Year University Students, and Hospital Patients. It is my intention to work with five Family Units (estimate 18-20 participants total), ten First Year University Students (from the University of Glasgow) and ten Hospital Patients during the study. As such, the project involves two data gathering methodologies, with the five Family Units and ten First Year University Students required to complete an initial viewing survey (likely electronic), a first phase interview, a viewing journal, and a final interview/feedback session. The ten Hospital Patients, by contrast, are required to complete a survey only. Photographs will also be taken to illustrate the different viewing environments of participants and their orientation to the screen (i.e. what looking towards the TV looks like from their first-person perspective), but participants will not be required to feature in said POV images. I will now outline the ethical, legal and management issues relating to each group and the study as a whole.

THE FAMILY UNIT: Firstly, I think it is important to note, with regards to potential issues of balance, that while I do not feel there are any immediate concerns affecting the design of this project, it is worth clarifying my understanding of the Family Unit and what it constitutes. While gender, social and cultural characteristics are not determining factors in the selection of Family Unit participants, I want to be clear about what the Family Unit does not mean, and that is not just two-parent, two-children households from middle class backgrounds (though their data is still welcomed). Data from single parents or legal guardians is just as significant, as too is data from households with one child or much larger families/extended families. The Family Unit category is more about everyday viewing and representing a family's experience of TV, regardless of each family's component elements, structure, social status, hierarchy, and so forth.

Once I have successfully promoted the project and located potential Family Unit participants, I will need to secure their voluntary consent after outlining the project's aims, what will be required of them and how I intend to use the data they provide. It will be important to guarantee their privacy at all times, keeping their comments anonymous and storing their personal information and the data gathered securely to ensure confidentiality.

With regards to vulnerable groups, while I will not be interviewing any minors from Family Units without a parent or legal guardian present, they still represent a vulnerable group and must be treated as such. Any minors featured in the project will require parental consent, and, I would suggest, informed consent that they are willing to participate also. Accordingly, child participants will also be required to complete an Assent Form, acknowledging that the project has been explained to them, that they have had an opportunity to ask questions, that they are happy to participate, and so forth. Featuring minors is extremely significant to the study and will provide a very interesting alternative perspective, as they typically engage with TV in very different ways, on different devices and alongside other activities (gaming, social media, etc.). Highlighting this evolution of viewing dynamics is very important and could yield significant data for this and subsequent studies. Although interviewing minors in this context alongside their parent/legal guardian would not appear to warrant joining the Protection of Vulnerable Groups Scheme based on the available criteria, I feel it is still worth highlighting the involvement of this group in the study.

Furthermore, working with Family Units also raises some potential safety issues, particularly as I currently intend to conduct research with them in their homes. Accordingly, as per the Assessment of Safety provided in the project's protocol, I will be required to make at least one of my supervisors (if not both) aware of my whereabouts prior to entering any family's home, and similarly advise them once I have left the family's home and that portion of the research has been concluded. Equally, I will also have to make an assessment of each environment myself upon arrival and if I feel that there are potential threats or hazards, remove myself from that environment immediately.

FIRST YEAR UNIVERSITY STUDENTS: As per the Family Units, I will first need to successfully promote the project and locate potential First Year University Student participants. This will likely require access via a gatekeeper, such as first year course convenors from different subject areas (TBC), the Student Representative Council (SRC), and course/college administrators (requesting they distribute promotional content to students via email lists, and so forth). I intend to employ further promotional strategies as well, such as utilising Student Voice (an online system devised to facilitate dialogue between students at the university), student media like the Glasgow Guardian newspaper and Subcity Radio, and placing advertisements around the university campus (where appropriate).

Having successfully promoted the project, ten First Year University Students will then be selected from as broad a range of backgrounds/interests as possible (in order to keep the design of the study balanced), i.e. a mix of UK, EU and International students from different disciplines/in different living situations (i.e. student accommodation, staying at home, renting a flat, etc.). Currently there is no financial inducement/compensation for participating in this or any portion of the study, however, this is an option I am exploring further and considering potential funding options for.

As per the Family Unit, I will require voluntary consent from all students after briefly outlining the project's aims, what will be required of them and how their data will be used; this will also be incorporated into the electronic survey. It will be important to guarantee their privacy at all times, keeping their comments anonymous and storing their personal information and the data gathered securely to ensure confidentiality.

Similarly, I will apply the same protocol outlined in my Assessment of Safety and the Lone Working Policy to the First Year University Students (at least when interviews are conducted off-campus), advising my supervisor(s) of my whereabouts both before and after any data collection, and making my own assessment of any risks, hazards or potential threats upon arrival.

HOSPITAL PATIENTS: Please note, when a previous ethics approval application (Ref: 100150087) was submitted to College of Arts at the University of Glasgow and was unsuccessful, the primary concerns were around the need for an agreement in principle from the NHS to conduct the study and the complexity of the Hospital Patient participant methodology, which has accordingly been revised and simplified here. Accordingly, this final group brings with it slightly different ethical and management issues, ultimately determined by how we identify, approach and secure participants for this portion of the study. The method for this will be determined with the project Sponsor/representative, and perhaps also medical staff, constantly respecting the dignity and ultimate well-being of patients and ensuring that the study does not in any way impact their care.

As the ten Hospital Patients selected will only be required to complete a survey (once they have completed their written consent form, that is) their level of participation and its duration will be much shorter than that of the Family Units or First Year University Students. Again, this was decided intentionally so as to minimise any potential stress or strain the alternative methodology would have placed upon them. With regards to ethical issues, the survey format also negates the need for the presence of a researcher during its completion – the survey can be completed in their absence and collected at a time convenient to the patient/care provider. Nevertheless, the Participant Information Sheet (PIS), Participant Screening document and Consent Form, and the survey will still be distributed and collected by the Chief Investigator.

As per the first two groups, patient privacy will be guaranteed at all times, keeping all survey data anonymous and storing it, along with any required personal information, securely to ensure confidentiality. Similarly, I will adhere to the same protocols outlined in the previously mentioned Assessment of Safety and the Lone Working Policy, keeping my supervisors aware of my schedule and any visits to the hospital for the collection of data, and so forth.

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The study also involves user commentary and anecdotes captured via Twitter (@ComfortTV) and a dedicated Comfort TV blog. The blog will feature a permissions statement outlining that this is part of a research project and that any comments posted may be utilised as part of the study. For more extensive anecdotes or posts, I intend to contact contributors directly to confirm consent if required. The Twitter account will link directly to the Comfort TV blog, again outlining that this is part of a broader research project and that comments may be used in this study.

3. PURPOSE AND DESIGN OF THE RESEARCH

A7. Select the appropriate methodology description for this research. *Please tick all that apply*:

- ☐ Case series/ case note review
- ☐ Case control
- ☐ Cohort observation
- ☐ Controlled trial without randomisation
- ☐ Cross-sectional study
- ☐ Database analysis
- ☐ Epidemiology
- ☐ Feasibility/ pilot study
- ☐ Laboratory study
- ☐ Metanalysis
- ☑ Qualitative research
- ☑ Questionnaire, interview or observation study
- ☐ Randomised controlled trial
- ☐ Other (please specify)

A10. What is the principal research question/objective? *Please put this in language comprehensible to a lay person.*

The primary objective of this study is to establish where and how comfort value originates from television programmes, e.g. is it about how audience prepare for viewing, how they set themselves up to receive a show/the experience of viewing a show as comforting, or something structurally within the television programme itself? From each of the groups studied, I intend to evidence how comfort value from TV originates, from their differing perspectives, what it is that they actually find comforting (or don't) about TV, and how that value endured for them (if at all) during the study, i.e. how did watching a show that made them feel good or better then impact their lives both around and away from television?

A11. What are the secondary research questions/objectives if applicable? *Please put this in language comprehensible to a lay person.*

The secondary objective of this study is to ascertain how comfort TV's purpose and effect is understood by viewers, i.e. do they recognise that they are seeking comfort values and deploying chosen TV shows in the pursuit of comfort or therapeutic reward? How do they value and appreciate the TV shows they use daily? Fundamentally, in terms of impact and the study's value, this is where their experiences as viewers, and a more self-reflexive approach to their viewing and what it does to/for them, will yield extremely rich audience data.

A12. What is the scientific justification for the research? *Please put this in language comprehensible to a lay person.*

As is highlighted in the project protocol, this is a relatively unexplored field within film and television studies academia, and one that deserves far greater attention as it is so strongly connected to what TV audiences actually do with the media they consume. Typically, research tends to focus more specifically on television programmes - their structure, characters, performances, visual and formal characteristics - and on what is "good" television, rather than what television means to/does for its viewers.

This project's emphasis on comfort and experiences of relaxation, restoration and rejuvenation from television

highlights a widely acknowledged function/result of TV viewing that remains almost entirely unexplored to date. It is my intention that by learning more about what audiences do with television, how they use it to respond to, channel and even redirect the various affects and emotions that they accumulate/experience in everyday life, we can better understand the medium's potential as a therapeutic tool. Furthermore, by exploring where and how experiences of comfort from television originate (i.e. it would be unlikely to assume that television is naturally comforting, but instead determined by what viewers "bring with them" to the screen), as well as how the audience groups studied understand TV's role within their daily lives, we gain direct insight into experiences of comfort, their value and endurance beyond the television screen.

Such data could not only radically impact how we evaluate television programmes/the medium of television itself in academia, but also how we position television within health and residential care; not simply as an activity or as a means of filling time, but as a tool capable of soothing individuals, of enhancing well-being, and even potentially improving cognition (e.g. using particular nostalgia programmes to reignite memories or feelings among patients). Moreover, the study's results could also be of great value to broadcasters and programme makers, providing unique insight into how audiences value, turn to and rely upon different programmes at different times for particular reasons; data which could ultimately impact how TV programmes are made and distributed.

Put simply, this project has a wealth of potential, already recognised among many of my academic peers who share my excitement, and could drastically change how we understand television's ability to "care" for viewers.

A13. Please summarise your design and methodology. *It should be clear exactly what will happen to the research participant, how many times and in what order. Please complete this section in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol. Further guidance is available in the guidance notes.*

It is my intention to focus on three specific audience groups during the study – the Family Unit, First Year University Students, and Hospital Patients. I have intentionally selected these groups as they represent the everyday audience, the audience in transition, and the extracted audience respectively, enabling me to better explore TV's role during periods of normality and crisis. As the audience groups studied are relatively distinct from each other, the project requires two data capture methodologies; one methodology caters exclusively for Hospital Patients, intentionally designed to be a "low risk" academic study that is minimally intrusive or strenuous for participants, and the other methodology is a more in-depth study for Family Units and First Year University Students. Please note, for each of the groups studied, I also intend to photograph their viewing environment and their orientation to the screen (i.e. what it is they see when they look towards television, what frames the screen itself). However, participants will not be required to feature in any images as they will be captured from a first person perspective.

I will now outline the Hospital Patient journey through the study and what will happen to them, before doing the same for Family Units and First Year University Students.

HOSPITAL PATIENTS: This group is required to complete a survey only, discussing their viewing habits both inside of the hospital and prior to entering the facility. Having identified potential participants, patients will first be provided with a Participant Information Sheet, briefly outlining the scope of the project and what will be required of them. They will then be afforded a minimum 24 hour period to decide whether they wish to participate or not. Those that do wish to take part will then need to sign a written Consent Form, after which they will then be provided with a hard copy of the Survey, which they are expected to complete within the next 3-4 days. The Surveys will then be collected by the research team, and that will signal the end of Hospital Patient involvement in the study. Please note, all documents (Participant Information Sheet, Participant Screening document, Consent Form, and survey) will be distributed and collected by the Chief Investigator.

Please note, for photographs relating to the Hospital Patient viewing environment, as hospital rooms are typically uniform in design and layout, only one room will need to be photographed (and this need not be a room which is actually occupied by a patient).

FAMILY UNITS/FIRST YEAR UNIVERSITY STUDENTS: These groups will participate in several stages throughout the study, required to complete a Survey, First Phase Interview, to keep a Viewing Journal, and finally a Second Phase Interview/Feedback Session. Photographs will also be required from a first person perspective, as outlined above. The study is intentionally designed to yield a greater volume of data from these two groups, firstly, because there are less time constraints - with Hospital Patients, they may only be in hospital for three or four days, but these two groups naturally accommodate a more in-depth study - and, secondly, because their viewing habits are likely to be far more representative of daily life, living alongside television.

Once the project has successfully been promoted online, in-person and via relevant gatekeepers (e.g. first year university course convenors - for a more extensive list of promotional channels, please consult project protocol), respondents interested in participating will be provided with a Participant Information Sheet and required to complete a Participant Screening form to confirm their eligibility to enter the study. If they are eligible and happy to participate in

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the project, they will be required to sign a written consent form, after which they will be provided with the Survey (likely an electronic copy, as opposed to the hard copy Hospital Patients will receive). Once all Surveys are completed, data will be reviewed and will partially inform the line of questioning for the First Phase Interviews. For Family Units, First Phase Interviews will likely be conducted in their own homes, while First Year University Student interviews will either be on-campus at the University of Glasgow or at their homes/student accommodation. All interviews will be captured as audio-only for later transcription. This is also when photographs will likely be taken, too. While the results of the First Phase Interviews are being transcribed and analysed, participants will each be required to keep a Viewing Journal (for up to two weeks), documenting their viewing habits and experiences, as appropriate. Again, the Viewing Journals will likely be electronic, although hard copies can be provided upon request. Once the Viewing Journals are complete and have been submitted/collected, their data will be analysed and collated with that of the First Phase Interviews. All data captured thus far will then inform the line of questioning in the Second Phase Interview/Feedback Sessions, tailored to individual participants where possible. The opportunity afforded to participants to react to my initial research findings here, to challenge my interpretation of TV's place within their lives and how it is I believe they choose to use media, allows me to gather far richer, more accurate research data that could prove extremely valuable to this study and the field. Once the Second Phase Interview/Feedback Session portion of the study is concluded, that will signal the end of involvement from all Family Unit and First Year University Student participants in the study.

A14-1. In which aspects of the research process have you actively involved, or will you involve, patients, service users, and/or their carers, or members of the public?

☐ Design of the research

☐ Management of the research

☐ Undertaking the research

☐ Analysis of results

☐ Dissemination of findings

☑ None of the above

Give details of involvement, or if none please justify the absence of involvement.
Currently, none of the above are involved in the design, management, undertaking, analysis or dissemination of research. However, depending on the nature of my findings, I hope to present my research to the NHS/care providers and discuss how it could impact the use of television in health and residential care as more of a therapeutic tool. Similarly, the dissemination of findings could continue with relevant television organisations in the UK (at least, initially), and research could in fact further with organisations like the Royal Association for Deaf People (RAD) and the Royal National Institute of Blind People (RNIB), considering experiences of comfort from television when suffering from an impairment such as hearing or sight loss (experiencing television as audio description or subtitles). The project has great potential to continue far beyond this initial study and yield a wealth of valuable new data and insight.

4. RISKS AND ETHICAL ISSUES

RESEARCH PARTICIPANTS

A15. What is the sample group or cohort to be studied in this research?

Select all that apply:

☐ Blood

☐ Cancer

☐ Cardiovascular

☐ Congenital Disorders

☐ Dementias and Neurodegenerative Diseases

☐ Diabetes

☐ Ear

☐ Eye

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☑ Generic Health Relevance

☐ Infection

☐ Inflammatory and Immune System

☐ Injuries and Accidents

☐ Mental Health

☐ Metabolic and Endocrine

☐ Musculoskeletal

☐ Neurological

☐ Oral and Gastrointestinal

☐ Paediatrics

☐ Renal and Urogenital

☐ Reproductive Health and Childbirth

☐ Respiratory

☐ Skin

☐ Stroke

Gender: Male and female participants

Lower age limit: 18   Years

Upper age limit: 80   Years

A17-1. Please list the principal inclusion criteria (list the most important, max 5000 characters).

I will now list the principal inclusion criteria for each audience group within the study.

FAMILY UNIT:
- Written informed consent (and assent from any child participants)
- At least one parent or legal guardian, male or female ≥18 years of age, with at least one dependent ≤16 years of age (i.e. not only 2.4 children households)
- Employed or unemployed (e.g. stay at home parent, etc.)
- UK, EU or International (i.e. not only Scottish/UK participants)
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow
- Minors will be interviewed, but only when a parent or guardian is present (i.e. they are not the principal participants being recruited, but their input is nevertheless valuable)
- Minors interviewed must be ≥10 years of age (this does not mean that Family Units cannot have minors younger than ten years of age, simply that they are less likely to be interviewed as result)

FIRST YEAR UNIVERSITY STUDENT:
- Written informed consent
- Male or female ≥18 years of age
- In the first year of their undergraduate university degree full-time
- UK, EU or International students attending the University of Glasgow
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow
- Total group must consist of more than one academic discipline (i.e. not all engineering students and none from arts or medicine, etc.)
- Ideally living away from home for the first time, but not crucial to the study

HOSPITAL PATIENTS:
- Written informed consent
- Male or non-pregnant female ≥18 years of age
- UK, EU or International (i.e. not only Scottish/UK participants)
- Fluency in English (verbal and written) as this is a student study with limited budget
- Based in/around Glasgow

- Are/were in hospital for a minimum of three days
- Are making use/made use of TV in hospital (and have been discharged from hospital no longer than two weeks)

A17-2. Please list the principal exclusion criteria (list the most important, max 5000 characters).

I will now list the principal exclusion criteria for each audience group within the study.

FAMILY UNIT:
- If participants have no children/are not legal guardians for any children
- If participants' children do not live with them and they do not see them on a weekly basis (it's OK for participants to be separated and for their children to live elsewhere, however, they still need to spend time with their child/family at least once a week)

FIRST YEAR UNIVERSITY STUDENT:
- If they are not in their first year of undergraduate study at the University of Glasgow

HOSPITAL PATIENT:
- Incapable of providing informed consent
- Receiving end of life care
- Patients in critical care

RESEARCH PROCEDURES, RISKS AND BENEFITS

A18. Give details of all non-clinical intervention(s) or procedure(s) that will be received by participants as part of the research protocol. *These include seeking consent, interviews, non-clinical observations and use of questionnaires.*

Please complete the columns for each intervention/procedure as follows:

    1. Total number of interventions/procedures to be received by each participant as part of the research protocol.

    2. If this intervention/procedure would be routinely given to participants as part of their care outside the research, how many of the total would be routine?

    3. Average time taken per intervention/procedure (minutes, hours or days)

    4. Details of who will conduct the intervention/procedure, and where it will take place.

Intervention or procedure	1	2	3	4
Hospital Patient - Participant Information Sheet distribution	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment (e.g. Queen Elizabeth University Hospital, Glasgow)
Hospital Patient - Consent Form	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Hospital Patient - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Hospital Patient - Environment Photograph (not required to feature any participants)	1		5-10 minutes	Chief Investigator (Kerr Castle) at chosen care establishment
Family Unit - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1		10-15 minutes	Chief Investigator (Kerr Castle) electronically
Family Unit - Consent Form	1		5-10 minutes	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes
Family Unit - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes
Family Unit - First Phase Interviews and Environment Photograph (not required to feature any participants)	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes

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Family Unit - Viewing Journal (electronic or hard copy, if requested)	1	Up to 14 days	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes
Family Unit - Second Phase Interview/Feedback Session	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes
First Year University Student - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1	10-15 minutes	Chief Investigator (Kerr Castle) electronically
First Year University Student - Consent Form	1	5-10 minutes	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes or on-campus
First Year University Student - Complete Survey	1	20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus
First Year University Student - First Phase Interviews and Environment Photograph (not required to feature any participants)	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus
First Year University Student - Viewing Journal (electronic or hard copy, if requested)	1	Up to 14 days	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus
First Year University Student - Second Phase Interview/Feedback Session	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus

A21. How long do you expect each participant to be in the study in total?

Exact durations are difficult to specify at this moment in time. However, for Hospital Patient participants, their involvement will be over a relatively short period of time once they have signed the written Consent Form. I anticipate a maximum of 7 days to allow time to complete the Survey and for it to be collected/submitted. The Survey could be completed within a duration of 20-30 minutes, however, so this timeframe is simply the maximum duration before the Survey should be completed. This will then signal the end of their involvement in the study.

For Family Unit and First Year University Student participants, their involvement will be over a greater duration. After signing the written (or electronic, including e-signature) Consent Form, each participant will take part in the study for a maximum duration of 3-4 months. During this time they will complete the Survey, First Phase Interview, keep a Viewing Journal and take part in the final Second Phase Interview/Feedback Session. Once again, this is the maximum time allowed for data gathering from each Family Unit and First Year University Student participant. This will then signal the end of their involvement in the study.

A22. What are the potential risks and burdens for research participants and how will you minimise them?

For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.

HOSPITAL PATIENT: For the Hospital Patient, their portion of the study has been intentionally designed so as to avoid any adverse effects, pain, discomfort, distress, intrusion or inconvenience (their lifestyle has already been impacted by being in hospital). The only risk or burden I can anticipate at this time is if the patient's health declines unexpectedly once they have consented to participate in the study/the clinical team indicate that the patient should not be approached for medical reasons, or if they simply change their mind and decide that completing the Survey is too much for them. In order to minimise any risks or burdens, the Hospital Patient can simply elect to withdraw from the study at any time should they find it too strenuous.

FAMILY UNIT/FIRST YEAR UNIVERSITY STUDENTS: For the Family Unit and First Year University Students, the primary change to lifestyle/potential inconvenience required by the study will be keeping the Viewing Journal for up to two weeks.   However, to minimise the burden of this portion of the study, participants will only be required to write entries into the journal for a minimum number of days across the 14 day period, e.g. at least 7 out of 14 days. This will allow more flexibility for participants so that the Viewing Journal does not dominate their day-to-day schedule. This also allows for the fact that some participants simply may not watch television every day.

Furthermore, as I will be entering participants' homes, this could also be potentially inconvenient at times (possibly deemed intrusive, even). While the methodology of the study and what will be required of them will be outlined at the beginning of the study, prior to them signing the Consent Form, I still need to respect their schedules and be adaptable, as inevitably an element of flexibility will be required when it comes to scheduling/conducting the First Phase Interview and the Second Phase Interview/Feedback Session. Accordingly, any interviews will be provisionally scheduled at least one week in advance, with a further reminder to participants the day before the interview takes place to ensure that it can still go ahead as scheduled and in the planned location.

Once again, should involvement in the study become too much for participants and result in any distress, inconvenience, and so forth, participants can simply complete the Participant Withdrawal form to exit the study.

A23. Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study?

◯ Yes   ◉ No

A24. What is the potential for benefit to research participants?

Aside from the fact that the data gathered could prove invaluable to Film & TV academia, the NHS and other care providers, and the broadcasting industry, too, it's also a great opportunity for participants to learn more about their own TV viewing habits and how they can impact (positively or negatively) their well-being.

Furthermore, the opportunity afforded to Family Unit and First Year University Student participants to feedback on the research team's analysis and interpretation of their viewing and what television does to/for them, means that the study does not simply feature their "raw" data, as it were, but also their own opinions on how television operates within their daily lives, whether or not they consider it as a tool for well-being, and what they think of its potential to afford comfort/therapeutic reward.

A26. What are the potential risks for the researchers themselves? *(if any)*

The primary risk for the researcher is having to enter the homes of Family Unit and First Year University Student participants. Accordingly, as outlined in the Assessment of Safety element of the study's protocol, and adhering to the Lone Working Policy's guidelines, I will provide a weekly research timetable to my supervisors detailing scheduled interviews, locations, number of participants present, planned duration of visit, a reminder of my contact information and the names, addresses and contact details for interviewees (only to be used in the event of an emergency). I will also contact my supervisor(s) prior to entering participants' homes to conduct interviews, and again once I have left their homes. Further procedures are in place to ensure both the researcher's safety and the safety of participants at all time, such as the favourable scheduling of interviews during the working day (i.e. 9am-5pm), where possible, and the recording of all interviews as audio-only, providing evidence of what was said by who and when, etc.

Please note, the schedule provided to supervisors will also highlight hospital visits for securing Hospital Patient participants' consent, distributing/collecting surveys, and taking the viewing environment photograph. The same procedures will be adhered to throughout.

RECRUITMENT AND INFORMED CONSENT

In this section we ask you to describe the recruitment procedures for the study. Please give separate details for different study groups where appropriate.

A27-1. How will potential participants, records or samples be identified? Who will carry this out and what resources will be used? *For example, identification may involve a disease register, computerised search of GP records, or review of medical records. Indicate whether this will be done by the direct healthcare team or by researchers acting under arrangements with the responsible care organisation(s).*

For Hospital Patients, further consultation with the clinical team is currently needed. However, I anticipate that a ward or wards will be selected at a determined study centre based upon their suitability to participate in the Survey, after which the Participant Information Sheet (PIS) will be shared to all patients on said ward(s) and they will be invited to take part in the study/sign the Consent Form and the Participant Screening document (after a minimum period of 24 hours for their consideration). Please note, the initial approach to patients should come from the clinical team,

introducing the Chief Investigator to suitable patients. If more than the required 10 Hospital Patient participants confirm interest in participating in the study, we will assess the suitability of volunteers and recruit the 10 individuals who allow for the most balanced and diverse study possible. Any required assessment of the suitability of patients to the study will be completed by the Chief Investigator (CI), the CI's supervisors (where appropriate) and the clinical team.

Family Unit and First Year University Student participants will be identified through a combination of methods. For Family Units, this will require either recruiting online via the @comforttv Twitter account, the comfort.wordpress.com blog, and the promotion of the project on other social media channels and forums, or in-person/with print media at establishments like the Glasgow Film Theatre (GFT), BFI Mediatheque at Bridgeton Library, the Grosvenor Cinema in Glasgow's Ashton Lane, and so forth. For First Year University Students, this will require utilising existing university resources, such as StudentVoice (an online message board connecting students), and promotional outlets at the University of Glasgow, like the Glasgow Guardian newspaper and Subcity Radio station. Furthermore, the study will be promoted to students via first year course convenors, email (with PR materials shared with students by School administrators), and possibly also the Student Representative Council (SRC).

All Family Unit and First Year University Student participants will be required to voluntarily complete a Participant Screening document, providing very basic information about their employment/field of study, nationality, relationship status, and so forth. This will be distributed to potential participants along with the Participant Information Sheet which outlines the scope of the project, what would be required of participants, how their data would be used, and so on. Assuming they meet the required criteria, the study requires 5 Family Unit groups (estimate 18-20 participants total in this audience group) and 10 First Year University Student participants. If more than this number respond, they will be assessed, as per the Hospital Patient participants, to allow for the most balanced and diverse study possible. This assessment will likely be made in consultation with the Chief Investigator's supervisors.

A27-2. Will the identification of potential participants involve reviewing or screening the identifiable personal information of patients, service users or any other person?

○ Yes   ● No

Please give details below:
Although a small screening process is alluded to in A27-1, all information is provided voluntarily by potential participants and not taken without their consent/prior to approaching them to take part in the study or them approaching the research team to volunteer.

A28. Will any participants be recruited by publicity through posters, leaflets, adverts or websites?

● Yes   ○ No

If Yes, please give details of how and where publicity will be conducted, and enclose copy of all advertising material (with version numbers and dates).

As highlighted in A27-1, the project will be promoted to Family Unit participants via the @comforttv Twitter account, the comfort.wordpress.com blog, additional social media channels and forums, and in-person/with print media located at appropriate sites around Glasgow. A short piece of PR (enclosed) will outline the project to potential participants, along with why they should get involved/how they can.

When the study is promoted to potential First Year University Student participants, it will make use of the same short piece of PR, distributed via first year course convenors, email lists, the Student Representative Council (SRC), StudentVoice (message board), and student media like the Glasgow Guardian newspaper and Subcity Radio station.

A29. How and by whom will potential participants first be approached?

The first point of contact during recruitment will be the Chief Investigator, either promoting the project in-person or via the various electronic promotional channels outlined/print media located at relevant sites around Glasgow. For the most part, gatekeepers (be it first year course convenors, School administrators, the Glasgow Film Theatre or BFI Mediatheque, etc.) will connect the Chief Investigator to potential participants. The only exception to the rule is any promotion of the project in-person or via social media channels and the comforttv.wordpress.com blog.

For Hospital Patients, the initial approach should come from the clinical team, introducing the Chief Investigator to suitable patients (not the CI approaching patients directly/unaccompanied).

A30-1. Will you obtain informed consent from or on behalf of research participants?

⦿ Yes   ◯ No

If you will be obtaining consent from adult participants, please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). Arrangements for adults unable to consent for themselves should be described separately in Part B Section 6, and for children in Part B Section 7.

If you plan to seek informed consent from vulnerable groups, say how you will ensure that consent is voluntary and fully informed.

All participants will first be provided with a Participant Information Sheet (PIS) outlining the scope of the project, what will be required of them, and how we hope to use their data.

HOSPITAL PATIENT: Following a 24-hour period after receiving the PIS, this participant group will then be provided with a written Consent Form to sign, should they wish to progress into the study. They will also be asked to complete a Participant Screening document, as per the FU and FYUS groups (providing basic information about background, employment, etc.). Consent will likely be taken by the Chief Investigator, likely accompanied by a member of the clinical team as witness. Hospital Patient participants will then be provided with the Survey, to be completed within the next 5 working days, after which their involvement in the study will cease.

FAMILY UNIT: Along with the PIS (including a version specifically for child participants), the Family Unit participants will also receive a Participant Screening form to complete voluntarily, requiring basic information as to their employment, relationship status, number of children, and so forth (useful data which allows us to position the family within the study appropriately). Once they have completed this, they will be required to complete the Consent Form with the Chief Investigator present (given the complexity of the study design for Family Unit participants, the Chief Investigator should be present to answer any questions arriving from the PIS, Participant Screening document or Consent Form). Family Unit participants will also be required to confirm whether or not their children would like to participate in the study, too. While it is the responsibility of parents to provide informed consent on the behalf of any minors, it is important the any children involved in the study want to take part/give Assent. Their participation, as previously stated, is not mandatory, but will yield extremely interesting and distinct data. Accordingly potential child participants will be provided with their own version of the Participant Information Sheet and invited to complete an Assent Form should they wish to participate in the study with their family. Again, the presence of the Chief Investigator for the signing of the Consent Form/Assent Form allows any child participants to ask questions they might have about the study and what will be required of them, etc.

FIRST YEAR UNIVERSITY STUDENT: Similar to the Family Unit, First Year University Student participants will also receive a Participant Screening form (likely electronic) to complete voluntarily, along with the PIS, requiring basic information as to their field of study, relationship status, accommodation, and so forth. Once they have completed and submitted this for review, they will be required to complete the Consent Form, signing the form with the Chief Investigator present. Again, given the complexity of the study's design for First Year University Student participants, it is important that the Chief Investigator be present to answer any questions they might have about the design of the study, the use of their data, and so forth.

If you are not obtaining consent, please explain why not.

Please enclose a copy of the information sheet(s) and consent form(s).

A30-2. Will you record informed consent (or advice from consultees) in writing?

⦿ Yes   ◯ No

A31. How long will you allow potential participants to decide whether or not to take part?

For Hospital Patient participants, a minimum of 24 hours will be granted to allow potential participants to decide whether or not to take part in the project. The maximum time allowed to decide whether to take part or not would be up to 5 working days. For Hospital Patient participants, the maximum time allowed will inevitably be influenced by the intended duration of their hospital stay.

For Family Unit and First Year University Student participants, slightly more time can be granted, particularly as their part of the study requires a greater amount of involvement from them (Survey, First Phase Interview, Viewing Journal and Second Phase Interview/Feedback Session). Accordingly, a maximum of 10 working days will be allowed.

A33-1. What arrangements have been made for persons who might not adequately understand verbal explanations or written information given in English, or who have special communication needs? *(e.g. translation, use of interpreters)*

As this is a student study with limited funding, fluency in English (verbal and written) is part of the inclusion criteria.

A35. What steps would you take if a participant, who has given informed consent, loses capacity to consent during the study? *Tick one option only.*

◉ The participant and all identifiable data or tissue collected would be withdrawn from the study. Data or tissue which is not identifiable to the research team may be retained.

◯ The participant would be withdrawn from the study. Identifiable data or tissue already collected with consent would be retained and used in the study. No further data or tissue would be collected or any other research procedures carried out on or in relation to the participant.

◯ The participant would continue to be included in the study.

◯ Not applicable – informed consent will not be sought from any participants in this research.

◯ Not applicable – it is not practicable for the research team to monitor capacity and continued capacity will be assumed.

Further details:
Data which is not identifiable to the research team would still be retained.

For those who decide to leave the study, but not due to loss of capacity, there is an additional option in the Participant Withdrawal form (which they can tick or leave blank), which states "I do not give permission for any of the data I contributed to be used in the study". This allows participants to withdraw, but still give us permission to use their data (if they wish to do so).

CONFIDENTIALITY

In this section, personal data means any data relating to a participant who could potentially be identified. It includes pseudonymised data capable of being linked to a participant through a unique code number.

Storage and use of personal data during the study

A36. Will you be undertaking any of the following activities at any stage (including in the identification of potential participants)? *(Tick as appropriate)*

☐ Access to medical records by those outside the direct healthcare team

☐ Access to social care records by those outside the direct social care team

☐ Electronic transfer by magnetic or optical media, email or computer networks

☐ Sharing of personal data with other organisations

☐ Export of personal data outside the EEA

☑ Use of personal addresses, postcodes, faxes, emails or telephone numbers

☑ Publication of direct quotations from respondents

☐ Publication of data that might allow identification of individuals

☑ Use of audio/visual recording devices

☑ Storage of personal data on any of the following:

☐ Manual files (includes paper or film)

☐ NHS computers

☐ Social Care Service computers

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☐ Home or other personal computers

☑ University computers

☐ Private company computers

☐ Laptop computers

Further details:

The Chief Investigator will manage and analyse all study data (including participant data and recorded study data), unless requested to do otherwise. All recorded data and images will be stored on online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Any physical copies of data or Consent/Assent forms, and hard copies of the Participant Screening document, will be stored securely by one of the Chief Investigator's PhD supervisors in their secure office space at the University of Glasgow (identified as the most suitable location currently available). A code linking identifiable information with research data will be held separately from research data.

Relevant data will subsequently be stored in an appropriate data repository as well (e.g. Enlighten: Research Data) once the project is completed, depending on entry criteria, cost and necessity. All audio recordings will be transcribed and stored as text documents, along with the original audio recordings as well.

The publication of direct quotations from respondents etc. will obviously be anonymised in order to protect their privacy.

A37. Please describe the physical security arrangements for storage of personal data during the study?

As highlighted in A36, all recorded data and images will be stored on secure/backed-up online university storage (i.e. Office365's OneDrive or Owncloud) and an encrypted portable hard drive. Any physical copies of data or Consent/Assent forms, and hard copies of the Participant Screening document, will be stored securely by one of the Chief Investigator's PhD supervisors in their secure office space at the University of Glasgow (identified as the most suitable location currently available).

A38. How will you ensure the confidentiality of personal data? *Please provide a general statement of the policy and procedures for ensuring confidentiality, e.g. anonymisation or pseudonymisation of data.*

As per the NHS Code of Confidentiality, it is the Chief Investigator's (CI) responsibility to protect participant information, inform participants as to how their data will be used, and provide choice, allowing participants to decide whether or not their information can be used or disclosed in particular ways (where appropriate). Accordingly, the CI is charged with recording all participant information/data accurately and consistently, storing it securely and respecting participant privacy, and following established information sharing protocols (where necessary/appropriate). The CI will always ensure participants are informed about the study's scope and development, that they understand where they are on their journey through the study (i.e. what comes next), how their information is being/will be used, and whether or not identifiable personal information needs to be accessed or data disclosed to others (this is highly unlikely to occur in this study, however). Furthermore, it is the CI's responsibility to check if participants have any concerns or queries about how their information is being used.

Fundamentally, anonymisation will protect participant privacy and personal information, both during the study and when submitting/publishing the study's findings. Please note, a code linking identifiable information with research data will be held separately from research data.

A40. Who will have access to participants' personal data during the study? *Where access is by individuals outside the direct care team, please justify and say whether consent will be sought.*

The Chief Investigator will have access to participants' personal data during the study, but only after participants have completed the required Consent Form to take part in the study first. Any other data, such as names, contact details and addresses, will only be shared with the Chief Investigator's (CI) supervisors as appropriate; specifically, this information is shared as part of the CI's weekly schedule, when going out to interviews and so forth, as an additional safety measure. A code linking identifiable personal information with research data will be held separately from any research data.

Representatives of the study sponsor, NHS GG&C, may also access participants' data for audit purposes.

Storage and use of data after the end of the study

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A41. Where will the data generated by the study be analysed and by whom?

All data generated by the study will be analysed by the Chief Investigator (CI), who will also likely be capturing all (if not the vast majority) of data. Accordingly, this negates the need to transfer confidential or private data, as it will all be captured and processed by the same individual. Data will either be analysed at the work address cited below in A42, or at the CI's home office.

A42. Who will have control of and act as the custodian for the data generated by the study?

	Title	Forename/Initials	Surname
	Mr	Kerr M	Castle
Post	Chief Investigator		
Qualifications	(2011-12) MLitt Film and Television Studies, Pass with Distinction. (2006-10) MA Film and Television Studies, First Class with Honours		
Work Address	Department of Theatre, Film and Television Studies,		
	Gilmorehill Centre, 9 University Avenue,		
	Glasgow		
Post Code	G12 8QQ		
Work Email	k.castle.1@research.gla.ac.uk		
Work Telephone	07805935754		
Fax			

A43. How long will personal data be stored or accessed after the study has ended?

○ Less than 3 months

◉ 3 – 6 months

○ 6 – 12 months

○ 12 months – 3 years

○ Over 3 years

A44. For how long will you store research data generated by the study?

Years:　10

Months: 0

A45. Please give details of the long term arrangements for storage of research data after the study has ended. *Say where data will be stored, who will have access and the arrangements to ensure security.*

Once the study has ended, data will likely be stored in an appropriate data repository, e.g. Enlighten: Research Data (assuming it is not stored there already), depending on entry criteria, cost and necessity. All audience data and identifiable personal information from participants would be anonymised to protect their privacy. As suggested above, the intention is to store the research data generated for 10 years (as this seems to be a standard timeframe based on GU guidance), before revisiting what to do with it/whether to destroy it or not - research findings will obviously remain available indefinitely to interested parties.

INCENTIVES AND PAYMENTS

A46. Will research participants receive any payments, reimbursement of expenses or any other benefits or incentives

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for taking part in this research?

○ Yes　◉ No

A47. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?

○ Yes　◉ No

A48. Does the Chief Investigator or any other investigator/collaborator have any direct personal involvement (e.g. financial, share holding, personal relationship etc.) in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?

○ Yes　◉ No

NOTIFICATION OF OTHER PROFESSIONALS

A49-1. Will you inform the participants' General Practitioners (and/or any other health or care professional responsible for their care) that they are taking part in the study?

○ Yes　◉ No

If Yes, please enclose a copy of the information sheet/letter for the GP/health professional with a version number and date.

PUBLICATION AND DISSEMINATION

A50. Will the research be registered on a public database?

○ Yes　◉ No

Please give details, or justify if not registering the research.
Registration is mandatory for clinical trials only.

Registration of research studies is encouraged wherever possible.
You may be able to register your study through your NHS organisation or a register run by a medical research charity, or publish your protocol through an open access publisher. If you are aware of a suitable register or other method of publication, please give details. If not, you may indicate that no suitable register exists. Please ensure that you have entered registry reference number(s) in question A5-1.

A51. How do you intend to report and disseminate the results of the study?*Tick as appropriate:*

☑ Peer reviewed scientific journals

☐ Internal report

☑ Conference presentation

☑ Publication on website

☑ Other publication

☐ Submission to regulatory authorities

☐ Access to raw data and right to publish freely by all investigators in study or by Independent Steering Committee
on behalf of all investigators

☐ No plans to report or disseminate the results

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☑ Other (please specify)

As the results of the study will form the basis of my PhD thesis, that will be my primary means of reporting and disseminating data. Along with submitting the thesis, I will also explore the option of submitting the results as academic papers to Film & TV Studies peer review journals (possibly social and cultural studies journals, too). Where possible, I would also like to examine data with the NHS or other care providers to consider more directly the data gathered from Hospital Patient participants during the study and how their feedback might inform potential change as to how television is used in care.

A52. If you will be using identifiable personal data, how will you ensure that anonymity will be maintained when publishing the results?

All data will be anonymised throughout the study so as the protect the privacy and security of participants. Furthermore, the likelihood that such data would be required to be used in the first place is extremely small; the study will not be presenting case histories, but instead subjective experiences of TV viewing that are specific to each participant's immediate situation.

A53. Will you inform participants of the results?

◉ Yes   ○ No

Please give details of how you will inform participants or justify if not doing so.
Even simply as a courtesy, participants will be informed of the final results of the study/directed to any data or publications they can read online. Furthermore, as has already been highlighted, the Family Unit and First Year University Student participants are also afforded the chance to the Chief Investigator's interpretation of how they are using television/what TV does for them on a daily basis during the Second Phase Interview/Feedback Session. This will undoubtedly yield rich data that more accurately reflects what participants think of their viewing habits and routines, the space that TV occupies within their lives, and how it impacts their well-being.

5. Scientific and Statistical Review

A54. How has the scientific quality of the research been assessed? *Tick as appropriate:*

☐ Independent external review

☐ Review within a company

☐ Review within a multi−centre research group

☐ Review within the Chief Investigator's institution or host organisation

☐ Review within the research team

☑ Review by educational supervisor

☐ Other

Justify and describe the review process and outcome. If the review has been undertaken but not seen by the researcher, give details of the body which has undertaken the review:
Educational supervisors have been consulted throughout the design of the study. Their guidance has been invaluable in identifying the right audience groups and understanding what they add to the project. Furthermore, they are aware of the core literature that the study is based upon, and how I then plan to evolve that literature, adding to it and using it in new ways. As this is a non-clinical study, instead based upon participant viewing experiences and a subjective look at television, there are no scientific reports to submit. However, educational supervisors can be contacted for any direct feedback required on the study's design/quality of research.

For all studies except non-doctoral student research, please enclose a copy of any available scientific critique reports, together with any related correspondence.

For non-doctoral student research, please enclose a copy of the assessment from your educational supervisor/ institution.

A59. What is the sample size for the research? *How many participants/samples/data records do you plan to study in total? If there is more than one group, please give further details below.*

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Total UK sample size: 40
Total international sample size (including UK): 0
Total in European Economic Area: 0

Further details:
HOSPITAL PATIENT: 10x participants
FIRST YEAR UNIVERSITY STUDENT: 10x participants
FAMILY UNIT: 20x participants (i.e. 5x family groups, which will likely consist of a minimum 2-3 participants each, and will vary depending on the size of each family)

A60. How was the sample size decided upon? *If a formal sample size calculation was used, indicate how this was done, giving sufficient information to justify and reproduce the calculation.*

Primarily, the sample size was decided due to accessibility and a realistic project timeline. The decision to source 10x Hospital Patient participants was really one of feasibility and how easy it would be to access said participants for a given amount of time. Accordingly, the study has adopted the simplest methodology possible for this group of participants, which is also the least time intensive. A minimum of 10x participants completing the Survey should yield the information required to compare with the data gathered from other participants in the study.

Similarly, 10x First Year University Students were decided upon, firstly, because capturing said data within the project's current timeline is simply realistic. The alternative methodology applied to this group, and the Family Unit participants - Survey, First Phase Interview, Viewing Journal, Second Phase Interview/Feedback Session - is more time intensive and will take far longer to process and analyse.

The same applies to the 5x Family Units, with an estimated total of 20x participants. Accordingly, the Family Unit participants will be providing, at least, double the data of the First Year University Student group.

A62. Please describe the methods of analysis (statistical or other appropriate methods, e.g. for qualitative research) by which the data will be evaluated to meet the study objectives.

Manual analysis of all data gathered during this qualitative study will be carried out by the Chief Investigator, primarily looking for thematic similarities/differences between the three audience groups. These themes will consider what participants are watching, any feelings of comfort or discomfort from/around TV, on what devices they are viewing (television, smartphone, tablet, laptop), what informs their viewing (i.e. why did they decide to watch that particular show?), how they each felt after watching, and so forth. Then having analysed all available data, findings will be compared and contrasted with existing literature pertinent to the study, and new ideas or theories hypothesised and argued in the final thesis.

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6. MANAGEMENT OF THE RESEARCH

A63. Other key investigators/collaborators. *Please include all grant co-applicants, protocol co-authors and other key members of the Chief Investigator's team, including non-doctoral student researchers.*

             Title Forename/Initials Surname

Post
Qualifications
Employer
Work Address

Post Code
Telephone
Fax
Mobile

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Work Email

A64. Details of research sponsor(s)

A64-1. Sponsor

Lead Sponsor

Status: ◉ NHS or HSC care organisation   Commercial status:

○ Academic

○ Pharmaceutical industry

○ Medical device industry

○ Local Authority

○ Other social care provider (including voluntary sector or private organisation)

○ Other

If Other, please specify:

Contact person

Name of organisation	NHS Greater Glasgow & Clyde
Given name	Emma-Jane
Family name	Gault
Address	Clinical Research and Development, West Glasgow Ambulatory Care Hospital, Dalnair Street
Town/city	Glasgow
Post code	G3 8SW
Country	UNITED KINGDOM
Telephone	01412321819
Fax	
E-mail	EmmaJane.Gault@glasgow.ac.uk

Is the sponsor based outside the UK?
○ Yes   ◉ No

Under the Research Governance Framework for Health and Social Care, a sponsor outside the UK must appoint a legal representative established in the UK. Please consult the guidance notes.

A65. Has external funding for the research been secured?

☐ Funding secured from one or more funders

☐ External funding application to one or more funders in progress

☑ No application for external funding will be made

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What type of research project is this?

◉ Standalone project

◯ Project that is part of a programme grant

◯ Project that is part of a Centre grant

◯ Project that is part of a fellowship/ personal award/ research training award

◯ Other

Other – please state:

A66. Has responsibility for any specific research activities or procedures been delegated to a subcontractor (other than a co-sponsor listed in A64-1) ? *Please give details of subcontractors if applicable.*

◯ Yes   ◉ No

A67. Has this or a similar application been previously rejected by a Research Ethics Committee in the UK or another country?

◉ Yes   ◯ No

If Yes, please give details of each rejected application:

Name of Research Ethics Committee or ethics authority:	College of Arts, University of Glasgow
Decision and date taken:	Student changes required, 15/04/16
Research ethics committee reference number:	100150087

Please provide a copy of the unfavourable opinion letter(s). You should explain in your answer to question A6-2 how the reasons for the unfavourable opinion have been addressed in this application.

A68-1. Give details of the lead NHS R&D contact for this research:

	Title Forename/Initials Surname
	Ms Kayleigh Pender
Organisation	NHS Greater Glasgow and Clyde
Address	Clinical Research and Development,
	West Glasgow Ambulatory Care Hospital,
	Dalnair Street, Glasgow
Post Code	G3 8SW
Work Email	Kayleigh.Pender@ggc.scot.nhs.uk
Telephone	01412321826
Fax	
Mobile	

Details can be obtained from the NHS R&D Forum website: http://www.rdforum.nhs.uk

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A69-1. How long do you expect the study to last in the UK?

Planned start date: 12/09/2016

Planned end date: 31/07/2018

Total duration:

Years: 1 Months: 10 Days: 20

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A71-1. Is this study?

◉ Single centre

◯ Multicentre

A71-2. Where will the research take place? *(Tick as appropriate)*

☐ England

☑ Scotland

☐ Wales

☐ Northern Ireland

☐ Other countries in European Economic Area

Total UK sites in study 1

Does this trial involve countries outside the EU?

◯ Yes   ◉ No

A72. Which organisations in the UK will host the research? *Please indicate the type of organisation by ticking the box and give approximate numbers if known:*

☐ NHS organisations in England

☐ NHS organisations in Wales

☑ NHS organisations in Scotland   1

☐ HSC organisations in Northern Ireland

☐ GP practices in England

☐ GP practices in Wales

☐ GP practices in Scotland

☐ GP practices in Northern Ireland

☐ Joint health and social care agencies (eg community mental health teams)

☐ Local authorities

☐ Phase 1 trial units

☐ Prison establishments

☐ Probation areas

☐ Independent (private or voluntary sector) organisations

☑ Educational establishments   1

☐ Independent research units

☐ Other (give details)

Total UK sites in study: 2

A73-1. Will potential participants be identified through any organisations other than the research sites listed above?

◉ Yes   ◯ No

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A73-2. If yes, will any of these organisations be NHS organisations?

○ Yes   ◉ No

If yes, details should be given in Part C.

A74. What arrangements are in place for monitoring and auditing the conduct of the research?

Representatives of the study Sponsor, NHS GG&C, may audit the research

A76. Insurance/ indemnity to meet potential legal liabilities

Note: in this question to NHS indemnity schemes include equivalent schemes provided by Health and Social Care (HSC) in Northern Ireland

A76-1. What arrangements will be made for insurance and/or indemnity to meet the potential legal liability of the sponsor(s) for harm to participants arising from the <u>management</u> of the research? *Please tick box(es) as applicable.*

Note: Where a NHS organisation has agreed to act as sponsor or co-sponsor, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For all other sponsors, please describe the arrangements and provide evidence.

☑ NHS indemnity scheme will apply (NHS sponsors only)

☐ Other insurance or indemnity arrangements will apply (give details below)

Please enclose a copy of relevant documents.

A76-2. What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of the sponsor(s) or employer(s) for harm to participants arising from the <u>design</u> of the research? *Please tick box(es) as applicable.*

Note: Where researchers with substantive NHS employment contracts have designed the research, indemnity is provided through NHS schemes. Indicate if this applies (there is no need to provide documentary evidence). For other protocol authors (e.g. company employees, university members), please describe the arrangements and provide evidence.

☐ NHS indemnity scheme will apply (protocol authors with NHS contracts only)

☑ Other insurance or indemnity arrangements will apply (give details below)

GU Public Liability Insurance

Please enclose a copy of relevant documents.

A76-3. What arrangements will be made for insurance and/ or indemnity to meet the potential legal liability of investigators/collaborators arising from harm to participants in the <u>conduct</u> of the research?

Note: Where the participants are NHS patients, indemnity is provided through the NHS schemes or through professional indemnity. Indicate if this applies to the whole study (there is no need to provide documentary evidence). Where non-NHS sites are to be included in the research, including private practices, please describe the arrangements which will be made at these sites and provide evidence.

☑ NHS indemnity scheme or professional indemnity will apply (participants recruited at NHS sites only)

☑ Research includes non-NHS sites (give details of insurance/ indemnity arrangements for these sites below)

Please enclose a copy of relevant documents.

A78. Could the research lead to the development of a new product/process or the generation of intellectual property?

◯ Yes ⬤ No ◯ Not sure

PART B: Section 7 - Children

1. Please specify the potential age range of children under 16 who will be included and give reasons for carrying out the research in this age group.

As highlighted in Part A and the study protocol, inclusion of children in the study is specific to the Family Unit participants only, with the parent(s) or legal guardian(s) required to have at least one child in order to best represent an everyday family viewing dynamic. It is hoped that any minors featured in the study will provide a very different perspective to that of their parent(s) or legal guardian(s), using television in very different ways, typically engaging with television in very different ways, on different devices and alongside other activities (gaming, social media, etc.). Highlighting this evolution of viewing dynamics is very important and could yield significant data for this and subsequent studies.

While minors of any age can be present during the First Phase Interview and Second Phase Interview/Feedback Session - in some cases, parents or guardians may not have any alternative care arrangements in the first place - only children ≥10 years old will be invited to participate during interviews (provided with their own Participant Information Sheet explaining the project and invited to complete an Assent Form prior to any participation). The reason for selecting this age group is that 10-16 years is the ideal range for the sorts of alternative TV usage outlined. Furthermore, for minors under the age of 10, it is anticipated that the parent(s) or guardian(s) will be able to comment on their TV usage, for example, how television forms a part of their nightly bedtime routine.

2. Indicate whether any children under 16 will be recruited as controls and give further details.

Not applicable.

3-2. Please describe the arrangements for seeking informed consent from a person with parental responsibility and/or from children able to give consent for themselves.

While I will not be interviewing any minors from Family Units without a parent or legal guardian present, they still represent a vulnerable group and must be treated as such. Any minors featured in the project will require parental consent, and, I would suggest, informed consent that they are willing to participate also. Accordingly, children will be invited to give Assent to take part in research (to demonstrate that they are happy to participate, that the project has been explained to them and they've had any questions answered, and so forth) and provided with an age appropriate Participant Information Sheet also.

4. If you intend to provide children under 16 with information about the research and seek their consent or agreement, please outline how this process will vary according to their age and level of understanding.

Family Unit participants will be provided with a Participant Information Sheet (PIS) - including an age appropriate version for any child participants - outlining the scope of the project, what they will be required to do if they decide to participate, and how their data will be used. This also covers the involvement of children, where appropriate. Accordingly, when the parent(s) or guardian(s) signs the Consent Form, they are consenting to participate as a Family Unit.

Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application.

NHS R&D Form   IRAS Version 5.3.2

PART C: Overview of research sites

Please enter details of the host organisations (Local Authority, NHS or other) in the UK that will be responsible for the research sites. *For NHS sites, the host organisation is the Trust or Health Board. Where the research site is a primary care site, e.g. GP practice, please insert the host organisation (PCT or Health Board) in the Institution row and insert the research site (e.g. GP practice) in the Department row.*

Research site		Investigator/ Collaborator/ Contact	
Institution name	NHS Greater Glasgow and Clyde	Title	Honorary Consultant, QEUH
Department name	General Medical, Queen Elizabeth University Hospital	First name/ Initials	Matthew
Street address	1345 Govan Road	Surname	Walters
Town/city	Glasgow		
Post Code	G51 4TF		
Institution name	University of Glasgow	Title	Mr
Department name	Film and Television Studies	First name/ Initials	Kerr M
Street address	Gilmorehill Centre, 9 University Avenue	Surname	Castle
Town/city	Glasgow		
Post Code	G12 8QQ		

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PART D: Declarations

D1. Declaration by Chief Investigator

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

2. I undertake to abide by the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research.

3. If the research is approved I undertake to adhere to the study protocol, the terms of the full application as approved and any conditions set out by review bodies in giving approval.

4. I undertake to notify review bodies of substantial amendments to the protocol or the terms of the approved application, and to seek a favourable opinion from the main REC before implementing the amendment.

5. I undertake to submit annual progress reports setting out the progress of the research, as required by review bodies.

6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of patient or other personal data, including the need to register when necessary with the appropriate Data Protection Officer. I understand that I am not permitted to disclose identifiable data to third parties unless the disclosure has the consent of the data subject or, in the case of patient data in England and Wales, the disclosure is covered by the terms of an approval under Section 251 of the NHS Act 2006.

7. I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

8. I understand that any personal data in this application will be held by review bodies and their operational managers and that this will be managed according to the principles established in the Data Protection Act 1998.

9. I understand that the information contained in this application, any supporting documentation and all correspondence with review bodies or their operational managers relating to the application:

   - Will be held by the REC (where applicable) until at least 3 years after the end of the study; and by NHS R&D offices (where the research requires NHS management permission) in accordance with the NHS Code of Practice on Records Management.
   - May be disclosed to the operational managers of review bodies, or the appointing authority for the REC (where applicable), in order to check that the application has been processed correctly or to investigate any complaint.
   - May be seen by auditors appointed to undertake accreditation of RECs (where applicable).
   - Will be subject to the provisions of the Freedom of Information Acts and may be disclosed in response to requests made under the Acts except where statutory exemptions apply.
   - May be sent by email to REC members.

10. I understand that information relating to this research, including the contact details on this application, may be held on national research information systems, and that this will be managed according to the principles established in the Data Protection Act 1998.

11. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named below. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

Contact point for publication(Not applicable for R&D Forms)

NRES would like to include a contact point with the published summary of the study for those wishing to seek further information. We would be grateful if you would indicate one of the contact points below.

◉ Chief Investigator

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○ Sponsor

○ Study co-ordinator

○ Student

○ Other – please give details

○ None

Access to application for training purposes *(Not applicable for R&D Forms)*

Optional – please tick as appropriate:

☐ I would be content for members of other RECs to have access to the information in the application in confidence for training purposes. All personal identifiers and references to sponsors, funders and research units would be removed.

This section was signed electronically by Mr Kerr Castle on 09/09/2016 17:11.

Job Title/Post: PhD Researcher (Chief Investigator)

Organisation: University of Glasgow

Email:

NHS R&D Form   IRAS Version 5.3.2

D2. Declaration by the sponsor's representative

If there is more than one sponsor, this declaration should be signed on behalf of the co-sponsors by a representative of the lead sponsor named at A64-1.

I confirm that:

1. This research proposal has been discussed with the Chief Investigator and agreement in principle to sponsor the research is in place.

2. An appropriate process of scientific critique has demonstrated that this research proposal is worthwhile and of high scientific quality.

3. Any necessary indemnity or insurance arrangements, as described in question A76, will be in place before this research starts. Insurance or indemnity policies will be renewed for the duration of the study where necessary.

4. Arrangements will be in place before the study starts for the research team to access resources and support to deliver the research as proposed.

5. Arrangements to allocate responsibilities for the management, monitoring and reporting of the research will be in place before the research starts.

6. The duties of sponsors set out in the Research Governance Framework for Health and Social Care will be undertaken in relation to this research.

   Please note: *The declarations below do not form part of the application for approval above. They will not be considered by the Research Ethics Committee.*

7. Where the research is reviewed by a REC within the UK Health Departments Research Ethics Service, I understand that the summary of this study will be published on the website of the National Research Ethics Service (NRES), together with the contact point for enquiries named in this application. Publication will take place no earlier than 3 months after issue of the ethics committee's final opinion or the withdrawal of the application.

8. Specifically, for submissions to the Research Ethics Committees (RECs) I declare that any and all clinical trials approved by the HRA since 30th September 2013 (as defined on IRAS categories as clinical trials of medicines, devices, combination of medicines and devices or other clinical trials) have been registered on a publically accessible register in compliance with the HRA registration requirements for the UK, or that any deferral granted by the HRA still applies.

This section was signed electronically by Ms Emma-Jane Gault on 05/09/2016 12:31.

Job Title/Post:	Research Governance Officer
Organisation:	University of Glasgow, on behalf of NHS Greater Glasgow and Clyde
Email:	emmajane.gault@glasgow.ac.uk

NHS R&D Form

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D3. Declaration for student projects by academic supervisor(s)

1. I have read and approved both the research proposal and this application. I am satisfied that the scientific content of the research is satisfactory for an educational qualification at this level.

2. I undertake to fulfil the responsibilities of the supervisor for this study as set out in the Research Governance Framework for Health and Social Care.

3. I take responsibility for ensuring that this study is conducted in accordance with the ethical principles underlying the Declaration of Helsinki and good practice guidelines on the proper conduct of research, in conjunction with clinical supervisors as appropriate.

4. I take responsibility for ensuring that the applicant is up to date and complies with the requirements of the law and relevant guidelines relating to security and confidentiality of patient and other personal data, in conjunction with clinical supervisors as appropriate.

Academic supervisor 1

This section was signed electronically by Professor Karen Lury on 02/09/2016 14:09.

Job Title/Post:	Professor
Organisation:	University of Glasgow
Email:	karen.lury@glasgow.ac.uk

Academic supervisor 2

This section was signed electronically by Dr Amy Holdsworth on 02/09/2016 14:01.

Job Title/Post:	Lecturer in Film &Tv Studies
Organisation:	University of Glasgow
Email:	Amy.Holdsworth@glasgow.ac.uk

210504/1006569/14/621

Appendix J
NHS Site Specific Information (SSI) Form

NHS SSI   IRAS Version 5.3.2

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
Comfort TV Research Project v1

1. Is your project research?

◉ Yes ○ No

2. Select one category from the list below:

○ Clinical trial of an investigational medicinal product

○ Clinical investigation or other study of a medical device

○ Combined trial of an investigational medicinal product and an investigational medical device

○ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

○ Basic science study involving procedures with human participants

○ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

◉ Study involving qualitative methods only

○ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

○ Study limited to working with data (specific project only)

○ Research tissue bank

○ Research database

If your work does not fit any of these categories, select the option below:

○ Other study

2a. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation?   ○ Yes ◉ No

b) Will you be taking new human tissue samples (or other human biological samples)?   ○ Yes ◉ No

c) Will you be using existing human tissue samples (or other human biological samples)? ○ Yes ◉ No

3. In which countries of the UK will the research sites be located? *(Tick all that apply)*

☐ England
☑ Scotland

☐ Wales

☐ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

○ England

◉ Scotland

○ Wales

○ Northern Ireland

○ This study does not involve the NHS

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4. Which applications do you require?

IMPORTANT: If your project is taking place in the NHS and is led from England select 'IRAS Form'. If your project is led from Northern Ireland, Scotland or Wales select 'NHS/HSC Research and Development Offices' and/or relevant Research Ethics Committee applications, as appropriate.

☐ IRAS Form

☑ NHS/HSC Research and Development offices

☑ Research Ethics Committee

☐ Confidentiality Advisory Group (CAG)

☐ National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D Offices in Northern Ireland, Scotland and Wales the CI must create NHS/HSC Site Specific Information forms, for each site, in addition to the study wide forms, and transfer them to the PIs or local collaborators.

For participating NHS organisations in England different arrangements apply for the provision of site specific information. Refer to IRAS Help for more information.

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5. Will any research sites in this study be NHS organisations?

◉ Yes   ○ No

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6. Do you plan to include any participants who are children?

◉ Yes   ○ No

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7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes   ◉ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

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8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes   ◉ No

9. Is the study or any part of it being undertaken as an educational project?

◉ Yes   ○ No

Please describe briefly the involvement of the student(s):
Chief Investigator

9a. Is the project being undertaken in part fulfilment of a PhD or other doctorate?

◉ Yes   ○ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes   ◉ No

Site-Specific Information Form (NHS sites)

Is the site hosting this research a NHS site or a non-NHS site? *NHS sites include Health and Social Care organisations in Northern Ireland. The sites hosting the research are the sites in which or through which research procedures are conducted. For NHS sites, this includes sites where NHS staff are participants.*

◉ NHS site

◯ Non-NHS site

This question must be completed before proceeding. The filter will customise the form, disabling questions which are not relevant to this application.

One Site-Specific Information Form should be completed for each research site and submitted to the relevant R&D office with the documents in the checklist. See guidance notes.

The data in this box is populated from Part A:

Title of research:
Comfort TV Research Project - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects.

Short title: Comfort TV Research Project v1

Chief Investigator:	Title	Forename/Initials	Surname
	Mr	Kerr M	Castle

Name of NHS Research Ethics Committee to which application for ethical review is being made:
London-Harrow

Project reference number from above REC: 16/LO/1768

1-1. Give the name of the NHS organisation responsible for this research site

NHS Greater Glasgow & Clyde

1-3. In which country is the research site located?

◯ England

◯ Wales

◉ Scotland

◯ Northern Ireland

1-4. Is the research site a GP practice or other Primary Care Organisation?

◯ Yes   ◉ No

2. Who is the Principal Investigator or Local Collaborator for this research at this site?

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Select the appropriate title: ◉ Principal Investigator
                                ○ Local Collaborator

	Title Forename/Initials Surname
	Mr Kerr M Castle
Post	PhD Researcher (Chief Investigator)
Qualifications	(2011-12) MLitt Film and Television Studies, Pass with Distinction. (2006-10) MA Film and Television Studies, First Class with Honours
Organisation	University of Glasgow
Work Address	Department of Theatre, Film and Television Studies,
	Gilmorehill Centre, 9 University Avenue, Glasgow
PostCode	G12 8QQ
Work E-mail	k.castle.1@research.gla.ac.uk
Work Telephone	07805935754
Mobile	07805935754
Fax	

a) Approximately how much time will this person allocate to conducting this research? *Please provide your response in terms of Whole Time Equivalents (WTE).*
0.125 WTE over two to three weeks, i.e. 5-15 hours total, depending on participant uptake. Tasks include the distribution of Participant Information Sheets, the taking of consent/completion of Participant Screening document (for reference)/distribution of survey, the collection of completed surveys, and taking one environment photograph, as per project protocol for Hospital Patients. These tasks will likely take around three separate visits to the NHS site, but will not require weekly research visits or any prolonged engagement.

b) Does this person hold a current substantive employment contract, Honorary Clinical Contract or Honorary Research Contract with the NHS organisation or accepted by the NHS organisation?   ○ Yes   ◉ No

A copy of a current CV for the Principal Investigator (maximum 2 pages of A4) must be submitted with this form.

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3. Please give details of all locations, departments, groups or units at which or through which research procedures will be conducted at this site and describe the activity that will take place.

Please list all locations/departments etc where research procedures will be conducted within the NHS organisation, describing the involvement in a few words. Where access to specific facilities will be required these should also be listed for each location.

Name the main location/department first. Give details of any research procedures to be carried out off site, for example in participants' homes.

Location	Activity/facilities
1 General Medical ward(s), lvl 5, Queen Elizabeth University Hospital, Glasgow.	Distribution of Participant Information Sheets, the taking of consent/completion of Participant Screening document (for reference)/distribution of survey, the collection of completed surveys, and the taking of one environment photograph (to illustrate patient orientation to the screen)

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5. Please give details of all other members of the research team at this site.

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6. Does the Principal Investigator or any other member of the site research team have any direct personal involvement (e.g. financial, share-holding, personal relationship etc) in the organisation sponsoring or funding the research that may

give rise to a possible conflict of interest?

◯ Yes   ⦿ No

---

7. What is the proposed local start and end date for the research at this site?

Start date: 17/10/2016
End date: 14/11/2016
Duration (Months):   1

8-1. Give details of all non-clinical intervention(s) or procedure(s) that will be received by participants as part of the research protocol. *(These include seeking consent, interviews, non-clinical observations and use of questionnaires.)*

Columns 1-4 have been completed with information from A18 as below:

> *1. Total number of interventions/procedures to be received by each participant as part of the research protocol.*
> *2. If this intervention would have been routinely given to participants as part of their care, how many of the total would have been routine?*
> *3. Average time taken per intervention (minutes, hours or days)*
> *4. Details of who will conduct the procedure, and where it will take place*

Please complete Column 5 with details of the names of individuals or names of staff groups who will conduct the procedure at this site.

Intervention or procedure	1	2	3	4	5
Hospital Patient - Participant Information Sheet distribution	1		5-10 minut	Chief Investigator (Kerr Castle) at chosen care establishment (e.g. Queen Elizabeth University Hospital, Glasgow)	Chief Investigator (Kerr Castle)
Hospital Patient - Consent Form	1		5-10 minut	Chief Investigator (Kerr Castle) at chosen care establishment	Chief Investigator (Kerr Castle)
Hospital Patient - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) at chosen care establishment	Chief Investigator (Kerr Castle)
Hospital Patient - Environment Photograph (not required to feature any participants)	1		5-10 minut	Chief Investigator (Kerr Castle) at chosen care establishment	Chief Investigator (Kerr Castle)
Family Unit - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1		10-15 minu	Chief Investigator (Kerr Castle) electronically	Not applicable at this site (see non-NHS SSI)
Family Unit - Consent Form	1		5-10 minut	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes	Not applicable at this site (see non-NHS SSI)
Family Unit - Complete Survey	1		20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes	Not applicable at this site (see non-NHS SSI)
Family Unit - First Phase Interviews and Environment Photograph (not required to feature any participants)	1		60 minutes	Chief Investigator (Kerr Castle) at participants' homes	Not applicable at this site (see non-NHS SSI)
Family Unit - Viewing Journal	1		Up to	Chief Investigator (Kerr Castle)	Not applicable at this site (see

(electronic or hard copy, if requested)		14 d	electronically, via post, or collected from participants' homes	non-NHS SSI)
Family Unit - Second Phase Interview/Feedback Session	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes	Not applicable at this site (see non-NHS SSI)
First Year University Student - Distribute Participant Information Sheet and Participant Screening form for completion (likely completed electronically)	1	10-15 minu	Chief Investigator (Kerr Castle) electronically	Not applicable at this site (see non-NHS SSI)
First Year University Student - Consent Form	1	5-10 minut	Chief Investigator (Kerr Castle) electronically or in-person when promoting project/at participants' homes or on-campus	Not applicable at this site (see non-NHS SSI)
First Year University Student - Complete Survey	1	20 minutes	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus	Not applicable at this site (see non-NHS SSI)
First Year University Student - First Phase Interviews and Environment Photograph (not required to feature any participants)	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus	Not applicable at this site (see non-NHS SSI)
First Year University Student - Viewing Journal (electronic or hard copy, if requested)	1	Up to 14 d	Chief Investigator (Kerr Castle) electronically, via post, or collected from participants' homes or on-campus	Not applicable at this site (see non-NHS SSI)
First Year University Student - Second Phase Interview/Feedback Session	1	60 minutes	Chief Investigator (Kerr Castle) at participants' homes or on-campus	Not applicable at this site (see non-NHS SSI)

8-2. Will any aspects of the research at this site be conducted in a different way to that described in Part A or the protocol?

◯ Yes   ◉ No

If Yes, please note any relevant changes to the information in the above table.

Are there any changes other than those noted in the table?

10. How many research participants/samples is it expected will be recruited/obtained from this site?

10 x research participants [Hospital Patients] will be recruited from this site. See non-NHS SSI for other participants, Family Units [FU] and First Year University Students [FYUS].

11. Give details of how potential participants will be identified locally and who will be making the first approach to them to take part in the study.

Participant Information Sheets (PIS) will be distributed on the identified ward(s) to patients, telling them a little about the project, its scope and purpose. They will then be afforded a 24-hour window in which to decide whether they would like to take part in the study. Should they wish to participate, they will be required to complete the Participant Screening document (which provides basic information as to employment, relationship status, etc.), followed by the written Consent Form; after which they can take the Survey.

All documents (PIS, Participant Screening document, Consent Form, Survey) will be distributed by the Chief Investigator.

12. Who will be responsible for obtaining informed consent at this site? What expertise and training do these persons have in obtaining consent for research purposes?

Name	Expertise/training
Kerr Castle (Chief Investigator)	As the Chief Investigator, Kerr Castle is best informed to answer any questions from participants about the project and how their data will be used. With extensive experience interviewing corporate professionals and members of the public during his employment at Sync or Swim Productions (a video production company) - during which he also chaired a weekly local networking event - Kerr has a very personable approach and communicates himself clearly.

15-1. Is there an independent contact point where potential participants can seek general advice about taking part in research?

As per the Participant Information Sheet (PIS), participants are encouraged to initially contact the researcher regarding any issues or questions they have about the study. The Chief Investigator's supervisor is also listed on the PIS and can be contacted for further information.

15-2. Is there a contact point where potential participants can seek further details about this specific research project?

As per the Participant Information Sheet (PIS), participants are encouraged to initially contact the researcher if they require further information about the study/use of their data. When the PIS is distributed, the Chief Investigator will be present to answer any questions potential participants might have. They will also be afforded the same opportunity again prior to signing the Consent Form. The Chief Investigator's supervisor is also listed on the PIS and can be contacted for further information as well.

16. Are there any changes that should be made to the generic content of the information sheet to reflect site-specific issues in the conduct of the study? *A substantial amendment may need to be discussed with the Chief Investigator and submitted to the main REC.*

A Participant Information Sheet has been prepared specifically for Hospital Patient participants, which accordingly reflects any site-specific issues.

Please provide a copy on headed paper of the participant information sheet and consent form that will be used locally. Unless indicated above, this must be the same generic version submitted to/approved by the main REC for the study while including relevant local information about the site, investigator and contact points for participants (see guidance notes).

17. What local arrangements have been made for participants who might not adequately understand verbal explanations or written information given in English, or who have special communication needs? *(e.g. translation, use of interpreters etc.)*

As this is a student research project with limited budget, individuals with special communication needs or who might not adequately understand verbal or written information given in English will, unfortunately, be excluded from this study.

18. What local arrangements will be made to inform the GP or other health care professionals responsible for the care of the participants?

Professor Walters has already informed relevant colleagues about the study, and once REC and R&D approval has been granted and the project is set to start, the CI and Professor Walters will meet to discuss the research in more detail with relevant GPs/health care professionals on site. GPs/health care professionals will also be advised when any patients consent to participate in the research project.

19. What arrangements (e.g. facilities, staffing, psychosocial support, emergency procedures) will be in place at the site, where appropriate, to minimise the risks to participants and staff and deal with the consequences of any harm?

The Chief Investigator will adhere to the processes and procedures outlined in the project protocol at all times

(specifically, the health and safety protocol), respectful of the nature of the hospital environment and that participants are there to receive care; and as a result, they might not want to be approached in the first instance, or might suddenly change their mind about participating in the study, etc. Their wishes will be respected at all times.

20. What are the arrangements for the supervision of the conduct of the research at this site? *Please give the name and contact details of any supervisor not already listed in the application.*

While not one of the CI's PhD supervisors, Professor Matthew Walters (Honorary Consultant, QEUH), who provided department approval for this study, will be the CI's primary point of contact at the NHS site during this research. The CI will coordinate access with Professor Walters. His contact information is listed below:

Prof. Matthew Walters
Honorary Consultant Physician, Acute Stroke Unit
Queen Elizabeth University Hospital
Glasgow
G51 4TF
0141 201 2501
matthew.walters@ggc.scot.nhs.uk

21. What external funding will be provided for the research at this site?

○ Funded by commercial sponsor

○ Other funding

◉ No external funding

How will the costs of the research be covered?
As this research is part of a PhD study, no external funding will be provided for research at this site. The PhD candidate is fully-funded by the AHRC, however, to enable them to conduct such research.

23. Authorisations required prior to R&D approval

The local research team are responsible for contacting the local NHS R&D office about the research project. Where the research project is proposed to be coordinated centrally and therefore there is no local research team, it is the responsibility of the central research team to instigate this contact with local R&D.

NHS R&D offices can offer advice and support on the set-up of a research project at their organisation, including information on local arrangements for support services relevant to the project. These support services may include clinical supervisors, line managers, service managers, support department managers, pharmacy, data protection officers or finance managers depending on the nature of the research.

Obtaining the necessary support service authorisations is not a pre-requisite to submission of an application for NHS research permission, but all appropriate authorisations must be in place before NHS research permission will be granted. Processes for obtaining authorisations will be subject to local arrangements, but the minimum expectation is that the local R&D office has been contacted to notify it of the proposed research project and to discuss the project's needs **prior** to submission of the application for NHS research permission via IRAS.

Failure to engage with local NHS R&D offices **prior** to submission may lead to unnecessary delays in the process of this application for NHS research permissions.

Declaration:
☑ **I confirm that the relevant NHS organisation R&D office has been contacted to discuss the needs of the project and local arrangements for support services. I understand that failure to engage with the local NHS R&D office before submission of this application may result in unnecessary delays in obtaining NHS research permission for this project.**

Please give the name and contact details for the NHS R&D office staff member you have discussed this application with:
Please note that for some sites the NHS R&D office contact may not be physically based at the site. For contact details

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refer to the guidance for this question.

	Title	Forename/Initials	Surname
	Ms	Kayleigh	Pender
Work E-mail		Kayleigh.Pender@ggc.scot.nhs.uk	
Work Telephone		01412321826	

Declaration by Principal Investigator or Local Collaborator

1. The information in this form is accurate to the best of my knowledge and I take full responsibility for it.

2. I undertake to abide by the ethical principles underpinning the World Medical Association's Declaration of Helsinki and relevant good practice guidelines in the conduct of research.

3. If the research is approved by the main REC and NHS organisation, I undertake to adhere to the study protocol, the terms of the application of which the main REC has given a favourable opinion and the conditions requested by the NHS organisation, and to inform the NHS organisation within local timelines of any subsequent amendments to the protocol.

4. If the research is approved, I undertake to abide by the principles of the Research Governance Framework for Health and Social Care.

5. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to the conduct of research.

6. I undertake to disclose any conflicts of interest that may arise during the course of this research, and take responsibility for ensuring that all staff involved in the research are aware of their responsibilities to disclose conflicts of interest.

7. I understand and agree that study files, documents, research records and data may be subject to inspection by the NHS organisation, the sponsor or an independent body for monitoring, audit and inspection purposes.

8. I take responsibility for ensuring that staff involved in the research at this site hold appropriate contracts for the duration of the research, are familiar with the Research Governance Framework, the NHS organisation's Data Protection Policy and all other relevant policies and guidelines, and are appropriately trained and experienced.

9. I undertake to complete any progress and/or final reports as requested by the NHS organisation and understand that continuation of permission to conduct research within the NHS organisation is dependent on satisfactory completion of such reports.

10. I undertake to maintain a project file for this research in accordance with the NHS organisation's policy.

11. I take responsibility for ensuring that all serious adverse events are handled within the NHS organisation's policy for reporting and handling of adverse events.

12. I understand that information relating to this research, including the contact details on this application, will be held by the R&D office and may be held on national research information systems, and that this will be managed according to the principles established in the Data Protection Act 1998.

13. I understand that the information contained in this application, any supporting documentation and all correspondence with the R&D office and/or the REC system relating to the application will be subject to the provisions of the Freedom of Information Acts and may be disclosed in response to requests made under the Acts except where statutory exemptions apply.

This section was signed electronically by Mr Kerr Castle on 20/09/2016 12:05.

Job Title/Post:	PhD Researcher/Chief Investigator
Organisation:	University of Glasgow

Email:

Appendix K
Audience Data Form

COMFORT TV | Audience Data Form [All Groups]

Department of Theatre, Film & Television Studies
Gilmorehill Centre
9 University Avenue
Glasgow
G12 8QQ
Scotland.

Comfort TV Research Project v1

Setting The Scene: Introduction to Comfort TV

The Comfort TV Research Project is all about working to better understand how audiences use television as an everyday tool for comfort. By comfort, we mean something which has the potential to not only relax viewers, but also to strengthen, soothe and rejuvenate; essentially, television that makes you feel better. The depth and variety of television content available via TV sets, laptops, mobile devices and tablets is incredibly vast and fluid, as are the amount of ways in which audiences now choose to put that content to use and make meanings from it. And that's exactly what this project is concerned with, looking at how successfully (or not) audiences use and adapt TV in an attempt to respond to their immediate situation, to meet their physical and emotional needs, as a reaction to life around and beyond the screen.

This relatively untapped area for study is hugely exciting and reflects current shifts within the field, moving away from assessments of quality, of "good" TV, towards how TV is in fact used and valued by audiences, its function, purpose and meaning within their everyday lives. When the project is complete, we will have a far better understanding of exactly how audiences are utilising, responding to and adapting television to meet their daily needs, and how successful television actually is as a tool for viewer comfort. Furthermore, the project seeks to clarify where and how comfort value originates, and how it's purpose and effect is understood by viewers, with such evidence potentially proving highly valuable to film and TV academia and overlapping fields (such as social and cultural studies), institutions such as the NHS and other care providers (evidencing how TV might be reconsidered as a soothing or therapeutic tool with multiple applications), and to the broadcasting industry as valuable viewing data.

By completing this Audience Data Form, you are providing the Comfort TV Research Project with useful data that will enable us to identify and further distinguish trends in the viewing habits of all participants, and to anonymise your data more effectively.

Please provide us with the following information:

Study ID: *(assigned by Chief Investigator)*		
Gender:		
Age:		
Nationality:		
Employment Status:		
Profession/Field of Study:		
Relationship Status *(please tick as appropriate)*:	Single	Married
	In a relationship	Other
How many children do you have? *(please tick as appropriate)*:	None	1
	2	3 or more
Current Accommodation *(please tick as appropriate)*:	Homeowner	Renting/student flat
	Living with family	Other
Are you currently participating in any other research studies? (Yes/No)		

Thank you for completing the Audience Data Form.

Appendix L
Further Information Favourable Opinion Letter (25/10/16)

North of Scotland Research Ethics Committee
Summerfield House
2 Eday Road
Aberdeen
AB15 6RE

Telephone: 01224 558458
Facsimile: 01224 558609
Email: nosres@nhs.net

NHS Grampian

25 October 2016

Mr Kerr M Castle
PhD Researcher
University of Glasgow/AHRC
Department of Theatre, Film and Television Studies
Gilmorehill Centre
9 University Avenue
GLASGOW
G12 8QQ

Dear Mr Castle

Study title:　　　　　**Comfort TV Research Project - theorising the everyday use of TV as an apparatus for therapeutic reward, the restoration of identity, and other affects**

REC reference:
IRAS project ID:

Thank you for your letter of 24 October 2016, responding to the Proportionate Review Sub-Committee's request for changes to the documentation for the above study.

The revised documentation has been reviewed and approved by the sub-committee.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this favourable opinion letter.　The expectation is that this information will be published for all studies that receive an ethical opinion but should you wish to provide a substitute contact point, wish to make a request to defer, or require further information, please contact the REC Manager, Ms Sarah Lorick, nosres@nhs.net. Under very limited circumstances (e.g. for student research which has received an unfavourable opinion), it may be possible to grant an exemption to the publication of the study.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

<u>Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.</u>

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA Approval (England)/ NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

<u>Registration of Clinical Trials</u>

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database. This should be before the first participant is recruited but no later than 6 weeks after recruitment of the first participant.

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment.   We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" above).

Approved documents

The documents reviewed and approved by the Committee are:

Document	Version	Date
Copies of advertisement materials for research participants: PR Longform Advert	1	28 July 2016

Copies of advertisement materials for research participants: PR Short Form Advert	2	04 October 2016
Copies of advertisement materials for research participants: PR Short Form Advert Hospital Patients	2	04 October 2016
Covering letter on headed paper: REC Cover Letter		09 September 2016
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only): Insurance Information		04 August 2016
Interview schedules or topic guides for participants: First Interview Questions Families (FU)	1	19 October 2016
Interview schedules or topic guides for participants: First Interview Questions Students (FYUS)	1	19 October 2016
IRAS Checklist XML		24 October 2016
Non-validated questionnaire: Survey Qs Family Units	1	28 July 2016
Non-validated questionnaire: Survey Qs First Year Students	1	28 July 2016
Non-validated questionnaire: Survey Qs Hospital Patients	1	28 July 2016
UofG REC Feedback		09 September 2016*
Department Approval		30 August 2016
Participant Withdrawal Form	1	28 July 2016
Supervisor 2 CV		21 September 2016
Assent Form	1	28 July 2016
Participant Screening Form	1	28 July 2016
Viewing Journal (FU and FYUS)	2	04 October 2016
Audience Data Form (formerly Participant Screening)	2	04 October 2016
Covering Response Letter	1	11 October 2016
Second Covering Response Letter	1	24 October 2016
Participant consent form: Consent Form Families and Students]	1	28 July 2016
Participant consent form: Consent Form Hospital Patients	1	28 July 2016
Participant information sheet (PIS): Families and Students	1	28 July 2016
Participant information sheet (PIS): Hospital Patients	1	28 July 2016
Participant information sheet (PIS): PIS Families and Students	2	04 October 2016
Participant information sheet (PIS): PIS Hospital Patients	2	04 October 2016
Participant information sheet (PIS): PIS Child Version	2	04 October 2016
REC Application Form	210504/1006564/1/732	12 September 2016
Research protocol or project proposal: Project Protocol	1	09 September 2016
Summary CV for Chief Investigator (CI)	1	21 September 2016
Summary CV for supervisor (student research): Dr Amy Holdsworth - CV		21 September 2016

*date received

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

<u>Reporting requirements</u>

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

<u>Feedback</u>

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

Professor Nigel Webster
Chair

Enclosures: "After ethical review – guidance for researchers" SL-AR2

Copy to: Miss Emma-Jane Gault
                Ms Kayleigh Pender, NHS Greater Glasgow and Clyde

Appendix M
Short Form Advert [FU & FYUS]

COMFORT TV | PR Materials: Short Form Advert [FU & FYUS]

'COMFORT TV: CALLING ALL VIEWERS'

Take part in an exciting new research project all about **TV that makes you feel better**.

The **Comfort TV Research Project** is recruiting **Families** and **First Year Undergraduate Students** in order to examine TV's potential to strengthen, soothe and rejuvenate its viewers.

This project is all about how audiences use and adapt TV on a daily basis, how viewing rituals and what you watch impacts your well-being, and how successful television is as a tool for comfort.

To find out how to participate in this study, contact k.castle.1@research.gla.ac.uk

www.comforttv.wordpress.com

Appendix N
Longform Advert [FU & FYUS]

COMFORT TV | PR Materials: Longform Advert

'COMFORT TV: CALLING ALL TV VIEWERS!'

So, perhaps you're wondering, "What exactly is comfort TV?" Well, that question pretty much sums up the entire purpose of this exciting new audience research project!

You see, comfort TV is something that has the potential to not only relax viewers, but also to strengthen, soothe and rejuvenate them; essentially, **TV that makes you feel better**. Whether that involves a return to childhood favourites like *Friends* (NBC) or *Doctor Who* (BBC), lifestyle and leisure programmes like *The Great British Bake Off* (BBC) or *Grand Designs* (Channel 4), or panel shows like *Would I Lie to You?* (BBC) or *8 Out of 10 Cats* (Channel 4); whatever the show, it doesn't really matter. What matters is how the shows you watch respond to your immediate situation, how they meet your physical and emotional needs, as a reaction to life both around and beyond the TV screen.

And that's exactly what this project is concerned with, looking at how **YOU** are using and adapting TV, as a reaction and remedy to everyday living, and how successful TV is as a tool for comfort.

The project is now recruiting its three audience groups: **Families**, **First Year Undergraduate Students**, and **Hospital Patients**, with each enabling us to explore TV's role and effectiveness during periods of normality and crisis. The data gathered could prove invaluable to Film & TV academia, the NHS and other care providers, and the broadcasting industry, too. It's also a great opportunity for you to learn more about your TV viewing habits and how they can impact (positively or negatively) your well-being.

So, if you think you fit the bill and want to find out more about **how you can participate in the study**, simply contact k.castle.1@research.gla.ac.uk and our research team will be in touch shortly.

For more on comfort TV, simply visit www.comforttv.wordpress.com

Appendix O
Short Form Advert [HP]

COMFORT TV | PR Materials: Short Form Advert [HP]

'COMFORT TV: CALLING ALL VIEWERS'

Take part in an exciting new research project all about TV that makes you feel better.

The Comfort TV Research Project is recruiting Hospital Patients in order to examine television's potential to strengthen, soothe and rejuvenate viewers situated in healthcare environments.

This project is all about how audiences use and adapt TV on a daily basis, how viewing rituals and what you watch impacts your well-being – particularly when viewed away from the domestic – and how successful television is as a tool for comfort.

To find out more about how to participate in this study, please express your interest to one of the junior members of the clinical team.

www.comforttv.wordpress.com

Bibliography

Please note that the complete dataset for this research project – including participant surveys, full interview transcriptions, and viewing journals – is available from:

http://dx.doi.org/10.5525/gla.researchdata.798

All research data has been anonymised as required to ensure participants are not identifiable.

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All in the Family (CBS, 1971-79)

American Horror Story (FX, 2011-)

Ant & Dec's Saturday Night Takeaway (ITV, 2002-)

The Antiques Roadshow (BBC, 1979-)

Arrested Development (Fox, 2003-2006; Netflix, 2013-)

Battlestar Galactica (Sci-Fi, 2004-09)

The Big Bang Theory (CBS, 2007-)

BoJack Horseman (Netflix, 2014-)

Brooklyn Nine-Nine (Fox, 2013-)

Can't Pay? We'll Take It Away! (Channel 5, 2014-)

The Chase (ITV, 2009-)

Cheers (NBC, 1982-93)

Come Dine with Me (Channel 4, 2005-)

Community (NBC, 2009-15)

Coronation Street (ITV, 1960-)

The Crystal Maze (Channel 4, 1990-95; 2016-)

CSI: Crime Scene Investigation (CBS, 2000-15)

Death in Paradise (BBC, 2011-)

Desperate Housewives (ABC, 2004-12)

Doctor Who (BBC, 1963-89; 2005-)

EastEnders (BBC, 1985-)

Everybody Loves Raymond (CBS, 1996-2005)

First Dates (Channel 4, 2013-)

Flight of the Conchords (HBO, 2007-09)

Fortitude (Sky Atlantic, 2015-)

Four in a Bed (Channel 4, 2010-)

Frasier (NBC, 1993-2004)

Friends (NBC, 1994-2004)

Game of Thrones (HBO, 2011-)

Gilmore Girls (The WB, 2000-06; The CW, 2006-07; Netflix, 2016)

Gogglebox (Channel 4, 2013-)

Golden Girls (NBC, 1985-92)

The Graham Norton Show (BBC, 2007-)

The Grand Tour (Amazon Video, 2016-)

The Great British Bake Off (BBC, 2010-16; Channel 4, 2017-)

Grey's Anatomy (ABC, 2005-)

Grimm (NBC, 2011-17)

Hannibal (NBC, 2013-15)

Heroes (NBC, 2006-10)

Holby City (BBC, 1999-)

Hollyoaks (Channel 4, 1995-)

Homes Under the Hammer (BBC, 2003-)

Homicide Hunter (Investigation Discovery, 2011-)

The Honeymooners (CBS, 1955-56)

House Hunters (HGTV, 1999-)

I Love Lucy (CBS, 1951-57)

Impractical Jokers (Comedy Central, 2011-)

In the Flesh (BBC Three, 2013-14)

It's Always Sunny in Philadelphia (FX, 2005-)

Jane the Virgin (The CW, 2014-)

The Jeremy Kyle Show (ITV, 2005-)

Judge Judy (CBS Television, 1996-)

Judge Rinder (ITV, 2014-)

Law & Order (NBC, 1990-2010)

Let It Shine (BBC, 2017)

Little House on the Prairie (NBC, 1974-83)

Looney Tunes (Warner Bros., 1930-69)

Lost (ABC, 2004-10)

Louis Theroux's Weird Weekends (BBC Two, 1998-2000)

Love Island (ITV2, 2015-)

Masterchef (BBC, 1990-)

Midsomer Murders (ITV, 1997-)

Modern Family (ABC, 2009-)

Muffin the Mule (BBC, 1946-52)

The Next Step (CBBC, 2013-)

The Office (BBC, 2001-2003)

The Office (NBC, 2005-13)

Only Fools and Horses (BBC, 1981-2003)

Outnumbered (BBC, 2007-14; 16)

Parks and Recreation (NBC, 2009-2015)

Planet Earth II (BBC, 2016)

Pointless (BBC, 2009-)

Police Interceptors (Channel 5, 2008-)

Pride and Prejudice (BBC, 1995)

QI (BBC, 2003-)

Rick and Morty (Adult Swim, 2013-)

River City (BBC, 2002-)

Sarah and Duck (CBeebies, 2013-2017)

Saturday Kitchen (BBC, 2002-)

Scrubs (NBC, 2001-08; ABC, 2009-10)

Sense8 (Netflix, 2015-18)

Shadowhunters (Netflix, 2016-)

Shameless (Showtime, 2011-)

Sherlock (BBC, 2010-)

Silent Witness (BBC, 1996-)

The Simpsons (Fox, 1989-)

Skam (NRK, 2015-17)

South Park (Comedy Central, 1997-)

Star Trek (Paramount Television, 1966-69)

Star Trek: The Next Generation (Paramount Domestic Television, 1987-94)

Steven Universe (Cartoon Network, 2013-)

Still Game (BBC, 2002-07; 2016-)

Stranger Things (Netflix, 2016-)

Strictly Come Dancing (BBC, 2004-)

Supernatural (The WB, 2005-06; The CW, 2006-)

Teletubbies (BBC Two, 1997-2001; CBeebies, 2015-)

This Is Us (NBC, 2016-)

Tipping Point (ITV, 2012-)

The Train Now Departing (BBC, 1988)

Treme (2010-13)

Twin Peaks (ABC, 1990-91; 2017)

The Walking Dead (AMC, 2010-)

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Yes, Minister (BBC, 1980-81)

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