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From the Patient's Perspective: Understanding the Colorectal Cancer Patient Experience Portrayed in Edutainment Television

by

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Abstract

This study qualitatively examined how edutainment television portrayed the colorectal cancer (CRC) patient experience, and whether it reflects the real-life CRC patient experience. This was done by first facilitating a textual analysis of edutainment television episodes from popular medical dramas and the docuseries *Country Ever After*. Interviews with real-life CRC patients were then facilitated to gather perspectives on whether edutainment television's depictions were reflective of their experiences. This study utilized cultivation theory to identify whether edutainment television reinforces stigmas about the CRC patient experience. Additionally, uses and gratifications theory was implemented to investigate how CRC patients interact with media platforms to seek health information. Findings showed that participants preferred the docuseries as a more accurate embodiment of life with CRC. Additionally, CRC patients value information from support groups, search engines, and their healthcare providers. Although CRC patients do not use edutainment television to actively seek health information, repeated exposure can still cultivate beliefs and stigmas about CRC among audiences. Overall, CRC patients suggest that edutainment television provide audiences with better advocacy for CRC screening.

Chapter One: Introduction

The word “cancer” can invoke many emotions among patients and their loved ones (Taylor, 2001, p. 651). The American Cancer Society (2020) defines cancer as an illness that results from the uncontrolled spread of irregular cells (p. 1). When the cancer resides in the colon or rectum, it is collectively defined as colorectal cancer (CRC). CRC is a prominent cancer many will experience as this disease ranks third as the leading cause of cancer deaths in both men and women (American Cancer Society, 2023, p. 8). However, a CRC diagnosis is not always equivalent to an immediate death sentence and is treatable if identified early by proper screening (Ladabaum et al., 2020, p. 418). Colonoscopies are an essential screening measure recommended for adults aged 45 years or older and can detect potential indicators of CRC before symptoms even occur (Bateman, 2023, p. 15). However, there are reasons that people reject colonoscopies. Lim and colleagues (2021) state that some people believe they are not at risk for developing CRC or are just afraid of the procedure (p. 232). Thus, health communication should focus on advocating for CRC screening.

Media platforms can assist with this advocacy. According to Mazor and colleagues (2010), the media effectively communicates health information through its many channels, especially about cancer screening (p. 127). This is especially beneficial for audiences with little or no contact with healthcare professionals (Yanovitzky & Blitz, 2000). This provides an opportunity for media platforms to spread awareness about CRC. One platform that can be utilized for health communication is television, which is a top distributor of health messages (Harrell, 2021, p. 1). Television has been known to influence audiences about specific topics.

Cultivation theory, coined by Gerbner (1969), studies the long-term impacts of television viewing and how it can influence “perceptions, beliefs, attitudes, and values” among audiences (Shrum, 2017, p. 1). Unfortunately, audiences can also be influenced by inaccurate information through television (Bilandzic & Busselle, 2008). Cultivating inaccurate health messages through television can pose a threat to viewers (Harrell, 2021, p. 18). Therefore, understanding how health information is presented on television is an important area of study for mass communications professionals.

Edutainment television, which educates and entertains, can cultivate positive ideas about health while keeping audiences interested in the conversation. Principe and Carrieri (2020) found that an edutainment television series promoting nutrition positively influenced audiences to obtain more nutritious habits (p. 19). While studies have been conducted on how edutainment television portrays other health topics, there is no research examining how CRC is depicted. This thesis aims to identify how edutainment television portrays CRC, and whether it is accurate of the real-life patient experience.

For clarification purposes, edutainment television’s portrayal of CRC will be based on how edutainment television episodes depict the “fictional” CRC patient experience. Wolf and Jason (2014) reference Beryl Institute’s definition of the patient experience as “the sum of all interactions, shaped by an organization’s culture that influences patient perceptions, across the continuum of care” (p. 8). Two subgenres of edutainment television will be analyzed: popular medical dramas and the docuseries *Country Ever After*. These depictions will be compared to “real-life” CRC patient experiences through interviews with actual CRC patients and survivors. While the CRC patient in the docuseries is a real person with CRC, docuseries can contain fictional elements (Fraser, 2012, p. 12). Through the interviews, CRC patients will also suggest how edutainment television can thoughtfully depict their experiences.

This study also dives deeper into how CRC patients seek information, which was also a part of the interviews. Uses and gratifications theory applies to this research objective, as it examines how users interact with various media platforms to meet their "social and psychological needs" (Ruggiero, 2009, p. 3). Since this study focuses primarily on edutainment television, the researcher will dive deeper into the role edutainment television plays in being an information source for CRC patients. This thesis follows a phronetic iterative approach, which Tracy (2018) defines as a researcher using theories as a foundation for study while accepting new data (p. 63). This phrase stems from the term "phronesis," which was coined by Aristotle as a reflection of how "data can be systematically gathered, organized, interpreted, analyzed, and communicated so that it illuminates significant problems and can contribute to transformation and improvement in relationships, organizations, and societies" (Tracy, 2018, p. 62). Health communication research can use findings from phronetic iterative research designs to improve aspects of healthcare (Rief et al., 2013, p. 318). This thesis uses this approach to identify problems in the CRC patient community in hopes of improving health communication about their illness.

Chapter Two: Literature Review

Defining Health Communication

Kelly and colleagues (2014) stress that lives can be saved by communicating health information (p. 171). Proper health communication is vital for informing audiences about their well-being. Kreps and colleagues (2003) state that some of the first significant health communication literature was developed in the mid-20th century, and the field is rooted in social sciences (p. 14). Thomas (2006) notes that health communication uses several techniques to educate audiences about healthcare (pp. 1-2). This means that health communication can vary from channel to channel. Wright and colleagues (2013) note that providers use online platforms to communicate with other providers and that the internet supports the mass distribution of health campaigns (p. 5). With an illness like cancer, utilizing this technology for proper health communication can be lifesaving. Kreps (2003) explains that effectively communicating health messages has the potential to "reduce cancer risks, incidence, morbidity, and mortality while enhancing quality of life across the continuum of cancer care" (p. 161).

Proper communication about cancer screening is essential. For women with cervical cancer, a study by Williams (2014) found that there is hesitancy to receive screening because of unfamiliarity with the procedure or diagnosis (p. 561). For CRC, proper health communication about screening has proven to be beneficial for audiences. Wender (2018) found that a 2016 campaign created by the National Colorectal Cancer Roundtable and the American Cancer Society encouraged 70.5% of eligible United States adults to receive screening. Even promoting CRC screening information through social media can be influential (Ruco, 2022, p. 5).

Research shows disagreement about whether it is the responsibility of message creators to provide accurate health information or whether it is the audience's responsibility to interpret messages critically. Regidor and colleagues (2011) state that proper health communication means that messages are easily understood by consumers (p. 93). On the other hand, there is the argument that audiences should practice health literacy skills. Miller and colleagues (2007) define health literacy as "the ability to read and interpret information needed to make healthcare decisions" (p. 2). Mårtensson and Hensing (2011) note that consumers of health messages should feel responsible for effectively interpreting the information they receive when actively searching for it (p. 151). Research has shown that the ways CRC is portrayed in health communication messages can improve. Basch (2022) suggests that instead of just communicating that CRC and colonoscopies exist, health communication should dive deeper into the preventability of cancer, who is at risk, and how to identify symptoms (p. 1). Thus, it is not always about how often health communication discusses CRC and colonoscopies, but rather how those topics are portrayed. While discussing health communication, is also important to explore how audiences use media platforms to actively seek health information.

Uses and Gratifications Theory

Uses and gratifications theory in mass communications studies how people interact with media platforms to gratify what they want or need (Urista and colleagues, 2009, p. 218). Lin and Chu (2021) outline some of the most popular reasons people interact with media platforms, which include entertainment, acceptance, and support from others (p. 1171). Uses and gratifications is a vast area of study but viewing it through a healthcare lens could help researchers understand how people seek health information. Cancer patients often need information about their diagnosis, survival rates, and remedies (Nagler, 2010, p. 55). However, receiving this information does not always occur actively. Specific media platforms allow users or audiences to receive information both intentionally and unintentionally (Kelly et al., 2014, p. 171). Thus, individuals might be receiving health information without even realizing it. This is precisely the case for television, which people tend to consume more passively due to the minimal efforts needed to consume the content (Jonassen, 1981, p. 242). This idea of passive consumption must be considered when performing studies on television's cognitive impacts.

Qualitatively understanding how CRC patients use media platforms to seek information is an understudied area. However, previous studies have focused on how individuals seek information about bowel-related ailments. Rotaru and colleagues (2021) noted that people with bowel distress make decisions about their healthcare solely based on what they see online (p. 2). This could be problematic when users diagnose themselves with a condition they do not have. Anjum (2022) found that patients misdiagnosing themselves using internet resources can impact their safety (p 1). Also, people who seek health information themselves are sometimes overwhelmed with what they find online. This is especially the case with cancer. Soroya and colleagues (2021) found that newly diagnosed cancer patients are sometimes faced with "cancer information overload" (p.1), which can cause significant worry.

Understanding why cancer patients seek information could inspire communication professionals to create an information environment that best suits their needs. According to Carlsson and Strang (1997), cancer patients are likely to seek information about their diagnosis when they feel there is deficient information being provided by healthcare professionals (p. 453). In this case, cancer patients will take it upon themselves to become more well-informed about their situation. Sinding and colleagues (2010) state that cancer patients use media platforms to seek information because they feel responsible for being educated enough to make treatment decisions. Quantitative studies have been facilitated to understand how CRC patients, and cancer patients in general, use media platforms to seek health information. A study by Dau and colleagues (2020) found that CRC patients' informational needs can be met when interacting with media platforms (p. 4). Another study by Nagler (2010) discovered that CRC patients in earlier stages of the disease were more likely to use media platforms to seek information than those in later stages (p. 59). While these are significant findings, they do not provide qualitative insight into the uses and gratification processes of CRC patients. According to Putri and colleagues (2019), an in-depth understanding of why people interact with media platforms to fulfill their needs is imperative (p. 500). This understanding can motivate media platforms to educate and empower cancer patients through proper health communication (Chung & Kim, 2007, p. 297). An in-depth understanding of how CRC patients use media platforms to fulfill their needs can offer suggestions for providing better informational resources for patients.

Public Health Research on CRC

Ample public health research studies have been conducted on CRC, and many of which correlate with the idea of health literacy. Health literacy is defined as the capability to dissect health information to make choices for themselves (Miller et al., 2007, p. 2). Canady and Larzo (2023) state that the health literacy level of the average American tends to be relatively low, and that overestimation of their skills is common (p. 1). This is problematic because the amount of health literacy a person possesses can correlate with how likely they are to receive proper health screening (Miller et al., 2007, p. 2). Those who do not have health knowledge may not be able to recognize the importance of preventative screening for cancer. In the case of CRC, Miller and colleagues (2007) found that less health-literate patients were half as likely to have awareness about CRC screening (p. 3). This stresses the importance of individuals being able to find basic information regarding screening both on and offline. Peterson and colleagues (2007) noted that patients may not follow the recommendation if healthcare professionals do not advocate for CRC screening (p. 1110). A study by Miller and colleagues (2021) found that proper communication of potential CRC risk to individuals could play a role in advocating for screening, all while providing accurate information about the risks of developing cancer (p. 719). There has yet to be any existing research regarding the health literacy levels of CRC patients. However, another idea that correlates with health literacy is the cultivation of health messages over time among audiences.

Cultivation Theory

Cultivation theory applies to understanding the long-term impact that television's portrayal of the CRC patient experience has on audiences. Rosenberry & Vicker (2022) describe this theory by noting that media messages influence people over time (p. 110). This theory is derived from the idea of the "cultivation effect," which Shrum (2017) defines as the correlation between the amount of television consumed and the viewpoints of audiences (p.1). Cultivation can include the alteration of beliefs as well as habits (Russell et al., 2014). This is especially true when audiences have limited experience with the topic discussed (Russell et al., 2014, p. 2). Thus, people who do not have connections to CRC patients or are not patients themselves may have a higher chance of being cultivated by media messages.

Previous studies have found that cultivation theory can form opinions about health topics. Eisend and Möller (2007) found a correlation between the amount of television consumed and women's perception of body image (pp. 111-114). Cultivation can exist across various health topics, from mental health to cancer. Kasper and Ferguson (2000) found that media platforms can cultivate the idea of self-blame among breast cancer patients (p. 311). This is problematic to women's perception of the disease, as they might blame themselves for their diagnosis.

An interesting phenomenon related to cultivation theory is the ability of some individuals to have higher perceived credibility than others. Gupta and colleagues (2022) state that communicating via credible sources can minimize the distribution of misinformation (p. 987). This can apply to influencers and celebrities spreading information about cancer. Chadwick Boseman, an actor, died of CRC in 2020. His death was heavily covered on television and significantly influenced audiences' mindsets (Myrick, 2022, p. 2). Myrick (2022) noted that this event caused more online conversations related to CRC and more searches for CRC screening (p. 2). Chadwick Boseman's connection to audiences leads to the idea of parasocial relationships being cultivated through the media. Audiences felt the impacts of an individual's death that was cultivated by a pseudo-relationship through the screen. Kresovich & Noar (2020) note that there is a perceived relationship between audiences and individuals on television (celebrities, influencers, or personalities) on the topic of health discussions (2020). This parasocial relationship exists due to audiences extensively consuming media messages (Levy, 1979), which aligns with cultivation theory. This study focuses on how participants perceive characters with CRC, so the idea of parasocial relationships might appear in the findings.

These relationships tie into the phronetic iterative approach. Schleifer (2012) describes the phronetic iterative approach as a study of relationships that can ultimately improve healthcare. Understanding interpersonal relationships and narratives between characters and audiences can likely contribute to "successful medical practices" (Schleifer, 2012, p. 64). This reflects that audiences form a relationship with characters on the screen, and this connection can be beneficial for communicating health messages.

While cultivation theory is widely used in quantitative studies, looking at the cultivation of health messages through a qualitative lens can be beneficial in understanding individuals' thought processes (Manzoor & Safdar, 2020, p. 219). A study by Stein and colleagues (2021) found that qualitative methods were beneficial in understanding how Instagram users are cultivated by messages about body image. During the COVID-19 pandemic, qualitative studies were facilitated to help researchers understand how audiences were influenced by messages surrounding the illness (Manzoor & Safdar, 2020). There is a need for qualitative studies about how television cultivates beliefs and stigmas about CRC.

Stigma and Cultivation

Stigma is defined by Clair and colleagues (2016) as "the negative stereotyping and separation from groups who are labeled as different" (p. 2). Stigmas can include opinions about one's diagnosis, which can negatively impact patients (Phelan et al., 2013, p. 65). Research indicates that there are several stigmas associated with cancer, especially the idea that people associate a cancer diagnosis with mortality (Moser & Meunier, 2014, p. 1523). CRC has stigmas of its own, especially related to colonoscopies. Brady (2013) notes that embarrassment is one negative stigma associated with colonoscopies (p. 469). Other negative stigmas correlate one's sexuality with colonoscopies, which is especially prominent in males. Phelan and colleagues (2013) state that men associate CRC screening and other medical procedures involving the rectum with being threatening to their masculinity (p. 66). Understanding where these stigmas about CRC come from and if media platforms are attempting to combat them is an under-researched area.

The ways diagnoses are portrayed through media platforms can correlate with stigma. For television, Coe (2018) notes that stigma can be reinforced by using a humorous tone to describe something (p. 22). Using humor in conversations about health conditions can take away from the perceived seriousness of those conditions (Coe, 2018, p. 22). Yoon (2015) demonstrates that when faced with a humorous versus serious media message, individuals are more persuaded by the humorous message if they have limited knowledge of the topic (p. 132). Conversely, those with more experience with the topic tend to feel the impacts of messages with a serious tone (Yoon, 2015, p. 132). Thus, humor and tone can have varying effects on stigma. This study examines how stigmas like humor appear in edutainment television's portrayal of CRC.

Health communication that is neutral in tone instead of humorous can be a positive tool in combatting stigma. This was seen during the stigmatization of the HIV/AIDS outbreak in the late 20th century. Clair and colleagues (2016) describe that HIV/AIDS diagnoses were associated with homosexuality (p. 9). To break the link between this diagnosis and sexuality, health communication messages clarifying how HIV/AIDS was spread helped eliminate stigma and promote screening (Clair and colleagues, 2016, p. 10). The relationship between health communication and stigmas surrounding CRC is an area that needs further exploration. The textual analysis advances research on identifying stigmas about CRC and colonoscopies in edutainment television.

Representation of CRC Among Media Platforms

The term "media" can encompass a variety of platforms. Whatever the channel, the media is essential in educating audiences (Rice, 2003, p. 417). The media platform this study focuses on is television, which continues to be a top provider of health messages (Harrell, 2021, p. 1). However, previous literature shows that CRC appears differently across platforms.

Print Media

Understanding how CRC and colonoscopies have been represented in print media is crucial as it has provided a foundation for other media channels today. Clarke and Everest (2006) state that print media has traditionally been effective in providing neutral information about CRC screening and treatment (p. 2591). These studied print media sources range from magazines to letters from healthcare providers (Marcus et al., 2007, p. 85). Regardless of the print source, research shows that CRC is not discussed as much as it should be. Slater and colleagues (2008) performed a content analysis of cancer coverage across various print media platforms and found that CRC ranks second in newspaper coverage compared to other cancers (p. 534). Research shows that the composition of print media is associated with what kind of health information is discussed. Slater and colleagues (2008) propose that since print magazines contain visual elements, journalists may feel less inclined to cover CRC because it is considered less visually appealing (p. 534). Since television is a visual form of media, it is unknown how a "visually unappealing" diagnosis will be portrayed.

Social Media

Alternatively, social media (SM) provides an interactive and visual form of communication. Pellino and colleagues (2017) found that CRC patients use SM to seek information about their diagnosis, but there is a shortage of medical professionals on SM (p. 13). This can limit the correct information about CRC being provided to users. Thus, Pellino and colleagues (2017) note that information about CRC tends to be non-scientific (p. 13). March is National Colon Cancer Awareness Month (NCCAM), which prompts discussion about CRC on social media during that time. Patel and colleagues (2022) found that despite NCCAM bringing more awareness of CRC, conversations tend to drop off when the month is over (p. 7). This could suggest that one-way communication channels like television can encourage more conversations about CRC throughout the rest of the year.

Television

This study focuses on the representation of the CRC patient experience via television, specifically through medical dramas and documentary-style episodes. What was once limited to cable has transformed into streaming across various platforms. Nielsen (2023) found that 38.7% of television viewing consisted of streaming in mid-2023, whereas audiences using cable fell to 29.6%. Whatever the platform, television can be a good source of health information (Maibach & Holtgrave, 1995) and thus makes it a good candidate for health communication studies. Television is incredibly resourceful for distributing cancer prevention information. Rosenthal and colleagues (2018) note that television effectively educates audiences about cancer screening and can even encourage them to seek screening information (p. 140). Previous research has examined how messages about CRC are communicated through television. MacKenzie and colleagues (2010) found that despite CRC's prevalence across the globe, its television coverage falls behind breast and prostate cancers (p. 286). Televised colonoscopies have been proven to encourage audiences to receive screenings (MacKenzie, 2010, p. 286). Advertisements that incorporate information about CRC screening is also beneficial. McGarrity and colleagues (1989) used television to advertise a free screening kit for CRC, which 53% of viewers decided to utilize (p. 1). Through the kit, individuals could receive CRC diagnoses and were encouraged to take the next steps to fight or prevent CRC (MacKenzie, 2010, p. 1). Without the kit being marketed using television, many might've been unaware they had CRC. The above studies have helped examine how television coverage of CRC can impact audiences. However, there is a gap in qualitative research about how television's portrayal of the CRC patient experience differs from real-life patient experiences. Additionally, no studies have directly consulted patients about how television portrays their disease. The specific genre of television that will be examined in this study is edutainment television.

Edutainment Television. Television considered edutainment can provide unique educational benefits while captivating audiences. Hether and colleagues (2008) state that edutainment television can combat audiences' views about certain health issues (p. 809). This genre is effective for health communication because of media saturation, which exists because of multiple platforms distributing information simultaneously (Hether et al., 2008, p. 809). Edutainment media is even used in educational settings as a new form of teaching (Anikina and Yakimenko, 2015, p. 476). This study focuses on medical dramas and documentary-style television episodes, which entertain audiences while incorporating health information.

Medical Dramas. Medical dramas are one subgenre of edutainment television. Al Aboud (2012) categorizes medical dramas as television series that take place in medical settings (p. 1). Popular medical dramas like *Grey's Anatomy* have already been studied for their portrayals of other diagnoses. For example, a study by Ismail and Salama (2023) found that *Grey's Anatomy* portrays patients with neurological illnesses in inaccurate ways. A study by Cambra-Badii and colleagues (2021) noted that 98.6% of individuals they surveyed had seen an episode of a medical drama within the current year, with *Grey's Anatomy* and *House* being very well-watched (p. 1). Medical dramas can be catalysts for distributing health communication messages (White, 2008, p. 13). However, adding drama to a plot can sometimes cloud audiences' judgment of a health topic. For example, Harris and Willoughby (2009) critique medical dramas' representation of cardiopulmonary resuscitation (CPR), noting that medical dramas blur the line between true and false information (p. 1278). This can lead to long term effects. Green (2006) found that individuals can mistake incorrect health information as correct when recollecting it after an episode has ended (p. 174). This poses a threat to audiences interpreting health information they receive from fictional sources such as medical dramas.

Harris and Willoughby (2009) note that producers of medical dramas should feel responsible for providing accurate health information to audiences (p. 1278). Additionally, healthcare professionals should be informed about perceptions about one's health that arise from consuming medical dramas and should explain any misinterpretations to patients (Harris & Willoughby, 2009, p. 1278). There is no existing research on how audiences interpret the portrayal of CRC in medical dramas and whether there are any stigmas that can arise from viewing. This study aims to fill this gap in research.

Documentary-Style Television. Documentary-style television, or docuseries, will be the other subgenre of edutainment television studied. Docuseries differ from medical dramas because they are often depicted as realistic and referred to as the "creative treatment of reality" (Nichols, 2017, p. 5). This can allow for a parasocial relationship through the screen. Tian and Yoo (2015) state that audiences may feel more emotionally connected with docuseries actors because they perceive them as more realistic (p. 1). The storytelling aspects of documentaries also make them good candidates for delivering information to audiences in captivating ways (Chattoo, 2014). This plays into the idea of edutainment.

Obtaining health information from docuseries can be beneficial to those watching. Dutta (2007) found that individuals who specifically consume health information from documentaries are more aware of their health and are more prone to follow healthy lifestyles than other television forms (p. 7). Docuseries can also remove negative stigmas about health conditions. This was seen in a study by Burmeister and colleagues (2017), which concluded that documentaries could remove stereotypes about obesity. This study attempts to investigate how docuseries about CRC can help remove stigma.

Rationale and Research Questions

There is a lack of research on how the CRC patient experience is portrayed in edutainment television. Additionally, it is not yet understood whether these portrayals are reflective of the real-life CRC patient experience. While drawing upon existing health communication literature and using cultivation theory and uses and gratifications theory as frameworks, this thesis aims to understand edutainment television's portrayal of the CRC patient experience. Additional objectives are to understand how CRC patients use media platforms to seek information about CRC and what gratifications they receive. These objectives can be met using interviews with real-life CRC patients and survivors. Participants will explain how they seek information about their disease and how their patient experiences compare to the patients portrayed in edutainment television. Lastly, the participants will provide feedback on how edutainment television should alter its portrayal of their diagnosis. The specific research questions for this thesis are:

RQ1: How do CRC patients and survivors perceive edutainment television's portrayal of the CRC patient experience in comparison to the findings of the textual analysis?

RQ2: How do real-life CRC patients interact with media platforms to seek information about their diagnosis or treatment?

RQ3: How do CRC patients and survivors suggest that edutainment television alters its portrayal of CRC and colonoscopies?

Chapter Three: Methods

This study utilizes two methods: textual analysis and interviews. This section is organized by method. It is first important to note that the researcher holds prior assumptions and experiences with CRC due to a close family member being diagnosed. The implementation of two methods aimed to eliminate any biases that could've occurred from a single researcher's perspective. The researcher's previous experience and personal connections with patients also aided in recruiting participants for the interviews. Despite the researcher having previous experience with this disease, precautions were taken to ensure that biases did not occur. This was done by employing multiple methods and following the same interview guide for each participant.

Textual Analysis

The first method of this study consisted of a textual analysis. This method was used to understand how edutainment television portrays CRC and colonoscopies and to assist with formulating questions for the interviews. The textual analysis method addressed RQ1 and RQ3, which associate with the cultivation of messages about CRC. McKee (2003) describes the textual analysis method as an interpretation of how audiences are likely to interpret "texts" (p. 1). A text can be anything with a message to deconstruct, including television episodes (p. 1). Interpreting texts is essential because they are forms of narrative and a reflection of "human experience" (Schleifer, 2012, p. 65). These narratives often contain constructs that can be identified using textual analysis. Fursich (2009) states that this research method reads outside the lines by examining the cultural and social contexts of the texts (p. 240).

Existing studies use textual analyses for interpreting health information. Specifically, this method aids with understanding how “key issues and concerns” about one’s health are presented among texts (Smith, 2017, p. 6). Applequist and colleagues (2018) utilized a textual analysis to evaluate advertisements about the medication Viagra and uncovered many ties to “social meaning and relationships” within the advertisements (p. 70). These ideologies within the texts could not have been uncovered without the textual analysis. Textual analysis is also used to analyze social media messages. Han and colleagues (2019) analyzed Twitter’s capabilities for providing health messages to audiences via a textual analysis and were ultimately able to make suggestions for more impactful distribution of health communication messages (p. 434). Ultimately, Smith (2017) recommends using textual analyses in health communication studies because of its effectiveness (p. 6).

Thus, textual analysis has been proven helpful in understanding health communication messages. However, there have not been any textual analyses on CRC in edutainment television episodes. This method was used to inform interview questions for real-life CRC patients based on the uncovered themes. Using the interviews, participants will provide feedback on edutainment television’s portrayal of CRC and offer their interpretations of the texts in addition to the researcher’s.

Sample and Procedure

In the textual analysis, two groups of texts were analyzed: medical dramas and a docuseries. The texts were selected because they included conversations about CRC or colonoscopies. Medical dramas were chosen because of their popularity and ability to provide significant health information to audiences (Ismail & Salama, 2023, p. 1). Since medical dramas contain health messages within the plot, a textual analysis would be the most favorable method for deconstructing these episodes. Also, the goal of producing medical dramas is not to inform but to entertain audiences through drama (Harrell, 2021, p. 17). Thus, producers must be careful in portraying items in storylines throughout the episodes. This is why medical dramas were chosen for this textual analysis. Alternatively, documentaries differ in comparison to medical dramas. The hope for selecting this genre was to find content about CRC that is as realistic, since that is the goal of documentaries (Duby, 2006). These two formats were chosen because it was hypothesized that they would portray CRC differently. As far as it is known, there have not been any studies that compare medical dramas to docuseries in their portrayal of the CRC patient experience. Understanding this difference in portrayal is essential to critique how edutainment television can better serve its audiences about CRC.

In the medical dramas group of texts, 13 episodes were analyzed. These episodes were sampled from popular medical drama series, including *Grey's Anatomy, Chicago Med, Scrubs, House*, and *Code Black*. The number of episodes analyzed was associated with the data's saturation point. Data is considered saturated when no new data is revealed during analysis (Fusch and Ness, 2015, p. 1408). This correlates with the sample size because it allows researchers to end sampling once enough data is found (Hennink et al., 2017). These series were chosen because they included fictional patients with either a CRC diagnosis or requiring a colonoscopy. Fan-created websites were used to select the medical drama episodes. De Kosnik (2012) states that fan websites can contribute to online research (p. 99). These websites, created by individuals who enjoy watching the series, can include plot descriptions, search functions, and more. Each of the medical drama series above had websites created by fans. Thus, convenience sampling was used. Farrokhi and Mahmoudi-Hamidabad (2012) note that the sole requirement for this type of sampling is that the sample is easily accessible to the researcher (p.785). The following keywords were searched via the fan-created websites: “colon cancer,” “rectal cancer,” “colorectal cancer,” and “colonoscopy.” Colorectal cancer was used as a search term because it includes both colon cancer and rectal cancer (American Cancer Society, 2023). Also, “colonoscopy” was used because it is a screening method for detecting CRC (American Cancer Society, 2023). Collectively, the four terms mentioned above were used to sample medical dramas for the textual analysis.

The sampling process was lengthy due to the inability to find medical drama episodes that contained sufficient information about CRC. Even if an episode of a medical drama contained one of the above keywords, the fan websites did not specify how prevalent the discussions were. For instance, some episodes that were tagged with the term “colonoscopy” just mentioned the procedure for a brief second. This was a minor setback during the sampling process. This also serves as the justification for the sample size. These episodes were the only ones identified by the researcher that contained enough information to gather sufficient data. Table 1 below lists the medical drama sample and correlates each episode with one of the four keywords.

Table 1. *Medical Drama Sample*

Series	Season (S), Episode (E)	Release Date	Keyword
Chicago Med	S1, E8	February 2, 2016	Colorectal cancer
Code Black	S2, E8	November 23, 2016	Colorectal cancer
Grey’s Anatomy	S3, E14	February 1, 2007	Colorectal cancer
Grey’s Anatomy	S5, E3	October 9, 2008	Colorectal cancer
Grey’s Anatomy	S10, E23	March 8, 2014	Rectal cancer
House	S1, E14	March 15, 2005	Colorectal cancer, colonoscopy
House	S2, E18	April 18, 2006	Colorectal cancer
House	S3, E13	February 6, 2007	Colorectal cancer
House	S5, E2	September 23, 2008	Colorectal cancer
House	S7, E17	March 21, 2011	Colorectal cancer
Scrubs	S1, E18	March 12, 2002	Colon cancer
Scrubs	S1, E20	April 16, 2002	Colon cancer
Scrubs	S6, E6	January 18, 2007	Rectal cancer

The second group of analyzed texts included 11 episodes of a Netflix docuseries titled *Country Ever After*. The docuseries is based on the lives of country music star Coffey Anderson and his wife, Criscilla Anderson. Throughout the series, Criscilla battles stage 3c CRC. This docuseries was chosen to gather data about CRC patients' lives outside of the hospital. Though the episodes of *Country Ever After* are only around 25 minutes long, they provide ample data to analyze. This is because CRC is one of the main focuses of the show, compared to it being just a sliver of the medical dramas. The episodes of the docuseries were manually selected by the researcher instead of using keywords. Table 2 outlines the sample of the docuseries episodes used.

Table 2. *Docuseries Sample*

Series	Season (S), Episode (E)	Release Date
Country Ever After	S1, E1	November 6, 2020
Country Ever After	S1, E2	November 6, 2020
Country Ever After	S1, E3	November 6, 2020
Country Ever After	S1, E4	November 6, 2020
Country Ever After	S1, E5	November 6, 2020
Country Ever After	S1, E6	November 6, 2020
Country Ever After	S1, E8	November 6, 2020
Country Ever After	S1, E9	November 6, 2020
Country Ever After	S1, E10	November 6, 2020
Country Ever After	S1, E11	November 6, 2020
Country Ever After	S1, E12	November 6, 2020

First, a template was created to aid in the data collection process for each episode before the episodes were watched. This consisted of listing the series, episode title, season and episode number, category/keyword, and release date at the top of each template, with a "notes" section at the bottom. This template kept the notes consistent, organized, and easy to reference for both groups of texts. The data collection consisted of watching each episode and recording notes on the template. The notes for the two groups of texts were kept in two separate running documents in Google Drive. The researcher used the notes section to describe the episodes' discussion of the CRC patient experience. This included direct quotes from characters, descriptions of facial expressions, music, camera angles, and whatever the researcher deemed necessary for describing the CRC patient experience.

Analysis

Data analysis for the textual analysis consisted of a three-step coding process within the templates for each episode. Open coding, axial coding, and selective coding phases took place. Williams & Moser (2019) note that during the initial open coding step, the analysis draws borders around broad themes that will be further categorized later (p. 48). In the open coding phase of the textual analysis, all the notes in each template were briefly skimmed and followed by several in-depth reviews. Items that stood out were highlighted as patterns began to be recognized. Williams and Moser (2019) characterize axial coding as the next step in the coding process, demonstrating that data is further deconstructed by refining categories (p. 50). The axial phase of the textual analysis consisted of closely going through the data, identifying correlations between the open codes, and sorting the data into categories. Lastly, the selective coding phase began, wrapping up the coding process. Williams and Moser (2019) state that selective coding allows the investigator to assign final categories with purpose (p. 52). In this phase of organizing the textual analysis data, final categories were created. This created cohesiveness among all the data while creating clear boundaries around the themes. The codebook for the textual analysis can be found in Appendix C.

Interviews

The second part of this study consisted of semi-structured interviews with real-life CRC patients and survivors. For definition purposes, Feuerstein (2007) defines cancer survivors as individuals who have completed treatment of the disease and are in remission (pp. 6-7). Interviews are effective for health communication research, especially in studying specific health conditions. Montazeri (1996) notes that interviews allow researchers to provide more compassion to those battling complex diseases than other methods (p. 448). This is especially important for cancer patients. Researchers interviewing cancer patients can clarify questions when needed and give respondents the support they need to answer them (Montazeri, 1996, p. 448). Thus, interviews were the most suitable for this study because of the focus on CRC patients and survivors.

In addition, interviews are easily paired with other methods. This applies to this study since the interview questions stemmed from the textual analysis results. Alamri (2019) states that interviews are combined with other methods to test the validity of previously collected data (p. 66). Using two methods instead of one helped eliminate any biases that may have occurred from the textual analysis, since it only consisted of a single researcher. Alamri (2019) notes that since interviews allow participants to deeply explain their thoughts, it can "enrich the qualitative data" (p. 66). The aim of using this method was to enrich the findings of the textual analysis and create additional saturation within the data. The sampling and procedures of the interviews are discussed below.

Sample and Procedure

Potential participants were recruited via social media and through the Citrus Colorectal Cancer Foundation (CCCF) and its members. The researcher has a personal connection to this organization, so this was considered convenience sampling. Though the researcher was acquainted with some of the participants, this did not have any influence on the interview process or data that emerged. All participants were asked the questions from the interview guide without any input, opinions, or commentary from the researcher. Another sampling method used for the interviews was snowball sampling. Emerson (2015) describes this sampling method as using current participants to recruit their connections for participation (p. 166). Snowball sampling occurred through other members of the CCCF and externally on social media. Those interested in the study were asked to reach out to the researcher and were then sent the Eligibility Survey to determine whether they were able to participate. The Informed Consent document was included in the Eligibility Survey for each potential subject to review upon their decision to participate. The Informed Consent document can be found in Appendix A. Verbal consent was also required before each interview began. The initial goal was to conduct 15-25 interviews. The researcher was able to conduct 17 interviews. Interviews were scheduled throughout December 2023 and January 2024. Participants were able to select a time that worked best for them using a Doodle poll booking page. Table 3 below summarizes the participants' demographic information.

Table 3. *Interview Participant Demographics*

Variable	n	% of participants
Gender		
Male	3	18
Female	14	82
Age		
25-34	1	6
35-44	7	41
45-54	5	29
55-64	3	18
65-74	1	6
Race/Ethnicity		
White	15	88
Black/African American	1	6
Asian	1	6
Education level		
High school diploma	1	6
Some college, no degree	4	23
Bachelor's degree	7	41
Master's degree	3	18
Doctorate/professional	2	12
Marital status		
Single	1	6
Married	15	88
Divorced	1	6
Employment status		
Full time	12	75
Part Time	1	6
Retired	2	13
Unable to work	1	6

Each semi-structured interview was facilitated by following the Interview Guide in Appendix B. Participants were asked about how they were diagnosed, their experiences with screening, and ultimately how they battled (or are currently battling) CRC. The interviews also consisted of the researcher showing the participants clips of some of the textual analysis episodes. Participants watched three episodes from the medical dramas group and three episodes from the docuseries group. The specific episodes with time stamps can be found in the Interview Guide in Appendix B. For the medical dramas, participants were shown video clips from the following series: *Code Black, Grey's Anatomy*, and *House*. These episode clips were used in the textual analysis and were strategically selected because they contain examples of the main themes found during the textual analysis. The three episodes of the docuseries that were shown to participants also contain the main themes found from the docuseries results of the textual analysis.

Parts of season 2, episode 8 of *Code Black* were shown to participants because it portrays a CRC patient receiving treatment in a hospital. Season 10, episode 23 of *Grey's Anatomy* shows a stigmatized scenario of a woman in rectal cancer remission. Season 1, episode 14 of *House* was shown because it portrays a patient who is eligible to receive CRC screening. Participants were shown three video clips from season 1, episodes 1, 2, and 5 of *Country Ever After* for the docuseries. Only three episodes were chosen for the docuseries because they contained the most content regarding CRC out of the series. The episodes describe the CRC patient experience both during treatment and in remission. Subjects were asked to compare their patient experiences with those portrayed by edutainment television. Participants also gave their feedback on how edutainment television can improve its portrayal of the CRC patient experience, including how to combat the negative stigmas associated with CRC. Each interview was recorded using Microsoft

Teams and was transcribed in real-time using the application's in-house transcription function to prepare for analysis. Participants were required to give verbal consent for the recording and transcription of the interview.

Analysis

Analysis of the interviews helped answer the question of how edutainment television's portrayal of CRC and colonoscopies compares to real-life patient experiences, and how real-life CRC patients use media platforms to seek health information. The unit of analysis for the interviews consisted of the transcripts that were auto-transcribed from Microsoft Teams. Interview analysis is referred to as "thinking with theory" (Jackson & Mazzei, 2012), which applies to this process since a phronetic iterative approach was used. Tracy (2017) notes that phronetic iterative analysis tightly follows existing literature and ideas, specifically with "emic" data (p. 1). Emic data places value on a participant's attitudes and beliefs (Tracy, 2017, p. 1). This applies to this study's data analysis since the research questions were based on the CRC patient's perspective.

A similar three-step coding process to the textual analysis was used to analyze the interview data. Open, axial, and selective coding were used. In the open coding phase, the transcript was reviewed multiple times. Tracy (2017) notes that this "line by line" review of data is imperative before moving on to other coding steps (p. 5). It is essential to mention that the findings of the textual analysis were referenced throughout the entire coding process since the aim was to compare the themes of both findings. The researcher began to draft a codebook of the data during the open coding process, which is one of the most essential steps (DeCuir-Gunby et al., 2011, p. 137). In the axial phase, patterns began to be recognized within the interview transcripts. Williams and Moser (2019) describe that the "constant comparison method" is an integral part of the axial coding step (p. 51). Repeatedly comparing the evolving data is crucial for appropriately categorizing the themes to prepare for selective coding (Williams & Moser, 2019, p. 51). Connections between the themes began to emerge during this step. Lastly, in the selective coding process, central themes were finalized. Williams and Moser (2019) note that data becomes anticipated in this final coding process (p. 52). Like in the textual analysis, the sample size of 17 participants was finalized upon data saturation. The codebook defined the themes within the transcripts, gave examples, and aided the analysis process.

Chapter Four: Results

Textual Analysis

The following results for the textual analysis are categorized by the subgenre of edutainment television (medical dramas and docuseries), with the themes described for each. The researcher assigned a sentiment (either positive or negative) to each theme as it could apply to the CRC patient experience. The quotes provided in this section are derived from the medical drama and docuseries episode transcripts. The primary theory guiding the textual analysis with cultivation theory. Thus, the themes found in the textual analysis align with the implication of how medical dramas and docuseries can cultivate certain beliefs or stigmas about CRC.

Medical Dramas

The medical dramas presented four main themes surrounding the CRC patient experience. Table 4 below outlines each theme by giving descriptions and examples.

Table 4. *Summary of Medical Drama Themes*

Theme	Summary	Example	Sentiment
Humorous tone	Comedic elements such as sound effects, music, or jokes about CRC made by characters.	A character in a medical drama made jokes about their bowel-related symptoms as a CRC patient.	Negative
Lack of advocacy for colonoscopies	An episode that did not (1) go into extensive detail about the importance of receiving colonoscopies, or (2) did not mention a colonoscopy.	An episode of a medical drama showed a CRC patient but did not go into detail about the importance of receiving a colonoscopy.	Negative
Withdrawal from the community	CRC patients that discussed being isolated from their roles, activities, or other aspects of their lives due to having CRC.	A character in a medical drama mentioned that their CRC diagnosis impacted their career.	Negative
Fatality of CRC patients	CRC patients dying or the producer foreshadowing that they will likely die in an episode.	A CRC patient in a medical drama passed away suddenly.	Negative

Humorous Tone. Humor was used in most medical drama episodes. The parameters of this category included any instances of characters making a joke about CRC symptoms, colonoscopies, or anything else related to the CRC patient experience. This falls under the negative sentiment because using humor to describe a topic can take away its seriousness (Coe, 2018, p. 22). Thus, it can harm viewers who believe that CRC is not serious. Humor occurred at least once in 10 out of 13 episodes. Season 10, episode 23 of *Grey's Anatomy* had an unexpected amount of humor related to a patient in remission from rectal cancer (Rhimes, 2014). The patient was experiencing uncontrollable gas in front of the doctors. Instead of handling it professionally, one of the doctors in the medical drama episode stated, "She farted like 80 times and I did not laugh once" (Rhimes, 2014, 8:58). The same doctor was also shown making facial expressions like she was holding back laughter while the rectal cancer was experiencing symptoms. Overall, there were significant bowel-related jokes made during that episode. Another example of a humorous encounter was in season 1, episode 20 of *Scrubs* when the CRC patient described his diagnosis as a "gassy disease" and was accompanied by quirky music (Lawrence, 2002, 10:28). *Scrubs* and other medical dramas changed the background music during instances of humor.

There was also humor involved when the medical dramas discussed colonoscopies. In season 1, episode 14 of *House*, a patient refused a colonoscopy recommended by a doctor (Attanasio, 2005). While the doctor on the case did not use humor around the patient, jokes were made after their interactions were over. After the doctor left the room, another doctor asked him, "Do you get that often? Women that'd rather die than get naked with you?" (Attanasio et al., 2005, 18:28). Some of the humorous tone in medical dramas was derived from the vocabulary chosen to describe CRC and colonoscopies. Instead of using medically correct names, season 1, episode 8 of *Chicago Med* decided to refer to a colonoscopy as the "Chicago Med Handshake" (Wolf, 2016, 9:56). Thus, many instances of humor were revealed in the medical dramas.

Lack of Advocacy for Colonoscopies. Another result of medical dramas was the lack of advocacy for colonoscopies in the episodes. This theme was indicated by episodes not mentioning colonoscopies at all or not describing their effectiveness in CRC prevention. None of the medical drama episodes advocated for colonoscopies. This was also assigned a negative sentiment by the researcher because it is a missed opportunity to educate since improper health communication can be detrimental to audiences (Harrell, 2021). A few of the medical dramas showed patients receiving colonoscopies, but if the patients were awake during the procedure, they were shown as being in pain. This was also viewed as being negative by the researcher. In season 2, episode 18 of *House*, a patient receiving a colonoscopy was screaming, "God, you're killing me!" while making highly uncomfortable facial expressions (Attanasio, 2006, 9:57). While this episode showed the colonoscopy happening, it did not discuss its significance. Season 1, episode 18 of *Chicago Med* also showed an over-exaggeration of a patient receiving a colonoscopy by having him grunt in pain and make uncomfortable facial expressions (Wolf, 2016). While this episode mentioned that colonoscopies are used to diagnose CRC, the producers did not describe the importance of receiving one at the recommended age or provide any information about it to inform audiences.

Withdrawal From the Community. Another theme that was derived from the medical dramas was the lack of community that patients experienced during their experience with CRC. This theme was assigned a negative sentiment because health literature shows that isolation can decrease happiness (Sharma et al., 2020). Thus, portraying this to audiences can reflect a negative idea. This category is represented by characters in the medical dramas being isolated from the community since being diagnosed with CRC. The fictional CRC patients sometimes indicated they could no longer do an activity or play a role because of their CRC. CRC patients noted career changes, daily activities, and overall lifestyle. Identity ties into community because the characters indicated a shift in how they were viewed by others in the community after being diagnosed. An example of this was in season 5, episode 3 of *Grey's Anatomy* when the CRC patient stated that she is now known as "cancer girl" (Rhimes, 2008, 11:47). This indicates that the CRC patient's identity is solely tied to being a cancer patient, despite any roles she might have had in the community before diagnosis. Even their caregivers sometimes described how their loved ones have become less involved with the community. In season 10, episode 23 of *Grey's Anatomy*, the CRC patient's husband expressed his joy for his wife to "have a normal life" (Rhimes, 2014, 21:31) after the successful procedure to fix her symptoms. In the same episode of *Grey's Anatomy*, the patient described her inability to continue dance classes because of her CRC symptoms. She indicated that she felt withdrawn from the dance community.

This theme also presented patients physically isolating themselves from others in the medical dramas. CRC patients were often alone in the hospital or indicated that they felt isolated from the community. This included being away from their loved ones. In season 3, episode 14 of *Grey's Anatomy*, a CRC patient came in with her boyfriend, and he was unaware that she had cancer (Rhimes, 2007). The reason she decided to withhold this information is unknown. Also, in season 2, episode 8 of *Code Black*, a stepmother with CRC didn't let nurses reach out to her family and let them know she was in the hospital because "nobody wants to deal with this" (Printz & Sassen, 2016, 16:54). Her stepdaughter called her while she was in the hospital bed. Then, she proceeded to lie about the reason she was in the hospital (Printz & Sassen, 2016). The stepdaughter was not aware she was in the hospital for CRC until she showed up to check on her.

Finally, the stepmother indicated that she had CRC but expressed that she wanted to undergo treatment on her own (Printz & Sassen, 2016). Season 1, episode 18 of *Scrubs* portrayed a terminal CRC patient alone in the hospital. Even right before he died, he was never shown with family members or friends. Thus, CRC patients in medical dramas were often withdrawn from the community, which included loved ones.

Fatality of CRC Patients. The medical dramas portrayed the stigma that cancer is often associated with fatality. This theme was assigned a negative sentiment because it pessimistically portrayed the CRC patient experience instead of combatting the stigma. This theme was spotted throughout episodes that showed patients either dying or close to dying. Season 1, episode 18 of *Scrubs* had a CRC patient die very abruptly (Lawrence, 2002). The doctor had previously indicated that the CRC patient was considered terminal. The patient was an older man, and the doctor in charge neglected him because the patient was rude. Suddenly, the doctor was told that the patient died. Other episodes hinted that their CRC diagnosis was terminal but didn't show the patients passing away. An audience member might have been able to infer that death was near in how they portrayed CRC patients. For example, some patients that were still alive seemed like they were not healthy. Some were shown struggling to breathe and speaking in a low voice. Others were visibly in pain as they made painful facial expressions. Even if a CRC patient was not shown dying, they were not portrayed as being healthy. A select few of the CRC patients were shown in remission or were told that they would live. However, CRC diagnoses were primarily portrayed in fatal ways in the medical dramas.

Docuseries

The docuseries provided more data than the medical dramas because of the producer's focus on the CRC patient experience. Table 5 categorizes and describes each theme below.

Table 5. *Summary of Docuseries Themes*

Theme	Summary	Example	Sentiment
Serious tone	Aspects of production (music, dialogue, special effects, etc.) were presented in a serious way.	A character in the docuseries described the symptoms of CRC without making any jokes.	Positive
Sense of community	CRC patients being surrounded by family, friends, or colleagues throughout their patient experience. This also includes the maintenance of roles throughout the patient experience.	The CRC patient continued to attend dance classes throughout her treatment of CRC.	Positive
Addressing death concerns	When a docuseries episode either (1) addressed the stigma that cancer is often viewed as a death sentence or (2) the CRC patient did not die.	The CRC patient in the docuseries discussed their plans for what they will do once they've beaten the cancer.	Positive
Lack of advocacy for colonoscopies	An episode that did not (1) go into extensive detail about the importance of receiving colonoscopies, or (2) did not mention a colonoscopy.	An episode of the docuseries showed a CRC patient but did not go into detail about the importance of receiving a colonoscopy.	Negative

Serious Tone. Throughout *Country Ever After*, the producers portrayed Criscilla's CRC patient experience in a mostly serious way. The researcher assigned a positive sentiment to this theme because it agrees that only serious tones should be used to describe serious illnesses (Moyer-Gusé et al., 2011). An episode labeled with this category meant no jokes about CRC or colonoscopies were made, and all aspects of production were done seriously. Most of the episodes did not contain humor related to her CRC. There were many times that she or her husband Coffey became emotional talking about his wife's experiences. He often had a serious facial expression and maintained eye contact with her while discussing her diagnosis. This seriousness carried over into the couple's discussions with doctors and nurses. Her symptoms were always described in serious ways despite them being related to bowel movements. This tone was presented throughout the series until she was officially recognized as cancer-free. In S1, E5, she was recording a video of herself after her colostomy bag removal surgery, saying, "Just had my first toot, this is a big deal if you don't know" (Downey, 2020, 21:00). She didn't laugh, but a woman in the background of her video did. This was the first time humorous language about CRC was used in the docuseries. Later, in season 1, episode 8, when she and Coffey were going through a box of unused medical supplies to donate, Criscilla asked, “Wanna poop in a bag for old times’ sake?” (Downey, 2020, 3:33). Both Criscilla and Coffey laughed while they were sorting through the rest of the items. Other than these two instances, her CRC patient experience was described seriously. Also, it is essential to note that no humor was used when she mentioned her need for a colonoscopy. The humor was only used to describe her symptoms and for her use of a colostomy bag. Both instances were bowel-related jokes. Intriguingly, humor was only used when she was considered cancer-free.

Sense of Community. *Country Ever After* portrayed the CRC patient as being heavily involved in the community despite being a CRC patient. This theme was assigned a positive sentiment because interactions with others can be beneficial for cancer patients (Utsa, 2012). This theme was identified by the CRC patient almost always being surrounded by others. Criscilla was continuously supported by her family and friends while battling CRC. Throughout her CRC patient experience, people around her supported her by coming to see her both in the hospital and at home. During Criscilla’s interactions with her family and friends, they provided words of encouragement and company. This appeared in every episode of *Country Ever After*. Most of the support came from her husband, Coffey, who was with her during most of her time in the hospital. In season 1, episode 2, while Criscilla was enduring her final round of chemo, her loved ones showed up to give her company (Downey, 2020). They all shared hugs and asked how she was doing. Criscilla became emotional after seeing her loved ones, indicating she felt supported. Even when others could not see her in person, she received phone calls from friends and family to check on her. While she was recovering from her colostomy bag removal in season

1, episode 6, her kids even created an at-home spa for her to enjoy (Downey, 2020). This shows that even though she was experiencing CRC, Criscilla was still involved in the lives of others in her community.

Criscilla also attended dance classes and played the roles of a mom and wife throughout her patient journey (Downey, 2020). She was not viewed as being just a CRC patient. Throughout the season, Criscilla is shown in the dance studio, restaurants, and other social settings. One of her dance instructors realized her commitment to the dance community despite being a patient, saying, “It’s really crazy that you were coming home from the hospital, to come jump in class, and go then back to the hospital. Or the night before surgery, like, coming and taking one more class” (Downey, 2020, 15:10). In episode 2, she demonstrated her commitment to being a wife throughout her CRC patient journey by planning a birthday party for Coffey while receiving chemo (Downey, 2020). This indicates that she values her role as a wife and keeps it preserved throughout her battle with CRC. In episode 6, despite being tired, she took her kids out for ice cream a few days after her colostomy bag removal surgery (Downey, 2020). This depicts that her role as a mother was preserved throughout her CRC patient experience. Overall, *Country Ever After* portrayed a sense of community with the CRC patient’s roles as a wife, mother, friend, and dancer.

Addressing Death Concerns. By the end of the docuseries, Criscilla was deemed cancer-free. The docuseries also addressed the stigma that cancer is viewed as being fatal throughout the season (Downey, 2020). This theme was assigned a positive sentiment because it reflects that the CRC patient feels optimistic about recovery. This theme is different from the fatality theme in the medical dramas because the patient survived, and the producers showed this stigma more optimistically. This was done in conversations between Criscilla and Coffey. Both

Coffey and Criscilla admitted their concerns for Criscilla's life and brought up how cancer can be fatal. However, the couple remained positive about her recovery. In the very first episode of the series, when recalling her initial thoughts about her diagnosis, Criscilla states, "The first concern when I hear that, you think death sentence" (Downey, 2020, 13:00). Again, in the same episode, she discusses wanting to tell her kids about her diagnosis and explaining to them that "There's not a death sentence in the word 'cancer'" (Downey, 2020, 19:55). Criscilla also mentions that her son, Ethan, has correlated cancer with death in the past. This could be because Coffey's mother passed away from cancer. Throughout the series, Coffey mentioned his mother's death and the impact that it had on him. In episode 2, Coffey and Criscilla are sitting on their bed reflecting on her diagnosis when he confessed that he initially "Didn't think she'd make it" (Downey, 2020, 19:20). However, the show demonstrated that Criscilla was in remission by the end of the season. Thus, the docuseries addressed the stigma that cancer is a death sentence, but showed the patient being positive and surviving.

Lack of Advocacy for Colonoscopies. Like the medical dramas, *Country Ever After* did not advocate for viewers to receive colonoscopies. Similar to the medical dramas, this theme was assigned a negative sentiment because of more missed opportunities to educate audiences. This theme was indicated by episodes not describing the colonoscopy process, stating its effectiveness in diagnosis, or mentioning the procedure's name. The show did acknowledge that Criscilla received one upon her initial symptoms but did not describe the procedure. She only mentioned the procedure's name and that it was related to diagnosis. The importance of receiving screening at the recommended age or if symptoms occur was not talked about throughout the series. Despite Criscilla having a long, emotional journey with CRC, she did not advocate for viewers of the docuseries to get screened. The producers also did not provide any information about colonoscopies before and after the episodes that discussed CRC. This leaves an opportunity for docuseries to further discuss colonoscopies and their effectiveness in diagnosing CRC.

Interviews

The results of the interviews with real-life CRC patients are discussed below. To honor confidentiality, each participant was assigned a letter of the alphabet that is in no correlation with their identity. The quotes provided in this section are derived from the interview transcripts. The interviews used both uses and gratifications theory and cultivation theory. The themes about how patients interact with media platforms align with uses and gratifications theory. Some of the themes in the interviews overlap with the themes from the textual analysis, which only focus on how edutainment television can cultivate beliefs about CRC. Table 6 below categorizes the interview findings by theme.

Table 6. *Summary of Interview Themes*

Theme	Summary	Example
Community Impacts	Participants noting a change in their community involvement (career, hobby, or another role) after being diagnosed with CRC.	A participant stated, "I guess (my identity) changed a lot. Now I have to stop and think about how I'm doing."
Health Literacy	Participants describing their own health literacy levels or how they interpret health information they receive from media platforms other than edutainment television.	A participant stated, "I think there's a lot of communication about CRC, but you just have to know what's healthy for you to look at."
Critiques of the Medical Dramas	Participants critiquing edutainment television's portrayal of the CRC patient experience.	A participant stated, "I don't think the CRC patient would actually be in that situation."
Agreement with the Docuseries	Participants relating to any aspect of the docuseries or stating that they enjoyed an aspect of the docuseries.	A participant said, "When they showed her colostomy bag getting removed, that was my favorite clip because I also remember finally being able to eat real food."
Direct Comparison of Subgenres	Participants directly comparing how the medical dramas and docuseries portrayed the CRC patient experience.	A participant stated, "I liked the docuseries a little bit better because it's a bit more accurate (in the portrayal of the CRC patient experience."
Patient Suggestions for Edutainment Television	Participants giving their suggestions for how edutainment television should alter its portrayals of the CRC patient experience.	A participant stated, "CRC screening needs to be a more mainstream thing (in edutainment television."

Community Impacts

Before participants were shown clips of the medical dramas and docuseries, they were asked about their involvement in the community and whether it changed throughout their CRC patient experience. This will be compared with the community-related themes from the textual analysis. Many participants noted that they experienced some form of identity change during their experience as CRC patients. How their roles changed was unique to each individual. Some noted their struggle with solely identifying themselves as a cancer patient, despite other roles they played before diagnosis. Participant H stated how their identity shifted from being a mother to being a cancer patient upon their diagnosis with CRC:

> I'm known because of cancer, which I was used to being known as a mom. You know, I have two kids, and I'm a mom, a volunteer, a friend, a neighbor, and a wife. And then, all of a sudden, I felt like I was known for having cancer.

This suggests that the participant who was once playing the role as a mother has now shifted into the role as a patient. Participant G described that their community involvement made a major shift during their CRC patient experience, noting, "It's just the most horrific thing, and it just doesn't stop taking over. It never stops being on your mind. So, you can't help but change who you are because it's always there." This suggests that this participant struggled with maintaining their community involvement due to the mental impacts of this diagnosis. Many participants described a new obligation to become advocates for CRC in the community. Participant E described how they've become a community advocate: "It is now my job to educate people and encourage them to get a colonoscopy." Participant M described legal actions they've taken to ensure they are spreading advocacy about CRC screening:

> But it's also, you know, I'm now an advocate. I'm an ambassador for one of the significant societies that support colorectal cancer. My son, my mom, and I went to Washington, D.C. last March, and we did a call on Congress where we spent a couple of days talking with our senators and representatives about funding for [CRC] research. I'm also trying to do activities at work to help raise awareness.

Participant K discussed how their social media community has now become a space for educating others about CRC:

> I use my diagnosis as a platform, you know, as an advocate. I feel like it's really important to tell people about symptoms and what they should do for screening. I feel like every single person at work who's over the age of 45 has gotten colonoscopies because of me, and I'll hound them just to make sure that they're staying up to date with all of that stuff.

This is critical because it shows that participants' communities can consist of both on and offline environments. Most participants stated that this advocacy resulted from their comfort levels about their diagnosis increasing over time. When they were first diagnosed, many participants responded that they were uncomfortable discussing their symptoms. As their journey with CRC continued, they became more comfortable speaking with others. Participant D related comfort levels to education about CRC, stating:

> I'm actually very comfortable. I try to get the information out there, you know? I think it's very important that people know that that you know to if they can go out and get a colonoscopy when they should be getting it, they can prevent a whole lot of headaches in the future.

Overall, most participants experienced shifts in their community involvement. Most indicated that they've taken on a new role of providing more advocacy about CRC to others.

Health Literacy

Participants often discussed aspects of health literacy, including self-perceptions of health literacy levels, how they interpret information about CRC, and what their opinions are on how CRC is depicted in health communication messages. This theme is set apart from others because it discusses health literacy in general, not including how participants perceived information from edutainment television. Health literacy related to consuming edutainment television was categorized separately because it is the main media channel analyzed in this thesis. The researcher presented general questions about health literacy before showing the participants clips of the edutainment television episodes.

Most participants noted that they could find sufficient information about CRC and colonoscopies through the many media platforms they interact with. However, many acknowledged that the available information can be challenging to navigate without proper literacy skills. Participant C discussed how difficult it can be to find accurate information about CRC, stating, "I think you have to know the places to go [for information]. Just make sure that you're looking at reputable sources." This indicates that CRC patients know what information should and should not be used to answer questions about CRC. Participant E discussed the idea of searching for too much information about CRC, saying:

> I think there's so much [information] out there that you can over-research. And I have family members who did that. Of course, they all were convinced I was going to die within the next 6 to 8 weeks.

This represents that health literacy skills are critical for CRC patients. Multiple participants discussed this abundance of information about CRC across media platforms and how difficult it can be to interpret. Participants described different media platforms they used to actively seek information. First, some admitted to using a search engine to find more information about treatment options, symptoms, and more. When asked how they searched for information upon their diagnosis of CRC, Participant A immediately said, “Obviously, Doctor Google.” Understanding how CRC patients interact with media platforms ties into health literacy because of their reasoning. Participants were asked about which platforms they value receiving information from. Participant C indicated that their use of search engines derived from insufficient information from doctors, stating, “Well, of course, the first thing of course was to Google the stage I had. You know, you only get limited time with the doctor, so I mainly used Google.” Participant H said they even defied their doctor’s orders not to use a search engine, saying, “Immediately I did what my doctor said not to do, which was Google.” This ties back to the health literacy theme because they chose to defy a physician’s orders and attempt to understand the health information themselves. Participants discussed their relationships with their healthcare providers and the value they place on their information.

Many participants noted that they also value receiving information from other patients online and offline through support groups. This indicates that CRC patients might be relying on their peers’ health literacy skills to make decisions for themselves. Participant B described how they interact with online support groups, saying, “A lot of times when something changes with my treatment plan, I’ll reach out to people I know that have the same ones that I do.” Participants indicated they value the information they receive from others in similar situations. Some also described that some support groups are categorized by the stage of CRC. Thus, patients can find information specific to their stage of CRC. Participant Q said they place the most value on information they receive from others in support groups, stating, “Ever since I've made connections in the support groups, I've put more value on what I find there over the provider information.” This is a significant statement because it highlights that their peers’ health literacy skills are more valued than their doctors’. Correlating with patients being educational advocates, Participant A noted that they encourage others to join support groups they’re involved with, saying, “When I meet newly diagnosed people, I try to push them to connect with the right support groups.” While CRC patients can interact with support groups to receive health information, participants reflected that support group goers must be weary of potentially being met with negativity. Participant A described this negativity found in online support groups, stating, “I had a very negative experience (in a support group) where there was a lot of complaining. I don’t want to be pitied or feel like a victim.” Participants indicated that they dislike seeing only negative information about CRC in support groups and that positivity is preferred. Participant N discussed their experience interacting with a negative individual in an online support group, saying, “I’ve engaged with a couple of people online with a more negative mentality than me. Like they’re planning their death. And I’m planning to live because cancer is no longer a death sentence.” While most participants touched on the advantages of using support groups to receive health information about CRC, discussing the possible disadvantages was important.

Although participants were not explicitly asked about their opinions on the representation of CRC in health communication messages they’ve seen, some participants discussed the inconsistencies between conversations about CRC versus breast cancer. This presents a health literacy skill of being able to differentiate and interpret information about two different diagnoses. Participant M told a story about a time they were stereotyped in a healthcare setting:

> I remember when my first time in the radiology office for treatment. The nurse came in and had a whole flyer on breast cancer and told me what I needed to do to protect myself from radiation burns, and I said I was there for rectal cancer. And then she apologized.

Participant H touched on compared Breast Cancer Awareness Month to CRC Awareness Month, stating, “The month of October frustrates the heck out of me because they're always trying to bring awareness to breast cancer. We are all very aware of breast cancer. I don’t think there’s enough awareness for colorectal cancer.” Participant D discussed discrepancies in media outlets’ participation in CRC Awareness Month, stating, “In October, when everything comes out for breast cancer, and everybody's on board with that, the newspapers are pink. When March comes around, people aren’t comfortable talking about your colon.” Thus, many participants reported that there is an underrepresentation of their diagnosis compared to others across media platforms. This leaves an opportunity for media platforms to encourage more conversations about CRC.

All 17 participants stated their health literacy levels are higher than the average edutainment television viewer. Participant L described their health literacy levels compared to the average person, saying, “When I was first diagnosed, I was not very health literate. Now, I would say I understand a whole lot more than the average person.” Thus, participants believe that health literacy levels have changed over time. Participants stated that they are more health literate than average, mainly because they have health experience as CRC patients. Participants discussed that they have become accustomed to interpreting health information they receive after procedures. Some participants indicated that they could read charts and other medical documents before doctors even explained them. Participants stated that this is due to the immediacy and digitalization of test results. Test results can immediately be sent to patients' phones, in which some participants said that they read them before even seeing a doctor. Participant F described that their health literacy skills have increased over time and experience with CRC, stating, "I'm pretty literate now compared to the average person, but it's a learned skill for sure. Unless something pertains to you or someone you love, you're not (health literate)." Participants responded that health literacy is an important skill to have as a patient. Participant C described the importance of being health literate during treatment, saying, "When I was first going through my experience [with CRC] I was so blind to the information." Now that they've experienced diagnosis and treatment, participants indicated that their health literacy skills are up to par.

Critiques of the Medical Dramas

It is first important to note that most participants said they had experience watching edutainment television. Participants stated that they expect, or at least hope, producers to portray accurate information regarding CRC and colonoscopies to audiences. So, their critiques came from the medical dramas failing to meet this expectation. When asked about how producers are likely to create CRC patients in edutainment television, Participant E described:

> I expect that the person writing this has probably never gone through this, and they are doing their best to gather information like what I would do to create a character that would portray this to the most accurate ability.

Many of the participants noted alleged inconsistencies in the CRC patient experience and questioned the symptoms or treatment that the patients in the medical dramas had. Participant K, who is a physician, questioned the episode of *Code Black* as it portrayed a CRC patient, saying, "When the patient said she got her blood drawn by her oncologist, I was like, 'what is she talking about?' This has to be a writer's mistake." This was a direct critique of the production process of the medical drama episode. Participant N discussed feedback from the medical drama episodes, stating, “I’ve been in plenty of surgical and pre-surgery settings, but I’ve not seen [the CRC patient experience] played out that way.” This participant then discussed their experience with diagnosis, demonstrating that it differed significantly from the CRC patient in the episode. This critique is correlated with the perceived inaccuracy of the medical drama. Participant B critiqued how the medical dramas portrayed screening for CRC, describing, “I don’t think there’s any such thing as a virtual colonoscopy. Like, that’s not true.” When participants saw scenes that they perceived as inaccurate, they made confused facial expressions or laughed. Lastly, after critiquing how the medical dramas portrayed the CRC patient, Participant E said, “If that is what someone’s experience [with CRC] is like, I feel very sorry for them. I literally could not have had a different experience.” Overall, participants indicated that their experiences differed from those of edutainment television.

The critiques from interview participants were aligned with the negative themes from the textual analysis. This adds credibility to the findings of the textual analysis. Most participants noticed the medical dramas’ use of humor when describing the CRC patient experience and did not agree with it. Participant B described how they felt about the use of humor in an episode of *Grey’s Anatomy* when the producers portrayed a rectal cancer patient, saying, “The episode makes a joke out of [rectal cancer]. It’s not very funny.” Participants who did not favor using humor answered questions with serious facial expressions. Participant M reacted adversely to using humor to describe the symptoms of CRC in a medical drama episode, stating: “That’s just unfortunately stupid. If this is someone’s first exposure to rectal cancer, and the episode is all about farting, that’s horrible. And the doctors were laughing about it. That’s not a very good depiction at all.” Participants often reacted strongly like these to edutainment television’s portrayal of CRC. Participant D described their emotions after seeing humor used to describe the CRC patient experience in the medical dramas, noting, “That was horrid. It’s upsetting that they would portray [CRC] in that way. That would scare someone away from seeking healthcare.” The participant appeared to be visibly upset when responding. When asked how they would change the script of the medical dramas to better reflect CRC, Participant C responded, “I would love to see [CRC] presented with less humor and jokes about the whole farting thing. I get that it’s for entertainment, but that wasn’t my experience with rectal cancer at all.” This indicates that humor can impact the accuracy of the CRC patient experience portrayed by edutainment television. Lastly, Participant L touched on the idea of inclusivity in conversations about CRC, saying, “In a world where we're about inclusivity and all of these things, I don't feel like [CRC] should be made a mockery.”

Other participants weren’t as critical of using humor to portray the CRC patient experience in edutainment television. While most participants did not enjoy seeing CRC portrayed humorously, others did not mind. Participant B discussed this idea, saying, “It’s ok that they put a little laughter to keep the audience engaged because you’re talking about things people don’t want to talk about, like bowel movements. People need to be engaged.” Thus, there was a slight difference in opinion on whether using humor to describe the CRC patient experience is appropriate. However, most participants critiqued the use of humor.

Agreement with the Docuseries

Participants discussed several aspects of the docuseries that they either liked to see or personally related to. These correlated with the positive themes that the researcher found in the textual analysis. Participants acknowledged that the main character of *Country Ever After*, Criscilla Anderson, retained her sense of community throughout her treatment of CRC.

Participants commented on her roles as a dancer, a mom, and a wife. Participant H said they liked seeing a CRC patient doing everyday activities, stating, “I was amazed that [Criscilla] was still able to dance while going through chemo. It was nice to see that.” This demonstrates that the participant agreed with the way the CRC patient was portrayed. Participants were amazed at Criscilla’s ability to continue in physical activity as she was going through treatment. Participant D also discussed her familial roles by saying, “She’s going through her treatments, but she’s still able to carry on with her life and take care of her children.” Participant K enjoyed seeing Criscilla’s positive outlook while retaining her sense of community, saying, “People might think having cancer is scary, but [Criscilla] is up there dancing, going out to dinner, and talking about the future.”

Participants agreed with the docuseries’ portrayal of CRC because of its relatability to their own lives. When discussing Criscilla’s conversations with her supporting husband, Coffey, Participant G said, “That is so spot on. There wasn’t a thing that [Coffey] said that has not been a conversation between my husband and me.” Many participants shared their stories about how their families and friends have supported them throughout their experiences. Participant E discussed how her community of family members was similar to Criscilla’s, stating, “My sister flew down from Boston every other week when I went through chemo, so [the docuseries] was reflective of what I experienced.” This correlated with Criscilla’s experience with chemo, in which her family members were there to support her during sessions. Participant B discussed their opinion on Criscilla’s family support system, stating, “The modeling of a positive relationship between husband and wife and having that be supportive, I think that’s really good.” Participant I acknowledged the importance of loved ones in the community, saying, “Family support is important because you’re going to have good days, bad days, and days where you don't know what the hell is going on. Having somebody there is important to keep you grounded and leveled." Participant P praised Criscilla and Coffey's marital community, saying:

> It's good that she has a supportive spouse, and if they tell the children about her cancer, they could be a support system, too. Being positive and having a support system helps release endorphins in your body to be happy and helps you with treatment overall.

Participants also expressed enjoyment that *Country Ever After* acknowledged the stigma that a cancer diagnosis is a death sentence. Participant M related their experience with this stigma in comparison to Criscilla's, saying:

> The part [of the docuseries] saying that it's not a death sentence and if one person can beat it, I can; I mean, that really resonated with me. I remember hearing the statistics about my chances of living and then meeting other people who have been around longer than those statistics, and they are doing it. And I was like, 'I can do it too, you know?' So, I think that's really relatable.

Participants discussed that they felt empowered by seeing others in remission from CRC and related it to their thoughts about death. Lastly, Participant N described their experiences with this fatal stigma, saying, "It's important [CRC patients] know what they're dealing with, but also that it's not a death sentence." Thus, participants agreed that the docuseries acknowledged the stigma that cancer is fatal and attempted to combat it through Criscilla's positivity and eventual recovery. All of these examples demonstrate that the interview participants agreed with the docuseries' portrayal of CRC and could relate to it.

Comparison of the Subgenres

Participants were asked to share their opinions on how the medical dramas versus the docuseries portrayed CRC and colonoscopies. This theme is categorized by participant making a direct comparison between the medical drama sample and the docuseries. Participants acknowledged that the docuseries follows a real-life CRC patient and that the medical dramas presented fictional characters. Participant N shared their opinion on how the medical dramas versus docuseries differed, stating, “If all [audiences] did was watch medical dramas, they would be left with feeling some sort of stigma about colon cancer. I just think the docuseries was more realistic.” This indicates that the medical dramas were more inclined to reinforce negative stigmas than the docuseries. Also in the comparison, Participant L said:

> The docuseries was more reflective of my experiences. The dramas were very much surface-level. Then the docuseries talked about [Criscilla’s] symptoms, why she started getting looked at, and how cancer has affected her. [The docuseries] did a good job showing everything.

Thus, participants enjoyed that the docuseries was transparent about the CRC patient experience. Lastly, to compare both genres of edutainment television, Participant K said, “[The docuseries] was pretty much right on the money whereas the medical dramas were not necessarily as accurate.” Overall, participants shared that *Country Ever After* was more reflective of the real-life patient experience, and made several comparisons between the two.

Patient Suggestions for Edutainment Television

Participants noted that they do not use edutainment television to actively search for information regarding their diagnosis. However, participants recommended ways in which edutainment television should alter its portrayals of CRC and colonoscopies to reflect the CRC patient experience better. Most participants agreed that better advocacy for CRC screening is needed in edutainment television. They recommended that this can be done in the character’s scripts or by producers adding information before or after episodes discussing CRC. Participants noted that a disclaimer could be placed that describes the symptoms of CRC and encourages people to receive screening. Participant Q described what they would put in the disclaimer to educate audiences:

> If people have or think they may have CRC or want to learn more about it, they should be directed to government sites or one of the significant nonprofits so people can get more information about it. I think that's so much more valuable than what you're just what you're going to see in the show.

Participants noted that the encouragement of audiences to seek healthcare is essential. Participant P also brought up the idea of including a disclaimer, stating, “If people are having problems with their bowels, and even if they don’t want to get a colonoscopy, they should be told to do something. Don’t let these symptoms keep happening.” This indicates that even if viewers do not want to get a colonoscopy immediately, they should at least be doing something to prevent CRC. Participant E discussed the need for CRC screening messages, saying:

> Any time that suicide is showcased in a movie or television, or even insensitive language for things that were created 50 years ago, there are always these warnings or where you can go to get more information. It should be ‘if [audience members] are experiencing any of the following, we highly encourage you to contact your medical professional today’. It's a call to action for someone to have that aha moment and think, ‘Maybe this isn’t period cramps.’

Overall, the commonality among CRC patients’ suggestions for changing edutainment television messages about CRC consisted of recommendations for audience members to get screened.

Chapter Five: Discussion

This study aimed to understand how edutainment television portrays CRC and colonoscopies, and how these portrayals compare to the real-life CRC patient experience. This study also explored how CRC patients interact with various media platforms to gain information about their diagnosis and treatment. It also explored how edutainment television can be an educational outlet for CRC screening and prevention. The use of textual analysis and interviews was beneficial for this study, as the combination of methods in qualitative research provides corresponding data from multiple angles (Spezzacatena & Marsico, 2023, p. 12). The following discussion topics are categorized by the research questions of this study.

RQ1

The first research question was: *How do CRC patients and survivors perceive edutainment television's portrayal of the CRC patient experience in comparison to the findings of the textual analysis?* This addressed how real-life CRC patients and survivors perceive edutainment television's portrayal of CRC and colonoscopies compared to the results of the textual analysis. Participants gave criticisms and identified potential inconsistencies about the CRC patient experience in the medical dramas sample. This is consistent with existing research demonstrating medical dramas cultivate inaccurate healthcare scenarios to audiences (Harrell, 2021, p. 17). Participants described these inconsistencies as they related to their experience as CRC patients. Since long-term viewing of medical dramas can cultivate audiences (Tian & Yoo, 2018, p. 52), this could mean that audiences hold false beliefs about the CRC patient experience. These inconsistencies were not identified in the textual analysis, as the researcher did not identify as a cancer patient or have the health knowledge to criticize. The participants agreed that the docuseries provided a more realistic and reflective view of the CRC patient experience. This agrees with previous research demonstrating that documentary-style television is often associated with being more realistic (Moon, 2018). Participants also noted the difference between how the medical dramas and docuseries portrayed the CRC patient's sense of community. In *Country Ever After*, Criscilla is shown participating in dance classes, planning events, and being a mother and wife. Participants discussed their own experiences with their community throughout diagnosis and treatment. Many participants discussed that they've become an advocate for CRC in both their on and offline communities. This is consistent with existing research showing that CRC patients will likely encourage their family members to be screened for CRC (Tan et al., 2018). However, this advocacy was not seen among the CRC patients in the medical dramas or docuseries.

Thong and colleagues (2018) found that those with CRC can associate themselves with being a patient for up to 15 years post-diagnosis (p. 5). This was reinforced by some participants stating that their community roles were shifted because of cancer. Since the medical dramas only portrayed CRC patients in hospitals, it is difficult to understand how the characters' community roles changed outside healthcare settings. This is discussed later as a limitation. Understanding how real-life cancer patients' involvement in the community changes is essential, as a cancer diagnosis can be detrimental to patients' identity and overall mental health (Mathieson and Stam, 1995, p. 295). Plage and colleagues (2021) note that the preservation of community roles can promote recovery, well-being, and connection to others while being a patient (p. 487). Participants appreciated how the docuseries portrayed Criscilla's roles as being preserved as she continued caring for her family and participating in dance classes while undergoing treatment.

This provides an opportunity for edutainment television to show audiences that having cancer should not threaten patients' involvement in the community, as portrayed in *Country Ever After*.

Participants discussed the use of humor and the overall tone of the medical dramas and docuseries. Chatterjee & Ryan (2020) note that even if messages reflect neutrality, the overall tone can cultivate stigma (p. 608). Most participants found that using humor to describe CRC and colonoscopies inappropriately could cultivate audiences to believe the negative stigmas associated with them. Some participants enjoyed the humor, which Bellert (1989) stated is used in healthcare settings, specifically in oncology, as an attempt to accept a diagnosis (p. 1). The docuseries presented CRC and colonoscopies in a serious way, while the medical dramas tended to use humor as the producers described CRC symptoms. Bellert (1989) also states that humor is "spontaneous and incongruent" (p. 1), which could argue that individuals use and view humor in different ways. Throughout the interviews, it is apparent that participants use humor differently, with most agreeing that edutainment should not be used to describe CRC and colonoscopies. This aligns with the results of the textual analysis, in which the researcher also stated that using humor is inappropriate.

Participants noted that *Country Ever After* provided a healthy view of a CRC patient receiving support from the community during their patient experience. Nijboer and colleagues (1999) state that families are essential to healthcare (p. 1259). In the medical dramas, many CRC patients were in the hospital alone. Spiegel (2018) notes that people feel isolated from the community when battling an extreme illness and sometimes feel uncomfortable discussing emotions with others (p. 111). Thus, it is vital for cancer patients to feel supported by family and other loved ones. In the medical dramas, CRC patients were often by themselves. Criscilla was never completely alone in any of the hospital scenes. Her husband, kids, and other family members and friends visited her in the hospital throughout her treatment so that she did not feel isolated from the community. Participants discussed the importance of family support and acknowledged that *Country Ever After*, unlike the medical dramas, dove into the role of caregivers during the CRC patient experience. Houldin (2007) notes that while caregivers support CRC patients, they are likely experiencing difficult emotions of their own (p. 332). Coffey, Criscilla's husband, often expressed his concerns with Criscilla's diagnosis while still providing support to her. Overall, participants connected with the community involvement presented in the docuseries.

Participants noticed differences in how the medical dramas and docuseries portrayed the expected association between cancer diagnosis and mortality (Moser et al., 2014, p. 1523). The medical dramas did not challenge the stigma that a cancer diagnosis is a death sentence and showed patients dying abruptly. Harrell (2021) notes that medical dramas often promote the mindset that being in a hospital means death is likely (p. 19). In the docuseries, Criscilla and Coffey repeatedly mentioned their doubts about her survival to address this mindset. Despite all her challenges, she ended up in remission at the end of the docuseries. Participants agreed that they enjoyed hearing Criscilla speak about this stigma associated with cancer being a death sentence. This aligns with the results of the textual analysis, in which the researcher found the docuseries to present less fatality of CRC patients.

This study has contributed significant additions to cultivation theory, which helped form this research question. Research has shown that television exposure to cancer topics can influence audiences about what having the illness is like (Lee & Niederdeppe, 2010). Lots of studies have focused on the cultivation of ideas related to other cancers, but none on CRC. Most of these are about cervical or breast cancer (Kim & Hmielowski, 2017). Concentrating on CRC alone has given insight into an understudied cancer in relation to cultivation theory. While research has shown that television can cultivate beliefs about breast cancer (Bradshaw, 2013), these stigmas might differ from what CRC patients experience. Since studies about how cancer is portrayed on television can assist with improving health communication (Gray, 2007), CRC must be included. Because of this study, health communication experts now know how they can better portray the diagnosis. Also, there have been no studies that gather patient perspectives about their diagnosis. Directly consulting CRC patients and survivors gave this study valuable insight into how health communication can cultivate better information.

RQ2

The second research question was: *How do real-life CRC patients interact with media platforms to seek information related to diagnosis or treatment?* While this study focused primarily on the media platform of edutainment television, participants noted that they did not actively seek health information from this specific platform. As defined previously, health communication does not necessarily need to be active. Dutta-Bergman (2009) notes that television is considered a “passive consumption channel” (p. 273). So, although participants did not specify edutainment television as somewhere they’d actively look for health information, that doesn’t mean they haven’t accidentally “bumped into” health information while watching edutainment television (Dutta-Bergman, 2009, p. 278). Since most participants stated that they’ve watched medical dramas or health docuseries before, it is possible that they subconsciously gained health information through those channels (Eisenman, 2005). Given the definition of edutainment, medical dramas and docuseries can educate, even when audience members are not actively seeking information. Rosenberry and Vicker (2022) note that one of the common reasons people interact with media platforms is to gain “knowledge and understanding” (p. 58), so edutainment television can meet this need for audiences.

When asked how they actively use media platforms to seek information about their health, some commonalities existed among participants’ responses. Most participants stated that they valued the information they initially received from healthcare providers upon diagnosis of CRC. However, most chose to do research of their own about their symptoms, diagnosis, or treatment. This is consistent with existing research, which states that cancer patients are likely to seek information in conjunction with the information they receive from healthcare professionals (Duimel et al., 2022, p. 3223). This “convergence” of information-seeking can benefit one’s health (Duimel, 2022, p. 3223). Participants agreed that there is sufficient information online about CRC and colonoscopies, but looking in the right places is essential. All participants stated they have either attended in-person support groups or engaged with them online. This is also consistent with previous research, which has shown that cancer patients interact with support groups to gratify their need for information and to connect with similar patients (Chung, 2014, p. 651). How CRC patients specifically perceive online support groups is not a heavily researched area, but there is some existing literature about online support groups for other types of cancer. Some participants noted that although they’ve been involved with online support groups before, they chose to stop. Some participants stated that seeing what other CRC patients are going through is fearful. Yli-Uotila and colleagues (2013) found that many people remove themselves from online cancer support groups to shield themselves from adverse outcomes from others’ treatments (p. 262). Whether they’ve continued to use online support groups or not, all participants have tried them at one point in their CRC patient experience.

Participants reported using Google or another search engine to satisfy their need for information about CRC. Kaminski and colleagues (2020) state that the internet is a primary source of education for people with health issues (p. 398). Interestingly, Google searches about colonoscopies tend to peak around March and decline throughout the rest of the year (Kaminski, 2020, p. 402). This could be due to National Colorectal Cancer Awareness Month (NCCAM) every March. Promislow and colleagues (2010) state that search engines can provide helpful health information and help users form questions to bring to their healthcare providers (p. 671). However, the internet can also be a place for health misinformation, which can negatively impact users' health (Shams et al., 2021, p. 1). This could be why participants reported that their doctors encouraged them not to engage in internet searches. Participants did state that they believe their health literacy levels are higher than the average television viewer and that they are educated enough to make decisions about their health. Overall, understanding how CRC patients interact with media platforms to fulfill their needs is an area that needs more research.

This study has contributed significant findings to uses and gratifications theory, which helped form this research question. While there have been studies that focus on how CRC patients interact with media platforms to fulfill their needs (Beeker et al., 2000, Lim et al., 2022), none consult CRC patients about edutainment television's role in this process. Even though participants reported that they do not use edutainment television to actively seek health information, this does not mean that its impacts are passive. This connects both uses and gratifications and cultivation theory in the study of the active and passive impacts of media platforms. Previous studies only either focused on how patients actively seek information (through support groups, television, etc.) or how audiences are passively cultivated by CRC messages (through repeated viewing of medical dramas). This study acknowledges that edutainment television might have provided patients with information about CRC without them even realizing it. This aligns with previous studies that explain television's subconscious effects on audiences (Jonassen, 1981, p. 242). Future studies should expand on this idea of active and passive health communication.

RQ3

The third research question was: *How do CRC patients and survivors suggest that edutainment television alter its portrayal of CRC and colonoscopies?* Since participants reported their transformation into advocating for CRC awareness, their suggestions were mainly related to better advocacy in edutainment television. Li and colleagues (2019) note that conversations regarding CRC via television have been proven to increase screening statistics among viewers (p. 385). Participants stated that viewers should receive awareness of colonoscopies and their effectiveness. The American Cancer Society (2023) estimates colonoscopies lower mortality rates in CRC patients by around 60% (p. 19). Participants discussed that viewers should know the recommended age to receive colonoscopies and should schedule a test if they have any bowel irregularities. Participants also stated that there should be transparency about the colonoscopy procedure and more patient-doctor conversations about screening. Sharf and colleagues (1996) found that audience members watching ovarian cancer screening processes on edutainment television were likelier to get routine screening themselves (p. 170). Some participants brought up the idea of suicide awareness messages that are at the end of television episodes that discuss suicide. Ftanou and colleagues (2018) describe that suicide awareness messages on television aim to eliminate stigmas about suicide and overall build awareness for it (p. 7). Something similar could be used for CRC to decrease negative stigmas surrounding screening and diagnosis. Since participants reported that the docuseries provide a more accurate depiction of CRC than the medical dramas, it is arguable that doctors should be a part of the production process in edutainment television. Sharf and colleagues (1996) note that healthcare professionals should be involved in producing edutainment television series to help producers effectively distribute health communication messages (p. 170). Overall, edutainment television needs better advocacy for CRC screening and more accurate portrayals of patients.

One challenge that edutainment television and other forms of health communication need to overcome is media saturation (Sherry, 2006). Participants noted that they may have seen information about CRC communicated on various media platforms but may not have noticed it before diagnosis. This could be due to media saturation, which can offset audience exposure to health messages because of the many media outlets competing for audience awareness (Sherry, 2006, p. 206). Sherry (2006) ties cultivation theory to creating awareness for cancer prevention in media-saturated environments by suggesting that messages should be present in edutainment television and other media platforms (p. 220). Placing messages about CRC into as many types of media platforms as possible would help navigate media saturation.

Application of Findings

There are several ways that this study’s findings can be applied in a more thoughtful portrayal of the CRC patient experience in edutainment television. Communication professionals should no longer feel obligated to limit information about CRC on visual channels because of its stigma (Slater et al., 2008, p. 534). As participants stated, more advocacy should be given to CRC and screening through edutainment television. Previous literature has shown an underrepresentation of CRC mentions on social media after NCCAM in March (Patel et al., 2022, p. 7). This leaves an opportunity for media platforms to encourage conversations about diagnosis and screening throughout the rest of the year. This would work for edutainment television since coverage of CRC screen has proven to benefit audiences (McGarrity et al., 1989, p. 1). Producers should utilize health professionals to create conversations about CRC since the media sometimes presents CRC in ways that are not science-based (Pellino et al., 2017, p. 13). Overall, the suggestions from participants on how edutainment television can better portray the CRC patient experience leave plentiful opportunities for campaigns. Health communication professionals should focus on providing better advocacy for CRC screening and creating storylines more reflective of real-life patient experiences.

Thus, the findings of this study should be considered during the production of future edutainment television episodes. Both medical dramas and docuseries should end the episode with a message about CRC and the importance of screening. Research has shown that public service announcements (PSAs) can emphasize the health message discussed during the episode and can encourage viewers to apply the condition to their own health (Bavin & Owens, 2018, p. 544). Participants stated that this should also include the recommended age for screening, which is 45. PSAs on television can also provide a good call to action for viewers. PSAs for suicide prevention have been shown to increase calls to the suicide hotline (Pirkis et al., 2019, p. 410). Episodes that discuss CRC do not currently give any call to action, but this idea was frequently brought up by participants in this study. PSAs about CRC should point viewers to support groups, informational websites, or tell them to make a colonoscopy appointment with their healthcare providers. Implementation of these PSAs could be extremely beneficial for the CRC community, just like it has with suicide and other health situations. This would also play into the educational component of edutainment television.

This study has presented an entirely new field of study in the collaboration between cultivation and uses and gratifications theory. A study by Bilandzic and Rössler (2004) presents the Cultivation/Gratifications model, insinuating that cultivation from television viewing cannot occur unless the gratifications are being sought out (p. 315). While this model fuses the two theories, it also assumes that an audience member is actively seeking gratification by watching television. This study disagrees with this idea because participants reported that they did not use edutainment to actively seek information about CRC. Arguably, this study modernizes this framework because it considers the expanding capabilities of media platforms. While television might have been a primary media source for seeking information around the time that this model was presented, there needs to be more modern studies that utilize both theories. Additionally, this model has not been used in studies that address health communication in the cancer community. Thus, the blend of two theories presents an entirely new opportunity for future research. The combination of these theories also supports the phronetic iterative approach, which Tracy (2018) states focuses on the expansion of existing theories. Since these two theories have not been used together in the context of health communication in the cancer community, this is an extension of the Cultivation/Gratifications model discussed previously.

Limitations and Future Suggestions

There were a few limitations that occurred in this study. First, the singular dimension of medical dramas must be discussed. The medical dramas often only show patients in a hospital setting. The medical dramas present a “multistrand narrative,” which helps draw viewers in by having multiple storylines simultaneously (Rocchi, 2019, p. 72). Since the medical dramas that mentioned CRC and colonoscopies did not make them the focus of the episodes, there was a limit on the amount of data available for this part of the textual analysis. Due to the multistrand narrative that medical dramas provide, viewers are only shown parts of the CRC patient experience in healthcare settings.

Another limitation of this study was the idea that no patient's experience with CRC is the same. According to the National Cancer Institute (2017), everyone experiences cancer in a unique way (p. 15). This was noted by several participants throughout the interviews. While this study identifies ways in which the real-life CRC patient experience compares to edutainment television's portrayal of CRC, it must be noted that these differences vary from patient to patient. Lastly, the interview participant sample should be diversified. The majority of participants were white females. Future research on this topic should focus on diversifying the sample to include more participants that differ in race, gender, and even age.

One opportunity for future research relates to the interview sample. Initially, the aim was to sample CRC patients, survivors, and gastroenterologists (GIs) for the interviews. The use of GIs would've given insight into their experiences treating CRC patients, which would have been an intriguing addition to the research objectives. The results also would've been able to potentially understand how healthcare professionals advocate for colonoscopies while in practice. While an attempt was made to recruit GIs, there was an inability to find sufficient participants. This would be an interesting direction for future research.

Another potential research direction would be to transform this into a case study. According to Priya (2021), case studies are one of the most popular forms of research, which consists of collecting data over time (p. 95). This could apply to understanding how CRC patients seek information throughout their patient experience. Adding a time element to track how CRC patients turn to media platforms for information from when they were diagnosed to remission would be an intriguing addition to this area of research. This way, researchers could understand if there are any changes in media platforms that CRC patients use to gratify their needs over time. This could also let health communications cater their messages to different platforms at different times to best suit CRC patients' needs. Overall, future researchers should expand upon the findings of this study.

Conclusion

Edutainment television, specifically medical dramas, has been critiqued for inaccurately portraying health messages to audiences (Harrell, 2021). This study helped identify how edutainment television, a genre that has been critiqued for inaccurately portraying health messages to audiences (Harrell, 2021), depicts the CRC patient experience. This was done by analyzing popular medical dramas and the docuseries *Country Ever After*. According to interviews with real-life CRC patients, findings indicated that the docuseries provided a more accurate depiction of what having CRC is like. On the other hand, medical dramas continue to carry negative stigmas about CRC and colonoscopies. Since cultivating health topics can reinforce stigma (Smith, 2007), it is essential to portray them in non-stigmatized ways. This study examined cultivation theory related to the portrayal of CRC in edutainment television, which had not yet been done.

This study also qualitatively investigated how CRC patients interact with media platforms to seek information about their diagnosis. Findings highlighted support groups, search engines, and healthcare providers as valuable sources of health information among CRC patients and survivors. This understanding can encourage media platforms to focus on delivering the most accurate information to patients. Participants indicated that there is ample information available regarding CRC across platforms. However, it is sometimes difficult for patients to navigate. Health communication professionals should place more emphasis on providing simple and easily accessible information about CRC to audiences. Although edutainment television is not a platform that CRC patients use to actively seek information about CRC, that doesn't mean audiences are not influenced by its health messages. Additionally, CRC patients urge producers of edutainment television to advocate for viewers to get screened, which research has shown to be successful (MacKenzie, 2010, p. 286). Thus, producers of edutainment television should act in the best interests of audiences and advocate for screening and awareness of CRC.

Collectively, this study has given a voice to CRC patients and survivors who may have felt silenced by stigma. Since we live in such a media-saturated environment (Guan et al., 2023), how to effectively communicate health messages continues to be a relevant area of study. Hopefully, the impacts of this study will expand beyond academic settings and will inspire producers and healthcare professionals to collaborate in a more thoughtful and empowering portrayal of CRC across all media platforms. This will ultimately lead to CRC patients feeling better represented and audiences having a better understanding of what those with the diagnosis actually experience.

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Appendix A: IRB Approval Document

UNIVERSITY of
SOUTH FLORIDA

EXEMPT DETERMINATION

December 12, 2023

Dear Allison Fisher:

On 12/12/2023, the IRB reviewed and approved the following protocol:

Application Type:	Initial Study
IRB ID:	STUDY006565
Review Type:	Exempt 2
Title:	Gastroenterologist vs. Patient Perspectives on the Portrayal of Colorectal Cancer in Edutainment Television.
Funding:	None
Protocol:	• Fisher Protocol 3; No Consents

The IRB determined that this protocol meets the criteria for exemption from IRB review.

In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Please note, as per USF policy, once the exempt determination is made, the application is closed in BullsIRB. This does not limit your ability to conduct the research. Any proposed or anticipated change to the study design that was previously declared exempt from IRB oversight must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant a modification or new application.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Appendix B: Interview Guide

Interview Guide: ***From the Patient's Perspective: Understanding the Colorectal Cancer Patient Experience Portrayed in Edutainment Television.***

This is a semi-structured interview, which will be conversational in nature, following the general guidelines below. Follow up questions will most likely be added during the interview.

Pre-Interview Introduction:

Hi, my name is Allie Fisher. I'm a graduate student at the University of South Florida, earning a master's in Media Literacy & Analytics. You are being asked to take part in an interview for my thesis titled "From the Patient's Perspective: Understanding the Colorectal Cancer Patient Experience Portrayed in Edutainment Television." This study aims to understand how edutainment television's portrayal of CRC and colonoscopies differs from the real-life patient experience and the role of edutainment television in health information seeking about CRC. Another outcome of this study is identifying ways edutainment television can improve their portrayal of CRC and colonoscopies. I'm passionate about this topic because my mom is a stage 2a CRC patient survivor. Being by her side during her experience as a CRC patient has inspired me to do research in this area. I want to thank you for being here today and for your contribution to this research study. Do you have any questions before I ask for your verbal consent?

I understand that discussing a diagnosis such as CRC can invoke many emotions. If you do not feel comfortable answering a question, that's okay. You may take as much time as you need when responding to questions. You have the option to withdraw from the research study at any point for any reason. Your participation in this research study is completely anonymous. With all of this being said, please verbally consent to your participation in this research study. In addition, please consent to be video recorded during this interview. This will be used for transcription of data and will be deleted later.

The structure of this interview consists of three different series of questions. In the first phase, I'll learn about you and your experiences as a CRC patient. In the second phase, I'll get your feedback about edutainment television's portrayal of CRC and colonoscopies. In the last part of the interview, we'll be discussing ways in which the media should alter their portrayals of these topics (if at all).

Phase I: Icebreakers & Questions about Real-Life CRC Patient Experience

The following questions will help me understand your experiences as a CRC patient.

- Are you a current CRC patient, or are you a survivor?
    - What stage are you or were you?
- How did you first find out you had CRC?
- How do you feel your identity has changed after being diagnosed with CRC, if at all?
- Describe the information-seeking process when you were first diagnosed. How did you attempt to find more information about your diagnosis?
    - What kind of information did you find?
    - What are your thoughts on the amount of information available regarding CRC or colonoscopies?
- Do you feel the media has a role in the information-seeking process?
- What is your experience with edutainment television (Note: define it as "educational material utilizing entertainment methods")?
- What are your expectations for the accuracy of information you receive from edutainment television?
- Describe your comfort levels discussing your symptoms and experiences as a CRC patient with others.
- Do you think there are any stigmas and assumptions surrounding CRC and/or colonoscopies?
- Health literacy is a term used to describe the ability to read and interpret information needed to make healthcare decisions. To what extent do you think you're health literate?
    - How health literate do you think the average person consuming edutainment television is?

Phase II: Feedback on Media's Portrayal of CRC and colonoscopies

In this series of questions, I'll be showing you a few video clips from medical dramas containing topics of CRC and colonoscopies. Then, I will be asking you for your feedback.

Medical Drama 1: TOPIC: Colon Cancer. Series: Code Black. Episode Title: 1.0 Bodies. Season/Episode #: S2 E8. Time Stamps: 16:00-16:58, 21:57-23:02, 28:03-29:42, 34:14-36:45

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

Medical Drama 2: TOPIC: Rectal Cancer. Series: Grey's Anatomy. Episode Title: "Everything I Try to Do, Nothing Seems to Turn Out Right." Season/Episode #: S10, E23. Time Stamps: 7:36-9:20, 14:36-15:30, 20:36-21:52

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

Medical Drama 3: **TOPIC: Colonoscopy.** Series: House. Episode Title: "Control". Season/Episode #: S1, E14. Time Stamps: 0-2:26.

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

For the next series of questions, you'll be shown episodes from the Netflix original docuseries *Country Ever After*. This reality docuseries follows country star Coffey Anderson and his wife, Criscilla Anderson. Throughout the series, Criscilla battles stage 3 CRC.

Docuseries 1: Country Ever After. Episode Title: Meet the Andersons. Season/Episode #: S1, E1: Time Stamps: 11:55-13:57,18:57-20:42

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

Docuseries 2: Country Ever After. Episode Title: No Mo Chemo. Season/Episode #: S1, E2. Time Stamps: 4:41-12:46, 13:48-15:15

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

Docuseries 3: Country Ever After. Episode Title: "Let's Bang and Twang". Season/Episode #: S1, E5. Time Stamps: 0-3:02, 8:20-11:43, 16:12-17:38

- What is your opinion on how the producer of this television episode described CRC/colonoscopies?
    - What stood out to you the most?
- Are there any comparisons or differences between this CRC patient's experiences with your own?
- How do you think audiences interpreted this?

Phase III: Reflection & Closing Questions

This is the final series of questions.

- How did the medical dramas versus the docuseries compare/contrast when describing the CRC patient experience?
- Do you feel that edutainment television's portrayal of CRC and colonoscopies accurately reflects your experiences as a CRC patient? Why or why not?
- What are some of the things you liked about edutainment television's portrayal of CRC and colonoscopies? Things you did not like?
- How do you think edutainment television's portrayal of CRC and colonoscopies influence audiences about the diagnosis?
    - Do you think there is any misinformation surrounding CRC and colonoscopies in edutainment television?
- How do you feel edutainment television should change, if at all, its portrayal of CRC and colonoscopies?
- If you could produce a television show about CRC, what would you tell the audience? How would you describe CRC and colonoscopies?

Closing remarks. Send participants the Demographic Survey.

Appendix C: Textual Analysis Codebook

Medical Dramas

Humor Regarding CRC: An episode of a medical drama labeled as containing humor contained jokes in the dialogue, quirky music, or another aspect of humor during the production process. Any time one of the characters made a joke about bowel movements, colonoscopies, or anything else related to any aspect of CRC was labeled with this theme. An example of this is in S1 E20 of *Scrubs*. The patient said he doesn't have a girlfriend because CRC is a "gassy disease." The humorous tone is derived from the verbiage chosen to represent CRC and colonoscopies.

Lack of Advocacy for Colonoscopies: This theme can be identified by the medical drama episode not taking the time to advocate for the viewers getting colonoscopies at the required age. Often, when an episode of a show or a movie includes scenes of suicide or depression, they include PSAs at the end of the episode as an advocate for the suicide hotline. PSAs for CRC could say something like "If you or a loved one are experiencing any symptoms of colon cancer, or are 45 years or older, please see your GI doctor to set up a screening today." Any episode labeled with this theme talked about getting a colonoscopy but did not mention the importance of it or advocate for it.

Fatality: This theme was spotted throughout medical drama episodes that showed patients dying of CRC or expressing their concerns about dying. An example of this theme is in S1, E18 of *Scrubs*, when the CRC patient abruptly died shortly after coming into the hospital with symptoms.

Withdrawal from the Community: This theme was presented when patients' roles in the community prior to diagnosis were interrupted. An example of this was in S2E8 of *Code Black*. When the CRC patient was in the hospital, the nurse asked if they could try to get a hold of anyone for her. The patient responded with "No, nobody wants to deal with this. Trust me." This insinuates that she is withdrawing herself from her community of family members. Another example is in S10, E23 of *Grey's Anatomy*, when the CRC patient's husband notes that his wife can "have a normal life now". This tells audiences that having an illness like cancer can strip away your sense of self and create a non-normal lifestyle. Overall, CRC patients in the medical dramas seemed withdrawn from the community for a variety of reasons.

Docuseries

Serious Tone: Throughout the series, there was very little humor used to describe Criscilla's experiences as a CRC patient. All elements of production, including music, dialogue and effects, were serious in tone. Until she was labeled as being in remission, no bowel-related jokes were made towards her diagnosis. It wasn't until after her doctor said she was cancer-free that the subtle jokes popped up. In S1, E5, she was recording a vlog of herself saying "Just had my first toot, this is a big deal if you don't know." She didn't laugh, but a woman in the background did. This was the very first time there had been humorous language around CRC. When she and Coffey were going through the box of medical supplies, Criscilla said, "Wanna poop in a bag for old times' sake?". This was the only moment of humor.

Sense of Community: The docuseries portrayed the CRC patient as someone who continued to play roles in the community and her family after diagnosis. Her family and friends accompanied her to hospital visits, and she continued to attend dance classes. Also, she supported the wife of a man who died of CRC by helping her family out for Christmas and buying her a car. The series also showed Criscilla doing other things in her life. The other activities she did while having CRC were associated with her roles as a wife and mom. She took care of the kids throughout her patient journey and even planned a birthday party for Coffey while undergoing chemo. This shows viewers that having cancer can still allow you to be a part of communities.

Addressing Death Concerns: This category was formed because of *Country Ever After*'s representation that having CRC or any type of cancer doesn't automatically mean death. However, Coffey sometimes told Criscilla that he didn't think she would make it. Throughout the series though, it proves that a CRC patient can recover and return to normalcy without dying. This is a huge stigma that this series attempts to eliminate.

Lack of Advocacy for Colonoscopies: The docuseries did not take the time to advocate for viewers to receive a colonoscopy if they have symptoms or at the required age. Every time Criscilla described her experiences with getting a colonoscopy, she could have recommended the audience to get a colonoscopy. After every episode that mentions her symptoms of CRC, the producers should've included a message advocating for colonoscopies.