



Review

Communicating Health: Depictions of Depression, Antisocial Personality Disorder, and Autism without Intellectual Disability in British and U.S. Coming-of-Age TV Series

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Abstract: This article aims to foster a better theoretical understanding of the narrative representation of mental and neurodevelopmental disorders, specifically depression, antisocial personality disorder (ASPD), and autism (ASD), without intellectual disability on British and U.S. coming-of-age and dramedy television series. A research pilot showed that very little research has been performed on TV series and mental disorders, which confirms the need for this particular study. To do so, the authors explore, through a systemized literature review, the depiction of medical aspects found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, which correspond to symptoms, diagnosis, medication, and treatment within the narrative. The theoretical results seem to indicate that there has been an improvement regarding the framing of mental and neurodevelopmental disorders, but there are still copious misrepresentations and a lack of depictions of the economic realities of the healthcare system. Only a few exceptions show non-normative Western aspects, such as physical traits and gender intersectionality. In conclusion, more profound and analytical knowledge of narrative elements will provide creators with a better capacity to recognize and counter stigmatizing portrayals of these disorders to have a more positive social impact and contribute to edutainment.

Keywords: television series; mental disorders; autism; Asperger's; depression; antisocial personality disorder; television



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1. Introduction

The representation of mental and neurodevelopmental disorders has been studied by scholars from both medical and social backgrounds. In the last 10 years, academics have focused on the media depiction of this topic in television series (Martínez-Lucena 2020, pp. 25–56). Unsurprisingly, fictional television ranks among the most significant sources of information on psychiatric disorders and health systems since it allows us not only to address taboo issues but also to offer a framework of visibility, reflection, awareness, and sensitization movements (Cambra-Badii and Martínez-Lucena 2020, p. 214; Henderson 2018, p. 108; Klin and Lemish 2008, p. 434; Harris and Sanborn 2014, p. 121). For this reason, the present article aims to foster a better theoretical understanding of the current narrative representation of autism (ASD) without intellectual disability, commonly known as Asperger's, antisocial personality disorder (ASPD), and depression on British and U.S. coming-of-age TV series. This article reviews the depictions of these disorders in the last 20 years in terms of the characters who suffer from any of the specific disorders mentioned above as well as their doctors, therapists, family, etc. through a systemized literature review of television studies, exploring characteristics and problems. To do so, the authors used university bibliographical reference search engines to assess the most important collections

and databases in the arts, humanities, and social sciences and explored the following medical aspects found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*: symptoms, diagnosis, medication, and treatment.

According to the *DSM-5*, which offers a common language and standard criteria for the classification of mental disorders, these are defined as an alteration of the affective and cognitive processes that preclude normal development due to biological, environmental, and psychological factors. Although it is important to note that it has been criticized for exposing both vulnerable people and healthy ones to the risks of overdiagnosis and of pathologizing normal conditions, it is still the main tool in psychiatry. Thus, it has been chosen for this study. In the case of autism spectrum disorder (ASD), it is considered a “neurological and developmental disorder that begins early in childhood and lasts throughout a person’s life. It affects how a person acts and interacts with others, communicates, and learns” ([American Psychiatric Association 2013](#)). It is important to note that in 2013 the *DSM-5* incorporated, framed, and consolidated the ASD category in a new section of neurodevelopmental disorders. For this reason, this article refers to both mental and neurodevelopmental disorders.

2. Results

2.1. Fictional Television and Mental and Neurodevelopmental Disorders

The systemized literature review showed that television series used to represent mental disorders and autism without intellectual disability in minor subplots or incidental stories and, as an overwhelming volume of academic articles pointed out, these depictions tended to be negative, lacking in diversity, inaccurate, and disassociated from social reality, and, therefore, perpetuate stereotypes about mental disorders, autism, and health policies ([Pirkis et al. 2006](#)). However, there is evidence of more sympathetic portrayals in recent times, which are recognized and applauded by viewers and critics for presenting real, raw, and complex characters who can even become role models ([Philo et al. 2015](#)). Moreover, negative and inaccurate portrayals can result in harmful outcomes since “the cultural image of the mental patient as mad, bad, and dangerous to know . . . has simultaneously reinforced their ‘otherness’ and grounded it in everyday experience” ([Cross 2004](#), p. 199). This can provoke “visible differences of appearance and behavior that demarcate a symbolic boundary between ‘us’ and ‘them’” ([Cross 2004](#), p. 199; [Lopera-Mármol 2020](#), p. 95). Hence, the portrayals of characters who suffer from mental disorders are often as dangerous, unpredictable, isolated, violent, hypersexualized, incapable of living meaningful and productive lives, unemployed, or incapable of holding down a job ([Hoffner and Cohen 2015](#), p. 1046; [Klin and Lemish 2008](#), p. 438). This further provokes misrepresentations, misperceptions, and misleading information on mental and neurodevelopmental disorders, often to produce good visual drama ([Garner 2014](#)). This cultural image has spread beyond television due to the extensive coverage that TV series receive on other media platforms.

Moreover, inaccurate representations seem to have been emphasized by stigmatizing visual iconography and cinematic license ([Young et al. 2008](#)). In fact, “film devices such as the individual point of view, close-up shots, discordant music, atmospheric lighting, setting selection, and scene juxtapositions are frequently employed” ([Middleton 2013](#), p. 180) to represent mental disorders. Furthermore, “pejorative language, e.g., terms such as ‘crazy,’ ‘psycho,’ ‘mad,’ and ‘loony’ are often used by other characters about the character in question” ([Pirkis et al. 2006](#), p. 528). This type of disparagement has been normalized in TV series, although inclusive language has started to build on person-centered language, also known as identity-first language, “which puts the person before the condition, disorder, or disability [. . .] Moreover, when the sufferer uses these terms, it can be empowering rather than debilitating, except if it is self-disparagement or self-stigma” ([Lopera-Mármol et al. 2022](#), p. 7). Socioeconomic aspects and inequalities of healthcare, which concern characters’ access to treatments such as group therapy, psychiatric centers, psychological and psychiatric treatment, and medication, seem to be overlooked ([Cambra-Badii and Martínez-Lucena 2020](#), p. 215). However, these aspects are proven to severely affect their

development and recovery (Lopera-Mármol 2020). Thus, it could negatively influence how audiences construct their social imaginary. In the UK, the health system is publicly funded (the NHS), so many narratives focus on scarcity of resources or cuts rather than affordability. In contrast, the U.S. healthcare system's clinical reality is rooted in privatization, apart from a few federal and state programs, such as Medicaid, Medicare, Planned Parenthood, etc. The vast number of U.S. television series tend to eliminate screen characters that would represent the failure of the neoliberal system (Cambra-Badii and Martínez-Lucena 2020, p. 216), with a few exceptions, e.g., *The Wire* (HBO, 2002–2008) or *Happy Valley* (BBC One, 2016). Furthermore, TV series in the medical genre try to shed light on such topics and opt for a space for debate about healthcare policies, contributing to public reflection and the shaping of social understanding in a nonsystematic way, such as *Grey's Anatomy* (ABC, 2005–), *The Resident* (FOX, 2018–), or *New Amsterdam* (NBC, 2018–).

Scholars have explored how “media figures can influence the construction of one's personal and social identity” (Rourke and McGloin 2019, p. 1). If those depictions are inaccurate, they can lead to stigmatization (Pirkis et al. 2006), defined by social psychologists “as the possession of a characteristic that devalues the person that has it in a determinate social context” (Magallares 2011, p. 8). In other words, these representations can impact both vicarious learning and subsequent judgement of the self and others. Stigma is a product of social interactions that create a boundary between the standardized normality and otherness (Henderson 2018, p. 107). According to Link et al. (2004), stigmatization is provoked by (1) cognitive tagging, (2) stereotyping, (3) cognitive separation, (4) emotional reactions, (5) status loss, and (6) contractual discrimination. Link et al. (2004), drawing on the theories of Goffman (1963), which remain relevant since they emphasize the social and cultural functions of social stigmatization, explain that there are three types of stigma: (1) associated with mental disorders, (2) associated with physical deformation, and (3) attached to identification of a particular ethnicity, religion, race, gender, ideology, etc. Moreover, Link et al. (2004) note that there are six dimensions to stigma: (1) visibility of the stigma, (2) development of the stigma, (3) disruptively, (4) aesthetic aspects, (5) origin, and (6) risk. Consequently, the stigmatization of mental disorders is a complex construct that involves affective, cognitive, and components that affect attitude and behavior at both the individual and population levels (Niederkröthaler et al. 2014).

Nonetheless, accurate representations and framings can potentially combat, challenge, and reduce stigma and lead to a beneficial social climate (Klin and Lemish 2008, p. 435; Pirkis et al. 2006; Cross 2004, p. 201). Accuracy on screen “can prevent a variety of adverse mental health outcomes, including suicide” (Niederkröthaler et al. 2014) and increase willingness to interact (Couture and Penn 2003; Hoffner and Cohen 2015). Moreover, it can improve public understanding and change public attitudes toward mental disorders (Klin and Lemish 2008, p. 435). It can also provoke beneficial effects, “especially if audience members develop an emotional attachment or parasocial relationship to characters” (Hoffner and Cohen 2015, p. 1046). Additionally, certain authors propose that few TV series filter criticisms of racial treatment, class inequalities, and gender bias through depictions of mental and neurodevelopmental disorder (Harper 2009, pp. 148–48, Lopera-Mármol 2020, p. 96; Swart 2016). British TV series seem not to offer many images of Asian or Black people with mental disorders, proving a very clear racial disparity (Harper 2009, p. 114); “while the few television representations of black mental distress that exist are broadly sympathetic, they pose problems in other ways” (Harper 2009, p. 149). Hence, they seem to fail to offer a full-spectrum of social realism. In the USA, there is a paucity of images that focus on gender, class, and race representations of psychiatric care, but “the victims of psychiatric conditions are usually female”, thereby increasing the audience's “cultural anxieties around motherhood, paternity, and guilt” (Harper 2009, pp. 119–20). However, there are other depictions that do use diversity, but to create the perception that there is a prevalence for certain disorders to be associated with certain ethnicities, such as the so-called Asiatic Aspies (Asperger's Syndrome), which Western culture has emphasized to boost the value of the exotic East (Ma 2015, p. 643).

Some authors state that criticism of the depiction of mental disorders should be considered when films are produced “since ignorance of the historical–medical context prevents a deep understanding of the situation posed by the film” (Cambra-Badii and Baños 2018, p. 277). However, television series do not always present facts and the population accurately because “moving-image media convey subjective interior states” (Mittel 2006). Many scriptwriters and producers resist the idea that their primary goal is education (Henderson 2018, p. 108), primarily since they are faced with the challenge of (1) creating a well-researched story of mental disorders that is accurate, (2) entertaining audiences, and (3) responding to the economic needs of the market. Hence, many media professionals suffer from a structural constraint even if they want to avoid accusations of bias. To give the public a nuanced view of the heterogeneity that resides within the disorders on screen would be a step in the right direction, but it cannot be expected that a character’s portrayal in a TV series will be able to capture the complexity of a disorder, nor do justice to the variety of experience (Nordahl-Hansen 2017).

2.2. *Shifting the Narrative: Character Complexity*

Accurate portrayals—in other words, positive representations that coincide with their medical and clinical criteria—attempt to normalize mental and neurodevelopmental disorders by creating three-dimensional characters and “presenting them as one of many challenges that people face in their everyday lives” and showing them “managing their disorders, and . . . living productive and valued lives” (Philo et al. 2015). The increasing visibility of mental and neurodevelopmental disorders acknowledges the shifting relationship between images of madness and changing contexts of mental health care policy (Lopera-Mármol 2020, p. 105). Despite the prime-time imperatives that dominate mainstream TV, alternative voices sometimes manage to obtain airtime and visibility, although the odds are very much against them (Cross 2004, p. 202). The increase in alternative streaming platforms, such as Netflix, Hulu, HBO, etc., seems to be responsible for developing different types of content in which more complex narratives are gaining popularity, attracting youthful cult-like demographics and mass audiences. The unfinished nature of coming of age adds realism to the narratives, enhancing the potential to expose and explain complicated psychological states or existential alterations in main characters, conveying it with their mental disorders (Harper 2009).

However, there is an ongoing debate about the public function or mainstream politically correct tendency of the third golden age of television to create more accurate and realistic portrayals that will allow TV storytellers to retain audience interest. Moreover, although the representation of mental and neurodevelopmental disorders in film and TV series is not new (Nordahl-Hansen et al. 2017), we have seen an increasing trend for TV platforms to focus on mental disorders as their primary content, as seen in *United States of Tara* (Showtime, 2009–2011), *BoJack Horseman* (Netflix, 2014–2020), *Crazy Ex-Girlfriend* (CBS, 2015–2019), *Mr. Robot* (USA Network, 2015–2019), *13 Reasons Why* (Netflix, 2017–), etc. However, sometimes these depictions can be sugar-coated or unrealistic, having the outstanding triumph, thus discouraging those who do not or seeding the idea in audiences that they are the only ones who can succeed. This can lead to categories such as the “mad genius” or “savant” (Philo et al. 2015).

2.3. *From Homicidal to Enlightened: Common Stereotypes of Patients*

As previously discussed, inaccurate depictions lead to stigmatization, in many cases creating a variety of stereotypes, and, although fictional television is not homogenous, a pattern has emerged regarding the framing of characters with mental disorders. The following table, created by Pirkis et al. (2006) and including work by Schneider (1987), presents the most common portrayals of serial TV characters with mental disorders (Table 1). Of note, there are more representations of those suffering from mental disorders, but these are the most widely perpetuated stereotypes over time that are still present in many audiovisual works.

Table 1. Typology of patients. Sources: [Schneider \(1987\)](#) and [Pirkis et al. \(2006\)](#).

Typology	Definition
Homicidal maniac	Characters who are aggressive or dangerous to others.
Rebellious free spirit	Eccentric, different, or free-spirited characters are often labeled as mentally ill, inappropriately treated, and often incarcerated.
Female patient as seductress	Females depicted as nymphomaniacs with seductive powers who can destroy men, suggesting that their problems are of their own making and that they deserve punishment rather than treatment.
Zoo specimen	Characters who are dehumanized without any legal rights and open to unqualified scientific observation.
Narcissistic parasite	Characters depicted as overprivileged, self-obsessed, and overly concerned with their trivial problems.
Enlightened member of society	Characters capable of creating a utopian society.
Simpleton	Characters who lack comprehension, appear lost, and behave in illogical, irrational, or comic ways and are frequently introduced in children’s films and television programs.
Failure or victim	A character unresponsive to treatment and incapable of making a meaningful contribution to society.

2.4. Beyond the Patient: Healthcare Institutions and Psychiatrists

To accurately portray mental and neurodevelopmental disorders, characters should be depicted as more than just patients. Usually, “the focus of the script is . . . placed on the future of the characters, as if their stories were solely their responsibility” ([Cambra-Badii and Martínez-Lucena 2020](#), p. 215). Psychiatric institutions are often referred to by pejorative terms such as “the nuthouse” or “the psych ward”, and, in some cases, they are shown using (1) unethical practices, including straitjackets, lobotomy, electroshock without anesthesia, and overdosing patients; (2) unprofessional practitioners with sketchy or secretive moods and actions; and (3) nonconventional spaces, such as rooms that resemble prison cells ([Pirkis et al. 2006](#)). Even recent productions present these types of practices, professionals, and spaces, such as *Skins* (E4, 2007–2013), *Pretty Little Liars* (ABC, 2010–2017), and *Riverdale* (The CW, 2017–). In contrast, there are detractors with a more positive intention who opt for a different policy that involves depicting the healthcare model not via the institutionalization of individuals but as a community care approach consisting of the integration of these individuals into the community ([Klin and Lemish 2008](#), p. 435)—for example, *My Mad Fat Diary* (E4, 2013–2015). According to [Harper \(2009\)](#), many British TV dramas “acknowledge that the institutions caring for or dealing with sufferers are not infallible” (p. 109). The USA has shown similar perspectives ([Jerrentrup et al. 2018](#)), with bureaucracy, waiting lists, more individualized or personalized time with patients, a lack of human resources per person, and availability making it necessary to prioritize the most urgent or severe cases to the detriment of others, e.g., *New Amsterdam* (NBC, 2018–).

Concerning the portrayal of psychiatrists, they provoke fascination and contribute to higher economic success at the box office, while simultaneously working as a “useful narration device, allowing the viewer to be privy to the internal thoughts of key characters” ([Pirkis et al. 2006](#)). Helping professions that include psychiatry, clinical psychology, and counseling are highly stereotyped careers in entertainment media ([Harris and Sanborn 2014](#), p. 118). In some cases, this results in psychiatrists being the main protagonist of the narratives and patients being external or internal agents in the main story, such as *Web Therapy* (L Studio, 2011–2015). In the current context of the Third Golden Age of Television and postmodern TV, main characters, including doctors and psychiatrists, show weaknesses, contradictions, disorders, or illnesses, making the narration less reliable,

generating skepticism in the viewer. For example, Max Goodwin (Ryan Eggold) from *New Amsterdam* (NBC, 2018–), Gregory House (Hugh Laurie) from *House* (FOX, 2004–2012), Carrie Mathison (Claire Danes) from *Homeland* (Showtime, 2011–2020), among others. Nonetheless, doctors, more often than not, are depicted as characters who have value, competence, and legitimacy to make decisions about the medical aspects of patients' lives, often including emotional and rational aspects of behavior, e.g., *New Amsterdam* (NBC, 2018–). Nonetheless, TV productions tend to present less positive imagery of psychiatrists than of the other medical professions. They are frequently depicted as cruel people who abuse their knowledge and power, violate their patients' privacy, assault them physically, make fun of them, or use their influence to have unethical sex with their patients (Harris and Sanborn 2014, p. 118; Klin and Lemish 2008, pp. 436–39). Some examples are *Atypical* (Netflix, 2017–), *In Treatment* (HBO, 2008–2010), *Gypsy* (Netflix, 2017), and *Hannibal* (NBC, 2013–2015). However, positive and realistic images have arisen in the past few years (Harris and Sanborn 2014, e.g., *This Is Us* (NBC, 2016–) and *Crazy Ex-Girlfriend* (The CW, 2015–2019). Pirkis et al. (2006), again including the work of Schneider (1987), developed a taxonomy of common mental health professional stereotypes. We added the “pop psychoanalyst” category based on a literature review by Estrada (2016) (Table 2).

Table 2. Typology of psychiatrists. Sources: Schneider (1987), Pirkis et al. (2006), and Estrada (2016).

Typology	Definition
Dr. Dippy	Comic character who is known for being bumbling, idiotic, incompetent, often Austrian-accented, and sometimes sanctimonious.
Dr. Evil	Sinister scientist character, often outwardly charming but inwardly malevolent, manipulative, and trust-breaching.
Dr. Wonderful	Attractive, selfless, dedicated, always available (to the extent that he or she may transgress boundaries), and extraordinarily skillful character (often effecting dramatic cures by honing in on a single traumatic event occurring in the patient's past).
Dr. Sexy	Female characters are typically deprofessionalized. Her sexuality is presented as integral to the patient–therapist relationship, with the resultant message that any positive outcomes occur due to the relationship and not to her competency as a mental health professional.
Rationalist foil	Character who comes up with scientific arguments and psychodynamic formulations to explain supernatural phenomena only to be proved wrong as the plot unfolds.
Pop psychoanalyst	Character who is commonly portrayed smoking a pipe and listening to a (frequently hysterical) patient talking nonstop while lying on a divan. Resembling the image of Sigmund Freud or characters from Woody Allen movies.

2.5. Different Geographies of Medication, Symptoms, and Diagnosis

Regarding medication framing, many improvements must be made to understand side effects, dosages, treatment, and recovery, along with the withdrawal symptoms that can be involved. On television series, the term “coming off their meds” is commonly used to justify a drastic change in attitude and behavior in a character soon after stopping medication, reinforcing the tripartite structure defined by Harper (2009, p. 103) as “equilibrium–breakdown–recovery.” This leads to the misconception of characters losing contact with reality and contributes to the idea “that medication is the only treatment that can ‘control’ mental health behaviors or attitudes” (Philo et al. 2015). Moreover, there is an emphasis on medications making patients dull but manageable. In other words, there is an accentuation of the specific advantages of medication and rejection of or obliviousness to self-management treatments, which can lead to conscious marginalization during the recovery period. According to Maureen (2017), “it is rare for a show to depict a serious diagnosis without implying that a cure or some fix is just around the corner. However, life

and mental health are usually messier than that" (p. 32). Furthermore, there seems to be a misconception that pharmaceutical drugs can change someone's personality, although the clinical reality is that treatments are personalized in doses and vary from person to person. Characters seem to be encouraged or coerced to seek help appropriately and are pressured by medical professionals or policed by members of their social network into regular medication-taking. Medication usually appears in the form of tablets and functions as a plot device to resolve the story neatly (Cross 2004). Advisors emphasize the importance of self-management, where people have agency and watch for triggers to take charge of their treatment (Henderson 2018, p. 111).

Currently, there are few TV series that show the medication type, doses, and secondary effects, and portray it as something not to be ashamed of and as adding value to other types of therapies, e.g., *Crazy Ex-Girlfriend* (The CW, 2015–2019); also, there are "few representations of characters managing mental distress successfully without medical support." (Henderson 2018, p. 111). In particular, dramas framed as community-based participatory forms of health promotion (Henderson 2018, p. 107) often show other types of treatment, such as therapy, support groups, etc., e.g., *Atypical* (Netflix, 2017–). Concerning diagnosis, there have been three main types: (1) Self-diagnosis by characters, as seen in *Sherlock* (1x01, BBC, 2010–), where the title character states: "I'm not a psychopath, I'm a high-functioning sociopath. Do your research." Although the intention was to be comical, it illustrated "biases in the descriptions of mental disorders" (Klin and Lemish 2008, p. 439) that can generate consequences for viewers, such as not seeking special treatment and thinking that treatment might not be necessary. This also allows media creators to ignore the character's accurate diagnosis and build a narrative around it. (2) Leaving the diagnosis to the audience's imagination, which can lead to stereotypical representations, such as Sheldon Cooper (Jim Parsons) of *The Big Bang Theory* (CBS, 2007–2019). Finally, (3) a diagnosis can be made by characters with medical legitimacy, e.g., *Atypical* (Netflix, 2017–), which adds value and can lead to people seeking professional help.

2.6. The Representation of Autism without Intellectual Disability

Autism Spectrum Disorder (ASD) without an intellectual disability is a heterogeneous and highly heritable neurodevelopmental disorder recognized by deficits in social communication and interaction, in addition to restricted and repetitive behaviors and interests (Lord et al. 2020, p. 1; American Psychiatric Association 2013; Nordahl-Hansen 2019). As Oien et al. (2019) pointed out, ASD "can challenge significantly those affected and their families, especially when accompanied by other comorbid or coexisting disorders" (p. 2), which often occurs (Lord et al. 2020, p. 1). "The worldwide prevalence of autism is just under 1%, but estimates are higher in high-income countries" (Lord et al. 2020). Commonly, most people will not have substantial, direct contact with or a clear understanding of autism spectrum patients and, consequently, have to learn about it from other sources, with television series serving as one of these primary sources (Nordahl-Hansen et al. 2018). Characters with ASD have generally been underrepresented in the media (Renwick et al. 2014). Nonetheless, ASD's presence in mainstream television has increased considerably, especially after the film *Rain Man's* (dir. Levinson 1988) release. There has been an increase in characters in fictional films and TV shows that are either labeled as ASD by the makers or by the public for their traits and behaviors (Baños et al. 2018, p. 844; Nordahl-Hansen and Oien 2018): JJ Jones (Ollie Barbieri) (*Skins*, E4, 2003–2013), Max Braverman (Max Burkholder) (*Parenthood*, NBC, 2010–2015), and Shaun (Freddie Highmore) (*The Good Doctor*, ABC, 2017–), among others. Increasing the numbers of portrayals of ASD has been "regarded as part of the general pop-culture" (Belcher and Maich 2014). "Researchers conclude that character portrayals are somehow over-emphasized when it comes to displaying autistic traits which in turn may reinforce stereotypes of the disorder" (Nordahl-Hansen and Oien 2018). In 2015, ASD was even included in childhood TV series, such as *Girl Meets World* and *Sesame Street*, giving families the opportunities to be described as "weird" or "freaks", or very smart and with social difficulties (Wolff 2018). Individu-

als with autism are identified on a spectrum, ranging in severity, but usually tend to be classified as mild to moderate (Mastandrea 2020, p. 171). TV series have overly depicted middle-class white teen or young high-functioning autistic adult male characters. Autism is more prevalent in males than females, but this latter group is often under-represented (Nordahl-Hansen and Oien 2018; Lord et al. 2020, p. 2). Manifestations of characters with ASD are individuals who suffer from repetitive behavior, hypersensitive environmental stimuli, or sensory anomalies; struggle in school both academically and due to bullying; and have difficulties with social communication.

Moreover, representations seem to present a dichotomy between mental handicaps and savant powers. The first would fit under severe autism of extreme isolation, characterized by “tantrums, swinging, flapping arms or self-harm” (Cambra-Badii and Martínez-Lucena 2020, p. 213). The latter is the seemingly prevalent stereotype (Belcher and Maich 2014; Mastandrea 2020, p. 160), e.g., *The Good Doctor* (ABC, 2017–). Nonetheless, recent TV series are attempting other autistic spectrum representations, even if in secondary roles, and in some instances with actors who actually have ASD, e.g., *Atypical* (Netflix, 2017–), where, more often than not, the character is something of a poster child for autism disorder, serving as a lesson for neurotypical people. TV series depictions often opt for these representations, while the current medical reality is that “it is unclear the actual ASD population with savant skills because there are multiple definitions” (Nordahl-Hansen et al. 2017). In fact, “research indicates that the prevalence might be somewhere between 10% (Treffert 2014) to approximately 30%” (Howlin et al. 2009; Draaisma 2009, p. 14756). ASD savant characters can be presented as dehumanized with a “computational” or “machine-like” communication and behavior, as if they had a “non-human model brain” (Baker 2008, p. 236), reinforcing the myth of “autistic persons having no true feelings” (Draaisma 2009, p. 1478). These characters “are usually described as ‘refreshingly frank’, ‘straightforward’, or ‘upfront about their feelings about things’” (Draaisma 2009, p. 1478), which suggests that the lack of communication, social skills, and interaction is a tonic to the artificiality, dishonesty, and insincerity of neurotypical people. Doing so leads to the idea that autistic people do not lie because they have a higher morality rather than because of their social and communication difficulties. This implies that autistic characters can teach neurotypical people a moral lesson.

The characterization of people with ASD without intellectual disability presents dating, relationships, and overall social life as complex and full of challenges (Nordahl-Hansen and Oien 2018; Lord et al. 2020, p. 1). Depictions of autism without intellectual disability center on social, work, and familial relationships, particularly in dramedy and coming-of-age TV series. In those narratives, the child with autism is seeking independence, leading to a new family dynamic; usually, the parents’ marriage is in crisis or crumbling. A common theme is the need for protection from others, especially family, romantic partners, mentors, and co-workers. The mother tends to occupy an overprotective role; the sibling acts as the protector, making up for parental deficiencies while minimizing their demands and needs in the family environment; and the father first neglects the child’s diagnosis but later becomes involved. Another common depiction that aligns with social reality is that characters have issues and complex educational and work inclusion situations (Mastandrea 2020, pp. 163–72). However, they depict the possibility of falling in love and that being reciprocated, as seen in *Parenthood* (NBC, 2010–2015) or *Atypical* (Netflix, 2017–).

There is an ongoing debate as to whether this type of portrayal is beneficial and encouraging, or, on the other hand, if it creates an illusion that only those who are exceptionally talented can succeed and integrate into society (Nordahl-Hansen et al. 2018; Draaisma 2009, p. 1475). This implies that non-neurotypical people should not be viewed “as a set of deficits or even as [having] a condition at all ... this may take the shape of portraying autistic persons as simply having a different set of talents, equally valuable as natural talents”, and suggesting that, “in a sense, we [are] all autistic” (Draaisma 2009, p. 1478). The ‘freak’ or ‘savant’ and ‘we are all autistic’ stereotypes all misrepresent autism, but in opposite ways. The former portrays autism as the realm of the exceptional and spectacular

(Nordahl-Hansen et al. 2018). The latter suggests that autism is mostly co-extensive with normal, nonpathological behavior and is perhaps not even a disorder at all. What both stereotypes have in common is that they tend to complicate the efforts to delineate autism as a psychiatric category with more or less specific limits and diagnostic criteria (Draaisma 2009, p. 1478).

Storytellers should be better informed about the perpetuation of these stereotypes; in some instances, several are already familiar with them—for example, the creator of *Parenthood* (NBC, 2010–2015) was and tried to avoid them at all costs and create a website for the series with helpful resources. Additionally, “as a rule, movie-makers seem to have no trouble finding scientific authorities who are willing to endorse rather than correct the Hollywood stereotype” (Draaisma 2009, p. 1477). Sometimes the problem is not what is shown or said about autism, but what is not. For this reason, all opportunities and contextual angles must be considered openly in the writers’ room to create an anti-stigma discourse, because “seeing a film or TV show with a character with ASD cannot do justice to the richness of the autistic experience” (Nordahl-Hansen et al. 2018, p. 2). Hence, a general view does not reveal the nature and impact of autism (Mastandrea 2020, p. 161). Specific character treatments in films and long-standing TV series do not take into account their development, growth, and change, which is a missed opportunity to improve the portrayal of autism. These should aim for less archetypical depictions, which are shown to have potential educational value (Nordahl-Hansen et al. 2017, 2018). Finally, concerning medication, it is essential to note that, for ASD, there is no medication to date in the real world. Pharmacological therapies are used to treat other symptomatology associated with ASD, but only risperidone and aripiprazole are given in the USA for treating the irritability associated with autism. Methylphenidate, atomoxetine, and guanfacine are prescribed for ADHD symptoms, and fluoxetine for OCD symptoms in adults with autism in Europe. However, medication for anxiety and depression have not been tested on ASD sufferers yet (Lord et al. 2020, pp. 13–14). This could explain the lack of medication depictions related to this neurological and developmental disorder.

2.7. The Portrayal of Antisocial Personality Disorder (ASPD)

Psychopathy is a common but incorrect label for the category of antisocial personality disorder in the *DSM-5*. This misconception has been on the rise in the medical field for some years. Nonetheless, it is important to mention that there are other scales, such as the Psychopathy Checklist-Revised (PCL-R) that have used the label of “psychopath” for similar ASPD traits, especially in the criminology field. Psychopathy has been broadly represented on screen due to the fascination it still provokes in audiences (Harris and Sanborn 2014, p. 114). Television serial fictions about psychopaths have proliferated. In a sense, there has been a certain democratization of the figure of the “psychopath” (Martínez-Lucena 2020, p. 54). Television series have predominantly framed these characters as co-protagonists, as seen from the point of view of the police or a nemesis to create intense content such as in *Wallander* (BBC One, 2008–2016) or *The Wire* (HBO, 2002–2008); or via secondary participation or as guest stars (García 2011). However, in the 2000s, some changes led to main or notable characters, such as Dexter Morgan (Michael C. Hall) in *Dexter* (Showtime, 2006–2013), Ramsay Bolton (Iwan Rheon) in *Game of Thrones* (HBO, 2011–2019), and Todd Alquist (Jesse Plemons) in *El Camino: A Breaking Bad Movie* (dir. Gilligan, 2019), changing the narrative by having the psychopath become a main character or important narrator of the story. In some cases, this resulted in increased empathy toward them, inaugurating a new discourse that can be closely associated with the postmodern fascination with anti-heroes who give voice to our insecurities and miseries in times of economic crises and align with the morally carefree neoliberal horizon (Martínez-Lucena 2020, pp. 56–57). However, being the main character does not guarantee an accurate depiction, and concern from academics persists due to different opinions on the media’s role.

Unsurprisingly, psychopathy tends to be limited to criminal genres, such as horror or slasher films, or those with “psycho killers” or “serial killers”, demonstrating the pull of

the human monster narrative (García 2011), perhaps because film references and narratives have been incorrectly using *Jack the Ripper* (Lee Patterson) (Berman and Baker, 1959), Norman Bates (Anthony Perkins) from *Psycho* (dir. Hitchcock, 1960), or Hannibal Lecter (Anthony Hopkins) from *The Silence of the Lambs* (dir. Demme, 1991), among others, as models (Swart 2016). However, many representations still fall short in terms of accuracy since they are far from what “the clinical or forensic literature might classify as ‘realistic’ depictions of psychopaths, [which] still remain underrepresented” (Swart 2016, p. 73).

ASPD’s television and film character depiction, particularly in men (Klin and Lemish 2008, p. 6; Swart 2016, p. 82), goes hand in hand with historical representations. There has been a certain celebrity associated with the “psychopath” in popular culture (Martínez-Lucena 2020, p. 54). Following Ed Gein’s arrest in 1957, portrayals came to include elements of grave robbing, necrophilia, cannibalism, and collecting “victim trophies” such as human organs, photographs, bones, and clothing. Depictions of “psychopathic” characters were loosely characterized into two groups. The first type included socially functional misfits, labeled as “disorganized” or “sexually impulsive”, with the psychopathic character depicted as violent, confrontational, impulsive, and sexually deprived. These characters torture and murder others, and it is often implied that they are intellectually deficient, as in the film *Peeping Tom* (dir. Powell, 1960) (Coyne et al. 2010). Often labeled as the “average man-on-the-street”, he is a lonely character who passes unnoticed by neighbors; in some cases, he is shown living in a mansion, cabin, or other atypical dwelling with a dark interior and antique decorations. In some instances, this was reinforced by the character’s visual appearance. A “distinctive mask” and graphic on-screen kills as a result of special effects, makeup, and latex prosthetics were part of the slasher film subgenre that came “to dominate the tone and design of the psychopathic model for decades” (Skeem et al. 2015).

The second type is deranged mass murderers with a distinctive appearance and idiosyncratic behaviors. During the 1960s and 1970s, there were many high-profile cases involving “psychopaths” and serial killers, such as Ed Kemper, Ted Bundy, and Charles Manson, which appeared regularly in the news. Indeed, the clinical depictions of these high-profile psychopaths and sensationalized depictions of ritualized practice inspired the imagery and mythos of the psychopath in popular culture. That is, these cases laid the foundation for the highly marketable “monster narrative”, as seen in recent TV series such as *Mindhunter* (Netflix, 2017–). Moreover, characters display obsessive behaviors that closely resemble the symptoms of obsessive-compulsive disorder (OCD). They are depicted as sadists, obsessive over small details but calm with minimal anxiety, using charm to be extremely manipulative to their victims and surroundings (Coyne et al. 2010, p. 288). They are often shown as suffering from childhood trauma, such as on *Dexter* (2006–2013), usually leading to post-traumatic stress disorder (PTSD). It is important to note that *Dexter* presented another hypothesis, purely medical in nature, which was further developed in Season 8. Regarding their victims, they choose them according to sophisticated codes, torture or sacrifice them, and, in the majority of cases, kill them using death rituals (García 2011). Curiously, they tend to offer their help in police investigations to feign innocence, as in *The Lovely Bones* (dir. Sebold, 2009) or *Hannibal* (NBC, 2013–2015). Sometimes they reveal their intentions and philosophy as a “game” through letters, audio recordings, presents, etc. Furthermore, it is shown that they have a fetishist habit of collecting trophies such as human organs, bones, or clothing, or leaving clues, signs, or riddles at the crime scene, e.g., *My Friend Dahmer* (dir. Meyers, 2017). Hence, they are presented as passing unnoticed among their neighbors alongside police investigators, having high intelligence and bizarre or sophisticated mannerisms, and lacking empathy, remorse, and conscience—in other words, as engaging in cold-blooded behavior (García 2011; Swart 2016). However, very few people with ASPD are violent and become murderers, which can lead to the mystification of “psychopathy” and thus make diagnosis and treatment less likely for those who genuinely qualify according to the medical criteria (Swart 2016, p. 73).

During the 1980s and 1990s, there was a fascination with psychopaths and two new stereotypes emerged, the “ideal villain” and the “superhuman”, known for high intelligence and a preference for intellectual stimulation (e.g., music, fine art); somewhat vain, stylish, and almost “cat-like” in demeanor; having prestige and/or a successful career or position, a calm, calculating, and always-in-control attitude, and unrealistic, exceptional skill at killing. This kind of character is charming, sophisticated, and manipulative, while also remaining calm in all situations. Such characters “arose from the same sources but different genres with varying levels of success depending on the actor’s portrayal” (Martínez-Lucena 2020).

As if there were a Foucauldian coincidence between the resacralization of the principle of the invisible hand of the market, according to which individual egoism put into play in business is the best engine to achieve the common good and the interest in the psychology of the psychopath, an evolutionarily gifted predator to ignore the dignity of the other when making decisions. (Martínez-Lucena 2020, p. 55)

However, what TV storytellers might fail to understand is that, although these characters have been widely regarded in popular culture as the ultimate prototypical “psychopath” (García 2011; Swart 2016, p. 83), many of the characteristics they present “are in fact, upon closer inspection, contrary to the accepted symptoms of psychopathy” (Swart 2016, p. 83). Currently, there are a few notable female psychopaths being represented (Swart 2016, p. 87), such as Love (Victoria Pedretti) in *You* (Netflix, 2018–). They tend to be hypersexualized or characterized as erotomaniac and promiscuous, as in *Basic Instinct* (dir. Verhoeven, 1991) or *A Simple Favor* (dir. Feig, 2018), with “deep-seated insecurity, need for the admiration of others that underlies their hostile, manipulative, and having a coercive behavior. In a sense, it is a protective mechanism to safeguard a perilous fragile ego” (Swart 2016, p. 88). However, there are new narratives that want to break with the idea of the psychopathic woman being hypersexualized by a man and opt for other sexual orientations, such as pansexuality, bisexuality, or queer and foreground female sorority (Martínez-Lucena 2020, p. 58), such as *Killing Eve* (BBC America, 2018–). However, these depictions are not entirely successful because they remain hypersexual and highly sophisticated, referring to the previously discussed stereotypes. In that sense, Swart (2016) points out that “the more ‘equal’ depiction of women misbehaving is arguably a reflection of a willingness to acknowledge the devious intentions and behavior of some women to achieve a goal or express themselves” (p. 88).

Nonetheless, certain ASPD traits are celebrated and suited to corporate environments, therefore creating a new yet relatively rarely represented “psychopathic” category, “the corporate psychopath” (Swart 2016, pp. 73–74), who is characterized as being ruthless and having predatory behavior. “Industries are impacted by psychopaths likely more than anyone would freely acknowledge” (Swart 2016, p. 86). “Many of these ‘successful’ psychopaths function reasonably well in society, with many holding positions of power within academia, business, and other industries” (Coyne et al. 2010, p. 288), as seen in films, such as *The Wolf of Wall Street* (dir. Scorsese, 2013), or on television series through main characters, such as Frank Underwood (Kevin Spacey) in *House of Cards* (Netflix, 2013–2018), or Tyrell Wellick (Martin Wallström) from *Mr. Robot* (USA Network, 2015–2019). Younger depictions and framings are increasing on TV series, causing a “great deal of controversy about the labelling of youth as psychopaths, both from a developmental and ethical viewpoint” (Swart 2016, p. 89) and increasing the chances of misdiagnosis (García 2011)—for example, Norman Bates (Freddie Highmore) from *Bates Motel* (A&E, 2013–2017) or Joffrey Baratheon (Jack Gleeson) from *Games of Thrones* (HBO, 2011–2019). They are “usually depicted as having superior intelligence and being from affluent homes with both loving parents present” (Swart 2016, p. 90), although empirical studies seem to point out that there are no intelligence differences between psychopaths and nonpsychopaths.

The reality, however, seems to be quite the opposite, being these portray the exception rather than the norm. Higher psychopathy scores on the Psychopathy

Checklist-Revised are associated with physical abuse and non-parental living arrangements during childhood. (Swart 2016, p. 90)

As previously stated, the term ‘psychopath’ is not a valid diagnostic type; it is mostly used in criminal offender populations. Using it outside of these settings is often thought to cause overdiagnosis of traits that could lead to psychopathic tendencies if they persist. Such a premature label may traumatize and marginalize the child and family, exacerbating symptoms and decreasing willingness to commit to assessment and treatment (Swart 2016, p. 90). Psychopath characters who work in the healthcare industry can be classified into two groups: the “evil psychiatrist” who sexually or emotionally abuses and sometimes even kills patients, such as Hannibal Lecter (Mads Mikkelsen) in *Hannibal* (NBC, 2013–2015); and the “death angel” character, either a nurse or doctor who kills patients. There is no specific treatment for ASPD; most people who suffer from this disorder do not seek medical treatment. If they do, they tend to undertake psychotherapeutic treatments as an alternative or complement to a psychopharmaceutical treatment. When a psychopharmaceutical treatment is applied, it tends to be an anticonvulsant, atypical antipsychotic, or second-generation antipsychotics

2.8. The Depiction of Depression

At present, depression is another well-known word in our everyday vocabulary, but its use is often trivialized. This makes life harder for those diagnosed with clinical depression (Estrada 2016, p. 111). According to the *DSM-5*, depression is defined as a syndrome that presents a set of symptoms related to the individual’s affective capacity. Although women have a much higher risk of suffering from depression, with double the prevalence compared to men, there is a gender bias when framing depression as a female condition. It perpetuates the stereotype of females as biologically depressive (Klin and Lemish 2008, p. 438), and at the same time, contributes to an invisibilization of men’s depression. It is also important to highlight that the on-screen depiction of female depression presents differences in class and race: “while wealthy women are enjoined to self-monitor their mental health and hailed as self-reflexive subjects, poor women are invited to accept their inferior status or abjection” (Harper 2009, p. 190)—for instance, Celeste (Nicole Kidman) from *Big Little Lies* (HBO, 2017–) vs. Precious from *Precious* (dir. Daniels, 2009).

Depression’s origin is multifactorial—that is to say, different elements provoke the disease. Perhaps the most common stereotype on TV series is that depressed characters are in a constant state of sadness or irritability, and while there can be common symptoms, there are other broad ranges that are ignored (Lopera-Mármol 2020). According to this societal (mis)conception, more realistic scenes are those that include other characters who do not suffer from a mental disorder who believe that it is more than a momentaneous state of sadness (Estrada 2016, p. 111), such as in *Olive Kitteridge* (HBO, 2014). In many cases, the framing of depression makes it seem to lead to suicide attempts, some of which result in death, such as Effy (Kaya Scodelario) from *Skins* (E4, 2007–2013) or Dave Karofsky (Max Adler) from *Glee* (FOX, 2009–2015). However, although depression is closely related to suicide, “so are bipolar disorder, schizophrenia, post-traumatic stress disorder, autism” (Cassidy and Rodgers 2017; Kirby et al. 2019), as well as “borderline personality disorder, alcohol and drug use, and some stressful events that may be related to financial problems or of interpersonal relationships” (Estrada 2016, p. 111). Therefore, “suicide is a complex and multifactorial phenomenon. Purely psychological and social factors can intervene, but it is also explained by neurobiological processes” (Estrada 2016, p. 111).

Academics and critics have harshly criticized some TV series for romanticizing and glorifying suicide. For instance, in *13 Reasons Why* (Netflix, 2017–2020), Hannah’s (Katherine Langford) mental state that leads to her suicide is never explored, and no alternative is given (Lopera-Mármol 2020, p. 98). Moreover, Prozac is the predominant treatment on television series, and probably the most (over)represented medication, becoming almost a “model of cosmetic psychopharmacology” (Klin and Lemish 2008, p. 439). However, other medicines, such as fluoxetine, paroxetine, and citalopram (Stahl 2021), have started

to appear in TV series—for example, *Crazy Ex-Girlfriend* (The CW, 2015–2019). The use of antidepressants on television series is criticized because their prescription is considered to be excessive and part of the “pharmacologization” phenomenon. Particularly on coming-of-age TV series, the debate about antidepressants relies solely on disapproving remarks (Harper 2009). However, more sympathetic representations of depression treatment have arrived, with different brands of medications and treatments that include psychologists, psychiatrists, and even therapy groups (Philo et al. 2015), as previously mentioned. For instance, these alternative therapies appear in *My Mad Fat Diary* (E4, 2013–2015).

Paradoxically, films and television series that try too hard to avoid the oversimplified recovery trope can risk spreading an even more dangerous falsehood that there is no way to recover from depression. It is important to note that one genre that stands out in its treatment of mental disorders, mainly, depression is animation, which allows audiences to get away from everyday reality and deal more creatively with topics that demand attention, e.g., *Bojack Horseman* (Netflix, 2014–2019) (Lopera-Mármol 2020, p. 106). Finally, TV series have used their platforms, usually after each episode, to support cross-media mental health campaigns, exposing and opposing cases of prejudice and initiating public discussion (Klin and Lemish 2008, p. 441).

3. Discussion

The present literature review reveals, from a theoretical perspective, that mental and neurodevelopmental disorders still act as drama generators within stories and that negative depictions are still predominant on television series. However, scholars have for years studied the adverse consequences of these portrayals, and over the last 20 years it seems that the trend has been that critics, producers, and viewers have started to demand accuracy in the portrayals and backlash has increased against those who depict stigmatizing narratives. As a result, recent TV series, especially in the USA and UK, have shifted to positive portrayals, trying to produce well-researched depictions that show varieties of mental and neurodevelopmental disorders, thus promoting a safer public space for ongoing debate. This anti-stigma discourse is then used to “dramatize inequalities of power in society, class and gender oppression, social alienation, and the psychological consequences of warfare” (Harper 2009, p. 188). Still far from perfect, these recent portrayals allow viewers to identify, recognize, and empathize with those living with mental and neurodevelopment disorders and their everyday struggles. However, characters are “typically addressed at an individual level rather than examining structural problems or collective responses” (Henderson 2018, p. 114). For this reason, there are discourses, characters, and mental disorders that are still lacking, especially those of minority groups. There is also, still, a substantial gender bias when portraying mental disorders (Lopera-Mármol 2020). The small and promising presence of female representations is still predominantly from a WASP perspective. Very few depictions show non-normative aspects, such as physical aspects and intersectionality (race, sex, and class), but if they do, it tends to be against heteropatriarchal hegemony. Thus, mental distress is connected with ideological and political arguments, particularly British audiovisual works, since, as Harper (2009, p. 147) stated, there is a historical tradition to address mental disorders from a leftist perspective and detached from consumerist forms, such as Channel E4.

One of the main genres portraying mental disorders is the coming-of-age genre, since “the idea of youth is inherently unstable. It implies an in-between stage, a period of transition in the progress from childhood to adulthood (Buckingham 2021, p. 141)”, which often is congruous with its target audience—although this does not mean that is not essentially a film or TV series for children (Buckingham 2021, p. 121), so there is still a need for better regulation of film and television. “Adolescence is a time of substantial neurobiological and behavioral change. These changes are usually beneficial and optimize the brain for the challenges ahead, but may also confer vulnerability to certain types of pathologies” (Paus et al. 2008, p. 8). Television professionals should work with the medical sector to combat negative portrayals and their perpetuation, and often do, especially since

this genre is a potential tool for edutainment and can reduce stigma (Nordahl-Hansen et al. 2018). Moreover, it should be noted that explanations of how some characters pay for treatments is almost nonexistent despite the current state of privatization of U.S. medical systems apart from a few specific federal and state programs, such as Medicaid, Medicare, and Planned Parenthood. In the UK, while treatment is framed within the NHS, some changes could be explored. Medication is still depicted as the most reliable treatment. However, positively, we have noted the presence of alternatives, such as support groups and individual treatment. However, there is a significant absence of discussion of the effects and timing of treatment. Moreover, as previously mentioned, the framing and ethics of mental hospitals and psychiatrists seem to have improved, with a few exceptions. The self-diagnosis or nonexistent diagnosis of characters is being combated by campaigns on and off screen, supported by actors, actresses, directors, and other public figures. The accurate narrative representation of mental disorders benefits not only the affected sector but also society as a whole by transcending the popular image of political and social involvement. Overall, the solution to on-screen depictions seems to be the writing of full and diverse characters who adhere closely to their clinical and medical depiction, and assertively including socioeconomic, gender, and political aspects so as not to fall prey to the martyr perspective. Studies, such as this one, are relevant since they not only analyze preconceived notions, but potentially provide creators with paths of action to enhance awareness and inclusivity.

4. Materials and Methods

4.1. Inclusion Criteria

The sample chosen fulfills multiple criteria. First, the focus on depression, ASPD, and ASD without intellectual disability reflects the increasing presence of these disorders on mainstream TV and the high interest their diagnoses produce in the narrative in comparison to other disorders (Cambra-Badii and Martínez-Lucena 2020, p. 213; Baños et al. 2018, p. 844; Belcher and Maich 2014; Harris and Sanborn 2014, p. 114; Nordahl-Hansen and Oien 2018).

The medium of television was chosen for its capacity to involve character depth and extended development, present ongoing plots, and encourage an active and comprehensive process to enhance viewer engagement (Mittel 2006). The article only mentions television series from the last two decades to keep the literature review up to date. The coming-of-age genre is defined as depicting a journey of self-discovery and the transition from childhood to adulthood. The protagonist navigates through the awkward precollege stage, sexual awakening, and self-education against society's alienation. Thus, coming of age is understood as the development of one's personal, philosophical, political, economic, and social opinions, allowing for an emphasis on the character's inner world through specific narrative techniques, such as dialogue, diaristic formats, and voice-over monologues, thereby enabling an exploration of the complexities of mental disorders. "Television dramas have been produced with the explicit aim of reducing the stigma of mental distress. This is particularly true of dramas intended for young adults since it is a matter for public concern" (Harper 2009, p. 107). It is important to note that British channels, such as E4, "have been particularly active in building awareness among younger audiences" (Harper 2009, p. 107). Moreover, regarding this theme, the USA is increasing this type of content on online platforms (Chen and Qian 2017, p. 140).

Mental disorder depictions present gender bias (Lopera-Mármol 2020). The coming-of-age genre allows female identities to be seen in opposition to the existing social, economic, political, and cultural values of our heteropatriarchal society and to the binary definition of gender. Moreover, the dramedy genre is "increasingly implicated within a therapeutic discourse that stresses the importance of 'open communication and self-analysis'" (Harper 2009, p. 193). Humor can neutralize some of the negative aspects of portrayals that otherwise would be considered offensive and even act as social and political commentaries on our society (Lopera-Mármol 2020, p. 105; Park et al. 2006).

4.2. Search Strategy, Data Extraction, and Quality Assessment

The first stage of the research methodology involved conducting a documentary analysis of the interrelationship between mental disorders and TV series to define the keywords. Our search was performed using the terms in Table 3.

Table 3. Keywords and findings on databases.

Keywords	SCOPUS	Web of Science
Mental disorders AND TV series	4	6
Mental illness AND TV series	3	2
Mental disorders AND film	37	174
Mental illness AND film	91	132
Depression AND TV series	6	6
ASPD/Antisocial personality disorder AND TV series	0	0
Psychopathy AND TV series	1	1
Autism AND TV series	5	4
Total number of articles	147	325

The main search was carried out using university bibliographical reference search engines on the most important databases used in the arts, humanities, and social sciences: SCOPUS and Web of Science (WOS). Unfortunately, as seen in the research pilot, very little research is performed on TV series and mental disorders, which points to the need for this particular study. Hence, the authors included film within the general terms since films are often references for TV series. Moreover, the terms “illness” and “psychopathy” were used because, unlike in the field of medicine, in which these terms are not often used, they have prevailed in the social sciences. The second stage concerned documentation that postdates the year 2000, limiting the search and leading us to choose the most up-to-date documents and research; in some cases, however, noteworthy documents have been referred to that were published before 2000. The research team reviewed all this material to select those documents that deal specifically with mental disorders from a television studies perspective; other perspectives outside the remit of this research were rejected. A total of 472 references containing the terms previously mentioned were reviewed. A total of 147 journals were from SCOPUS and 325 from WOS. Despite the heterogeneous nature of the bibliographical sources, it should be noted that the journals mentioned most often in both databases were: *Health Communication*; *Journal of Health Communication*; *Disability and Society*; *Television and New Media*; *Cognition and Emotion*; and *Academic Psychiatry*. The total number of eligible articles was 56 from SCOPUS and 71 from WOS.

Each title and abstract were screened by one of the authors (M.L., M.J.-M. (Manel Jiménez-Morales), or M.J.-M. (Mònika Jiménez-Morales)). The full text of potentially eligible articles was retrieved and examined in detail by two authors; however, in the case of uncertainty, secondary studies included in the final analysis were assessed to synthesize evidence about the effectiveness of mental and neurodevelopmental representations in television series. The most common approaches were educational, reception studies, historical, and representational.

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