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**Marta Lopera-Mármol**

<https://orcid.org/0000-0002-0827-4044>

[marta.lopera@upf.edu](mailto:marta.lopera@upf.edu)

Universidad Pompeu Fabra

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**Manel Jiménez-Morales**

<https://orcid.org/0000-0002-9227-3262>

[manel.jimenez@upf.edu](mailto:manel.jimenez@upf.edu)

Universidad Pompeu Fabra

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**Mònika Jiménez-Morales**

<https://orcid.org/0000-0002-4977-0722>

[monika.jimenez@upf.edu](mailto:monika.jimenez@upf.edu)

Universidad Pompeu Fabra

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## Narrative representation of depression, ASD, and ASPD in *Atypical*, *My Mad Fat Diary* and *The End of The F...ing World*

Abstract

Television series act as one of the primary sources of information on mental and neurological disorders. However, research on the accurate representation of mental disorders concerning their clinical reality is still lacking, mainly since it requires an interdisciplinary approach with higher complexity. This article aims to analyse the narrative depiction of depression, autism without intellectual disability, and antisocial personality disorder through three TV series case studies: *Atypical* (Netflix, 2017–2021), *My Mad Fat Diary* (E4, 2013–2015), and *The End of The F\*\*\*ing World* (E4 & Netflix, 2017–2019). Moreover, it intends to identify which stereotypes are still predominant on-screen. Hence, the authors propose a narrative content analysis based on the medication, symptoms, diagnosis, and treatment according to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* and *Stahl's Essential Pharmacology Guide*. By doing so, the authors apply a methodology based on the standard analysis measurement of different case studies under a unified pattern for mental disorders' adding intrinsic socio-economic and gender aspects. Results show that current TV series are trying to opt for better representations, but many still perpetuate misconceptions and misrepresentations due to a tension between showing realistic, educational values (*edutainment*) and opting for a gripping audio-visual and narrative drama. In conclusion, diverse realities are hardly achieved. Finally, newer TV series include commentary on how individual's may be the target of their own anger/frustrations, rather than directing it at the system.

**Keywords**

**TV series, mental disorders, representation, depression, autism, and antisocial personality disorder.**

### 1. Introduction

The representation of mental disorders in television series, specifically British and US productions, has raised the curiosity of audiences and various academics for their arguable representation, good visual drama, and audience engagement (Cambra-Badii & Martínez-Lucena, 2020, p. 214). Since the beginning of the 2000s to the present, production and distribution platforms for TV series have raised narratives where either the main character

has a mental disorder, or the plot revolves around a particular mental disorder. Most of these TV series are targeted at youthful cult-like demographics. In addition, TV series tend to be focused on dramedy and coming-of-age genres due to media multiplicity (Haihong & Wenting, 2017, p. 140). For example, *Atypical* (2017–2021), *BoJack Horseman* (2014–2020), *Mr. Robot* (2015–2019), and *13 Reasons Why* (2017–2019).

Researchers have found a wide range of negative framings and stereotypes of people afflicted by mental and neurological disorders (Harper, 2009; Sieff, 2003). Although TV series tend to act as one of the primary sources of information on mental disorders (Espanha, 2014; Klin & Lemish 2008), common features include lack of diversity of race, gender, and socioeconomic class; the inaccuracies of the clinical reality; and the disassociation from social reality. Unfortunately, TV and film characters are based on standardised identities of what is normative in occidental societal parameters. Thus, often an “otherness phenomenon” is generated (Han, 2015). An invisible line is created between “us” and “them” (the mentally ill), which distinguishes between someone with a “mental disorder” and someone “normal.” This leads to a pathologisation and shapes identity fragmentation (Cross, 2004). Alternatively, TV series content can be essential for the promotion of and de-stigmatisation of mental disorders since there is potential to demonstrate various contextual angles, such as character development. Thus, writers should aim for educational representations and less archetypal ones, noting it is also challenging to showcase different ranges and characteristics of a disorder due to its variability within themselves (Nordahl-Hansen *et al.*, 2017). Also, according to Mittel, “even when representation is accurate, the way television represents the world always shapes our perceptions more than a perfect reflection would” (2009, p. 270).

Characters with mental and neurological disorders tend to be depicted as gloomy; usually incompetent in all social, economic, and educational areas; unemployed or unable to get or hold down a job; unproductive; isolated by choice; dangerous; or victimised. Besides, other characters often refer to them with pejorative terms, such as “psycho,” “loony,” “crazy,” “mad,” and “mental” (Pirkis *et al.*, 2006). In later depictions, this type of negative language representation has been associated with characters as many other lesbians, gay, bisexual, transgender and related LGBTQ+ communities’ characters previously had with pejorative terminology such as “faggot,” “turf,” and “bean flicker.” In contrast, when these terms are said by the person suffering from a mental or neurological disorder, it is more contextually empowering than denigrating. Furthermore, new narratives are adding identify-first language, which designates the person before the mental disorder, opting for positive portrayals (Lopera-Mármol *et al.*, 2022) e.g., *Atypical* (2017–2021).

Moreover, the spaces associated with these characters often show unethical and improper treatments, such as being constrained in straight jackets or locked up in harsh asylums or cells as in *Pretty Little Liars* (2010–2017), *Riverdale* (2017–present), and *Hannibal* (2013–2015), among others. However, many of these narratives are usually exaggerated by audio-visual drama, accompanied by discordant music, scene juxtapositions, atmospheric lighting, unconventional shots, monologues, scrawls, and drawn images (Middleton, 2013). Finally, mental disorders have sometimes been used to illustrate or justify specific capitalist stresses and activities (Han, 2015, p. 63; Harper, 2009, p. 13). An ambivalent example would be *Mr. Robot* (2015–2019), where Eliot, a cyber activist with schizoid personality disorder, fights against big corporations as something of a Robin Hood of the digital era. In this case, his intellectual high skills contribute to combat the abuse of capitalism not to stress them. Nevertheless, in the last twenty years, there has been an improvement where “powerful portrayals of psychiatric disorders are now more prevalent” (Mullins, 2014) due to complex TV storytelling (Mittell, 2016). Hence, interweaving melodramatic relationships, ongoing plots, extended depth, and character development have encouraged the viewer’s active and comprehensive engagement (Mittell, 2009, pp. 31–38). This has challenged old-fashioned depictions and constantly strikes towards better ones. For this reason, TV productions are

now opting for more realistic, raw, three-dimensional characters and scenarios. This includes showing “their everyday lives and how characters manage their disorders and show them living productive and valued lives” (Philo *et al.*, 2015), switching the status of mentally ill characters to role models. This increasing visibility and on-screen shifts is also modifying mental health care policies and fostering a positive reaction in society (Mullins, 2014), as well as “attracting the emotional interest of the public” (Haihong & Wenting, 2017, p. 138). Consequently, it contributes to an anti-stigma discourse and creates a better social climate (Cross, 2004, p. 201). Furthermore, the storytelling medium “accelerates the spread of medical humanities and promotes harmony among doctors, patients, and the public” (Haihong & Wenting, 2017, p. 141).

Previous scholarly articles have made significant contributions to the classification of character stereotypes, but research on the accuracy of mental disorders within their clinical reality is still lacking, thereby missing an overview of mental disorders beyond the character or physician. For this reason, this article aims to analyse the current narrative representation of depression, autism without intellectual disability (ASD), and Antisocial Personality Disorder (ASPD), wrongly known as psychopathy, in coming-of-age, dramedy and British-North American television series: *Atypical* (Netflix, 2017–2021), *My Mad Fat Diary* (*MMFD*) (E4, 2013–2015), and *The End of The F\*\*\*ing World* (*TEOTFW*) (E4 & Netflix, 2017–2019), through the symptomatology, diagnosis, treatment, medication and socio-economic aspects to identify which stereotypes are still predominant on screen and to compare to their clinical reality.

## 2. Methodology

### 2.1. Sample and TV series selection

Three TV series case studies are framed under the British-US scope due to their wide international distribution, co-productions, and mutual influences. British, and US dramas have dealt with medical narratives and mental disorders (Cambra-Badii & Martínez-Lucena, 2020) have “ostensibly wider than any other audio-visual industry, they have settled a serial canon, notorious in various television spaces beyond its frontiers” (Lopera *et al.*, 2022). Nonetheless, this does not go without saying that other productions have been gaining space fervently in the last ten years. The TV series analysed are the following: *Atypical* (2017–2021), *MMFD* (2013–2015), and *TEOTFW* (2017–2019), used for their relevance in the last decade (the 2010s) in the mainstream on-screen field and their specific countries of production and distribution since they have and had a higher global impact than many others. In the case of *TEOTFW*, “E4 gained 1.1 million viewers in its first season, and with the second season, it successfully gathered 1.4 million. Clerkenwell Films stated that it was the “most-binged boxset ever” through cross-platform viewing” (Lopera-Mármol *et al.*, 2022). With regards to *Atypical*, it was a big Netflix success, and creator Robia Rashid left the door open for a prequel to develop Cassie and Izzie’s relationship. Finally, *MMFD* became a TV series with a vast *Tumblr* market that would later position it as a British cult TV series.

In terms of runs, *MMFD* (2013–2015), and *Atypical* (2017–2021), had four seasons each, and *TEOTFW* (2017–2019) had two seasons. Their plots revolved around three of the most commonly represented mental and neurological disorders on screen: depression, autism without intellectual disability, and ASPD (Belcher & Maich, 2014). Moreover, as gender plays an essential role in framing mental disorders, we chose three TV series led by a female, a male, and with shared leadership. All three series belong to the dramedy genre, allowing daily and extraordinary aspects to be explored simultaneously, giving a particular realism to the production, and enabling the analysis of algid and delicate moments of mental disorders. Regarding the plot, *Atypical* narrates the story of Sam Gardner, a teenager with autism without intellectual disability who is ready to transition to adulthood. *MMFD* unfolds the story of a 16-year-old girl who suffers from a binge-eating disorder and depression and who

attempts suicide. She uses a diary to explain her various teen-hood adventures and life outside the hospital as a therapeutic method. Finally, *TEOTFW* relates James' story, a teenager who self-identifies as a psychopath who embarks on a road trip with a new rebellious classmate, Alyssa, with the false premise of wanting to kill her.

All three series belong to the coming-of-age genre, defined as the transition from teen-hood to adulthood. Hence, they are destined for youth target platforms (E4 & Netflix). According to World Health Organization studies, between 10% and 20% of adolescents aged 15 to 19 years-old experience a mental disorder. Additionally, many of those teenagers are misdiagnosed due to a lack of knowledge, awareness, or the existence of stigma. This stigmatisation prevents them from seeking help, causing social exclusion, discrimination, educational difficulties, and in some cases, leading to suicide, the third-ranked cause of death in this age group. On that account, the coming-of-age genre allows us to examine the states and transformative effects of living with mental disorders while going through a maturation process –a crucial period in which characters develop and maintain social and emotional habits. This framing allows TV series to create more credible and realistic narratives.

There is almost a complete absence of a fictional depiction of the economic aspects of mental healthcare. Nonetheless, it is a vital element because it allows us to understand how characters can finance and access treatment, recovery, and medication. For this reason, we try to observe whether the TV series makes any references to individual differences between the UK National Health Service (NHS) and US healthcare. The NHS is a publicly funded healthcare system, while the US healthcare system is considered a non-universal insurance system even though it has some federal and state programs such as Medicaid, Medicare, or Planned Parenthood. However, it is primarily a system in which some citizens have private health insurance, others are eligible for subsidised healthcare, and others are not insured. This research also adds genre, gender, socioeconomic status and geographical aspects in accordance with the multi-axial approach undertaken by clinicians in the DSM-5 even if guidance on how to note contextual information does not present a unique standardised method.

## 2.2. Instruments

The medical variables are analysed through the following items: symptoms, diagnosis, and treatment; as they are the ones integrated into the DSM-5, as well as medication-based in the *Essential Psychopharmacology Prescriber's Guide* and *Neuroscientific Basis and Practical Applications* by Stephen M. Stahl (2014, 2008). This handbook is commonly used by clinicians prescribing medication to patients suffering from mental disorders and is referenced in DSM-5. DSM-5 is the leading diagnostic tool in mental health, and is used both in the UK and US. However, despite its place as a gold standard in mental health, there has been criticism that newer editions have expanded the scope with revised diagnostic criteria. It is claimed this could lead to an increase in the number defined as “mentally ill,” in other words, overdiagnosis and pathologising “normal” behaviour. This could consequently lead to stigmatising labels, increased risk of misdiagnosis and over-treatment. Therefore, a content analysis (see Table 1) is applied to analyse the same criteria and apply it to each episode. However, the DSM-5 also notes that “symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2013).

For this reason, the analysis will be complemented by a textual analysis methodology (see Table 3) created by the authors. This analysis will cover the gender perspective framed under intersectional feminism, as defined by Angela Davis (1981), in which class, sexual orientation, and race are put into equity with gender. Other aspects include economic elements that question the affordability of the different healthcare systems. In summary, the methodology formulates questions relating to class, medical aspects, the social realism context of the country of production, professional occupation, and love and friend relationships in order to

explore patient integration to society. The authors will then cross-evaluate each social aspect as it intertwines with its clinical depiction across these elements. The article is separated into two medical chapters that correspond to symptomatology and diagnosis, psychotherapeutic treatment, and medication (see Tables 1 and 2), and the other social aspects will be divided into the following: relationships, economic and professional aspects, and gender perspective (see Table 3).

### 2.3. Procedure

All TV series were watched in order to maintain linearity. Each episode was analysed sequentially using the table of content analysis (see Table 1) and the textual analysis (see Table 3). The information was documented in a record sheet created *ad hoc* through questions based on yes-or-no answers. Table 1 shows that the positive answer means that medical aspects appeared while the negative means it was not shown. Where through the indicator of *discourse*, this means it was either explicitly said by characters, written on the screen or down in some object and focused by the camera for audiences to see. The *visual* indicator means it is shown through images, whether metaphoric or explicit (e.g., vomiting explicitly or through the imagery of dizzy camera movement). The indicators of *continuity* refer to whether the medical aspects analyses are mentioned several times throughout the episode. The *Stahl* and *DSM-5 medical references* and *typology of treatment* and *diagnosis* indicators are explored through visual and discourse references.

Finally, the indicator of *others* is used for authors in case they found alternative aspects worth mentioning. Table 1 quantifies the indicators. However, later in the analysis, how these indicators are transferred into the screen is explored. Regarding socio-economic, gender, and cultural aspects (see Table 3), questions are formulated for yes and no answers since it is only based on explicit discourse and visual aspects and are later analysed on how those aspects are transferred onto the screen.

**Table 1.** Model of content analysis based on DSM-5 and Stahl.

TV series:					
Season:	Episode:	Channel:	Minutes:		
Aspects to be analysed					
Symptoms	Do they mention it (discourse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Does it show it (visually)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Does it align with the DSM-5? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Continuity through the episode? <input type="checkbox"/> Yes <input type="checkbox"/> No	Others

Medication	Do they mention it (discourse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Does it show it (visually)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are there any secondary effects shown?	Does it align with Stahl? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Continuity through the episode? <input type="checkbox"/> Yes <input type="checkbox"/> No	Others
Treatment	Do they mention it (discourse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Does it show it (visually)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?	Typology <input type="checkbox"/> One-on-one treatment <input type="checkbox"/> Support group <input type="checkbox"/> Support group for parents <input type="checkbox"/> Others	Continuity through the episode? <input type="checkbox"/> Yes <input type="checkbox"/> No	Others
Diagnostic	Do they mention it (discourse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Does it show it (visually)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how?	Typology <input type="checkbox"/> Self-diagnosis <input type="checkbox"/> Diagnosis by audience <input type="checkbox"/> Diagnosis by characters <input type="checkbox"/> Diagnosis by characters with medical legitimacy (doctors, psychiatrist, psychologists, ...) <input type="checkbox"/> Others: _____		Others

Source: Own elaboration.

### 3. Results

Record sheet data (see Table 1) was generated by the authors for each episode, creating a total of 60 tables: *TEOTFW* (16 episodes), *Atypical* (28 episodes –NB Season 4 had not been released at the time of analysis), and *MMFD* (16 episodes). To create a generalised overview, items in the medical aspects (see Table 2) and sociological dimension (see Table 3) were tallied.

**Table 2.** Total numeric recount of episodes and the medical aspects.

TV SERIES	<i>ATYPICAL</i>	<i>TEOTFW</i>	<i>MMFD</i>
Symptoms (discourse)	Yes: 28 No: 0	Yes: 15 No: 1	Yes: 16 No: 0
Symptoms (visually)	Yes: 28 No: 0	Yes: 15 No: 1	Yes: 16 No: 0
Symptoms (align with DSM-5)	Yes: 28 No: 0	Yes: 15 No: 1	Yes: 16 No: 0
Symptoms (continuity)	Yes: 28 No: 0	Yes: 15 No: 1	Yes: 16 No: 0
Medication (discourse)	Yes: 0 No: 28	Yes: 0 No: 16	Yes: 4 No: 12
Medication (visually)	Yes: 0 No: 28	Yes: 0 No: 16	Yes: 1 No: 15
Medication (align with Stahl)	Yes: 0 No: 28	Yes: 0 No: 16	Yes: 0 No: 16
Medication (continuity)	Yes: 0 No: 28	Yes: 0 No: 16	Yes: 3 No: 13
Treatment (discourse)	Yes: 20 No: 8	Yes: 1 No: 15	Yes: 16 No: 0
Treatment (visually)	Yes: 20 No: 8	Yes: 0 No: 16	Yes: 16 No: 0
Treatment (type)	One-on-one: 9 Support group: 5 Support group for parents: 8 Others /None: 10	One-on-one: 0 Support group: 1 Support group for parents: 0 Others /None: 15	One-on-one: 16 Support group: 7 Support group for parents: 0 Others /None: 0
Treatment (continuity)	Yes: 19 No: 9	Yes: 0 No: 16	Yes: 16 No: 0
Diagnosis (discourse)	Yes: 5 No: 23	Yes: 3 No: 13	Yes: 3 No: 13
Diagnosis (visually)	Yes: 5 No: 23	Yes: 4 No: 12	Yes: 1 No: 15
Diagnosis (typology)	Self-diagnosis: 0 Diagnosis by audiences: 0 Diagnosis by characters: 3 Diagnosis by characters with medical legitimacy: 2 Others: 22	Self-diagnosis: 4 Diagnosis by audiences: 1 Diagnosis by characters: 0 Diagnosis by characters with medical legitimacy: 0 Others: 11	Self-diagnosis: 1 Diagnosis by audiences: 0 Diagnosis by characters: 0 Diagnosis by characters with medical legitimacy: 3 Others: 13

Source: Own elaboration.

**Table 3.** Textual Model Analysis.

ITEMS	TV SERIE	TV SERIE	TV SERIE
Professional (occupational) aspects	<i>Atypical</i>	<i>TEOTFW</i>	<i>MMFD</i>
-Do main characters work?	Yes	Yes (only Alyssa)	Yes
-Do characters have work accessibility accommodations?	Yes	No (but she is not the sufferer)	No
-Is the parents' work discussed?	Yes	No	Yes
-Do they have access to higher education?	Yes	No	Yes
	If so, is any type of disability help provided? Yes, group support and special centre.	If so, is any type of disability help provided? No	If so, is any type of disability help provided? No <i>per se</i> , more accessibility accommodations in education.
Relationship aspects	<i>Atypical</i>	<i>TEOTFW</i>	<i>MMFD</i>
-Is the family depicted as the root of their disorder?	Yes	Yes	Yes
-Do they have love partners?	Yes	Yes	Yes
-Do their relationships affect their recovery in a positive, neutral, or negative way?	Both (Positive and negative)	Positive	Positive (Finn) Negative (Liam)
Gender aspects	<i>Atypical</i>	<i>TEOTFW</i>	<i>MMFD</i>
-Does the main character include any gender intersectionality?	No	No	No
-Does the narrative revolve towards a male character?	Yes	Yes	No
-Does it upset heteronormative physical aspects?	No	Yes	Yes
-Is there any objectification of female bodies?	Yes	Yes	Yes
Economical aspects	<i>Atypical</i>	<i>TEOTFW</i>	<i>MMFD</i>
-Economic aspects are discussed with regards to medication and treatment?	No	No	Yes
-Are economic difficulties introduced in everyday life contexts?	No	Yes	Yes
-Is class represented in terms of economic aspects?	Yes	Yes	Yes

Source: Own elaboration.

## 4. Analysis

### 4.1. Symptomatology and diagnosis

Four different types of diagnoses were analysed: (1) self-diagnosis, (2) diagnosis by other characters, (3) diagnosis by audiences, and (4) diagnosis by characters with medical legitimacy. In particular, diagnosis with medical legitimacy might lead viewers to recognise the same symptomatology in themselves or someone they know and seek help. In addition, contrasting the representation of symptoms in the series against the diagnosis stated can confirm or call into question the clinical accuracy (Lopera-Mármol *et al.*, 2022, p. 2).

As the results showed (see Table 2), in *Atypical* (2017-) and *MMFD* (2013-2015), the diagnosis is mainly made by characters with medical legitimacy. Audiences learn it discursively as well as through audio-visual imagery in the pilot episode (1x01). In *Atypical*, Sam's psychiatrist, Dr. Julia Sasaki, introduces his diagnosis by ticking almost all the boxes of the DSM-5 symptoms, specifically those related to social communication, behaviour, and

niche focus of interests such as penguins and Antarctica. *Atypical* (2017–present). Besides, Sam’s mother, Elsa, shows a degree of order/structure that is implied to be abnormal which in a context of a child with ASD and knowingly that is a neurological disorder that tends to be less diagnosed in females, creators might want to imply subtly that she may have some autistic traits.

Sam is portrayed as the poster-perfect version of autism without intellectual disability, with the intent to add educational value, falling under the so-called *bingo-card syndrome* stereotype. This consists of showing all symptoms of the disorder in one character (McMahon-Coleman & Weaver, 2020, p. 17). Sam’s depiction is framed under the *savant stereotype* (Draaisma, 2009, p. 1475), which tends to be positive. Nevertheless, most overly optimistic, and positive depictions are inaccurate with the clinical reality which can undermine the challenges people with ASD can face daily and can harmfully create the illusion that only those who are outstandingly talented can succeed and integrate entirely into society. Consequently, it perpetuates the misconception that autism without intellectual disability “is not a set of deficits or even a condition at all, since this may take the shape of portraying autistic persons as simply having a different set of talents, equally valuable as natural talents” (Draaisma, 2009, p. 1478). Savant characters are depicted as extraordinarily talented with traits that set them apart, such as “computational” communication, “refreshingly frank,” and “straightforward” attitudes. Their social skills often lead them to be depicted as “dehumanised” in their relationships (Baker, 2008, p. 236). Furthermore, there is the idea that they suppress or do not have feelings in contrast to neurotypicals (NT). In fact, it is proven that they can suffer from high levels of anxiety due to being aware of the importance and often impairment of social interaction rather than being oblivious to it (Brewer *et al.*, 2016) as *Atypical* (Netflix, 2017–2021) showcases. It depicts them as being extremely honest by choice due to social difficulties associated with their disorder. As a result, these characters are shown as having a “non-human model brain” (Draaisma, 2009, p. 1478). As Bernardelli (2019, p. 3) pointed out, “we have characters that overcome the normal “functional” due to their mental problems, and not despite those problems.”

In *MMFD* (2013–2015), Rae’s depressive and binge-eating disorder diagnosis is confirmed by emergency doctors, psychiatrists, and GPs (family doctors) after her suicide attempt (see Table 2). In a somewhat Freudian manner, the series digs at the root of her mental disorders. The diagnosis, while hinted at, is never explicitly specified. Finally, *TEOTFW* (2017–2019) makes a bold statement discursively (see Table 2), often accompanied by audio-visual elements through the main character (1x01): “I am James. I am 17, and I am pretty sure I am a psychopath” (1x01). However, this self-diagnosis is questioned from the beginning with the development of the narrative, and soon audiences can recognise that James is clearly in the antisocial personality disorder (ASPD) spectrum, and he is by no means a psychopath (Lopera-Mármol *et al.*, 2002). Many hints are thrown during the episodes, but the diagnosis is mainly explored by developing Alyssa’s and James’s relationship, especially after the murder of Alyssa’s sexual assaulter. James undergoes a monumental change, renewing his perspective on life, and his subsequent shifts in attitudes, thoughts, and behaviours that contradict the presumed “psychopathy” made by the TV series.

#### 4.2. Medication and psychotherapeutic treatment

In both US TV series: *Atypical* (2017–) and *TEOTFW* (2017–2019), treatment with medication is not discussed throughout the series (see Table 2). In *Atypical*, this absence is unsurprising since the US FDA (Food and Drug Administration) has approved only risperidone and aripiprazole for treating irritability associated with autism. Concerning *TEOTFW*, due to James’s self-diagnosis, any treatment or medication is disregarded, which, while not surprising, does not allow exploration of medication options possible with the comorbidities that many people with ASD and ASPD present. In contrast, *MMFD* tackles this topic by using

antidepressants, as seen in 1x03, to eliminate stereotypes and does not sugar-coat their side effects, such as the combination of pills and alcohol. The main narrative of 1x05 revolves around the effects of antidepressants and the effect of alcohol use on youth.

Nonetheless, the brand and type of medication are non-existent. Regarding this aspect, no procedure, as seen in the content analysis, could be undertaken to analyse whether the medication was aligned with the *Psychopharmacology Prescriber's Guide* by Stephen M. Stahl (2014) since no TV series provided this information. The problem with this unconfirmed brand or typology is that audiences can be unaware of the recovery timing it truly takes, or the secondary effects, especially after patients stop taking medication. However, *MMFD* as other TV series have previously done, such as *Crazy Ex-Girlfriend* (CBS, 2015–2019) does try to break the stereotype of Prozac (fluoxetine) as a “model of cosmetic psychopharmacology” (Klin & Lemish, 2008, p. 439) in other words, depict one medication as one only type and brand. In fact, in the final episode of *MMFD* (3x03), doctors refuse to respond to Rae’s demand for antidepressants because the doctors determine they are not clinically indicated. The TV series shows that there is a chance to remove from the “pharmacologisation” phenomenon meaning medication as the only form of recovery and avoid the stereotypical triangulation of “equilibrium-breakdown-recovery” (Harper, 2009, p. 103). Medication usage in *MMFD* (2013–2015) is scarcely represented along the series” (Table 2). Consequently, audiences do not perceive pills and medication as the only solution for a character’s recovery.

*TEOTFW* (2017–2019) does not present any psychotherapeutic treatment due to depicting self-diagnosis (see Table 2). However, it should be noted that James’s father takes online parenting courses at one point, and Alyssa asks for psychological help in the final episodes. This hints at the importance of therapy and difficulties in both access and awareness within the working class. Both *MMFD* (2013–2015) and *Atypical* (2017–present) promote different types of therapies (see Table 2). *MMFD* episodes usually start with one-on-one therapy, adding in support groups, especially in season two. Nevertheless, Rae’s psychiatrist can be characterised as a *Dr. Wonderful* (Pirkis *et al.*, 2006) –a psychiatrist who is selfless, dedicated, and always available to the point of transgressing professional and personal boundaries. In 3x02, Rae discovers her psychiatrist has recently lost his licence. His stereotype then changes to *Dr. Dippy* (Pirkis *et al.*, 2006) –a psychiatrist who lacks common sense but is harmless. Concerning *Atypical*, all the approaches above are shown, with the addition of a support group for parents (see Table 2).

Moreover, it is essential to note that Sam’s high school and University provide him with a support group after teaching hours and a unique centre for people with disabilities. The TV series depicts teenagers with different types of autism spectrum disorder (ASD) and is also interpreted by autistic actors. While it is a reasonable attempt to integrate different ranges of ASDs, it is far from the US social reality. It is relatively uncommon to have such a temporal and economic investment in high schools and universities, particularly those in low and Latinx socio-economic areas, hence the series represents a somewhat reality that only the privileged will experience, which sugar-coats other ASDs realities. Besides, Sam’s one-on-one therapy with Dr. Julia Sasaki departs from clinical reality. *Atypical* frames Sam’s psychiatrist under the *Dr. Wonderful* category (Pirkis *et al.*, 2006) since she frequently crosses professional boundaries between patient and doctor. For example, it included her helping Sam’s mother with therapy and hiring Paige, Sam’s girlfriend, as her babysitter. One of the narrative’s main plots is Sam’s infatuation with Dr. Sasaki. He projects unwanted sexuality onto her. Consequently, it positions her under the *Dr. Sexy stereotype* (Pirkis *et al.*, 2006) –a psychiatrist typically ‘de-professionalized’. Her sexuality is presented as a vital element in the relationship with the patient. Hence, if there are positive outcomes, it is not due to her competency as a mental health professional but to objectification of her body.

### 4.3. Relationship aspects

*Atypical's* (2017–2021) dating life portrayal allows screenwriters to develop Sam's storyline. Doing so effectively portrays the sexual desires of someone with autism, without intellectual disability, relinquishing the idea that people with autism are either asexual or uninterested. To succeed in the pursuit of dating Dr. Sasaki, Sam starts dating Paige, but he is unsure of his feelings for her, which leads him to break up with her. However, Paige seems, at first glance, an excellent partner. As she quotes: "I totally understand autism, and I am now the autism expert" (1x05). *Atypical* try to opt for a "perfect" relationship but instead portray a sugar-coated one. As Moss (2017) points out, "Sam is the expert, not Paige, and not his family, and *Atypical* fails to capitalise on Sam's potential to be the audience's voice of reason about autism and the autistic experience." Many sequences illustrate Moss's point of view, such as the following: (1) When Sam locks up Paige in the closet after she touches things in his room. This can lead to Sam's depiction as an abuser, even if clinical reality shows that people with autism have a higher risk of being victims of abuse than abusers; (2) Paige tries to persuade the PTA to throw an autism-friendly prom with a silent disco theme to avoid sensory overload. However, when doing so, she jokes and compares methamphetamine addicts and people to autism for having silent discos in common; (3) Paige continuously monitors Sam's interests in penguins and Antarctica. Thus, Paige comes off as a mere fan service. Their relationship is further developed in season three, but it is always at Paige's expense and comprehension. Sam does pleasant things for her, but mostly when other characters tell him to do so. Therefore, many difficulties of non-neurotypicals and neurotypical relationships are not adequately tackled.

Sam has a close Indian American best friend, Zahid, who guides Sam paternalistically through his independence. Their friendship is framed under a positive scope and only as highly functional ASD. Zahid is aware of Sam's autism, so he knows how to behave, while Sam plays a fundamental role grounding Zahid, who can sometimes be too egotistical. The series shows that autistic and neurotypical friendships "do not look exactly like their neurotypical peers' friendships" (Sedgewick *et al.*, 2018, p. 27). Due to some criticism received by media outlets due to the lack of representation of other friendships, particularly between non-neurotypicals, *Atypical* (2017–present) opted to depict other friendship types through non-neurotypical characters and the support group of Sam composed by non-neurotypicals. Moreover, in season 3, friendships between neurotypicals and autistics are explored through college friendships but depicted as "original" relationships outside the "normativity" lines, and many times as the "comic relief," which contributes to the otherness phenomenon.

Nonetheless, the series assertively opts for a sibling relationship between Cassie and Sam, which is barely seen on screen. In fact, the neurotypical sibling often feel the "need to take care" of the non-neurotypical one (Mastandrea, 2020). Cassie acts as a regular teenager around Sam while understanding his boundaries. However, Sam's father has difficulties engaging with his son and seems to know little about ASD, which feels unrealistic. For instance, he is oblivious of ASD jargon used to teach audiences identify-first language. Unfortunately, *Atypical* (Netflix, 2017–2021) falls under the stereotype of "we are autistic," in fact that statement is made in season 2 by Evan, Cassie's boyfriend, which is misleading and underestimates the realities of what it is like to live with autism, and suggests that autism is mainly co-extensive with non-pathological behaviour.

Consequently, in *TEOTFW* (2017–2019), the series plays with the symptomatology of childhood trauma (1x01) through James' mum's suicide, animal killings, and a burned hand. In addition, James' dad seems to be the root of his anger. However, in season two, it is ruled out by both the audience and the TV series that he suffers from psychopathy due to the showcase of other behavioural traits, and in fact, his dad becomes the centre of James's affection. The first season serves as imagery of teen hood abandonment, loneliness, anger, and apathy. By

doing so, *TEOTFW* pokes fun at the psychopathic diagnosis and moves towards ASPD. Furthermore, James and Alyssa's relationship is essential to understand the reasoning behind James's wrong self-diagnosis. Paradoxically, Alyssa's explicit trust contrasts with James's killing desires. As she quotes: Alyssa: "I feel, I dunno, I feel comfortable with him" (1x03). After killing the sexual assaulter, both the audience and James experience a shift in emotions and behaviour. James's mental state parallels his development into adulthood. By doing so, *TEOTFW* makes fun of the stereotypical clichés of psychopaths. Young psychopaths' narratives have been raised in the last fifteen years with characters such as Norman Bates from *Bates Motel* (2013–2017) or Joffrey Baratheon from *Game of Thrones* (2011–2019), which has caused a "great deal of controversy [...] both from a developmental and ethical viewpoint" (Swart, 2016, p. 89). James suffers from ASPD and post-traumatic stress disorder (PTSD), but he is not a psychopath. He is not manipulative and expresses much remorse after killing Alyssa's sexual assaulter. Moreover, he develops feelings of love toward Alyssa.

*MMFD* (2013–2015) explores the development of Rae's trauma of her father's abandonment. On the contrary, Rae's mother is protective of Rae but often acts impulsively, does not know how to consider Rae's needs for recovery, and shows familial and environmental predisposition since she also struggles with weight and self-esteem issues, often basing her worth on her new Tunisian husband, Karim. Rae's high school friends are accepting of her condition and despite lack of knowledge on it –and their own preoccupations– make efforts to understand. Fortunately, she counts on the comprehension of her hospital friends. The initial problematic characterisation comes from her love relationship with Finn. Even though Finn often shows Rae support, love, and affection, she believes she is unworthy of him. The relationship often impedes her recovery as Rae projects her insecurities and an 'extreme man' idealisation onto him. When he cheats on her, it forces her to focus on herself. This leads to Rae's empowerment as an independent woman who pursues her dreams separately from her disorder and is brave enough to do so.

On the contrary, she shares her insecurities and traumas with Liam, another love interest since he shares certain typical aspects of the disorder. Nonetheless, his recovery is slower than hers, forcing her to end the relationship and not be held back by him. In *MMFD* (2013–2015), Rae's disorder is depicted through a constant inner monologue that is often interrupted by aesthetic elements, and above the screen, some notes or comments emphasise or modify certain feelings, allowing power over the depiction of the narrative and at "their darkest, the scribbles make tactile, weighty, the blocking of a connection taking place in Rae's consciousness" (Woods, 2016, p. 90). Furthermore, the TV series allows an in-depth exploration into the exposure of madness by considering each person's life variability and intersectionality, as seen in 2x07 when Finn says, "Everyone is crazy... Everyone has to struggle and fight. They just haven't figured it out yet" (2x07). This quote could easily be interpreted and similarly stereotyped as "we are all mad," as Friedman pointed out:

He is not merely repeating a trite adolescent truism; rather, the show exposes the ways that living is hard for everyone because of the intersections between the machinations of structural oppression and the day-to-day personal challenges of individual lives (Friedman, 2017, p. 10).

*MMFD* shows that struggles are heightened by mental disorders but are also shared with everyday struggles, which place the sufferer at the same status as the non-sufferer to avoid the duality of "us" and "them" (Lopera-Mármol, 2020, pp. 103–104).

#### 4.4. Economic and occupational aspects

Economic purchasing power is barely discussed in the TV series (Turow, 1996). In *Atypical* (2017–present), the cost of Sam’s disorder is not discussed. Accordingly, doubts may arise in the audience, especially since it is established within the US healthcare framework, and he has many resources for a working-class family. Unsurprisingly, only Cassie shows economic difficulties when trying to attend a private high school since it is often the neurotypical sibling in TV series who suffers the economic consequences (Mastandrea, 2020). In this case, it is quickly solved by getting a scholarship. Since Sam has hyper-functional autism, it is unsurprising that he is successful at a job where his boss gives him accessibility accommodations. He also has one of the highest GPAs, allowing him to apply to an undergraduate program at a university conveniently close to his parents’ home. While this is a notable effort from *Atypical* to show that people with ASD can hold down a job and be successful, a debate regarding socioeconomic classes, gender, and ethnicity opportunities and resources is forgotten. In *MMFD* (2013–2015), economic aspects are explored through mental disorders and often based on everyday life needs. Rae lives in the suburban districts of Lincolnshire. The series contextualises the Brit-grit essence, which are British social realist texts that have “been regarded as ‘quality’ texts due to their commitment to the portrayal of the ‘British way of life’”. (Lay, 2002, p. 25). As Chapman (2020, p. 8) quoted: “Television has – and continues to be– a vehicle for both the economic and cultural export of Britishness.” Unsurprisingly, medical spaces and professionals were explored through the NHS. Thus, “her mental health and body issues are strongly related to the contextualisation of her economic class, age, and education” (Friedman, 2017, p. 3). The series belongs to the second wave of British Youth, which is defined as intimate audio-visual drama texts that deepen the “emotional bleakness and fondness for the mundane of the everyday routine” (Woods, 2016, pp. 70–71).

However, in *TEOTFW* (2017–2019), economic and occupational aspects are explored mostly as a coming-of-age element. Alyssa and James only have their parents’ income, so when they run out of money, realising the hardships of adulthood, they commit robbery and hitchhike. However, Alyssa does get a job as a waitress in season two, and James lives out in his car after his dad’s death. These two routinary hardships are used as an intent to show aspects of Brit-grit rather than to opt for the finance for mental disorders, which also would not have space if there is no diagnosis.

#### 4.5. Gender perspective

There is a clear bias in gender when treating mental disorders (Lopera-Mármol, 2020). In *MMFD* (2013–2015), gender plays a primary role in the series’ content since it explores pride and stigma from a non-normative perspective of her feminine body and mental disorders (Table 3).

*MMFD* emphasises body acceptance discourses and fat activism to break with the idealised western body depiction. Rae’s social surroundings continuously judged her for not having a standardised figure. Even though her friends, whom she refers to as “The Gang,” accept her, they “[treat] her as one of the boys” (Friedman, 2017, p. 6), except for Finn. Thus, Rae is perceived as “asexual or otherwise outside of the usual play of heterosexual teenage dynamics” (Friedman, 2017, p. 6). Rae seeks normative femininity that is often overshadowed by her humour, provoking her to suppress her true self, causing her sadness and frustration in pursuing hetero normative “girly” aspects. This exposure “ignores dramatic conventions that suggest that ugly truths or non-normative bodies should remain out of view and instead shed light on ignored, but common, teen experiences and identities” (Friedman, 2017, p. 1). Consequently, she fears that her behaviour will end up in her rejection, and she usually tries to behave like Chloe, presented by Rae as the embodiment of femininity.

However, in 2016, the audience watches the same plot narrated through each girl's point of view, and soon, Rae and the viewers discover that Chloe also suffers from gender social norms such as hyper-sexualisation, including different body issues with the same vulnerability as Rae. This parallel truth of both young teenagers allows them to frame both "imperfect truths that are mediated through their insecurities and challenges" (Friedman, 2017, p. 10). Rae's shame at her "fat" body and her struggles related to the fear of contempt and abandonment are two of the main reasons for her mental fragility. Her body struggles and mental disorders are in continuous dialogue with one another. The dramedy narrative allows authenticity in the plot by showing Rae's psychological and physical conflict, offering emotional saturation as the centre of the narrative (Woods, 2016). E4 has previously highlighted female solo characters with mental disorders in a fictional coming-of-age series. The first wave of British youth is based on a "bacchanalian pursuit of pleasure and comic bluntness, playing off a desire for "authenticity," whether through forms of speech, a focus on mundanity or humiliation, the desire for rebellion or an intensity of emotion" (Woods, 2016, pp. 73-74), such as *Skins* (2007-2013).

Nevertheless, the characters' differed from Rae since they had previously needed a male saviour and the narrative. Rae is framed under the second wave of youth, in which female characters take the lead role. She is also a free-sexualised woman who perceives boys as objects due to her hormonal sexual appetite, seen barely in the TV teen drama genre. Psychological isolation, emotional conflict, and comical sexual frustrations are helpful because it is seen through Rae's perspective – a girlhood view and also a mentally ill character. It allows a realistic introspective view of her world full of greys, self-involvement, and typical adolescent years, allowing one to understand what leads Rae to specific self-destructive actions and explore a new sense of unreliable narration – typical of postmodern TV series, which produces "affective experience of adolescence, and mental disorders [...] melodrama thematic connections to repression and isolation are central to *MMFDs'* (2013-2015) exploration of the destructive effects of anxiety" (Woods, 2016).

In *TEOTFW* (2017-2019), Alyssa is on a journey of self-discovery and womanhood. In many cases, she uses sex as a form of provocation and opposition to the heteropatriarchal conditions surrounding her. She often sabotages situations, shooting her mouth off at every opportunity, alienating everyone she meets, but her inward thoughts convey how secretly vulnerable she is. Thus, in a sense, Alyssa is depicted as an unapologetic teen-girl heroine with a rebellious, non-caring attitude, yet simultaneously she has an incredible degree of sensitivity. However, she also learns how to navigate new and unwanted sexuality projected onto her while staying safe and functional. One of the most acclaimed scenes of the series showed scenes about Alyssa's menstruation, barely seen in coming-of-age films and series. Since Alyssa has run away with no money, she finds herself needing underwear and tampons, which she ends up stealing. Showing this issue, *TEOTFW* (2017-2019) adds realism to the narrative and socially criticise how female hygiene products are still not perceived as a primary need in Britain. However, the series tends to reduce Alyssa's free-spirited character to merely serving as James's partner, enabling the audience to believe the romantic love cliché that she is responsible for his emotional development.

Finally, *Atypical* (2017-present) falls under the hyper-male stereotype of autism, although Sam's varies in subtle ways due to his romantic idea of love. His difficulty in reading emotional elements results in a heightened play on *Men Are from Mars; Women Are From Venus* (Gray, 1992). When Sam mistreats women, it is never seen as his fault but due to his diagnosis, excusing his sexist behaviour. When he does something romantic, it is due to others' help. It contraposes other audio-visual texts, such as *Adam* (2009). However, *Atypical* (2017-2021) depicts LGBT+ representation, primarily through Cassie's bisexuality (Bertlasky, 2017).

## 5. Discussions and conclusions

Postmodern TV series are trying to provide more empathetic narratives toward people with mental or neurological disorders. Nonetheless, many stereotypes remain, some being excessively negative or positive (sugar-coated) and far removed from clinical reality, leading to false expectations within and outside the community affected by the disorder. Narratives seem to opt on the one hand for a complete diagnosis, often, falling under the bingo-card syndrome stereotype and focusing most of the plot on the exploration of the symptomatology and treatment of a particular diagnosis, as seen in *Atypical* (2017–2021) and *MMFD* (2011–2015). On the other hand, an alternative approach utilised in *TEOTFW* (2017–2019) includes not diagnosing a character and therefore avoiding requirements of accuracy in medication and other treatments, while still demonstrating symptomatology for either the audience's fascination or as a social commentary tool.

Additionally, there is a lack of depiction of how characters are financing many healthcare aspects related to mental disorders and autism without intellectual disability, such as therapies and medication. The US representations are primarily based on privileged white characters forgetting other social realities such as gender, race, and socioeconomic class, even though a few notable exceptions exist, e.g., *Euphoria* (HBO, 2019). The UK places a higher emphasis on the Brit-grit movement and stresses elements like working class and female representation. By doing so it allows to challenge traditional depictions even within the same channel such as *Skins* (E4, 2007–2013). Nevertheless, it still lacks emphasis on certain socio-economic aspects.

The coming-of-age genre is used to destigmatize the perception and the social imagination of mental and neurological disorders at a young age, as seen in *Atypical* (2017–2021). However, other productions, such as *TEOTFW* (2017–2019), use this genre to move away from any medical *edutainment* model. Probably since it is based on the graphic novel that already outlined the path, presenting itself as a counterculture force to mock common psychopathy misconceptions. Through aesthetics and the over-hackneyed appropriation of antisocial personality disorder, the TV series pokes fun at the reductive view of psychopathy as a final diagnosis (Lopera-Mármol *et al.*, 2022). Another aspect of this TV series genre is how the slasher elements are used aesthetically as social and political commentary to criticise capitalism's stresses (Chun-Hal, 2015, p. 64; Harper, 2009). Additionally, the US tries to depict youth in an aspirational manner while British TV series, particularly those belonging to E4, aspire to create a more accurate, daring image and realistic portrayal (Woods, 2016). Hence, they depict a contrary portrayal of youth (Harper, 2009). However, all TV series coincide with a process of maturation in which the focus is the encounter with oneself while juggling the stresses of suffering from a disorder. Overall, both try to expose diverse realities, even though it is fairly achieved.

All three TV series also criticise how anger is placed on oneself instead of the system, from which the patients continuously suffer. Thus, the management of mental disorders seems to be individual rather than systemic, even within public healthcare systems. Finally, as previous authors such as Stephen Harper (2009) and Bernardelli (2019) stated, a predominant problem is a challenge of creating eye-catching visual drama and captivating stories while being truthful to the clinical reality or even having educational purposes for awareness, promotion, and prevention. Therefore, there is a blurred line between realism and entertainment. Nonetheless, all three TV series have attempted to depict mental disorders positively. However, accuracy was not always accomplished, even though there was an intention to change the social imagination of viewers. All three TV series considered both the variability and intersectionality of each character while resisting a singular mad narrative.

## 6. Limitations and Further Research

While revealing significant medical aspects in the depiction of mental and neurological disorders, the article had to opt for a more generalised dimension on its socio-economic, gender and cultural dimensions since the DSM-5 itself presents some limitations. Nevertheless, the tables revealed that each aspect could be individually cross evaluated with a specific disorder and go more in-depth, which authors believe could open the field for further research.

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