

REPRESENTATIONS OF AUTISM IN POPULAR MEDIA:
RHETORICAL DISABILITY IN *THE GOOD DOCTOR*

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REPRESENTATIONS OF AUTISM IN POPULAR MEDIA:
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ABSTRACT

The Good Doctor is a medical drama about the workplace experiences of autistic savant Dr. Shaun Murphy. This program has been generally well-received by autism researchers because of its prosocial representation of an autistic person overcoming their disability. That said, many autistic people consider the program to be socially detrimental for essentially the same reason. To understand this disconnection, I interrogate disability in *The Good Doctor* via two lenses: (1) Foucauldian discourse analysis and (2) autoethnographic reflection. Comparing the results, I conclude that *The Good Doctor*, while well-intentioned, is rhetorically ambiguous because of its decision to depict a carefully controlled slice of autistic experiences. Thus, while this program may be enabling for some autistic people, the opposite may be true for others – a powerful lesson in the variety of autism manifestations.

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INTRODUCTION

The Good Doctor is a contemporary American medical drama that follows the life of its autistic savant protagonist Dr. Shaun Murphy as he navigates his surgical residency at the San Jose St. Bonaventure Hospital. Autism spectrum disorder, though increasingly common in the general population (Baio et al., 2018), may appear out of place in the medical field, as it embodies communication difficulties that could be considered dangerous (Zuger, 2018). This dissonance between Dr. Murphy's explicit qualifications and implicit neurological qualities serves as the foundation for the program.

Curiously, however, Dr. Murphy also has savant syndrome, which is a rare neurological condition in which affected individuals develop incredible levels of skill at specific tasks (Treffert, 2009). In Dr. Murphy's case, these tasks include perfectly memorizing anatomical structures, immediately recalling diagnostic criteria, and various other abilities that are highly useful in a medical context. While an otherwise neurotypical surgeon with savant syndrome would be placed at the top of their field, Dr. Murphy faces significant pushback due to its coincidence with his autism spectrum disorder. This tension between Dr. Murphy's two conditions is a constant tug of war in the show.

Throughout his residency, Dr. Murphy interacts with many supporting characters, including his questionable love interest, his stickler of a supervisor, his cohort in surgical residency, and a variety of compelling patients. *The Good Doctor* explores these social interactions from both Dr. Murphy's neurodivergent perspective and from the neurotypical perspectives of his companions. By comparing and contrasting these views, these interactions illustrate the program's conflict and its gradual path to resolution.

Review of Communication

Amongst most critics, *The Good Doctor* has been highly praised for its unflinching accuracy in the depiction of social problems experienced by people with autism, even when this accuracy creates feelings of discomfort and awkwardness in its viewers (Nguyen, 2017). Likewise, the program has been repeatedly lauded for its overall positive portrayal of people with autism despite the issues that they face (Powell, 2018). For example, *The Good Doctor* received the coveted Humanitas Award – widely regarded as television’s equivalent of the Nobel and Pulitzer prizes – in recognition of its promotion of autistic dignity and freedom (Pederson, 2017).

The Good Doctor has also drawn attention within academic spaces, particularly from scholars within the social scientific and humanistic research traditions. Several aspects of the program have been subject to examination, ranging from the accuracy of its depiction of autism symptoms (Zuger, 2018), the social impact of its portrayal of people with autism (Stern & Barnes, 2019), and the rhetorical significance of its autistic protagonist (Moore, 2019). Amongst these scholars, the general consensus is that *The Good Doctor* is notable for its positive embrace of autism – if heavy-handed in its praise of the condition (Moore, 2019).

This is not to say, however, that *The Good Doctor* is a universally beloved piece of entertainment media. In fact, the program is quite divisive in some circles. For example, some critics have taken offense to the program for its alleged commodification of people with autism, alleging that its representation thereof is more in the interest of developing a clean, marketable image of autism rather than spotlighting the complexities of the disorder (Duan, Pozios, & Kambam, 2018). This critique might be dismissed as reductive – missing the forest for the trees – if not for the fact that this viewpoint has been echoed by viewers with autism.

Ironically, some of the harshest critics of *The Good Doctor*'s portrayal of autism spectrum disorder are the very people that the program ostensibly represents. People with autism have used platforms like blogs to convey their dissatisfaction with their representation in *The Good Doctor* (Lin, 2017; Skudra, 2018). These feelings are not universal (Magro, 2018), but they resonate with larger disagreements in the autistic community about how harshly autism ought to be depicted (Saunders, 2018). Although individual critiques vary, the recurring point of dispute regards whether or not *The Good Doctor*'s glowing representation of autism (admittedly a best-case scenario) is ultimately socially beneficial or detrimental.

Considering this dissatisfaction from actual people with autism, it is quite curious that *The Good Doctor* is so well regarded for its autistic representation from critical voices in academia and industry. Intuitively, the individuals who live with autism spectrum disorder in their day-to-day lives should be the people best positioned to critique said disorder's representation in media. And yet, years after its release, the extant academic literature has still largely failed to acknowledge this group's counter-interpretation of the controversial piece of work. This literature gap represents a troubling problem for both the inclusivity and the accuracy of autism research.

Thus, the following chapters will seek to fill this gap by mending the disconnection between the academically oriented perspectives of autism researchers and the experientially oriented perspectives of people with autism. First, the sociohistorical development of these perspectives will be documented in the existing literature. Next, these perspectives will be synthesized into two distinct methodologies of analysis. Then, *The Good Doctor* will be viewed and analyzed separately through both lenses. Finally, the emergent consonances and dissonances of the two viewings will be used to guide implications for future work.

LITERATURE REVIEW

In order to contextualize the development of autism research and its impact on social perceptions of autism spectrum disorder, one must first acknowledge the field's troubled beginnings. At its inception, autism research was fraught with misconceptions regarding the nature of the newly identified diagnosis, with early researchers frequently lumping in autism cases with unrelated conditions like mental retardation or schizophrenia (Parisi & Parisi, 2019). While the academic community did eventually retract these ideas, the damage of the initial misinformation had already been done, resulting in widespread societal misunderstandings about the disorder and its nature (Reading, 2018).

Fast forwarding to the present day, autism diagnoses have become increasingly common in the United States of America, with roughly 2% of the adult population currently identified with the disorder (Baio et al., 2018). Unfortunately, despite the condition's relative prevalence, the same fundamental misconceptions about the disorder still persist (Treweek, Wood, Martin, & Freeth, 2018). This stagnation is somewhat of a chicken and egg problem; it is hard to say whether popular culture must better translate autism research (Maich, 2014), or whether autism researchers must better engage with the same (Morgan, 2019).

Further complicating this debate is the fact that the question of how to define autism, and how limited this definition should be, remains unresolved in academic circles. Much of this disagreement concerns how to quantify and articulate the specific symptoms that a person must demonstrate in order to qualify as autistic (Lord & Jones, 2012). Although this paper recognizes the existence of this controversy, it does not seek to resolve it. Instead, for the purpose of this particular research endeavor, autism will be discussed in the most general sense, recognizing a variety of autism experiences, symptoms, and needs.

To facilitate this discussion, one must first define autism spectrum disorder as a developmental disorder characterized by a wide range of symptoms that impair various aspects of communication skills (National Institute of Mental Health, n.d.). In general, people with autism often struggle with social interactions, especially in the interpretation of nonverbal communication signals and the perception of complex relational ideas. However, the severity, i.e. the “spectrum,” of this condition varies greatly from person to person (Ronald, Larsson, Anckarsäter, & Lichtenstein, 2010), with even genetic twins experiencing different manifestations of the disorder throughout their lives.

Despite the wide variety of potential expressions of autism, each with their own unique limitations and challenges, individuals with the disorder are often erroneously perceived collectively through the lenses of broad-strokes stereotypes (Prochnow, 2014). Some common stereotypes include beliefs that autistic people are noticeably intellectually disabled, minimally emotional intelligent, and/or possess a complete disinclination for the companionship of other people. While these extreme symptoms might be found in the most severe cases across the autistic spectrum, they are not in any way representative of autism as a whole.

One of the few positive stereotypes surrounding autism spectrum disorder, that of the “autistic savant,” stems from its occasional comorbidity with savant syndrome (Treweek et al, 2018). Individuals with savant syndrome display almost supernatural skills at highly specific tasks, e.g. photographically recalling and drawing any image they have ever seen, despite suffering from significant mental disabilities in other areas (Treffert, 2009). For about half of said individuals, that mental disability is autism, which is believed to be the origin of the stereotype.

The complex intersection of positive and negative stereotypes surrounding autism has created a peculiar set of social expectations for individuals with the condition. In the case of autistic individuals who do not fall into either the functional or the dysfunctional extreme of the disorder, these expectations can be wildly out of touch with reality and impossible or undesirable to fulfill (Treweek et al, 2018). For example, these people may be expected to display supreme levels of ability in abstract feats of mathematical memorization, while, in the same breath, struggle indefinitely with the act of speaking up for themselves when bullied.

Rhetorical scholars have described this phenomenon as “rhetorical disability,” which can be articulated as an individual’s social disenfranchisement as a result of mental and/or physical limitations (Johnson, 2010). This disenfranchisement can take many forms depending on the specific disabilities of the individuals in question. Individuals who are physically unable to speak due to a condition rendering them mute, individuals who cannot speak their thoughts clearly due to social anxiety, and individuals who cannot walk up to the podium to speak due to some kind of movement disorder would all be examples of different forms of rhetorical disability.

This versatility functions because the core concept of enforced nonparticipation in civil discourse is largely context-agnostic, in the sense that it is applicable to a wide variety of subject groups and is not theoretically enamored with what specific factor is enforcing the non-participation of these groups. For example, in part owing to its inclusion of a wide variety of disability statuses, this notion of rhetorical disability is an important concern for scholars studying the many different conditions that are grouped under mental and developmental psychological disorders (Lewiecki-Wilson, 2003).

In addition to inherent conditions of disability, such as mental and physical disadvantages, rhetorical disability can also be impacted by social judgments and stereotypes (Johnson, 2010). In other words, individuals that are pre-judged before they begin speaking may be considered rhetorically disabled – assuming that they are even presented the opportunity to speak in the first place. The impact of this transient form of rhetorical disability may be particularly potent in combination with an inherent form of disability (Johnson, 2010). People with autism spectrum disorder, as it fits into both the transient and inherent forms of disability, are one such group.

However, one aspect of rhetorical disability that has not been thoroughly explicated, at least within the context of autism, is the role of media representation as an overarching influence upon how and which social groups are relegated to nonspeaking roles. In light of this gap in the literature, it may be prudent to examine media programming that represents people with autism for its potential contribution to the rhetorical disability of said people. Such a program would ideally feature the internal thoughts of an autistic character and depict their external interactions within a system of rhetorically abled individuals.

Fortunately, this prospect is more than just an elaborate hypothetical, and such a program can be readily found in *The Good Doctor* – the aforementioned television show featuring an autistic savant protagonist named Dr. Shaun Murphy who serves on a team of surgeons at a hospital. Because this program primarily explores the various trials and tribulations Dr. Murphy encounters in his workplace due to his condition, as well as his attempts to navigate this neurotypically-dominated environment, it is well-suited for the exploration of autistic rhetorical disability. Of course, having selected this artifact, the next task becomes one of structuring the investigation.

Recall now that autism scholars have generally identified *The Good Doctor* as a prosocial representation of people with autism (Cambra-Badii & Baños, 2018; Zuger, 2018), while leaders among the autistic community have opined that *The Good Doctor* misrepresents their interests and is socially damaging (Lin, 2017; Skudra, 2018). In light of this disconnection in perspectives, *The Good Doctor* presents a particularly apt communication research opportunity for a scholar who is able to straddle the line between identifying as an academic researcher and identifying as an individual with autism spectrum disorder. Recognizing my potential to access a rhetorical space not typically available to others with my condition, I am stepping forward as such an individual.

In order to judiciously explore these viewpoints on their own merits, as well as thoroughly interrogate the nature of their emergent agreements and disagreements, the following paper will analyze *The Good Doctor*'s representation of autistic rhetorical disability through both perspectives. By weaving together academic knowledge through rhetorical criticism and experiential knowledge through autoethnographic reflection, this paper will contextualize *The Good Doctor* in a manner that is both academically-sound and personally resonant. In so doing, it will ideally present an understanding of autism representation that can be articulated through contemporary theory and is compatible with real-world struggles.

Thus, this analysis will be centered on the following two research questions:

RQ1: How does *The Good Doctor* represent the rhetorical disability of people with autism spectrum disorder?

RQ2: How do people with autism spectrum disorder perceive their representation in *The Good Doctor*?

METHOD

The Good Doctor is an episodic television program that is organized into seasons of 18 episodes in length, with each episode lasting between 41 and 44 minutes. Narratively speaking, each episode tells a self-contained story while simultaneously developing an overarching story that takes place throughout the season, though the extent to which episodes focus on episodic or seasonal stories varies greatly. Although several such seasons exist, extant critiques seem to focus on the program's first season (Cambra-Badii & Baños, 2018; Moore, 2019; Zuger, 2018); as such, for the sake of comparison, so too will this study.

Specifically, the researcher will critically analyze the first season of *The Good Doctor* through two opposing lenses relative to a hypothetical viewer's familiarity with autism: (1) a perspective that is rooted in theoretical knowledge "from the outside in" and (2) a perspective that is rooted in experiential knowledge "from the inside out." The intersections therein will harmonize academic wisdom and personal narrative, particularly through their illumination of agreements and disagreements between the two viewpoints. In structuring these criticisms, the researcher will draw upon Foucauldian discourse analysis and autoethnography.

This process will necessitate two continuous viewing periods of *The Good Doctor* conducted through the mindset of each rhetorical structure. In order to achieve a distinct analytical focus in each viewing, as well as to preempt unnecessary eye-strain due to the prolonged viewing of a computer monitor, the researcher will separate these viewing periods with a cooldown period of one week, during which time they will occasionally watch other television programs as normal. This scheduled break should enable the researcher to rest their eyes, separate their personal and academic perspectives, and ultimately approach each viewing of the program with a clear head.

Foucauldian Discourse Analysis

Thirty-six years after his death, the scholar Michel Foucault remains one of the most polarizing figures in contemporary academia. Though Foucault is frequently grouped in with postmodernist and/or post-structuralist scholars by academic historians, his ideas were widely panned by the other leading academics in those schools of thought (Baudrillard & Sylèvre, 2007). Likewise, the man himself rejected the very notion of disciplinary classification and categorization, as he believed that these labels served to reinforce the status quo and limit the expression of critical ideas (Foucault, 2002).

While Foucault's interests transcended subjects of history, philosophy, rhetoric, and even sociology, one of his central academic tenets was the idea of a causal relationship between access to knowledge and access to social power (Gutting, & Oksala, 2018). For the purpose of conducting rhetorical analysis, this concept of knowledge can be understood within the notion of linguistic free expression and/or the absence thereof. In this way, Foucault's scholarship provides a means to recognize and describe how speech and its consequences may serve to subjugate particular cultural groups or present a path by which those same groups can resist subjugation (Foucault, 2001).

Although Foucault is better known for his later eclecticism, his early work was actually quite focused in nature. Through his first three books (*Mental Illness and Psychology, Madness and Civilization, and The Birth of The Clinic*), Foucault develops a holistic criticism of knowledge-power relationships within the context of mental illnesses (Foucault, 2008), the social perception thereof (Foucault, 2006), and the medicalization thereof (Foucault, 2010). These concepts serve as a strong foundation for discourse analysis on the subject of mental and developmental abnormality.

Foucauldian discourse analysis is not restricted to traditional rhetorical artifacts and has been successfully methodologized as a means of entertainment media analysis (Meyer, Fallah, & Wood, 2011). The basic principle of this analytical structure is a recognition of the relationship between language and power, particularly in terms of how language can be employed to exert power and control others, in a given discursive system (Kendall & Wickham, 1999). In other words, mediated Foucauldian discourse analysis strives to break down how the organization of language in the media that society consumes in turn organizes individuals within said society.

One innovative, albeit underexplored, trend in autism research has called for the incorporation of Foucauldian principles into the conceptualization of autism and the social categorization of autistic people (Vakirtzi & Bayliss, 2013). These scholars examine the medical discourse of autism as it constructs an artificially homogenous image of people with autism and by extension subjectifies individuals within that group. This study will attempt to build upon this concept of the medical subjectification of autism by examining how it is expressed through its portrayal in *The Good Doctor*.

Specifically, the researcher will employ a four-stage sequence of rhetorical analysis (Kendall & Wickham, 1999) in viewing and interpreting *The Good Doctor*'s messages about autism. This sequence will entail analyzing: (1) how characters create statements about people with autism (2) what types of statements are allowed and disallowed from people with autism, (3) how the hospital space restricts autistic expression, and (4) how autistic discourse manifests material impacts on autistic lives. These sections will be organized by the subheadings of *label creation*, *rule imposition*, *space establishment*, and *discourse materialization*.

Autoethnographic Reflection

Autoethnography is a research method that focuses on situating the author's lived experiences of a given phenomenon within the extant academic literature on that same topic (Glesne, 2011). Though the specific organization of autoethnographic reflections vary somewhat from author to author, the general structure takes the form of personal narratives that revolve around some significant life event. Sometimes these narratives are presented from the first-person perspective, other times from the third-person perspective, and occasionally in a manner that interweaves both first-person and third-person accounts as is narratively appropriate (Secklin, 2001).

Rather than take the perspective of an external and objective observer, as would be typical of social scientific scholarship, autoethnographic scholars reject the artificial separation of researcher and research topic (Ellis & Bochner, 2000). To the contrary, researchers who practice autoethnography embrace subjectivity in its ability to deepen the meaningfulness of unique lived perspectives. This lack of objectivity in autoethnographic methods has created significant resistance to their acceptance in mainstream academic circles, with some individuals even questioning whether or not autoethnographic works technically qualify as research (Campbell, 2017).

This resistance is not entirely unjustified. After all, by grounding itself in experiential knowledge rather than experimental rigor, the autoethnographic method does incur a few unique disadvantages. For example, autoethnographic results are not inherently generalizable to any population other than the individual they describe, and autoethnographic papers are often structured toward telling compelling and concise stories rather than providing exact historical accounts of events (Méndez, 2014).

These disadvantages are mitigated, however, when the user's research objective is not to produce universal and generalizable truths, but rather to raise awareness of individual experiences and issues (Bortolotti & Jefferson, 2019). From this point of view, the inherent subjectivity of autoethnographic reflections becomes desirable rather than disadvantageous. Specifically, by embracing and highlighting subjectivity, autoethnographic research methods are particularly effective in raising the voices of subject groups that would otherwise go underrepresented in the extant academic literature (Méndez, 2014).

Autoethnographic reflection is thus well suited for the study of autism spectrum disorder and the individuals with it (Benham & Kizer, 2016). Precious little autoethnographic research exists on the subject of autism, and that which does exist is primarily situated on non-autistic individuals' experiences of autism from their side of the relationship (Devlin, 2018). There is a clear and present need for the explicit inclusion of autistic voices into academic spaces – the likes of which autoethnography is best positioned to answer. Thus, in this paper, I will be lending my autoethnographic reflections about my autism to the academic space.

For the autoethnographic portion of this analysis, I will present a biographic account of my lived experiences with autism, followed by a discussion of how those experiences mirror or contradict the experiences of Dr. Shaun Murphy in *The Good Doctor*. This account will be presented in a first-person narrative structure with an emphasis on key events, individuals, and conceptual points of transition regarding my identification with autism and what it entails. Though I will strive for historical accuracy in my retelling of these events, I will be consciously omitting the names of other people in my stories such as to protect their privacy.

RESULTS

Foucauldian Perspective

Label Creation

The Good Doctor's primary discursive tension regarding labels revolves around whether Dr. Shaun Murphy is an “autistic surgeon” or a “surgeon with autism.” These two labels, similar as they may be in content, have profoundly different structural implications regarding the importance of Dr. Murphy's professional qualifications versus his personal struggles. Namely, the choice of label imposes or forecloses different expectations for the character depending on whether his autism or his status as a surgeon is presented first.

By referring to Dr. Murphy first by his autism, one establishes that trait as the most important part of his character, minimizing the importance of his professional achievements in comparison. Likewise, by referring to Dr. Murphy first by his qualifications, one relegates the aspect of autism to a secondary concern – still worthy of mention, perhaps, but not the defining aspect of his being. *The Good Doctor* plays with this tension by having different characters legitimize or delegitimize Dr. Murphy by bringing his autism forward in different social contexts.

For example, characters that support Dr. Murphy wholeheartedly, such as his longstanding mentor, father figure, and hospital president Dr. Aaron Glassman, insist on using the surgeon-first label and will correct other characters who fail to observe this structure. In contrast, characters that reject Dr. Murphy wholeheartedly, such as his residency supervisor Dr. Neil Melendez, insist on using the autism-first label. Perhaps the most interesting, however, are characters that support Dr. Murphy except in the workplace setting, including several of his patients and their families, who refuse to have an “autistic surgeon.”

Rule Imposition

As an “autistic surgeon,” Dr. Murphy is held to a wildly different set of workplace expectations than the other members of his medical residency. Every slightest social faux pas he commits is thrown into sharp relief and connected to his autism spectrum disorder, even if the mistake could be otherwise attributed to stress, anxiety, or simple human imperfection. As a result, Dr. Murphy is forced to perform at a constantly higher level of social functioning than would ordinarily be expected of someone at his position and level of training – even though his disorder actually places him at a disadvantage in this regard in comparison to neurotypical others.

One might expect that Dr. Murphy’s advocates would reject this label and defend his performance as a human, rather than as an autistic. Unfortunately, the defense presented for Dr. Murphy’s acceptance as a “surgeon with autism” is the fact that, on top of his autism spectrum disorder, he also has savant syndrome, which gives him remarkable technical abilities (e.g. memory, analysis, etc.) that are useful for medical practice. Thus, Dr. Murphy is not accepted with his autism, but granted an exception for his potential usefulness.

In effect, this notion of exceptionalism as a requirement for entry problematizes both the “autistic surgeon” and the “surgeon with autism” labels. In either case, people with autism are only accepted in the event that they are so useful to neurotypical people that rejecting them would be actively inconvenient for their interests, i.e. “He may be autistic, but he’s such a good surgeon that we include him anyway.” As a result, the bar for autistic participation in the neurotypical society is set so high that these individuals are forced to overperform, in a discipline that is already inherently more difficult for them, in order to even have a chance to speak up for themselves and achieve their goals.

Space Establishment

This is not to say, however, that Dr. Murphy's autism is a central point in all aspects of the program. It is an underlying theme, yes, but it is not always so thoroughly embedded into the narrative as to quash other thematic elements. To the contrary, *The Good Doctor* frequently presents Dr. Murphy without emphasis of his autism in social situations outside of his workplace – facilitating a discussion of spatial regulation. Specifically, by contrasting the rules applied to Dr. Murphy in these situations from the rules applied to him in the workplace, one can articulate where the boundaries lie in regard to autistic-accepting spaces.

For example, the most resonant and recurring non-work engagement that Dr. Murphy has is his semi-romantic relationship with his apartment neighbor Lea Dilallo. Lea is pictured as a reckless character that has a tendency to make shortsighted and emotional decisions. Despite her flaws, however, Lea has a markedly positive impact on Dr. Murphy's wellbeing. When Dr. Murphy is with Lea, he appears much more well-adjusted in comparison and is allowed to make mistakes without compromising his well-being. Her apartment is thus a space in which being autistic is passively accepted rather than actively acknowledged.

When Dr. Murphy attempts to take the confidence he builds with Lea into his workplace, however, he is met with harsh criticism and social rejection. While Lea is far from a wholesome character, she is framed in these scenes in a dangerous and destructive light in comparison to the clean and rigorous environment of Dr. Murphy's medical residence. The effect of this juxtaposition is to insinuate that individuals with autism can only "be themselves" in spaces that are isolated from their public-facing responsibilities – even to the point that carrying positive aspects of their identity into the workplace can be detrimental to them.

Discourse Materialization

This process of labeling, restricting, and cordoning people with autism orchestrates the ultimate dilemma of *The Good Doctor*. This dilemma can be found toward the end of the season, where Dr. Murphy must decide between conforming to the unrealistically high standards placed upon him by his neurotypical workplace or forgoing this workplace entirely in favor of a new life somewhere else. Should he prioritize maintaining his identity or the progress he has made in his career? This is a difficult decision to make, and the program initially appears to depict it with an appropriate amount of gravitas and deliberation.

Indeed, Dr. Murphy is seen intensely contemplating this decision for several episodes, steadily coming closer to the conclusion that he is willing to sacrifice his current professional momentum in order to become more satisfied with his sense of personhood. At the last minute, however, Dr. Murphy experiences a change of heart and decides to remain in his position at the hospital. While such a choice could theoretically be justified depending on Dr. Murphy's priorities, the abrupt manner in which it is presented disrespects his previous rationalization entirely. Out of nowhere, perhaps for fear of falling too far out of line with the status quo, the entire conversation about personal agency is quashed.

This sharp stumble so close to success is an apt illustration of how *The Good Doctor* represents autism as a whole. While the program teeters on the brink of being a helpful, enabling message, and some episodes are more helpful than others, it falls critically short in the nuances of how it "corrects" autism, rather than "accepts" autism for what it is. Ultimately, by setting the bar for autistic inclusion at the level of an endearingly awkward and socially malleable super-genius, *The Good Doctor* indefinitely forecloses the rhetorical ability of individuals whose experiences with autism do not conform to that image.

Autoethnographic Perspective

Ian

My name is Ian, and I have autism. My particular case of autism is characterized by discomfort in loud crowds, difficulty speaking to my peers, and a constant struggle to convey or otherwise relate to emotions. While I know these experiences to be symptoms now, for the vast majority of my life, I just assumed I was really bad at being a human – quite a toxic point of view! Thus, in lending my autoethnography to academia, I thought it appropriate to relay the story of how my outlook was changed. Specifically, I will be reflecting upon my initial diagnosis and how that experience shapes my view of Shaun.

This story begins only a few years ago when I decided to pursue a college education at an institution well away from my hometown. Naturally, I was terrified at the prospect of moving, as I was not sure how I well I would function away from my familiar environment and surrounded by new people. The answer, as it turned out, was “quite poorly.” As soon as my classes ended, I scurried back into my dorm room, locked the door, and holed myself up there for the rest of the day. In a way that I could not quite articulate at the time, the passive level of activity on campus was completely overwhelming for me at a sensory level.

Fortunately, during my freshman year, my self-isolating and generally maladaptive behavior was noticed by a benevolent professor, who proceeded to refer me to the campus counseling center. There, I met a counselor and explained to them my woes – albeit perhaps less self-reflectively than I am doing now. I described in painstaking detail all of the social issues I was experiencing in college and how these same issues had followed me throughout my entire life. After about thirty minutes of me ranting and raving, this counselor introduced me to a word that I had heard in passing before but never really understood: autism.

Although I now have a much more technical and nuanced understanding of autism due to conducting research on the subject, at the time, I had no idea what my counselor was talking about. I asked her to explain what she meant, and she responded with what is, to this day, my favorite description of autism: a condition in which some people cannot communicate as easily as others can. (It is an oversimplification, of course, but it is an oversimplification that made perfect sense to me with no prior knowledge of the condition.) This struggle with sending and processing information, my counselor went on, would explain most, if not all, of the problems I was experiencing on a daily basis.

This explanation was like a revelation to me. For the first time in my life, I felt like I was beginning to understand what was going on around me – or, at least, now I grasped why I was not understanding it in the first place. While one tends to think of labelling as a negative process, at that moment in time, I was grateful for the label of “autistic.” This label gave me something to connect to, and, perhaps most importantly, established to me that the social challenges I was experiencing were not my fault and should not reflect poorly on my intelligence or my value as a person.

Over the course of the next few visits, the counselor confirmed my diagnosis of high-functioning autism spectrum disorder and connected me with campus disability services who were able to render me assistance – offering accommodations like preferential seating at the back of the class, the ability to leave the room and recollect myself, etc. Over the course of four years, this intervention changed me from a person considering dropping out of college to a person who will be entering their Ph.D. program in the upcoming fall semester. I could not have achieved any of this, however, had no one explained to me the reality of being autistic. Speaking of which, I turn my attention now to how my reality compares to Shaun’s fiction.

Shaun

Shaun's diagnosis story begins differently than mine in one notable respect. This difference is that Shaun was presented with an autism diagnosis while he was still a young boy, enabling him to receive recognition and treatment much earlier in his life than I did. I can only speculate on the effect that an earlier diagnosis would have had on my development, but I suspect that it would have resulted in a similar, if less intense, positive reformation of my self-identity. However, the purpose of this passage is to reflect upon what happened, not to dwell on what could have been.

Like myself, Shaun struggled socially throughout his early life. Furthermore, he too had little interest in academic pursuits until he had the fortune of meeting an adult who identified his unique needs. In my case, that was my collegiate counselor; in Shaun's case, that was his mentor Dr. Aaron Glassman. While these individuals could not quite teach Shaun or I how to come to terms with our specific conditions, they could teach us how to recognize and survive them. Namely, both of these people provided valuable explanations of autism symptoms, support for emotional struggles, and suggestions for coping mechanisms.

After his initial diagnostic event, Shaun's life proceeds much more smoothly, albeit with the addition of several seemingly esoteric behaviors that actually make perfect sense given his neurodiverse status. Some of these routines, i.e. memorizing which expressions are associated with which emotions, counting the number of tiles in regularly trodden hallways, and setting dozens of alarms for every foreseeable event in the day, are coping mechanisms that I myself practice. In fact, the accuracy with which my specific coping mechanisms were depicted in this program bordered on the edge of disturbing at several points during my viewing.

Watching Shaun struggle in social interactions, however, was anything but disturbing – it was familiar. As is common in people with autism, Shaun does not have a concept of social awkwardness in the traditional sense, which results in many unnecessary arguments and problems. Instead of finding this awkward or difficult to watch, I find myself deeply identifying with Shaun’s frustrations when his social interactions do not play out in the manner that he expected given the information he had. I think that this program captures that feeling of frustration, ultimately leading to a feeling of resignation, quite well.

Due to this sort of frustration, I have often wished to myself that I did not have autism, or that I was able to turn it off in inconvenient circumstances. While I will voluntarily recognize the various tangible and intangible benefits of my neurodiverse brain, I am often involuntarily forced to recognize the social disadvantages I may incur when I act or speak in a way that feels natural to me. In that mindset, I can understand why the drive to be “accepted” for one’s autism would give way to the drive to “correcting” one’s autism in particular situations.

I believe that this notion of situational flexibility is the key to parsing the value of *The Good Doctor*. One could read it as “if you have autism, you must be a high-functioning super-genius in order to be accepted” or one could read it as “don’t worry if you struggle with your autism, because even high-functioning super-geniuses struggle with it, too.” Neither interpretation would be wrong, and the nuances of the specific critical or experiential lens would likely make the difference as to which interpretation resonated more strongly. I can state confidently, however, that at least one autistic person walked away from their viewing of this program feeling validated in their identity and enabled to be themselves – because that was me.

DISCUSSION

Perspective Comparison

The objective of this project was to explore how *The Good Doctor* represents the rhetorical disability of people with autism, as well as how people with autism perceive its representation of their disability. Both of these analyses centered on how *The Good Doctor* used labelling to impact the life of its autistic protagonist. The former illuminated the process by which labelling exerts a form of language-power control, while the latter explored a story of actually being labelled and what that experience felt like. The area in which these lenses differed, however, was in their rationale for how and why labels were important.

From the Foucauldian perspective, the autistic label served to restrict autistic individuals that seek to function in spaces outside of their presumed level of ability; it foreclosed possibilities, rather than opened them. However, from my autoethnographic perspective, being labelled as autistic gave me some sense of validation with respect to why I was experiencing so many communication-related challenges in my life. While this was technically a foreclosure of possibilities, it also served as a useful filter in understanding my problems as something outside myself.

The fundamental difference of opinion between these two points of view seems to stem from whether one's critical analysis begins by detailing the results or the processes of communication. Specifically, while my autoethnographic reflection viewed *The Good Doctor* favorably because of my positive identification with my representation, the rhetorical analysis rejected the program because of the manner in which that representation was constructed. This observation demonstrates the importance of interrogating communication systems from positions both internal and external to the research subject.

On that note, a particularly astute reader may have noticed that the most basic result of these two methodologies, i.e. whether *The Good Doctor* is a favorable or unfavorable representation of autism, played out in the opposite way of how they were expected to go based on the literature. In the autoethnographic reflection, I found myself identifying with Dr. Murphy *overall*, which allowed me to overlook the program's systemic flaws in how his character was constructed. In the Foucauldian discourse analysis, the program's less intuitive implications about Dr. Murphy as a model for autistic acceptance ultimately outweighed the fact that he was a positive role model. I see two likely explanations for this discrepancy.

The first potential explanation is that I bear many surface-level similarities to Dr. Shaun Murphy, which likely colored my autoethnographic reflection. After all, we are both high-functioning autistic white males in higher education. The attractiveness of deeply identifying with a fictional character could have led me to ignore the problematic nuances of the program due to not personally experiencing them. Bearing this in mind, future analyses of autistic representation in *The Good Doctor* should strive to include reflections from more intersectionally diverse autistic voices.

The second potential explanation revolves around the structure of Foucauldian discourse analysis looking primarily to systemic issues and the long-term consequences thereof. While I might not think too deeply about *The Good Doctor* as a casual viewer (as I was for the autoethnographic portion of the study), this analytical structure serves to examine the areas of discursive engagement that I would otherwise ignore or take for granted. Ostensibly, prior rhetorical inquiries about this program should have been guided by similar principles, but it would certainly not be out of place for Foucault to disagree with the rest of the critics – if anything, it would be decidedly on brand.

Theoretical Implications

From a theoretical perspective, this paper has interrogated rhetorical disability in autistic individuals in a manner that is compatible with both rhetorical criticism and autoethnographic reflection. For some time, autistic scholars have called for further work in rhetorical analysis (Vakirtzi & Bayliss, 2013) and rhetorical scholars have called for further work in autistic reflection (Benham & Kizer, 2016). However, this study represents the first known academic endeavor to meld these interests and answer both of these calls simultaneously.

In doing so, this paper has outlined a framework by which these spheres may be united toward developing a greater, more inclusive research orientation on the subject of autism spectrum disorder and the individuals with said condition. This innovation – including both methodologies – may seem simple now, but it will hopefully serve to bridge the gap between these bodies of scholarship and, over time, advance the cohesiveness of the field as a whole. For example, future researchers might devise a means by which to integrate the Foucauldian analytical structure directly into the composition of otherwise form-agnostic autoethnographic narratives.

This notion of bridge-building in the humanistic study of autism may also contribute to the development of qualitative autism research on a subject that is presently dominated by quantitative perspectives. Though they have their differences in methodology, both autoethnographers and rhetorical critics would likely agree that the de-subjectification of autistic people is a desirable outcome. Likewise, the de-emphasis of medicalized, scientifically oriented research designs (at the expense of alternative approaches) is desirable for the field as a whole.

That being said, from the perspective of autism science, the manner in which the autoethnographic and Foucauldian perspectives disagreed was quite curious. Although the purpose of this study was not to take a side on the nature of autism and its definition, the results of the two methodologies differed along the same lines that presently divide autism scientists as to how the disorder ought to be classified. Namely, while the scientific world presently struggles to describe autism in terms of universal diagnostic criteria, the humanities sub-disciplines represented in this study similarly struggled to universalize the lived experience of autism.

Therefore, while it is not possible to draw sweeping generalizations based on this one instance, this result may indicate the favorability of a wide definition of autism, rather than a narrow one. It appears likely that the problem of excluding autistic individuals that fall outside the “normal” form of abnormality would apply equally to medical practitioners, psychologists, rhetoricians, etc. Likewise, while including a large set of similar individuals is likely to get consistent results, it both fails to get a representative sample for quantitative analysis and fails to evoke new perspectives for qualitative analysis.

Thus, future research in the field of autism science may benefit from reflecting upon this disconnection of generalized and unique perspectives on the subject of autism. For researchers who favor a narrow interpretation of autism, these results may serve as an insightful extreme; for the opposing side, these results may serve as a useful benchmark. In either case, while the specific methodologies employed in this paper will not likely be of interest to these researchers, the overarching lesson of the power of individualism may be helpful in constructing a model of autism diagnosis that is replicable, fair, and inclusive to the best of its ability.

Practical Applications

From a practical perspective, this paper has demonstrated the potential for aligning commercially viable and engaging entertainment content with legitimate and prosocial representations of people with autism – or, at the very least, some people with autism. While it may be logistically prohibitive to design content that covers the full breadth of the autistic spectrum, it is definitely possible to tell stories that resonate with the general public and some portion of the autistic community. It is evident that *The Good Doctor* has, at a minimum, achieved this result.

That being said, the fact that *The Good Doctor* changes its tone wildly depending on which specific analytical lens is being employed does demonstrate the potential for this media representation to go over poorly. Even if a production team does their research and presents a fictional account of autism in its most generic form, there will seemingly always be at least some individuals for whom that form is inappropriate or just not particularly motivating. Inversely, constructing highly specific stories of autism may resonate quite well with a small subset of the autistic population but contribute to the exclusion of the rest.

The solution to this problem is not immediately clear, as it is not possible or ethically permissible to demand people with autism to change the way in which their symptoms are expressed. However, it does seem possible to change the way in which the public perceives autism. One way to achieve this effect might be to piggyback off of *The Good Doctor*'s dismantling of certain autistic stereotypes and create programs that go even further in this endeavor. Perhaps, given enough time and representation, the public perception of autism can be gently massaged into a state that is capable of recognizing and appreciating a wider variety of autistic stories.

Interestingly, the lessons learned from *The Good Doctor* may also find applications outside of the world of entertainment media. Although the program depicts a fictional hospital setting, in reality, the medical field does struggle with understanding and interacting with individuals who have autism (Coret, Boyd, Hobbs, Zazulak, & McConnell, 2017). Therefore, by recognizing the systemic barriers that impede autistic speech, as uncovered by the Foucauldian analysis, physicians may be able to develop a better concept of what autism entails outside of a purely medical point of view. This broadening of perspectives may improve physicians' abilities to recognize and respond to the needs of autistic patients.

Current interventions on the subject of interaction between autistic patient and neurotypical physician have focused on preemptive exposure to individuals with autism through fictional or non-fictional vignettes (Coret et al., 2017). However, this methodology still presumes an otherization between the physician and the patient with autism (Iorgia, Machia, & Turk, 2019), which is a significant limiting factor in the success of working with disabled patients. This otherization may be diminished if the autistic representative in the vignette is, like Dr. Shaun Murphy, actually a physician themselves.

At a minimum, this study of *The Good Doctor* may serve as a useful guide in determining what not to do in representing autism in the context of media portrayals. Namely, even though the Foucauldian and autoethnographic lenses differed in their ultimate conclusion about this program, both of these perspectives agreed that ignoring autism is counterproductive and reproduces otherization. The task of future scholars, then, is to isolate how the process of recognizing autism may be conducted in such a way that it minimizes the possibility for the disorder to define a person entirely while still allowing it to serve as a valid aspect of their identity.

CONCLUSION

This paper has identified and addressed the issue of autistic rhetorical disability in *The Good Doctor* in a manner that innovates the practice of both rhetorical analysis and autoethnographic reflection. In doing so, it has identified a key disparity centered on the differing value of labels between academic and experiential perspectives. This result provides an explanation for the disconnection amongst different stakeholders of autism research in their interpretation of said program. Additionally, this document has demonstrated the potential for stakeholder unity toward the development of a better future for autistic people.

In summary, *The Good Doctor* is not a program of extremes. It is not a perfect piece of autistically-oriented entertainment media, nor has it completely foreclosed the possibility of future representation of the same. It would be disingenuous to refer to this show as a “great step forward,” as the show holds tightly to longstanding autistic stereotypes, but it seems fair to call it a “step in the right direction” as the show at least provides a positive message that some people with autism can connect with. With this in mind, perhaps the correct analogy would be a “steppingstone” on which one can move forward or backward.

Indeed, the existence of *The Good Doctor* has the potential to be a pivotal movement within the grander scheme of autism representation over the next few years. Hopefully, provided that the relevant producers, autism advocates, and members of the general public respect the nuances, limitations, and future potential of this sort of television, it may spawn a generation of positive imitators. Theoretically, those imitators would improve upon the already progressive autistic representation that is featured in *The Good Doctor* – or, at a minimum, one can hope that they would copy this outlook, even if they are not making any new progress.

Alternatively, from a more cynical point of view, *The Good Doctor* may become, in and of itself, a designated space for autism representation in media in the Foucauldian sense. In this version of events, future instances of autistic characters in neurotypical programming may come to be perceived as invasive, played-out, or otherwise unnecessary because this social group has already “had their show” and is no longer a novel and marketable idea. This outcome may be more likely in the event that too many low-quality imitators follow this program.

In either case, it seems unlikely that this study is going to be the last time that anyone hears about *The Good Doctor* in academic spaces. That being said, this study may well be the first time that many people in those spaces have heard about *The Good Doctor*. It is certainly the first time that the academic space has been exposed to an experiential reflection about how *The Good Doctor* is perceived from an autistic point of view. Achieving this novel accomplishment, if nothing else, is a desirable outcome that will hopefully inspire other closeted people with autism to speak about their experiences – even more so if they contribute different interpretations of the work.

Unfortunately, even if the autistic community does contribute their own reflections about their representation within *The Good Doctor*, this action alone is likely not sufficient to significantly further the rhetorical ability status of individuals with autism in academia. In order to even engage with this space, I first had to situate my autoethnographic reflection in such a manner as to be comparable to an existing structure for rhetorical analysis. This ticket to entry is a significant linguistic barrier that would likely preclude engagement from the vast majority of people without the interest, time, and means to engage in longform academic writing.

The outcome that would be sufficient to achieve this goal, however, is instilling a general academic awareness of the value of autistic perspectives in productively disrupting status quo assumptions about autism research and what it should entail. That is the goal to which this paper most meaningfully contributes – laying the groundwork for further efforts toward autistic inclusion in communication and media research, whether that be as interview subjects, survey participants, co-authorship roles, etc. For example, in much the same way that *The Good Doctor* achieved some level of success by employing an autism consultant, academia could stand to do something similar.

Ultimately, in merging a rigorous and well-documented structure for rhetorical criticism alongside a considerably more controversial form of personal storytelling, this study demonstrates the potential for cohabitation of autistic and academic voices. Ideally, the step following mere cohabitation and tolerance would be the implicit integration of these diverse voices into a cohesive collective that is united with the goal of improving the wellbeing and understanding of people with autism. Such a group would be uniquely positioned to understand the struggles of people with autism and amplify them due to their enhanced level of rhetorical ability as a unit.

In a perfect world, this unit would in turn be able to engage with entertainment media producers, respecting their ability to communicate persuasive messages to the general public through television programming. The resulting coalition of autism researchers, media producers, and autistic people could make a dramatic impact on the next generation of autistic media messages. By extension, it is my hope that this work someday makes a positive impact on the next generation of autistic children who struggle, as I did, in a world that does not understand them.

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