Autism Representation on Screen: How *The Good Doctor's* Representation of Autism Impacts College-Aged Viewers' Perceptions of the Autism Diagnosis

Mindy Duggan

Department of Child Study and Human Development, Tufts University

Laidlaw Foundation

Professor Deborah Donahue Keegan

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I. My Personal Backstory

I am a first-generation college student. My mom is a kindergarten paraprofessional who bounces between jobs regularly because without a master's degree to become a head classroom teacher, schools do not want to keep you around. My dad is in the Local 88 Tunnel Workers Union and has been for 30 years. He describes his job as "blowing up rock" because he likes to make himself sound tough, but we both know the hard labor, cold days, long drives, and nights of anger and frustration that he faces. Going to Tufts was truly life-changing and having the chance to do an independent research project through the Laidlaw Foundation was one of my greatest accomplishments.

This backstory is important not because my research is on first-generation college students, but rather on a population that I got involved with way back in 7th grade, when I needed to get my first job to start earning money.

In 7th grade, I was introduced to my best friend's brother, a boy with Down syndrome. I was offered a position as his Personal Care Attendant and on a whim, I said yes. I didn't know it then, but this decision was the catalyst that jump-started my career to this day as a disability advocate and my research as a Laidlaw Scholar.

II. Literature Review:

College students have been found to participate in disability-based exclusion of individuals with all disabilities, but autism particularly (Bottema-Beutel, Kim & Miele, 2019). There is also a large lack of understanding about autism as a diagnosis that leads to confusion and unconscious acceptance of stereotypes that exist (Gillespie-Lynch et al., 2015). Some research suggests knowledge about the diagnosis may improve attitudes (Matthews, Ly &

Goldberg, 2015), however, other research suggests that increased knowledge will not result in more positive attitudes (White, Hillier, Frye & Makrez, 2019). Although the research has conflicting results about the role of knowledge in reducing stereotypes, there is no disagreement on the fact that media impacts perceptions.

How this college-aged population developed these perceptions is a big topic of interest for me in my research. Specifically, how this population is being influenced by the media. Some research suggests attitudes are affected by knowledge, as mentioned above, while others suggest they are impacted by age or closeness to someone with autism (Tipton & Blacher, 2014). However, much research has found that media, even fictional television shows, teaches people and affects the way that people think about the world (Hoffman, Shensa, Wessel, Hoffman & Primack, 2017) and others around them (Merayo, 2011; Schreck & Ramirez, 2016).

Autism representation in the media is quite well-researched. Researchers have found that television media constructs "dominant ideas of autism" (Eilers, 2020, p. 1). Although autism representation on television has increased in recent years (Morgan, 2019), this does not necessarily mean something positive when the depictions of autism are stereotypical and unrealistic (Nordahl-Hansen, Øie, & Fletcher-Watson, 2018; Nordahl-Hansen, Tøndevold & Fletcher-Watson, 2018). Some autistic television characters are infantilized (Stevenson, Harp & Gernsbacher, 2011), others send the message that all autistic individuals are savants who are unable to function independently (Poe & Moseley, 2016), and even more are exaggerated (Ficarrotta, 2016) and create a dichotomy between "normal" and autistic individuals (Nevill & White, 2011). There also exists shows that focus more on societal concerns than on the individual with autism (Holton, 2013). This all being said, it is a primary responsibility of the

media to try and make their representations as realistic and stereotype-free as possible (Prochnow, 2014).

One show, in particular, has gotten some attention, but based on the few available sources, there is a need for further research. *The Good Doctor* is a television show that depicts an autistic surgeon in a large hospital. He navigates his work life and personal-social life in each episode (Moore, 2019). There are aspects of the representation of autism in the show that are positive such as the prosocial depictions (Stark, 2020; Wolff, 2018), but many of the negative autistic stereotypes still exist. The main one is that the autistic character is shown as a savant, and he exists in the show to teach his colleagues about their own strongly held biases about autism. As Moore (2019) writes, "Shaun's autism is deployed to, not only, enrich the lives of his non-autistic colleagues but also to reinforce compulsory neurotypicality" (p. 1). In other words, he is on the show because he has autism, he is not a character that happens to have autism. His identity is his autism.

III. Research Question

My guiding question in my research was: How do emerging adult geared shows which depict characters with autism impact the perceptions and thoughts of college students towards individuals with autism in real life? I used my content analysis skills and keen eye for detail to critically examine the frequency and accuracy of the portrayal of autism in *The Good Doctor* as well as how this depiction impacts college students' perceptions of individuals with autism they encounter in their lives. My research was qualitative as I hoped not only to educate myself about this topic but also other college students. I asked for college-aged participants living in the United States throughout the summer to watch the first seven episodes of Season 1 of *The Good*

Doctor (“Pilot: Burnt Food”, “Mount Rushmore”, “Oliver”, “Pipes”, “Point Three Percent”, “Not Fake”, and “22 Steps”) on their own within three weeks. By measuring how their attitudes, knowledge, and beliefs about autism changed after exposure to the show through both surveys and interviews, I examined how shows such as *The Good Doctor* are impacting their viewers’ perceptions of autism. I recruited college students with various levels of exposure to the autism community and who have not seen the show before.

IV. Designing the Study

With professor Deborah Donahue Keegan’s support, I designed a research study aiming to answer this question by hearing from and talking to college students. Participants filled out a screening questionnaire to express their interest which included pre-questions such as whether they will be living in the United States throughout the summer, what streaming services they had access to, what shows they had already watched (since I needed participants who have not yet seen *The Good Doctor*), their current attitudes, beliefs, and knowledge about autism, as well as a question on whether they were open to having an interview to discuss their thoughts about this research assignment. A small cohort of 8 selected participants who said yes to an interview went through my research project in 4 steps: filling out a consent and pre-survey, a pre-interview with me, watching assigned episodes of *The Good Doctor* (the first seven episodes of Season 1), filling out the post-survey with open-ended questions, and having a follow-up post-interview. Those who said no to an interview but still wanted to be a part of the research project filled out a similar consent and pre-survey, watched the assigned episodes of the show, and filled out a post-survey after watching the show. All surveys were through Qualtrics and were sent to

participants through text and/or email. Interviews were conducted over Zoom and were recorded with audio only or audio and video with participant consent.

Participants had approximately three weeks to watch the assigned episodes of the show and complete pre and post-surveys and interviews. Participants who did not complete their assigned activities within the three weeks were sent a reminder and given a few extra days to complete or withdraw from the study.

To account for any pre-knowledge about autism that participants may have had before watching the show, I split participants up into 4 categories depending on their level of contact with the autism community and reviewed their data accordingly. The four categories were:

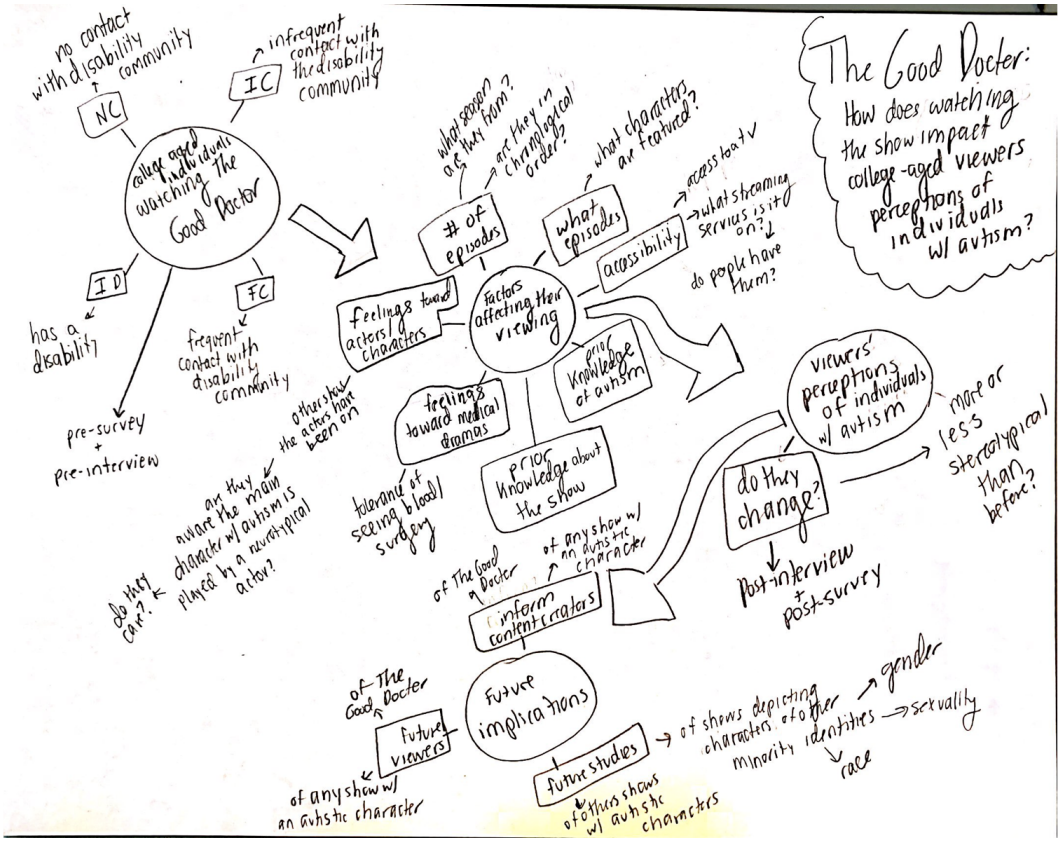
1) No contact with the disability community (NC): has not extensively interacted with individuals with disabilities and has not watched shows depicting a character with a disability

2) Infrequent contact with the disability community (IC): has interacted with individuals with disabilities before either in their life or by watching a show, but does not have an ongoing relationship with someone with a disability

3) Frequent contact with disability community (FC): has a family member with a disability or is part of an organization working with or for individuals with disabilities (ex. Best Buddies, Special Olympics, etc)

4) Has a disability/ identifies with a disability (ID): has either an intellectual or physical disability themself

Below is an example of a flowchart that I made in the early stages of designing my study.



V. The IRB Process

As this was my first time designing an independent study, I learned after my application to Laidlaw was accepted that I now needed to get approval from the Tufts University IRB, or International Review Board, since my study involves working with "human subjects."

The IRB process took a total of 2 months, which included making the submission to the IRB and having many rounds of revisions and edits before it was finally accepted. I created the study on the IRB website on April 12th, 2021 and it was accepted on June 10th, 2021.

Due to the timeline of the IRB process, my study's start date was pushed back by a few weeks.

VI. Recruitment

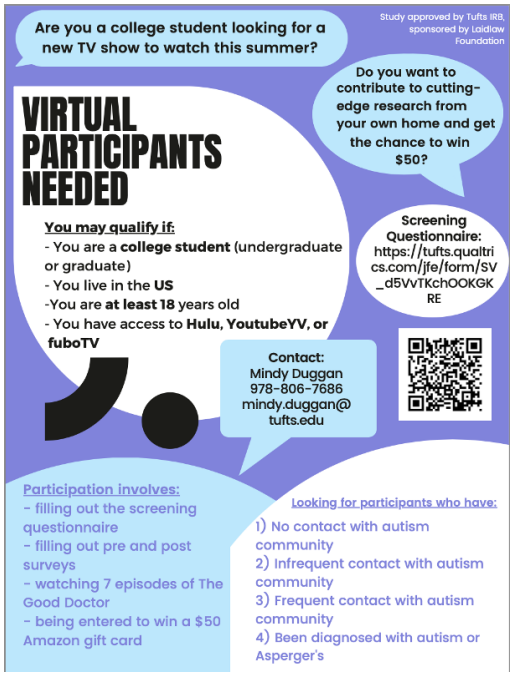
I made recruitment flyers and posted these flyers on many online platforms including LinkedIn, Facebook, and Instagram. I also used my networks by reaching out to professors at Tufts who were able to help me spread the word to their students. In the end, I was able to recruit a total of 72 participants from 14 different colleges ranging in age from 18-31, from freshman undergraduate students to graduate students to participate in my study.

Participants needed to have access to one of the following streaming services to participate: Hulu, YouTube TV, or fuboTV. These are paid subscriptions. Participants were also given the option to watch with others they know who have a subscription to Hulu, YouTube TV, or fuboTV, removing the potential economic burden.

Participants who were selected to take part in this study through administered Qualtrics pre- and post-surveys were entered into a drawing to win one of three $50 Amazon gift cards after the completion of all required activities (completing the pre-survey, watching the assigned seven episodes of *The Good Doctor*, and completing the post-survey). Winners were announced after the study concluded.

Participants who were selected to take part in this study through administered Qualtrics surveys as well as through interviews with me were compensated with a $50 Amazon gift card after the completion of their post-interview and post-survey. Participants had to complete all required activities to receive this compensation (completing a pre-survey and pre-interview, watching the assigned seven episodes of *The Good Doctor*, and completing the post-survey and post-interview).

The recruitment flyers I made on Canva are below as well as the final data about my recruited participants.


Are you a college student looking for a new TV show to watch this summer?
Study approved by Tufts IRB, sponsored by Laidlaw Foundation
Do you want to contribute to cutting-edge research from your own home and get the chance to win $50?
VIRTUAL PARTICIPANTS NEEDED
You may qualify if:
- You are a college student (undergraduate or graduate)
- You live in the US
-You are at least 18 years old
- You have access to Hulu, YoutubeYV, or fuboTV
Screening Questionnaire: https://tufts.qualtrics.com/jfe/form/SV_d5VvTKchOOKGKRE
Contact: Mindy Duggan 978-806-7686 mindy.duggan@tufts.edu
Participation involves:
- filling out the screening questionnaire
- filling out pre and post surveys
- watching 7 episodes of The Good Doctor
- being entered to win a $50 Amazon gift card
Looking for participants who have:
1) No contact with autism community
2) Infrequent contact with autism community
3) Frequent contact with autism community
4) Been diagnosed with autism or Asperger's


Are you a college student looking for a new TV show to watch this summer?
Do you want to contribute to cutting-edge research from your own home and get the chance to win $50?
If so, YOU'RE IN LUCK!
VIRTUAL PARTICIPANTS NEEDED!
YOU MAY QUALIFY IF:
- you are a college student (undergraduate or graduate)
- you live in the US
- you are ≥ 18 yrs old
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2)Infrequent contact with autism community
3)Frequent contact with autism community
4)Been diagnosed with autism or was previously diagnosed with Asperger's
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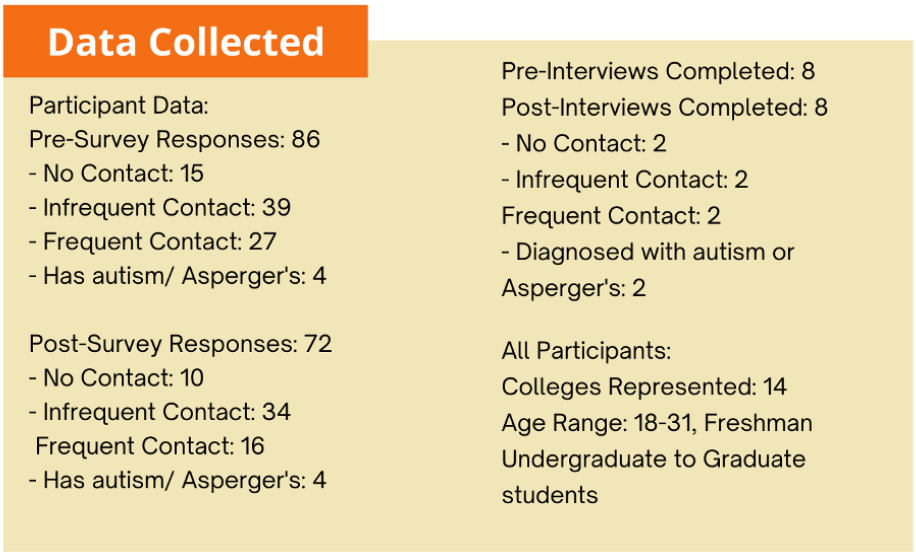
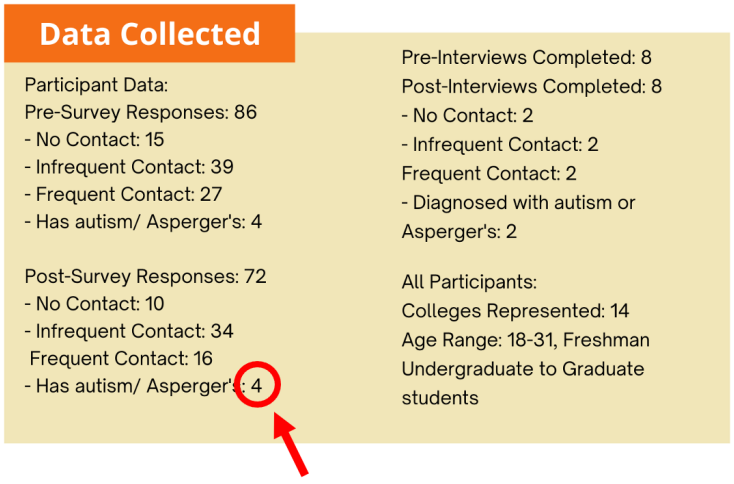


VII. Challenges

One of the biggest challenges when conducting this research was finding people to fit into all four of my participant categories. I was not able to recruit as many people who identify with autism/ Asperger's so the results are weighed heavily toward people in the other three categories. However, the interview data is not skewed toward one category or the other because I purposefully chose 2 people from each to interview.



VIII. Analyzing the Results

To analyze the results from the surveys and interviews, I used two programs-- Qualtrics (where I made the surveys) and ATLAS.ti, a qualitative data analysis software program I learned throughout the summer. On Qualtrics, I was able to look at the numbers from true/false questions I asked on the pre-and post-surveys and make charts. ATLAS.ti allowed me to annotate and analyze the written and spoken words from the participants and find themes, making diagrams using quotes from my participants.

Below is an example of a chart that I was able to make using Qualtrics.

All Participants:

Stub: Q10: True or False: all autistic individuals have the same or similar characteristics/symptoms

Pre-Watching:	Total
Total Count (All)	78.0
True	6.0
	7.7%
False	72.0
	92.3%

Post-Watching:	Total
Total Count (Answering)	63.0
True	6.0
	9.5%
False	57.0
	90.5%

No Contact Participants:

Stub: Q10: True or False: all autistic individuals have the same or similar characteristics/symptoms

Pre-Watching:	Total
Total Count (Answering)	13.0
True	1.0
	7.7%
False	12.0
	92.3%

Post-Watching:	Total
Total Count (Answering)	10.0
True	3.0
	30.0%
False	7.0
	70.0%

Infrequent Contact Participants:

Stub: Q10: True or False: all autistic individuals have the same or similar characteristics/symptoms

Pre-Watching:	Total
Total Count (Answering)	37.0
True	4.0
	10.8%
False	33.0
	89.2%

Post-Watching:	Total
Total Count (Answering)	34.0
True	3.0
	8.8%
False	31.0
	91.2%

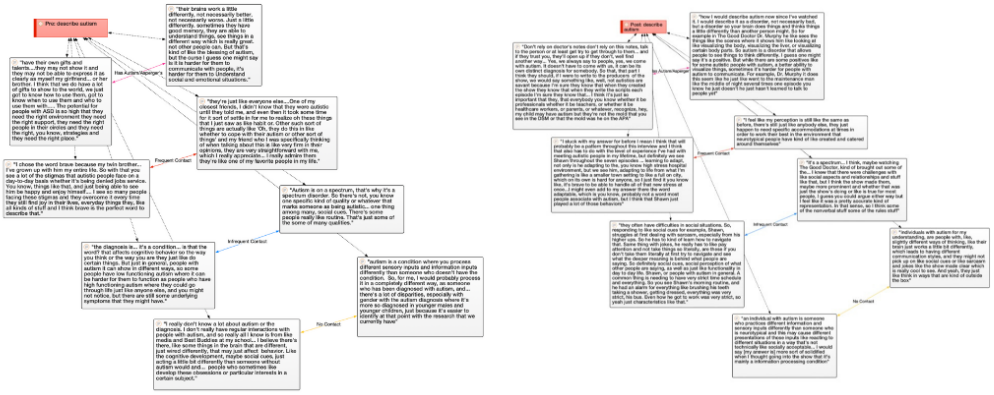
Frequent Contact Participants:

Stub: Q10: True or False: all autistic individuals have the same or similar characteristics/symptoms

Pre-Watching:	Total
Total Count (Answering)	25.0
True	1.0
	4.0%
False	24.0
	96.0%

Post-Watching:	Total
Total Count (Answering)	16.0
True	0.0
	0.0%
False	16.0
	100.0%

Below is an example of what a chart I was able to make on ATLAS.ti looked like, which includes participants' spoken and written responses.



IV. The Final Results:

Going into the analysis, I expected to find that the answers to the true/false questions I asked on my survey would change from the pre-surveys to the post-surveys. However, the Qualtrics analysis that I did showed little difference between pre and post-answers. People were able to answer correctly before watching even if they had no knowledge about autism. Since it was a true/false question, they were able to guess even if they didn't know. I will admit, I got a bit discouraged at this point and thought that my results were all inconclusive. However, when I got to analyzing the short answer questions and interview transcripts, I realized the power of stories and found that the stories people told were my results.

People started using examples from the show to answer my questions, allowing me to analyze their thought processes from confusion to partial clarity and understanding. Their use of examples from the show revealed that the show acted as an example for them. Shaun, the main character, was, for many of my participants, the first autistic character they had seen portrayed in

a show, and they were able to reference scenes and episodes to answer questions I asked them with specifics, rather than their more general answers.

In the end, my research showed that The Good Doctor does do one thing right: it depicts a character with autism. One character with autism. For people who knew nothing about autism, having the chance to see a depiction, albeit a depiction by an actor without autism, gave them basic information and one example of characteristics that they may see in a person with autism, thereby reducing their reliance on stereotypes and assumptions.

In the future, to give college viewers of media a more accurate understanding of autism, I hope that shows include more representations to break down stereotypes further and make it so this one representation is really just one of many so people can see the neurodiversity that exists in our real world reflected on the television screen.

X. Research Poster

Below is a research poster that I presented at the Tufts University Laidlaw Research Day and posted on the Laidlaw Scholars Network.

Autism Representation on Screen: How *The Good Doctor's* Representation of Autism Impacts College-Aged Viewers' Perceptions of the Autism Diagnosis

Researcher: Mindy Duggan[1]
Faculty Advisor: Deborah Donahue-Keegan[2]
Tufts University School of Arts and Sciences
[1]Department of Child Study and Human Development
[2]Department of Education

Background

College students have been found to participate in disability-based exclusion of individuals with all disabilities, but autism particularly (Bottema-Beutel, Kim & Miele, 2019). There is also a large lack of understanding about autism as a diagnosis that leads to confusion and unconscious acceptance of stereotypes that exist (Gillespie-Lynch et al., 2015). Some research suggests knowledge about the diagnosis may improve attitudes (Matthews, Ly & Goldberg, 2015), however, other research suggests that increased knowledge will not result in more positive attitudes (White, Hillier, Frye & Makrez, 2019). Although the research has conflicting results about the role of knowledge in reducing stereotypes, there is no disagreement on the fact that media impacts perceptions.

How this college-aged population developed these perceptions is a big topic of interest for me in my research. Specifically, how this population is being influenced by the media. One show, in particular, has gotten some research attention, but based on the few available sources, there is a need for further research. *The Good Doctor* is a television show that depicts an autistic surgeon in a large hospital. He navigates his work life and personal-social life in each episode (Moore, 2019). There are aspects of the representation of autism in the show that are positive such as the prosocial depictions (Stark, 2020; Wolff, 2018), but many of the negative autistic stereotypes still exist. I conducted this research to test how the show is actually impacting viewers' perceptions of autism.

Research Objectives

Guiding Question: How do emerging adult geared shows which depict characters with autism impact the perceptions and thoughts of college students towards individuals with autism in real life?

As someone watching *The Good Doctor* who knows about autism, it is hard to say what I would have learned if I had begun to watch with no knowledge or what I would think of the show if I was diagnosed with autism. It was important for me to include people of all identities and levels of familiarity with autism in my participant pool.

Methods

-Literature Review
-Qualtrics Surveys
  - screening questionnaire
  - pre-survey (true/false, short answer)
  - post-survey (true/false, short answer)
-Four Categories of Participants:
1) No contact with the autism community (NC)
2) Infrequent contact with the autism community (IC)
3) Frequent contact with autism community (FC)
4) Has been diagnosed with autism or was previously diagnosed with Asperger's (ID)

-Analysis:
  - ATLAS.ti
  - Qualtrics

Results

Participant Data:
Pre-Survey Responses: 86
- No Contact: 15
- Infrequent Contact: 39
- Frequent Contact: 27
- Has autism/ Asperger's: 4

Post-Survey Responses: 72
- No Contact: 10
- Infrequent Contact: 34
Frequent Contact: 16
- Has autism/ Asperger's: 4

Pre-Interviews Completed: 8
Post-Interviews Completed: 8
- No Contact: 2
- Infrequent Contact: 2
Frequent Contact: 2
- Diagnosed with autism or Asperger's: 2

All Participants:
Colleges Represented: 14
Age Range: 18-31, Freshman
Undergraduate to Graduate students

Limitations

One of the biggest challenges when conducting this research was finding people to fit into all four of my participant categories (ID, NC, IC, FC). I was not able to recruit as many people who identify with autism/ Asperger's so the results are weighed heavily toward people in the other three categories.

Fig. 4 (above): Word cloud of top 20 words used by survey participants to describe autism/autistic individuals. The words like "doctor," "patient," and "episode" show how participants used examples from the show to describe autism after watching.

Fig. 1 (above): Responses to a true/false question asking participants "True/False: All autistic individuals have the same/similar characteristics/symptoms. The percentage of people who answered true/false stayed almost the same before and after watching the show. The change in perception is shown primarily through written responses. People had enough prior knowledge to get true/false questions correct.

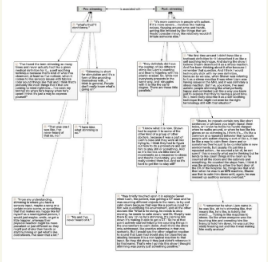
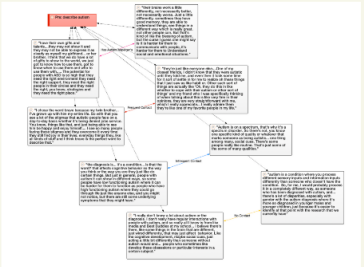
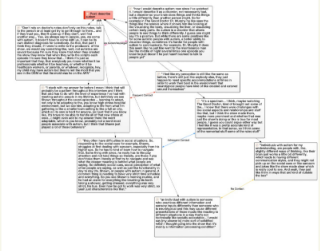


Fig. 3 (above): Interview participant responses pre and post-watching *The Good Doctor* to a question asking "Do you know what stimming is?" Before the show, many people did not know, but after almost all had a definition and examples.

Fig. 2 (below): Interview participant responses to a question asking participants to describe autism before and after watching *The Good Doctor*. When zoomed in, this shows how all categories of participants have better explanations to the question after watching the show than before.





Conclusion

Going into the research, I expected to find that the show would inform people about autism, but not necessarily give them the correct information about the diagnosis. When analyzing, I came to three main conclusions:

1. Most college students regardless of their connection to the disability community were able to give an accurate answer to true/false questions on the pre-survey about autism and their answers typically did not change after watching the show (Fig. 1)
2. Before watching, the closer someone's connection to the disability community, the more detail and accuracy they provided in short answers and interviews. The shift in perspectives and knowledge about autism was shown in their typed and spoken answers on post-surveys even though their true/false answers remained unchanged (Fig. 2)
3. For the most part, *The Good Doctor* is portraying autism accurately, but it is important to not generalize the accurate portrayal of two people with autism to all individuals with autism.

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