

When Words Fail: A Study of Audience Perceptions of Aphasia as Portrayed in Film

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Abstract

While the topic of mental illness is becoming more prevalent in America and western pop culture, not all mental illnesses are represented frequently or accurately. This qualitative study investigates how fictional characters with symptoms of aphasia, a mental disorder causing difficulty with speech production or language comprehension, are portrayed in scripted film and television. The goal of this study is to analyze first impressions of aphasia gathered from film. A college-aged audience assessed three characters (Hodor from Game of Thrones, Timmy from South Park, and Michael Armstrong from Hot Fuzz) in semi-structured focus groups to discuss their initial reactions of characters displaying aphasia. The findings show that physical abnormalities and submissive personalities are common among characters exhibiting traits of aphasia. These findings also align with previous research about lower intelligence and maturity ratings and higher aggression ratings in characters with mental disorders. Participants stress that character complexity correlates to more likability and sympathy, illustrating how character depth is crucial for positive representation of the characters.

I. Introduction

The topic of mental illness is becoming increasingly accepted in American culture and included in western pop culture. However, not all mental illnesses are represented frequently or accurately. In fact, many mental disorders are unaddressed in popular media, which leads to a lack of awareness from audience members about mental illnesses. It may also cause unintentional reinforcement of opinions and attitudes towards those with less common conditions (Riles et al., 2021).

Aphasia is one of those conditions, and despite 180,000 new cases every year in the United States (National Institute on Deafness and Other Communication Disorders [NIDCD], 2017), aphasia remains a rather unfamiliar disorder among the general population. Depictions of aphasia tend to be unnoticed during social and academic conversations about mental health in popular film and television shows.

Aphasia, an impairment to language centers in the brain, has severe impacts on social interactions for those with the condition. Language is an integral part of socialization, and the significance of language in everyday life is widely accepted in the field of communications. Lacking the ability to communicate leads to negative experiences in social settings, resulting in increased rates of depression and social isolation within this population (NIDCD, 2017). Portrayals of aphasia in media may further promote social isolation

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by reinforcing stereotypes about mental illness, including abnormal physical appearance, increased rates of aggression, and questionable levels of maturity and intelligence (Riles et al., 2021; Theriot, 2013).

To quote author and educator Rosemary Crossley (1997), “Not being able to speak is not the same as not having anything to say” (p. 8). Accurate cinematic depictions of individuals with mental disorders remains a relevant topic to audiences and content creators alike, and the disorder of aphasia belongs in this conversation. The purpose of this research study is to analyze how film and television characters with traits of aphasia are portrayed in narrative stories and are interpreted by a college-aged audience. Several focus groups assessed how characters with qualities of aphasia are depicted in popular films and television shows.

II. Literature Review

To analyze the link between aphasia and film, previous research much be addressed to clarify terminology about aphasia and assess the psychological impacts of film on an audience. Substantial research has been conducted on stigmatizations of mental illness in film, which may overlap with depictions of aphasia in popular media. These previous studies serve as a guideline for how mental health stereotypes are coded in films and what consequences stigmas may have by shaping audience opinion.

Description of Aphasia

Aphasia is a mental disorder causing difficulty with speech production or language comprehension due to impairment of the left hemisphere of the brain (Fridriksson et al., 2018). Roughly 1 million individuals in the United States currently live with aphasia, and it is strongly correlated with middle-aged and older populations who have suffered from a stroke (Fridriksson et al., 2018). Acute head trauma may also be responsible for the condition. Aphasia also can occur from the gradual loss of neural networks responsible for language processing and speech production during aging (Grossman & Irwin, 2018).

There are six subtypes of aphasia: Broca’s aphasia, Wernicke’s aphasia, conduction aphasia, and three variants of primary progressive aphasia (PPA). These subcategories exist to classify the onset of the condition and distinguish various effects (Grossman & Irwin, 2018). One cause of these differences in effects is the area of the brain that is damaged. Impairment to the frontal lobe (Broca’s area) results in a lack of speech production. On the other hand, damage to the temporal lobe (Wernicke’s area) causes a lack of speech comprehension (Fridriksson et al., 2018). The fictional characters represented in this study possess symptoms of Broca’s aphasia and non-fluent/agrammatic PPA by having non-fluent speech production with no observable difficulties in language comprehension.

Several academic case studies of aphasia describe the linguistic deficits experienced by individuals with the disorder. Psychologist Paul Broca documented some of the earliest observations of aphasia, specifically with non-fluent or motor deficits in speech. His first patient could only repeat the word “tan” after suffering from a stroke. Another patient had extreme grammatical errors after the onset of aphasia, resulting in labored speech with limited vocabulary (Dick et al., 2001). Case studies provide behavioral examples of aphasia and demonstrate how the condition exists beyond a biological state.

It must be acknowledged that it is rare for a media content creator to purposefully design a character with aphasia, and therefore the characters are not “diagnosed” by the writers themselves. This study matches observable behaviors of fictional characters with clinical examples of aphasia. The characters featured in this study align with the DSM-5 definition of non-fluent aphasia by having the ability to clearly understand language through their auditory systems, yet difficulties verbally expressing more than four words in a cohesive manner (American Psychiatric Association, 2013). It is also imperative to use the previously mentioned case studies as behavioral examples to match aphasia to fictional characters on the screen.

Psychological Impact of Film

Mental health stigmas provide evidence on how film and television have large roles in molding the psychological state of the audience (Aguiniga et al., 2016). Persson (2003) states how the construction of moving images alters audience perception by having a strong influence on judgement, emotions, and behavior. The representation of characters through the point of view of directors and screenwriters leads to emotional manipulation of the audience to shape their perception and attitudes (Persson, 2003).

Famous psychologist Albert Bandura also theorizes the concept of collective illusions, or how misconceptions about minority groups based on repeated televised exposure of stereotypes creates a false social reality for viewers (Bandura, 2001). Through these collective illusions, social learning is absorbed through observation, which has an extensive effect on behaviors of audience members. Therefore, mental health stigmas acquired from social learning through film and television can create negative behaviors in real world situations (Bandura, 2001). This may explain why film characters have a profound effect on audience perception of mental illness in reality (Aguiniga et al., 2016; Theriot, 2013).

Mental Illness Stigmas in Film

Over recent years, the topic of mental illness in film has received a surge of interest in academic literature. Several studies have explored how negative stereotypes towards mental illness are acquired by the audience through film and television programs. As demonstrated in previous *Elon Journal* articles, characters with schizophrenia (DeMare, 2016) and bipolar disorder (O'Hern, 2017) are overwhelmingly violent. While aiming to observe perceptions of aphasia through film, it is important to address preexisting stereotypes that may exist for the broader category of mental illnesses within this medium.

Scholars have examined popular films from 1990 to 2020 in efforts to determine the demographics of fictional film characters with mental illnesses. They discovered that a vast majority of characters with mental illnesses are portrayed as heterosexual white males, as well as tending to exhibit physical, verbal, or sexual aggression. They also appear to be of early-adult age or younger. Only 5% of characters in fictional worlds are represented with a mental disorder compared to the 25% of individuals who have a mental disorder in reality (Riles et al., 2021). This research addresses an apparent mismatch between the physical appearances and prominence of mental illness within the fictional worlds of film and within the reality.

Several studies have specifically targeted how college-aged individuals perceive mental illnesses through film. One study focused on how college students gathered information about mental illness. Students who primarily learned about mental illness through forms of media are more likely to believe that the media depicts mental illness in a realistic manner. They are also more likely to believe that they do not personally know individuals with mental illnesses due to the extremity of cases that are often portrayed in media (Aguiniga et al., 2016). This suggests why characters with aphasia in film are often depicted with extreme vocabulary limitations and why an audience may have difficulty comprehending the condition in real-world scenarios.

Another study aimed to define mental health stigmas perceived among a college-aged audience. Without prior knowledge of mental illnesses, students tended to perceive film characters with mental health issues as irresponsible, childish, and dangerous. These negative stigmas influenced their personal beliefs of mental disorders in reality as well. There is also an increased desire to segregate oneself from an individual with a mental disorder when negative stereotypes are perceived by an audience (Theriot, 2013). For college students who have never experienced a person with aphasia before, acquiring negative stereotypes about the condition from film or television may create a harmful social reputation for those with the condition in reality. This study intends to open the conversation of aphasia in academic and film communities while bridging the gap in research among aphasia, mental health stigmas, and film.

Research Questions

As previous research has indicated, negative stigmas of mental disorders being portrayed in film and television may have a significant impact on the social environment experienced by those affected by these disorders in reality. It is imperative to seek an understanding of how aphasia is represented in film, how it compares to other mental disorder representations, and how these representations reinforce behaviors for real-world situations. These three aspects are reflected in three research questions:

RQ1: What are common traits among film characters with symptoms of aphasia, as perceived by an audience?

RQ2: How do characters with aphasiac qualities compare to previously observed stereotypes of mental illness in film and television?

RQ3: To what extent do audience members find depictions of aphasia beneficial or damaging to those with the condition in reality?

Unlike previous studies, this study focuses on an audience's first exposure to a less-common mental disorder through the medium of film. This research aims to relate and analyze aphasia to popular film and television characters. A goal of this study is to inspire audiences to examine characters that have mental disorders with a critical eye. It may also influence future filmmakers to thoroughly consider how these characters are adapted to the screen. Following this research, future studies may continue to look at the social dynamics experienced by individuals with aphasia, as well examine other specific mental disorders that are featured but not commonly addressed in works of film or television.

III. Methods

To analyze audience reactions to the cinematic representation of aphasia, this study uses three semi-structured focus groups as its primary method of research. Through convenience sampling, 13 participants agreed to partake in small focus group sessions. Participants were given no prior knowledge about aphasia but were aware that they would be discussing the topic of mental health in relation to film characters.

The method of this research was inspired by Miller and Lundquist's (2019) study, involving a series of pre-screening questions about mental illness portrayals in film, a brief screening session, and a post-screening discussion of characteristics observed. Participants were asked to answer questions and complete thought-provoking tasks pertaining to the assessment of characters with qualities of aphasia. Participants were also provided a sheet of paper and a writing utensil to document personal thoughts throughout the viewings of the characters.

Participants

A total of 13 college-aged students participated in this study, with 69% being female compared to 31% male, 92% with a white racial identity and 8% identifying as black, and 85% upperclassmen (third or fourth-year students) and 15% underclassmen (first or second-year students). Film was the primary academic discipline of 54% of participants, while 46% studied other disciplines (no participants were psychology majors). All participants lacked prior knowledge of the condition of aphasia before engaging in the focus group. The design of this study was approved by the Institutional Research Board to ensure proper consent and safety of the participants.

Sample

Through personal recollection, online forums, and film databases (IMDB), a list of characters exhibiting symptoms of aphasia was assembled. Based on the DSM-5 definition of aphasia (American Psychiatric Association, 2013), characters were evaluated for selection with the following criteria:

Inclusion criteria:

- Characters that have a limited vocabulary by repeating five words/phrases or less.
- Characters with labored speech/visual and auditory difficulty pronouncing words.

Exclusion criteria:

- Characters that are a species other than human (animals, monsters, aliens, etc.).
- Characters with a limited vocabulary due to a language barrier.
- Characters with speech impediments (stuttering, stammer) not associated with reduced vocabulary.

After considering these criteria, a list of seven popular film/television characters was generated. Each character was documented on a spreadsheet and assigned a number. A digital random number generator was used to select three characters: Hodor from the live-action television show *Game of Thrones* (Benioff & Weiss, 2019), Timmy from the animated show *South Park* (Parker & Stone, 1997), and Michael "Lurch" Armstrong from the film *Hot Fuzz* (Wright, 2007). Participants were shown three video clips of each character lasting one minute or less. These clips displayed the subject character in various narrative contexts. Of the characters selected, it must be noted that two characters (Timmy and "Lurch") are represented in comedic narratives while only one character (Hodor) is represented in a dramatic story.

Procedure

At the beginning of the focus group, participants discussed previous experiences with film characters with mental illness and the participants' perceptions of mental illness through film. Afterwards, characters were shown individually as participants described each character based on their physical appearance, personality traits, and significance to the story. Then, a choice-order exercise was used to rank each character based on specific criteria, being perceptions of *intelligence*, *friendliness*, *aggression*, and *maturity*. A rating scale of 1-10 was used as a tool for analyzing individual perceptions and does not serve as a quantitative metric.

Following that exercise, participants noted similarities and differences among the three subject characters. After subject character comparisons, a brief explanation of aphasia was provided to the participants. Finally, a sentence-completion exercise focused on how participants perceived individuals with aphasia based on their film character counterparts, and how these opinions and attitudes may be reflected in real-world scenarios.

IV. Findings

The findings of this study are centered on identifying initial opinions and observations from audience members after their first exposure to aphasia represented through three film characters.

Initial Character Descriptions

After the initial viewings of characters, participants answered the first research question by expressing their observations of physical characteristics, personality traits, and their role and significance to other characters in their respective stories. Table 1 depicts the most common traits and descriptions for each character.

The most universal observation was the presence of a speech abnormality. The majority of described this as, "a lack of verbal abilities," "using simple phrases," and "simplistic speaking." Physical abnormalities were noted as well, including the "big and stupid" stereotype to describe Character A (Hodor) and Character C ("Lurch"), as well as an exaggerated head size and use of a wheelchair for Character B (Timmy). Participants stated that the physical traits of the sample characters were drastically different compared to neurotypical characters in their stories.

Also, Character A and Character C display submissive behaviors as they react to the commands of other characters. Participants described characters as "subordinate," "obedient," and "acts as a servant." The final observation is that regardless of the narrative genre, all three characters are used for comedic effects at some point throughout their respective storylines.

Table 1: Initial Character Descriptions

Character Name	Key Descriptors	Comments
Character A (Hodor)	Big, strong, dumb, simplistic, obedient, low verbal skills	Treated like a pet Not violent for his large size "Big and stupid" stereotype
Character B (Timmy)	Jittery, impulsive, small body/large head, minimal speech, source of comedy	Lack of character depth Constantly misdiagnosed Capable of having emotions
Character C (Michael "Lurch" Armstrong)	Large, strong, childish, violent, evil, uncontrolled emotions, limited communication	Easily distractible Not as advanced as other people/ lack of skills Over-exaggerated size/stupidity

Scaling/Ranking Exercise

Pertaining to the second research question, participants ranked each character on a scale from 1 to 10 based on criteria about typical stereotypes of characters with mental illness. These criteria categories include below average intelligence, friendliness, maturity, and above average physical or sexual aggression (Theriot, 2013; Riles et al., 2021). This scale is not an empirical measurement, but an instrument to consolidate opinions and visualize character comparisons. Figure 1 displayed the rankings of each character based on these categories.

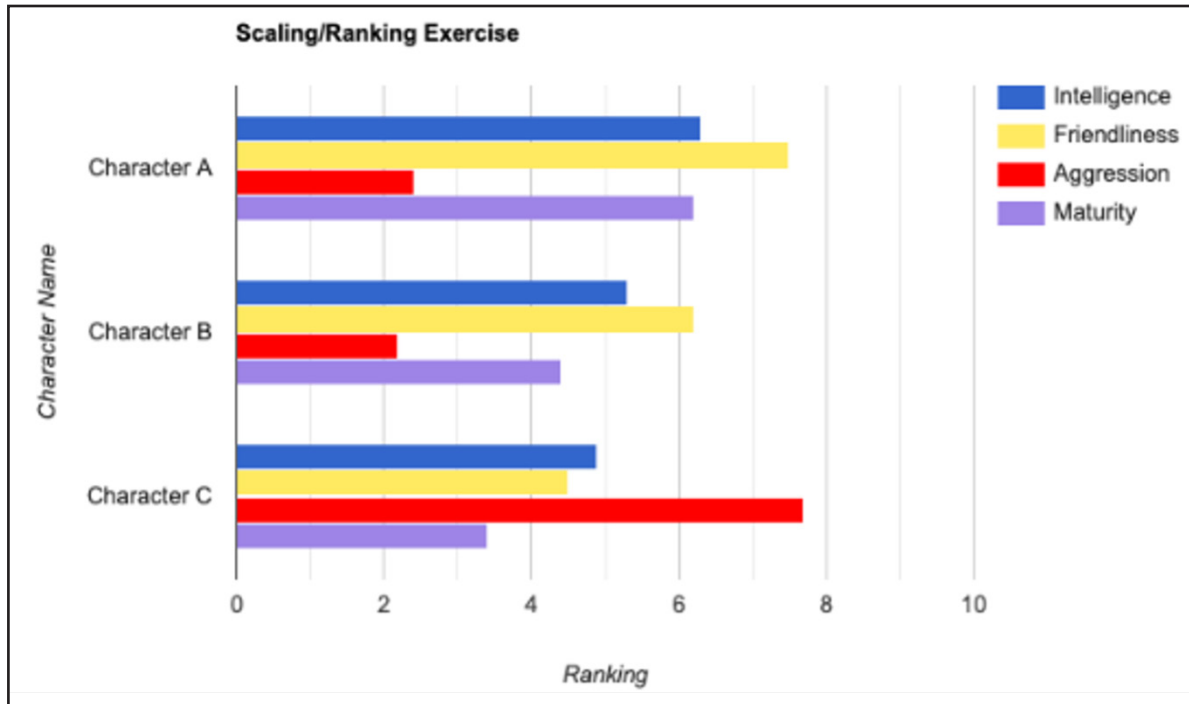


Figure 1: Scaling/Ranking Exercise of Characters

Character A (Hodor) exhibits the highest scores of intelligence, friendliness, and maturity and has a low score of aggression. Participants justified their ratings based on Character A's display of survival skills, compassion for children, and obedience to other characters. Some participants noted Character A's lack of emotional intelligence after being easily startled from a thunderstorm, which reduced intelligence and maturity compared to an average person.

In contrast, Character C ("Lurch") exhibits the lowest scores of intelligence, friendliness, and maturity, with the highest score of aggression. Participants explained these scores based on Character C's childish mannerisms, such as being easily distracted by a stuffed animal, his lack of communication skills, and constant use of physical violence while combating the main character. Many participants felt that Character C was being "taken advantage of" by characters outside of the shown clips, as well as possessing the ability to make independent decisions. Character C also appeared to remain loyal to his accomplices, which raised rankings of friendliness and maturity to some degree.

Character B (Timmy) shows similar rankings to Character A, with slight decreases in each category besides aggression. Participants explained their ratings were due to the age of Character B, a fourth-grade student. Despite his age, Character B also showed differences compared to other fourth-grade characters by throwing tantrums and by having his intellectual capabilities questioned by his teacher and counselor. Participants also noted the lack of character development with Character B, which made it difficult to understand his motives and sympathize with him.

Sentence Completion Exercise

To answer the third research question, a series of incomplete statements were given to participants with the goal of extrapolating their initial exposure to aphasia from dramatic representations to opinions about the disorder in reality. Table 2 displays each statement along with the most common responses by participants. Character A (Hodor) was noted as the most favorable character due to his complex development and compassion for others. Character C (“Lurch”) was perceived as the least likable character due to his threatening nature and overall exaggerated and negative portrayal. Character B (Timmy) was also noted as an unfavorable character due to his underdevelopment and being uncomfortable to watch.

Table 2: Sentence Completion Examples

Statement	Most Common Response
My favorite character is _____ because _____.	Character A, complexity, compassion
Statement	Most Common Response
My least favorite character is _____ because _____.	Character C, aggression
If one of these characters sat next to me in public, I would feel _____.	Indifferent, confused, uncomfortable
These characters are _____ than the average person.	More misunderstood, treated worse
Based on these characters, people with aphasia are/ have _____.	Are stereotyped, have difficulties communicating, are exploited

In terms of interacting with these characters in real-world situations, most participants described their feelings as indifferent towards a public encounter with any of these characters. A few female participants stated that they would feel uncomfortable due to the size and stature of Characters A (Hodor) and C (“Lurch”), explaining how they may feel threatened by a larger man if they encounter them in public. Also, some participants disclosed that they would be confused when attempting to communicate with these characters and may feel awkward or discomfited when doing so.

Many participants felt that these characters are more misunderstood than the average person. As observed by the participants, other characters in the story would often try to speak on the behalf of the subject characters. Difficulties with speech production resulted in issues expressing independent thought for the subject characters. According to the participants, this made the subject characters appear less intelligent than they are capable of. Participants also noticed how other characters mistreated the subject characters by “treating them as a pet” or believing they are “underdeveloped” and less mature than their age.

Finally, many participants describe the subject characters as “stereotyped,” meaning the characters appear to be less intelligent and less mature on a surface-level engagement. Based on what the participants perceived through film characters, they noted that people with aphasia must have barriers to communication and are “looked down upon” or “treated worse than the average individual.”

V. Discussion

The findings of this study provide insight about how aphasia is perceived by an audience unfamiliar with the disorder, how the dramatization of aphasia in film and television aligns with representations of other mental disorders, and how learning about disorders through film may translate into stigmatization in real world settings.

Based on the remarks of focus group participants, their observations coincide with previous research about mental illness stigmatization in film and television (Riles et al., 2021; Theriot, 2013). Physical abnormalities of characters with aphasia, most notable with Character C (“Lurch”), cause higher reports of

aggression. This leads to audience members feeling uncomfortable and may give them a sense of being threatened by these characters. There were no comments about the race, gender, and sexuality of these characters among participants, however comments about aggressing tended to be stronger in female participants based on gender differences between themselves and the characters.

Other significant insights include misrepresentations of intelligence and maturity levels among the characters. A few participants describe these characters as the “big and dumb” stereotype. Participants also related this towards characters that have unidentifiable mental disorders, or as phrased by the participants, “a blanket of mental illness.”

Several participants fixated on how difficulties with communication do not impact the intelligence of the characters, but the expression of their thoughts. When asked about how these characters influence public opinion about aphasia, they stated how those with aphasia are “perceived as less intelligent than they actually are.” One participant stated the following: “After learning about the disorder, I can see how they are having many more thoughts than they might be expressing and are smarter than we think.”

An interesting insight not referenced in previous literature is the submissive nature of characters with aspects of aphasia. Several participants describe these characters as “following orders” and being “treated like a pet.” One participant said, “these characters are only admired by other characters based on how submissive they are to them.” This may pertain to perceptions about maturity, based on how characters viewed as immature may be difficult to trust and are not expected to think for themselves. Besides maturity, the submissive behaviors of the subject characters may contribute to larger issues about social dynamics developed around mental illness.

The lack of agency possessed by the subject characters suggests social inequity towards individuals with aphasia. This is further supported by participants’ opinions about aphasia in reality, stating how people with aphasia are “misunderstood,” “looked down upon,” and “need direction to function.” Participants expressed that placing these characters in lower positions of social power suggests people with aphasia are unvalued, unappreciated, and misinterpreted. This may be connected to higher rates of depression and feelings of isolation among this population (NIDCD, 2017).

Many participants used sympathy and compassion as qualitative metrics about character likability. As evidenced in this study, participants tend to enjoy characters to which they can relate to or sympathize with. This is shown through the sentence completion tasks about the participants’ most favorite and least favorite characters. An overwhelming number of participants chose Hodor as their favorite character based on his being complex, compassionate, and caring. Hodor also had the highest scores of intelligence, friendliness, and maturity due to this complexity.

In contrast, Characters B (Timmy) and C (“Lurch”) had a low level of character depth and narrative development. Timmy was reported as “frustrating to watch” and “unsympathetic” due to the shallow character design and lack of clear motives. “Lurch” was described as “overexaggerated,” “uncomfortable to watch,” and “taken advantage of.” “Lurch” was the only character explicitly framed as an antagonist within the storyline, which may contribute to unlikability, but does not impact the overall development of the character. For both Timmy and “Lurch,” having stronger goals and justifications for their actions may increase their complexity, relatability, and likability from audience members. Character complexity is suggested to be beneficial as audience members may be more sympathetic to real-life cases of aphasia by relating the condition to a likable character.

While this study aims to have a critical lens towards depictions of mental illness in film, it must not neglect the positive aspects film representation may have on an audience. At the conclusion of the focus groups, participants were asked about their overall experience of the study pertaining to their first exposure to a mental illness. Numerous participants signified that this study was a substantial personal learning experience, and that awareness of aphasia may carry over into their personal lives going forward. One participant stated, “it is good to put a name to it [aphasia] rather than a basic assumption of general disorders.” Another participant stated, “knowing there is a name to the condition makes them more of a real character.” These sentiments speak to the potential influence of positive change film can provide for mental illnesses. As noted by participants, if the demand of decreased stigmatization of mental health grows from audiences, it should be reflected in new media being created.

Despite this, participants felt that these examples of characters still reinforce negative stereotypes of people with aphasia. Participants reasoned for this by stating, “there were no explanations of the disorder in

the movies,” “incorrect correlations with intelligence,” and “limited examples of characters with aphasia.” Many participants felt that these portrayals did not align with how the condition functions in reality. The responses given in the sentence completion tasks demonstrate how negative impressions about aphasia acquired through film have impacted their personal opinions about the disorder. As uncovered in previous research, college students who acquire stigmas towards mental health from film or television may hold harmful social standards to those with mental health in the outside world (Theriot, 2013).

VI. Conclusion

There are several limitations that may have impacted the findings of this study. First, only 13 participants contributed to this study, which may limit the scope of interpretations of these characters. There were also issues with diversity that must be acknowledged within the participation group. A majority of participants were female, white, and belonged to a private college institution. This allows for socioeconomic factors that may have influenced findings, particularly for rankings of aggression and intelligence. Also, two characters featured in the study are represented in a comedic genre, which may be disproportionately prone to stereotypes and farcical gestures when compared to other film genres. Finally, the use of focus groups incorporates a level of bias from other group members. There were several instances where participants agreed with previous statements of other members instead of providing personal insight, which may have limited the depth of discussion in this study.

This study investigates how a college-aged audience interprets the mental disorder of aphasia through film without any prior exposure to the condition. The findings show how perceptions of film characters with traits of aphasia are correlated with previously identified stereotypes towards mental illness (low intelligence, low maturity, high aggression). These findings translate into inaccurate audience perceptions of the disorder. To counteract these stigmas, content creators should aim to add depth and complexity to characters with aphasia or other mental disorders. Participants advocate for character complexity as it correlates with likable characters, reinforcing sympathy and equality for individuals with mental illnesses. Awareness of mental illness in film and television is viewed by participants as valuable tool for learning if done accurately.

Future research should continue to analyze the influence of mental illness depictions in film and television on a general audience. More studies can incorporate the focus group method to assess public opinion of mental illness in film with an increased richness in responses compared to surveys. Future studies may also choose to take a quantitative approach to measure behavioral changes from exposure to film. Also, it is imperative that researchers of mental illness and film widen their scope of disorders included in their studies. Aphasia is simply one example of a mental disorder lacking attention in the public eye that are still featured in dramatic stories. Aphasia in its entirety was not fully assessed in this study, as only the subcategory of Broca’s aphasia was analyzed. Consequently, other forms of aphasia could be incorporated as well. It is worth examining if other disorders that are not specifically addressed are coded in popular characters and the impact this has on perceptions about mental illness.

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