

A Psycholinguistic Analysis of Communication Challenges in Autism: Insights from Dr. Shaun Murphy in the Good Doctor Series

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Abstract

This study investigates communicative characteristics associated with autism spectrum disorder (ASD) through a psycholinguistic analysis of the autistic fictional character Dr. Shaun Murphy in The Good Doctor. The objective is to demonstrate that individuals with ASD exhibit distinctive verbal and non-verbal communication patterns that lead to challenges in interpersonal interactions. The analysis is grounded in the Weak Central Coherence (WCC) theory, formulated by Frith and Happé (1994), which provides a cognitive framework for interpreting the character's communicative behaviors. The findings indicate that, as an individual with autism, Dr. Murphy communicates in ways that diverge from neurotypical norms. His verbal communication is characterized by echolalia (repetition of previously heard phrases). He exhibits a literal interpretation of language, which contributes to difficulties in understanding figurative expressions such as idioms, metaphors, and sarcasm. Additionally, he frequently engages in extended monologues rather than reciprocal conversations, and he experiences challenges in maintaining appropriate turn-taking during interactions. Non-verbal differences include reduced eye contact, limited use of gestures, facial expressions that do not always align with the emotional context, and monotonous prosody, which lacks typical pitch variation. These verbal and nonverbal features often lead to misunderstandings and social discomfort during interactions. The analysis concludes that Dr. Murphy's communication reflects a distinct cognitive-linguistic pattern, characterized by differences in language production and comprehension, which contribute to challenges in everyday interactions.

Keyword: Autism Spectrum Disorder, Communication Challenges, Weak Central Coherence Theory, The Good Doctor Series.

1. Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition that affects how individuals communicate, behave, and interact. A key feature of ASD is a distinct communication style, often involving differences in both verbal and nonverbal expressions. While many studies have examined autistic communication, most of them have focused on verbal language and approached it from a deficit-based perspective, overlooking nonverbal aspects such as gestures, facial expressions, and eye contact. This study addresses that gap by applying the Weak Central Coherence (WCC) theory (Frith & Happé, 1994), which views autism as a difference in cognitive processing. According to WCC, autistic individuals tend to focus on details rather than automatically integrating information into a broader context, influencing both verbal and non-verbal communication. The study analyzes the communication features of Dr. Shaun Murphy, the autistic character in *The Good Doctor*, identifying his verbal and nonverbal traits and interpreting them through the WCC framework. By considering both modes of communication, the study provides a more complete and respectful account of autistic expressions. It also recognizes the role of media in shaping public perceptions, especially for audiences with limited direct experience of autism, and highlights the importance of accurate portrayals in fostering understanding and reducing stigma.

2. Literature Review: Understanding Autism: Definitions, History, and Communication Challenges

Psycholinguistics is the study of cognitive, neurological, and social mechanisms underlying language acquisition, production, and comprehension (Guendouzi, Loncke, & Williams, 2011). As an interdisciplinary field, psycholinguistics combines insights from psychology, linguistics, and

cognitive science to understand how language is processed in the brain. Language production refers to the process of generating language, which involves retrieving words, structuring sentences, encoding sounds, and articulating speech. This requires the coordinated effort of various cognitive functions. (Griffin & Ferreira, 2006). In contrast, language comprehension involves decoding phonemes, recognizing word meanings, and understanding sentence structures to extract the intended message (Kutas et al., 2006). Both processes are crucial for effective communication, and they are tightly interlinked; production allows an individual to express thoughts, while comprehension enables understanding of others' speeches. Disruptions in either process can lead to communication barriers. Psycholinguistics also investigates how these processes can be compromised in individuals with various language disorders, including autism, aphasia, dyslexia, and other neurodevelopmental and acquired conditions, where impairment in both language production and comprehension is frequently observed (Gernsbacher, 2014)

Among these conditions, autism presents one of the most distinctive and complex communication challenges, which makes individuals with autism a critical focus of psycholinguistic research. Autism spectrum disorder (ASD) is a heterogeneous neurodevelopmental condition characterized by differences in social communication, behavior, cognition, and sensory processing (American Psychiatric Association, 2013). Historically, the term autism was first introduced by Kanner (1943), who described a group of children exhibiting extreme social withdrawal, repetitive behaviors, and resistance to change. During that time frame, Asperger (1994) identified a similar condition in children who displayed advanced intellectual abilities but struggled with social reciprocity and adaptability. Despite this early description, autism remained poorly understood

for decades, often being misattributed to environmental and psychological factors, such as Bettelheim's (1967) controversial 'refrigerator mother' hypothesis, which falsely attributed autism to emotionally distant and unaffectionate parenting. This perspective led to widespread stigma and guilt among parents. Over time, research debunked this notion, shifting focus toward neurodevelopmental explanation and emphasizing genetic and neurobiological factors. (Bailey et al., 1995; Baron-Cohen, 2000).

Moreover, a key aspect of modern autism research is the recognition that autism is a spectrum rather than a single condition with a fixed set of traits. The term spectrum shows that people with autism have a wide variety of strengths, challenges, and traits (Lai et al., 2015). It also means that the symptoms of autism can look very different for each person, with differences in severity and specific traits. While some people with autism need a lot of help in their daily lives, others can live independently, doing well in certain areas but still facing challenges in others (Lord et al., 2020). Although autism is very diverse, there are some symptoms and characteristics of autism, including repetitive behaviors, sensory sensitivities, and communication challenges (Lord & Jones, 2012).

On the one hand, one important characteristic of autism is restricted and repetitive behaviour, which manifests differently in each person. Many people with autism engage in self-stimulatory behaviors, or stimming, which includes repetitive actions such as hand flapping, rocking, spinning, or repeating certain words and phrases (Kapp et al., 2019). These behaviors might seem unusual to others, but they help people with autism manage their emotional process, sensory information, and anxiety (Joyce, Honey & Leekam, 2017). Many people with autism also prefer routines and predictability; unexpected changes can cause stress or anxiety (Scahill et al., 2009). On the other hand, many people with autism developed strong interests in specific topics like astronomy, transportation,

and certain areas of knowledge (Winter-Messiers, 2007). These interests bring comfort and motivation, sometimes helping them to become experts in certain fields (Mottron et al., 2006). Furthermore, another important characteristic of autism is sensory sensitivity; many of them experience hypersensitivity (overreacting) or hyposensitivity (underreacting) to sensory stimuli, such as sounds, lights, textures, and smells (Robertson & Baron-Cohen, 2017). Some individuals find bright lights, loud noises, or crowded environments overwhelming, leading to sensory overload and distress (Kojovic et al, 2022). Others have reduced sensitivity to pain or temperature changes, making it difficult to recognize physical discomfort (Ayres & Tickle, 1980).

In addition, communication disorder is another characteristic of autism; difficulties in expressing thoughts, understanding spoken language, and interpreting social cues often lead to frustration, anxiety, and misunderstandings in their life (Tager-Flusberg, Paul, & Lord, 2005). These communication difficulties are not similar for all; some autistic individuals develop strong verbal skills and struggle with social communication and understanding how to interact with others, while others have little or no speech and rely on alternative communication methods (Adams et al., 2012). Additionally, impaired social reciprocity is another challenge for people with autism. Many find it hard to start and maintain conversations, respond to social cues, and understand conversational rules (Lord et al., 2020). For example, some individuals speak more about their special interests without realizing the other person is not interested, while others struggle with small talk or informal conversation. Challenges such as turn-taking, changing topics, and understanding indirect speech can lead to miscommunication and social withdrawal (Adams et al., 2012). These difficulties are not caused by a lack of intelligence or desire to communicate but by differences in social thinking and language processing,

which affect how people with autism interpret and respond to conversation (Norbury, 2005). Moreover, nonverbal communication problems also make social interactions harder. Individuals with autism exhibit differences in eye contact, facial expressions, and body language, which can make their interactions appear unusual to others. Some individuals avoid eye contact because it feels uncomfortable, while others stare excessively, unaware that this behavior can make others feel uncomfortable (Morrison et al., 2019). Problems with using and understanding gestures, such as waving, pointing, or nodding, also make it difficult to engage in social communication properly (Pelphrey, Shultz & Hudac, 2011).

Moreover, People with autism often take language literally, which makes it difficult for them to understand sarcasm, idioms, metaphors, and indirect requests (Happé, 1993). For instance, when someone says “Can you open the window?” An autistic person understands it as a question about their ability to physically open the window, rather than recognizing it as a polite request (Norbury, 2005). Similarly, idioms like (break a leg or spill the beans) can be confusing for them because the figurative meaning doesn't match the literal words (Gernsbacher & Pripas-Kapit, 2012). In addition to that, prosodic differences also impact communication; Prosody refers to the rhythm, pitch, and tone of speech, which helps deliver emotions and intentions (McCann & Peppé, 2003). Many people with autism speak in a monotone voice, have unusual pitch patterns, or use overly formal language, which makes their speech sound robotic and emotionally distant to others (Shriberg et al., 2001). Additionally, problems with adjusting volume can result in speaking too loudly in quiet places or too softly in larger groups. Since tone and volume are key to social communication, these issues lead to misunderstandings about emotions, intentions, and sincerity. Another common communication characteristic of autism is echolalia, the repetition of words or

phrases, which can be immediate echolalia, where a person repeats words or phrases they have just heard, or delayed echolalia, where phrases from previous conversations are repeated in a new situation (Sterponi & Shankey, 2014). Even though echolalia was once thought to be meaningless repetition, it is now understood to have essential functions such as helping with language processing, self-regulation, and organizing thoughts (Prizant & Rydell, 1984).

3. Previous Studies

A range of studies have been conducted to explore communication characteristics and language disorders in individuals with autism and related neurological conditions. These studies often employ psycholinguistic frameworks to investigate how such disorders manifest in both language comprehension and production. Indah and Yulianti (2022) analyzed Sam Gardner, the main character in the Netflix series *Atypical*, who is a teenager on the autism spectrum. The study focuses on identifying specific types of expressive and receptive language disorders he displays, the causes of these disorders, and the possible therapies to help him. The researchers employed a qualitative descriptive method to analyse Sam's speech across various episodes in the series. They recorded 60 instances of language-related difficulties, applying Carroll's (2008) classification of language disorders. The results were grouped into expressive or receptive disorders. The findings demonstrate that Sam mostly suffers from receptive language disorders. Out of 60 examples, 58 were receptive and only two were expressive. The prominent struggles included difficulty following spoken language (21 cases), appearing to listen (12), limited use of vocabulary (3), misunderstanding words or phrases (19), struggling with complex sentences (2), and exhibiting low engagement (1). Expressive problems were few and involved challenges such as overuse of memorized phrases and difficulties with word retrieval.

Similarly, Ersam, Rajeg, and Dewi (2023) researched Tyson Hellerman, the protagonist in the Tyson's Run movie, similar to the previous one, this study aimed to examine both expressive and receptive language disorder experienced by Tyson, along with language therapies used to deal with these problems, framed by Scarpa (2013), and Adams' (2005) theories on language therapy. The study found that Tyson exhibited both expressive and receptive language difficulties. Specifically, eight occurrences were classified as expressive disorders, characterized by word-finding difficulties and the frequent use of stock phrases, and seven scenes were classified as receptive disorders, involving challenges in understanding complex sentences and accurately interpreting various countries. Additionally, Prastiwi and Indah (2020) conducted a psycholinguistic analysis of the communication disorders exhibited by Mandy, the autistic character in the Fly Away movie. They used Paul's (2008) framework on communication disorders. The study identified several key challenges faced by Mandy, including word repetition and minimal responses, where Mandy showed difficulty engaging with the direct questions and commands. The study also highlighted limitations in her communicative function, as she often used only one or two words to convey her needs rather than complete sentences. Additionally, her use of unusual words and low frequency of communication were noted as significant barriers to expressing her thoughts effectively.

Moreover, another study (Fatkhur and Nur, 2022) explored language disorders in Dr. Shaun Murphy, the autistic main character in The Good Doctor series. By applying Carroll's (2008) classification of language disorders, the study identified both expressive and receptive language disorders in Dr. Shaun's speech, which include types such as stuttering, phonological disorder, problems understanding concepts, and difficulty following directions. The study employed a qualitative descriptive method to collect and analyze data in the selected scenes.

The findings demonstrated that Shaun displayed four main types of language disorders, namely stuttering, phonological disorder (such as flat or unnatural intonation), challenges in following verbal cues, and struggles with understanding meaning. Stuttering was the most observed expressive language disorder, which is often caused by emotional stress, such as panic and anxiety. Receptive disorders appeared when Shaun misunderstood sarcasm or was unable to follow indirect instructions because he interpreted language literally. While their study provides a valuable analysis of Shaun Murphy's communication patterns, it differs from the current research in two significant ways. First, the data of their study is limited to one season, and they primarily focused on verbal communication; however, this study encompasses all seasons, enabling a more comprehensive longitudinal analysis of Shaun's communication style, and it examines both verbal and nonverbal aspects of his communication, which are essential to understand Dr. Shaun Murphy's communication patterns comprehensively. Second, this study employs Frith and Happé's weak central coherence theory (1994) rather than Carroll's (2008) language disorder model. Unlike Carroll's theory, WCC conceptualizes autistic communication as a distinct cognitive style, rather than a disorder.

Thus, these related studies have analysed characters with autism in various movies, each employing different theoretical frameworks to derive their findings. Most of these studies have applied Carroll's (2008) language disorder theory. Their findings consistently indicate that individuals with autism struggle to comprehend and produce language accurately and face significant challenges in social interactions. They also emphasize the importance of language therapy, social support, and patience in enhancing the communicative abilities of individuals with autism.

4. Theoretical Framework

This study is grounded in the Weak Central Coherence (WCC) theory, first introduced by Uta Frith (1989) and later developed in collaboration with Francesca Happé (Frith & Happé, 1994). The theory was introduced to explain the distinctive cognitive style observed in individuals with autism spectrum disorder (ASD). Central coherence refers to the brain's ability to combine individual pieces of information into a meaningful whole. People with strong central coherence process information, whether language, images, or social cues, in a global way, understanding the overall context and meaning. In contrast, weak central coherence means focusing more on details rather than the bigger picture, processing information in small, isolated parts without connecting them. In terms of language, WCC theory suggests that individuals with autism spectrum disorder (ASD) tend to focus on local details, such as individual words or their literal meanings, while paying less attention to the wider context, the speaker's intentions, or the social use of language (Frith & Happé, 1994; Happé, 1997). This way of processing affects both language production and comprehension; it leads to difficulties with figurative language, including metaphors, idioms, irony, and sarcasm, due to reduced contextual integration. (Norbury & Bishop, 2002). Additionally, pragmatic challenges, such as limited conversational reciprocity, difficulty maintaining topics, and inappropriate responses to indirect speech acts, happen because of trouble integrating contextual information (Tager-Flusberg & Joseph, 2003).

Furthermore, WCC influences the ability to understand and create meaning beyond sentences. While people with autism often have good vocabulary and grammar skills, they may find it harder to follow or produce connected, coherent conversation and make inferences. Their sentences may be grammatically correct but socially awkward, because they don't always consider the listener's viewpoint

or the context of the conversation (Happé, 1993). WCC theory also explains differences in non-verbal communication, such as tone of voice, facial expressions, eye contact, and gestures. These help people understand emotions and intentions in speech, but autistic individuals use them less or differently. Rather than seeing this as a lack of interest in social interaction, WCC theory views it as a result of difficulties in combining language with emotional and social context (McCann & Peppé, 2003; Booth & Happé, 2010).

In this study, WCC theory is used to analyze the verbal and non-verbal communication of Dr. Shaun Murphy, the autistic main character in *The Good Doctor*. His frequent literal interpretations, monologic speech patterns, and non-verbal behaviors such as limited eye contact, flat prosody, and reduced use of facial expressions are interpreted in light of the cognitive mechanisms described by WCC theory. By applying this theory, this study moves beyond traditional language disorder models and adopts a psycholinguistic and cognitive approach that respects autistic communication as a meaningful variation in human language processing. This framework not only informs the analysis but also supports the broader objective of the research: to promote a more inclusive and accurate understanding of autistic communication, particularly as it is represented in popular media.

5. Methodology

This study employs a qualitative descriptive approach to examine the communication patterns of the autistic character Dr. Shaun Murphy in *The Good Doctor* series. A qualitative method is well-suited for exploring complex human experiences, such as communication differences, as it allows for an in-depth analysis of individual behaviors and interactions. This design enables a close examination of Dr. Murphy's verbal and non-verbal communication, offering a clearer understanding of how autism shapes interaction in everyday situations.

The analysis is guided by Frith and Happé's (1994) Weak Central Coherence (WCC) theory, which provides a useful framework for analyzing how individuals on the autism spectrum comprehend and produce language. The primary data source is The Good Doctor series, with episodes selected from all seven seasons. The scenes are purposefully chosen based on moments where Dr. Murphy's verbal and non-verbal communication differs noticeably from those around him, often resulting in communication challenges or misunderstandings. These scenes cover a range of contexts, including medical discussions, casual conversations, and emotionally intense encounters. The data is divided into two main categories: verbal and non-verbal communication. Each category is further classified into specific features.

- Verbal communication features include:

1. Literal interpretation of language, moments where he interprets words at face value and struggles with figurative meanings such as sarcasm, idioms, and metaphors.
2. Difficulty initiating or maintaining conversations, challenges in starting or sustaining dialogue.
3. Monologues instead of back-and-forth dialogue.
4. Echolalia (repetition of heard expressions)

- Non-verbal communication features include:

1. Avoidance or difficulty with eye contact.
2. Lack or mismatch of facial expressions.
3. Limited use of gestures
4. Prosodic elements.

Prosodic features were further analyzed by using Speech Analyzer (version 3.1.2.0), a software developed by SIL International. The program was used to visualize pitch contours, assess rhythm, and examine patterns of monotony or

pitch fluctuation. Its ability to display both waveform and frequency spectrograms provided additional insight into Dr. Murphy's vocal delivery, supporting a more nuanced interpretation of autism-related prosodic traits.

6. Findings

In *The Good Doctor*, Dr. Shaun Murphy, the autistic character, exhibits a range of communication challenges involving both verbal and non-verbal aspects of interaction. These challenges include interpreting language literally, struggling with figurative expressions, initiating and maintaining conversations, as well as avoiding eye contact, displaying limited facial expressions, and having difficulty using gestures. These characteristics are central to his character and significantly shape how he interacts with colleagues, patients, and others around him. This section is organized into two main parts: verbal communication challenges and non-verbal communication challenges, each illustrated through selected scenes from the series.

6.1 Verbal Communication Features

Verbal communication refers to the use of spoken language, encompassing the ability to construct meaningful sentences, comprehend spoken messages, sustain conversations, and respond appropriately across social contexts. In *The Good Doctor*, Dr. Shaun Murphy demonstrates several verbal communication patterns commonly associated with individuals on the autism spectrum. These include a tendency to interpret language literally, difficulty understanding figurative or indirect expressions, challenges in maintaining conversational topics, and providing socially inappropriate responses. His communication often reflects a focus on precise details such as specific facts or individual words rather than the broader meaning of an exchange. As a result, Shaun's verbal responses are

typically clear and accurate in form but may not align with the overall context or communicative purpose of the interaction.

6.1.1 Literal Interpretation

The Weak Central Coherence (WCC) theory posits that individuals on the autism spectrum tend to focus on details and struggle to integrate information into a broader context. In the results, they are unable to interpret figurative language. This occurs when a person interprets and responds to language based on its surface meaning, unaware of the emotional and implied meaning. Idioms, metaphors, sarcasm, and emotional expressions can be confusing to autistic individuals as they convey implied rather than direct meaning. As a result, communication barriers occur when the speaker's intended meaning is different from the actual words used. Dr. Shaun Murphy frequently displays this type of literal interpretation. He often responds only to the factual content of language, missing humour, emotional undertones, and implied meanings. This often leads to misunderstandings with other characters, especially in casual or emotionally complex conversations. The following examples highlight situations in which Shaun responds to language literally, illustrating how this impacts his communication and relationships with others. The first example illustrates his challenge with understanding metaphor, where one of Shaun's colleagues, named Glassman, is sick. At the beginning, Shaun warns him about his poor condition, telling him that the situation gets worse if he does not take the medicine, but Glassman is unconcerned and ignores his advice. Later, Shaun complains about this to Dr. Marina, who suggests he can try a different approach:

"Dr. Marina: If he didn't respond to the stick. Try the carrot.

Shaun: Dr. Glassman doesn't like carrots. What should I do with the stick?

Dr. Marina: It's a metaphor. The stick signifies punishment. The carrot signifies a reward." (S2, Ep5, T:14:57)

Here, Dr. Marina says a common English metaphor: “the stick and the carrot.” This phrase typically refers to using a combination of methods, including punishment and encouragement, to change someone’s behavior. Dr. Marina is suggesting that if love or warnings (the stick) do not work, perhaps Shaun should try being kind and supportive (the carrot). However, instead of understanding it as a figure of speech, Shaun takes it literally. He answers by saying that Dr. Glassman does not like carrots and then asks what he should do with the stick. This suggests that Shaun does not understand the underlying meaning of the metaphor. He treats both the carrot and the stick as actual objects. Even when Dr. Marina explains that it is a metaphor, it becomes clear that Shaun needs the meaning to be described in direct terms. This is a clear example of taking language literally, where symbolic or indirect expressions are misunderstood as factual descriptions. The next interaction follows a similar pattern of misunderstanding, but this time, it lies in understanding the concept of emotional support:

“Jared: You can help Dr. Glassman just by being there. With him. Letting him know you're his friend.

Shaun: He knows I am his friend. I don't have to be there to tell him that.” (S:2, Ep:1, T:12:43)

In this scene, Dr. Glassman, who has cared for Shaun since childhood, is hospitalized. Jared suggests that Shaun should offer emotional support by being physically present with him. However, Shaun responds by saying, “He knows I’m his friend,” indicating that he sees friendship as a fact that does not require emotional reinforcement. Shaun believes that once someone is your friend, the friendship is already understood and does not need to be demonstrated through actions or emotional gestures. This indicates that he has difficulty understanding the emotional aspects of relationships. He does not see why being there for

someone during difficult times, such as illness, is emotionally important. Instead, he understands things through logic and takes words literally, rather than picking up on feelings or emotional cues. For Shaun, the word “friend” means what it says, without considering that friendship also involves care, support, and emotional presence, things that are not always expressed verbally or go beyond what is stated explicitly. Additionally, another misunderstanding of figurative speech happens with Lia:

“Lia: Say something like, I can't stop thinking about you.

Shaun: I have stopped thinking about her many times today.” (S:3, Ep:7, T:7:5)

Here, Lia is helping Shaun to write a romantic message to his girlfriend. She suggests he should send something sweet and emotional, like “I can’t stop thinking about you” which is a common expression used in love or when someone misses another person. But Shaun answers by saying that he has stopped thinking about Carly many times during the day. This illustrates that he does not understand that Lia was not giving him a true statement to measure. She was suggesting a way to show emotion and affection, not asking if it was true. Shaun takes her words as something to evaluate logically. He counts how often he thought about Carly and responds with facts, not feelings. Again, this refers to how Shaun interprets language literally. He misses the emotional or figurative part and focuses only on the exact meaning of the words. Another strong example of literal understanding can be seen in a conversation between Dr. Melendez and Shaun:

“Dr. Melendez: Hey, police want to talk to you. After that, you can go home.

Shaun: I should be helping. My shift is just starting.

Melendez: You were at the shooting. I don't have time to hold your hand.

Shaun: I don't like my hand being held. Small-caliber bullets. They ricochet inside. They can cause multiple and unpredictable injuries." (S:1, Ep:8, T:5:29)

In this dialogue, Dr. Melendez tries to tell Shaun that he does not have time to guide him or explain things step by step. The phrase "hold your hand" is an idiom that means offering someone support, often when they are struggling or need help. However, Shaun takes the idiom literally. When he hears "hold your hand," he responds by saying he doesn't like his hand being held. Instead of addressing the emotional situation or the shooting, he changes the topic and begins providing information about small-caliber bullets and their effects on the body. This sudden shift reveals that he misses the emotional and idiomatic meaning of Melendez's words. He reverts to focusing on facts and does not respond to the context or the emotions of the moment. His reply is logical, medical, and literal. This demonstrates how autism influences his language use, making it difficult for him to understand the indirect meanings or emotional cues behind common expressions.

6.1.2 Maintaining Topics and Turn-Taking in Conversations

One of the most noticeable challenges in Shaun Murphy's communication is his difficulty with turn-taking and managing conversations. In everyday conversation, people usually take turns, wait for responses, stay on topic, and react to what the other person says. However, Shaun often struggles with these basic rules of conversation. He interrupts, responds in a way that is unrelated to the topic, or fails to answer at all. These challenges are common in people with autism, primarily when they are focused on facts, logic, or internal thoughts instead of emotional or social cues. In one of the episodes, Shaun has been moved to the pathology lab, and Dr. Park asks Shaun whether he likes his new career or not:

“Dr. Park: How you doing down here?”

Shaun: Carly says pathologists are the detectives, surgeons are just the beat cops.

Dr. Park: Shaun, are you happy here?” (S:2, Ep:16, T:11:09)

In this scene, Dr. Park wants to check on him and see how he is adjusting to his new role in the lab. Instead of directly answering his question, Shaun responds with a statement about what Carly said, which highlights that Shaun has difficulty maintaining the flow of a conversation in a way that directly addresses the question being asked. Instead of responding to Dr. Park’s concern about his feelings, he shifts the focus to Carly’s opinion about surgeons and pathologists. Then Dr. Park asks a more direct question, “Shaun, are you happy here?” aiming to elicit a response about Shaun's feelings and satisfaction with his new position. His question helps guide the conversation back to the original topic, which is Shaun's emotional state. This interaction highlights Shaun's difficulty with maintaining a conversation in the expected way. Instead of directly answering Dr. Park's question about how he feels in the lab, Shaun shares a statement that does not engage with the emotional aspect of the conversation. This is a common challenge for individuals with autism; they focus more on facts or other topics instead of answering personal or emotional questions in the way others expect. This appears in another conversation with Dr. Han:

“Dr. Han: You should be focused on your own shortcomings.

Shaun: Like retaining the formula for vascular impedance. We could patch each individual hole in the heart if we cut open the ventricle...

Dr. Han: Don't change the subject,

Shuan: I didn't, Dr. Han.” (S:2, Ep:15, T:11:51)

In this exchange, Dr. Han advises Shaun to pay more attention to his weaknesses and areas for improvement. However, instead of addressing his

shortcomings, Shaun responds by talking about a medical concept, "Like retaining the formula for vascular impedance..." He starts discussing something unrelated to Dr. Han's comment, focusing on a scientific explanation instead of the personal feedback Dr. Han gave him. Then Dr. Han notices that Shaun has changed the subject and says, "Don't change the subject." He is frustrated because Shaun did not respond to his point about improving and instead shifted the conversation to a technical topic. However, Shaun insists that he has not; he believes he has not changed the subject because he is still talking about something he knows, while in reality, he avoided the emotional feedback Dr. Han was trying to give him. This scene illustrates how Shaun struggles to maintain focus during a conversation when the subject is personal or emotional. Another example appears when Shaun speaks with a patient after previously delivering the news that the patient is dying:

"Shaun: I did a bad job of telling you that you're dying. Is there a good way? I can't figure out when I'm supposed to lie, when I'm supposed to tell part of the truth.

Patient: You did fine with me. You never need to lie. Lies don't protect you from the truth.

Shaun: I don't like your haircut.

Patient: (smiles)" (S:2, Ep:2, T:15: 10)

In this scene, Shaun talks to a patient after previously telling him directly that he is dying of cancer. Shaun shows that he is confused about social rules. He does not know when it is acceptable to give the whole truth or when he should hide part of it to protect someone's feelings. The patient responds with a thoughtful message, stating that honesty is preferable to lies and that truth should not be avoided. However, instead of replying to the emotional or philosophical idea, Shaun suddenly makes a direct and unrelated comment about the patient's

haircut. He introduces an unrelated observation that appears blunt and socially inappropriate. It highlights his difficulty in understanding which responses are suitable in emotionally sensitive situations. For most people, a conversation about life, death, and truth would be handled with care and emotional awareness. Shaun, however, responds with a factual statement that focuses on a surface-level detail. His intention may not be to offend, but rather to share a thought that came to his mind without recognizing how it might be received. Another example occurs in a conversation with Dr. Brown:

“Dr. Brown: But if it is necrotizing fasciitis and we do nothing, she could die.

Shaun: True

Dr. Brown: But the numbers, Shaun, the data. There's almost no chance that it's nec fasc. On the other hand, if we test for it, we will definitely do damage. Anything else?

Shaun: Do you hang your toilet paper going over or under?” (S:2, Ep:6, T:4:41)

In this interaction, Dr. Brown discusses a medical situation with Shaun, referring to a condition known as necrotizing fasciitis. She explains that testing for it could cause harm and asks Shaun if there is anything else to consider. But instead of responding to the medical discussion, Shaun asks about the toilet paper, which has nothing to do with the serious conversation about the medical test, and it is a very personal, trivial question about how Dr. Brown hangs toilet paper. His question reveals that he has difficulty staying focused on serious and technical discussions. This is an example of how Shaun misses the emotional and professional context of a conversation; he tends to shift the conversation to other topics that interest him and are more straightforward. There is a similar situation with Dr. Melendez, who is talking about a patient's complex medical condition:

“Dr. Melendez: There are 15 different causes of dysautonomia. Seven have been ruled out. The rest are inconsistent with Alice's symptoms or have no definitive diagnostic test.

Shaun: How did you make Dr. Lim fall in love with you after you had been friends for so long?” (S:3, Ep:17, T:4:55)

Here, Shaun changes the topic in the middle of a professional discussion. Melendez is explaining a medical case, and Shaun asks a personal question that has nothing to do with the patient. This sudden shift shows that Shaun has difficulty matching his response to the context of the conversation. Instead of helping solve the case, he introduces an entirely unrelated topic. It illustrates how he cannot always control the direction of the conversation the way others expect. The following example provides another instance of turn-taking breakdown and emotional overload in a confrontational conversation between Shaun and Dr. Han:

“Dr. Han: What are you doing, Shaun? Do you think ordering me to do something will change my mind? Do you really think it's a good idea to try and bully me?

Shaun: I am a surgeon. I am a surgeon.

Dr. Han: Do you realize that you're proving my point? That you're acting immature? Showing that you don't know how to communicate and you can't control your emotions?

Shaun: I am a surgeon!

Dr. Han: But you do have a talent that I value. So, I'm gonna give you one last chance.

Shaun: I am a surgeon! I am. I am a surgeon, Dr. Han! I am a surgeon!” (S:2, Ep:17, T:37:41)

In this example, Shaun is unable to respond to Dr. Han's questions. Instead, he repeats "I am a surgeon" with increasing intensity in each repetition. This is more than a breakdown in conversational turn-taking. It is a shift in Shaun's use of language under emotional duress. Rather than continuation in an exchange of turns, he uses repetition as a stress coping mechanism and also to assert his presence. His words become self-affirmation rather than a means of engaging with another human being. This type of response is common in individuals with autism when they are threatened, rejected, or overwhelmed. To sum up, these examples demonstrate that Shaun consistently struggles to maintain a flow of conversation. He interrupts, changes the subject abruptly, and gives irrelevant answers.

6.1.3 Monologue

Monologue is another characteristic of communication in individuals with autism, referring to the expression of ideas, thoughts, and feelings aloud without engaging others in conversation. It arises when the individual is intensely focused on their thoughts, experiencing stress, or attempting to solve a problem internally (Tager-Flusberg et al., 2005). In *The Good Doctor*, Shaun displayed this in many episodes. Although he is brilliant and notices things others miss, he sometimes speaks as if he is talking to himself. His words are not always meant to start a conversation, but instead reveal what he is thinking inside. The following examples illustrate Shaun's monologues in various situations, including when he is thinking about personal matters, during conversations, and even during surgery. Each example helps to understand how autism affects communication and how monologues can complicate social interactions.

"Dr. Park: The baby's still in critical condition. If it is antifreeze, why isn't she getting better?"

Dr. Reznik: I have no idea.

Shaun: I've solved it. We will stack all five varieties and serve a quadruple-tiered cake. Five flavors, four tiers, because Devil's food and red velvet are actually both chocolates. The only difference is one uses natural cocoa and the other uses Dutch-process cocoa." (S:5, Ep:2, T:31:10)

In this scene, Dr. Park and Dr. Reznik are discussing the condition of a critically ill baby, trying to find out why she is not getting better. While their focus is on a serious medical issue, Shaun suddenly interrupts with a statement that has nothing to do with the topic at hand. Instead of adding to the discussion about the patient, he starts talking about cake flavors and the structure of a wedding cake. This shows that Shaun is thinking about his personal dilemma of choosing the right cake for his wedding, and once he figures it out, he announces it out loud without considering the context or the people around him. Then he left the room. This is a clear example of a monologue, where Shaun speaks to himself, expressing his thoughts aloud even though no one asked him, and the topic is unrelated. He is not aware that his speech is out of place or inappropriate at that moment. A similar example happens when Shaun talks with Dr. Brown. At first, they have a personal conversation, but then Shaun shifts the topic.

"Shaun: How can you keep going if you never feel safe?

Dr. Brown: Well, sometimes, not changing is just as dangerous.

Shaun: So, how do you know when to do what?

Dr. Brown: If you find the answer to that, let me know.

Shaun: I have it.

Dr. Brown: You do?

Shaun: Dr. Glassman used varicella zoster virus as the delivery mechanism, which didn't work. His first choice was herpes simplex, but the technology was not up to putting their DNA package into it. The technology has improved. It can be done." (S:3, Ep:7)

In this dialogue, Shaun and Dr. Brown discuss strategies for managing fear and ensuring safety. It seems like a deep emotional conversation. Dr. Brown shares her thoughts in a calm and personal way. However, Shaun suddenly changes the topic and begins discussing a medical solution that utilizes a virus for gene delivery. When Shaun says “I have it” Dr. Brown thinks he means he has found the emotional answer. This shift highlights that Shaun was not involved in the emotional conversation. Instead, his mind is working on a medical problem, and he speaks out loud as soon as he finds the answer. Dr. Brown was confused because she thought they were still having a personal talk, but Shaun had already moved on. Again, this is an example of a monologue, where Shaun talks about his thoughts without realizing that the other person is not following. The same situation happens with Lia.

“Lia: I promise you my voice and body language are communicating the same thing, which is pure, non-threatening, platonic friendship.

Shaun: (being silent)

Lia: Shaun?

Shaun: He also snores. Really loud.

Lia: Glassman?

Shaun: I have to go” (S:3, Ep:15, T:17: 21)

Here, Lia is trying to reassure Shaun that their relationship is friendly and not romantic. She is serious and clear. Shaun remains silent at first, prompting her to ask again. Suddenly, he says something unrelated about someone who is snoring. Lia is confused and asks if he is talking about Dr. Glassman, but Shaun does not explain or reply. He says, “I have to go.” This suggests he was not fully attending to the emotional aspects of the conversation. His attention was elsewhere, causing him to express thoughts without considering whether they fit

the situation. This reflects a monologue, where he speaks his thoughts as if he were alone, even though someone else is present.

6.1.4 Echolalia

Echolalia is the repetition of words, phrases, or sentences spoken by others and it is a common linguistic feature in autism (Prizant & Rydell, 1984). It may occur immediately after the original utterance (immediate echolalia) or after a delay of hours or days (delayed echolalia). Echolalia can serve various pragmatic functions, such as aiding language processing, providing emotional regulation, or conveying meaning through recalled expressions. In *The Good Doctor*, Dr. Shaun frequently echoes language used by others, either directly after hearing it or at a later time. These repetitions may function as communicative strategies, but they also reveal challenges in generating novel utterances and interpreting underlying social meanings. The following scenes illustrate how echolalia shapes Shaun's verbal interactions. One example occurs when Shaun is trying on a tuxedo, and the tailor compliments him:

*"Tailor: **very striking with those eyes.**" (S:5, Ep:5, T:13:49)*

Later in the episode, after being told by the hospital president to improve his interactions with patients and their families, Shaun repeats the tailor's same compliment while speaking to a patient's daughter.

"Emily: Why is my dad still here? He isn't telling me anything."

*Shaun: Emily, the break room is for surgical residents only. Your presence is not only prohibited, it is unwelcome. You're distracting us from trying to change your dad's mind and save his life. That sweater is **very striking with your eyes.***

Emily: (shocked and left the room) (S:5, Ep:5, T:20:26)

This is a clear example of delayed echolalia. Shaun repeats the exact phrase that the tailor said to him earlier, but in a completely different situation. The

compliment makes sense in a fashion store, but not during a serious conversation with someone worried about her father's health. The phrase also has nothing to do with what Shaun said. He tells Emily she was not allowed in the room, and then suddenly adds a compliment about her sweater. This shift in topic feels strange and confusing. Shaun is trying to follow advice about being kind, but instead of creating his own words, he repeats something he heard before. This shows that Shaun sometimes uses memorized phrases without fully understanding when or how to use them. He is not being rude, but the compliment sounds forced and out of place. This moment highlights how autistic people may attempt to use learned language to facilitate social interactions, even if it does not always fit. It also highlights the difficulty of finding the right words at the right moment. A more emotional example of delayed echolalia occurs when Shaun is upset after a disagreement with Dr. Andrews about a surgery decision. He talks to Dr. Glassman to express his frustration:

"Shaun: Dr. Andrews still wants to do the trachea transplant, but I think that's a very bad idea, so I'd rather not help him figure out how to do it. Dr. Andrews thinks I only feel that way because I am upset about Lea.

*Dr. Glassman: Well, you are upset. **Emotions have a way of leaking everywhere** sometimes.*

Shaun: Okay, how do I know if that's happening?"

*Dr. Glassman: I don't know, Shaun. You just have to focus on. Dr. Andrews is smart; he also happens to be your boss. You are just a resident, so guess what? Tell him what you think, **boss wins.**" (S:5, Ep:9, T:18:11)*

Later, Shaun repeats Glassman's exact phrase when he speaks to Dr. Andrews:

*"Shaun: I may be cranky about Lea, but you are definitely my boss, and the **boss wins.**" (S:5, Ep:9, T:24:4)*

This is another strong example of delayed echolalia. Shaun takes Glassman's original sentence, "the boss wins," and repeats it in a later conversation. He uses the phrase to explain that he still disagrees with the decision, but that he accepts it because Dr. Andrews is in charge. Shaun does not change the words or the structure of the sentence. He repeats it directly because it expresses the idea clearly and because he trusts Glassman's advice. This shows how Shaun often relies on other people's words when he finds it challenging to express himself in his own way. The same pattern continues when Shaun later speaks with Dr. Lim and repeats what Glassman has told him before.

"Dr. Lim: I know you think things were better before Salen took over.

Shaun: Definitely.

Dr. Lim: So, you're in?

*Shaun: Definitely not, **I have too many emotions, and they may already be leaking.** I can't even tell."* (S:5, Ep:9, T:23:08)

Here, Shaun once again repeats the phrase "emotions may be leaking," a direct echo of what Dr. Glassman told him earlier. He uses the words to describe how he feels emotionally overwhelmed. The phrase is not his own, but he has kept it in his memory and now reuses it to explain his current emotional state. This is another form of delayed echolalia, where he uses a sentence he has heard before to express a personal thought. These scenes illustrate that echolalia is not just about repeating words. For Shaun, it is a way to express thoughts and feelings that are difficult to put into words. Repeating trusted phrases helps him communicate more clearly, especially during emotional or difficult situations. Additionally, in another scene, Shaun is facing a difficult situation after being fired, and Dr. Glassman advises him to apologize to save his career:

"Dr. Glassman: Apologize. Save your career.

Shaun: She will not say yes.

*Dr. Glassman: Oh, she will say yes. **You're on the poster.** What's she gonna do, **drag you out of the hospital kicking and screaming?** It'd be a PR disaster.*

Shaun: I have nothing to apologize for. She does.” (S:5, Ep:10, T:1:05)

Later, Shaun repeats Dr. Glassman’s words almost exactly during a confrontation with Salen the president of the hospital:

“Salen: What are you doing here? You need to leave. Now.

*Shaun: No. **I am on the poster.** You will not **drag me out of the hospital kicking and screaming.** It would be a PR disaster. So, I'm staying.” (S:5, Ep:10, T:3:57)*

This is a clear instance of delayed echolalia, where Shaun uses a phrase he heard earlier in a different context. Dr. Glassman originally used the words to reassure and motivate Shaun. Later, Shaun echoes the same sentence during a moment of stress, using it to defend himself and argue for his right to stay. While the words are not his own, he repeats them with purpose and confidence. This shows that echolalia is not just automatic repetition. For Shaun, it becomes a valuable means of expressing himself in high-pressure situations. Overall, these examples illustrate that Shaun frequently employs previously heard language to navigate complex social, emotional, and professional situations. Whether it is repeated immediately or much later, echolalia serves as a communication tool; sometimes it helps Shaun express his thoughts clearly and confidently, while other times it seems out of place and leads to confusion. In *The Good Doctor*, echolalia is portrayed not as a flaw but as a strategy that helps Shaun navigate the world, handle emotional stress, and respond to challenges in his own way.

6.2 Non-Verbal Communication

This section analyzes the non-verbal communication characteristics exhibited by Dr. Shaun Murphy throughout the series *The Good Doctor*. Non-

verbal communication comprises a range of behaviors that convey meaning without spoken words, including eye contact, facial expressions, gestures, and prosody (the rhythm, stress, and intonation of speech). These elements play a critical role in social interaction, providing cues that complement or sometimes contradict verbal messages. In the context of autism spectrum disorder (ASD), atypical patterns of non-verbal communication often contribute significantly to social misunderstandings and challenges. Therefore, examining Dr. Murphy's non-verbal behaviors provides valuable insight into how these differences manifest in both interpersonal and professional settings. This analysis considers how his non-verbal cues diverge from neurotypical norms and how they affect communication effectiveness and social reciprocity.

6.2.1 Facial Expressions

Facial expressions are one of the most significant forms of non-verbal communications since they express social cues, intentions, and emotions. Basic facial expressions such as a frown, raised eyebrow, or smile can express happiness, confusion, agreement, or disapproval more effectively than words, expressions that help people understand one another and build emotional connections. For most individuals, these expressions are automatic and easy to interpret. However, for individuals with autism, including Dr. Shaun Murphy, using and understanding facial expressions can be challenging. This often results in misalignment between what is said and what is conveyed on the face. One example of this appears when Shaun discovers that Lea has altered patient reviews to protect him:

“Lia: I omitted some of the patient reviews. Just the ones where people said really mean stuff. That's why your scores went up.

Shaun: I told you I didn't want you to.

Lia: I know. I'm so sorry.

Lia: I just got so worried, and I wanted to protect you. And I thought, if I could just help you.

Shaun: What you did was very wrong.

Lia: I know. I am truly so sorry.

Shaun: No. Your apology is not accepted.” (S:5, Ep:7, T:17:00)

In this scene, Shaun discovers that Lea has altered some of the patient's negative reviews to protect him. Even though she does this because she cared, her actions upset him deeply. The situation is emotional; Shaun is hurt and disappointed, while Lea is regretful and emotional. However, there is a clear difference between how both characters show their feelings, primarily through their facial expressions. From Shaun's dialogue, we can understand that he is angry and upset. His words are direct, and his tone is serious. He confronts Lea clearly and tells her that what she did was wrong and that he cannot accept her apology. These are strong emotional statements. Nevertheless, his words express emotion. Shaun's facial expression, as shown in Figure 6.1, remains neutral throughout the conversation. His eyes are steady, his eyebrows do not move, and his mouth stays relaxed. There is no sign of anger or sadness in his expression. His face appears blank and controlled, creating a mismatch between what he says and how he looks.

In contrast, Lea's facial expression is completely different. Her eyes are teary, her facial muscles show sadness and distress, and her voice is shaky. She looks emotionally overwhelmed and desperate to be forgiven. Even if viewers had not heard her words, they could understand from her face that she felt sorry and



Figure 6.1: Variation in facial expressions. (S:5, Ep:7, T:17:21)

hurt. Although Shaun experiences an emotional response to the situation, he is unable to convey this effectively through his facial expressions. Such contradictions may lead to misinterpretations, particularly in emotionally sensitive or interpersonal contexts, where others might perceive his muted effect as a lack of empathy or concern. This scene is a clear example of how Shaun's facial expression does not always match the situation. he feels the emotion, but it does not appear on his face.

Furthermore, another scene clearly illustrates Shaun's difficulty in interpreting the social and emotional significance of facial expressions, particularly smiling. This occurs when a patient is unable to smile due to a medical condition, and Shaun questions why this is considered a serious concern. In response, Dr. Andrews attempts to explain the broader psychological and social importance of smiling:

"Dr. Andrew: It seems that you don't believe that restoring this girl's smile is that important. Smiles are overvalued. There are studies that support that. And there are studies that don't. When we smile, we produce endorphins. They make us happy. They make other people happy. When we see smiles, our baso temporal lobes are activated, and we duplicate what we see. Murphy, smiles are contagious. You, see? (he smiled at Shaun) I feel good, you feel good. Everybody likes smiles.

Shaun: I don't. In any case, your smile wasn't sincere since it didn't demonstrate the Duchenne Marker. There was no involvement of the orbicularis oculi muscles around the eyes." (S:1, Ep:17, T:8:35) In this exchange, when Dr. Andrews smiles at Shaun, Shaun does not respond with a reciprocal smile. Instead, he focuses on the physical features of the expression, offering a scientific explanation for why the smile was not genuine. By referencing the absence of the Duchenne marker (the activation of the orbicularis oculi muscles around the eyes)

Shaun demonstrates an understanding of facial expressions from a technical, anatomical perspective rather than an emotional or interpersonal one. He does not

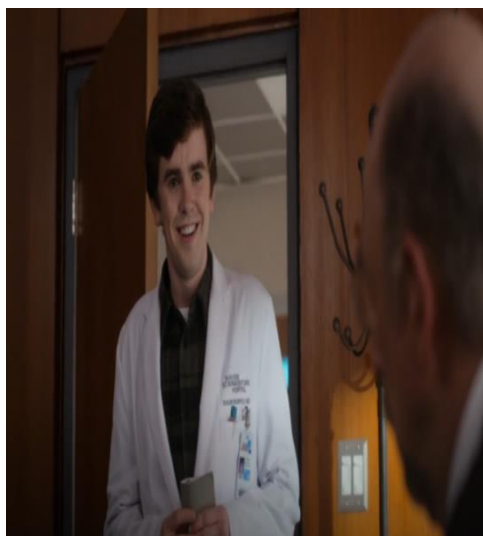


Fig 6.2: Fake smile (S:1, Ep:17, T:16:43)

acknowledge the emotional or social intent behind the smile, highlighting a key characteristic of autistic communication: difficulty in interpreting non-verbal social cues in an affective context. Later in the same episode, Shaun enters Dr. Glassman's office and, as presented in Figure 6.2, he offers a wide, exaggerated smile. Dr. Glassman looks puzzled, unsure why Shaun is smiling so suddenly. *Shaun explains: "Dr. Andrews said*

smiles are contagious, and I'm testing that hypothesis." (S:1, Ep:17, T:16:43)

Here, Shaun is not smiling out of genuine joy or emotional connection; instead, he is treating Dr. Andrews' comment as a hypothesis to be tested. He approaches emotional behavior as a logical construct, interpreting and applying it based on observation and experimentation, rather than relying on instinct or empathy. His smile is thus not a spontaneous emotional reaction but a calculated response grounded in deductive reasoning. This results in a socially awkward interaction, as his behavior does not align with conventional expectations for emotional expression. Dr. Glassman's puzzled reaction reflects the disconnect between Shaun's intended purpose and the social meaning attributed to his action. This scene illustrates how Shaun's use of facial expressions can appear unnatural or mechanical. His attempts to engage socially are driven not by emotion, but by a desire to learn and adapt to social norms through observation and logic.

In another scene, Shaun talks to Lea concerning a message he has received from Carly containing an emoji, which he does not understand. Lea looked at the emoji and provided her analysis:

“Lia: Which emoji was it? Just send it to me. Okay, I think Carly's saying she misses you and wants to know that you miss her, too.

Shaun: You know all of that from one fake face?” (S:3, Ep:7, T:6:29)

Here, Shaun is surprised when Lia interprets the emoji; his surprise and confusion arise from his inability to connect the emoji to an emotional message. He calls it a "fake face," viewing it as a picture rather than a genuine expression. In contrast, Lea sees the emoji as a sign of affection. This reveals Shaun's difficulty in understanding the indirect emotional messages conveyed by emojis.

Generally, emojis are recognized as symbols of emotions, such as joy, sadness, and affection, depend on a common acknowledgment of facial expressions. Shaun, however, takes them literally as pictures and cannot determine their hidden meanings. This is a key moment, as it highlights his difficulty not only with interpreting real-life facial expressions but also with digital representations of emotion. This scene illustrates a fundamental divergence in how Shaun perceives social communication; his thinking is



Fig 6.3: Facial expression
(S:2, Ep:1, T: 8:00)

grounded in facts and logic, rather than emotional or symbolic meaning. He needs explicit and direct verbal statements of feelings. Additionally, in another scene, a patient shows Shaun a mouth injury that smells terrible, which causes discomfort for Dr. Kalu, who covers his nose and reacts with visible disgust. However, as Figure 6.3 presents, Shaun approaches the patient with a

happy smile. He then says, "That smells very bad" with a cheerful expression, as if the situation is not uncomfortable at all. While everyone around him is reacting negatively to the smell, Shaun remains disconnected from the discomfort others feel. His happy smile indicates his inability to recognize that a situation like this requires a more serious, neutral, or even disgusted expression, rather than a cheerful one. He remains disconnected from how others are feeling and does not adjust his facial expression to match the seriousness of the moment.

6.2.2 Limited Use of Gestures

Obviously, gestures play a crucial role in everyday communication. People often use hand movements, body language, and facial expressions alongside speech to clarify their meaning, express emotions, and build stronger social connections. Common gestures such as waving, pointing, nodding, or using hand motions while talking help listeners better understand what is being said. These non-verbal signals also make conversations feel more natural and engaging. For most people, gestures are used



Fig 6.4: Avoidance of physical contact. (S:1, Ep:17, T: 34:13)

automatically and change depending on the situation, emotion, or topic. However, individuals with autism often face challenges when it comes to using gestures in socially typical ways. These challenges may include using very few gestures during communication, repeating the same gestures across different situations, or failing to recognize or respond to the gestures of others. As a result, their speech appears less expressive, making it difficult for others to understand their emotions or intentions accurately. Dr. Shaun Murphy shows many of these gesture-related difficulties throughout the series. His behavior provides clear and realistic

examples of how autism can affect non-verbal communication. He rarely uses common social gestures such as waving or pointing, and often does not respond when others use gestures toward him, such as offering a handshake. In addition, he frequently uses the same hand movements or maintains his hands in a fixed position, regardless of the situation. These patterns highlight that gesture use in autism can be more rigid and less varied, making communication more challenging in both personal and professional interactions. In a scene, after a successful surgery, the patient's father attempts to shake Shaun's hand to express his gratitude. However, Shaun does not respond to the handshake and keeps his hands to himself (Figure 6.4). While the father's gesture is a common social act of appreciation and respect, Shaun fails to recognize or return it. This moment illustrates Shaun's difficulty in understanding or responding to social gestures that are expected in such situations. For most people, shaking hands is a natural way to connect and express gratitude. But for Shaun, who is autistic, these kinds of physical gestures feel uncomfortable, confusing, or unnecessary. This example reflects how gesture-related difficulties can make social interactions challenging and sometimes lead to misunderstandings with others.



Fig 6.5: Minimal use of gestures

Moreover, while most people use their hands to express feelings or to make their speech more straightforward, Shaun's gestures are limited and often repetitive. Figure 6.5 portrays different scenes from various episodes, in which Shaun usually holds his hands in a similar manner, either clasped together with fingers pressed or in a triangle-like shape. This hand position is frequently observed in various contexts, including homes, hospitals, and

outdoor areas, and it remains largely consistent. This indicates that, in contrast to neurotypical people, who frequently adjust their gestures in response to the subject of conversation, Shaun does not modify his gestures to align with the conditions and emotions being discussed.

Additionally, Figure 6.6 illustrates a common hand gesture among



Fig 6.6: Hand flapping gesture

individuals on the autism spectrum, which is called hand flapping. Hand flapping refers to the rapid, repetitive movement or waving of the hands, often near the chest or face. People with autism often exhibit this behavior when they feel stressed, excited, or overwhelmed. Shaun's hand flapping is clear in both photos. Instead of using natural gestures to communicate clearly, Shaun repeats this same movement. He does not change his gesture even when the situation is different,

showing his difficulty with regular nonverbal communication. This repetition highlights that Shaun struggles to use gestures effectively during communication. Instead of changing his gestures to match the situation or what he is saying, Shaun continues to flap his hands the same way.

6.2.3 Avoidance of Eye Contact

Eye contact is a crucial aspect of everyday human communication. It helps people feel connected, understand each other's emotions, and show interest or attention during a conversation. For example, looking at someone while they are speaking often signals that we are listening and engaged. In most social situations, people naturally use eye contact, shifting their gaze at the right moments, maintaining it when needed, and breaking it politely when appropriate. In the case of Dr. Shaun Murphy, several clear examples of this difficulty are evident. Throughout the series, his eye contact is often limited, inconsistent, or uncomfortable. He frequently looks away when others are speaking, even during serious or emotional conversations. He focuses on objects around him rather than looking at the person he is talking to, or he makes eye contact briefly and breaks it quickly. The following scenes illustrate how Shaun's use of eye contact differs from typical expectations and how this affects his communication with others. One clear example of Shaun's difficulty with eye contact happens during his job interview with the hospital board. In this scene, Shaun stands



Fig 6.7: Avoiding eye contact
(S:1, Ep:1, T: 38: 02)

before several important doctors who are deciding whether to hire him. They ask him questions about his experience, skills, and reasons for wanting to work at the hospital. It is a serious and formal situation where eye contact is usually expected as a sign of confidence, respect, and connection. However, as seen in Figure 6.7, Shaun answers all of their questions without looking at any of the board members. He keeps his eyes down and focused on the space in front of him. His posture is still and closed, and he avoids any visual contact with the people speaking to him.

While his answers are clear and intelligent, his lack of eye contact may be perceived by others as uncomfortable, especially in a setting like a job interview, where social communication is as important as professional ability.

Similarly, during a conversation with a patient who believes her parents no longer love her, Shaun tries to reassure her, telling “*Your parents would probably still love you.*” This is a sensitive moment. Shaun is trying to comfort the patient and help her feel better. His words are kind and supportive, showing that he understands she is hurting and wants to offer her

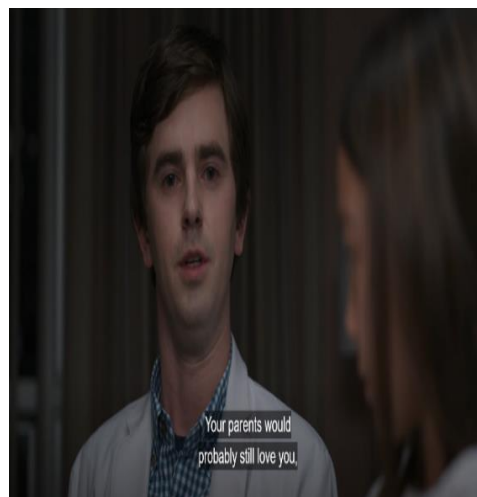


Fig 6.8: Avoidance of eye contact
(S:5, Ep:11, T: 29:16)



Fig 6.9: Avoidance of eye contact
(S: 2, Ep: 4, T: 19:52)

emotional support. However, Shaun does not look at the patient (figure 6.8). His eyes remain fixed ahead, avoiding direct contact with hers. In situations like this, when someone is scared or sad, maintaining eye contact is crucial. It helps people feel seen, heard, and emotionally connected. A simple look can show that you care and that you are truly present with them.

When Shaun avoids eye contact in this moment, it can make his words seem less personal or emotionally intense, even though his intention is good. For Shaun, avoiding eye contact is not a sign that he does not care. He often says exactly what the other person needs to hear. In another scene, depicted in Figure 6.9, both Dr. Shaun Murphy and the boy seated beside him are portrayed as autistic. Although they engage in conversation, neither establishes eye contact. Shaun speaks while looking away, and the boy directs his attention

to the object he is holding rather than to Shaun. This example indicates that individuals with autism often struggle to maintain eye contact even with one another.

6.2.4 Prosodic Differences

Variation in prosodic elements is another common trait of non-verbal communication in Shaun. Prosody refers to the rhythm, tone, pitch, and stress patterns that give speech its emotional and social meaning. In practical conversation, prosody is very important as speakers can express emotions such as excitement, sarcasm, frustration, or sadness, and listeners can recognize the most important phrases in the sentence. However, individuals on the autism spectrum, like Shaun, often struggle to produce or interpret prosody in a way that aligns with social expectations. Their speech sounds flat, overly intense, or inappropriately matched to the situation, making it difficult for others to interpret their emotional intent. A notable example of Shaun's prosodic variation is evident in a conversation between Shaun and Armen, the owner of the apartment:

“Shaun: You fixed my sink!

Armen: Do you know how to tell time?

Shaun: You fixed my sink!

Armen: You're welcome. Now go away.

Shaun: It's not on the list! The faucet. It wasn't on the list. You weren't supposed to touch it.

Armen: So, after I fix everything, you woke me up to fix something else.

Shaun: It was not on the list because I'd already fixed it.

Armen: Well, you fixed it wrong. Because it was still dripping.” (S:1, Ep:4, T:31:31)

Here, as Figure 6.10 illustrates, Shaun says, “You fixed my sink”, with a flat voice, without any emotional tone or variation to suggest whether he is pleased or upset. Armen assumes he is simply making a polite comment or showing appreciation; he interprets it as a positive statement and responds with, “You’re welcome,”. However, when Shaun



Fig 6.10: Monotone prosody

repeats the sentence in the same pitch and begins pointing out that the sink “was not on the list,” it becomes clear that he is frustrated and believes Armen acted outside of instructions by repairing something that did not need attention. Because Shaun’s voice does not reflect his feelings, his message is misunderstood by Armen. The lack of emotional cues in Shaun’s speech makes it hard for him to recognize his frustration. This interaction illustrates how Shaun’s difficulty with prosody affects his ability to communicate. Shaun’s challenge with prosody appears in another moment, when he talks to Claire about Lia’s arrival, which is good news for him, but his tone of voice confuses Claire.

“Shaun: Lea came back.

Clare: Wow, Shaun, that is great.

Shaun: She's staying with me until she finds her own place.

Clare: You must be so excited.

Shaun: Yes.

Clare: You're not excited?

Shaun: I said, yes.” (S:2, Ep:2, T:8:29)

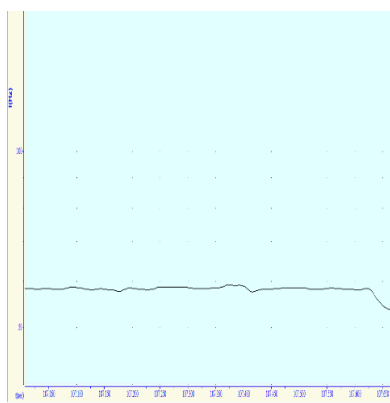


Fig 6.11: Monotone prosody

In this interaction, Shaun is sharing something positive; however, as Figure 6.11 indicates, his tone remains flat and does not reflect excitement or joy. Claire becomes unsure of how he feels and asks again, “You're not excited?”. Shaun’s steady, emotionless delivery does not match the context. Even though he is fully engaged in the topic, his voice does not provide emotional clues. This mismatch between his words and tone creates confusion for Claire. Although only two specific examples are discussed in detail, they reflect a broader pattern in Shaun’s communication throughout the series. Much of his dialogue follows a steady, monotone, and emotionally neutral prosodic style. Even in situations of high emotional intensity, whether joyful, sad, or stressful, his voice often lacks variation in pitch or emphasis. As a result, his speech can seem disconnected or emotionally unclear to others, even when his message is well-formed and sincere.

7. Results and Discussion

This section presents the findings of the analysis together with their interpretation, framed by the Weak Central Coherence (WCC) theory and supported by relevant psycholinguistic research. The results are divided into two main domains: verbal communication and non-verbal communication. Each observed pattern is discussed in relation to existing studies on autism spectrum disorder (ASD) to show how the character’s communicative profile reflects established features of autistic communication.

1.7 Verbal Communication

The analysis shows that Shaun Murphy consistently interprets language literally. He processes utterances according to their direct meaning and found it

difficult to understand figurative expressions, including idioms, metaphors, and sarcasm. For example, when advised to “try the carrot instead of the stick,” he responds with a literal remark about carrots, without recognising the metaphorical meaning. This pattern is consistent with WCC theory, which explains that autistic individuals often focus on precise details while not fully integrating contextual cues into interpretation (Frith & Happé, 1994; Happé, 1993). Similar findings are reported by Norbury (2005) and Gernsbacher and Pripas-Kapit (2012), who observed that individuals with autism often prioritise explicit, lexical meaning over inferred intent. Shaun’s speech was also frequently monologic, consisting of extended turns where he verbalised his reasoning without adjusting to the listener’s contributions. Abrupt topic changes were common and sometimes disrupted the emotional or thematic flow of conversation. These patterns, also noted by Booth and Happé (2010) and Rokhim and Indah (2022), align with the Weak Central Coherence (WCC) theory, which suggests that difficulty in integrating the broader context can lead to speech that makes sense on its own but doesn’t always fit well within a conversation. Additionally, another feature observed in Shaun’s communication is the frequent use of echolalia, in both immediate and delayed forms. He often repeats phrases from previous interactions, at times to moderate the tone of his statements and at other times in ways that did not align with the immediate context. Research indicates that echolalia can function as a purposeful communicative strategy, supporting emotional regulation, facilitating participation in dialogue, and providing access to familiar, socially accepted expressions (Prizant & Rydell, 1984; Sterponi & Shankey, 2014).

2.7 Non-Verbal Communication

The study reveals notable characteristics in Shaun’s non-verbal communication. His facial expressions are often neutral or does not correspond

with the emotions conveyed in his speech, indicating reduced emotional expressiveness. This observation aligns with earlier research showing that autistic individuals tend to exhibit fewer or less coordinated facial expressions (Morrison et al., 2019). According to Weak Central Coherence (WCC) theory, this pattern arises because integrating information from various channels, such as speech, facial cues, and tone, is challenging for autistic individuals (Pelphrey, Shultz & Hudac, 2011). Additionally, the analysis showed that Shaun frequently spoke with a monotone or flat intonation, even in situations that were emotionally charged. This limited pitch variation, which is commonly reported in autism (Shriberg et al., 2001; McCann & Peppé, 2003), reduces the emotional cues available to listeners. Such prosodic features reflect the difficulty in combining emotional and language information described by the WCC theory.

Moreover, Shaun's gestures are also restricted and repetitive, including behaviors like claspings his hands tightly or hand-flapping when stressed. Although these movements may serve to manage stress (Kapp et al., 2019), they don't add much to natural, context-driven communication. This finding supports the WCC idea that autistic communication often depends more on precise verbal language than on expressive body language or gestures. Shaun also tends to avoid eye contact, rather than maintaining prolonged or emotionally expressive gaze. This behavior, commonly seen in autism (Robertson & Baron-Cohen, 2017), might result from sensory sensitivities or differences in how attention is directed during social interactions. In summary, Shaun's verbal and non-verbal communication reflect both the strengths and challenges described by WCC theory. Although his speech is precise and detailed, it often lacks integration with the wider context and the coordinated use of multiple communication channels commonly seen in neurotypical interactions.

8. Conclusions

This study explored the unique communication patterns associated with autism spectrum disorder (ASD) through a psycholinguistic analysis of Dr. Shaun Murphy, a fictional autistic character in The Good Doctor television series. By focusing on both verbal and non-verbal communication traits, the study highlighted how autism influences language use, conversational style, and social interaction. The analysis, guided by the Weak Central Coherence (WCC) theory, argues that autistic communication is not inherently disordered, but instead follows a distinct cognitive processing style that prioritizes detail over context. The research findings reveal that Dr. Shaun Murphy's communication behaviors strongly reflect patterns commonly observed in individuals with autism in real-life situations. On the verbal level, his language use is characterized by literal interpretation, echolalia, monologue-style speech, and difficulty with conversational turn-taking and pragmatic language use. In addition to verbal language, the study also explores non-verbal communication, revealing equally significant differences. Dr. Murphy frequently avoids eye contact, displays limited facial expressions, and uses few gestures. His prosody is notably monotone, lacking the pitch variation and emotional tone that typically convey speaker intent or mood. These non-verbal traits contribute to miscommunication and social discomfort in his interactions with others, especially in emotionally charged or ambiguous situations.

Another important contribution of this study is its shift away from traditional deficit-based views of autism. While earlier portrayals and academic studies often focused on the limitations of autistic individuals, this research highlights their unique ways of communicating and thinking. The application of WCC theory enables a more balanced perspective, one that acknowledges the internal logic and strengths inherent in autistic language use. For example, Dr. Murphy's

attention to detail, factual precision, and systematic speech, while socially atypical, reveal a communicative style that is meaningful and functional within his cognitive framework. In conclusion, the study affirms that communication differences in autism are complex, multifaceted, and deeply rooted in cognitive processing styles that diverge from neurotypical norms. By focusing on both verbal and nonverbal aspects of Dr. Shaun Murphy's behaviour, this study contributes to a more comprehensive understanding of how autism affects language and interaction. The findings underscore the need for ongoing attention to how autistic voices are represented in the media and understood in everyday life. Moreover, the study encourages educators, clinicians, media producers, and the general public to adopt a more inclusive perspective, one that values communicative diversity and recognizes that different ways of speaking and interacting are valid and worthy of respect.

9. Limitations of the Study

Although this study provides insightful information about how Dr. Murphy in *The Good Doctor* represents autism-related communication, several limitations should be considered. First, the analysis is based on a fictional character rather than a real-life case study. While Dr. Murphy's character was created with explicit reference to the clinical traits of autism, he remains a scripted figure shaped by writers, directors, and actors. His communication style is designed for television and may not accurately represent the variety and depth of communication differences observed in real autistic individuals. Due to this, the findings of this study cannot be generalized to all individuals on the autism spectrum. Additionally, the study focuses solely on one character from a single television series. Since autism is a spectrum, different individuals show very different communication styles, strengths, and difficulties. By analyzing only Dr. Murphy, the study presents a limited view of how autistic communication can

appear. A broader analysis that incorporates multiple characters or sources could provide a more comprehensive picture of the diversity present in autistic communication. Finally, the interpretation of communication behaviors relies on qualitative observation, which involves a degree of subjectivity. Although the analysis is supported by theoretical frameworks such as Weak Central Coherence, the researcher's selection and interpretation of scenes may be influenced by personal judgment. This can affect the consistency and replicability of the results.

10. Recommendations

The study suggests that to better understand the communication difficulties experienced by autistic people, future research should concentrate on actual autism cases. Examining real-life experiences will help bridge the gap between how individuals with autism are portrayed in the media and their actual lived experiences. Additionally, there is a notable gap in research concerning communication challenges among Kurdish-speaking autistic individuals. While much research has been conducted on autism and language difficulties in various languages, very little or no attention has been given to autistic individuals who speak Kurdish as their first language. Future studies should focus on these areas to develop culturally relevant interventions and enhance the understanding of autism in the Kurdish-speaking population.

List of References

Adams, C., Lockton, E., Gaile, J., Freed, J., and Nash, M. (2012). The social communication intervention project: A randomized controlled trial of the effectiveness of speech and language therapy for school-age children who have pragmatic and social communication problems. *Journal of Child Psychology and Psychiatry*, 53(3), 252–262.

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. {online}. 5th ed. Washington, DC: Publisher. Last accessed 15 March 2025 at <https://doi.org/10.1176/appi.books.9780890425596>.
- Asperger, Hans. (1944). Autistic psychopathy in childhood. *Archiv für Psychiatrie und Nervenkrankheiten*, 117, 76–136.
- Ayres, A. J. and Tickle, L. S. (1980). Hyper-responsivity to touch and vestibular stimuli as a predictor of autistic behaviors. *American Journal of Occupational Therapy*, 34(6), 375–381.
- Bailey, A., Le Couteur, A., Gottesman, I., Bolton, P., Simonoff, E., Yuzda, E. and Rutter, M. (1995). Autism as a strongly genetic disorder: Evidence from a British twin study. *Psychological Medicine*, 25(1), 63–77.
- Baron-Cohen, Simon. (1995). *Mindblindness: An Essay on Autism and Theory of Mind*. Cambridge, MIT Press.
- Bettelheim Bruno. (1967). *The Empty Fortress: Infantile Autism and the Birth of the Self*. New York, Free Press.
- Carroll Daved. (2008). *Psychology of language* (5th ed.). Belmont, Wadsworth Publishing.
- Ersam, Novita M., Rajeg, I., and Dewi, A. (2023). *Language Disorder in the Main Character of Tyson's Run Movie*. {online}. *IJELLACUSH: International Journal of English Language, Literature, and Cultural Studies in Humanities*, 1(3), 13–30. Last accessed 26 May 2025 at <https://doi.org/10.59024/ijellacush.v1i3.291>.
- Frith, U. and Happé, F. (1994). Language and communication in autistic disorders. *Philosophical Transactions B*, 346(1994), 97-104.

- Gernsbacher, M. A. (2014). Autism and psycholinguistics: A developmental perspective. *Handbook of Psycholinguistics*, 1050-1070.
- Gernsbacher, Morton Ann. (2014). Autism and psycholinguistics: A developmental perspective. In G. Gaskell (Ed.), *Handbook of Psycholinguistics* (pp. 1050–1070). Oxford, Blackwell Publishing.
- Griffin, Zachary M., & Ferreira, Victor S. (2006). Properties of spoken language production. In G. Gaskell (Ed.), *Handbook of Psycholinguistics* (pp. 21–59). Oxford, Blackwell Publishing
- Guendouzi, J., Loncke, F. and Williams, M. (2011). *The Handbook of Psycholinguistic and Cognitive Processes: Perspectives in Communication Disorders*. Oxford, Psychology Press.
- Happé, F. (1993). Communicative competence and theory of mind in autism: A test of relevance theory. {online} *Cognition*, 48(2), 101–119. Last accessed 26 May 2025 at [https://doi.org/10.1016/0010-0277\(93\)90026-R](https://doi.org/10.1016/0010-0277(93)90026-R).
- Indah, M. and Yulianti, T. (2022). *Language disorder of autism in 'Atypical' series (2017-2021): A psycholinguistics study*. Journal Research of Social Science, Economics, and Management, 2(5), 798. Last access 23 June at: <https://jrssem.publikasiindonesia.id/index.php/jrssem/article/view/321>
- Joyce, C., Honey, E., & Leekam, S. R. (2017). Barriers to accessing mental health services for parents of children with autism spectrum disorders. *Child and Adolescent Mental Health*, 22(3), 138–145. Last accessed 6 Feb 2025 at: <https://doi.org/10.1111/camh.12209>
- Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217–250.

- Kapp, S. K., Steward, R., Crane, L., Elliott, D., Elpidorou, A., and Pellicano, E. (2019). "People should be allowed to do what they like": Autistic adults' views and experiences of stimming. *Autism*, 23(7), 1782–1792.
- Kojovic, R., Franchini, M., Neil, L., Hippolyte, L., and Schaer, M. (2022). Sensory processing issues and their association with social difficulties in children with autism spectrum disorders. *Autism Research*, 15(5), 835–847.
- Kutas, M., DeLong, K. and Kiang, M. (2006). *From phonemes to discourse: Event-related brain potentials and paradigms for investigating normal and abnormal language processing*. Handbook of Psycholinguistics, pp.153–195.
- Lai, M. C., Lombardo, M. V., Auyeung, B., Chakrabarti, B. and Baron-Cohen, S. (2015). Sex/gender differences and autism: Setting the scene for future research. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(1), 11–24.
- Levelt William (1989). *Speaking: From intention to articulation*. Cambridge, MIT Press.
- Lord, C. and Jones, R. M. (2012). *Autism spectrum disorders: Diagnosis, prevalence, and intervention*. In: D. C. H. Karmiloff-Smith, et al., eds. Handbook of Autism and Pervasive Developmental Disorders. 4th ed. New York, Wiley.
- Lord, C., Brugha, T., Charman, T., Cusack, J., Dumas, G., Frazier, T., Jones, E. and Pickles, A. (2020). Autism spectrum disorder. *Nature Reviews Disease Primers*, 6(1), 5.
- McCann, J. and Peppé, S. (2003). Prosody in autism spectrum disorders: A critical review. *International Journal of Language & Communication Disorders*, 38(4), 325–350.

- Morrison, K., DeBrabander, K., Jones, D., Faso, D. and Sasson, N. (2019). Social cognition, eye contact, and social disability in autism. *Development and Psychopathology*, 31(1), 245–257.
- Mottron, L., Dawson, M., Soulières, I., Hubert, B., & Burack, J. (2006). Enhanced perceptual functioning in autism: An update, and eight principles of autistic perception. *Journal of Autism and Developmental Disorders*, 36(1), 27–43.
- Norbury, C. F. (2005). The relationship between theory of mind and metaphor: Evidence from children with language impairment and autistic spectrum disorder. *British Journal of Developmental Psychology*, 23(3), 383–399. Available at: <https://doi.org/10.1348/026151005X26732>. [Accessed 13 June. 2025].
- Paul, Rhea. (2008). *Language Disorders from Infancy Through Adolescence* (3rd ed.). St. Louis, Mosby Elsevier.
- Pelphrey, K., Shultz, S., and Hudac, C. (2011). Research review: Constraining heterogeneity: The social brain and its development in autism spectrum disorder. *Journal of Child Psychology and Psychiatry*, 52(6), 631–644.
- Prastiwi, D. and Indah, R. N. (2020). Communication disorder in an autistic character in the movie Fly Away: A psycholinguistic study. *Metathesis: Journal of Language, Literature, and Teaching*, 4(2), pp.128–136. Available at: <http://repository.uin-malang.ac.id/6959/> [Accessed 16 Mar. 2025].
- Prizant, B., & Rydell, P. (1984). Analysis of functions of delayed echolalia in autistic children. *Journal of Speech and Hearing Research*, 27(2), 183–192. Available at: <https://doi.org/10.1044/jshr.2702.183> [Accessed 13 May. 2025].
- Robertson, C. and Baron-Cohen, S. (2017). Sensory perception in autism. *Nature Reviews Neuroscience*, 18(11), 671–684.

- Rokhim, R. and Indah, R. (2022). Expressive and receptive language disorder of Shaun Murphy in the Good Doctor series. *Pioneer: Journal of Language and Literature*, 14(2), 554-570. Available at: <https://doi.org/10.36841/pioneer.v14i2.1797> [Accessed 15 March 2025].
- Sterponi, L. and Shankey, J. (2014). Rethinking echolalia: Repetition as interactional resource in the communication of a child with autism. *Journal of Child Language*, 41(2), pp.275–304.
- Tick, B., Bolton, P., Happe, F., Rutter, M. and Rijdsdijk, F. (2016). Heritability of autism spectrum disorders: A meta-analysis of twin studies. *Journal of Child Psychology and Psychiatry*, 57(5), 585–595.
- Tager-Flusberg, H. (2000). Language and understanding minds: Connections in autism. In S. Baron-Cohen, H. Tager-Flusberg, & D. J. Cohen (Eds.), *Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience* (2nd ed., pp. 124–149). Oxford, Oxford University Press.
- Tager-Flusberg, H., Paul, R., & Lord, C. (2005). Language and communication in autism. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders* (3rd ed., 335–364).
- Winter-Messiers, M. A. (2007). From tarantulas to toilet brushes: Understanding the special interest areas of children and youth with Asperger syndrome. *Remedial and Special Education*, 28(3), 140–152.

الملخص

تستكشف هذه الدراسة اختلافات التواصل المرتبطة باضطراب طيف التوحد (ASD) من خلال تحليل نفسي لغوي لشخصية الدكتور شون مورفي في المسلسل التلفزيوني الشهير "الطبيب الجيد". تهدف هذه الدراسة إلى إثبات أن الأفراد المصابين باضطراب طيف التوحد (ASD) يتواصلون بطرق مختلفة، وأن هذه الاختلافات، اللفظية وغير اللفظية، تُسبب تحديات كبيرة في التفاعلات الاجتماعية والعاطفية والمهنية. يستند التحليل على نظرية ضعف التماسك المركزي (WCC)، التي قدّمها فريث وهابي (١٩٩٤)، والتي تفترض أن الأفراد المصابين بالتوحد يميلون إلى التركيز على التفاصيل الدقيقة بدلاً من إدراك السياق الكلي. وتساعد هذه النظرية في تفسير نمط التواصل الفريد الذي يظهر في شخصية الدكتور مورفي، حيث يُنظر إلى اختلافه على أنه نمط تواصل مميّز، وليس اضطراباً بحد ذاته. تستخدم الدراسة تحليل المحتوى النوعي لتحديد المميزات في تواصل الدكتور مورفي في المواقف الطبية والاجتماعية والعاطفية. تُظهر النتائج أن الدكتور مورفي يتواصل بطريقة تختلف عن التوقعات لأشخاص غير المصابين بالتوحد، ويظهر هذا الأسلوب المميّز، من التواصل بسمات تشمل الجانبين اللفظي وغير اللفظي. ويتميّز الجانب اللفظي بوجود تكرار العبارات المسموعة (الإيكولاليا)، والتفسير الحرفي لعبارات الاصطلاحية، وكثرة استخدام المونولوجات الطويلة بدلاً من المشاركة في حوار تفاعلي قائم على تبادل الأدوار، بالإضافة إلى صعوبة في الحفاظ على استمرارية الحديث وتنظيم أخذ الأدوار أثناء المحادثة. أما على مستوى التواصل غير اللفظي، فتُلاحظ مجموعة من السمات، من أبرزها: تجنّب التواصل البصري، قلة أو انعدام استخدام الإيماءات، وغياب تعابير الوجه المناسبة للموقف، أو ظهور تعابير جامدة وغير متطابقة. كما يتسم حديثه بنبرة صوتية رتيبة (مونوتونية) تفقّر إلى التنغيم العاطفي. وغالباً ما تؤدي هذه الخصائص إلى حالات من سوء الفهم وإحراج اجتماعي أثناء التفاعل مع الآخرين. تخلص الدراسة إلى أن الدكتور مورفي، بوصفه شخصية مصابة بالتوحد، يمثّل نموذجاً لتواصل مختلف، وأن هذه الاختلافات هي جزء من طبيعة التوحد وليست مجرد سلوك تمثيلي أو درامي. كما تُبرز الدراسة الحاجة إلى فهم أعمق لأنماط التواصل لدى الأفراد المصابين بالتوحد، بما يساهم في تعزيز التقبّل والدمج المجتمعي.

الكلمات المفتاحية: اضطراب طيف التوحد (ASD)، علم النفس اللغوية، تحديات التواصل،

التواصل اللفظي وغير اللفظي، سلسلة الطبيب الجيد The Good Doctor

پوخته

ئەم توێژینەوێه شروقهی تایبەتمەندی و جیاوازییەکانی ئاخوتن و پەيوەندی زارەکی و نازارەکی رۆلگیر د.شۆن مۆرفی دەکات، لە زنجیره درامای ئەمریکی پزیشکە باشەکه. که نمایندهی پزیشیکی هەلگری ئوتیزمه له دراماکەدا، به بەکارهێنانی رییازی وەسفی و چۆنایەتی، توێژینەوێه که تیشک دەخاته سەر ئەو دیمەنەنە که تێیدا جیاوازییەکانی زمانی د.مۆرفی وەک تاکیکی ئوتیزم بەروونی دەرەکهوێت. لیکۆلینەوێه که پشتدەبەستیت به چوارچێوهی تیۆری فریس و هاپی (۱۹۹۴)، که ئاماژە دەدات به تایبەتمەندییەکانی زمان لای هەلگرانی ئوتیزم. دەرەنجامەکانی توێژینەوێه که ئەو دەرەخەن که شیوازی ئاخوتنی د.شۆن مۆرفی جیاوازه و تایبەتمەندی خۆی هەیه. ئەم خەسڵەتەنەش له چەندین پرووه دەرەکهوێت، لەوانه بهکارهێنانی ئیکۆلالیا (دووبارەکردنەوێه دەستەواژە بیستراو)، لیکدانەوێه واتایی بو زمانی مەجازی، وەکو ئیدیۆم، میتافۆر و تەنر. پەیفین به شیوازی مۆنۆلۆگ و هەبوونی گرفت له بەردەوامیدان و نۆره گرتن له گفتوگۆدا. سەرەرای ئەمانه، پەيوەندی نازارەکی د.مۆرفی به هەمان شیواز، تایبەتمەندی خۆی هەیه. نمونەه بهکارهێنانی دەربرینەکانی روخسار به شیوازیکی گونجاو، کهم بهکارهێنانی زمانی جەستە و پەيوەندی نەگرتن لەرێگەه چاوهوه. لهگەڵ نەبوونی بەرزی و نزمی له تونی دەنگدا. له ئەنجامدا، توێژینەوێه که ئەو دەسەلمینیت که شیوازی ئاخوتن و پەيوەندیکردنی دکتۆر مۆرفی جیاوازه له خەلکی ناسایی و هەلگری تایبەتمەندی خۆیەتی، ئەمەش رەنگدانەوێه جۆریکی تایبەتی بیرکردنەوه و زمانه، که سەرەدەکشیت بو بەدحالییوون و ئالەنگاری لەکاتی وتووێژدا.

کلیله وشەکان: ئوتیزم، ئاستەنگەکانی زمان و تیگەشتن، زمانەوانی دەرروونی، زارەکی و

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