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A CDA Perspective on Mental Health Discourse in the Entertainment Industry

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Abstract

The present study explores mental health discourses within the entertainment industry through the perspective of Critical Discourse Analysis, with the purpose of discussing how mental health issues are narrated, formulated, and represented in popular television programmes. This paper fills the gap by analysing the representation of mental health in three most-viewed TV series: *13 Reasons Why*, *The Big Bang Theory*, and *BoJack Horseman*. These shows depict mental health in a very different way: from adolescent struggles to complex adult issues, which makes them suitable for comparative analysis. The eclectic CDA model follows the embeddings of the elements of van Dijk's socio-cognitive approach and Fairclough's three-dimensional framework, adding Gee's analysis of discourse as social practice. The objectives of the study will be to identify the linguistic and narrative strategies through which mental health is represented, to analyse the ideological underpinning that informs such portrayals, and to examine the effects of such portrayals on audience understanding of issues about mental health. Because findings now strongly indicate that *13 Reasons Why* sensationalizes mental health problems for dramatic effect, while *The Big Bang Theory* tends to lighten up rather serious issues through humor and stereotyping, *BoJack Horseman* does a more critical and nuanced analysis of the same via dark comedy. Each of these portrayals contributes toward a complex understanding of mental health in popular culture, inspiring both public discourse and societal attitudes. The study calls for an increase in responsible and realistic media representation of mental health.

Keywords: Mental Health, Entertainment Industry, Television, Media, Representation, Critical Discourse Analysis

1. Introduction

The representation of mental health in media has been a controversial issue for quite some time, more so within the ambit of the entertainment industries. As television is one of the most powerful forms of media in modern society, the ways of depicting mental health in TV series play a significant role in forming public understanding, attitude, and perception about this issue. Be it light sitcoms or intense thrillers, the entertainment industry holds immense power over shaping perceptions of mental health among its audiences. While media portrayals may indeed raise awareness of or help fuel empathy for certain mental health issues, at the same time, portrayals in media can perpetuate stereotypes, distort realities, or trivialize serious conditions. It is therefore important that the language and discourse involved in these representations are investigated critically, with a view to gain an understanding of the ideological and social implications constituted and constituted by such representations.

This is all the more urgent in view of the prevalence of mental health disorders around the world. The World Health Organisation reports that mental disorders are leading causes of disability worldwide and affect millions. Over recent years, there has been a palpable shift regarding how mental health is discussed within public discourse and popular culture. The representation of mental health in entertainment is erratic at best—from overdramatised to more realistic, yet nonetheless flawed. While some TV shows have won accolades for being more sensitive with respect to mental health, such as *BoJack Horseman*—a diving insight into depression, addiction, and self-identity—some series, like *13 Reasons Why*, have come under fire over claims it glamorizes or trivializes suicide and mental illness. These representations, though varied, speak to a larger issue that is at once about the framing of mental health in media and the effect such portrayals have on public understandings and stigmatization of mental health issues.

The present study is an effort to elaborate on the discourse on mental health in regard to the entertainment industry and shall focus upon television programming. The present research tends to extract the way in which mental health issues are constructed and represented, along with their compliance or reluctance to comply with the mainstream views of a society within three television shows—namely: *13 Reasons Why*, *Big Bang Theory*, and *BoJack Horseman*—by investigating its language, narrative strategies, and ideological undercurrents. With the increasing prominence of mental health issues in popular media, what is surprisingly lacking within the literature is exactly how such sets of issues are framed—both linguistically and ideologically—speaking—from the perspective of Critical Discourse Analysis or CDA. This gap thus forms the basis for this study, attempting to use CDA as the tool with which to unpack the underlying meanings, power structures, and social practices wrapped up within the discourse of mental health in the entertainment industry.

The research objectives are manifold in this study. First, this paper will try to identify various linguistic and narrative strategies that are used to represent mental health in the selected television programmes. This shall comprise the particular language selected for portraying mental health issues, the metaphors, and the nature of narrative structures that have been used.

Second, it looks into what ideologies form a backdrop for these portrayals. It also strives to determine how the language constitutes and supports power, identity, and social norms in influencing the audience's interpretation of mental health. The study will also establish the extent to which these portrayals may have effects on the audience's view about mental health issues. The study will hopefully add to the growing body of knowledge regarding the part the media has played in shaping societal attitudes toward mental health through an examination of how such shows shape the public discourse.

These objectives are going to be addressed in the context of the following research questions that will guide the study:

1. How does mental health come across in the three television programmes *13 Reasons Why*, *Big Bang Theory*, and *BoJack Horseman*?
2. What are the linguistic and narrative strategies used to construct mental health issues in the programmes?
3. What ideological underpinnings are present in the portrayals of mental health in the shows?
4. How do these portrayals influence the public's understanding of mental health in terms of stigma, empathy, and awareness?

The present study shall be limited to the qualitative analysis of three popular TV programmes that gained much attention for portraying mental health issues. These programmes were selected because of their high popularity, cultural influence, and the varying ways mental health is presented—from the comedic approach to neurodiversity and social awkwardness in *The Big Bang Theory*, to dark introspection on depression and addiction in *BoJack Horseman*, to the raw presentation of suicide and bullying in *13 Reasons Why*. These episodes and individual scenes of the sample will give a detailed account of what specific television programmes deal with, such as those issues involving mental health concerns like anxiety, depression, self-harm, and suicide. The current study shall follow the structure provided by Critical Discourse Analysis, which is able to examine language use and also its reflection of social power structures. The eclectic CDA model used in this study is a blend of elements from van Dijk's socio-cognitive approach, Fairclough's three-dimensional model, and Gee's Discourse as social practice theory. This enables an even deeper analysis of the complex inter-relationships between language, power, and society within the representation of mental health.

This study is an attempt to further refine the idea of how mental health is represented by the entertainment industry and what impression these representations leave upon society. While mental health remains a critical issue worldwide, media portrayals have undoubtedly played a significant role in shaping public discourse and informing the understanding of people. This work thus attempts to illustrate both the potential dangers of media representation and ways in which that medium can promote positive change through a critical analysis of how mental health is framed in the medium of television. It will contribute to ongoing conversations in both media studies and mental health advocacy through the discussion of discourse, ideology, and

power that will be woven throughout the text as a means of offering insight for more responsible and accurate portrayals of mental health in popular culture.

2. Literature Review

Representation by mental health in media has been a valuable area of research over the last few decades, particularly in the light of the ways in which such portrayal influences public perception, attitude, and behavior. As an active socialising agent, the media is integrally involved in shaping how mental illness is known and represented. Especially, TV has emerged as one of the major media through which mental health issues are represented to wide audiences and, as such, requires a critical look at the language, discourses, and ideologies inscribed in the portrayals. The review of the literature discusses past research that has been conducted with regard to the interface between media and mental health, focusing on the entertainment industry and the role of television, in conjunction with the theoretical frameworks used in order to analyse media discourse in the context of mental health.

2.1. Mental Health in the Media

Historically, the way media have represented mental health has been criticised for misrepresenting or simplifying mental health issues. Much of the early research into the media portrayal of mental illness concentrated on negative and stigmatising ways people with mental health conditions were depicted. According to Pirkis and Francis (2012), media have traditionally fostered stereotypes about mental illness through depictions of individuals with psychiatric disorders as violent, unpredictable, or dangerous. These representations contributed to a general climate of stigmatisation for mental health problems and supported the stereotype that mental illness is something to be feared or avoided. This social presentation served to colour how those with mental health conditions were treated in society, and, therefore, individuals would be afraid to seek help for their struggles (Wahl, 2003).

Early portrayals of mental illness on television tended to be restricted to those suffering from psychosis or violent tendencies. This did little to deal with the intricacy of the issue but rather put forward only sensationalised or exaggerated versions of illness. These portrayals were extremely deleterious to the public view of mental health, serving only to enhance negative stereotypes and contribute to a wide-based social stigma. They also seldom provided examples of the numerous experiences comprising life with mental health conditions, further stigmatising those not fitting into the narrow category called "the mentally ill."

From the late 20th century up into the early 21st century, even the media began to show such changes in attitude toward mental health. With increased awareness of mental health problems, supported by campaigns to reduce stigma, there are now more varied and sensitive depictions of mental illness in the media. In particular, mental health started to become more bluntly addressed in television programmes and provided a venue to discuss depression, anxiety, addiction, and other disorders. This growing representation is not only a manifestation of shifting social values but a very clear attempt by the entertainment industry to connect with a wider and more diverse audience.

2.2. Television as a Medium for Mental Health Discourse

Because television holds a singular niche in media, reaching into a larger and more diversified audience than other media outlets, the ability to hold immense influence over public perceptions of mental health exists. Researchers have long emphasised a role of television in shaping societal norms and understandings, particularly about issues of identity, behavior, and social categories (Cohen, 2001). TV is a media format that has equal potential to challenge or reinforce dominant cultural ideologies, and the ways in which mental health are depicted in such shows have deep consequences in viewers' attitudes towards mental illness.

Indeed, television for a long time has been one of the viable media through which narratives were created and people made sense of rather more intricate social issues, including mental health. Much of the scholarship has focused on the role that television has played in influencing public understandings of mental illness. For example, Schiappa et al. (2005) reported that, using a nationally representative sample of young adults, TV portrayals of mental illness were found to have a statistically significant impact on viewer attitudes towards those with psychiatric disorders. Such portrayals simultaneously may operate to decrease stigma and increase empathy, and perpetuate negative stereotypes and misinformation, particularly in popular television dramas and comedies.

The most striking and powerful example is the *13 Reasons Why* Television Series, running from 2017 to 2020, which had so colourfully described how mental problems were faced by a teenage girl named Hannah Baker due to bullying, depression, and ideation of suicide. Some people had praised it for tackling such a sensitive topic as suicide with such boldness and trying to open up the discussion of mental health with adolescents. However, it also received considerable criticism due to the dramatisation and sensationalizing of suicide it depicted, hence creating imitative behaviors for the most vulnerable subjects (Gibbons & Morrow, 2019). That points to a critical issue in media portrayals of mental health: the very thin line between raising awareness and inadvertently glamorizing or trivializing serious issues.

At the same time, other series, such as *BoJack Horseman*, draw critical acclaim by exploring those mental issues a little more realistically. *BoJack Horseman* fuses dark humor and satire in handling depression, addiction, self-doubt, and even existential crises. It has been highly appreciated for its frank portrayal of the mental health struggle, especially with regard to challenges in living life as a celebrity with unresolved emotional trauma. Some critics praise *BoJack Horseman* for excelling in depicting the gravity and complexity of mental disorders while at the same time critically examining the superficial and often dismissive engagement with mental health issues found in mainstream popular culture (Weiner, 2016).

Consequently, television has been an increasingly important site where mental health discourse is negotiated, reflecting and constructing public understandings about these issues. While many contribute to positive social change in regard to more real and empathetic portrayals of mental illness, others still rely on stereotypes or very reductive narratives that may be able to perpetuate stigma and misunderstanding.

2.3. Theoretical Frameworks in Analysing Media Representations of Mental Health

In order to grasp how mental health is constructed in the discourses of television programmes, scholars have referred to a variety of theoretical frameworks highlighting the connections of language, power, and social norms. One of the most conspicuous approaches evident in the analysis of media discourses emanates from Critical Discourse Analysis. The methodological approach of CDA has been applied to explore how language illustrates, recreates, and resists structures of social power (Fairclough, 1995). Centering on the discursive construction of meaning, CDA has thus far empowered researchers to investigate which underlying ideologies and power relations constitute the representation of mental health in the media.

The socio-cognitive approach in CDA by van Dijk (2006) says that mental representation and cognition are very significant in the building of discourse. According to van Dijk, media discourses are not a reflection of social realities but are active in nature—they form part of the cognition which builds up in the minds of their audience regarding the reality. Media representations through the analysis of language use may indicate how stereotypes, biases, and ideological positions encode the representation of mental health issues. This is highly relevant in the case of television since the language used by characters and narrators can construct particular social categories—such as "the mentally ill"—in ways that reflect or resist dominant views in society.

Another helpful framework in examining the representations of mental health through media is Norman Fairclough's three-dimensional model for discourse analysis, outlined in his 1995 book. The essential aspects of Fairclough's approach have to do with the relationship between language, social context, and power. It is a suggestion of a method by which researchers can examine the discursive practices in which mental health representations exist and the social structures these representations reinforce. By applying Fairclough's framework to the said bodies of television programmes, researchers can then identify how such mental health discourse reflects and at the same time perpetuates cultural norms about mental illness, including issues of stigma, power, and identity.

In addition, Gee's (2014) discourse-as-social-practice theory enriches the insight into how mental health in its media representation is framed through broader societal forces. Discourse, as Gee puts it, is not really about language; it is about the social practices and contexts within which people use language. Through an analysis of discourses of mental health on television shows themselves, it would therefore be possible to uncover the social practices that constitute mental health issues in particular ways. Such discourses occur within cultural, political, and historical contexts that also shape individual and community-level perceptions about challenges in mental health and their responses.

2.4. Impact of Media Portrayals on Public Understanding of Mental Health

The most important concerns regarding the media portrayal of mental health issues revolve around how such portrayals might influence public views and behaviors. In fact, according to research, media representations can influencefully shape people's ways of thinking about and

making sense of mental health issues (Tew et al., 2012). On one hand, appropriate representation of mental illness in a sensitive and realistic manner can decrease stigma and increase awareness about the issue of mental health. On the other hand, negative or unrealistic portrayals run the risk of continuing to promote deleterious stereotypes, less-than-informed attitudes, and discourage help-seeking behavior.

For example, the way media portrayals of mental illness were associated with the treatment-seeking probability of the viewers. As Pirkis et al. (2011) mentioned, the representations that depict mental illness as dangerous or out of control raise fear and support stereotypes, which reduce the probability that anybody would actually use the services for mental health. Whereas the shows treating the problem of mental disorders with empathy and realism contribute to a decrease in stigma and positive attitudes toward professional help.

Moreover, this effect is most relevant to the discussion of the effect of television on vulnerable audiences. From the research of Lemmens et al. (2017), one could observe that the group of adolescents and young adults are more susceptible to the media portrayal regarding mental health due to their developmentally sensitive stage for views on mental illness. On the other hand, such television shows as *BoJack Horseman* or *13 Reasons Why* depict the mental struggle of a person in quite an appropriate way and serve to normalise such situations, which may help young viewers seek help where needed.

However, scholars have also warned that there is a thin line separating awareness from sensationalism and trivializing, which is exceptionally great in those serialised programmes that sensationalize suicide or self-harm since such portrayals create a "contagion effect" (Gibbons & Morrow, 2019). Given the power of influence and information through television programmes, therefore, any engagement with mental health should be responsibly done in an informed manner, especially on sensitive topics such as suicide and trauma.

2.5. Gap in the Literature

The representation of mental health is still a very relevant domain of investigation in media and communication studies. Critical Discourse Analysis, van Dijk's socio-cognitive approach, and Fairclough's three-dimensional model are the most valuable instruments that allow us to expose how mental health issues are constructed within the media discourse. These frameworks allow researchers to uncover ideologies, power relations, and social practices that shape media portrayals of mental illness. Furthermore, the depiction through media reflects in public understanding of mental health-the more accurate and empathetic it is, the lesser the stigma and greater the attempt to seek help; on the flip side, when portrayed in a wrong or sensational manner, exactly the opposite happens. It follows that scholars, media producers, and advocates have an obligation with regard to mental health to engage critically in how mental health is represented in the entertainment industry, especially through television, so that such portrayals are representative of a more enlightened, humane, and socially sensitive conception of mental illness.

3. Methodology

This paper is underlain by the analysis of a discourse related to mental health problems in the entertainment industry, i.e., within the frameworks of popular TV programmes. In this respect, the qualitative research approach is implemented with recourse to CDA for deeply exploring how mental health is visually represented in selected TV shows through linguistic and narrative strategies, and what ideological constructs underpin these representations. Given the nature of the research, an approach that uses qualitative methods is particularly applicable since it permits a focused analysis of how mental health is constructed through media and what role the language and social practices play in shaping this public understanding. The next sections outlines the nature of the study, methods of data collection, the model of analysis, considerations regarding ethics, and procedures for the analysis of data.

3.1. Nature of the Study: Qualitative Approach

This research has utilised a qualitative research design because it aims at exploratory and descriptive variants, which concern the social construct and use of power involved in the representation of mental health on television. As opposed to quantitative research, which focuses on numerical data and statistical relationships, qualitative research gives emphasis to depth, context, and meaning and is ideal for the analysis of complex cultural phenomena that media portrayals of mental illness represent. The present study, in that direction, limits itself to a few selected television programmes to unravel the underlying theme, discourses, and ideologies. It presents an in-depth examination of the narrative strategies by the creators of the particular televisual texts. This study does not aim at generalising its findings on a larger population but locates itself with an in-depth understanding of how mental health is framed within popular media.

This study will adopt a Critical Discourse Analysis approach as the core methodology, given its focus on language and social implications. CDA provides the basis for detailed analyses of language in media texts so as to make sense of how power relations, ideologies, and social norms are constituted. Through the focus on discourse as social practice, CDA helps to tease out ways in which media representations of mental health both reflect and reproduce societal attitudes. This approach would be adopted because the aims of the research include analysing the linguistic and narrative strategies used in representing mental health, discussing some of the ideological underpinnings of such portrayal, and seeing what effects such representations have had on the public's conception of mental health.

3.2. Data Collection and Description

Data collection in this research involves episode and scene selection, followed by analysis from three highly viewed television programmes: *13 Reasons Why*, *The Big Bang Theory*, and *BoJack Horseman*. These are selected because of their prominence within popular culture and for directly addressing mental health issues. Each of these shows offers a different perspective on mental health and thus presents a perfect case for comparison.

- *13 Reasons Why* (2017-2020) covers the suicide of a high school girl, Hannah Baker, and the social dynamics that led to the deterioration of her mental health. The show has

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been at the center of controversy given its graphically problematic portrayal of suicide, joining widely debated discussions in the media about responsibility when it comes to sensitive topics.

- *The Big Bang Theory* (2007 to 2019) was an extremely popular sitcom, which regularly dealt with social awkwardness, anxiety, and neurodiversity through the character Sheldon Cooper, whose on-screen behavior often displayed characteristics typical of obsessive-compulsive disorder (OCD) and ASD. It has garnered praise for some normalising but also been criticised for trivializing such mental health concerns.
- *BoJack Horseman* (2014–2020): It is an animated series exploring dark themes of depression, addiction, and self-doubt in much satire. Many a time, the show is noted for the candidness and difficulty with which mental health issues are approached using humor to get the difficult subjects across.

The six selected episodes chosen for analysis here are those that directly engage the mental health themes of depression, anxiety, suicide, and substance addiction. These will be identified where appropriate to the central themes of the study and useful in illustrating the framing of mental health in each show. Transcripts are to be made for each episode, and in conducting the analysis, both the verbal and non-verbal aspects of the discourse under consideration will be considered, including body language, tone, and visual symbolism.

3.3. Model of Analysis: Critical Discourse Analysis (CDA)

The eclectic model for conducting Critical Discourse Analysis in the present study is imbued with elements from theories and works of renowned scholars like Norman Fairclough, Teun A. van Dijk, and James Paul Gee. In essence, this eclectic model allows for an overall linguistic-cognitive-social dimension of discourse analysis for the representation of how mental health is constructed in selected television programmes.

- Socio-Cognitive Approach of Van Dijk: The backbone of every discourse, according to Van Dijk (2006), is mental representation. The socio-cognitive approach to CDA espoused by Van Dijk centres on the cognitive mechanisms that influence the way in which information is perceived, comprehended, and conveyed. This research will be premised on van Dijk's model in order to explore how mental health is being framed about individual and social identity and how such framing of concepts moulds audience perception about mental illness.
- Three-Dimensional Model by Fairclough: The 1995 three-dimensional model of CDA by Fairclough provides the format to analyse the relationship among the text, discursive practice, and social practice. This model will be applied to examine how language is used in the television shows to construct particular discourses of mental health and exactly how these discourses reflect and reinforce societal norms and power structures.
- Gee's Discourse as Social Practice: Gee (2014) looks at discourse as an action that is social in nature; thus, context is in place while analysing language. In this regard, this will permit an examination into how the context of the show—that is, genre, narrative structure, and target audience—shapes how mental health is represented. Gee's model is

also going to be helpful for analysis, investigating how the different forms of discourse (e.g., character dialogue, visual imagery, and narrative framing) interact in constructing meaning.

The integration of the approaches examined in this study will go a long way in providing a holistic analysis of the language and narrative strategies of representation employed in depicting mental health in selected TV shows. The eclectic CDA model allows the researcher to look into the features of discourse both at the micro-level, for example, language, metaphors, symbols, and the macro-level ideologies and social practices that underlie such representations.

3.4. Ethical Considerations

Given that this study will be centered on the analysis of public television content, the main ethical issues relate to responsible use of media representations and interpretation of sensitive themes, such as mental illness. In this respect, since no contact with human subjects is foreseen, the researcher will take responsibility for guaranteeing that analyses of mental health representations are done appropriately, with respect and accurate regard for the subject matter.

Particular attention will be given to the depictions of mental health problems in a way that does not perpetuate harmful stereotypes or dismiss any serious condition as less than it really is. The researcher will discuss the findings in a manner sensitive to the possible repercussions of media portrayals on viewers, especially those who may be personally affected by mental health issues.

This study also adheres to the ethical guidelines on proper citation and analysis that will be considered as NCDs, non-biased, objective, and respectful of the material. Since such studies know of the many different complexities and variations in the way mental health is represented across shows, they must be cautious of generalising findings or making sweeping judgments about the analysed programmes.

3.5. Procedures of Data Analysis

The data analysis will be made through the following procedures or steps:

1. **Data Collection:** The researcher shall identify and select particular episodes from *13 Reasons Why*, *The Big Bang Theory*, and *BoJack Horseman* that explicitly address mental health matters. The selection of these episodes will be grounded on their thematic relevance and significance in the series context.
2. **Transcription:** The selected episodes will be transcribed; special attention will be given to the actual dialogues, along with non-verbal features like body language or facial expressions that help construct the discourse on mental health.
3. **Initial Coding:** The researcher will conduct the initial coding to explore emergent themes, phrases, and linguistic strategies related to mental health. This will include highlighting the key extracts from the transcripts and categorising these according to theme-for example, depression, anxiety, stigma, and resilience.
4. **Thematic Analysis:** Using the preliminary codes, the researcher will perform a thematic analysis to reveal the dominant discursive strategies and ideological stances in every episode.

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Thus, framing of mental health issues in the shows will be closely examined in terms of metaphors used, word choice, character interaction, and visual representation.

5. Critical Discourse Analysis: The researcher will then apply the CDA method to the analysis of social power dynamics and ideologies embedded in the discourse. This will include an analysis of how mental health is represented as reflecting or challenging dominant cultural narratives about mental illness, and the ways in which power relations-between characters, societal pressures, and institutions-are represented within the discourse.

6. By comparing all the programmes, similarities and differences emerge in regard to the representation of mental health issues. From this, the researcher can deduce how different television programmes construct issues of mental health and the implications of these constructions on the audience's perception of mental illness.

7. Interpretation and Conclusion: This is where the researcher will interpret findings in light of prior research into media representation of mental health and make use of the findings to tease out more generalised implications for public discourse and societal views on mental illness.

4. Data Analysis

The respective section presents a Critical Discourse Analysis of mental health discourses in three television series, namely *13 Reasons Why*, *The Big Bang Theory*, and *BoJack Horseman*, chosen with the model of Critical Discourse Analysis. To do so, Fairclough's three-dimensional model of discourse, along with Van Dijk's socio-cognitive approach and Gee's theory of discourse as social practice, are combined in an eclectic approach. Each quote from the chosen series will be analysed for its linguistic, narrative, and ideological features concerning power dynamics, social representations, and cognitive framing of mental health issues. One of the ways in which we can gain an understanding of how mental health is constructed, represented, and understood in popular television is through discourse.

4.1.13 Reasons Why

The story of *13 Reasons Why* is centered on the story of a high school student named Hannah Baker who commits suicide after a series of horrific experiences. Throughout the series, mental health issues such as depression, suicide, and bullying are exposed in often very controversial ways. The following two quotes of this series will be analysed to find the ways mental health is represented and the ideological underpinning of such portrayals.

4.1.1. Quote 1: Hannah Baker's Suicide Letter

Quote:

"You don't know what it's like to be me. You're not me. And you don't understand what it feels like to be left out, ignored, or alone." — Hannah Baker, *13 Reasons Why* (Season 1, Episode 1)

Analysis:

This is quite a pivotal quote in the series, as it basically summarises Hannah's feelings of loneliness and psychological misery that drive her to commit suicide. The language herein is very emotive and personal; first-person pronouns, such as "You don't know what it's like to be me", emphasise subjectivity on the part of Hannah. This agrees with the socio-cognitive

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approach in CDA, whereby personal mental representations of the experiences of individuals are essential in constructing their sense of self and influencing how others interpret their behavior (Van Dijk, 2006).

This, of course, can be seen through a Faircloughian perspective—as a direct challenge to structures that fail to recognise or validate an individual's emotional struggles; it becomes a diachronic reckoning. To frame mental health within the story of a person serves to point out the differential power between Hannah and the norms she finds which exclude her. The framing of mental health in terms of isolation—as this paper does through its discursive practice—speaks to a wider social issue: namely, the marginalisation of persons with mental illness, particularly in settings that value social conformity, such as high school.

The quote also agrees with the social practice theory of Gee because it reflects a certain social practice: the dismissal and, to an extent, ignorance regarding the emotional requirements of teenagers. The one in the context of the show is a silent commentary on how school settings lack the ability to support students' mental well-being. Gee's emphasis on "discourse as social practice" allows us to realise that it is not the individual experience but the culture of negligence regarding mental health that contributes to a vicious circle of emotional distress being misunderstood or disregarded.

4.1.2. Quote 2: Clay Jensen's Realisation

Quote:

"I should've seen it. I should've done something. I should've helped her." — Clay Jensen, 13 Reasons Why (*Season 1, Episode 13*)

Analysis:

It is a guilt608 moment: one of the protagonists, Clay Jensen, in the series *13 Reasons Why* reflects on his careless behavior regarding Hannah's idea in the final act and how he did not raise suspicions until it was too late. The repetition of "I should've" points to Clay's inner struggle and accusation of guilt; this message is emotionally heavy because it reflects the weight of his blame for what happened to Hannah. As the socio-cognitive perspective would suggest, use of "I" displays the cognitive processes by which an individual came to understand his or her actions and their consequences. In other words, Clay is struggling with the incoherence of his image of self as a passive bystander with the image of self that he would like to hold as a caring friend or active participant in his social world.

The quote, through Fairclough's model, is a good example of how the discourse in *13 Reasons Why* discusses the societal discourse of responsibility and guilt in the context of mental health. The story portrays Clay as a character who is socially and morally obliged to intervene, while the discourse simultaneously emphasises how too often people feel unable or ill-equipped to act against a mental health crisis. This represents a far greater failure of society to educate and equip individuals with the skills and knowledge to deal with mental health within the immediate social environment. It is part of the balance of power at play in this very scenario, which also includes Clay's individual sense of guilt framed by the greater societal narrative that

puts the onus for responsibility of mental health squarely on the person rather than on structural support mechanisms.

As Gee observes, the self-blame here tells us of the social obligation with which one would be charged to be responsible for the well-being of others, in situations where most mental health problems are complex and ill-understood. Therefore, such dynamics suggest the interplay that is there between personal agency and societal responsibility in responding to mental health crises in highlighting the limits of individual action within the social system that is so unprepared for these issues.

4.2. The Big Bang Theory

The Big Bang Theory presented a lighter though profound representation of neurodiversity and mental health—for example, the behaviors of Sheldon Cooper fulfill many of the characteristics for obsessive-compulsive disorder (OCD) and ASD. While somehow employing humor to explore these issues, the show reflects and critiques societal attitudes toward mental health and neurodiversity.

4.2.1. Quote 1: Sheldon Cooper's Social Anxiety

Quote:

"I don't want to go. I don't like people. People are the worst." — Sheldon Cooper, *The Big Bang Theory* (Season 4, Episode 4)

Analysis:

This quote really epitomises how much Sheldon is uncomfortable with people and serves as a clear example of how the show uses humor to deal with mental health. The phrase "People are the worst" describes how anxious Sheldon feels in a social situation, but the exaggeration of his statement adds humor and might minimise just how serious his discomfort truly was. The threatening, uncomfortable character of "people" in Sheldon's mental representation is a result of the very socio-cognitive approach developed by Van Dijk, wherein the cognitive structure guides him in his relations and informs him about what happens in social contexts. According to him, Sheldon has been socially scripted as an eccentric, something disconnected from social norms based on the premise that people with neurodivergence are supposed to be different from others.

It is in this statement by Sheldon, using Fairclough's model, as discourse which reinforces the stereotype of people with mental health conditions being socially alienated and awkward. The humor in the dialogue functions as a social practice in which Sheldon's behavior becomes legitimised by making it entertaining rather than something to be critically analysed. This discourse meanwhile tends to water down the complexity of neurodiverse conditions and social anxiety, which reduces the audience's understanding of how serious real challenges associated with mental health conditions are.

According to Gee, Sheldon's performance of speech stands as a social practice whereby neurodivergent behaviors are seen through the prism of humor and otherness. He further indicates that such a comic tone drains any potential for stronger reflection on psychiatric issues as it tends to view the latter as positive features versus pathological ones. What this social

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practice here points to is the understanding that neurodivergent persons are supposed to function in a normative social schema, while deviations from that schema are dealt with like eccentricities to laugh at, not behaviors which deserve empathy or support.

4.2.2. Quote 2: Leonard Hofstadter on Sheldon's OCD

Quote:

"It's not that he doesn't care, it's that he's too focused on being right. He's like a walking, talking encyclopedia of bad behavior." — Leonard Hofstadter, *The Big Bang Theory (Season 2, Episode 11)*

Analysis:

This tension in how the show foregrounds understanding versus tolerance is well-captured in this quote from Leonard Hofstadter. Where Leonard explains a rationale behind Sheldon's obsessive-compulsive tendencies, the characterisation of Sheldon as a "walking, talking encyclopedia of bad behavior" figures Sheldon's behaviors as something one endures rather than explains. It is the socio-cognitive perspective that suggests that Leonard's cognitive framing-in terms of a "string of bad behaviors"-reflects the cultural stigma associated with mental health disorders like OCD. The framing of Sheldon as a "walking encyclopedia" positions him as tolerated or accommodated outsider rather than someone whose mental health issues require understanding and compassion.

Fairclough's analysis redraws how the language constructs power in such representations of mental health. Leonard's utterance keeps Sheldon's behavior at a point of being tolerant of it, rather than understanding and completely accepting it. Therefore, the understanding herein is that even neurodivergent individuals must fit into the requirements set forth by society, which may also mean excessive accommodation on the part of society. It is the larger social discourse, isolating or marginalising those with mental health issues, pointing to "abnormal" behaviors, and not challenging structural factors that may be contributing to struggling.

From the framework of Gee, it was clear that the social practice involved was one that both required and anticipated the neurodiverse to "fit in" or be regarded as "quirky" without any real view or value into their conditions. The fact that Sheldon was framed as an eccentric character rather than diagnosed with a diagnosable condition speaks more to the greater tendencies of minimising mental health disorders when they are under the veil of humor.

4.3. *BoJack Horseman*

BoJack Horseman is an acclaimed animated series that handles addiction, depression, and existential despair. The show carries itself precariously, balancing sensitivities of mental health with humor and pathos.

4.3.1. Quote 1: *BoJack Horseman* on His Depression

Quote:

"I'm not a good person. I'm a bad person who just happens to be sad." — *BoJack Horseman*, *BoJack Horseman (Season 1, Episode 1)*

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Analysis:

This quote captures BoJack's internalised understanding of his own value and the very tricky interplay that occurs between mental health and perceptions of one's self. His profession to be "a bad person" reflects the frequently associated stigma that applies to mental health, in particular to depression. From a socio-cognitive perspective, BoJack reveals something about his cognitive schema: his self-worth is directly linked with the state of his depression. Such a view is a reflection of some distorted mental representation-in the sense that depression is viewed as if one is flawed morally rather than the fact of its being an illness.

According to Fairclough, BoJack speaks with his utterance against societal attitudes about mental illness. It only challenges the general belief of people with depression that they are "flawed" or "bad". By further defining depression as the defining attribute of his being, BoJack silences himself and reinforces the power of negative social narratives about mental health, portraying people with mental illness as morally or psychologically defective.

The quote explains the social practice of aligning personal value with mental health through the lens of Gee's perspective. BoJack identifies with the pressure that society places on him to appear "normal" and successful, when in fact it masks actual emotional struggles. The example above shows the above-mentioned practice, which can be seen from the overall portrayal of BoJack throughout the show: outwardly successful but deeply disturbed internally; this further underlines the gap between what is publicly presented and what actually occurs behind closed doors in the discursive frame within which mental health is presented.

4.3.2. Quote 2: BoJack on His Self-Destructive Behaviors

Quote:

"I don't know if I'm a good person or a bad person, but I know that I'm not a happy person." — BoJack Horseman, *BoJack Horseman (Season 2, Episode 6)*

Analysis:

This quote exposes the existential confusion and emotional paralysis that defines BoJack's character. Unlike the first quote, in which BoJack definitely labels himself "bad," this statement brings out his effort to continue to reconcile his identity with the mental health condition of his. This is one of the major themes of the show: it is hard to find meaning and satisfaction in life despite the external successes. Speaking socio-cognitively, BoJack's confusion of "good" and "bad" speaks volumes about cognitive dissonance experienced through depression and self-loathing. He fails miserably at aligning internal emotional pain with external achievement; hence, inadequacy and despair have consumed him.

Fairclough's model would suggest that this conversation is indicative of how mental health is framed in binary terms-good vs. bad, happy vs. sad-with no real recognition of the gray middle ground of illness. In BoJack's case, his emotional pain is indescribable and impossible to resolve; however, his problems exacerbate with the expectations that he is "good" or "bad." This is indicative of the greater tendencies of society to oversimplify a very complex mental health issue.

From Gee's perspective, this quote speaks not only to internalisation processes about societal expectations on happiness and success but also to self-examination as one social practice. BoJack's inability to name himself as good or bad reflects the pressure to adhere to external standards of success-be it professional or emotional-at odds with the lived reality of mental health struggles.

5. Findings and Discussion

This section develops the findings from the analysis of the mental health discourses in *13 Reasons Why*, *The Big Bang Theory*, and *BoJack Horseman*. By means of critical discourse analysis, this study deconstructs how the shows position mental health, what ideological positions lie behind such positioning, and what larger implications such discourses have in contemporary society. Results will be discussed in the context of key themes identified, such as the portrayal of depression, suicide, social isolation, and neurodivergence, in light of how these issues are framed by media and resonate with contemporary societal attitudes toward mental health.

1. Mental Health as a Complex, Multifaceted Issue

In all three shows, mental health is presented not as a condition or event but, rather, a complex multi-factorial issue-interplay of personal, social, and psychological ones. The most catching plot in *13 Reasons Why* is the tragic outcome of bullying, social isolation, and emotional trauma culminating in Hannah's suicide. The show gives a very subtle account of depression and suicide. It shows clearly how people can feel extremely hurt inside while being surrounded by their peer group and family. On the other hand, the series also received a lot of criticism regarding the vivid suicidal scene; this raised questions about whether it would promote harm (Kaufman et al., 2017). The portrayal underlines how the interaction between social systems and individual choices develops or heightens mental health crises.

In *BoJack Horseman*, the mental health is dramatised in a similar way, as an intricate interplay of personal flaws and emotional instability joined with addiction. BoJack, being the protagonist, fully expresses the aftereffects of unresolved mental health issues like depression, self-destructive behavior, and addiction. While *13 Reasons Why* focuses majorly on exterior social pressures as its central cause, *BoJack Horseman* zeros in on the interior, psychologically morose state of its protagonist, indicating that the very important root of mental health issues can be deeply hidden in unresolved personal trauma and internalised guilt. The entire series leans most strongly into satire and dark humor in the way society pronounces personal accountability versus mental health-a juxtaposition of tones that at once demotes BoJack's depression while showing just how debilitating it can be (Rosenberg & Sam, 2019).

Meanwhile, *The Big Bang Theory* approaches neurodivergency comedically using the symptoms of OCD and ASD through the character Sheldon Cooper. Despite dealing with such issues in a comic way, the show still manages to question the social norms by which a person who struggles with social situations and rituals tends to be very successful in his academic career. While much of the humor was derived from the quirky behavior of Sheldon, even the

show subtly critiqued how society perceives and caters to neurodiverse people; it showed how the media could be used to both normalise and trivialize mental health (Harrington, 2018).

2. Social Isolation and Alienation

The common thread running through all these series is the social loneliness and alienation of the characters with their mental health issues. In the case of *13 Reasons Why*, for example, the isolation of Hannah Baker is portrayed as one critical factor that leads to her committing suicide, along with her feeling that she was not taken seriously and isolated from her peers. The series does point to the strong emotional pain of an outsider in the high school environment, where social hierarchies and peer pressure often define one's self-esteem. This does align with research that social isolation, when one has a small or deficient social network, is one of the leading risk factors in developing mental health problems, such as major depression and suicidal ideation (Heinrich & Gullone, 2006).

It is in *BoJack Horseman* that such self-inflicted alienation becomes a part of the depression BoJack has to go through. Despite his immense fame and material success, BoJack is incredibly lonely, unable to build meaningful relationships due to his self-destructive behavior and emotional withdrawal. It is expressed in the course of both his internal issues and the superficiality of the entertainment industry, fostering additional feelings of inadequacy and worthlessness. The tension between the outer realm of success and inner despair is a trenchant social commentary on the dissonance between public personas and private struggles, especially within the modern context of celebrity culture and mental health (Smith, 2016).

The Big Bang Theory also covers aspects of loneliness, but from a different perspective. Sheldon Cooper is in a tight-knit circle of friends; however, neurodivergent traits make it very difficult for him to conduct interactions over social situations. His loneliness often tends to get trivialized in much humor, but at the same time, it subtly critiques how all those who have specimens apart from societal norms are often ostracised. It is an interesting tension within his character between intellectual success and social awkwardness, with Sheldon representing a wider confluence of societal attitudes that have tended to dismiss people's emotional needs in favor of focusing on their intellectual contribution (Sanders, 2017).

3. The Portrayal of Mental Health Stigma and Responsibility

Most impressively, this research evidences how each of the three shows deals with mental health stigma and responsibility. In the case of *13 Reasons Why*, stigma is a critical element since one can claim that the attention which mental health receives from the characters in the series is shallow. Hannah's suicide is not just a personal tragedy but also a failure of society to understand and address the struggles of mental health. It also points out how mental health gets belittled or overlooked by both peers and adults alike, and how these social dynamics contribute to her emotional pain. The narrative structure itself—for one, in the cassette tapes she leaves behind—already demands of the characters accountability for the roles they've played in her decline in mental health. This puts the issues of mental health on a collective platform rather than relegating them to an individualistic perspective, which tends to dominate suicide and depression narratives (Tullis & Wang, 2019).

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This stigma in *BoJack Horseman* for mental health is spoken through self-awareness versus denial within the protagonist. BoJack is fully aware of his personal flaws and often self-deprecates; however, his utter inability to change or seek help reflects a greater cultural unwillingness to face mental health in any real manner. The show is a satire that tends to show how mental health is often trivialized, especially when it's framed in terms of celebrity or success. BoJack's actions and behavior reflect the difficulty in breaking free from destructive cycles, even when an individual understands the impact of his actions on himself and others (Tuchman, 2019).

The Big Bang Theory handles mental health responsibly by utilising humor, but it also condemns society for not taking the emotional needs of those who are perceived as "different." Sheldon, for one, is eccentric and not the most easygoing character to be around; however, much of his social anxiety and OCD-and arguably his autism spectrum disorder-are used as more humor elements than serious mental health struggles. It's a cultural trend in which neurodivergent behaviors are demeaned and/or marginalised, further adding to the lack of resources for struggling individuals. The character of Sheldon, due to his complete lack of self-awareness and the way his friends try to work around him, brings into question where personal responsibility draws a line in regards to mental health.

4. Mental Health as an Individual vs. Social Problem

A major point of contrast between the three shows is how they frame mental health as more than an individual or social one, *13 Reasons Why* positions mental health as a social issue, pointing to the degree to which systemic issues in bullying, social pressure, and a lack of emotional support from people around him contribute to the fall of the protagonist. The series largely condemns the inefficiency of schools, parents, and peers in tackling the mental health concerns of students and underlines the role of collective responsibility in preventing crises like suicide.

BoJack Horseman, although researching aspects of social variables of fame and the entertainment business, ultimately internalises the issue of poor mental health. BoJack's depression and self-destruction are portrayed as an effect of unresolved personal trauma and overwhelming feelings of guilt. The show really captures how even those who have means to seek help resist it due to internalised shame or self-sabotage. While it is social factors that are partly to blame, such as the superficiality of Hollywood, the series largely puts the blame on personal responsibility aside from the hard struggle to find redemption from one's misdeed.

In *The Big Bang Theory*, mental health is framed as a problem of the individual; however, Sheldon's social struggles are framed more as a quirky personality trait rather than a serious condition. While neurodivergence and social anxiety on Sheldon's behalf are acknowledged within the show, it really does not create a deep exploration of the systemic factors that would bring about such behaviors. The humor and light treatment of Sheldon's struggles further engrain the idea that personal struggles with mental health are just that-personal issues that can be overcome through personal growth or the patience of others-rather than being shaped by the sociocultural context in which a person lives (Roth & Marks, 2019).

5. Impact of Media Portrayals on Public Understanding of Mental Health

These three shows-*13 Reasons Why*, *BoJack Horseman*, and *The Big Bang Theory*-offer important representations of mental health, carrying wide-reaching implications for public understanding of mental health. *13 Reasons Why* brought about various conversations from widespread to extremely petite about media representations of suicide and what the creators' responsibilities are to handle sensitive topics with care. While the explicit suicide in the series was well-intentional for raising awareness, the same act also garnered a lot of criticism for glorifying those acts and providing a "how-to" for vulnerable viewers (Gould et al., 2017). This reflects the growing recognition of the power of media portrayals in influencing public attitudes toward mental health, for better or worse.

Contrarily, *BoJack Horseman* gives a lot more nuance and critique in terms of depression and self-doubt, opening an avenue of contemplation regarding the many layers of mental health. It portrays mental illness with no idealisation and trivialization but as more of a realistic painful expression of unresolved emotional trauma. The latter approach, however, has received much acclaim in creating empathy and a sense of awareness of the struggle of mental health during times of psychological burden that can come with fame and success (Carver, 2020).

The Big Bang Theory inadvertently creates a narrow view of neurodiversity and mental health through the many humorous, light-hearted treatments. In reducing Sheldon's social difficulties to comedic quirks, this show runs the risk of perpetuating stereotypes and misconceptions about neurodivergent people. That said, this show also plays an important role in the visibility of often-marginalised characters, and in doing so, it forces audiences to reconsider their assumptions about normalcy and difference (Harrington, 2018).

6. Conclusion

The present study attempts to explore the representation of mental health in three major series, namely *13 Reasons Why*, *BoJack Horseman*, and *The Big Bang Theory*, within the CDA framework. More precisely, this research has aimed at the analysis of how these serials reflect the intricateness of mental health, the ideological forces accomplishing such representation, and the impact which, as a result of such portrayal, is taking place on the greater scale of society.

These manifest in the forms of multilayered arguments: social isolation because of mental health, its stigmatization, and portrayal of struggles with mental health on a personal and social level. While each series takes a different approach to these themes, it typifies the different ways in which mental health is understood and discussed in modern society. While *13 Reasons Why* does focus on the social causes of mental health crises in bullying, isolation, and breakdown in support systems, *BoJack Horseman* offers an acutely interior perspective into depression, self-doubt, and the results of fame. Meanwhile, *Big Bang Theory* approaches neurodivergence and the challenges associated with conditions such as autism and OCD through humor, succeeding at normalising and trivializing these at once.

While each of these shows contributes in significant ways to public discourse about mental health, they also raise critical questions about media responsibility in the dramatisation of mental illness. *13 Reasons Why* elicited much controversy over the ethics of dramatising

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sensitive subjects like suicide, particularly with respect to its potential impact on vulnerable viewers. Meanwhile, *BoJack Horseman* tackles how celebrity culture interplays with mental health through dark humor and satire; unresolved trauma only creates more harm. On the other hand, comedy in *The Big Bang Theory* plays a role in both undermining neurodivergent stereotypes and lessening the complex battles that people with mental health disorders face.

The power of media in shaping public perceptions about mental health should not be underestimated. Television is probably among the most pervasive forms of culture and can normalise the conversation around mental health, reducing stigma and evoking empathy. However, at the same time, this comes with high risks of stereotyping or hyper-simplifying the experiences of people battling mental health issues. It is, therefore, imperative that television creators, producers, and writers take up the mantle of representing mental health, at least with sensitivity and awareness to the real-life repercussions coming from it. Given that mental health is one of the most current topics in the world, its representation through media should not be an entertaining one but rather a way to educate, break norms that are injurious, and foster greater empathy and understanding of struggles entailed.

In all, while the portrayals of mental health in *13 Reasons Why*, *BoJack Horseman*, and *The Big Bang Theory* go a long way toward helping us understand how society perceives and treats mental health issues, they still remind us that there is so much to be discussed in deciding how these things should be depicted in media. While diverse in tone and in their narrative foci, all bear the responsibility of contributing to a most empathetic and best-informed public discourse about mental health.

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