

**Scrolling for a Diagnosis: The Effects of Self-Diagnosing Content on Social Media on  
Young Adults' Mental Health**

**Bachelor's Thesis**

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### **Abstract**

Self-diagnosis content on social media is a phenomenon that has been progressively emerging in recent years. Previous research identified benefits, like social support, and shortcomings of self-diagnosing but failed to specifically indicate its impact on the mental health of young adults. This study focused on exploring the effects of self-diagnosis content on Instagram and TikTok on the mental health of young adults. A qualitatively explorative approach was used in which semi-structured interviews were conducted with 20 young adults aged between 19- and 26 years old. The data were subsequently analysed using an interpretive content analysis. The participants' opinions ranged from a positive outlook to a predominantly negative perspective that indicated scepticism. Concerning the cognitive and affective effects, many young adults implied adverse impacts on their mental health in the form of anxiety and self-questioning. Positive effects included feelings of validation regarding their experiences with mental health. The practical implications of these results suggest the need for mental health services and social media platforms to regulate self-diagnosis content. Furthermore, the validation of self-diagnosis content as a method of mental health support needs to be examined by mental health experts in the form of increasing community literacy on the matter. This study contributes to research on self-diagnosis methods by providing an exploration of social media's role in its effects. Future research should focus on investigating the expressions of mental health issues by applying further qualitative study designs and making use of the preliminary social media content analysis of this study. Besides, examining particular access restrictions that influence the use of self-diagnosis content should be incorporated.

*Keywords:* self-diagnosis content, social media, mental health, young adults, impact, qualitative explorative approach, semi-structured interviews, content analysis

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## **Introduction**

For young adults, social media offers branches of appealing content that are updated daily. The variety in content ranges from comedy skits to political activism (Heiss & Matthes, 2021). A recent trend has been the “Put a finger down”-challenge. For instance, one video starts with the words “Put a finger down but I’m not telling you what it is until the end” and then the creator continues to list things such as “Put a finger down if you’re a picky eater” (Morier, 2022). At the end of the video, the creator reveals that if you, as the watcher, put all of your fingers down, you might be autistic. There are many different videos including the “Put a finger down”-challenge talking about different mental health conditions. As this trend continues to grow, it is important to recognise the impact of social media platforms like TikTok and Instagram on the exposure of mental health-related content.

Both the applications TikTok and Instagram contributed to connecting people with content they are drawn to with a specifically calculated algorithm, particularly TikTok (Doyle, 2023; Hill, 2023). At the start of the year 2023, both apps have around one billion users worldwide with a target audience entailing, mostly, young people (Doyle, 2023). They are interactive platforms that enable users to also be creators. On TikTok, short videos can be posted, while on Instagram pictures and stories can be (re)posted as well as similarly short videos called Reels (Demeku, 2023). The content can be shared within the app as well as outside of the app via other social media forms. Like other social media apps, the applications allow likes and comments. Additionally, TikTok enables content creators to get financial compensation and users to send them gifts. Specifically, TikTok has gained increasing popularity since the Covid-19 pandemic in 2020 (Doyle, 2023).

### **The Role of the Pandemic**

An important contextual issue is the pandemic. In 2020, the pandemic caused a shift in people’s social life due to social distancing which ensued self-isolation and loneliness (Hwang et al., 2020). Consequently, many young adults have been suffering from depression and anxiety (European Commission, European Education and Culture Executive Agency, 2022). At the same time, there has been an availability crisis and long waiting periods for psychotherapy. Since the start of the pandemic, it has been globally reported that waiting lists constitute access barriers for treatment, resulting in the perceived ineffectiveness of psychotherapeutic treatment (Punton et al., 2022).

During the pandemic, many people started sharing their stories about their mental health and its stagnancy (Caron, 2022). On the one hand, these conversations contributed to destigmatising mental illness among the general public. On the other hand, it also created a safe

space for many young individuals to share their vulnerabilities and see a way of getting social support which is also expressed through self-diagnosis content (Caron, 2022).

### **Conceptualising Self-Diagnosis & Mental Health**

Self-diagnosis is defined as “the method by which an individual perceives and interprets experienced symptoms to form a definition for the existing health state. Available diagnostic tools may be used to measure physical parameters to confirm suspected conditions.” (Hatfield, 1996, p.18). Grounded on an accumulation of symptoms, individuals can check and align if their experiences match those and draw their personal diagnostic conclusions. The huge influence of the digital age is apparent in the way it facilitated various self-diagnosing possibilities. Dr Google and internet forums were prevailing self-diagnosis methods, but more recently social media offers other ways of self-diagnosis such as interactive challenges or informational text posts on various platforms (Aboueid et al, 2021; Mackintosh et al., 2020). Thus, the Internet offers content and information on a big variety of medical and psychological conditions.

### ***Benefits of Self-Diagnosis***

Past research has identified many benefits stemming from the implementation and use of self-diagnosis (Ryan & Wilson, 2008). There have been shortages or availability crises in certain health sectors in various countries, which can make it challenging to obtain urgent medical care (Punton et al., 2022). In contrast, digital content is always and easily accessible for everyone seeking treatment. Furthermore, it offers information that provides an impression of a disorder for laypeople to use when they are indecisive about a doctor’s visit.

Notably, the prevalence of mental health self-diagnoses, including conditions under the umbrella of neurodivergence, has been increasing (Davis, 2022). Neurodivergence refers to individuals with diverging mental operations and also encapsulates conditions such as ADHD and autism (Singer, 2023). Especially, for women, self-diagnosis content is remarkable as many women have trouble getting the right diagnosis and treatment for neurodivergent conditions due to outdated diagnosis templates (Boseley, 2021). Thus, the accessibility of digital content and information is valuable for this demographic.

As previously mentioned, social support plays a crucial role in self-diagnosing matters. A content analysis by Prescott et al. (2017) examined how forums provided peer support and a sense of community by allowing like-minded people to share their experiences. Consequently, people suffering from certain conditions feel acknowledged and less alone with their conditions. An interview study revealed that, in particular, influencers have an effect on which pharmaceutical prescriptions are bought and consumed by their followers (Willis et al., 2022).

The study concluded that although influencers have no medical training nor fully disclose their relationships with the advertising companies, users are prone to develop high trust in the advice from influencers. Trust-increasing factors are the open sharing of their experiences and, thus, perceived support.

### ***Impairments of Self-Diagnosis***

Similarly, many impairments could also be identified with self-diagnosing mental disorders. An interview study by Ahmed & Stephen (2017) concluded that mental health self-diagnosing resulted in negative effects such as emotional distress and behavioural abnormalities like sleep disturbances. Besides, while some self-diagnoses are accurate, there is a likelihood of misdiagnosing oneself. Misdiagnosing oneself can also lead to emotional reactions such as anxiety.

In addition to misdiagnosing, overdiagnosing has been evidently influential. According to Thombs et al. (2019), overdiagnosis indicates the diagnosis of individuals with slight or short-lived symptoms that do not require medical intervention. In mental health, overdiagnosing has been growing due to the great amount of information existing on the internet (Cortez, 2023). Many individuals tend to identify themselves with a disorder, which can create a sense of belonging to that particular cultural or societal group. As a result, labelling oneself with a mental disorder can lead to emotional distress, feeling stigmatised and amplified emotional reactions (Cortez, 2023).

### ***The Role of Social Media***

In this context, digital self-diagnosis has expanded from websites to social media, like TikTok and Instagram. Previous research has investigated the effects of self-diagnosing on mental health diagnosis such as the study by Gilmore et al. (2022). The qualitative study used content analysis to examine how social media, specifically TikTok, affects the increasing number of ADHD self-diagnoses. They used Twitter posts including the terms “TikTok” and “ADHD” to analyse if there is a link between these two concepts. The results showed that there is an apparent connection between using TikTok and to self-diagnose with ADHD. Other articles have pointed out that social media is playing a growing role in advocating mental health themes to the consumer (Caron, 2022). If one likes one post that deals with mental health themes, the algorithm acknowledges that there is an interest in this topic and therefore accumulates similar content for the consumer to keep interacting with. Subsequently, the user is continuously confronted with themes surrounding mental health also including self-diagnosis

content. This leads to being repeatedly given content on those themes which aim to stimulate users' interests as well as keep them engaged (Bishqemi & Crowley, 2022).

### **The Need For This Study**

Because mainly young adults are using social media and are in contact with self-diagnosing content, it is precedent to research the effects of said content on their mental health. Young adults between the ages of 18 and 25 have communicated that they have been suffering from mental health issues and have difficulties getting professional and clinical treatment (Salaheddin & Mason, 2016). Therefore, they are specifically susceptible to self-diagnose on social media. There have been studies done on the effects of self-diagnosing in a more general context on younger people aged 12 to 34 which have revealed different outcomes (Aboueid et al., 2021; Prescott et al., 2017; Ryan & Wilson, 2008). However, there is a clear lack of research on how specific and fairly new social media content, such as TikToks and Reels, affects the mental health of young adults (Caron, 2022). This should be done by getting in touch with young people directly and starting a conversation on their exact experiences with self-diagnosing content on TikTok and Instagram.

As seen in, for instance, Gilmore et al. (2022), the content analysis focuses on Twitter and does not directly use TikTok as a platform to analyse its immediate effect on young people itself. Moreover, that study excludes other prevalent conditions such as anxiety. Another aspect that should be considered, as recommended by Gilmore et al. (2021), is the fact that there have been issues with receiving urgent treatment due to long waiting lists and that these effects need to be examined more closely. Therefore, this study aims to take these missing factors into account to create a more coherent depiction of the situation.

Since self-diagnosis content is increasingly becoming more prevalent for social media users, it would be worth exploring the validity of self-diagnosis. Long waiting lists for medical services have proven to discourage individuals from seeking professional help and lead them to resort to self-diagnosis (Punton et al., 2022). There have already been discussions on the validation of self-diagnosing but it was not yet explored in-depth within the currently growing scope of social media and in the context of mental disorders (Phillips, 2022). The missing focus on mental health as well as the ongoing discussions surrounding self-diagnosing content on social media are significantly underresearched although it is a pervasive trend. Therefore, it is substantial to include these two aspects in this study and allow room for more exploration of the matter.

Based on existing research and prospective study objectives within this framework, the current study aims to answer the question: "How does self-diagnosis content on TikTok and



Instagram affect young adults' mental health?". To pursue the answer to the question, a qualitatively explorative approach was used.

## **Methodology**

### **Study Design**

This study pertained to a larger study that focuses on two related themes. The larger study aimed to explore digital mental health activism and its presence in today's digital age. Related to that, this study focused on assessing the effects self-diagnosis content has on young adults. To gather young adults' opinions and experiences, qualitatively explorative research was employed. Therefore, semi-structured interviews and a preliminary content analysis of social media posts were conducted. An interview guide allowed the researchers to follow a structure that includes all relevant topics but also provided opportunities to probe when necessary. The participants' personal experiences could, thus, be explored (Harrison & Rentzelas, 2021). By conducting a preliminary content analysis of social media posts, a first impression of the type of content that participants were consuming was gained. The posts provided by the participants were exploratively analysed. Consequently, a general understanding could be developed of the participants' experiences.

### **Participants**

The inclusion criteria included an age range between 18- and 25-year-olds as the focus of the study was young adults. Furthermore, young adults that have at least once interacted with digital mental health content were eligible to be interviewed. The interviews were conducted with 20 participants consisting of 18 women and two men ranging between 19 and 26 years old ( $M = 21.95$ ,  $SD = 1.93$ ). Since their answers were in line with other participants, the two participants that aged out of the inclusion criteria by being 26 years old were still included. An elaborate table with identifying information on the participants is located in Appendix A. Twelve out of the 20 participants were German, two of them being half German/Turkish and half German/Polish. Other nationalities encompassed Dutch, Swedish, Polish, Tunisian and Mexican. Out of 20 participants, 12 were studying psychology, while the remaining participants came from diverse academic backgrounds. To recruit adequate participants, convenience sampling was used. Personal social networks were asked to participate, and a test subject pool was utilised. Purposely, the University of Twente's test subject pool SONA was used which grants psychology and communications students SONA credits.

## Materials

For the semi-structured interviews, an interview guide with questions such as “How would you describe your views on digital mental health activism?” were included as well as some probing examples “Can you give me a personal example of what self-diagnosing content you interact with?” (see Appendix B). The interview guide was developed by the researchers going through the information that was gathered in the literature review and determining which information might be useful to query. Thus, the themes were constructed as the general views on mental health, digital mental health activism, experiences with digital mental health activism, experiences with self-diagnosing content and finally views on digital mental health activism and identity. For the social media content analysis, the platforms TikTok and Instagram were used as sources to analyse self-diagnosis content. In total, eleven social media posts, counting both videos and images were provided via email by the participants. Online interviews were carried out using Microsoft Teams, while in-person interviews were recorded using technological devices, i.e., smartphones. The data was shared between the researchers using the University’s cloud storage on Microsoft OneDrive. For both content analyses, the transcription programmes Otter.ai and Trint were used and then coded using the software Atlas.ti (version 23.1.2.0).

In addition, the Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2009) was employed to get insights into the interviewees’ mental well-being baseline scores (see Appendix C). Since this study focused on examining young adults’ mental health, getting an estimate of what their mental health baseline scores were at the time of the interviews was substantial. The questionnaire consisted of 14 items that are based on their mental state in the past month. The items measured three dimensions of positive mental health: emotional, social, and psychological well-being. The subscale emotional well-being included items such as “During the past month, how often did you feel happy.” Social well-being was questioned using items like “During the past month, how often did you feel that people are basically good”. Lastly, items related to psychological well-being comprised “During the past month, how often did you feel that your life has a sense of direction or meaning to it”. For the relevance of this study, the MHC-SF was analysed unidimensionally, thus using the overall dimension of positive mental health. Those items could be answered on a scale ranging from six possibilities starting at “Never” with the lowest score and ending at “Everyday” with the highest score. The highest score one could achieve is 70 and the lowest score is 0. Keyes (2009) provided a norm table based on a representative sample of Dutch adults ( $N = 1162$ ). Based on the norm table, the z-scores of each participant could be calculated and applied to a standard normal

distribution. Scores above 1.96 signified flourishing mental well-being, while scores below -1.96 indicated languishing mental well-being, based on deviations from the average level observed in the normative sample (Keyes, 2009). The internal reliability of the questionnaire has been proven to be high with an alpha coefficient of  $>.80$  (Keyes, 2009). In this study, the alpha coefficient was also proven to be moderately high with a score of  $.78$  ( $N = 20$ ).

### **Procedure**

Before the start of the data collection process the study was approved by the BMS Ethics Committee at the UT (application nr. 230463). In order to make sure that the participants understand the questions correctly and ensure a seamless interview with intended answers, a pilot interview was conducted. The pilot interview was done between the two main researchers, in which a semi-structured interview with the prepared interview guide was simulated. During the pilot interview, some questions were adjusted to warrant a more clear and more reliable interview process for the interviewees. Besides, the length of the interview was approximated to be 60 minutes.

After the pilot test, the interviews were carried out. Depending on convenience and availability the interviews were either conducted in-person or online. The students that signed up via SONA were granted two credits for participating. Before the interview started, the participants were given an informed consent form which entailed information on the topic and questions on their consent that consider the risks and use of the information. All participants participated voluntarily and gave informed consent. The interviewees were asked if they have any other questions or concerns before asking them to fill out the MHC-SF. After the forms were filled out, the interview started and was audio- or video-recorded. The participants were asked about their demographic information which was noted. Subsequently, the interview guide was used to structure the rest of the interview. While asking the interviewees about their encounters with self-diagnosis content, the participants were asked to give an example of self-diagnosis content they have recently engaged with, which they provided after the interviews. At the end of the interviews, the participants were told that if they need mental health resources, they would be offered to them. For the purpose of analysing the interviews, they were transcribed using the website Otter.ai and Trint and were thereafter coded including applying interrater-reliability. The transcripts were improved by e.g., removing long pauses or grammatically correcting sentences. To ensure the participants' anonymity, pseudonyms were created to refer to them in the transcripts. The shortest interview lasted 30 minutes and the longest was one hour and seven minutes long.

## **Data Analysis**

The MHC-SF forms were analysed by calculating the sum and mean scores of the participants. After that, the mean, as well as the standard deviation of the overall scores, were computed. Besides, the minimum and the maximum of the total scores were determined. The individual z-scores of each participant were calculated and compared to the cut-offs.

Subsequently, the transcriptions were coded in the programme Atlas.ti. The collected data was analysed using content analysis as informed by Mayring (2021). Mayring's approach utilises an inductive and interpretive method which was applied to the coding process of the content analysis. The aim was to develop clear concepts based on all the information that was given during the interview.

According to Mayring (2021), a qualitative content analysis consists of different stages. Firstly, concepts were defined to identify the most important information that can be seen in the data. To specify the concepts and respective codes, the level of abstraction was determined. In this case, the data was examined while transcribing the interviews. By carefully noting down striking aspects of the data, the abstraction level was kept close to the latent meaning of the data but using short terms to define them. It was important to determine concepts and codes that are generalisable to the different interview sections. The coding scheme was getting more logically organised by summarising and condensing text without losing any significant meaning. The content analysis proceeded by reviewing the transcripts line-by-line to detect sections that match the concepts to develop the corresponding codes. By coding the transcripts, the codes were either matched to the existing concepts or a new concept was formed. Throughout the analysis, the sections were compared to existing codes which resulted in fitting passages being incorporated, while less-matching sections formed new codes and respective concepts. As a consequence, the iterative process conceded for the improvement and expansion of the coding scheme. The finalisation of the coding scheme consisted of examining the consistency of the codes by removing overlaps through a pilot loop. Conclusively, the findings were interpreted with the aim of answering the research question. This was done by considering the literature review and integrating it to indicate the implications the content analysis has with regard to the research question. Additionally, the frequency and distribution of the codes were analysed to provide an overview of the prevalence of concepts.

During the coding process, the developed codes and concepts were reviewed by both researchers through exchanging two transcripts that were coded independently to ensure interrater reliability. During the reviewing process, the researchers looked over discrepancies and agreements in each other's coding schemes to improve reliability and quality. When

comparing the independently coded transcripts, there was a 68% agreement. The researchers discussed and reached an agreement on the remaining 32%. Ultimately, there were no disagreements on the final coding scheme. The final coding scheme was determined to be sufficiently meaningful to answer the research question.

For the preliminary social media content analysis, the same approach was used as for the interviews. Thus, an interpretive and inductive method was applied to gather findings that emerged from the data.

## Results

### MHC-SF

The results of the MHC-SF yielded a baseline score of the participants' mental well-being at the time of the interviews, which contributed to the framework this study was based on. The scores of all participants ranged between 28 and 61. The overall mean score of the participants' positive mental health was 43.9 ( $SD = 9.01$ ). This indicates that overall, the participants scored moderately average. The z-scores varied between -1.15 and 1.62 which suggests no significant differences between the participants (Table 1).

**Table 1**

*Results MHC-SF Scale Positive Mental Health*

| Measure                | Mean | SD   | Minimum Raw Score | Maximum Raw Score | Minimum Z-Score | Maximum Z-Score |
|------------------------|------|------|-------------------|-------------------|-----------------|-----------------|
| Positive Mental Health | 43.9 | 9.01 | 28                | 61                | -1.15           | 1.62            |

### The Interviews

The questions discussed throughout the interviews identified five concepts and one sub-category, which reflected the participants' experiences with self-diagnosing content on Instagram and TikTok. The first concept comprised their opinions regarding self-diagnosing content. Deriving from the first concept, the purpose of self-diagnosis content was established. The second concept described the affective effects self-diagnosing content has on young adults. The third concept presented the cognitive effects of self-diagnosing. The fourth concept was the actions that follow up to engaging with self-diagnosing content. Lastly, the scope and duration of the types of effects on the participants was the final concept. Table 3 presents an overview of the five concepts and the subsequent frequency of the total 29 codes with additional quotes.

### *Opinions on Self-Diagnosing Content*

In order to understand the effect self-diagnosing content has on young adults, the participants' opinions were important to consider as a result of the inductive analysis process. Their opinions and perspectives on this topic gave insight into how and to what extent self-diagnosing content impacts their mental well-being. This concept provided in total four codes with the subcategory Purpose of Self-Diagnosis Content containing four codes.

By far the most frequently shared opinion on self-diagnosing content was *scepticism & distrust*. In this context, the participants were adamant about mentioning that they had a general scepticism and distrust regarding the functionality and effectiveness of self-diagnosing content. They talked about the fact that they thought that these posts were not accurate in providing a truthful diagnosis to users. "Lisa" mentioned that in her opinion <sup>1</sup>*it's important to know that Instagram posts or TikTok cannot diagnose you.* Other participants also touched upon the general reliability of social media creators like "Susi" *"And I think there isn't even any, there aren't any sources or links that you can follow or read about it."* Overall, almost all participants addressed that they were doubtful of self-diagnosing content and did not view it as a reliable method to diagnose oneself.

In addition, it was mentioned many times that self-diagnosing content *overgeneralises symptoms of mental disorders*. During the interviews, it was indicated that when symptoms were discussed in such content, they were described in ways that are very general and can be applied to normal parts of the human experience. Therefore, many people diagnose themselves with a mental disorder although it may be a false diagnosis. "Thomas" described it as *"And oftentimes, I feel like, the things you put your fingers down to are common things like yeah, many people are picky eaters."* "Talia" also discussed that mental disorders were more complex and that self-diagnosing content usually simplified them to become a more general experience

*Like a disorder is so much more than just being a picky eater or something, it's a huge construct with, like there are so many parts of it like social, individual, biological or whatever and it can't be reduced to like 10 things you do.*

Related to the overgeneralisation of mental disorders, the *trivialisation of mental disorders* was also deliberated. The participants had the perspective that self-diagnosing content contributed to trivialising or removing the seriousness of mental disorders. The reasons why they thought that ranged from *"the label loses its weight of importance"* to *"then other people who have the condition it's like more difficult to them to be also seen, as like, to be more taken*

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<sup>1</sup> All quotes by participants are italicised

*serious.*” Young adults seemed to be concerned that raising the exposure of mental disorders on social media by means of self-diagnosing content alleviated the graveness of mental disorders. Therefore, for instance, “Alina” said, “*But I think that this content makes it seem like mental disorders are something fun, are something that everybody has in the way....*”

Furthermore, the *sensationalisation of mental disorders* also served as a point of discussion. The participants shared that they felt like content creators post self-diagnosing content to produce engaging content that generates a lot of engagement and exposure. Thus, they felt that it contributed to making mental disorders ‘trendy’. “Cara” said, “*I think it’s kind of trendy to be mentally ill at this point, also, to some degree at least,*” and “Fleur” further emphasised that, “*I think it’s to post it to get views and comments and likes and not necessarily about the trying to help people figure it out.*”

**Purpose of Self-Diagnosis Content.** Considering these opinions, a subcategory of the participants’ opinions entailed the purpose of self-diagnosis content. In that regard, a more general view was that self-diagnosing content had a dangerous purpose. This opinion was shared by most participants but diverted in their concrete meanings. For example, on the one hand, “Judith” mentioned that this content could make people feel anxious, on the other hand, Thomas said that it could make people go into a spiral. This meant that people started to question themselves to the extent that they were overthinking and got extremely anxious. Other aspects were that it could give people wrong information and consequently misdiagnose them. “Henrik” shared “*But things can go wrong and you could get harmful advice.*” In this respect, some young adults talked about self-diagnosis content leading others to circumvent professional treatment. They formulated it as something that did not necessarily apply to them but to other people engaging with such content and subsequently as a flaw of self-diagnosing content. The overall consensus was that self-diagnosing content ultimately has a negative effect on its users.

Conversely, some participants had a more positive disposition towards self-diagnosing, i.e., that it had an *entertaining purpose*. Like “Meike” said “*But out of fun I have definitely done the ‘Put a finger down’ challenge, just out of fun,*” some young adults engaged with self-diagnosing content due to entertainment reasons. Besides, some mentioned that they were usually interested in some mental disorders which made it entertaining for them to engage with such content. It seems that some participants viewed it as a lighthearted activity on social media, “[...] *just to, I don’t know, fun I would say. Not really in a serious way.*”

In addition, some of them also saw an *informational purpose* in engaging with self-diagnosing content. They had used self-diagnosing content in the past to educate themselves on

certain phenomena or to explore some themes on social media. “Harper” mentioned that she thought that it also contributed to increasing awareness of mental health themes among the general public, “*But it just creates more awareness about it in general, because you’re confronted with it kind of more often than, say, a few years back.*” Moreover, a few interviewees addressed that this kind of content helped them not only understand themselves better but also the people around them, “*I feel like it’s very important to educate yourself and therefore I hope to, I hope that the knowledge I gained from these posts helps me understand these people.*”

Lastly, it was frequently mentioned that self-diagnosing has an essentially *useful purpose*. While Thomas talked about the fact that he thought “*it only helps like a minority who actually then get checked by a doctor and then get a confirmed result,*” “Nienke” disclosed that this type of content helped her understand her ADHD diagnosis as a woman more. Harper also acknowledged that some people may not have the resources to access health services and rely on social media to help them. In that respect, Henrik said, “*But in general social media pushes the good content and it gathers all information in one place and it’s very, very accessible.*” With that regard, other participants discussed that such posts did not only educate them on phenomena but also taught them how to adjust their behaviour towards their social environment.

#### ***Affective Effects of Self-Diagnosing Content***

Concerning potential effects that self-diagnosis content had on the interviewees, they ranged from affective to cognitive effects. The most frequent emotion was *feelings of validation*. It appeared that many young adults felt acknowledged and validated in their mental health experiences by engaging with self-diagnosing content. They expressed that they felt like what they are “*experiencing was real*” and they felt understood. Susi talked about the fact that “*Other people experience similar symptoms. Therefore, I feel less alone.*” Subsequently, they said that they felt seen and affirmed.

Successively, *feelings of ambivalence* were also quite frequent. Feeling weird or unsure about oneself with regard to self-diagnosing content was a common topic throughout the interviews. “Hazel” revealed that she thought about such content as “*I just see it and I’m like, OK, that’s like, it’s nothing big,*” maintaining a rather neutral disposition towards it. Others, however, recognised that it confuses them to an extent like “Judith”, “*And it’s not really giving much clarity, it just causing me more confusion.*”

Many participants shared that they became *anxious* when engaging with self-diagnosing content. This expressed itself in ways that they felt scared, worried or uneasy. Some described it as “*You do think about it and, like I said, it does trigger sometimes.*” “Anna” also disclosed that she felt like she was spiralling after encountering such content. Related to feelings of



anxiety, specifically a tendency of *health anxiety* was repeatedly approached. Thomas mentioned “*Maybe in that moment, it might, like create a small, very small fear in myself that there might be something wrong about me or my brain or anything,*” which was similarly discussed by others. Correspondingly, Susi noted that she was scared that because she was already professionally diagnosed with anxiety, the symptoms mentioned in such posts will appear for her too. Another aspect was that “Gabriela” feared she had missed that something might be wrong with her “*I think for me, it would be scary to know that I have been living with something I didn’t know I had.*”

Furthermore, many participants consistently stressed that they started *feeling angry* in relation to self-diagnosing content. Such feelings were mentioned, among others, with reference to self-diagnosing content being dangerous in their opinion, as Talia said “*I’m really angry about it, and I’m angry that it might be harmful.*” Moreover, some interviewees indicated that they were angry about the people engaging with self-diagnosing content rather than the content itself. For instance, “Lydia” stated “*people shouldn’t think like everything is a disorder,*” about people commenting on such content.

*Feelings of annoyance* were also quite frequent. Young adults were annoyed about the fact that such content was easily accessible, especially when they thought that it was not a legitimate form of diagnosis. Particularly Fleur suggested that “*I think I mean, it would annoy me a bit just to see this potential misinformation and the oversimplification.*” As a consequence, the participants were annoyed about the fact that misinformation and inaccurate representation of mental health was shared on social media, “*But I just know that in the end it’s not OCD what I have, so that’s just it and that’s why when it’s displayed to me like that, it just annoys me at that moment.*”

Less pervasive, *feelings of self-criticism, invalidation* and *sadness* were mentioned. Nonetheless, engaging with self-diagnosing content resulted in a few participants feeling self-critical about themselves, as seen in the case of Meike “*But the first, the first feeling is definitely this criticism of oneself or of myself.*” After watching self-diagnosing content, some participants also felt invalidated in their experiences with mental illness. Talia explained that when people trivialise mental health and users go on to make fun of mental illness, she started perceiving her mental experience as irrational. “Cora”, specifically, mentioned feeling sad after encountering such content as it reminded her of the negative experiences people with mental health issues face. Overall, there was an apparent trend of negative emotions being stimulated when confronted with self-diagnosing content.

### *Cognitive Effects of Self-Diagnosing Content*

There were many remarks on how self-diagnosis content affected the participants cognitively. Correspondingly to the copious remarks of feelings of anxiety, almost all interviewees commented that they started *questioning themselves* pertaining to self-diagnosing content. Either they started questioning if the symptoms might relate to them as well as Anna said “*and then it was like ‘ohh do I have it?’*”, or they started questioning what these symptoms might mean for them, their actions or even their future

*’cause sometimes I think ‘ohh what if I also go down that road in the future’?... ’cause I know that you can talk yourself into having something, but you don't have, if you watch the content and yeah, autism content sometimes makes me feel weird because I know that I don't have autism, but why is the algorithm trying to tell me that right now, you know.*

Although many reported that they felt some kind of effect after engaging with such content, many also mentioned that they did *not note an impact*. Conclusively, they shared that they quickly forgot about the content or thought it was irrelevant to them personally. For instance, “Valerie” talked about her previous experiences with professional mental health treatment and thus thought “*I cannot say definitely for me if it's...if it has an impact....*” Nevertheless, Anna did mention that she used to feel impacted by it but did not feel that impact anymore, “*like right now from my perspective now I just scroll past it and forget it.*”

When talking about the lack of impact, there was also a *lack of interest* alluded to. Henrik spoke about a general disinterest in such diagnoses because they did not apply to him, as opposed to Anna who did not care about such content. Meike further emphasised that she precluded engaging with it all together “*Actually I don't think any of them [liking, sharing, commenting], so I, I look at it and I read it sometimes.*”

Additionally, some young adults shared that they have the *urge to avoid* such content. Lydia explained that she did not want to see self-diagnosing content anymore which led her to stop interacting with it, comparable to Nienke, “*And so I always scroll away when I see that content, I don't want to engage with that content anymore.*”

An aspect that was also mentioned a few times was the *urge for them to label themselves*. Meike summarised it as “*Yes, I think unconsciously, but I think unconsciously you label yourself a bit,*” which indicated the thought processes of young adults engaging with such content. In that case, a diagnosis served the purpose of labelling yourself with something, a mental illness or certain symptoms, which are a part of them. Furthermore, Hazel went as far as to say that she also focused on how she would then be perceived by others, “*but also that I have something*

that people would be like, ‘Oh my God, you have this condition’ and stuff.” Consequently, self-diagnosing content, according to the participants, played a role in influencing their sense of identity.

Differently than the urge to label themselves, a frequent cognitive effect was the *urge to self-diagnose*. This was perceived differently, as some interviewees had the urge to self-diagnose after encountering such content like Judith, “And then I did like some online tests on ‘Are you depressed?’, ‘How depressed are you?’, for example.” Principally, there were mainly thoughts along the lines of “Oh, this feels like this could be quite accurate for myself.”

Finally, some participants also had the *urge to get treatment* after engaging in self-diagnosing content. Some interviewees recalled that they started thinking about talking to a professional about some symptoms they were experiencing. Particularly, Lisa said, “it has led to me seeking either more help from professionals like therapy.”

### ***Actions Following Engagement***

After engaging with self-diagnosing content, young adults often immersed themselves in various activities. Prominently, many mentioned *information-seeking* as a common activity. “Ron” shared that he did not want to base his opinion on mental health themes on the posts but also researched it elsewhere: “So not only I wouldn't base it only on one post, I would try to get more information.” For instance, Hazel “googles more about this condition” to seek more information.

Conversely, other participants recounted that they start *content-seeking* as a result of watching such content. In this context, they would look for other posts the creator had posted: “Sometimes I visit their account and look for or look at the other post they have and what they claim.” Moreover, they would also look at the comments on the posts to see what other people were saying about it.

Many also mentioned that they had *conversations about self-diagnosing content*. These took place either with friends, family or partners. “Jana” shared that, “I think so, because I'm also kind of talking with my friends about it sometimes since...” These conversations related to discussions about the content of the posts but also conventional conversation-starters on mental health themes, “I think they're a great source to talk more about things.”

Among the 20 interviewees, two participants, in particular, stated that as a consequence of engaging with self-diagnosing content, they *sought professional help*. Nienke and Hazel got in contact with ADHD self-diagnosing content, specifically on TikTok. Successively, they made an appointment with psychologists to seek out a professional diagnosis that was confirmed

*And when I brought it up to my therapist, she told me that she wasn't as familiar with ADHD as she would like, and so she informed herself about it the next couple of weeks and then after a few weeks, she told me that I probably do have ADHD and that I'm not crazy.*

### ***Scope & Duration of Effects***

Overall, there were differences in the extent of the effects self-diagnosing had on the participants. For example, there was a *bigger effect when they related to the content*. This implied that when themes or symptoms might apply to the interviewees, they thought about it for a longer period or even took concrete actions concerning it. Harper said “*Or if it's videos, like I said, with that autistic test, I remember because I took that test afterwards.*” So, when they saw themselves within such posts, they noticed a bigger impact. This also looked like Lisa’s experience

*And then I can sort of be like, ‘oh yeah, I usually do that’ from a leadership point of view that I'm somebody who likes to double check, making sure that I like to keep control for myself because I can control it.*

Here she explained that she implemented certain strategies in her life because she encountered them in such content and related to it. Anna, though, also noted that when such content affected her anxiety, the effect also lasted for a longer time.

A different way such effects were expressed in that there was a *bigger effect when they were interested* in the topic. When they were curious about certain themes that were addressed within self-diagnosing content, they were more prone to think about it for longer or sought more content. Cora described it as “*Maybe if there is something, something interesting, then I'll go to the profile of that person and watch some other stuff of that person.*”

**Table 2***Overview of the Coding Scheme, Definitions, Frequencies & Quotes*

| Concept                                      | Code   | Definition  | Frequency                        | Quotes   |
|--|--|---|----------------------------------|--|
| Opinions on Self-Diagnosis Content           | Scepticism & Distrust                        | Doubts about the usefulness and effectiveness of self-diagnosing content  | 51 citations; 85% of transcripts | Jana: <i>"No, because I think it's like pretty critical to self-diagnose."</i>   |
|  | Overgeneralisation of self-diagnosis content | Symptoms are described in ways that are general, simple and can be applied to parts of the human experience   | 28 citations; 60% of transcripts | Susi: <i>"So you saw the post, not have the goal to make you question yourself or self-diagnose, but you automatically do it because the things like I already said are very common."</i>  |
|  | Trivialisation of self-diagnosis content     | Self-diagnosing content alleviates the seriousness of mental disorders and takes away their graveness   | 17 citations; 50% of transcripts | Harper: <i>"And when people are just walking around, saying, 'Oh, I learned that I have borderline personality disorder, because I saw two TikToks about it', like, people just don't take it seriously anymore."</i>  |
|  | Sensationalisation of self-diagnosis content | The purpose of self-diagnosing content is to generate views and fame instead of educating reliably  | 8 citations; 20% of transcripts  | Thomas: <i>"So I usually think they're more for likes, and not actually for helping people."</i>   |
| <i>The Purpose of Self-Diagnosis Content</i> | Dangerous purpose                            | Self-diagnosis content has a negative effect on users (i.e. can make them spiral or anxious) or it could give people false information and misdiagnose them | 39 citations; 70% of transcripts | Susi: <i>"and that some people consume it without questioning or could consume and that it's very misleading."</i><br><br>Valerie: <i>"Yeah, and I think that's a dangerous thing for the future if people just use mental health online content to diagnose themselves, or to look for treatment, for example."</i> |
|  | Entertaining purpose                         | Self-diagnosis content allows light-hearted entertainment that is fun   | 17 citations; 55% of transcripts | Gabriela: <i>"Yeah, I often see it on TikTok and at first it was kind of fun"</i>  |

| Concept                                     | Code  | Definition  | Frequency   | Quotes  |
|---|---|---|---|---|
| Affective Effects of Self-Diagnosis Content | Informational purpose   | Self-diagnosis content helps educate users on mental disorders and raises awareness of certain phenomena  | 24 citations; 50% of transcripts  | Lydia: <i>"Like on the one hand, I think it's good that there is more knowledge about mental health disorders and like mental health in general."</i>   |
|   | Useful purpose  | Self-diagnosis content can help people get the help they need, it is easily accessible and it can help people adjust their behaviour by getting to know mental disorders more | 17 citations; 50% of transcripts  | Harper: <i>"where you just don't have anyone who's qualified to diagnose that is nearby you and you just want like, the freeing for yourself that you just I just, I say I have the DID, yeah means...thinking, special cases, it can be a valuable, maybe even short term solution until you're able to get a professional diagnosis,"</i> |
|   | Feelings of validation  | Self-diagnosis content helps people feel acknowledged, less alone and more understood with their experiences  | 22 of citations; 45% of transcripts   | Nienke: <i>"ADHD content makes me feel understood and being related to something"</i>   |
|   | Feelings of ambivalence   | Users feel confused and unsure about engaging with self-diagnosis content   | 15 of citations; 40% of transcripts   | Thomas: <i>"I don't think I feel bad or good about myself."</i>   |
|   | Feelings of anxiety   | Self-diagnosis encourages feelings including worries, unease and fears  | 24 citations; 35% of transcripts  | Nienke: <i>"if I think about depression content or like autism content, I don't know makes me feel at unease because it's trying to, for depression content, for example, it really sets me back sometimes because I used to have similar thoughts and states of mind"</i>  |
|   | Feelings of anger   | Feelings of anger and irritation about people engaging with self-diagnosis content  | 10 citations; 35% of transcripts  | Harper: <i>"And of course, like, maybe even get a bit angry, because it's just dangerous to share that"</i>   |
| Feelings of annoyance                       | Feeling frustrated about the purpose and access of self-diagnosis content | 8 citations; 35% of transcripts   | Fleur: <i>"I think I mean, it would annoy me a bit just to see this potential misinformation and the oversimplification."</i> |   |

| Concept                                     | Code                                 | Definition  | Frequency                        | Quotes  |
|---|--------------------------------------|---|----------------------------------|---|
|   | Feelings of self-criticism           | Feeling critical and unsure about oneself after engaging with self-diagnosis content              | 2 citations; 5% of transcripts   | Meike: <i>"Yes, there is a lot of self-criticism"</i>   |
|   | Feelings of invalidation             | Self-diagnosis content makes people feel that their experiences are irrational and not real       | 3 citations; 10% of transcripts  | Lydia: <i>"It also felt kind of invalidating because so many people started like saying, 'Oh, I must have this.'"</i> |
|   | Feelings of sadness                  | Feeling sad about the themes of mental disorders in self-diagnosis content                        | 1 citation; 5% of transcripts    | Cora: <i>"Yeah, I would say like maybe sad"</i>   |
| Cognitive Effects of Self-Diagnosis Content | Self-questioning                     | People start questioning if the symptoms also fit with them and what that would mean for them     | 31 citations; 70% of transcripts | Nienke: <i>"cause sometimes I think 'ohh what if I also go down that road in the future'?"</i>                        |
|   | Lack of impact                       | Self-diagnosis content is irrelevant to young adults and does not leave an effect                 | 24 citations; 75% of transcripts | Judith: <i>"But after a while I just forgot about it, honestly."</i>  |
|   | Lack of interest                     | Young adults do not have an interest about self-diagnosis content                                 | 8 citations; 20% of transcripts  | Henrik: <i>"Well, I would say I'm not interested in it at all."</i>   |
|   | Urge to avoid self-diagnosis content | Young adults think about not wanting to interact with self-diagnosis content and want to avoid it | 4 citations; 15% of transcripts  | Anna: <i>"[...] I try to avoid it"</i>  |

| Concept                            | Code  | Definition  | Frequency                        | Quotes  |
|------------------------------------|---|---|----------------------------------|---|
|                                    | Urge to label myself                        | Self-diagnosis content urges young adults to label themselves and a part of their personality with mental disorders | 6 citations; 20% of transcripts  | Cara: <i>"And also there is way too much emphasis on what you're diagnosed as the only reason why your diagnosis to find the appropriate treatment and it should not be a part of your personality."</i>                        |
|                                    | Urge to self-diagnose                       | Self-diagnosis content urges young adults to self-diagnose with mental disorders                                    | 15 citations; 45% of transcripts | Gabriela: <i>"so I will do that to, like fill the test and see what my results were and see if it was like really high or just like above average and all that stuff"</i>   |
|                                    | Urge to get treatment                       | Self-diagnosis content urges young adults to think about getting professional treatment                             | 11 citations; 40% of transcripts | Fleur: <i>"Yeah, and especially maybe it does help some people that they think, 'Oh, okay, I should see my doctor'"</i>   |
| Actions<br>Following<br>Engagement | Information-seeking                         | Young adults seek more information by researching the themes on, e.g. Google  | 13 citations; 45% of transcripts | Susi: <i>"sometimes I get more interested in the topic and then do some research myself using other websites, other sources"</i>  |
|                                    | Content-seeking                             | Young adults seek more similar content, like posts or comments by other users                                       | 5 citations; 25% of transcripts  | Hazel: <i>"So for example, if a content like that comes on my for you page or like just on my profile, I tend to look like just click on their profile and just like see what kind of videos they have for like just a bit"</i> |
|                                    | Conversations about self-diagnosing content | Young adults talk with friends and family about self-diagnosis content  | 10 citations; 40% of transcripts | Lisa: <i>"I think they're a great source to talk more about things"</i>   |
|                                    | Seek professional help                      | Young adults actually sought professional help (e.g. psychotherapists) after engaging with self-diagnosis content   | 4 citations; 15% of transcripts  | Hazel: <i>"yeah I got an appointment and then I got the professional help and then I also got the confirmation and stuff."</i>  |



| Concept                     | Code                          | Definition  | Frequency                        | Quotes   |
|-----------------------------|-------------------------------|---|----------------------------------|--|
| Scope & Duration of Effects | Bigger effect when relating   | Young adults are more impacted by self-diagnosis content when they see themselves in the symptoms       | 22 citations; 55% of transcripts | <i>Anna: But like if it's some awareness where I think this completely applies to me, then of course, yes, I share it"</i> |
|                             | Bigger effect when interested | Young adults are more impacted by self-diagnosis content when they are interested in the covered themes | 7 citations; 35% of transcripts  | Harper: "So those kinds of stay in my brain because I just think they're interesting."                                     |

## **The Social Media Content**

Subsequently to the interviews, some participants provided various self-diagnosis content. Appendix D presents a preliminary content analysis of the total eleven posts. The concepts deriving from the analysis were the content category, the production of the content and the mental health themes.

## **Discussion**

The purpose of this study was to investigate which effects self-diagnosis content on social media has on the mental health of young adults. This was done by conducting semi-structured interviews with young adults. Concluding from the interviews were different recollections of what self-diagnosis means to them as well as how it affects them. The ineffectiveness and doubts about the process of using self-diagnosis content were prevalent among the majority of participants. In addition, they mentioned that this content is usually produced in a manner that constitutes an overgeneralising picture of mental illnesses. More concretely, the effects of self-diagnosis content on their mental health were largely negative. Ranging from feelings of anxiety to anger they maintained that engaging with self-diagnosis content is inherently dangerous. In that context, many young adults explained how they would start questioning themselves and their own mental health. Aside from negatively connotated experiences, some participants also described the effects of feeling validated by seeing such content on social media and it having an informational purpose for them. Specifically, two female participants got professionally diagnosed with ADHD after engaging with self-diagnosis content. Considering these differences in experiences, the scope and duration of effects also diverted depending on the relevance self-diagnosis content had for the interviewees. When they felt a bigger relevance or interest in certain posts, they expressed larger effects in terms of seeking information or having amplified feelings of anxiety. In addition, the preliminary social media content analysis revealed insights into the type of content that was consumed. The most prevalent category was infographics in either text- or video format. Many symptoms were presented exaggeratedly or ambiguously. Several mental health themes were discussed, most commonly ADHD and trauma.

## **Theoretical Reflection & Implications**

To illustrate the relevance of this study, several factors played into the process of the research question and the study design. First of all, the growing exposure of social media and respective self-diagnosis content influenced the context of the study. Correspondingly, the content analysis by Gilmore et al. (2022) approached the fact that TikTok self-diagnosis content

concerning ADHD has led more people to get diagnosed with ADHD. During the interviews, two female participants recollected that they in fact got professionally diagnosed with ADHD after engaging with such content on TikTok which aligned significantly with Gilmore et al. (2022). Especially, because the interviewees were female, affiliated with discussions about the access barriers women are currently facing when getting diagnosed with ADHD (Boseley, 2021). This is important to dissect since it highlights the fact that neurodivergent women are continuously facing adversities in light of trying to get a proper diagnosis (Attoe & Climie, 2023). Social media is emerging as a platform of support and validation for these women to share their experiences and have a starting point for their diagnosis journey (Morley & Tyrrell, 2023).

More generally speaking, many other participants revealed that they also felt validated in their experiences when engaging with self-diagnosis content. Not only would they get information from the content but it also aided them in getting a sense of social support. As seen in the study by Prescott et al. (2017), engaging with similar stories and occurrences alleviates negative connotations and instead encouraged people's perception of themselves. This type of social support not only provides emotional support but also contributes to feeling better about themselves and their mental health diagnosis (Prescott et al., 2019).

These aspects consequently raise the question of managing and implementing self-diagnosis content on social media. While its usefulness is an important point to ponder, this study concluded that there is an existing distrust in its effectiveness. While a recent study declared that many consumers are prone to have a trusting perception of social media creators, the participants of this study were sceptic of their intentions (Willis et al., 2022). This discrepancy was highlighted specifically when the interviewees referred to the trivialisation and sensationalisation of mental disorders by creators. On a similar note, as other research has previously proven, engaging with self-diagnoses can lead to experiences with anxiety (Ahmed & Stephen, 2017). The interviews supported this assumption, especially in relation to the interviewees' perception that self-diagnosis content majorly has a dangerous purpose. Diagnosing oneself with an incorrect mental disorder, according to the participants, is something that should be prevented. This also relates to inhibiting health anxiety and questioning oneself as a result.

Taking into account these two diverging positions, it alludes to practical implications for healthcare services and social media platforms. Psychologists have already implemented conversations with their patients about self-diagnosis content. Phillips (2022) discussed instances in which a patient came in to refer to an OCD self-diagnosis done by using TikTok

and was then educated by their therapist on all the factors that affect the diagnosis process. Open conversations and further education on patients' experiences are therefore already a part of professional healthcare settings. The inaccessibility of professional healthcare is a persistent issue which could be rendered by increasing community literacy on the use of self-diagnosing. Both professionals, as well as patients, need to educate themselves on how to manage self-diagnosis content on social media and what this form of diagnosis means in the current environment (Namer & Razum, 2021). The validation of self-diagnosis content on social media should be seriously pondered so that safe and cautious management is possible.

In this context, the users' scepticism needs to be alleviated by regulating content. Since the start of the pandemic, there have been many developments in eMental Health interventions (Ellis et al., 2021) which establishes the possibility of creating self-diagnosis websites that allow for regulated and accessible self-diagnosis consumption by laypeople. In addition, social media platforms have the responsibility to control what is posted. Instead of allowing misinformation to spread, content should be controlled by authorities. This has already been approached with social media posts by comprising content warnings when someone exhibits endangering behaviours to ensure that users make an informed decision on their consumption (Charles et al., 2022).

Lastly, the literature review provided insights into the declining mental health levels of young adults, specifically in recent years, due to, for example, the pandemic (Hwang et al., 2020). This study measured the mental well-being baseline scores of the interviewees by using the MHC-SF which revealed that there were no significant differences between the participants in their mental well-being scores. Almost all of them had an average score which on the one hand implies that this finding did not align with contemporary discussions and on the other hand that there was a certain homogeneity within the sample. In comparison to other research on young adults' mental health, the interviewees exhibited greater mental well-being (European Commission, European Education and Culture Executive Agency, 2022).

### **Limitations & Strengths**

There were a few aspects that inhibited or limited the scope and process of the study. The first one is that the study design was composed of two separate studies. While the focus of this study was to specifically examine the effects of self-diagnosis content on young adults' mental health, the other study intended to research digital mental health activism and its association with identity development. Although there was a certain congruence, the differences in focal points, in particular regarding the research goals, were restrictive which conceded for biases. As the interview guide entailed questions regarding both topics, the participants showed

instances in which they were unsure about which of the two topics were discussed specifically. Some questions may have been answered differently or were not answered to the full extent. Verbally adding a clear distinction between the topics or conspicuously assuring that the participants were aware of the switch could have prevented this confusion.

A second limitation was the sample group. Since convenience sampling was utilised, only a certain demographic was reached. The sample consisted mainly of women from Western countries, principally Germany. Besides, they were exclusively university students. This characteristic is remarkable as it implies that the participants all had an academic background which excludes the experiences of other occupational and educational roles. Moreover, the majority were psychology students which impacted their knowledge as well as their opinion on the topic. Their existing knowledge of self-diagnosis content and mental health may have distorted their recollection during the interviews. This is indicative of a volunteer bias that can occur when using convenience sampling and is conveyed in the limitation in the representability of the sample (Nikolopoulou, 2023a).

Analogously to the fact that the majority of the participants were psychology students, the researchers were also psychology students. Their pre-existing knowledge of the topic and research process may have been distortive. This knowledge paired with their values on mental health diagnoses permitted cognitive biases. Subsequently, the process of interpreting the data may have been affected and distorted fitting to their mental shortcuts (Nikolopoulou, 2023b). This could have been diminished by using a framework as guidance and prohibiting personal knowledge to direct the progress. Consequently, generalisability is also a critical point to ponder (Nikolopoulou, 2023b).

A participant mentioned as a final thing to include in this study that Instagram and TikTok are two inherently different platforms and should be treated as such. A specific aspect that should be counted is the function of the algorithm on both applications. The study by Bishqemi & Crowley (2022) cites that “the algorithm TikTok uses is superior in regard to showing specifically tagged content to potentially interested users” (p. 1). Since this study focused on both applications without differentiating between them, the full extent of each platform could not be sufficiently explored. With that regard, the distinctive effects of each application could also not be determined.

Although various limitations were apprehensible in the course of this study, there were also notable strengths. The fact that the sample consisted largely of female psychology students was not inherently a limitation of this study. Especially when discussing mental health themes, female participants were previously significantly underresearched (Boseley, 2021). Moreover,

psychology students constitute knowledge and education on mental health themes and diagnosis processes that are noticeably contributing to this context. Finally, TikTok and Instagram Reels are still fairly new and not extensively researched in relation to mental health (Gilmore et al., 2022). This study was one of the first ones to approach these platforms to this extent and provide a preliminary content analysis.

### **Future Research**

Taking into account the various limitations, a few recommendations for future research can be determined. This study provided a preliminary content analysis of social media content on both Instagram and TikTok. The emerging concepts from this analysis ranged from content categories to mental health themes which can be used to plan out further psychological research. This information serves as an indication of currently existing trends on social media. Subsequently, trends imply the relevance of circulating topics of self-diagnosis content which thus can be utilised as a solid foundation. For example, sampling can be refined and conducted in a more pertinent manner. Therefore, a follow-up study should keep its focus entirely on a content analysis targeting only TikTok. The significance of what exact content young adults consume is imperative to determine the exact origins and expressions of mental health effects. Specifically, concerning the participant's request to consider the variance of social media platforms, this aspect is interesting to keep in mind.

Overall, a qualitative follow-up study, for instance, a framework analysis, in which there is a focus on only one topic should be approached. As this study was thoroughly inductive and exploratory, using a framework could aid in setting a clear focus and expanding on a contemporary concept. Goldsmith (2021) maintained the efficiency of a framework analysis in qualitative research to highlight transparency as well as a more in-depth research process. An example is the Displaced Behaviour Theory which has already been examined in connection with social media use. This theory argues that social media is replacing face-to-face social interactions (Karim et al., 2020). It would be valuable to use this framework as a basis to investigate self-diagnosis content contrasted with professional treatment.

Future research should further entail the thematic inclusion of specific access barriers that reinforce and impede self-diagnosis content consumption. This could be done by asking participants specifically targeted questions on which access barriers they perceive as influential in seeking self-diagnosis content. As mentioned in the interviews as well as the literature review, certain factors influence the use of such content. For example, the Covid-19 pandemic was influential in the engagement with self-diagnosis posts or the arising waiting lists in psychiatric practices. Taking into account these aspects is necessary in order to clarify the focus

of future research on the impact of self-diagnosis content on mental health. Some may be more prone to be affected by external circumstances i.e., access barriers and should therefore be highlighted as the main target group.

### **Conclusion**

Ultimately, this study served as a solid starting point for a newly surfacing phenomenon. Self-diagnosing content on social media has been found to impact the mental health of young adults in various ways, both positively and negatively. Social media is incessantly playing a huge role in people's daily lives and will undoubtedly amplify its significance. As such, its role in affecting individuals with mental health issues and mental health experts will only increase. With that, obstacles also develop which should be taken into account in future psychological research to highlight the need to support mental well-being. Overall, the role of social media should not be neglected in the future and be a constant point of deliberation for psychological research.

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## Appendix A Participants

**Table A1**

*Overview of the Identifying Information of the Participants*

| Participant | Age | Gender | Nationality      | Country of Living | Occupation  |
|-------------|-----|--------|------------------|-------------------|---|
| Valerie     | 26  | Female | German           | Germany           | Psychology student                                    |
| Thomas      | 20  | Male   | German           | Germany           | Computer science student                              |
| Harper      | 21  | Female | German           | Germany           | Psychology student                                    |
| Anna        | 23  | Female | German           | Germany           | Psychology student                                    |
| Nienke      | 21  | Female | German           | Germany           | Communication science student                         |
| Susi        | 21  | Female | German           | Germany           | Architecture student                                  |
| Talia       | 20  | Female | German           | Germany           | Psychology student                                    |
| Meike       | 23  | Female | German/Turkish   | The Netherlands   | Psychology student                                    |
| Hazel       | 23  | Female | Tunisian         | The Netherlands   | Psychology student                                    |
| Cora        | 22  | Female | German           | Germany           | Politics student                                      |
| Henrik      | 25  | Male   | Swedish          | Sweden            | Applied physics and engineering<br>biophysics student |
| Gabriela    | 21  | Female | Mexican          | Mexico            | Literature student                                    |
| Lydia       | 22  | Female | Dutch            | The Netherlands   | Psychology student                                    |
| Cara        | 21  | Female | German           | The Netherlands   | Psychology student                                    |
| Alina       | 22  | Female | Polish           | The Netherlands   | Psychology student                                    |
| Jana        | 21  | Female | German           | The Netherlands   | Psychology student                                    |
| Lisa        | 26  | Female | Swedish/American | Sweden            | Cadet/Military student                                |
| Fleur       | 20  | Female | Dutch            | /                 | Psychology student                                    |
| Ron         | 19  | Male   | Dutch            | The Netherlands   | Communication Science                                 |
| Judith      | 22  | Female | Polish/German    | /                 | Psychology student                                    |

## Appendix B

### Interview Guide

#### **Digital Mental Health Activism: Interview Protocol**

*Read out the informed consent form together and let them sign it. Then explain that they will fill out the MHC-SF before the interview so we can gain some information about their mental state at the time of the interview.*

*Ask for their age and gender that they identify with.*

*Ask for their ethnicity and where they live in the world (if online), as well as occupation and education*

#### **General Views on Mental Health:**

1. Which role does mental health play in your daily life?
  - a. *How would you describe your views on mental health?*
2. How would you describe your actions in relation to mental health?

#### **Digital Mental Health Activism:**

*Now we will discuss digital mental health activism and how you relate to it. Before we start, it is important to mention that by digital mental health activism, a form of digital activism whereby users share their knowledge and experiences with mental health issues in online environments is meant.*

*More specifically, we are interested in any forms of engagement, such as liking, sharing or creating content for the platforms Instagram and TikTok.*

1. How would you describe your views on digital mental health activism?
2. How would you describe your actions in terms of this form of activism?
  - a. *Do you share content? Only like the content? Do you create content?*
3. How often do you engage with digital mental health content?
  - a. *Do you recall some of the content you engaged with lately? How did you engage with it?*
4. How long have you been engaging with digital mental health activism?
  - a. *Has your engagement changed over time? How? Here, it would be good to check if there are periods where they are less engaged and why so*

#### **Experiences with Digital Mental Health Activism:**

1. What do you think has made you engage with digital mental health activism content?
2. What kind of emotions have you felt when engaging with digital mental health activism?
3. How would you describe your role within digital mental health activism?

#### **Experiences with Self-Diagnosing content:**

*An emerging type of digital mental health activism content is self-diagnosing content. In this type of content a list of symptoms is given which consumers use to confirm or decline a certain condition or health state. Videos on TikTok include challenges such as “Put a finger down challenge” which present several symptoms or signs of mental health conditions such as ADHD. One video had symptoms like “Put a finger down if you’re a picky eater” or “Put a finger down if you practice conversations in your head”.*

1. Have you ever engaged with self-diagnosis content? Could you show me an example (video) (Ask questions about the video and ask them to share it via email)?
  - a. *If yes, with which content? how often do you engage with self-diagnosis content? How do you engage with such content (e.g. like, share, comment)?*
  - b. *If no, what are your expectations of self-diagnosis content?*
2. What do you think about self-diagnosis content?
  - a. *How would you define self-diagnosis content? How do you identify yourself with self-diagnosis content? What role does it play for you? Personal examples/experiences with it?*
3. What are your expectations when engaging with self-diagnosing content?
  - a. *What do you expect to get out of engaging with self-diagnosing content? Helpful? Insightful? Interesting? Informational? Pessimistic?*
4. How do you feel after encountering such content?
5. What do you think after encountering such content?

6. What do you do after encountering such content?
  - a. *What do you usually do after encountering such content? Do you research the diagnoses/mental disorders? Do you talk with other people about the content? Do you share the content? Do you like the content? Do you comment on the content? Do you search for similar content?*
7. How does self-diagnosis content affect your mental health?
8. How long after you consumed the content do you still think about the content?
  - a. *Feelings of annoyance, curiosity, anxiety, etc./general effect of the content*

***Final Views on Digital Mental Health Activism and Identity:***

***For the final part of this interview, I will ask you to think again about digital mental health activism content in general.***

1. Has engaging with digital mental health activism changed your views on mental health?
  - a. *In what way? Has this changed over time or depending on the content?*
2. Has engaging with this type of content changed your views about yourself?
  - a. *How? Does it change over time?*
3. Has engaging with digital mental health activism influenced your views of others or society?
  - a. *In what way?*
4. Is there anything you would like to add in regards to digital mental health activism?

## Appendix C

### MHC-SF

Adult MHC-SF (ages 18 or older)

Please answer the following questions about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

| During the past month, how often did you feel ...   | NEVER | ONCE OR TWICE | ABOUT ONCE A WEEK | ABOUT 2 OR 3 TIMES A WEEK | ALMOST EVERY DAY | EVERY DAY |
|---|-------|---------------|-------------------|---------------------------|------------------|-----------|
| 1. happy  |       |               |                   |                           |                  |           |
| 2. interested in life   |       |               |                   |                           |                  |           |
| 3. satisfied with life  |       |               |                   |                           |                  |           |
| 4. that you had something important to contribute to society  |       |               |                   |                           |                  |           |
| 5. that you belonged to a community (like a social group, or your neighborhood)                     |       |               |                   |                           |                  |           |
| <b>SEE BELOW 6. that our society is a good place, or is becoming a better place, for all people</b> |       |               |                   |                           |                  |           |
| 7. that people are basically good   |       |               |                   |                           |                  |           |
| 8. that the way our society works makes sense to you  |       |               |                   |                           |                  |           |
| 9. that you liked most parts of your personality  |       |               |                   |                           |                  |           |
| 10. good at managing the responsibilities of your daily life  |       |               |                   |                           |                  |           |
| 11. that you had warm and trusting relationships with others  |       |               |                   |                           |                  |           |
| 12. that you had experiences that challenged you to grow and become a better person                 |       |               |                   |                           |                  |           |
| 13. confident to think or express your own ideas and opinions                                       |       |               |                   |                           |                  |           |
| 14. that your life has a sense of direction or meaning to it  |       |               |                   |                           |                  |           |


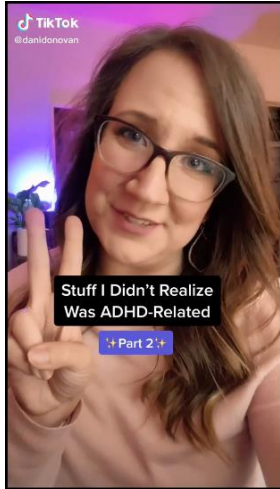
**Note:** The original wording for item 6 was "that our society is becoming a better place for people like you." This item does not work in all cultural contexts. However, when validating the MHC-SF, test both versions of item 6 to see which one works best in your context.

## Appendix D

### Preliminary Content Analysis

**Table D1**

*Overview of the Coding Scheme, Definitions, Frequencies & Quotes*

| Concept          | Code              | Definition   | Frequency                      | Quotes   |
|------------------|-------------------|--|--------------------------------|--|
| Content Category | Infographic Text  | A text post including an image/graphic and further information on symptoms, aiming to provide a summarised explanation of mental disorders | 4 citations; 36.36% of content |   |
|                  | Infographic Video | A video post including a narrated or re-enacted presentation of symptoms, aiming to provide a summarised explanation of mental disorders   | 4 citations; 36.36% of content |  |



Put a finger down challenge

An interactive video-challenge on social media including a person listing several symptoms and encouraging the viewer to put their finger down according to their relation to listed symptoms. At the end the creator offers the viewer a mental disorder.

3 citations;  
27.27% of content

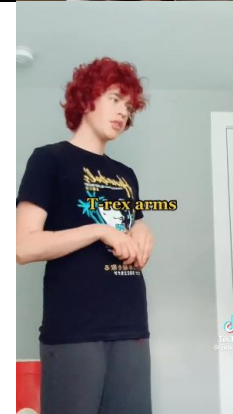


Production

Ambiguous symptoms

An unclear, not mutually exclusive and indefinite presentation of symptoms

24 citations;  
100% of content



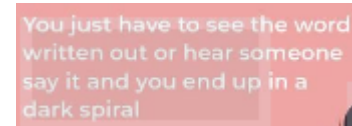
Anxiety symptoms convince you that you have it

Burning and stinging on random parts of your body

Overexaggeration      An excessive representation or formulation of mental illness symptoms      12 citations; 54.55% of content

*“Put a finger down if you have so many passions and hobbies that you were all about and then some day you just drop that thing like Andy dropped Woody in Toy Story.”*

*“Put a finger down if changes in your day or routine throw you off monumentally and passively into a giant rage.”*



Overgeneralisation      An oversimplified and excessively general presentation of symptoms that can be applied to multiple mental disorders or are part of the normal human experience      17 citations; 72.73% of content

*“Put a finger down if you have extremely low self-esteem”*



Avoidance of children

Further explanation      Offering more clarification and account on a mental illness phenomenon      5 citations; 36.36% of content

**The 10 things I've listed are Adverse Childhood Experiences or ACEs**

Depending on how many of these you have been exposed to your mental and physical health is more likely to suffer

**4 or more ACEs may mean you are:**

- 4.5x more likely to develop depression!!!
- 14x the number of suicide attempts
- 3x the levels of lung disease and adult smoking
- 11x the level of intravenous dr(u)g ab(u)se
- 4x more like to have begun intercourse by age15
- 2x the level of liver disease

As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis 240 percent; depression 460 percent; attempted suicide, 1,220 percent.



Further resources      Offering more information and sources on a mental illness phenomenon      3 citations; 27.27% of content

For links to all resources I recommend that can help you start working through your anxiety you'll find them in my bio or at [honestlyholistic.com/start](https://honestlyholistic.com/start)

**Mental Health Themes**

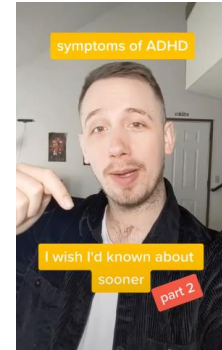
Anxiety      Symptoms associated with anxiety-related mental disorders      2 citations; 18.18% of content

**Anxiety and Physical Pain**

@honestlyholistic

- Chest pain that makes you worry about your heart
- Back, shoulder and neck pain that makes it hard to be active
- Dander shooting pains in your head that may cause you to panic
- Pain and tightness in your jaw. Your teeth may hurt too
- Pain, pressure and ringing in your ears
- Excess mucus and acid reflux may cause your throat to hurt and burn
- Intense muscle pain and twitching from tight muscles, as well as joint pain
- Burning and stinging on random parts of your body
- Stomach pain that may cause you to double over

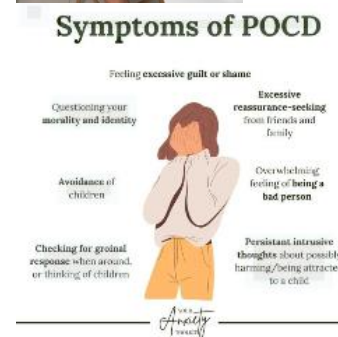
ADHD Symptoms related to the mental disorder ADHD 3 citations; 27.27% of content



Autism Symptoms related to the mental disorder Autism 2 citations; 18.18% of content



OCD Symptoms related to the mental disorder OCD and related mental disorders (i.e. POCD) 2 citations; 18.18% of content



Trauma

Symptoms associated with trauma-related mental disorders (i.e. Childhood trauma)

3 citations;  
27.27% of content

