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TikTok's Sick-Role Subculture and What to Do About It

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TikTok is a social media platform that allows users to incorporate music, text, and other special effects into short videos. The app has approximately 30 million monthly users in the United States alone, and was the most downloaded app globally in 2020, with 850 million downloads.[1] Like many popular social media platforms, use is heavily skewed toward youth, with one estimate reporting 62% of all users being between the ages of 10 and 29 years.[2] TikTok has carved out a niche where youth can virtually congregate to poke fun at shared experiences from within their own homes, with ordinary backgrounds such as their living rooms, rather than heavily idealized lifestyles seen on other social media platforms. As such, youth are more relatable when they produce personal performances from their homes, ranging from lip syncing and complex dance routines, to videos discussing more serious topics, such as personal struggles with mental health conditions.

With increased isolation during the COVID-19 pandemic, access to online communities became even more important to youth. Like many public platforms, this expansion of internet communities provided an opportunity for insight into what youth are communicating. For example, TikTokers' commiseration about online learning was studied by Literat,[3] who shed light on the challenges that youth face while learning at home, such as overwhelming workloads, co-occurring mental health struggles, lack of motivation, and family life visibility during virtual learning.

TIKTOK AS A PLATFORM FOR DISCUSSING MENTAL HEALTH

Social media use in general poses a number of well-known challenges for mental health professionals. There is a complex relationship between de-stigmatization of mental illness through public disclosure and forms of cultural romanticizing of mental illness. Social media also have the capacity to influence healthy or unhealthy, and safe or unsafe, behaviors. In addition to discussing virtual school woes, TikTok joined other social media platforms including Instagram, Facebook, YouTube, and SnapChat, as a place for youth to discuss mental health in a community of peers. The extent to which these conversations flourished is evident in the numerous TikTok hashtags for various mental health conditions, including #TourettesTikTok, and #AutismTikTok. These videos are also popular. For example, the hashtag #Tourettes has more than 3.6 billion views.

Among the multitude of videos using those hashtags are videos of youth who showcase symptoms on the app, an example being alarming, complex, tic-like movements that are atypical, debilitating, and at times, presented as cute or comical. This phenomenon was described in an article in the *British Medical Journal*,[4] which reported a notable increase in referrals for new-onset tic-like disorders in adolescent girls during the COVID-19 pandemic. The authors found that a substantial number of the patients appeared to be exhibiting symptoms that were largely functional. The authors alluded to the role of social media, specifically TikTok, and the stress of the pandemic as catalysts for this precipitous increase in functional tics. They noted that the attention and support that adolescents gain from posting videos of their tics may reinforce the symptoms. Another "trendy" diagnosis seen among TikTokers is autism. There are videos showing youth how to look up the Ritvo Autism Asperger Diagnostic Scale—Revised (RAADS-R)[5] for a "self-diagnosis" of autism, or youth filming their reactions after they tally up their results. In many videos, app users are often defending their diagnosis—a popular hashtag being #actuallyautistic.

There are some TikTok users who discuss their diagnoses, including somatic symptom disorder, outright, whereas others visually demonstrate their functional mental health or physical symptoms. In this TikTok pocket of youth subculture, there are many videos of youth who have gone to great lengths to remain in a sick-role.

There are many ways of making sense of the proliferation of mental health discussions on social media platforms. What may have been a discussion with a peer in the past is now available for the world, including mental health professionals, to see. These "discussions" remain on the Internet, accumulate, and become more accessible. There is

also the way in which mental health disorders, and particularly somatic symptoms, may be specifically suited to social media: there is a performative quality that can be manifested in short videos. These posts attract attention and commentary, which may reinforce symptoms or even encourage the frank simulation of symptoms.

CLINICAL RECOMMENDATIONS

Awareness and Screening

Now that we have described this subculture TikTok phenomenon, we will discuss a few interventions for clinicians. First, it is important for psychiatrists to be aware of this TikTok subculture and to think about how it may play a role in our clinical practice. We can routinely ask youth about their relationship with social media—how much time they spend on it, what they post, the types of content that they consume, with whom they interact, and how it makes them feel.

It is important to try to make sense of the symptoms—to decipher what the patient is trying to communicate and how the symptoms might be serving them. Clinicians are put into a potentially complicated situation when connecting social media use to any symptoms, which could suggest to the youth that their symptoms are not "genuine" but manufactured and performed. At the same time, given the possibility that primary or secondary gain is playing a role, factitious disorder should remain in the differential. Similarly, clinicians may wonder whether TikTok is serving as a vector for sustaining pathology in users who showcase their sick-role, as views and attention may reinforce escalation of shocking symptoms.

Providing psychoeducation about mental health symptoms viewed online in a sympathetic way may allow youth to consider this in a non-threatening way, which is why an awareness of what is happening online and familiarity with examples, especially ones in your area of expertise, can be important. For example, clinicians can approach youth by saying, "I have seen many videos on TikTok with kids who are reporting they have tics. A lot of these involve large movements such as throwing something across the room." Clinicians can ask patients to share accounts, videos, or posts that have been influential for them, and they can also consider asking youth to share their own posts, if they are comfortable doing so. Clinicians may also ask youth what they have learned about their symptoms or a particular diagnosis online, whether they have shared their symptoms on social media, and, if so, what the response has been. It may be that the response is mixed, with some negative comments, which may further have an impact on the individual's mental health versus other comments of defense or sympathy.

There is a complex relationship between positive and negative feedback. Youth may get support and/or they may be bullied. Because of the possibility of anonymity, youth sometimes make fake accounts just to write negative comments on their real account, which, in some cases, prompts support and defense from others.[6] The motivation for this "digital self-harm" is complex and may go beyond simply seeking support from peers to an actual expression of self-loathing. Youth who defend one another in the comments may also attempt to reach out to an individual to take on a "therapist" role. These youth may give advice based on their own personal experience or may even become subject to adopting the symptoms of their online friend or acquaintance over time. In some cases, youth may try to supersede one another in illness intensity.

In addition to exploring youth's social media use, it is important to obtain collateral information from caregivers, many of whom may have their own complex and conflicted relationships with social media, including the extent to which they know and understand what their children are seeing and posting on these platforms. Clinicians can ask caregivers which social media platforms their children use, whether they supervise their accounts, whether they have any "fake accounts," whether their children have ever encountered interpersonal conflicts on social media, or whether there are any safety concerns about their social media use. It is important for clinicians to ask parents about the content that children consume, and whether they post about their symptoms and what the responses are like.

Providers may feel inclined to "look up" their patient either through Google or TikTok itself. Recommendations from the American Academy of Pediatrics state: "Searching for patient information through the Internet or social media should have a specific purpose with clear clinical relevance. Any information obtained through this route should be shared directly with the patient to maximize transparency and before recording any such information in the patient's chart."[7] As noted above, general clinical guidance is to speak with the patient directly.

Cultural Context

This phenomenon is not new, as youth have been discussing mental health on social media well before TikTok was even created. For years, youth have been sharing content related to eating disorders, depression, self-harm, and even suicide through cryptic hashtags that both reinforce their role in a community as well as evade reporting of their posts by the platform.[8] However, it is important to also view this phenomenon within the current context of a global pandemic, causing over half a million US deaths to date. We have seen that youth are less likely to face serious illness or

death from this virus, with only 0.05% of US deaths from COVID-19 being in the age category of 0 to 17 years.[9] In the face of incredible tragedy, illness, and mortality, youth have been mostly protected from COVID-19—related death. Is this population of youth subculture attempting to identify with the rest of the population by assuming the sick-role? Are they trying to communicate that they also need help? Does their sick-role serve a purpose in the home to mitigate conflict as family members rally against the illness? Does showcasing symptoms on TikTok dependably create conflict with strangers in the comments, and does channeling of aggression in this way keep the youth/family from other manifestations of anger or powerlessness during a global pandemic? As the academic demands for youth have risen to a level that even many adults cannot tolerate with the shift to online learning, assuming the sick-role may be a subconscious way to gain respite from these demands in a way that is acceptable within social and family constructs. Regardless of the reasons behind this phenomenon, we can say that performative sick-role videos are popular, which is to say that if youth are not creating this content themselves, they are at least likely to be watching it.

Decreasing the Reinforcing Effects of TikTok

Clinicians should work with caregivers to develop a plan with their child for limiting the reinforcing effects of posting symptoms or illnesses on TikTok. This is a delicate topic, as youth have found TikTok to be a saving grace in these times of isolation. Among the recommendations made by the American Academy of Pediatrics[10] are suggestions to promote media-free zones or mealtimes, and to prevent displacement of other activities. They also recommend that caregivers co-view the content that their child is consuming. In the case of this sick-role content, it may be helpful for parents to have a discussion with their child about what draws them to these videos, while watching them together. The family may also come to an agreement that caregivers will view their child's videos before they are posted. Continued exploration of symptom meaning for the patient during these trying times is important, as are psychoeducation and therapy as appropriate. If the patient can identify an emotional need that is currently being satisfied by posting TikTok videos about symptoms, then the clinician, patient, and caregiver can brainstorm other ways in which this need can be met. For example, an escalation in patient symptoms with a resultant escalation of caregiver concern may be interpreted by the psychiatrist as the patient's need for more attention from the caregiver. In this case, they may suggest that the caregiver and child set aside some scheduled one-on-one time. As clinicians, we must stay up to date with the latest TikTok trends, as they may have an impact on our patients' mental health. This is an understudied phenomenon, and surely treatment guidelines will evolve as our experience grows.

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