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# **Short Videos, Big Impact: How Gen Zers Make Sense of ADHD-Related Content on TikTok**

A thesis submitted in partial fulfilment of the requirements for the degree of

Master of Arts in Psychology

At Massey University, Wellington, New Zealand

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2025

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## Abstract

The rapid increase in popularity of ADHD-related videos on TikTok has raised concerns among mental health professionals and academics, who worried that young adults were self-diagnosing with ADHD based on TikToks and that the platform's misleading content could pose a public health risk. These concerns occurred against a backdrop of rising ADHD diagnoses in Aotearoa New Zealand and globally. However, little was known about these developments from the perspective of young adults. This study aimed to explore how Gen Zers, the primary demographic of TikTok, in Aotearoa New Zealand interpreted and engaged with ADHD-related content.

To address the study's aim, semi-structured interviews were conducted with ten Gen Zers using media-go-along and situated talk methods. The transcripts were analysed using phenomenologically informed thematic analysis, resulting in the development of three superordinate themes. The first theme, "TikTok Impacts Awareness and Attitudes Towards ADHD", explored how participants viewed TikTok as raising awareness about ADHD and fostering a better understanding of the condition, which helped reduce stigma. The second theme, "TikTok as a Platform for ADHD Empowerment", examined how participants felt empowered by engaging with the ADHD community on TikTok, using others' lived experiences for self-discovery, reassurance, and validation, while also learning practical ADHD-affirming strategies. The third theme, "TikTok Risks Stigmatising ADHD", highlighted participants' concerns about the platform, including the spread of misinformation and the rise of ADHD self-diagnoses, both of which could reinforce the stigma surrounding the platform and the condition.

The study identified the complexities young adults faced when engaging with ADHD content on TikTok. While the platform offered significant benefits, these benefits could be undermined by the stigma associated with the platform, which participants believed was perpetuated by older generations, including healthcare professionals. The findings revealed that young adults' relationships with ADHD content on TikTok were more nuanced than portrayed in the media. The platform played a significant role in shaping their personal experiences, identity formation, help-seeking behaviours, and understanding of ADHD and the neurodiversity movement.

### **Acknowledgements**

To the research participants: Thank you so much for your courage in responding to my advertisement on TikTok and sharing your experiences with a stranger online. I deeply appreciate your valuable insights, which provided me with countless "Aha" moments during the analysis of this thesis and shaped how I perceive TikTok and ADHD now.

To my supervisor, Professor Sarah Riley: I am incredibly grateful to have you as my supervisor. Your guidance and support have been invaluable, and I truly appreciate your thoughtful feedback, flexibility, and encouragement throughout the entire process. Through all the challenges of this journey you helped restore my peace and confidence, as I knew I could always rely on your advice.

To my husband Ash: Thank you so much for your unwavering support throughout my entire university journey. I deeply appreciate your belief in me, your constant encouragement, and all the effort you put into creating a supportive environment at home that allowed me to focus on my studies.

To my Team Coach Aldyth at Pathways and West Acute Mental Health Team: Aldyth, I am deeply grateful for your understanding and flexibility while I was working on this thesis. I could not have completed it without such a considerate and supportive boss. To all my colleagues, thank you for cheering me on throughout this journey, offering valuable insights, and sharing ideas that helped develop my project.

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## Chapter One: Literature Review

Young adults from Generation Z, born between 1997 and 2012, make up the primary demographic of the popular social media platform TikTok (Ameen et al., 2023; Iqbal, 2024). Gen Zers also rely on social media as their primary source of mental health information, making TikTok one of the leading platforms where young adults access such content (Bauman & Rivers, 2023; Basch et al., 2022). Research indicates that young adults report various benefits from using TikTok for mental health information (Eagle & Ringland, 2023; Basch et al., 2022; Zheluk et al., 2022). However, concerns have been raised about the quality of mental health content on TikTok, particularly regarding attention-deficit/hyperactivity disorder (ADHD), and the platform's role in encouraging self-diagnosis of ADHD (Caron, 2022; Rumbelow, 2023; Yeung et al., 2022). Given the tension between the value young adults place on TikTok and the concerns healthcare professionals have about its influence, it is crucial to better understand how young people interpret and engage with mental health content on the platform, especially in relation to ADHD.

In this chapter, I provide the theoretical foundation and review the current literature relevant to my research. I will begin by providing a demographic portrait of Gen Zers and their social media habits. Next, I will discuss the rapid rise of TikTok's popularity and its affordances related to mental health content. I will then examine mental health content on social media, highlighting examples of ADHD content on TikTok. To provide context, I will first introduce ADHD and the neurodiversity movement. Following this, I will examine the positive impacts of social media content, such as fostering social connection, peer support, self-disclosure, and combating stigma, as well as content types like illness narratives and neurodiversity representations. Additionally, I will address potential negative impacts, including the spread of misinformation and the rise of self-diagnoses fuelled by social media. Finally, I will conclude by outlining the rationale and aims of the current research.

## Gen Zers and Their Social Media Habits

Born between 1997 and 2012, Generation Z, sometimes referred to as “Zoomers”, “Gen Z”, or “Gen Zers”, currently stands as the largest demographic cohort worldwide (Ameen et al., 2023). Gen Zers were born into a dynamic and challenging global landscape, resulting in their heightened levels of financial, social, and political awareness compared to preceding generations (Ameen et al., 2023). Some sociological perspectives presented a positive view of Gen Zers’ digital capabilities (Hassoun et al., 2023). However, many, rooted in a tradition of scepticism about the internet’s societal and psychological impacts, argued that Gen Zers were risk-averse, safety-conscious, and potentially unprepared for adulthood (Hassoun et al., 2023).

Some researchers claimed that despite being labelled as digital natives, Gen Zers predominantly perceived technology as exacerbating feelings of isolation and loneliness, as well as a sense of meaninglessness and powerlessness (Ameen et al., 2023; Lyngdoh et al., 2023; Moharam & Mukherjee, 2023). Furthermore, scholars acknowledged that Gen Zers blurred the distinction between online and offline realms, placed significant emphasis on identity and authenticity, grappled with information overload, and experienced a sense of both empowerment and powerlessness with technology (Hassoun et al., 2023).

A notable shift in social media behaviour among Generation Z, as opposed to previous generations, is their inclination to rely on social media platforms as their primary source for information search. It has been noted that younger demographics tended to prefer “visually rich forms” of search (Perez, 2022). For example, nearly 40% of young individuals choose platforms like TikTok or Instagram over Google Maps or Google Search when deciding on a place for lunch, based on Google’s internal research conducted through a survey of US users aged 18 to 24 (Perez, 2022).

However, these preferences extended beyond dining options, as researchers suggested that Gen Zers actively used social media platforms to seek health-related information (Lim et al., 2022). Lim et al. (2022) found that young adults used Facebook for health information through Facebook groups, YouTube for learning via video, and Instagram for health inspiration, reflecting diverse ways Gen Zers

sought health-related content on social media. Additionally, TikTok has become increasingly popular among Gen Zers for searching mental health-related information (Grabb, 2023).

Gen Zers also differed from other generations in their motivation for information search, which involved not only fact-finding but also social support-seeking, often blurring the lines between the two (Hassoun et al., 2023). Researchers argued that social media platforms provided avenues for meaningful identity exploration and connection beyond entertainment, and information discovered online assisted Gen Zers in defining their identity, sense of belonging, and beliefs (Granic et al., 2020; Hassoun et al., 2023). Furthermore, these processes not only shaped Gen Zers' personal identity but also actively contribute to their collective formation of generational identity, often utilising platforms like TikTok (Vickery, 2022).

As Gen Zers turned to algorithmically powered social media for information, it also meant that they were mostly passively exposed to information rather than actively seeking it out (Hassoun et al., 2023). This shift from intentional searching to incidental discovery was driven by the rise of algorithmically curated feeds that presented tailored content to users, reducing the need for proactive information-seeking (Hassoun et al., 2023). Notably, Gen Zers were aware of surveillance and datafication mechanisms on social media, suggesting that algorithmic personalisation was a normalised aspect of their digital media engagement (Schellewald, 2023).

This reliance on social media and the resulting digital engagement patterns further highlighted generational differences, which have contributed to misunderstandings and instances of ageism directed at Gen Zers by older generations. Young adults most commonly experienced ageism through disrespect or patronisation from older generations, followed by assumptions about their cognitive abilities and social traits, which negatively affected their life satisfaction (Chasteen et al., 2021). These experiences frequently prompted Gen Zers to avoid intergenerational interactions to avoid anticipated prejudice (Fowler & Gasiorek, 2024). However, this avoidance could exacerbate anticipatory anxiety about future stigmatisation, further undermining their sense of empowerment and well-being (Fowler & Gasiorek, 2024).

Given the significant role social media plays in the lives of Gen Zers, researchers emphasised the need for further studies on what drives this generation to use social media, how they engage with it, what content they prefer, and how it influences their beliefs, behaviours, and identity formation (Ameen et al., 2023; Hassoun et al., 2023; Lim et al., 2022; Lyngdoh et al., 2023). In particular, scholars advocated for more qualitative research, as some existing studies lacked an in-depth exploration of Gen Zers' experiences (Lim et al., 2022).

### **TikTok and Its Affordances**

Originating in China in 2014, TikTok began its journey as a short-video social media platform known as Musical.Ly (Kanthawala et al., 2022). In 2016, the technology company ByteDance launched a similar app called Douyin (Schellewald, 2023). The following year, ByteDance acquired Musical.Ly and rebranded it as TikTok, paving the way for its global expansion in 2018 (Kanthawala et al., 2022). Following this, TikTok rapidly gained momentum, becoming the most popular app in 2019 and 2020 with 693 million and 850 million downloads, respectively (Iqbal, 2024). Despite its recent launch, TikTok ranked seventh among the most downloaded apps of the 2010s, challenging Facebook's dominance in Western social networking (Iqbal, 2024).

While TikTok's popularity grew before COVID-19, the pandemic accelerated its adoption across various age groups and regional demographics (Feldkamp, 2021). However, during the same time, TikTok faced global bans due to concerns ranging from security to inappropriate content (Maheshwari & Holpuch, 2024). India banned TikTok in 2020 amidst security concerns following a border conflict with China, extending the ban indefinitely in January 2021 despite being its largest international market (Kenny, 2024). Additionally, Canada, Australia, the United Kingdom, the European Union, and Aotearoa New Zealand have banned TikTok from government devices (Kenny, 2024).

In March 2023, New Zealand Parliamentary Service Chief Executive Rafael Gonzalez-Montero announced that TikTok would be removed from all devices accessing the parliamentary network

based on advice from cybersecurity experts, citing unacceptable risks (New Zealand Parliament, 2024). Interestingly, TikTok is the only app banned on Parliamentary devices (Kenny, 2024). Additionally, there are ongoing tensions between TikTok and the government of the United States, with ByteDance facing pressure to sell the platform to a US-owned company or risk a nationwide ban (Lutkevich, 2025). The app was temporarily blocked in the US on January 19<sup>th</sup> 2025, but enforcement was postponed for 75 days, allowing the parties more time to seek a resolution (Lutkevich, 2025).

Despite the myriad of concerns and controversies surrounding TikTok, the platform continues to expand, boasting 1.5 billion monthly active users in 2023 and an anticipated increase to 1.8 billion by the end of 2024 (Iqbal, 2024). When assessing the active user count of various social media platforms at the start of 2024, globally, TikTok ranked fifth in popularity, following Facebook, YouTube, WhatsApp, and Instagram (Shepherd, 2024). Notably, users spent more time on TikTok daily than on any other social network, averaging 95 minutes (Dean, 2023).

In Aotearoa New Zealand, TikTok was estimated to have over 1.4 million users in 2023, placing it behind Facebook, WhatsApp, Instagram, and Snapchat in terms of monthly usage, with approximately 14% of New Zealanders accessing the platform at least once a month (Matika, 2023; Smith, 2022). The platform was particularly popular among younger demographics, with recent statistics showing that 36.8% of users fell within the 18-24 age group and 32.6% within the 25-34 age group (Iqbal, 2024).

TikTok's success has been attributed to its distinct methods for discovering content, setting it apart from other social media platforms (Zhao & Wagner, 2022). Unlike traditional platforms, TikTok does not have a homepage or a start button, instead, the videos start playing automatically as soon as the app is opened (Zhao & Wagner, 2022). TikTok's unique content delivery method emphasises challenges, repeating sounds, and memetic activities (Kanthawala et al., 2022).

To better understand why and how people use TikTok researchers examined the platform's affordances. Affordances, introduced by Gibson (1986) within ecological psychology, referred to action possibilities provided by an environment and have since influenced understanding across

disciplines like media, psychology, design, communications, and information systems. Hutchby (2001) further extended the theory of affordances to information systems, describing technology affordance as the action possibilities enabled by technological constructs. The concept of technological affordances has evolved over time, offering a nuanced understanding of how humans interacted with technology in their environment, rejecting the notion of a solely determining role for either people or platforms (Evans et al., 2017; Scharlach & Hallinan, 2023).

Arguably, the most influential technology affordance that contributed to TikTok's popularity was its video recommendation algorithm on the For You Page (FYP), with users highlighting its accuracy as a key factor in both their initial interest and continued use of TikTok (Bhandari & Bimo, 2020). Unlike other platforms like Facebook, Instagram, or YouTube, that suggest videos based on the followed profiles, TikTok's recommendation algorithm tailors content for individual users' FYP based on their past and ongoing engagement (Klug et al., 2021). This algorithm incorporates factors such as video viewing time, likes, comments, shares, trending hashtags, and sounds, ultimately presenting curated content that aligns with users' preferences (Klug et al., 2021).

Therefore, TikTok diverges from traditional social networking platforms by prioritising interaction with a personalised algorithm and self-generated content over interpersonal engagement (Bhandari & Bimo, 2020). This creates a social environment where users primarily interact with their own personas, shaping a conception of the term “algorithmised self” and blurring the boundaries between user and platform (Bhandari & Bimo, 2020, p. 5). In this regard, it can be argued that TikTok has initiated a process of transforming the “social” aspect of social media platforms.

Lee et al. (2022) developed the algorithmic crystal framework to investigate TikTok users' views of the algorithm's relationship to their self-concept. The researchers found that participants generally viewed themselves as multifaceted individuals with evolving interests and identities, appreciating the FYP algorithm for accurately reflecting their dynamic nature (Lee et al., 2022). Users believed their interactions with the platform shaped their algorithmic selves to align with their actual identities (Lee et al., 2022). Karizat et al. (2021) observed the same pattern of users altering their platform

engagement to align their algorithmic identity with their self-concept, evaluating success based on the match between recommended content and the users understanding of their personal identity and interests.

As users primarily engaged with the algorithm instead of peers on TikTok, they rarely felt compelled to follow creators or utilise the commenting feature for discussions, repurposing these affordances to interact more with the algorithm (Bhandari & Bimo, 2020). Interestingly, despite the algorithm facilitating intrapersonal processes instead of interpersonal interactions, researchers found that it can positively contribute to users' social lives. For example, Lee et al. (2022) found that users felt positively towards other users with similar interests or identities shown on the platform, fostering a sense of relatability and "mere belonging" facilitated by the algorithm (Lee et al., 2022, p. 11).

The FYP algorithm was found to recommend content users expected and enjoyed, as well as serendipitous content that surprised and delighted them (Zhao & Wagner, 2022). Additionally, the TikTok app provided an effortless experience, allowing users to interact by scrolling through videos with minimal cognitive effort (Zhao & Wagner, 2022). Zhao and Wagner (2022) found that the affordances of recommendation accuracy, recommendation serendipity, and effortlessness were positively correlated with user engagement and the flow state (Csikszentmihalyi, 1996). The researchers drew on Csikszentmihalyi's (1996) concept of the flow experience, which described a state of complete immersion in an activity where individuals were so engaged that they lost awareness of their surroundings (Zhao & Wagner, 2022). Notably, flow was seen as a process that enhanced implicit learning (Vervaeke et al., 2018). As a result, TikTok's affordances created an ideal environment for user's implicit learning.

TikTok's personalisation algorithm made the platform especially appealing to users by offering a form of "escapist entertainment" that other social media platforms lacked (Schellewald, 2023, p. 1576). In a one-year field study with 30 young adult TikTok users, Schellewald (2023, p. 1157) found that during the COVID-19 pandemic, TikTok became their personal "feel-good space", providing an

escape from the stressors of lockdown life. Similarly, other studies concluded that escapism was the primary motivator for using TikTok (Omar & Dequan, 2020; Rach & Peter, 2021).

The escapist entertainment quality of TikTok videos was shown to have potential positive mental health effects on users (Zheluk et al., 2022). Zheluk et al. (2022) observed that adolescents may watch TikTok videos for emotional regulation, and the affective dimensions of the TikTok content can provide symptomatic anxiety relief. Milton et al. (2023, p. 14) identified “comfort content”, such as videos of puppies or kittens, as an essential part of the TikTok experience, offering users a beneficial mental break.

After entertainment, the secondary motivation for using TikTok, supported by its unique affordances, was self-expression and social connection, as confirmed by several researchers (Bucknell Bossen & Kottasz, 2020; Omar & Dequan, 2020; Rach & Peter, 2021; Smith & Short, 2022). Users also valued TikTok's diverse content, which included humorous, entertaining and educational videos, its short video format, and its strong sense of community (Martinez et al., 2024).

TikTok's unique affordances made it a popular platform for sharing general and mental health advice (Basch et al., 2022). Drawing on Self-Determination Theory (SDT) and affordance theory, Song et al. (2021) examined users' intentions to adopt health information on TikTok. Researchers found that hedonic affordances, which enabled entertainment and leisure, satisfied the psychological need for autonomy, while connective affordances, which facilitated social interaction and peer recognition, fulfilled the need for relatedness. Additionally, utilitarian affordances, such as search and hashtag tools for discovering health information, satisfied the need for competence. Together, these affordances fulfilled users' basic psychological needs, positively influencing health information adaptation on the platform (Song et al., 2021).

On the other hand, Schluchter et al. (2024) found that TikTok's engaging environment and perceived anonymity were the main factors that contributed to the popularity of mental health content on the platform. Algorithmic recommendations and interactive tools like stitches and video replies created an engaging environment that fostered deep, continuous exploration of mental

health content, promoting prolonged engagement and raising awareness of mental health issues (Schluchter et al., 2024). The perceived anonymity on TikTok created a safe space for emotional expression and support, encouraging users to engage with mental health content without fear of stigma, even if much of this engagement was passive rather than proactive (Schluchter et al., 2024).

The studies described above focused on technology affordances that enabled the use of TikTok. However, as argued by Are (2023), scholarship on TikTok often overlooked the preventive aspects of platform affordances despite them being central to platform governance. Are (2023) presented case studies of automated account deletions on TikTok, illustrating the challenges faced by some users who relied on this platform for self-expression. These challenges, resulting from platform affordances such as account deletions triggered by mass flagging<sup>1</sup> and the inability to appeal or communicate directly with TikTok, created a sense of “automated powerlessness” for affected users, highlighting inadequacies in the governance of social media platforms (Are, 2023, p. 836).

While TikTok's algorithm was favoured by many users, some highlighted its drawbacks. These users noted instances where the algorithm presented “repackaged” versions of themselves, leading to discomfort as they realised they were engaging with algorithm-filtered versions of themselves (Bhandari & Bimo, 2020, p. 7). Others highlighted concerns about the algorithm creating filter bubbles, exposing people solely to content that reinforced their own beliefs, and potentially causing harm related to unhealthy behaviours or ideologies (Karizat et al., 2021).

Xie et al. (2022) found that when users recognised that the algorithm was accurately assessing them, they could become more sensitive and vigilant and start engaging in algorithmic resistance through avoidance or obfuscation. Some users confused algorithmic recommendations on TikTok by liking content they were not interested in to disrupt tracking (Scharlach & Hallinan, 2023). Others

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<sup>1</sup> Flagging on TikTok is an affordance that allows users to report offensive content (Are, 2023). Mass flagging occurs when an account is reported multiple times, potentially triggering an automatic removal of a post or even the creator's entire TikTok account. This practice, also known as malicious flagging, can be a form of online abuse, as some creators may be unfairly targeted by other users seeking to get their accounts deleted (Are, 2023).

mitigated engagement feature trade-offs by selectively avoiding likes, comments, or shares (Scharlach & Hallinan, 2023).

In addition to concerns about individual algorithmic identities, researchers raised concerns about TikTok's algorithm suppressing marginalised social identities, particularly content featuring non-ideal body types, disabled individuals, and LGBTQI+ users (Karizat et al., 2021). Simpson et al. (2022) further highlighted the potential harms of algorithmic systems, warning that they may normalise certain identities, erase others, and strip users of agency. Researchers interviewed LGBTQI+ TikTok users and discovered that they found it hard to relax and mindlessly scroll the FYP feed due to concerns about encountering unwanted and potentially harmful content (Simpson et al., 2022). This constant vigilance posed a challenge for users trying to assert control over their digital selves and integrate TikTok into their daily routines, as the platform often conflicted with their personal moral values (Simpson et al., 2022). Similarly, Milton et al. (2023) found that some TikTok users perceived the lack of control over their FYP as detrimental to their well-being, comparing it to a runaway train that brought them to unwanted, often traumatic, past experiences, which they felt unable to avoid without quitting the app, an option many were unwilling to consider. This stood in direct contrast to the flow state TikTok can provide, which was discussed earlier, suggesting that users from marginalised communities or those who experienced trauma or mental health concerns may be unable to achieve the flow state on the platform.

To address the perceived suppression of various social identities, users often engaged in algorithmic resistance by leveraging platform affordances, such as following marginalised creators and sharing their content (Karizat et al., 2021). Furthermore, Klug et al. (2023) examined "algospeak" on TikTok as a form of algorithmic resistance. Algospeak is a practice of intentionally modifying or replacing words online, for example, "auti\$m" for "autism" or "unalive" for "dead" (Klug et al., 2023). Findings from interviews with TikTok creators revealed that algospeak was employed to bypass algorithmic moderation, preventing unjust content violations and banning when discussing benign yet undesired topics (Klug et al., 2023).

Another concern raised in the academic literature regarding TikTok's algorithm was the claim by some users that it may have potential diagnostic capabilities (Avella, 2023). Some users argued that the algorithm can be more aware of their interests, illnesses, and sexuality than the users themselves (Cummins, 2022). Interestingly, Avella (2023) suggested that concerns about data privacy may reinforce the idea that algorithms possessed a deeper understanding of people than they did themselves.

These beliefs about the powerful diagnostic properties of the algorithm were reinforced in the messages conveyed by mental health content creators in their videos. For example, videos can start with "If you are seeing this, it was meant for you"; "This mental health message has been trying to find you . . ." (Avella, 2023, p. 10). Users' comments to such TikToks often expressed a feeling of being drawn to the video, alongside remarks suggesting the algorithm possessed intimate knowledge about them (Avella, 2023). While affirming and validating for some users, these experiences raised concerns among mental health professionals and academics, which I will discuss in detail in the section "The rise of self-diagnoses fuelled by social media".

In response to concerns about how TikTok's features affect users' mental well-being, the platform has implemented measures to safeguard users. This included updates to TikTok's sensitive content alert system and well-being guides developed in collaboration with International Association for Suicide Prevention, Crisis Text Line, Live for Tomorrow, Samaritans of Singapore and Samaritans UK (Canady, 2021). Notably, the platform did not prevent individuals with mental health concerns from sharing their experiences, citing their potential to inspire others (Bauman & Rivers, 2023). Additionally, TikTok's algorithm reportedly identified terms related to eating disorders or suicide, and started to automatically direct users to local resources and services like crisis text lines (Canady, 2021).

In summary, TikTok's rise in popularity can be attributed to its unique algorithm, which curates content based on users' interests. Initially, users turned to TikTok for escapist entertainment, but as they spent more time on the platform, drawn in by its flow-inducing affordances, it also became a

space for social connection, self-expression, and information sharing, particularly about mental health. TikTok's engaging nature has the potential to raise awareness of mental health conditions, and its perceived anonymity allows users to engage with mental health content without fear of stigma. However, these benefits could be undermined by concerns that the algorithm suppresses marginalised identities and that some users struggle to control their FYP, which may show unwanted content. To counter this, users have developed algorithmic resistance strategies.

While TikTok is still a relatively new platform, its popularity and influence have driven a growing body of research. However, there is still limited research on how users in Aotearoa New Zealand engage with TikTok (Renall & Te Morenga, 2024; Westbrook, 2024), and no studies in Aotearoa New Zealand have specifically explored young adults' experiences with mental health content on the platform.

### **ADHD Content on Social Media**

In this section, I will review the current literature on mental health content on social media, with particular focus on ADHD and TikTok. First, I will introduce ADHD and the neurodiversity movement. Then, I will examine the positive impacts of social media content, such as fostering social connection, peer support, self-disclosure, and combating stigma. Next, I will explore specific types of mental health content, including illness narratives and representations of neurodiversity. I will then address the potential negative impacts, such as the spread of misinformation. Finally, I will conclude by discussing the complex issue of increased self-diagnoses of mental health conditions fuelled by social media platforms.

As TikTok is a relatively new platform, research on it is still emerging. Similarly, while discussions about ADHD-related content are prevalent online, academic literature examining ADHD narratives on social media is still limited. Researches explored how people make sense of ADHD on TikTok (Chevalier, 2024; Eagle & Ringland, 2023; Ginapp et al., 2023; Locke, 2023; McDermott, 2022), Instagram (Eagle & Ringland, 2023; Ginapp et al., 2023), Twitter (Chen et al., 2023; Eagle & Ringland,

2023; Ginapp et al., 2023; Guntuku et al., 2019; Pineda et al., 2023; Thelwall et al., 2021), and Facebook (Gajaria et al., 2011; Ginapp et al., 2023). Due to the limited literature directly focused on ADHD-related content on TikTok, I will review research on various types of mental health content to provide a more comprehensive background, including examples of ADHD and TikTok where available.

### ***ADHD and The Neurodiversity Movement***

Online interest in ADHD has increased in recent years, a trend that became particularly pronounced since the onset of the COVID-19 pandemic (Hartnett & Cummings, 2023). As content related to ADHD gained popularity on social media, there was a corresponding rise in the number of individuals seeking formal diagnoses, prompting some academics and media outlets to suggest a causal relationship between these phenomena (Gilmore et al., 2022; Hartnett & Cummings, 2023; Smith, 2024; Topping, 2023). Notably, the UK ADHD Foundation reported a 400% increase in adults seeking ADHD diagnosis since 2020 (Topping, 2023). In Aotearoa New Zealand, recent data indicated a substantial 54% increase in the dispensing of ADHD medications between 2020 and 2022 (Ministry of Health, 2023).

According to the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) 5-TR (American Psychiatric Association [APA], 2022), ADHD is a neurodevelopmental disorder characterised by persistent patterns of inattention, hyperactivity, and impulsivity. Inattention symptoms may include difficulties sustaining attention, making careless mistakes, and being easily distracted, while hyperactivity symptoms manifest as excessive fidgeting, restlessness, and difficulty engaging in quiet activities (APA, 2022). Impulsivity symptoms involve acting without thinking, interrupting others, and having difficulty waiting turns (APA, 2022). The manifestations of ADHD symptoms can differ between children and adults, with symptoms potentially evolving or being masked as individuals transition into adulthood, a phenomenon contributing to the underdiagnosis of ADHD in adults due to its historical focus on childhood presentation (Chen et al., 2023).

The DSM-5 (APA, 2022) definition and classification of ADHD created tension between the ADHD community and the medical community (Eagle & Ringland, 2023). Many individuals with ADHD challenged the notion of it causing a *deficit* of attention as suggested by the DSM-5, highlighting instead its tendency to manifest as an abundance of attention and even hyperfocus, emphasising that ADHD was primarily a difficulty in *regulating* attention (Eagle & Ringland, 2023).

To address the tension between the medical community and individuals with the condition, the neurodiversity movement emerged (McDermott, 2022). This movement aimed to shift societal perspectives on neurologically based conditions like Autism, ADHD, learning disabilities, and Obsessive-Compulsive Disorder (OCD) from viewing them as problematic disorders to recognising them as beneficial forms of cognitive diversity (McDermott, 2022).

The creation of the term neurodiversity was frequently attributed to Judy Singer, who published a thesis on the subject in 1998 (Botha et al., 2024). However, an international group of autistic scholars has recently published an open letter calling for the correction of this widely used attribution and suggesting that the concept of neurodiversity was developed in the 1990s collectively by autistic activists, including Harvey Blume, Tony Langdon, Jim Sinclair, Ed Roberts, Judy Heumann and Anita Cameron (Botha et al., 2024). Neurodiversity was created to challenge the deficit-based medical model of disability, which framed ADHD and other neurodivergences as individual defects requiring cures or interventions to align with societal norms (Rosqvist et al., 2020). While the medical model sought to improve functioning and alleviate societal challenges, neurodivergent scholars had argued that it often undermined the lived experiences of neurodivergent individuals by prioritising conformity over self-determination (Rosqvist et al., 2020).

The neurodiversity movement aligns with the social model of disability which argues that societal norms and political constructs label individuals as divergent rather than the disorder itself (Gobbo & Shmulsky, 2019; Rosqvist et al., 2020). The social model of disability values lived experiences as crucial insights for identifying and addressing societal and physical barriers that restrict the independence and equality of individuals with neurological differences (Rosqvist et al., 2020).

Furthermore, the neurodiversity movement advocates for cerebral pluralism, which acknowledges the uniqueness of each brain and views neurologically based conditions as valuable assets to society rather than problems to be eliminated (Gobbo & Shmulsky, 2019). Ultimately, the neurodiversity movement highlights neurodivergence as a natural and beneficial aspect of human diversity (McDermott, 2022). It seeks to eliminate stigma while addressing the suffering and barriers neurodivergent individuals face due to societal misunderstandings and medical discrimination (McDermott, 2022).

Neurodivergent scholars argued that most research on ADHD has been grounded in a medical deficit-based model of disability (Rosqvist et al., 2020). They emphasised the need for more studies based on the social model of disability, which prioritises the lived experiences of individuals with ADHD over medical expertise (Rosqvist et al., 2020). Scholars also suggested that research can be further strengthened by involving neurodiverse individuals in study design (Eagle & Ringland, 2023). This could be achieved by using participant-led approaches like semi-structured interviews, which allow participants to shape the discussion based on their own sense-making.

### ***Impact of Mental Health Content on Social Media: Social Connection, Peer Support, Self-Disclosure, and Combating Stigma***

Social media, alongside websites, podcasts, apps, and various digital technologies, has long served as a crucial source of mental health information on the Internet (Bauman & Rivers, 2023). However, the COVID-19 pandemic accelerated technologically mediated mental health care in response to public concern and clinical urgency (Avella, 2023). During this time, a blend of professional psychology and popular self-help emerged across social media platforms, which some viewed as a novel form of remote mental health care (Avella, 2023).

People turned to social media platforms for mental health information seeking and sharing for a variety of reasons. First, social media platforms facilitated social interactions, which can be especially beneficial for individuals experiencing mental distress who find engaging in face-to-face settings

challenging (Naslund et al., 2020). For example, social media was shown to help individuals with schizophrenia spectrum disorders improve their social functioning by facilitating more accessible communication and interaction (Miller et al., 2015).

Similarly, individuals with ADHD may engage with social cues and interactions differently from their neurotypical peers, which can impact their ability to form and maintain relationships (Akhmedova et al., 2024). Many users with ADHD share on social media about their struggles with communication and feeling misunderstood by family, friends, and society as a whole (Thelwall et al., 2021). Researchers suggested that social media can mitigate some of these challenges by offering a less intimidating and more controllable form of interaction (Akhmedova et al., 2024). In particular, ADHD communities on social media offer supportive environments where members feel accepted and understood and can confidently communicate with peers (Gajaria et al., 2011).

Adolescents often highlighted connecting with peers as a key benefit of social media, with research showing that social media use can promote well-being by fostering feelings of acceptance and community belonging (Nesi, 2020). The sense of community was found to be the primary reason for discussing mental health on Twitter (Berry et al., 2017), Tumblr (Griffith & Stein, 2021), and TikTok (Basch et al., 2022). Notably, TikTok communities differ from traditional social media communities like forums, Facebook groups or Tumblr communities, which typically have structured boundaries, formal membership, and regular interactions (Milton, Ajmani, DeVito, et al., 2023). Instead, TikTok communities are more fluid and overlapping, yet they still foster a strong sense of belonging by connecting users through shared experiences and common interests (Milton, Ajmani, DeVito, et al., 2023). Schaadhardt et al. (2023) explored TikTok communities formed around psychiatric hospitalisations and found that TikTok content often included humour, fostering a supportive space where individuals could connect, share experiences, celebrate recovery, offer peer support, and navigate their mental health journeys.

Access to peer support was another notable feature of social media platforms for seeking and sharing mental health information (Naslund et al., 2020). Chang (2009) examined communication

patterns within an online psychosis peer-support group, revealing different forms of support: “informational support” regarding medication use and accessing mental health services, “esteem support” through positive encouragement, “network support” by sharing relatable experiences, and “emotional support” providing understanding, hope, or confidence to peers. A content analysis of YouTube comments from individuals with serious mental illness revealed similar patterns, highlighting opportunities for mutual support, hope, coping strategies, and learning through shared experiences (Naslund et al., 2014).

Researchers also examined ADHD communities on social media to explore the types of peer support these platforms provide. Eagle and Ringland (2023) conducted digital ethnographic research by analysing content and users’ comments within ADHD communities on TikTok, Instagram, and Twitter. Similarly, Ginapp et al. (2023) conducted focus groups with young adults engaged with ADHD communities across various social media platforms, including Facebook, TikTok, Instagram, and Twitter.

Both studies identified common themes regarding why individuals valued these online communities for peer support. First, users appreciated the informational support that helped them better understand their symptoms (Eagle & Ringland, 2023). By sharing lived experiences, these communities provided insights into ADHD symptoms that were often absent from traditional clinical resources (Ginapp et al., 2023). They also offered useful vocabulary for describing symptoms, which improved users’ ability to articulate their experiences (Ginapp et al., 2023). This newfound understanding helped reshape perceptions of ADHD, shifting from stereotypical misconceptions to a more positive view of their diagnosis as an integral part of their identity (Ginapp et al., 2023).

Additionally, users found emotional support through acceptance and validation by seeing others with similar experiences (Eagle & Ringland, 2023; Ginapp et al., 2023). A particularly significant aspect of support in ADHD communities involved guidance on navigating the diagnostic process, including shared struggles with obtaining a professional assessment and concerns about medical

gaslighting<sup>2</sup> (Eagle & Ringland, 2023). Furthermore, these communities provided practical support by sharing strategies and coping skills to help individuals navigate daily life with ADHD (Eagle & Ringland, 2023; Ginapp et al., 2023). Moreover, sub-communities have formed within the broader ADHD community, specifically around late diagnoses and gender-specific experiences, playing a vital role in addressing diagnostic disparities, combating stigma, and offering support and education for individuals whose symptoms may have been overlooked (Eagle & Ringland, 2023).

When assessing peer support on social media, TikTok was highlighted as a readily available source of social support and personal validation (Basch et al., 2022). Basch et al. (2022) found that 60% of studied TikTok videos about mental health featured supportive and validating comments. MacKinnon et al. (2021) also emphasised the accessibility of peer support on TikTok for young adults, noting that social media served as a valuable supplement to the limited support available within the mental health services. TikTok provided youth with easy access to mental health support, especially during the COVID-19 pandemic, helping alleviate social isolation and challenges in accessing services (Turuba et al., 2024). The platform offered youth a safe space to discuss mental health, fostering connection and normalising these conversations, which helped raise awareness and reduce stigma (Turuba et al., 2024). As a result, some users took proactive steps, such as trying new coping strategies, discussing mental health with others, seeking services, and advocating for themselves during medical appointments (Turuba et al., 2024).

The likelihood of receiving peer support on social media platforms significantly influenced individuals' self-disclosure behaviour. Petko et al. (2015) examined self-disclosure through online blogging for stress relief, finding that both the process of blogging (self-effects) and the social support garnered from public blogs (reception effects) were beneficial in stress reduction. Notably, this positive impact extended not only to those who shared their experiences but also to those who consumed the content. Similarly, TikTok videos about anxiety that included self-disclosure were

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<sup>2</sup> Medical gaslighting occurs when healthcare professionals or authority figures dismiss, minimise, or misdiagnose patient's symptoms, causing them to question their own judgment and experiences (Eagle & Ringland, 2023).

found to provide symptomatic relief, benefiting both adolescents who created the videos and those who watched them (Zheluk et al., 2022).

Interestingly, Griffith and Stein (2021) observed that self-disclosure in response to online community support depended on the type of disclosed mental distress. For example, Tumblr users identifying with hashtags like #anorexia or #autistic tended to disclose more frequently in response to community feedback compared to those identifying with #anxiety or #bipolar (Griffith & Stein, 2021).

Self-disclosure by adolescents on social media was identified by Uhls et al. (2017) as a critical developmental mechanism in line with social comparison and impression management. Researchers suggested that social media platforms served as valuable tools for peer-related tasks crucial for adolescents, with the potential to amplify peer approval, enhance self-esteem, and facilitate identity exploration (Uhls et al., 2017). Disclosing one's mental health condition online was shown to increase confidence, feelings of empowerment and belonging (Naslund et al., 2016).

Similarly, research showed that self-disclosure within ADHD communities on social media fostered a sense of confidence and empowerment (Akhmedova et al., 2024), as well as belonging (Ginapp et al., 2023). This openness was largely enabled by the perceived anonymity that these online communities provided (Ginapp et al., 2023). Having a platform to curate their online persona empowered neurodivergent individuals to present their preferred identity and control disability disclosure (Akhmedova et al., 2024). This ability to selectively share information and connect privately with others in the ADHD community helped social media users to avoid stigma and highlight traits that reflected their true selves (Akhmedova et al., 2024).

Another key motivation for using social media to seek and share mental health information that emerged from self-disclosure was the desire to raise awareness and combat stigma (Berry et al., 2017). Zheluk et al. (2022) found that TikTok videos about anxiety primarily aimed to raise awareness of anxiety symptoms and reduce the stigma surrounding them. Similarly, McLellan et al. (2022)

analysed YouTube comments on videos aimed at destigmatising mental illness and identified stigma resistance strategies, such as community building and sharing of personal experiences.

Similar patterns were observed in ADHD communities on social media. Researchers noted that the diverse lived experiences shared within these communities aimed to raise awareness about ADHD and challenge the stigma and stereotypes surrounding the condition (Eagle & Ringland, 2023; Gajaria et al., 2011). In particular, TikTok was recognised as a platform for destigmatising neurodivergence (McDermott, 2022). The variety of content shared on TikTok, showing both the positive and negative aspects of ADHD, helped promote greater awareness and understanding of the condition (McDermott, 2022). The platform quickly became popular among self-identified neurodivergent creators, who used it to raise awareness, advocate for the recognition and validation of ADHD, and empower the concept of neurodivergence (McDermott, 2022).

Raising awareness and improving mental health literacy was shown to reduce stigmatising attitudes toward individuals with mental health diagnoses and encourage help-seeking behaviours (Beasley et al., 2020; Shim, 2022; Shivani & Judge, 2022; Simmons et al., 2017). Additionally, watching videos of individuals with lived experiences sharing their personal stories can serve as a non-direct contact-based intervention, which has proven effective in reducing mental health stigma (Makhmud et al., 2022; Maunder & White, 2019).

The destigmatisation of mental distress on social media was facilitated not only by individuals sharing their personal experiences but also by professional therapists utilising these platforms to provide education, normalise therapy, and combat mental health stigma (Green, 2024). However, McCashin and Murphy (2023) noted that health professionals on TikTok were rare and often failed to fully utilise the app's features, which limited the reach of their videos. Researchers emphasised TikTok's potential as a public health tool, recommending that professionals define their role, create quality content and collaborate with existing creators to improve engagement (Chochol et al., 2023; McCashin & Murphy, 2023).

The studies mentioned above offer valuable insights into the types of ADHD content on social media and its potential impact on users. However, it is important to note that most of these studies analysed content and users' comments (Eagle & Ringland, 2023; Gajaria et al., 2011; McDermott, 2022; Thelwall et al., 2021), with only one study, by Ginapp et al. (2023), utilising focus groups. As a result, much of the research has not deeply explored users' personal experiences with ADHD-related content on social media, relying instead on the researchers' interpretations of comments and content. This highlights a significant gap in the literature, as there is a need for research that examines individual users' perspectives on ADHD content, particularly on platforms like TikTok, to better understand why they engage with this content and how it impacts them.

### ***Online Illness Narratives and Looping Effects***

Social media platforms are valuable spaces for sharing personal experiences and insights into mental health conditions. A content analysis of mental health videos on TikTok revealed that 40% of the videos included personal experiences of mental distress (Basch et al., 2022). TikTok videos from creators with lived experiences of mental distress can offer more accurate insights into mental health struggles, serving as educational tools for users to understand their conditions and discover strategies to enhance well-being (Ramsden & Talbot, 2024).

Similarly, content related to ADHD on social media also benefited from personal narratives, offering valuable perspectives that extended beyond traditional medical understanding. The majority of ADHD-related content on social media was created by individuals who personally identified with this neurodivergent condition rather than by mental health professionals (Hartnett & Cummings, 2023). Eagle and Ringland (2023) suggested that examining the personal narratives of the content creators provided an opportunity to broaden the understanding of ADHD beyond conventional diagnostic criteria, emphasising the importance of prioritising the needs and perspectives of individuals with lived experiences over exclusive reliance on medical expertise. Sharing authentic

accounts of living with ADHD helped people normalise these experiences, creating a safe space for others to connect with individuals facing similar challenges (Eagle & Ringland, 2023).

Pendse et al. (2023) examined how people understood and expressed their lived experiences of mental health conditions online. The researchers drew on the work of medical anthropologist Arthur Kleinman (1989), who argued that illness narratives created by individuals to represent their distress helped them reclaim agency from institutions. These narratives provided a way to find relevant support outside healthcare systems, challenge clinical reductionism, and expose the influence of governing institutions on the recognition and expression of illness. Kleinman (1989) described an illness narrative as the story individuals created around their distress, which included their explanation for it and how they expressed it to others. These narratives were socially co-created, with the language used acting as social currency that can either attract support or create barriers, such as stigma.

Pendse et al. (2023) noted that participants in their study used online mental health communities to validate their symptoms, initiating a process of narrative and identity formation around their distress experiences. Participants found that creating illness narratives that counteracted institutional understandings was crucial for their relief and survival, ultimately proving profoundly healing. The researchers' analysis of illness narratives revealed that individuals shared about their distress online to find underrepresented symptom expressions, using social media platforms to validate their experiences and connect with others who share similar non-clinical narratives around distress.

It is noteworthy how mental health narratives were forming on social media platforms amidst the tension between individuals experiencing mental distress and institutional practices. Individual narratives were sometimes considered misleading by academics and healthcare professionals (Starvaggi et al., 2024). However, for those crafting the illness narratives, this process served as a means of healing as they navigated and challenge institutional power dynamics and stigma (Pendse et al., 2023). Digital technologies enabled young people to voice their experiences, engage in activism, and produce lay knowledge or "lived expertise" about their mental health and help-seeking

practices (Fullagar et al., 2017, p. 8). This integration of lay and professional expertise gave rise to what Fullagar et al. (2017) described as “therapeutic publics”, spaces where young adults were not passive recipients of knowledge but actively shaped and negotiated their own understandings and meanings.

As individuals continued to create and share illness narratives online, collectively they began to change the definitions of the illness, according to the theory of social looping. Looping effects, a concept introduced by Ian Hacking (1996), described how people's behaviour and cognition were influenced by psychological classifications and how the psychological classifications, in turn, evolved in response to group behaviours. This theory was employed by Lindholm and Wickström (2020) to examine how young adults constructed their understanding of depression and anxiety. The researchers found that young people reinterpret psychiatric labels such as anxiety and depression, reshaping them into cultural rather than diagnostic categories (Lindholm & Wickström, 2020). Hartnett and Cummings (2023) suggested that a similar process might be happening with the psychiatric label of ADHD, as the online illness narratives have expanded the meaning of the diagnosis.

Illness narratives within ADHD communities shed light on certain behaviours commonly associated with the condition but not recognised in the current DSM-5 (APA, 2022) diagnostic criteria. These behaviours included hyperfocus, sleep disruptions, mental fatigue, and the potential for substance misuse, such as medication, caffeine, or cannabis, to manage ADHD symptoms (Chen et al., 2023). Similarly, Chevalier (2024) explored how the concept of “object permanence”<sup>3</sup>, originally associated with infant development, was redefined as a symptom of ADHD through a looping effect on TikTok.

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<sup>3</sup> Object permanence is a term proposed by Jean Piaget (1954) and refers to the sixth and final stage in infant object concept development (Chevalier, 2024). Before reaching this stage, infants believe that objects cease to exist when they are out of sight, such as when a visible ball rolls out of view (Chevalier, 2024).

Chevalier (2024) argued that TikTok was an ideal platform for facilitating the looping effect due to its algorithm, which functioned as a feedback loop. The algorithm categorised users and assigned them labels to recommend content tailored to their interests. In response, users often identified with these labels and engaged actively by commenting or creating videos, or passively by watching content. Many also adopted behaviours, styles, and language associated with their assigned label. Through these interactions, users reshaped the meaning of the labels initially assigned by the algorithm.

A single viral TikTok video suggesting that “object permanence” was a symptom of ADHD sparked a looping effect (Chevalier, 2024). This idea resonated with many users, who engaged with the label by commenting, sharing, and creating their own videos about their experiences with “object permanence”. Notably, this looping effect excluded experts, as the label interacted solely with those labelled, while TikTok's algorithm, rather than a psychiatrist, acted as the labeller. Although TikTok creators acknowledged that “object permanence” was a co-opted term, they believed it captured a real phenomenon, highlighting symptoms not addressed by current DSM-5 (APA, 2022) criteria. This trend not only demonstrated the TikTok users’ desire to participate in psychiatric discourse but also showed that their contributions were influencing the field in tangible ways.

Concerned psychiatrists might argue that TikTok highlighted the need for standardised measures in psychiatry to avoid the dangers of basing scientific inquiry on viral social media trends and algorithmic influence. However, the TikTok influencers in the Chevalier (2024) study stated that their goal was to serve as much needed intermediaries between psychiatry and patients, addressing limitations in access to mental healthcare.

The discussed literature suggested that sharing illness narratives on social media can have a profound impact on individuals, allowing them to use their “lived expertise” to broaden the understanding of ADHD beyond traditional medical perspectives and connect with others who share similar, non-conventional symptoms. These experiences can empower users to reclaim agency from institutions that dictate how the condition should be perceived. Through social looping, these

narratives can even reshape public understanding of ADHD. However, despite the significant impact of ADHD narratives on social media, researchers have not deeply explored how TikTok users perceived such content, revealing a notable gap in the literature. Chevalier (2024) conducted interviews with TikTok creators, who may facilitate the looping effect on the platform, but did not address the experiences of everyday users who also play a key role in this process. Moreover, since Chevalier (2024) suggested that TikTok users were interested in engaging in psychiatric discussions about ADHD, further research is needed to explore how such participation could contribute to broader conversations and potentially foster other looping effects.

### ***Representations of Neurodiversity on Social Media***

Social media discussions in ADHD-related posts and comments often focused on the tension between the neurodiversity movement and neurotypical society. For example, Eagle and Ringland (2023) found that the pressure to conform to neurotypical societal standards often caused frustration among people with ADHD, many of whom resorted to coping mechanisms and masking their symptoms to meet societal expectations. Similarly, participants from Ginapp et al. (2023) study shared that masking around neurotypical individuals was exhausting, and when they could no longer sustain it, their “mask dropped”, resulting in emotional instability.

Wider discourses and misconceptions about ADHD were also experienced as harmful. For example, the frustration of neurodiverse individuals was worsened by discourse suggesting that “everyone was a little ADHD”, which downplayed the difficulties experienced by individuals with ADHD in meeting neurotypical societal expectations (Eagle & Ringland, 2023, p. 9). Additionally, participants from Ginapp et al. (2023) study highlighted that neurotypical individuals often took their struggles with communication or task management personally, instead of recognising them as related to ADHD, which frequently led to conflicts.

Misconceptions about ADHD among neurotypical healthcare professionals and society were commonly viewed as the most detrimental aspect of the condition (Thelwall et al., 2021). This lack of

understanding often contributed to the stigma surrounding ADHD (Thelwall et al., 2021). Therefore, neurodivergent content creators sought to combat this stigma by advocating for societal change and raising awareness through sharing their personal experiences (McDermott, 2022). The social media communities formed by these creators were crucial in empowering and validating neurodivergence, encouraging society to reframe neurodivergent conditions as valuable forms of cognitive diversity.

While individuals acknowledged the challenges of ADHD, many still posted content that emphasised its positive traits over the negative ones (Gajaria et al., 2011). Young people used the supportive space of social media ADHD communities to foster a positive group identity and challenge the negative stereotypes often associated with having ADHD (Gajaria et al., 2011). Moreover, some social media users expressed embracing their ADHD and viewing ADHD traits as essential to their identity rather than merely as impairments (Thelwall et al., 2021). In their posts, they frequently referenced the concept of neurodivergence, using it to foster a positive self-image and maintain an optimistic outlook on their condition (Thelwall et al., 2021).

One strategy to challenge the negative framing of ADHD was to reframe the condition as a “superpower” (Eagle & Ringland, 2023; Kincella, 2023; McDermott, 2022). However, this discourse sparked mixed reactions, with some social media users endorsing the term while others expressing frustration as they felt it diminished the daily struggles people experienced with ADHD (Eagle & Ringland, 2023). Some individuals voiced distrust towards those using such language, calling for the change of societal standards to better accommodate diverse cognitive styles rather than re-labelling ADHD as advantageous (Eagle & Ringland, 2023). Describing ADHD as a superpower can trivialise the condition, diminishing its seriousness and potentially leading to harmful effects like reduced help-seeking or lack of empathy from others (Tudehope et al., 2024).

The described studies highlighted the complexities of ADHD content on social media, particularly in framing ADHD as a form of neurodiversity that influenced both the daily lives of those with the condition and broader societal attitudes. However, as mentioned previously, most of these studies did not directly engage with social media users to explore these complexities in depth, instead, they

primarily analysed the social media content and users' comments (Eagle & Ringland, 2023; Gajaria et al., 2011; McDermott, 2022; Thelwall et al., 2021; Tudehope et al., 2024). Given the significance of this topic, further research is needed to understand how social media users construct their views on the neurodiversity movement based on the online content. Additionally, as previously highlighted by McDermott (2022), TikTok has become a key platform for neurodiverse creators to raise awareness and educate others about ADHD. Therefore, studying TikTok specifically could provide valuable insights into how its content shapes users' understanding of ADHD and the neurodiversity movement.

### ***Negative Impacts of Social Media on Mental Health***

While social media has the potential to offer a safe space for self-expression, validation, and social support, as well as raise awareness of mental health issues and combat stigma, research also highlighted its negative impact on mental health. For example, heavy social media use correlated with a higher likelihood of severe psychological distress in adolescents (Mougharbel et al., 2023). Additionally, researchers raised concerns about the connection between extensive social media use and self-harm or suicidal behaviour (Abi-Jaoude et al., 2020).

Similarly, concerns have been raised about negative impacts of TikTok on young adults' mental health. Ramsden and Talbot (2024) reported that participants in their study found TikTok highly addictive, with its endless scrolling feature leading to excessive use, often for procrastination. This problematic usage contributed to increased anxiety, worsened mental well-being, social isolation, and difficulties with time management (Ramsden and Talbot, 2024). When stressed about studying or exams, students used TikTok more frequently, suggesting it acted as an avoidant coping mechanism to temporarily alleviate anxiety (Ramsden and Talbot, 2024).

Additionally, research has shown a small yet significant negative impact of social media use on youth mental health caused by negative social comparison (Nesi, 2020). This correlation was particularly pronounced in distress about body image, which may lead to low self-esteem and an

increased likelihood of eating disorders (Uhls et al., 2017). Harriger et al. (2022) found that the use of social media was associated with increased body dissatisfaction, a connection that was intensified by the personalised and extreme content delivered through social media algorithms. Similarly, Saunders and Eaton (2018) observed that users across Facebook, Instagram, and Snapchat exhibited a notable positive correlation between social comparison and disordered eating outcomes.

Most research on digital technology use and adolescent mental health produced mixed results. Recent rigorous studies found only small associations between social media use and adolescent well-being, while comprehensive reviews suggested no significant population-level associations between social media engagement and adolescent mental health (Odgers & Jensen, 2020). Similarly, the research literature review indicated that studies showed inconsistent correlations between social media use and depression in teens, with overall low data quality (Gupta et al., 2022). Interestingly, the first longitudinal study in this area by Coyne (2020) found no evidence that increased time spent on social media was associated with increased mental health issues in adolescents when examined at the individual level over eight years.

Some studies suggested that the benefits of social media outweighed the drawbacks, while others reported mixed results when comparing its positive and negative effects. For example, a study by Keles et al. (2023) found that social media mostly benefited adolescents' mental health during COVID-19 by enhancing connection, support, and resilience, despite risks like harmful content, cyberbullying, and negative comparisons. In contrast, Giancola et al. (2023) found mixed views on social media's impact on mental health during COVID-19. Half of their participants viewed it as more helpful with benefits like connection and stress relief, while another half saw it as more detrimental, citing drawbacks like social comparison, stressful content, and reduced focus.

A growing body of research also highlighted the negative impact of social media on individuals with ADHD. Studies linked ADHD to more frequent and problematic social media use, often marked by excessive preoccupation, difficulty disengaging, and neglect of essential aspects of life such as sleep, relationships, and academics (Dekkers & van Hoorn, 2022). While the correlation between

worsened ADHD symptoms and excessive social media use is clear, the direction of the causality remains debated. A longitudinal study by Ra et al. (2018) found that increased digital media use in adolescents without significant ADHD symptoms led to more ADHD symptoms two years later. While Boer et al. (2020) suggested that ADHD symptoms worsened over time due to problematic social media use, such as addiction-like behaviours, rather than the frequency of use. Additionally, Werling et al. (2021) found that youth with ADHD symptoms of poor concentration and irritability spent more time using screen media during the COVID-19 lockdown than their neurotypical peers, and some ADHD youths continued this increased media use after the lockdown.

Overall, the reviewed studies reveal no clear pattern, highlighting the complexity of this issue. While some researchers emphasised TikTok's addictive nature and others suggested that individuals with ADHD were more prone to problematic social media use, there were no high-quality studies specifically examining how people with ADHD interacted with TikTok. Considering the popularity of this platform it is essential to understand whether usage patterns of individuals with ADHD differ from neurotypical users, or if they find TikTok more addictive than other platforms. Additionally, while research identified negative social comparison as a potential harm of social media, studies on ADHD-related content have mostly highlighted its benefits, such as individuals finding validation in seeing peers' experiences online. Given these contrasting influences, it is crucial to explore social media users' attitudes in greater detail to better understand both its positive and negative effects on mental health.

### ***Mental Health Misinformation on Social Media***

Spread of misinformation about mental health on social media, particularly TikTok, was highlighted as a significant public health concern (Starvaggi et al., 2024). As previously discussed, most health-related content on TikTok was created by non-expert users rather than qualified health professionals, which significantly increased the risk of misinformation being shared (Heiss et al., 2024). Studies also suggest that individuals turned to peer advice on social media for managing

mental health conditions, often prioritising it over seeking professional guidance (Starvaggi et al., 2024).

A range of studies examined different aspects of mental health content on TikTok, including topics like ADHD, autism, cognitive behavioural therapy (CBT), and general mental health, consistently finding a significant prevalence of misinformation. For example, Aragon-Guevara et al. (2023) evaluated the accuracy of the top 133 TikTok videos under the hashtag #autism, concluding that 41% of the videos were inaccurate, and 32% made misleading overgeneralisations (Aragon-Guevara et al., 2023). Similarly, Lorenzo-Luaces et al. (2023) analysed misinformation in top 200 videos on TikTok related to CBT. While robust scientific evidence supports the efficacy of CBT, 22% of the videos claimed that CBT was harmful or ineffective either overall or for certain groups, such as those with trauma-related disorders and neurodivergent conditions (Lorenzo-Luaces et al., 2023).

A significant investigation on the accuracy of mental health content on TikTok that was cited by many researchers (Heiss et al., 2024; Kyparissiadis & Diamantaki, 2022; Starvaggi et al., 2024; Weigle, 2023) was a report published by PlushCare (2022). PlushCare is a US-based virtual primary care provider. Therefore, the publication of their report arguably leans more toward commercial interests in attracting new clients rather than scientific inquiry. PlushCare medical professionals reviewed 500 TikTok videos with the hashtags #mentalhealthadvice and #mentalhealthtips, discovering that 84% of videos were misleading. Nearly a third (31%) contained scientifically inaccurate information, while 14% were deemed potentially harmful for recommending medication without professional consultation. Interestingly, 100% of videos about ADHD were considered misleading. TikToks that contained accurate advice were still deemed misleading if the video creator lacked professional qualifications and did not include a disclaimer urging viewers to seek professional advice. Additionally, all videos that encouraged self-diagnosis were considered misleading. Considering PlushCare's commercial interests, its classification of misleading content may align with its business purposes but raises questions about its suitability for academic use, as it appeared to overestimate the prevalence of misleading content.

Similarly, significant concerns were raised regarding the prevalence of misinformation about ADHD on social media, particularly TikTok (Hartnett & Cummings, 2023). A content analysis of ADHD-related videos on TikTok by Yeung et al. (2022) concluded that 52% of the videos were misleading, 27% were classified as personal experience, and 21% as scientifically useful (Yeung et al., 2022). The study was extensively referenced in academic literature and media outlets as evidence of the prevalence of misinformation on TikTok regarding ADHD (Aragon-Guevara et al., 2023; Barry et al., 2024; Eagle & Ringland, 2023; Grabb, 2023; Greene et al., 2023; Hartnett & Cummings, 2023; Locke, 2023; Milton, Ajmani, Devito, et al., 2023; Simpson et al., 2023; Starvaggi et al., 2024). Yeung et al. (2022) labelled videos as misleading if they lacked scientific evidence. Personal experience videos were also classified as misleading if they included “generalised misleading statements” (Yeung et al., 2022, p. 901), raising concerns about the number of personal narratives falling into the misleading category. However, the researchers acknowledged that the categorisation of videos as misleading, useful, or personal experience was conducted by healthcare professionals, potentially differing from the perspectives of healthcare consumers, where some videos deemed not useful by professionals might still hold value for other people (Yeung et al., 2022).

While the studies mentioned are crucial for understanding the range of mental health content on social media, researchers argued that future work should aim to better define the boundaries of mental health misinformation, as current methods may unintentionally inflate its prevalence by categorising personal experiences as misleading (Starvaggi et al., 2024). Starvaggi et al. (2024) argued that it was also crucial to contextualise healthcare disparities within societal and historical frameworks, acknowledging that content deemed “inaccurate” or “misleading” from marginalised communities may reflect their lived experiences of inadequate care or mistreatment in healthcare settings. While such content could potentially propagate misinformation or harmful treatment attitudes, it also provided valuable insights into the quality of care received by these communities (Starvaggi et al., 2024).

To combat the prevalence of misinformation, both health professionals and non-expert users create videos debunking misconceptions about mental health. Heiss et al. (2024) explored whether experts or non-experts were more effective at correcting misinformation and found that debunking common mental health misconceptions through TikTok videos was effective regardless of the creator's expertise. The researchers were also surprised to find out that the study participants considered health experts less credible and trustworthy, whereas they perceived ordinary users as more credible (Heiss et al., 2024). However, their findings can be supported by Hassoun et al. (2023), who concluded that Gen Zers, the main demographic of TikTok, exhibited greater trust in personal experience over expertise, partially attributed to a decline in institutional trust during their formative years.

Researchers urged TikTok to take greater responsibility as a platform in preventing the spread of misinformation. Turuba et al. (2024) emphasised that relying on users to report misleading content is insufficient, as users may struggle to distinguish between credible and misleading information. According to the current TikTok policy on combating harmful misinformation, the platform is using automated technology, user reports, and advice from fact-checking partners to assess content (TikTok, n.d.). If a video is deemed misleading, it is either removed from the platform or its reach is restricted (TikTok, n.d.). When the accuracy of content cannot be verified after fact-checking, it is labelled as "unverified", and its reach is similarly reduced (TikTok, n.d.).

### ***The Rise of Self-Diagnoses Fuelled by Social Media***

As discussed in previous sections, young adults primarily turned to TikTok for mental health information, gravitating toward content created by individuals with relatable lived experiences. While this content can be affirming and validating for some users, mental health professionals and academics raised concerns about a shift on TikTok from psychoeducation to psychiatric contagion, potentially leading to increased self-diagnoses of mental health conditions (Weigle, 2023).

Foster and Ellis (2024) referred to social identity theory to explain why social media users might be self-diagnosing on TikTok. Social identity theory (Tajfel & Turner, 2004) explains how individuals form their identity through membership in social groups via social comparison and self-categorisation. Young people who relate to TikTok videos may adopt labels associated with social groups, which strengthens their connection to the group and its culture, making them more reluctant to leave (Foster & Ellis, 2024). This commitment to group membership can also make them hesitant to seek professional help, as having a self-diagnosis rejected by a professional could threaten the adolescents' identity and social connections (Foster & Ellis, 2024).

Haltigan et al. (2023) suggested that individuals fabricated self-diagnoses of mental health conditions to appear more interesting and gain social capital on TikTok. Similarly, Harness and Getzen (2022) noted that attention, in the form of views, likes, and comments, could reinforce symptoms or even encourage the imitation of symptoms. Researchers described users who self-diagnosed and shared their experiences online to gain attention as part of what they termed "TikTok's Sick-Role Subculture" (Harness and Getzen, 2022).

The trend of self-diagnosis via TikTok was initially observed in relation to Tourette's Syndrome (TS). Researchers noted a surge in popular content creators self-identifying with tics or TS, coinciding with a rise in youths exhibiting functional tic-like behaviours (FTLBs) and seeking clinical assistance during the COVID-19 pandemic (Müller-Vahl et al., 2022; Olvera et al., 2021; Pringsheim & Martino, 2021). TikTok was identified as a potential catalyst for the FTLBs rise, and the observed phenomenon was named a mass sociogenic illness<sup>4</sup> or psychosomatic social contagion<sup>5</sup> by academics (Haltigan et al., 2023; Müller-Vahl et al., 2022). Similar concerns were raised about the increase of self-diagnosed

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<sup>4</sup> Mass sociogenic illness, also called mass psychogenic illness, refers to a set of symptoms resembling a physical illness but without a clear medical cause, occurring among two or more individuals who have shared beliefs about those symptoms (Müller-Vahl et al., 2022).

<sup>5</sup> Social contagion occurs when attitudes, emotions, or behaviours quickly spread through a group from one person to another, often without a logical explanation (Riggio & Riggio, 2023). Regarding FTLBs, researchers referred to the phenomenon as psychosomatic social contagion because it involved the spread of physical symptoms driven by psychological influences (Haltigan et al., 2023).

Dissociative Identity Disorder (DID) (Christensen, 2022; Greene et al., 2023); autism (Alper et al., 2023); and ADHD (Gilmore et al., 2022).

A trend of self-diagnosis with ADHD was especially pronounced on TikTok, where people claimed that they were diagnosed by TikTok's algorithm, which seemingly understood them better than they understood themselves (Cummins, 2022; Gilmore et al., 2022; Ginapp et al., 2023; Pineda et al., 2023; Williams, 2022). As discussed previously, the diagnostic capabilities of TikTok's algorithm were recognised by some users as one of the key platform affordances (Avella, 2023; Cummins, 2022). While some users humorously claimed being diagnosed by the platform, for others, the exposure to ADHD-related content has prompted genuine introspection and, ultimately, the decision to seek formal assessment after years of personal struggle (Eagle & Ringland, 2023). However, many individuals online also expressed reluctance to consult doctors after self-diagnosing with ADHD due to the pervasive fear of medical gaslighting within the neurodivergent community (Eagle & Ringland, 2023). People shared instances where healthcare professionals undermined their symptoms, potentially leading to long-term impacts on their help-seeking behaviours (Eagle & Ringland, 2023).

Medical professionals sounded alarms over the surge of self-diagnoses via TikTok. Many expressed concerns that ADHD was portrayed as "trendy" or "fashionable", especially among young adults (Caron, 2022; Rumbelow, 2023). However, these accusations faced backlash from the neurodivergent community, which advocated for the right to openly discuss their diagnoses without facing societal stigma (Brown, 2023). Notably, some researchers suggested that the current trend of increase in diagnoses reflected improved recognition and rectification of instances where ADHD was previously unrecognised, particularly within marginalised communities due to differences in presentation (Abdelnour et al., 2022).

There is no consensus in academic literature on whether the self-diagnosis trend is a positive or negative development. On the negative side, researchers argued that the growing number of people self-diagnosing and seeking professional assessments could place excessive strain on the healthcare system (Müller-Vahl et al., 2022). Additionally, the prevalence of misinformation on social media

increased the risk of misdiagnoses and the pathologisation of normal behaviours (Yeung et al., 2022). Furthermore, a longitudinal study by Harari et al. (2023) found that self-diagnosing mental health conditions negatively affected young people's self-esteem and reduced their help-seeking behaviour due to perceived stigma.

However, some researchers argued that the negative aspects of self-diagnosis were highlighted by professionals who felt their authority was threatened when clients used online resources to self-advocate (Foster & Ellis, 2024). On the other hand, the rise in self-diagnosis among young people may signal a positive cultural shift toward greater inclusivity in attitudes toward mental health and neurodiversity, as well as reduced stigma (Foster & Ellis, 2024). Research showed that self-diagnosis can bring significant relief by helping individuals understand why they have felt different, faced exclusion, or struggled to conform to societal norms (Lupton & Southerton, 2024). For those with ADHD, self-diagnosis can enhance mental health by fostering self-awareness, offering a sense of identity and acceptance, and creating a feeling of belonging within the neurodivergent community (Lupton & Southerton, 2024).

Overall, the reviewed literature on self-diagnosis presents polarised views on the issue. Some scholars criticised the self-diagnosis process, arguing that it stemmed from social identification rather than aligning with diagnostic criteria, or that young people self-diagnose to gain attention and social capital. It can be argued that these researchers devalued the experiences of young people who resonated with ADHD content, potentially dismissing the possibility that they may indeed have ADHD. This view can be aligned with the medical deficit-based model of disability that prioritises professional expertise over personal experience. In contrast, the neurodiversity movement, which is grounded in the social model of disability, emphasises the value of lived experiences. Accordingly, some scholars advocated for listening to those who self-diagnose to better understand the potential benefits of this process. Given these differing viewpoints, more research is needed to explore the perspectives of young adults who engage with ADHD content and may self-diagnose with ADHD, in order to understand their motivations and the impact of such content.

## Research Aims and Rationale

The literature review above highlighted that Generation Z, comprising individuals aged 13 to 28, was currently the world's largest demographic. Gen Zers chose TikTok as their preferred social media platform for entertainment, information search and community building. The robust algorithm powering TikTok's FYP has propelled its popularity, suggesting it was only a matter of time before similar algorithms were used on other online platforms.

These developments indicated that the relationship between Gen Zers and TikTok not only impacted Gen Zers themselves but also carried significant implications for society at large. In particular, TikTok was linked to the recent surge in ADHD recognition, the mobilisation of the neurodiversity movement, and a notable increase in ADHD diagnoses. While discussions about TikTok, ADHD, and Gen Zers were widespread across online platforms and media outlets, academic research on this topic remains limited and often contradictory due to the recent nature of these developments, with scholars urging for more research in this area (Haltigan et al., 2023; Hartnett & Cummings, 2023; McCashin & Murphy, 2023; Milton, Ajmani, Devito, et al., 2023; Zenone et al., 2021).

The discussed literature highlighted key issues related to how ADHD content on TikTok shaped young adults' personal experiences, identity formation, help-seeking behaviours, and understanding of ADHD and the neurodiversity movement. While these issues are important to explore, research in this area is only emerging and has significant gaps, particularly regarding the lived experiences and sense-making processes of young people who engage with and find value in ADHD-related content.

Existing studies presented a range of often contradictory findings, highlighting the need for research that embraces this complexity and nuance. Therefore, the aim of this study was to better understand the experiences of young adults who valued ADHD content on TikTok. By doing so, I sought to contribute to ongoing debates that were often polarised, where lived experience was highly valued, as seen in the neurodiversity movement, or devalued, as reflected in concerns about the inappropriate use of clinical diagnoses and the spread of misinformation.

To address this aim, the study pursued the following objective: to provide nuanced insights into TikTok's role in shaping ADHD awareness and attitudes among young adults. This objective was explored through the research question: "How do Gen Zers in Aotearoa New Zealand interpret and engage with ADHD-related content on TikTok?"

## **Chapter Two: Methodology**

In this chapter, I outline the study's methodology, design and procedure. I begin by defining the theoretical framework of the research, including critical realism as the ontology and phenomenology as the epistemology. Next, I explain why phenomenologically informed thematic analysis was chosen as the methodological framework. I then detail the research participants and procedures, covering sampling, recruitment, interviews, and data analysis. Next, I discuss ethical considerations guiding the research, and I conclude with a reflexive examination of my position as the researcher.

### **Design**

In this research project, I asked how Gen Zers in Aotearoa New Zealand interpret and engage with ADHD-related content on TikTok. To answer this question, I conducted ten semi-structured interviews following a combination of media go-along (Jørgensen, 2016) and situated talk (Newton & Southerton, 2023) methods. The interviews were then analysed using phenomenologically informed thematic analysis. During this process, overarching themes were developed to provide insights into the nature of Gen Z's experience with ADHD-related TikToks.

### ***Theoretical Framework***

I chose critical realism as an underlying theoretical framework for my research project. Critical realism emerged in the 1970s primarily through the work of Bhaskar (1975) as a philosophical alternative to positivism and constructivism, by incorporating elements from both orientations (Fletcher, 2017). The philosophical framework of critical realism in qualitative research has been embraced by researchers using various data collection and analysis methods, including interpretative phenomenological analysis, discourse analysis and thematic analysis (Willis, 2023).

Critical realism postulates that an independent reality exists apart from a researcher's ideas or descriptions, but it acknowledges that our understanding of this reality is shaped by language and culture (Braun & Clarke, 2022). Critical realism therefore recognises that our experiences are socially

situated and offers different perspectives and interpretations of a singular reality without endorsing the idea of multiple realities (Braun & Clarke, 2022). Critical realism has many definitions and, because it spans questions around what is real and our knowledge of reality, it can be referred to as ontology and epistemology (Willis, 2023). Particularly, critical realism is presented as a combination of ontological realism (belief in an independent reality) with epistemological relativism (acknowledging that knowledge is always partial, interpretative, and provisional) (Willis, 2023).

Braun and Clarke (2022) argue that taking a critical realist approach in qualitative research means that the participants' data offer a mediated, rather than a direct, reflection of reality. This theoretical framework aligns with the research aim to understand how young New Zealanders interpret and engage with ADHD-related content on TikTok. I acknowledge that ADHD and TikTok videos about ADHD exist independently, yet my understanding of these phenomena is mediated by the participants' interpretations of their experiences and my own interpretations of the participants' situated realities. Additionally, this theoretical framework aligns with the phenomenologically informed thematic analysis as the chosen methodological approach for this research, as it allows me to position the participants' descriptions of their thoughts and feelings as real, even though these accounts represent their interpretations of reality.

### ***Methodological Approach***

I used phenomenologically informed thematic analysis to analyse the data. Braun and Clarke (2022) defined thematic analysis as a method for identifying, analysing, and interpreting patterns within a qualitative dataset while relying on systematic coding processes to develop themes. Braun and Clarke (2022) emphasised that thematic analysis was a method rather than a methodology, as it can be applied in different theoretical frameworks. Considering that my chosen theoretical framework was critical realism, I informed my thematic analysis in phenomenology, which aligned with the critical realist principles, allowing me to address the aim of the study.

Phenomenology forms the epistemological foundation of my research project, guiding the type of knowledge my research aims to produce. Phenomenological research produces knowledge about the subjective experiences of participants, emphasising an individual's perception or account of an object or event rather than seeking to produce an objective statement about the object or event itself (Smith & Osborn, 2015). Furthermore, phenomenological research is based on three principles: phenomenology, hermeneutic and ideography.

Phenomenology is a philosophical approach to the study of human experience and people's perceptions of their experiences (Smith, 2022). Phenomenology focuses on how the world is experienced by people in specific contexts and times rather than making abstract statements about the world in general (Willig, 2021). It is concerned with the phenomena that emerge in our consciousness as we interact with our surroundings (Willig, 2021). For psychologists, phenomenological philosophy is valuable because it offers a wealth of ideas for studying and understanding lived experience (Smith, 2022). Considering, that I am studying to become a psychologist, I chose to ground my thematic analysis in phenomenology, as I am interested in exploring human consciousness and people's lived experiences.

The second major theoretical foundation of phenomenological research is hermeneutics, which is the theory of interpretation (Smith, 2022). Phenomenological research recognises that humans are sense-making beings, so the accounts participants provide will reflect their efforts to interpret their experiences (Smith, 2022). Phenomenological research also acknowledges that our understanding of experience relies on what participants share about it, and the researcher must then interpret these accounts to understand the participants' experiences (Smith, 2022). Therefore, the researcher engages in a "double hermeneutic" by interpreting how participants make sense of their experiences (Smith, 2022).

Furthermore, the researcher must make preliminary assumptions about the meaning of the data in order to understand participants' experiences (Willig, 2021). The circularity of the meaning-making process is known as the "hermeneutic circle" (Willig, 2021). This concept implies that the parts can

only be understood in relation to the whole and the whole in relation to the parts, requiring a circular movement between assumption and interpretation (Willig, 2021). Consequently, the insights gained are a product of the dynamic relationship between the researcher and the data.

Moreover, the phenomenological research combines hermeneutics of empathy and hermeneutics of suspicion (Smith & Eatough, 2007). The researcher must both empathise with the participant's experience to understand it deeply and critically probe for meanings that the participant may not fully express (Smith & Eatough, 2007). This dual approach seeks to capture the participant's perspective while also developing a nuanced, multi-layered interpretation of the phenomenon (Smith & Eatough, 2007).

The third major theoretical foundation of phenomenological research is ideography, which focuses on understanding the specific, unique, and concrete aspects of individuals while preserving their integrity (Smith & Eatough, 2007). The idiographic approach contrasts with the nomothetic method commonly used in psychology, where analysis is focused on groups and populations rather than individuals (Smith & Osborn, 2015). However, the detailed idiographic analyses of phenomenological research can significantly contribute to scientific knowledge by linking findings to the existing psychological literature, therefore highlighting how individual cases inform broader nomothetic research (Smith, 2022). The idiographic approach involves examining each case individually within its unique context and then carefully comparing cases to identify similarities and differences (Smith, 2022). This process results in detailed accounts of meaning patterns based on participants' shared experiences.

Phenomenologically informed thematic analysis is well-suited to my research question because it allows me to explore how Gen Zers subjectively interpret and engage with ADHD-related content on TikTok, emphasising their lived experiences. This methodology enables an in-depth examination of individual stories and personal experiences with ADHD content, drawing from a diverse range of participants. At the same time, by using thematic analysis within this framework, I can systematically identify and interpret patterns of broad shared experience. The phenomenological focus ensures a

deep, reflective analysis of how participants make sense of these interactions, while the idiographic emphasis on detailed, context-specific insights enriches the understanding of these experiences. As Smith (2022) argued that only by providing detailed, nuanced analyses of specific lived experiences could research truly capture the complexity of human psychology.

## Participants

Ten participants were recruited for the study using purposive sampling with the following inclusion criteria:

- Age: Participants must fall within the age range of 18 to 25 years, aligning with the core demographic of Generation Z.
- Active TikTok Users: Participants must engage with TikTok content at least five times a week.
- Residency: Participants must reside in Aotearoa New Zealand, to ensure the relevance of the findings to the targeted geographic and cultural context.
- Language: Since the interviews were conducted in English, participants should be comfortable communicating in this language.

Relevant demographic information of the participants is presented in Table 1.

**Table 1**

*Participant demographics*

<b>Pseudonym</b>	<b>Gender</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Formal ADHD Diagnosis</b>	<b>Average Daily TikTok Use</b>
<b>Aria</b>	Female	24	Pākehā / Māori	No	1 hour
<b>David</b>	Male	20	Pākehā	Yes	2 hours
<b>James</b>	Male	19	Pākehā	No	3 hours
<b>Lily</b>	Female	20	Pākehā	Yes	2 hours
<b>Maia</b>	Female	24	Pākehā /Cook Island Māori	Yes	1 hour

<b>Nina</b>	Female	18	Māori / Pākehā	Yes	1 hour
<b>Olivia</b>	Female	18	Filipino	No	5 hours
<b>Rowan</b>	Non-binary	20	Pākehā	Yes	3 hours
<b>Ruby</b>	Female	24	Chinese	Yes	4 hours
<b>Sophie</b>	Female	22	Māori / Pākehā	No	5 hours

One participant identified as non-binary, seven as female and two as male. There were two Māori / Pākehā participants, one Pākehā / Māori, one Pākehā / Cook Island Māori, one Chinese, one Filipino and four Pākehā participants. The participants, were aged between 18 and 24, had an average age of 21. All reported using TikTok regularly, spending an average of three hours daily on the platform. Each participant reported being exposed to and engaging with ADHD-related content on TikTok. Six participants had a formal ADHD diagnosis, while four did not.

## **Procedure**

### ***Sampling***

According to Braun and Clarke (2022) there is no right way of determining the correct dataset size, as there is no simple way to take into account all data-related elements, such as data depth, richness and complexity. Braun and Clarke (2016) caution that applying statistical models to determine sample size in thematic analysis is both unnecessary and potentially harmful, as it imposes quantitative standards on qualitative research. When determining the dataset size, I therefore reviewed debates in relevant qualitative methods research literature, including discussions on saturation and information power.

Saturation in qualitative research refers to the stage where no new data or themes are emerging from the dataset, suggesting that the data has been thoroughly examined (Naeem et al., 2024). This concept is crucial as it ensures that the findings are robust and that the data is maximally utilised to meet the research objectives (Naeem et al., 2024). However, Braun and Clarke (2021) argue that the

concept of data saturation is inconsistent with thematic analysis assumptions, which state that meaning is generated through the interpretation of data rather than found in data. Therefore, it is problematic to assume that the dataset can reach the saturation of possible interpretations.

Instead of using the concept of “saturation”, Braun and Clarke (2021) advise to consider the concept of “information power” (Malterud et al., 2016). According to Malterud et al. (2016) information power suggests that a sample with rich, relevant data requires fewer participants. The researchers propose that the needed dataset size with adequate information power depends on the study's objectives, the specificity of the sample, the use of established theory, the quality of dialogue, and the analysis strategy (Malterud et al., 2016).

Considering that this is an exploratory study, my focus was on providing new insights that enhance existing understandings of ADHD-related content on TikTok rather than fully describing every aspect of the phenomenon. Therefore, the dataset size did not need to be large to have sufficient information power. However, as this was my first research project, I may have required more participants to reach the information power, according to Malterud et al. (2016) model, as my interviewing and analysis skills were not at the expert level. I concluded that the dataset size of ten participants would provide me with sufficient richness of information, yet it would be manageable to analyse within the scope of the research project. Additionally, this process was reviewed with my research supervisor to ensure the data quality and interview richness were sufficient, confirming that no further recruitment was needed beyond ten participants.

I used purposive sampling (Collingridge & Gantt, 2019), also called purposeful sampling (Palinkas et al., 2015) to recruit participants. Purposeful sampling is commonly used in qualitative research and involves selecting information-rich cases that provide the most valuable insights for the optimal use of limited resources (Patton, 2014). Criterion sampling is one of the purposeful sampling techniques, which involves recruiting participants who have an understanding of the phenomenon of interest due to their personal experience (Palinkas et al., 2015). I used criterion sampling because it

is particularly important in phenomenology, as it allows to explore the experiential phenomenon (Collingridge & Gantt, 2019).

Purposive sampling is critiqued for non-random selection, which can introduce the researcher's bias in choosing the participants and limit the ability to generalise findings (Etikan et al., 2015). However, purposive sampling does not pose a methodological limitation of this study, as this exploratory research does not aim to generalise its findings. In qualitative research, the sampling strategy is typically determined by the research topic rather than by the need to generalise the findings (Higginbottom, 2004). Therefore, purposive sampling guided my recruitment method, leading me to TikTok to find participants, as that was where individuals meeting the research criteria were most likely to be found.

### ***Recruitment***

Participants were recruited through advertisements on TikTok. Since TikTok is a video-based platform, I created an animated video (see Appendix A) using the free graphic design software Canva. The video included the participant criteria and my contact information, inviting potential participants to join the research. The cultural advisor reviewed the video and suggested making it more appealing to Māori participants by incorporating more Te Reo Māori and adding a slide inviting people of all cultures and ethnicities to take part. The video was posted on a TikTok account created specifically for the research project @maria.adhd.tiktok. I then advertised the video targeting the research demographic. Despite these efforts, the video did not generate enough interest from potential participants.

After reviewing the advertising metrics, I noticed that almost all viewers watched only the first two seconds of the video before swiping to the next one. To improve the advertisement's effectiveness, I created a still image containing only the essential information about the research (see Appendix B). I hoped potential participants would read the invitation before swiping to the next video. This still image was posted and promoted on the same TikTok account. However, it performed

at the same level as the video advertisement and did not generate enough interest from potential participants.

Most content on TikTok consists of personal videos, with animated content rarely gaining popularity. Given that I was recruiting people to share their experiences, which could often be intimate and personal, I needed to include more information about myself in the recruitment process. By making the advertising more personal, my thinking was that potential participants would feel more comfortable knowing who would be interviewing them, increasing their willingness to sign up for the project. To achieve this, I recorded a video of myself discussing the research project and incorporated popular TikTok graphics and animation effects (see Appendix C). This video was promoted on the same TikTok account. Interestingly, it performed better than both the animated video and the still image, though it still did not generate enough interest to recruit the required number of participants. In the end, I promoted all three posts simultaneously, which finally generated enough interest to complete the recruitment. This process gave me insights in how TikTok worked and what the community valued.

Potential participants either emailed me at [adhd-tiktok@outlook.com](mailto:adhd-tiktok@outlook.com) to express their interest or messaged me directly on TikTok. In response, I emailed them the Information Sheet (see Appendix D) and the Consent Form (see Appendix E). The Information Sheet explained the research purpose, participant inclusion criteria, interview process, data management procedures, participant rights, available mental health support resources, and my contact information. Participants were encouraged to ask questions, and I offered to schedule a call to introduce myself and address any concerns they might have. However, no one took the offer of an introductory call. After reviewing the Information Sheet, participants emailed me a signed copy of the Consent Form. We then arranged an interview at a mutually convenient time.

I offered to conduct the interviews via Zoom or Microsoft Teams, with a preference for Microsoft Teams due to its requirement for login details and superior security protocols. Eight participants agreed to use Microsoft Teams, while two opted for Zoom. Before the interviews, I emailed the

interview schedule (see Appendix F) to all participants and invited them to suggest any changes to the proposed questions. None of the participants requested changes. However, during the interviews, I found that providing the questions beforehand was beneficial, as it gave participants a clearer understanding of the interview process and helped alleviate any anxiety around it.

### ***Interviews***

Semi-structured interviews are the most commonly used data collection method in qualitative research due to their versatility and flexibility (Kallio et al., 2016). They are particularly well-suited for addressing complex research questions, as they allow researchers to explore participants' responses in greater detail, uncover meaning, seek clarification, and promote critical reflection (Galletta & Cross, 2013). Semi-structured interviews use direct questions while allowing flexibility for either party to introduce new topics or skip irrelevant ones, balancing researcher-led inquiries with participant-driven insights (Gibson et al., 2012). This flexibility also enables participants to reflect deeply on their experiences, potentially uncovering new insights during the interview process (Smith, 2022).

However, the flexibility in questioning has also been highlighted as a potential drawback of semi-structured interviews, as the interviewer's personal biases can lead the direction of the interview and skew the data (DeJonckheere & Vaughn, 2019). Despite this critique, I selected the semi-structured interview for my research project because it was the most effective method to generate rich data to address the research question. I used the reflexivity process suggested by Braun and Clarke (2022) to acknowledge and address any potential biases that could influence the interview's direction. Additionally, the interviews were structured around TikTok videos, which we watched together with participants, allowing TikTok to mediate my influence on the interview process.

The interview schedule was divided into three parts. The first part consisted of general questions about the participants' TikTok usage and their exposure to ADHD-related content. In the second part, I watched TikTok videos with the participants and then asked them questions about their

understanding of the videos and how ADHD was portrayed. The final part involved broader questions about participants' overall perception of ADHD-related content based on the videos watched during the interview and their prior exposure to TikTok content.

To create the interview guide, I initially developed a preliminary version based on the research aims and a review of relevant literature. I then conducted a pilot interview using this preliminary guide, which was an essential step in the rigorous development of the interview schedule (Kallio et al., 2016). The pilot interview provided valuable insights, revealing areas where questions needed reformulation. These changes were implemented, leading to the final version of the interview schedule.

To fully explore the complexity of human-media interactions, scholars developed several digital ethnographic methods that involved social media applications: walkthrough, scroll back and media go-along (Møller & Robards, 2019). By using the walkthrough method the researcher can methodically map how the smartphone application works (Light et al., 2018). The scroll-back method involves collaborating with research participants to analyse longitudinal digital traces (Robards & Lincoln, 2017). The media go-along method involves interviewing and observing participants as they use their personal mobile devices and social media accounts (Jørgensen, 2016). Newton and Southerton (2023) drew on these methods and developed a situated talk approach, which uses TikTok videos as prompts for facilitating conversation on complex topics and sensitive issues.

I employed a combination of the approaches described above. Prior to the interviews, I asked all participants to save or bookmark any ADHD-related TikTok videos that they found interesting so we could discuss them during the interview. Six participants bookmarked TikToks they encountered on their For You Page. I used these videos as prompts, following the situated talk approach, to facilitate discussion in conjunction with the questions from the interview schedule.

If participants did not save any TikToks before the interview, I asked them to search the hashtags #adhd and #adhdawareness and select any videos that caught their attention. We then watched the chosen videos together, and I asked participants about their interpretations and thoughts on the

videos. In this scenario, I employed the media go-along approach, observing participants as they engaged with TikTok in their usual manner, searching for content and selecting what interested them.

These data collection methods led to rich conversations, offering insights into how participants interacted with the platform, their perceptions of the content, and the emotional impact it had on them. Interestingly, several participants mentioned that they often used TikToks to prompt conversations with friends or family, either by sending videos to each other or showing them directly on their phones. Therefore, this data collection method felt familiar and comfortable for some participants.

To ensure the interviews were a comfortable experience for the participants, I began each meeting by spending time getting to know them and building rapport. For Māori participants, I offered to open with a Karakia (Māori prayer). Before starting the video recording, I confirmed their consent to being recorded and reassured them that they could request to pause the recording, take a break, decline to answer any question or end the interview at any time.

Before proceeding with the interview questions, I asked each participant how they felt mentally and whether they felt comfortable continuing the interview. Some participants expressed nervousness, mentioning that they had never done an interview like this before. I took the time to address their concerns, emphasising that there were no right or wrong answers, that this was not a test of their knowledge, and that they should approach the interview as a casual conversation on an interesting topic. I also encouraged them to let me know if any part of the discussion made them uncomfortable so we could pause and address it. This approach helped participants feel more at ease, and we were able to transition to the interview questions smoothly.

During the interviews, none of the participants declined to answer questions or requested breaks. After going through all the questions, I invited participants to ask me anything they were curious about. Many took this opportunity, leading to further discussions on topics of interest to them. Once all their questions were addressed, I explained the importance of clearing their watch and search history on TikTok to prevent the algorithm from suggesting more ADHD-related videos, thereby

returning their account to its original state. Immediately after the interview, I emailed each participant a link to an article that provided a step-by-step guide on clearing their watch and search history. After transcribing the interviews, I sent the transcripts to the participants for their review and feedback.

## **Data Analysis**

I used a phenomenologically informed thematic analysis framework to analyse the data. The seven-phase analysis process was adapted from Braun and Clarke (2022), Shaw (2010), Smith and Osborn (2015), and Willig (2021). The analysis process was not a linear progression from one phase to the next, it was a recursive process of moving back and forth between phases to develop themes.

### ***Phase One: Familiarisation***

Following the principles of phenomenologically informed thematic analysis, I analysed each interview individually to first grasp the unique experiences before identifying broader patterns across the dataset. The initial phase of analysis involved reading each transcript and watching the video recordings multiple times. This thorough immersion helped me recall the interview's atmosphere and setting, revealing new insights with each review.

I started by transcribing the interviews using Microsoft Word's transcription feature. After generating the transcripts, I manually corrected errors while reviewing the video recordings of each interview. I then re-watched the recordings to ensure the final transcript versions were accurate. This process provided a deeper understanding of not just what participants said but also how they conveyed their messages, including intonation, laughter, pauses, gestures, and expressions.

Once the transcripts were confirmed for accuracy, I copied them into coding tables with columns for keywords, transcript text, descriptive codes, second-round descriptive codes, and interpretative codes/themes (see Appendix G). I then closely read and re-read each transcript, noting significant or interesting keywords in the first column. Throughout this process, I referred to my research question

to maintain focus. Insights gained from familiarising myself with the transcripts were recorded in my reflexive journal.

### ***Phase Two: Identifying Initial, Descriptive Codes***

After familiarising myself with the transcript, I began the coding process. Descriptive codes, also known as semantic, participant-directed, or manifest codes capture the explicit meanings in the data, staying closely aligned with participants' direct expressions (Braun & Clarke, 2021). Initially, my descriptive codes were lengthy and more like detailed notes than concise labels, focusing on significant elements in the transcripts. For example, the excerpt *“That one is very relatably applicable to my life right now because my friend who is doing the spiritual thing... We're having a little argument at the moment because she thinks that I don't care about her because I never message and it's because... Well, I'm saving a lot of TikToks for her”* was initially coded as *“saving TikTok videos for her friend to show the friend that she is thinking of her and cares about her”*.

After the first round of coding, I reviewed the transcript again to refine these descriptive codes into shorter, more precise labels, consolidating similar codes under a single code. For example, the initial code was simplified to *“sharing TikToks with others”*. During this refinement phase, I started seeing the patterns of underlying themes in the data, which I noted in my reflexive journal.

### ***Phase Three: Developing Interpretative, Conceptual Codes***

During this phase, the analysis shifted from a descriptive to a more abstract level as I began interpreting participants' experiences. Since phenomenological thematic analysis focuses on understanding how individuals make sense of their experiences, I maintained this focus while re-examining the transcripts.

I guided my interpretations with the hermeneutics of empathy, which seeks to stay true to participants' meanings and represent them in a way they would recognise (Braun & Clarke, 2022). Furthermore, the principle of double-hermeneutics of phenomenologically informed analysis meant

that I was interpreting participants' own interpretations of their experiences (Smith & Osborn, 2015). This layering of interpretation highlights the complexity of the intersubjective realm in phenomenological research and emphasises the importance of a reflexive approach, where the relationship between self and others is critically examined (Shaw, 2010).

As I developed conceptual codes, I continually reflected on my interpretations to ensure they were grounded in participants' expressions rather than influenced by my own preconceptions. Following the example from the previous phases, I developed a conceptual code "*TikTok is an effective communication tool*".

#### **Phase Four: Developing Interpretative Codes into Subordinate Themes**

This phase involved engaging with data codes to find similar meanings, clustering related codes into themes, and exploring these initial meaning patterns. Braun and Clarke (2022) cautioned against developing topic summaries rather than themes during this phase. A topic summary would include everything a participant said about a specific topic. In contrast, a theme in the thematic analysis is "a pattern of shared meaning organised around a central concept" (Braun & Clarke, 2022, p. 79).

For example, codes "*sharing TikToks with others*", "*TikToks prompt conversations*" and "*TikTok is an effective communication tool*" can be united under a topic summary "*How TikToks are used*". While the codes can be clustered under this topic summary, it does not constitute a theme. A central organising concept of these codes can be "*communication*". Therefore, the theme "*TikTok videos facilitate communication*" can be developed from these codes. This theme fulfils the key criteria of being a theme as it captures a coherent aspect of the data and provides insights relevant to the research question (Braun & Clarke, 2022).

During this phase, it was also essential to acknowledge that the themes did not passively emerge from the data but were actively developed by the researcher through their systematic interaction with the dataset (Braun & Clarke, 2022). I used a constant comparison method to systematically interact with the dataset and produce themes. The constant comparison or constant comparative

method was initially designed for grounded theory methodology (Corbin & Strauss, 2014) and is now broadly used as an analysis method in qualitative research (Fram, 2013).

To conduct this process, I wrote each interpretive code on a separate post-it note. I then compared two notes at a time to determine if they could be thematically linked. If they could, I grouped them into one pile and labelled it with a theme. If not, I separated them into different piles. I continued this comparison with subsequent codes, checking if they fit into any of the existing piles. This process was repeated for all codes.

After sorting through all the codes, I ended up with several piles containing multiple codes and some codes that did not fit into any pile. I then listed my initial subordinate themes based on this sorting exercise and repeated the process, starting with the codes previously left ungrouped. This iterative process continued until I was satisfied with a refined list of subordinate themes that provided a clear overview of the dataset.

#### ***Phase Five: Clustering Subordinate Themes into Superordinate Themes***

During this phase, I organised subordinate themes into superordinate themes using the constant comparison technique. This process was quicker than the previous phase because I had fewer subordinate themes than codes. However, I occasionally encountered subordinate themes that did not fit into any superordinate theme, requiring me to revisit the previous phase and reorganise my subordinate themes.

For example, subordinate themes such as *“TikTok videos facilitate communication,” “TikTok videos foster self-reflection,” “TikTok offers entertainment and escapism,”* and *“TikTok affects attention and time perception”* were grouped under the superordinate theme *“TikTok’s Impact on Personal and Social Well-Being”*. In phenomenologically informed analysis, the superordinate theme must address the nature of the studied experience. This superordinate theme captures how participants’ engagement with TikTok affects their overall personal and social well-being. At the same time, the

subordinate themes provide detailed insights into the characteristics of the nature of that experience.

Once I was satisfied with the developed themes, I compiled them into a data table, including the superordinate themes, subordinate themes, and corresponding extracts for each theme (see Appendix H). This process was then repeated for all other transcripts.

### ***Phase Six: Identify Subordinate and Superordinate Themes Across the Data Set***

After completing ten individual data tables, I compared them to identify any superordinate or subordinate themes that were similar, opposing, or complementary. Subordinate themes with opposing views were combined under a single superordinate theme to reflect the variety of participant perspectives on the topic, while similar themes were grouped under overarching superordinate themes. Themes that were not represented across the data set and appeared only in a few participants' responses were excluded from the final data table. Once I was satisfied with the developed themes, I compiled them into a master table, which included the superordinate and subordinate themes along with corresponding extracts for each theme (see Appendix I). The extracts for the master table were selected to ensure that all participants' voices were represented, with at least one extract from each of the ten participants. I focused on choosing extracts that highlighted both unique individual experiences and commonalities across participants, providing a rich understanding of the data while helping to deepen the analysis.

### ***Phase Seven: Write Up the Final Superordinate Themes and Subordinate Themes***

After creating the master table, I wrote the first version of my analysis, explaining each superordinate and subordinate theme by analysing extracts from the participants' interviews. The initial version framed the analysis around the influence of TikTok content on public awareness of ADHD and individual perceptions of the condition, while also highlighting the benefits and risks for young adults engaging with ADHD content on TikTok. However, after completing the first draft, it

appeared that some themes overlapped, and one theme regarding stigma surrounding ADHD on TikTok emerged as more prominent across several others. As a result, I revisited the previous phase of the analysis to reorganise the superordinate and subordinate themes in the master table. This process confirmed that analysis was not a linear progression, but rather a recursive process of revisiting and refining themes. After rearranging the themes, I rewrote the analysis to better present participants' experiences.

### **Ethical Considerations**

This research project was approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 23/58, in April 2024 (see Appendix J). During the ethics application process and through the research, I referred to the Massey University Code of Responsible Research Conduct (Massey University, 2015) and the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2017). Additionally, I referred to Te Ara Tika Guidelines for Māori research ethics (Hudson, 2010). The key ethical considerations are discussed below.

### ***Potential Risks***

Although this is a low-risk project involving routine activities, as with all qualitative research, there was a potential for discomfort, particularly emotional or psychological distress, when discussing perceptions of ADHD. To mitigate this, I implemented a comprehensive informed consent process, clearly outlining the study's purpose and the nature of the interview questions. Participants received the interview questions in advance, allowing them to suggest changes if any questions were potentially triggering or distressing. They were informed that they could decline to answer questions or withdraw from the study at any time before the start of data analysis, which occurred two weeks after receiving their transcripts. I remained mindful of potentially upsetting topics and ensured a comfortable and supportive environment during the interviews. I listened empathetically and

encouraged participants to express their feelings freely, even if the conversation diverged from the interview schedule.

Exclusion criteria were included in the Information Sheet to further safeguard participants' well-being. Potential participants who were experiencing significant mental or emotional challenges were advised that participation might not be beneficial, even if they had no diagnosed mental health condition. At the beginning of each interview, I checked in with participants about their mental state to ensure they were comfortable proceeding with the questions.

An ethical concern related to misinformation was the potential harm participants might face from exposure to misleading or harmful ADHD-related information on TikTok. To address this, I provided participants with resources containing accurate and trustworthy ADHD information, which were included in the Information Sheet.

Additionally, after participants searched for ADHD-related hashtags during the interviews, there was a risk that TikTok's algorithm might suggest more ADHD-related content to them. To prevent this, I provided a step-by-step guide on how to clear their hashtag search and watch history after the interview. Furthermore, given that TikTok lacks message encryption and reliable security settings, making users potential targets for hackers, I provided participants with a guide on how to enhance their account security by switching to a private account, using a passkey, and activating two-factor authentication.

### ***Informed Consent***

To ensure participants could provide informed consent, all relevant information was presented in plain language through an Information Sheet. This allowed participants to make a fully informed decision about whether to participate. I also offered to schedule a meeting with each participant before the interview to get to know them and answer any questions they might have. Although none of the participants requested a meeting, some emailed their questions, which I addressed before

they signed the consent form. The Information Sheet also highlighted the potential risk of distress and advised individuals to participate only if they felt comfortable doing so.

### ***Privacy and Data Management***

Participants' confidentiality was maintained by using pseudonyms. Research findings were reported in a way that ensured individual participants could not be identified, using generalised terms and avoiding specific details that might reveal the participant's identity.

Interviews were conducted via Zoom or Microsoft Teams, both of which offer security through encryption, although I recommended to participants using Microsoft Teams due to its more robust security protocols, and eight participants chose this option. All collected data, including interview transcripts and video recordings, were securely stored on my password-protected laptop and Massey OneDrive account, accessible only to me, to prevent any breach of confidentiality.

At the end of the research project, I deleted the identifiable information, such as contact details and original video recordings. Anonymised data, including transcribed interviews, will be securely stored on Professor Riley's Massey OneDrive account for five years for audit purposes.

### ***Cultural Considerations and Te Tiriti o Waitangi***

Te Tiriti o Waitangi, particularly its principles of partnership, participation, and protection, was integrated into the research design to ensure the study respected and aligned with the values and interests of Māori. To uphold the principle of partnership, I actively sought to involve Māori in the planning and decision-making processes. This included consulting with Māori mental health nurse from Waitematā Te Whatu Ora for insights and guidance on conducting the research in a respectful and beneficial manner for Māori. Based on her advice, I revised the advertising materials to be more inviting for Māori participants and offered *koha* (gift) in the form of \$30 supermarket vouchers to compensate participants for their time.

Regarding participation, the research aimed to include Māori voices, ensuring their perspectives and experiences were represented, particularly given the unique cultural dimensions TikTok usage and perceptions of mental health issues like ADHD may have within Māori communities. Recruitment efforts were conducted respectfully, recognising the importance of Māori contribution to the study.

The principle of protection was addressed by ensuring the research did not harm Māori participants or their culture. This involved safeguarding sensitive information, respecting cultural protocols during interviews, and being mindful of the potential impacts of the research findings on the Māori community. Given the small scale of the research, I emphasised that the findings cannot be generalised based on ethnicity to avoid the potential harm of misrepresentation.

### **Reflexivity**

Reflexivity involved regularly reflecting on my assumptions, expectations, and actions as a researcher to understand how my personal positioning influenced the research (Braun & Clarke, 2021). By grounding my research in critical realism and phenomenology, I acknowledged that I could not access participants' experiences directly but could only interpret them through my own beliefs and assumptions. Therefore, engaging in reflexivity was crucial for acknowledging and managing my assumptions and understanding how my interactions with participants influenced my interpretation of the studied phenomena (Shaw, 2010).

To maintain reflexivity throughout my research, I kept a journal to document my evolving thoughts, ideas, and insights. I began this practice when I first developed the research idea, which originated from my observations as a Mental Health Support Worker at Te Whatu Ora. Over the past year, I noted an increase in individuals seeking ADHD assessments from Community Mental Health Services. Some clinicians at my workplace suggested that many of these individuals were self-diagnosing with ADHD based on information from social media, and I noticed the same narrative appearing in numerous news articles online. This observation sparked my interest in exploring the topic further.

Initially, I approached the research as an outsider: I was not a member of Generation Z, and I did not use TikTok regularly or encountered ADHD content. My starting assumption was that young people were probably self-diagnosing with ADHD through TikTok. However, as the research progressed and I began the literature review and data collection, I started using TikTok more frequently. I experienced firsthand the platform's addictive nature and found myself scrolling for hours without realising how much time had passed, a sentiment shared by many participants. This immersion helped me relate more closely to the participants' perspectives and shift towards an insider understanding.

As I engaged with TikTok, I noticed an increase in ADHD-related content due to both my searches and the platform's algorithm. I found this content surprisingly relatable, although it did not lead me to believe I had ADHD. This shift in perspective made me more open to exploring participants' reasons for engaging with ADHD-related TikToks, considering that their motivations might extend beyond mere self-diagnosis.

During the interviews, I introduced myself as a mental health support worker and explained how the research was developed. I found that this introduction sometimes influenced how participants responded, especially regarding TikToks created by mental health professionals. Some participants appeared to respond favourably to such creators, potentially due to their perception of my professional background. To encourage more open and honest responses, I emphasised my position as a fellow TikTok user with a keen interest in ADHD content, rather than a mental health professional.

Throughout the analysis, I focused not only on what participants said but also on what was left unsaid. This aspect was challenging, as I was wary of projecting my assumptions onto their responses. My views on ADHD content on TikTok evolved significantly through personal engagement with the content and participant interviews. I came to appreciate the value of the TikTok community in raising ADHD awareness, offering useful tips, and combating stigma. These new insights influenced

my interpretation of the data while I continued to explore all possible meanings and perspectives related to the participants' experiences.

### Chapter Three: Analysis

In this chapter, I present three superordinate themes and their associated subordinate themes that I developed in my analysis of how participants interpreted and engaged with ADHD-related content on TikTok (see Table 2). I begin by exploring how participants perceived TikTok's role in raising awareness about ADHD and fostering a deeper understanding of the condition, which positively contributed to reducing its stigma. Next, I explore how participants felt empowered by engaging with the ADHD community on TikTok, using others' lived experiences as a tool for self-discovery, reassurance, and validation, while also learning practical ADHD-affirming strategies. I then examine participants' concerns about the platform, including the spread of problematic information and the rise of ADHD self-diagnosis, both of which could perpetuate the stigma surrounding ADHD. In doing so, I discuss the public, individual, and community benefits participants described of ADHD-related videos on TikTok, followed by two issues that could undermine these benefits.

**Table 2**

*Superordinate and Subordinate Themes.*

Superordinate Themes	Subordinate Themes
<b>1. TikTok impacts awareness and attitudes towards ADHD</b>	1.1 TikTok raises awareness and combats ADHD stigma 1.2 TikTok videos shape nuanced understanding of ADHD
<b>2. TikTok as a platform for ADHD empowerment</b>	2.1 TikTok offers community support through shared ADHD experiences 2.2 TikTok as a platform for self-discovery, validation and recognition 2.3 TikTok videos offer practical advice for people with ADHD
<b>3. TikTok risks stigmatising ADHD</b>	3.1 TikTok can spread problematic information 3.2 TikTok can prompt problematic ADHD self-diagnosis

### **Superordinate theme 1: TikTok impacts awareness and attitudes towards ADHD**

This superordinate theme explores participants' perceptions of TikTok's influence on their personal understanding of ADHD and public perceptions of the condition. Participants noted that TikTok served as an educational platform for ADHD, first introducing them to the condition and raising awareness, and then offering more detailed and nuanced insights to deepen their understanding. These developments played a positive role in challenging ADHD stigma. Within this superordinate theme there are two subordinate themes: TikTok raises awareness and combats ADHD stigma; TikTok videos shape nuanced understanding of ADHD.

#### ***Subordinate theme 1.1: TikTok raises ADHD awareness and combats ADHD stigma***

Participants widely agreed that TikTok videos played a significant role in raising awareness about ADHD. Many felt that conversations about ADHD were more prevalent than ever, and that TikTok was a major factor in this shift. Several participants noted how TikTok made information about ADHD more accessible to the general public. To analyse participants' experiences with TikTok's influence on ADHD awareness and stigma, I will begin by examining how TikTok's unique affordances made it an ideal platform for raising ADHD awareness. For example, Ruby highlighted the following TikTok features that played a significant role in spreading awareness:

*I think that it's [TikTok] definitely like contributed to like the public awareness of it [ADHD], like because of how the content works on TikTok and how it can be pushed on people's FYP [For You Page] and it's really consumable, quick, 30 seconds, 20 seconds. There's a lot more discussion about it.*

Ruby noted that ADHD-related videos were “*pushed*” on TikTok, referring to the platform's unique design: instead of choosing what to watch next, users received videos selected by the algorithm. This *pushing* effect suggested that TikTok delivered content people may not actively seek or intended to consume. While TikTok's algorithm was generally effective at recommending content users were likely to enjoy, participants noted that they still encountered unexpected videos. This *pushing* feature

made TikTok an especially powerful tool for disseminating information and familiarising users with topics like ADHD, even if they were not actively looking to learn about it.

Participants shared that TikTok also contributed to ADHD awareness through its short video format, which Ruby described as “*really consumable*”. This format made it easier for users to engage with content. Instead of resisting the information they did not specifically seek out, participants tended to absorb it quickly due to the brief, digestible nature of the content. Together, these features of algorithmic suggestions and short-form videos allowed ADHD-related content to reach a wide audience and significantly contribute to public awareness of the condition.

Another factor that made TikTok videos highly “*consumable*” and effective in raising awareness about ADHD was their seamless blend of information and entertainment, as highlighted by Aria:

*So, I think there's that real skill of some creators to package something in a way that you're engaging with because, oh, this is interesting, this is entertaining, but you're actually learning something or, you know, being exposed to a new kind of dialogue or experience. Not deliberately, but just because it's blended in with your usual content.*

Aria suggested that people came to TikTok primarily for entertaining content, but in doing so, they often learned something new. Other participants agreed that TikTok was primarily an entertainment platform, which meant that educational content was not always immediately obvious. It was likely that the hidden nature of educational content on TikTok could lead to implicit learning. As participants engaged with content primarily for entertainment, many admitted that they did not spend much time reflecting on what they had just watched. During the interviews, some participants mentioned that it was the first time they had reflected deeply on the videos they saw, which led them to develop new insights into their experiences. Through this reflection, some participants recognised that TikTok likely influenced their understandings implicitly. As James noted: “*it [TikTok] probably subconsciously has changed how I think of it [ADHD], just without me realising*”.

The spread of ADHD awareness through implicit learning on TikTok might be facilitated not only by the subtle nature of the educational content but also by the platform’s ability to induce a flow

state. Flow, a state in which individuals become fully immersed in an activity and often lose track of time (Csikszentmihalyi, 1996), has been shown to enhance implicit learning (Vervaeke et al., 2018). Participants frequently shared experiencing this sense of immersion, with Sophie describing it as *“getting lost in the scrolling”*.

Zhao and Wagner (2022) suggested that TikTok’s unique affordances, such as accurate algorithmic recommendations, serendipitous content suggestions, and an effortless user experience facilitated a flow state. Participants noted their enjoyment of the platform’s ease of use and the accuracy of the algorithm’s recommendations. Therefore, they were likely entering a flow state while engaging with the platform and creating optimal conditions for implicit learning. However, not all learning on TikTok was implicit. Participants also actively sought out topics that interested them, using the platform’s search function to explore ADHD-related content.

When discussing how TikTok raised ADHD awareness by blending entertainment with education, participants also highlighted humour as a key feature that made the platform’s educational content more accessible and engaging. Many ADHD-related videos were created as humorous skits that served a dual purpose - to entertain and make viewers laugh while also conveying meaningful insights about life with ADHD. Ruby, for example, shared how humour on TikTok enhanced the impact of the content:

*But if it was, like a funny video like that, it's like, “OK, this is funny. This makes me laugh”. But there's, like, a positive... It's like positive reinforcement. Like, I got rewarded for this because it gave me a laugh and a giggle. So, I think that's what makes it very much more like, acceptable, palatable, easy to consume.*

Ruby observed that consuming educational content through entertainment felt like being rewarded for learning with positive emotions. She recognised TikTok as a platform that not only facilitated learning but also reinforced it with enjoyable experiences. The learning method she engaged with involved humorous videos, which acted as a form of positive reinforcement. This approach made the information more appealing and increased her likelihood of consuming more of

it. This may help explain why participants kept returning to TikTok. Despite complaining about time wasted on the platform, participants often came back due to the positive associations they formed with its content. This unique blend of education and entertainment set TikTok apart from other sources of information. Unlike academic journals, textbooks, or online articles about ADHD, where participants might otherwise find information about ADHD, TikTok's use of humour provided an experience that was enjoyable and engaging. Furthermore, Jerin et al. (2024) found that mental health content with positive emotional appeals received more engagement and was circulated more by the TikTok's algorithm. Therefore, the prevalence of humorous ADHD-related videos, combined with participants' preference for such content, played a significant role in raising awareness about ADHD.

After establishing how TikTok's affordances enabled the rise of ADHD awareness, I will now explore participants' observations regarding changes in public perceptions of ADHD. In general, the participants noted that as TikTok helped raise awareness about ADHD, the stigma surrounding the condition has diminished. This aligned with research showing that raising awareness and providing education on mental health can be effective in reducing the stigma surrounding mental health conditions (Shim, 2022; Shivani & Judge, 2022; Simmons et al., 2017). For example, Aria observed the following:

*Like from my interactions and my social spheres' interactions, definitely [TikTok contributed to ADHD] awareness. I actually see more people talking openly about it [ADHD] now and less apprehension to talk about it or less embarrassment to say like "I have ADHD". (...) But I think about some of my older family members who don't even know what TikTok is, they definitely still have that stigma whenever the conversation comes up.*

Aria observed that TikTok contributed to increasing awareness of ADHD within her social interactions by sparking conversations about the condition. She noted that public stigma surrounding ADHD has decreased as people began discussing it more openly. At the same time, self-stigma also appeared to diminish, as individuals felt less embarrassed to acknowledge their ADHD diagnosis.

Notably, Aria emphasised TikTok's impact on raising ADHD awareness by contrasting the attitudes of older generation, who were unfamiliar with the platform and continued to hold stigmatising views about ADHD.

Similarly, Lily noted a significant shift in public attitudes toward ADHD in recent years, closely aligned with TikTok's rise in popularity:

*The relationship between particularly neurodivergences, and (...) society has changed significantly in the last five, not even five years. That used to be, I think, the idea around being the dumb kid that never sat still in the back of the classroom. Never as significantly the idea around it [ADHD] has changed, and that has stemmed from the movement of people showing that it's not all... It's not just all the negatives. And I mean you have to talk about the negatives of it, it is a disability. But I think putting a more comedic spin on it helps keep the positive image a little bit.*

Here Lily referred to challenging the stereotypical understanding of a person with ADHD as a “dumb kid that never sat still in the back of the classroom”. This perspective aligned with the medical model of disabilities, which used a deficit-based framework to describe ADHD (Chapman, 2020). However, Lily rejected this model, instead referring to ADHD as “neurodivergence” rather than a neurodevelopmental disorder. By doing so, she embraced a narrative that valued neurological differences as meaningful variations rather than deficiencies. At the same time, she cautioned that it was important to acknowledge the negative aspects of ADHD as a disability, as portraying it solely in a positive light could lead to its trivialisation. Lily highlighted that this rapid shift in public perception was largely due to individuals on TikTok who showed that having ADHD was not solely a negative experience. Lily suggested that diverse content on the platform was de-stigmatising ADHD and reframing the condition in a more positive light.

This positive reframing often appeared in a neurodiversity-affirming ways, shifting the perspective, as Aria suggested, to: “ADHD people aren't wrong or broken, their brains just work in a different way and in some ways their brains are more efficient in doing things when they have the right conditions around them”. Aria highlighted the strengths of individuals with ADHD while

acknowledging that the world was still designed for neurotypical people and neurodivergent individuals needed the right conditions for their strengths to shine. In doing so, Aria supported the social model of disability, which framed disability as a product of societal barriers and attitudes that disadvantage individuals with ADHD, rather than attributing it solely to their neurological differences (Rosqvist et al., 2020).

However, the positive reframing of ADHD on TikTok sometimes took extreme forms, portraying ADHD as a “superpower”. Reactions to this portrayal were mixed. For example, David, who had ADHD and described his ability to hyper-focus on interesting tasks, found the “superpower” narrative helpful because it presented ADHD in a positive light and could help combat stigma surrounding the condition. In contrast, Rowan, who also had ADHD, felt that calling it a “superpower” was invalidating, as it overlooked the significant challenges many people faced with the condition. Indeed, labelling ADHD as a “superpower” can be a form of trivialisation, which downplays the seriousness of the condition and can lead to negative consequences similar to stigma, such as reduced help-seeking behaviour or a lack of empathy from others (Tudehope et al., 2024).

While the “superpower” portrayal was an extreme example of positive reframing of ADHD on TikTok, all participants agreed that the overall presentation of the condition was mostly positive, helping to combat stigma and stereotypes. An important factor in this process, as Lily mentioned, was the “*comedic spin*” that many TikTok videos incorporated. Humour and comedy were present in most of TikTok’s content, fostering positive associations with ADHD as viewers learned about the condition in an engaging, enjoyable way. As noted earlier, humour on TikTok played a key role in increasing engagement and raising awareness about ADHD, therefore helping to combat stigma. However, participants also highlighted how humour directly contributed to shifting attitudes toward ADHD in a positive way. For example, Nina observed the following:

*But I also think that it [discussion about ADHD] doesn't need to be something that is so serious, because then it just becomes kind of taboo. And it's definitely not. And I feel like if there wasn't a*

*humour aspect, people might just see, you know, how awful it is, and then that's all that they think about when they think of ADHD.*

Nina suggested that overly serious discussions about ADHD might unintentionally reinforce its “taboo” status, making people less willing to address it openly. Incorporating humour shifted the narrative, breaking down stigma and making ADHD a more approachable and relatable topic. Nina also highlighted that humour helped move away from a deficit-based framework that framed ADHD solely in a negative, “awful” light. However, while these developments appeared positive, participants recognised a risk of trivialising ADHD. As conversations became less serious, there was a potential for the condition to be perceived as less significant, undermining the challenges faced by those living with it.

***Subordinate theme 1.2: TikTok videos helped participants develop a nuanced to understanding of ADHD***

In the previous subordinate theme, it was evident that TikTok played a significant role in raising awareness about ADHD for the participants and people around them and reducing the stigma surrounding the condition. However, beyond merely introducing participants to ADHD, the platform also facilitated a deeper understanding of the condition. Many participants perceived that their understanding of ADHD was significantly shaped by TikTok. Some mentioned that they knew little about the condition before encountering content on the platform, making TikTok their primary source of information. Others shared that, while they already had some knowledge of ADHD, TikTok expanded or deepened their understanding, offering a more nuanced perspective. Sophie, for example, described her experience of learning more about ADHD through TikTok:

*It adds new to the actual diagnostic criteria. (...) the criteria is like one question and it's got no nuance. So, it's cool. I think that is why it's cool. It's because it adds that depth of understanding to what people are actually experiencing.*

Sophie emphasised how rigid the diagnostic criteria seemed to her, especially when contrasted with the depth and nuance she observed in ADHD presentations on TikTok. By presenting a variety of lived experiences, TikTok videos showed how the diagnostic criteria manifested in real life, providing a more relatable and practical understanding of ADHD. Sophie also mentioned during the interview that her initial perception of ADHD came from a TV show. However, she contrasted this with TikTok content, arguing that TikTok offered a richer, more nuanced perspective that she felt “*humanised the condition*”. The “*humanisation*” of ADHD, along with a deeper understanding of the condition, made it feel less alien to Sophie, more relatable, and ultimately more acceptable.

It can be suggested that Sophie’s exposure to ADHD-related content on TikTok enhanced her mental health literacy, which involved understanding the psychological, biological, and social aspects of mental health conditions (Beasley et al., 2020). Research showed that increasing mental health literacy could reduce stigmatising attitudes toward individuals with mental health diagnoses and promote help-seeking behaviours (Beasley et al., 2020). Therefore, TikTok videos again contributed to a reduction in ADHD stigma. However, this change was not solely due to increased mental health literacy but also the impact of non-direct contact-based interventions. These interventions, such as watching videos of individuals with lived experiences sharing their personal stories, were shown to effectively reduce mental health stigma (Makhmud et al., 2022; Maunder & White, 2019), and the present study participants reported a similar experience.

Many participants expressed that they valued how TikTok enriched their understanding of ADHD by presenting a wide variety of lived experiences. Nina, for example, shared the following about how TikTok shaped her understanding of the condition:

*I feel like it is important to see that ADHD isn't just this one thing that you've read, you know, on this, you know, clinic's website. But when you're on TikTok and you see all these different creators posting about it, you're like “Oh wait, this person doesn't struggle with this, but they do have ADHD. But this person does struggle with this, and they do have ADHD” and you can see how it is actually different for everyone. Because a lot of people just, you know, they hear “ADHD” and they*

*expect the same thing from everyone with it. But it's actually not like that. And I think that TikTok portrays that, you know, it is different from person to person and no one's the same.*

Nina pointed out that many people still had a limited understanding of ADHD and often expected every presentation to look the same. However, TikTok challenged this view by highlighting how ADHD can manifest differently in each person. Nina shared that she found the information on the “clinic’s website”, which was likely provided by a health professional, to be limited, echoing Sophie’s argument that the diagnostic criteria lacked nuance. This suggests that information sources from health professionals appeared restrictive and lacked depth for participants. In contrast, TikTok provided a platform for participants to learn about the diverse presentations of ADHD and deepened their understanding of the condition. This distinction was not surprising, as information from health professionals likely aligned with the medical model of disability, which prioritised clinical evidence over personal accounts of living with ADHD (Rosqvist et al., 2020). In contrast, based on the participants' accounts, TikTok operated within the social model of disability, where lived experience played a central role. This model emphasised the importance of personal stories, as they highlighted barriers to equality and guided efforts toward greater inclusion (Rosqvist et al., 2020).

Rowan agreed that TikTok played a significant role in adding diverse perspectives of ADHD:

*Before TikTok there were all these views about these disabilities, and there wasn't really a platform for people to try and educate people about like the accurate or the correct view of these things. And so, this sort of just being this like one view of these disabilities and until TikTok came around, there wasn't really any way to sort of correct that.*

Rowan suggested that TikTok was a primary catalyst for changing public understanding of ADHD. Before TikTok the prevailing view of ADHD was limited and stereotypical, but TikTok provided a platform for individuals to share their personal experiences and challenge these narrow perceptions. Rowan further supported the idea that TikTok operated within the social model of disability. According to Rowan, the personal accounts shared on TikTok offered a more accurate representation of ADHD, contrasting with the clinical definitions emphasised by the medical model. Of course, there

were other social media platforms before TikTok that also allowed people to share their stories. However, Rowan appeared to favour TikTok due to its unique affordances, which were discussed in the previous subordinate theme, that facilitated the rapid dissemination of information about ADHD.

Many participants highlighted another important nuance in understanding ADHD: the distinct ways in which female and AFAB (assigned female at birth) individuals experienced the condition. They noted that TikTok helped them recognise these differences, contrasting with the stereotypical, male-focused portrayal of ADHD. For example, Aria shared how her understanding of ADHD evolved after she started using TikTok:

*But I very much feel like my understanding of ADHD before I started using TikTok was very textbook, very based on male research and male symptomology, yeah, male presentation. Whereas, the big shift since using TikTok is understanding more about the nuance of how ADHD can present in, you know, women or people with other diagnosis, or in different contexts and what it looks like in an everyday application for different people. So, I feel like I have a much more nuanced and broad understanding of ADHD now.*

For Aria, her initial understanding of ADHD was shaped by the male presentation, which she considered the standard or textbook representation of the condition. However, this perspective was one-dimensional and lacked depth. TikTok videos introduced her to the female presentation of ADHD, deepening her understanding of the ADHD complexities. She also noted how ADHD can manifest differently in various contexts and among different individuals, further broadening her perspective. Therefore, TikTok not only zoomed into the complexity of ADHD, but also zoomed out to cover the diverse range of representations, which participants couldn't attain from other sources. Given the significant impact TikTok had on people's understanding of ADHD, some participants suggested that the diagnostic criteria should be reconsidered. For example, Rowan suggested the following:

*I've definitely seen people having like different understandings of these disabilities now due to TikTok, which I think is really good, because there's now being talk in spaces about, you know,*

*changing the diagnostic criteria for a lot of them. Because at the moment, still the diagnostic criteria is based off, you know, the stereotypical presentation of them in males, which is why AFAB [assigned female at birth] people are so frequently either misdiagnosed or like not diagnosed at all.*

Patriarchy has not spared ADHD diagnostic practices, and many people were only now beginning to recognise that the condition can present differently in females and AFAB people. Rowan highlighted the serious consequences that AFAB individuals may face due to these contrasting presentations, as misdiagnosis or lack of diagnosis could result in inadequate treatment and lack of support. Notably, Rowan was referring to the looping effect (Hacking, 1996) that TikTok community had on ADHD. As people on TikTok were creating their illness narratives to regain agency from institutions, they also influenced the defining category of ADHD. This, in turn, sparked conversations about revising the diagnostic criteria to reflect these diverse experiences.

### **Summary**

In this superordinate theme I discussed how participants described TikTok's unique affordances, such as algorithmic suggestions, short videos, and a diverse range of creators sharing first-hand experiences of ADHD, which made TikTok an ideal platform for raising awareness and educating people about the condition. This increased awareness, along with improved mental health literacy and exposure to lived experiences, appeared to reduce both public and self-stigma, allowing individuals to feel more comfortable discussing ADHD openly. At the same time, participants shifted from viewing ADHD through a medical deficit-based model to a social model of disability that embraced neurodiversity and valued neurological differences. However, despite these positive developments, there was concern that TikTok could trivialise the condition, making it seem less serious.

## **Superordinate theme 2: TikTok as a platform for ADHD empowerment**

While the first superordinate theme focused on how participants learned to make sense of ADHD, in this superordinate theme I explore how TikTok empowered participants to navigate life with ADHD. The sense of empowerment stemmed from engaging with a supportive ADHD community on the platform, which offered hope and encouragement. Participants also felt empowered as they embarked on a journey of self-discovery, relating to the experiences of ADHD creators, which provided validation and reassurance. Additionally, learning practical skills for navigating life with ADHD further boosted their confidence. Within this superordinate theme there are three subordinate themes: TikTok offers community support through shared ADHD experiences; TikTok as a platform for self-discovery, validation and recognition; TikTok videos offer practical advice for people with ADHD.

### ***Subordinate theme 2.1: TikTok offers community support through shared ADHD experiences***

TikTok communities differed from traditional online and social media communities, such as forums or Facebook groups, which were typically defined by specific structures, clear boundaries, regular user interactions, and formal membership (Milton, Ajmani, DeVito, et al., 2023). In contrast, TikTok communities were found to be more fluid and overlapping (Milton, Ajmani, DeVito, et al., 2023). Despite this lack of formal structure, they still fostered a sense of belonging among its members, who described these communities as being built around shared experiences and like-mindedness (Milton, Ajmani, DeVito, et al., 2023). Many research participants shared this view, expressing that they felt a sense of community which was supportive and relatable. For example, Lily found it to be *“very positive and welcoming”*.

Participants shared that the sense of community on TikTok was fostered by various platform’s affordances. First, TikTok’s algorithm was consistently suggesting ADHD-related content from various creators. This created a sense of connection, as participants felt there were many others sharing similar experiences. Additionally, creators often engaged with popular TikTok trends, which resulted

in similar types of content and contributed to a collective experience. Furthermore, creators frequently interacted with one another by reposting content and using TikTok's unique feature that allowed them to reply to comments with videos.

Beyond the creators themselves, the interactions among users further enhanced this sense of community. Participants liked videos or engaged in conversations in the comments, adding their perspectives and connecting with creators and each other. Many participants noted that reading comments helped them understand the community's views. The ability to like comments highlighted those that resonated most, reflecting the majority's opinion. For example, Nina shared that she relied on the collective wisdom of the community to identify and avoid misleading content:

*And then also what I find helpful is I will often, if I kind of feel a bit suspicious or iffy about something, I will look in the comments. And I feel like I shouldn't, but a lot of people kind of can dictate how I feel about it. So, someone could be like, "Hang on, this is so not right, like blah blah blah" and then explain themselves. And I'm like, "I agree with that, I agree with that".*

Nina shared that she often related to the TikTok community's perspectives, and this collective validation boosted her confidence in determining which content was trustworthy. Interestingly, she noted that she sometimes felt she shouldn't rely on others' opinions, suggesting she should be confident in distinguishing trustworthy content on her own. This possibly reflected the influence of living in a highly individualistic, Western society, where self-reliance was often emphasised. However, it is undeniable that having a supportive community to lean on can make life significantly easier and more enjoyable.

Participants shared that for many people, finding peers with ADHD in real life could be difficult, making online communities an essential part of building a support network. Whether navigating life with ADHD or learning about a new diagnosis, joining an online community often became a natural first step. For example, Maia shared the following when talking about the value of ADHD community:

*I think the most important thing is that you realise you're not the only one experiencing it, especially if you live in like a small town or something. You could be like the only person you know*

*who goes through the same sort of stuff or is open about going through it, or because you know sometimes these things can be a bit taboo, not so much anymore, but still.*

Maia highlighted the barriers that people with ADHD often faced when seeking a support network. For those living in remote areas, they might be the only person with a diagnosis, which posed a significant challenge. Others might be the only ones open about their diagnosis, as mental health stigma continued to discourage people from sharing their experiences. Because of this, Maia deeply valued the openness and safe space provided by the ADHD community on TikTok. Unlike traditional support networks, TikTok community had few barriers to entry, offering people a sense of support and belonging. The ease of use and anonymity of TikTok enabled Maia and other participants to express themselves freely without fear of judgment from peers. It also gave them control over the extent of their engagement with the community, creating an empowering experience.

Most participants passively interacted with the ADHD community on TikTok by watching content or reading comments. A smaller number felt a sense of community by actively contributing, whether by liking posts, commenting, or engaging with others' comments. One participant, Rowan, took an even more active role by creating videos about their personal experiences to educate others:

*I sort of noticed, that there was like a lack of autism, ADHD content on the app. (...) And so, it was sort of like I started making content about, you know, my life with ADHD and autism, as well as just like other life things. And then I started seeing more like actually good ADHD, autism content. And so, I like delved into that to find like a sense of community through that, and that was really lovely.*

Initially, Rowan noticed that TikTok had limited content on ADHD, which motivated them to actively share their own experiences. By posting, Rowan aimed to advocate for the condition, raise awareness, and support the community. Disclosing one's mental health condition online was shown to increase confidence, feelings of empowerment and belonging (Naslund et al., 2016). And Rowan confirmed this by sharing that they developed a meaningful sense of community through personal

disclosure and connecting with other creators. Since Rowan was the only participant actively creating content for the ADHD community on TikTok, it was difficult to determine whether their active involvement made their experience more impactful than those who engaged passively. However, based on participants' accounts, it appeared that everyone benefited from the community's sense of support and belonging, regardless of their level of activity.

As in superordinate theme one, lived experience was again highlighted by the participants, this time as the cornerstone of the ADHD community. While the community may include health professionals and individuals without first-hand experience, participants noted that the most meaningful support came from those who shared similar experiences, confirming that individuals were more likely to seek support from peers online than from professionals (Naslund et al., 2016). When discussing related videos created by others with ADHD, David shared:

*Like, it's something that I can relate to. Because it's nice to see other people that understand what I go through as well (...) So when you see it, scrolling through my For You Page, I see a lot of people that are like-minded to understand the same as me. It makes me feel good.*

Neurotypical people often struggled to understand how a neurodivergent brain worked, leading to frequent misunderstandings that can make life harder and more stressful for people with ADHD (Hillary, 2020). Given this, it was not surprising that David felt reassured when he encountered like-minded individuals in a supportive TikTok community. This highlighted how receiving peer-to-peer support can improve well-being.

Some participants described feeling relief and reassurance when they discovered peers with similar experiences on TikTok, realising they were not “crazy”. I will explore this notion further in the next subordinate theme “TikTok as a platform for self-discovery, validation and recognition”. Interestingly, David’s reliance on the community served a slightly different purpose - not just as validation by comparison, but as a source of comfort in feeling genuinely understood by others. It may seem that the feeling of being understood by others only arises through active communication, where a person receives clear confirmation that they have been understood. However, in David’s

case, this feeling emerged simply from seeing like-minded individuals on his TikTok feed. This highlighted that the sense of support and other benefits provided by the ADHD community on TikTok can be experienced even through passive content consumption.

***Subordinate theme 2.2: TikTok as a platform for self-discovery, validation and recognition***

The supportive ADHD community on TikTok has created a safe space where people can feel a sense of belonging, express themselves authentically, and explore what it truly meant to be themselves. ADHD-related videos and the community atmosphere on TikTok encouraged self-reflection and personal discovery among participants. For example, Aria shared her experience of how TikTok inspired her to engage in deeper self-exploration:

*And this feels weird, but this is how I feel, like it feels like there's no judgement when you're interacting with it [ADHD-related content] on TikTok, because it is a lot more... I guess it feels more present in the dialogue that ADHD presents differently for every single person, like you're never going to have an exact box. An exact checklist as much as you know, like the DSM would love, you know, a nice little tick, tick, tick. Yeah, TikTok just feels more real. And easier to kind of see yourself.*

Research on uncertainty-identity theory showed that self-uncertainty motivated individuals to seek self-validation through group identification (Choi & Hogg, 2020). Although Aria did not have a formal ADHD diagnosis, she was wondering whether she had ADHD as she found ADHD content on TikTok relatable. Her self-uncertainty led her to identify with the ADHD community, which provided a sense of validation. Aria noted that it was easy for her to see herself represented on TikTok and receive recognition as a member of the ADHD community for two main reasons. First, she felt that the supportive ADHD community on TikTok created a judgment-free space, where she could freely express herself and explore her identity without fear of criticism. This sense of belonging, where she could relate to others with similar ADHD experiences, helped remove feelings of judgment.

Second, the emphasis on the diversity of ADHD presentations within the community made it easier for Aria to see herself reflected in the content. Understanding that there was no single way to experience ADHD further removed judgment and boundaries, creating a more open space where people with varying presentations could still belong. Aria compared this freedom of expression and self-discovery to the rigid criteria outlined in the DSM-5 (APA,2022) for ADHD, which she felt was more like a “box”. The DSM-5 (APA, 2022), associated with healthcare professionals, felt judgmental and less welcoming compared to the inclusive ADHD community on TikTok.

When discussing the potential impact of a formal ADHD diagnosis, Aria expressed feelings of *“empowerment and validation”*, describing it as a moment when *“it all falls together, it all makes sense for me now”*. However, it seemed that Aria had already experienced these feelings of empowerment and validation, at least to some extent, by watching relatable videos and receiving recognition from the ADHD community.

Interestingly, Aria shared that TikTok felt *“more real”* to her. This stood in contrast to the common perception that social media was the opposite of the “real” offline world. For Aria, TikTok’s realness stemmed from the personal, relatable stories shared by users, which made the platform feel more authentic. In contrast, the DSM-5 (APA, 2022) criteria, with its clinical language and lack of real-life examples, felt distant and impersonal.

This paradox of considering TikTok more “real” than the offline world might also explain why Aria initially described her feelings as *“weird”*. She likely viewed me as belonging to the healthcare world, which she considered more judgmental, in contrast to the judgment-free space she found on TikTok. To soften her feelings about preferring online spaces over healthcare settings, she may have felt the need to label her feelings as *“weird”*.

Other participants echoed Aria’s experience, confirming that they, too, felt they learned more about themselves after watching ADHD videos on TikTok. David noted, *“It’s becoming more popular now for people to understand themselves more through platforms like TikTok.”* But what made TikTok a particularly effective platform for self-exploration, aside from offering a judgment-free space? One

possible reason was the unique TikTok's algorithm, which played a significant role in why this platform was chosen for self-discovery.

Some participants mentioned that TikTok's algorithm was highly effective at showing them content that aligned with their interests, often without them realising it. This affordance created a path for unintentional self-discovery. Participants did not always know what they did not know, so they would not actively seek out information about themselves if they did not know what to look for. That was where TikTok's algorithm came in: it suggested a wide variety of videos based on participants' previous interactions and the preferences of others in similar demographics. The algorithm then waited for something to resonate with the viewer. Given the vast volume of content available, it was almost inevitable that something would feel relatable, prompting the participants to reflect on what that content might reveal about themselves.

As participants engaged with this content, the algorithm would have continued to suggest more of the same, perpetuating a cycle of self-discovery. This process of self-exploration led some individuals to seek a professional ADHD assessment. For example, Maia shared that ADHD-related content on social media was one of the reasons that motivated her to pursue a professional assessment. Similarly, Aria mentioned that this was also the case for some of her friends:

*And like I said, you know, I've had several friends now who kind of... They started seeing things on TikTok and they were like "That sounds like me. Maybe I should go follow that up". And they've actually gotten diagnoses since then.*

TikTok was not a diagnostic tool for ADHD, but rather a platform for self-discovery. Participants recognised that TikTok videos could serve as a prompt for individuals to begin their exploration journey, potentially leading them to seek professional help later on. Ruby noted that help-seeking behaviour was encouraged on the platform, with creators actively promoting the idea of consulting professionals for further support:

*I believe that these people who seek it [professional ADHD assessment] out, it's because they're struggling and they need help and they want help and it's good that there is like a sort of like*

*encouragement. Like you've watched these TikToks, you feel like it's relatable, maybe you've gone off and done your own research and you're like, "OK, I think I want to look into this professionally". I think that's a good thing.*

Ruby emphasised again that a TikTok video was just the first step in the self-discovery journey. After watching a relatable video, viewers were often prompted to explore the topic further, which may involve additional research, sometimes even on TikTok. Ultimately, this exploration may lead them to seek professional help. This encouragement to seek professional support highlighted an important perspective within the ADHD community that the clinical diagnosis can also hold value. Although some participants were critical of the diagnostic criteria, they still recognised the value of a clinical diagnosis, indicating that these perspectives were not mutually exclusive.

While the ADHD community on TikTok was welcoming and supportive, its primary focus was on guiding individuals toward making informed decisions, especially when it came to obtaining an accurate diagnosis from a professional. TikTok was a valuable tool for self-discovery, but both the ADHD community and the research participants recognised that it was just a starting point in the journey toward understanding ADHD.

One key theme that resonated with many participants was the sense of relief, validation, and reassurance they experienced when encountering relatable ADHD content on TikTok. Maia, for example, shared the following:

*I guess in a way you watch it and you go "I'm not broken. This is genuinely a thing. I'm not just crazy. I'm not just making it all up in my head.*

Maia experienced a significant shift in her self-perception after watching relatable TikTok videos. Seeing others share similar experiences reassured her that her struggles were real and not something she had imagined. This validation helped her realise she was neither "*broken*" nor "*crazy*". Joining a welcoming neurodivergent community on TikTok provided her with a new frame of reference, transforming her view of herself from a "*bad neurotypical*" to a "*normal ADHD person*".

Although Maia already had an ADHD diagnosis, she found comfort in watching stories from others who shared the same condition. In contrast, Sophie did not have a formal ADHD diagnosis but still related to certain TikTok videos, which she also found reassuring:

*But I think it is just that same feeling of like “I’m not crazy”. People do experience it whether or not I fit in the same category.*

For Sophie, having a formal diagnosis was not essential to feeling connected to the ADHD community. She still benefited from watching videos that she found relatable. Sophie no longer felt isolated in dealing with her challenges, as seeing others go through the same struggles reassured her that she was “not crazy”. Interestingly, Sophie, like Maia and Aria, described herself as “not crazy” when recounting her experiences after watching relatable TikTok content. This suggested that some participants continued to view ADHD through a deficit-based framework, perceiving themselves as inferior rather than simply different from others. Even though they found reassurance in belonging to the neurodiverse community, implicitly, they still wanted to belong to something “normal”. Therefore, they expanded the boundaries of normativity and reframed their identity as a “normal ADHD person”.

Relating to videos of others not only provided relief and reassurance when participants first discovered relatable content and began to feel a sense of belonging within the ADHD community, but it also continued to offer comfort and positive feelings as they navigated their ADHD journey. For example, Rowan described how certain TikTok creators provided them with ongoing reassurance:

*And like there are times when, you know, I feel bad about myself and life is really hard, I feel like I’m not going to get anywhere. And then I’ll watch them be all happy and positive and being like “This is what life can be like for you”. And it makes me feel good.*

Even though Rowan was not feeling great at the time and did not relate to the happy, positive videos from the creators, the fact that they were part of the ADHD community gave Rowan a sense of hope. Rowan felt that, because they had connected with the creators' previous videos, their life could eventually resemble the positive experiences shared by those creators.

Interestingly, while most participants related to TikTok videos that showed common ADHD struggles, finding validation and reassurance in seeing others go through similar challenges, Rowan highlighted positive and uplifting videos as a different type of content that also provided hope and empowerment. This suggested that TikTok creators shared both their highs and lows, allowing users to always find something that resonated with them, whether it was a shared struggle or an optimistic outlook for the future.

Participants shared that they not only found reassurance by watching creators with similar ADHD challenges, but also by reading comments from others who had the same experiences. For example, Nina expressed her surprise at how many people related to her experiences, saying:

*And it was just the fact that all of these I do, and then a lot of people in the comments are in agreement. I'm like, I thought this was just such an original and like personal experience, and like everyone is... (...) And yeah, it was just cool to see that like I do all of those things, probably every single day. And like so many other people do it as well.*

Having a similar experience with one person might feel like a coincidence, but when thousands of people shared the same experience, it became incredibly validating. Nina did not expect to find so many peers who could relate to her experience. However, this is exactly what TikTok's algorithm excelled at: bringing together people with shared experiences. Like other participants previously described, Nina felt relief and reassurance after realising that her experience was not unusual but rather shared by many people. This recognition made her feel that her experiences were "normal", fostering a sense of belonging and comfort. However, it also perpetuated the dichotomy between "normal" and "deficit", reinforcing the idea of striving for normativity rather than embracing difference.

However, not everyone found relief and reassurance when discovering relatable ADHD videos. For example, Olivia felt scared when she was exposed to such videos:

*Like is he describing me? [laughing] Yeah, is he describing me? Because that's what I'm feeling right now, to be honest. (...) I feel scared because what if it's true? Am I like, am I broken now?*

TikTok introduced Olivia to ADHD-related videos that she did not consider researching on her own, and she found them relatable. In contrast to other participants who viewed this exposure as validating or relieving, Olivia felt frightened. Although she discovered a possible explanation for her experiences, the videos led her to question whether she was “*broken*”. Interestingly, there was no significant change in her behaviour, instead, relating to ADHD videos on TikTok shifted her self-perception from just being “*easily distracted*” to feeling potentially “*broken*”. Olivia viewed ADHD through a medical deficit-based framework, which shaped her preferences for ADHD-related content. She preferred videos by health professionals rather than individuals sharing their lived experiences, reinforcing her reliance on the medical model. This perspective, combined with self-stigma and the potential for perceived public stigma, left Olivia feeling fearful. Framing ADHD in deficit-based terms led her to internalise the belief that she was “*broken*”.

***Subordinate theme 2.3: TikTok videos offer practical advice for people with ADHD***

Many participants expressed their appreciation for TikTok content, noting that videos offered not only a deep theoretical understanding of ADHD and its real-life manifestations but also practical advice for navigating daily challenges associated with the condition. Participants highlighted that they discovered valuable tips and strategies that made living with ADHD easier. For example, David shared the following:

*And TikTok is great because you have a lot of people, especially like with ADHD stuff, you have a lot of people who are like minded, so they can all share their tips and tricks. Not everything will work for me, but it might work for someone else. So, it's always good when people share that kind of stuff.*

David appreciated TikTok creators who shared their personal experiences with ADHD and offered strategies for navigating life with the condition. Knowing that others have tested these strategies gave participants greater confidence in trying tips and tricks from people they can relate to. Peer support on social media often involved sharing and learning practical strategies for navigating mental

health concerns (Naslund et al., 2014). Participants expressed a preference for this practical advice from peers over guidance from health professionals, reinforcing the value of peer-based interactions. However, participants noted that they preferred to trust health professionals over peers when it came to medication treatment for ADHD.

David also added to the sentiments of other participants, emphasising that each individual's experience with ADHD was unique, so not every tip or trick would be effective for everyone. However, as mentioned previously, the true value of TikTok lied in its vast array of content, making it likely for individuals to discover strategies that resonated with them.

The strategies participants found helpful focused on time-management skills, tips for remembering things, and ideas for planning tasks effectively. For example, Maia shared the following strategy she discovered on TikTok:

*Yeah, actually one of the ones I saw that was really helpful was putting things that you don't want to forget on your doorknob.*

Participants discussed strategies tailored specifically to neurodivergent minds to help them improve their daily life in practical and meaningful ways. This stood in contrast to medical deficit-based framework, which focused on interventions to treat ADHD or eliminate differences to achieve normativity (Rosqvist et al., 2020). While the strategies shared on TikTok embraced an ADHD-affirming approach, celebrating the diverse ways ADHD presented itself and emphasising individual strengths. These strategies provided participants with a sense of hope and empowerment, helping them navigate life with ADHD more confidently.

Some participants mentioned that they found ADHD-related tips especially helpful for improving communication strategies. For example, Aria shared the following content that she found useful:

*Probably the most I've seen that's useful around it is like the role modelling of conversations to navigate ADHD. It is not so much like this is a tool I use or this is a strategy I use, but more so that this is a conversation I can have to navigate it in this context.*

In a world designed by and for neurotypical individuals, neurodivergent people were often misunderstood (Hillary, 2020). For this reason, many participants, including Aria, appreciated the practical communication tips they found in TikTok videos. These videos frequently used role-play to demonstrate effective ways of clarifying to neurotypical people what ADHD felt like, how to explain certain ADHD behaviours, and how best to educate others on supporting individuals with ADHD. Importantly, these communication strategies were not limited to interactions with neurotypical people but also offered valuable approaches for navigating conversations within the neurodivergent community.

### **Summary**

Participants shared that finding peers with ADHD in real life can be difficult, so they relied on TikTok's ADHD community, which provided them with a sense of belonging. The ADHD community had no barriers to entry, allowing participants to feel supported and empowered even by passively watching videos. Relatable ADHD content gave participants a sense of being genuinely understood and offered validation and reassurance, while practical ADHD-affirming strategies helped them feel more confident in navigating life with ADHD.

According to Self-Determination Theory (Deci and Ryan, 1980), it can be concluded that participants continued using TikTok because it fulfilled three basic psychological needs: autonomy, competence, and relatedness. The judgment-free atmosphere on TikTok encouraged autonomy by allowing participants to explore content at their own pace, fostering a sense of agency in their self-discovery. Competence was enhanced as participants valued the platform for increasing their understanding of ADHD and providing practical strategies to navigate life with the condition. Relatedness was achieved through the shared lived experiences of others in the ADHD community, offering participants a sense of connection.

The judgment-free space also encouraged self-reflection and authentic self-expression, helping participants find ADHD experiences that resonated with them. However, during this process, some

participants returned to a medical deficit-based view of ADHD, finding relief in belonging to a shared “norm” rather than embracing their differences.

### **Superordinate theme 3: TikTok risks stigmatising ADHD**

In the previous superordinate themes, I focused primarily on the positive aspects of ADHD videos on TikTok. This superordinate theme examines participants' concerns about the platform, highlighting issues that could potentially undermine the benefits they experienced and risk contributing to the stigma surrounding ADHD. One major issue was the spread of misinformation and the difficulty in distinguishing between accurate and misleading content. Another key concern was self-diagnosis of ADHD on TikTok, a topic observed by participants and widely debated in online media. Within this superordinate theme there are two subordinate themes: TikTok can spread problematic information; TikTok can prompt problematic ADHD self-diagnosis.

#### ***Subordinate theme 3.1: TikTok can spread problematic information***

The discourse around ADHD became increasingly loud on TikTok, resulting in conflicting narratives that made it difficult to determine credible information (Locke, 2023). Participants reported encountering numerous videos on the platform that were misleading, false, or even offensive, raising concerns about the potential for these videos to perpetuate stigma around ADHD. Even during the interview, as we watched videos together, some clips seemed suspicious and potentially misleading. However, distinguishing between accurate and misleading content was challenging. For example, after watching one video, James shared:

*I had never seen any of this person's videos, so I have no idea if he's just completely making stuff up or if it's actually true.*

James could not tell if the video was misleading because he did not know the creator. For him, knowing and trusting the creator was essential for verifying the truthfulness of the claims.

Considering how TikTok's algorithm suggested videos, participants could be exposed to numerous

new creators daily, whom they have never seen before and with whom they have not yet built trust. This constant influx could make it challenging for participants to assess the reliability of the content they encountered. Additionally, it was not just the algorithm promoting unfamiliar creators, but the short-form nature of TikTok videos also impacted how viewers judged the content. For example, Olivia shared the following about her experience with misleading content on the platform:

*But if you're like, just watching it for fun and then your brain, like, absorbing easily, you're gonna have hard time to distinguish whether it's a fake or not, because you don't have really a lot of time to process it.*

Olivia noted that when watching videos for entertainment, she would scroll quickly, “*absorbing*” content without pausing to evaluate each video in detail. With little time to reflect, it was difficult for her to distinguish whether the information was misleading or accurate. This corresponded to my earlier discussion on implicit learning through entertainment. Since most participants came to TikTok for entertainment, they were unlikely to question the trustworthiness of each video. After all, they did not come to the platform to fact-check, they came to relax. This passive consumption allowed users to be exposed to, and potentially absorb, misleading information without even realising it. This dynamic created a paradox. On one hand, TikTok’s affordances made it an ideal platform for spreading awareness about ADHD and educating people to help reduce stigma. On the other hand, it also allowed users to easily consume misleading content that could perpetuate stigma and implicitly influence their perceptions of the condition.

Participants noted that when they encountered a video on a topic that resonated with them or sparked their curiosity, they would often use various strategies to assess its credibility. For example, Nina leaned on the collective wisdom of the ADHD community by reading through comments to assess the contents’ reliability. While James relied on his gut feeling and examined the creator's credentials. The credibility of the TikTok creator was a major factor for many participants in determining the trustworthiness of the presented information. Olivia, for example, preferred to trust only health professionals:

*I really prefer the healthcare professionals because they know what they've been saying because they... Of course, they, you know, went to university or they study. So, I think all the information that they will say to their audience is reliable.*

Olivia preferred content from creators with clinical training and professional experience over those sharing personal experiences with ADHD, finding them more reliable and trustworthy. She was the only participant who strongly favoured health professionals over individuals with lived experience of ADHD. Other participants either rated both groups equally or preferred creators with personal ADHD experiences. When explaining why she did not fully trust creators with lived experience alone, Olivia shared the following:

*To those people who like experience it, I think it was like half – half, 50/50, 50 OK and 50 not. Because sometimes when you're saying things, maybe some of it is not true, because you want an audience, right? You want someone to watch your video, you want someone, people to relate to it. So yeah, that's it like 50/50.*

Olivia was concerned that some creators, in an effort to attract a larger audience or gain popularity, might selectively present information or amplify certain aspects of their experience and bend the facts. She recognised that many TikTok creators aimed to build a following, often using this social capital for their personal goals. While there were certainly creators who were not focused on metrics and genuinely wanted to support others with ADHD, many, according to participants, were influenced by the demands of social media. This often meant prioritising content that would generate the most likes and engagement, which may lead some creators to tweak the facts if they believed a dramatic story would gain more attention.

Other participants also agreed that content from those with lived experience can sometimes be misleading. For example, David shared the following when discussing how some creators portray their ADHD:

*Like some of them are very severe ADHD and then they're making TikToks I've seen and that sound like that's everyone's ADHD, which it's not. I mean that would be definitely a select few but for the*

*most part, you know, it's a big spectrum. (...) So, it is a big spectrum. So, I think making that more normalised on TikTok would be great. That's definitely underrepresented.*

While the factual information about the creators' ADHD may not have been false, the problem with the video was that it gave the impression that this specific way of presenting ADHD was universal. As David pointed out, ADHD was a broad spectrum, and he felt that the discussion about it being a spectrum was often underrepresented on TikTok. He suggested that more content was needed to emphasise that ADHD can manifest in various ways, and this diversity should be normalised on the platform. Videos that showcased one specific presentation of ADHD and claimed that it represented the condition for everyone, without clarifying that it was just one possibility, could be misleading.

This observation from David was particularly interesting because, as mentioned earlier, other participants enjoyed TikTok for its ability to provide a nuanced and broad understanding of ADHD, showcasing various manifestations of the condition. However, such contrasting experiences were not surprising, as each participant's TikTok feed was unique to them. Although all of them were interested in ADHD-related content, the videos they encountered varied significantly, depending on their individual algorithms.

However, not all problematic videos about ADHD were merely misleading, some were explicitly stigmatising, as reported by Rowan:

*So, I've definitely seen like some... like more, you know, offensive content on TikTok being posted about the neurodivergent people. And, you know, speaking towards neurodivergent people as if they're like less than or, you know, infantilising us.*

Rowan expressed concern about content that infantilised people with ADHD. As someone with ADHD, they found such content upsetting. Most of these videos were created by individuals outside the neurodivergent community, often stemming from a lack of understanding about the condition. And lack of regulations on TikTok enabled the spread of such information, as Nina pointed out: “*The*

*restrictions on TikTok aren't harsh enough. I feel like there are some topics that are just so there, like so present and prominent on TikTok, that definitely shouldn't be".*

Additionally, as mentioned earlier by Olivia, TikTok's trend-driven nature incentivised creators to seek attention by focusing on provocative topics. As interest in ADHD grew, more creators were drawn to this "trend" to gain visibility, sometimes producing content that was offensive and could provoke anger. As another participant, Maia, noted, *"there are certain emotions that get more engagement, and one of those is anger, but that's not very productive, and another one is humour"*. TikTok videos often leveraged both anger and humour effectively. While anger may increase engagement, it most certainly can contribute to stigma.

### ***Subordinate theme 3.2: TikTok can prompt problematic ADHD self-diagnosis***

Criticism of the frequent self-diagnosis of ADHD on TikTok has drawn significant attention across various online media outlets (Caron, 2022; Gilmore et al., 2022; Kelly, 2023; Zaman, 2023).

Participants were aware of this trend, its complexities, and the stigma associated with self-diagnosis. For examples, James shared his concerns about this issue, stating:

*But then, I think because it's become more aware, and more in the public eye, people are... There will be some people that say, like...you know, just sort of self-diagnose, even though they don't actually have it [ADHD] or just pretend to have it, because they can or because they want to, because it's the trendy thing, or, you know, their friends have it or something.*

James suggested that as awareness of ADHD has grown and more people became familiar with the condition, ADHD got the potential to become "trendy". Since TikTok revolved around following trends, it was not surprising that a mental health condition could, in a sense, become "trendy" as videos about it went viral, gaining millions of views and high engagement. With ADHD gaining popularity in this way, there was a risk of people trying to join the trend. James also pointed out that some people might self-diagnose simply because their friends had ADHD, highlighting a desire to

belong to the neurodivergent community. Some people may see how supportive and welcoming this community was on TikTok, which could motivate others to want to be a part of it.

However, not everyone agreed that self-diagnosis was simply driven by people wanting to jump on a trend and label themselves with ADHD. Some participants, like Maia, recognised that this stigmatising perspective was common, but she believed it did not reflect the true motivations behind self-diagnosis:

*I guess maybe the fallout from it [TikTok] can contribute to stigma [of ADHD] because a lot of people have that perception, especially if they don't use TikTok, of like "Ohh you know, everyone's just watching these videos on TikTok that have like five symptoms that everyone really feels to some degree, and self-diagnosing themselves from one video". Which is not usually the case.*

Maia suggested that contrary to the perception of those unfamiliar with TikTok, people did not simply watch one video and then self-diagnose with ADHD. For those who actively engaged with the platform, it was almost impossible to watch just one video. Instead, users typically viewed numerous videos before considering whether they related to an ADHD diagnosis. Maia also highlighted concerns about videos that presented overly generic symptoms, which could easily be misinterpreted. While earlier I acknowledged the valid concerns about misleading content on the platform, many participants mentioned finding reliable, educational content about ADHD that felt trustworthy. As Maia suggested, the process of self-diagnosis on TikTok was more nuanced than it may appear, and people did not label themselves impulsively after watching a single video.

Maia observed that TikTok seemed to contribute to the stigma surrounding ADHD, particularly among individuals who did not use the platform, likely suggesting the older generations. This perspective was confirmed by other participants. For example, Ruby shared her thoughts on the stigmatising views she believed others held:

*And TikTok doesn't really have a good connotation with a lot of people. They might just think, "Oh, that's that weird dancing children's app".*

Ruby described the experience of ageism towards young adults, which was stereotyping and discriminating based on age (Fowler & Gasiorek, 2024). While Ruby was not a child, she called TikTok a “children’s app”. Notably, the term “*childish*” has long been associated with inferiority and often used in stigmatising and devaluing ways (Neustadter, 1993). Ruby also pointed out how calling TikTok “*weird*” reflected stigmatising attitudes, as it framed the platform as outside societal norms. This suggested that the public stigma surrounding TikTok did not only arise from the platform itself but also from prejudices against its primary user base - the younger generation.

Stigma surrounding self-diagnosis of ADHD and attitudes of the older generations towards TikTok may help explain why participants felt hesitant to discuss relatable ADHD videos with healthcare professionals when seeking a formal assessment. For example, Aria expressed her fear of being labelled a “Google doctor”:

*It felt embarrassing when like “I saw this on TikTok”. Probably because of that stigma of Google Doctors, like you don't want to be a Google Doctor, who's self-diagnosing, because of this, that and the other thing.*

Aria was aware of the stigma surrounding “Google doctors”, who self-diagnosed based on information they found online. She believed that self-diagnosing via TikTok would carry the same judgment from healthcare professionals. As a result, Aria possibly experienced self-stigma and felt that she could not to be fully honest with a professional. She feared the embarrassment of admitting that a TikTok video could prompt her to seek a formal assessment. This is a concerning realisation, as it suggested that some individuals may hesitate to seek professional support due to the fear of being judged or misunderstood.

Maia shared that she was also hesitant to disclose to a health professional that she related to TikTok videos:

*I'd be quite wary because I know a lot of doctors and mental health professionals who become quite judgy about sort of the prevalence of ADHD content on TikTok and be like, “Oh, everyone's getting diagnosed with ADHD these days, or like everyone thinks they have ADHD these days.*

Maia highlighted that the increased ADHD awareness on TikTok led to adverse effects, fostering stigmatising attitudes that there was too much of ADHD-related content and too many individuals self-diagnosing with the condition. Making such broad statements would devalue the individual experiences of the person seeking support from a professional. Suggesting that the condition was so widespread was diminishing the seriousness of ADHD and therefore trivialising the condition.

Interestingly, Ruby noted very similar societal perceptions:

*And even though from what I've heard, there seems to be a lot of negative stigma where it's like, "Oh, everybody has ADHD these days, like is it even credible? Is that even realistic?". But I think it is. And I think it is important to get help if you're struggling.*

Ruby observed that as awareness of ADHD grew, it also brought stigma and as discussions increased, it seemed that more people than ever appeared to have ADHD, prompting questions about the validity of these claims. Ruby found these doubts and questions stigmatising, while she believed that overall increased awareness was beneficial. She did not think that everyone had ADHD, rather, she viewed the rise in awareness as a positive development that encouraged more people who were struggling to seek help.

While participants acknowledged that self-diagnosis could be problematic, they also pointed out that the TikTok community often discouraged it. For example, Nina shared her observations of discussions in the comments section of ADHD-related videos:

*I feel like a lot of them are relating to a video and then there will often be someone who's like, "Oh wait, this is so me, but I don't know if I have it". And then sometimes they'll be people like "Self-diagnosing is not OK, you shouldn't do that", and then someone will reply to that comment. It's just a whole comment trade of like arguing over you know this one person's thought and yeah.*

Nina suggested that the ADHD community on TikTok was aware of the issues surrounding self-diagnosis and actively advised against it. While the community remained welcoming and supportive, no one encouraged self-diagnosis through TikTok videos. Interestingly, there seemed to be uncertainty about where the line fell between simply relating to the experiences shared in videos

and actually self-diagnosing with ADHD. As mentioned earlier, participants often found relief and reassurance in watching relatable ADHD content. However, Nina observed that sharing such relatability with others could be problematic, as it might lead people to assume the individual was self-diagnosing based on just one video. Therefore, there appeared to be a fine line between finding reassurance in a video and experiencing potential stigma of self-diagnosing.

### ***Summary***

Participants noted that TikTok contained problematic content, including misleading and offensive videos. The affordances of TikTok that contributed to increase of ADHD awareness, at the same time created perfect conditions for spreading misinformation, as the platform did not have strict regulations. This misleading content not only perpetuated ADHD stigma but also undermined trust in the platform. Additionally, participants noted concerns about self-diagnosis based on TikTok videos. Some individuals self-diagnosed to appear trendy or join the ADHD community. This led to perceptions, especially among older generations and healthcare professionals, that ADHD was being overdiagnosed or trivialised, further reinforcing stigma and potentially deterring some people from seeking help.

## Chapter Four: Discussion

This study aimed to explore the experiences of young adults who valued ADHD content on TikTok. Using a media go-along and situated talk interview methods and analysing the data through phenomenologically informed thematic analysis, I sought to answer the research question: “How do Gen Zers in Aotearoa New Zealand interpret and engage with ADHD-related content on TikTok?”. The analysis identified three key themes: TikTok impacts awareness and attitudes towards ADHD; TikTok as a platform for ADHD empowerment; and TikTok risks stigmatising ADHD.

In this chapter, I will present a summary of the key findings, compare them with existing research, and discuss the study's implications, limitations, and recommendations for future research.

### Summary of the Findings

The first superordinate theme, “TikTok impacts awareness and attitudes towards ADHD”, highlighted the significant influence of ADHD-related content on participants' awareness and understanding of the condition. Increased awareness and improved mental health literacy contributed positively to reducing stigma around ADHD. TikTok's unique affordances, such as algorithmic recommendations, short-form videos, flow-inducing features, and a mix of educational and entertaining content, made it an ideal platform for disseminating information. Participants noted that they could learn about ADHD both explicitly and implicitly, even when engaging with TikTok for entertainment.

The platform's abundance of creators with lived experiences sharing their stories exposed participants to a wide range of ADHD presentations, particularly those not well-documented in traditional medical sources. This diversity deepened participants' understanding, especially of ADHD presentations in females and AFAB individuals. Furthermore, the evolving understanding of ADHD and the illness narratives presented on TikTok appeared to create a “looping effect”, prompting some participants to question the validity of current DSM-5 (APA, 2022) diagnostic criteria. They advocated

for these criteria to be revised to better accommodate marginalised groups who were often misdiagnosed.

Participants also observed a significant reduction in both public stigma and self-stigma surrounding ADHD, likely driven by increased awareness, improved understanding, and exposure to diverse lived experiences. This shift was also reflected in how participants discussed the condition, increasingly framing it within the social model of disability. This perspective aligned with the principles of the neurodiversity movement, moving away from the deficit-based medical model of disability.

However, while participants did not explicitly mention trivialisation, it emerged as a concerning development accompanying the reduction in stigma. For example, some content portrayed ADHD as a “superpower”, or used humour to make the condition seem less stigmatising. While these portrayals positioned ADHD in a positive light and helped reduce stigma, they also risked diminishing the seriousness of the condition and trivialising its challenges.

The second superordinate theme, “TikTok as a platform for ADHD empowerment”, revealed that participants felt empowered through their interactions with the platform. This empowerment stemmed from a sense of belonging to a supportive ADHD community, feeling validated and reassured by seeing others with similar life experiences, and learning practical skills to navigate life with ADHD.

TikTok’s affordances facilitated the creation of fluid, inclusive communities with minimal barriers to entry. Participants reported feeling a sense of community even when passively consuming content curated by the algorithm, without actively engaging with others. This sense of belonging helped participants feel understood and validated in their experiences. One participant, Rowan, enhanced their connection to the community by engaging in self-disclosure through creating ADHD-related content, further strengthening their sense of belonging.

The safe and supportive atmosphere of the ADHD community on TikTok allowed participants to be authentic, freely express themselves, and engage in self-discovery. Many felt relief and

reassurance when encountering relatable content on the platform, realising they were not alone in dealing with ADHD challenges. Participants described TikTok as a real and non-judgmental space, enabling them to see themselves reflected in the content. The abundance of diverse ADHD presentations on the platform further supported their self-discovery, allowing each participant to find something personally relatable. This stood in contrast to how participants understood the DSM-5 (APA, 2022) criteria, which they felt were less nuanced, limiting and restricted opportunities for self-exploration.

Participants also valued the practical strategies they learned from peers in the ADHD community on TikTok. These strategies gave participants a sense of hope and empowerment, helping them navigate life with ADHD more confidently. The shared tips focused on ADHD-affirming approaches designed to make life with ADHD easier, rather than attempting to “cure” it. This emphasis aligned with the social model of disability perspective that was prevalent in the ADHD content on TikTok.

While participants explicitly supported the neurodiversity movement and its celebration of differences, there were implicit indications that some still gravitated toward a sense of “normativity”. Participants expressed relief in seeing many others with similar experiences, which helped normalise their struggles. Although they embraced a sense of belonging to a different kind of normal within the ADHD community, this framing implicitly reflected a desire to align with a redefined version of “normativity”, which they described as being a “normal ADHD person”.

The third superordinate theme, “TikTok risks stigmatising ADHD”, highlighted how problematic content on TikTok, along with stigmatising attitudes toward the platform itself, can reinforce ADHD stigma. Participants expressed concerns about the prevalence of misinformation and the challenges in determining whether content was accurate or misleading. This issue stemmed from the nature of TikTok’s affordances, as users primarily used the platform for entertainment and passively consumed bite-sized content. The platform’s flow-inducing features and potential for implicit learning made it easy for users to unintentionally absorb misinformation without critically reflecting on each video. This created a paradox within TikTok's affordances. While the platform effectively promoted ADHD

awareness, the same features also facilitated the spread of misinformation. Inaccurate information about ADHD can indirectly contribute to stigma by shaping incorrect perceptions of the condition. At the same time, participants identified explicitly stigmatising content created by individuals seeking attention through provocative videos targeting the neurodivergent community.

Participants expressed concerns about the growing trend of people self-diagnosing with ADHD based on TikTok content. They emphasised that an ADHD diagnosis should come from a qualified professional, viewing TikTok as helpful only as a starting point for self-discovery. Participants were critical of individuals who self-diagnosed because they perceived ADHD as “trendy” or wanted to belong to the neurodivergent community. They felt that the widespread self-diagnosis trend, often highlighted in the media, contributed to increased stigma around ADHD. This perception stemmed from the belief that ADHD was becoming overly common, which, in turn, trivialised the condition and devalued individual experiences.

Based on the participants' accounts, it appeared that the stigma surrounding ADHD and TikTok primarily originated from older generations. This could be attributed to a form of ageism towards young people, with older individuals devaluing aspects of youth culture, including TikTok. As TikTok was devalued, it also led to the devaluation of ADHD-related content that participants found valuable. This stigma toward the platform created further challenges, as some participants hesitated to discuss their positive experiences with ADHD content on TikTok with healthcare providers. This hesitancy highlights a potential risk of reduced help-seeking behaviour due to stigma surrounding the platform and its content.

### **Comparison with Previous Research**

Findings from this study align with prior research indicating that young adults prefer social media platforms for seeking health-related information (Lim et al., 2022; Grabb, 2023). Specifically, participants in this study favoured TikTok as a source for mental health information, particularly about ADHD. Participants cited TikTok's accessibility and its integration into their daily routines,

primarily for entertainment, as key reasons for this preference. Additionally, participants noted that they often learned something new about mental health on TikTok, even when they did not intentionally seek out such information. This supports Hassoun et al.'s (2023) argument that Gen Zers are often passively exposed to health-related content rather than actively searching for it.

The combination of entertainment and education, passive exposure to information, and the consumption of numerous bite-sized videos created ideal conditions for participants to become immersed in TikTok. Many participants reported losing track of time and becoming fully immersed in scrolling through the platform. They described that using TikTok was an effortless experience and they appreciated its algorithmic suggestions, which often provided unexpected yet enjoyable content. These findings align with Zhao and Wagner's (2022) research, which found that TikTok's affordances of recommendation accuracy, recommendation serendipity, and effortlessness were positively correlated with user engagement and the flow state (Csikszentmihalyi, 1996).

Flow has been identified as a process that can enhance implicit learning (Vervaeke et al., 2018). This study's findings supported this correlation, as participants reported that the information they engaged with on TikTok has altered their perception of ADHD, often without their conscious awareness. While this implicit learning process could be beneficial, it also raised concerns, as the type of content consumed determined the nature of its impact. Participants noted that a lot of the ADHD-related content on TikTok aimed to raise awareness and educate users about the diverse presentations of the condition, consistent with findings by Zheluk et al. (2022). However, participants also encountered misinformation about ADHD on the platform, confirming concerns raised by Hartnett and Cummings (2023). These findings suggest that while TikTok's affordances can effectively promote public awareness about ADHD through implicit learning, they simultaneously create opportunities for users to consume misleading content without critical reflection.

Research literature highlighted several issues users experience with TikTok's algorithm. These include discomfort from realising they were engaging with algorithm-filtered versions of themselves (Bhandari & Bimo, 2020), concerns about filter bubbles created by the algorithm (Karizat et al.,

2021), and exposure to unwanted content that reminded of traumatic experiences (Milton et al., 2023). However, findings from the current study did not support these concerns. Participants generally favoured their interactions with the algorithm, appreciating the tailored suggestions it provided. As a result, they did not appear to engage in algorithmic resistance, a behaviour some researchers have highlighted as a strategy for users to regain control over their FYP (Xie et al., 2022; Scharlach & Hallinan, 2023).

Research literature has identified several reasons why young adults sought mental health information on TikTok. One key reason is the opportunity to connect with peers who share similar life experiences, which can foster well-being by enhancing feelings of acceptance and community belonging (Basch et al., 2022; Milton et al., 2023; Nesi, 2020). The present study confirmed these findings, as participants described the ADHD community on TikTok as supportive and welcoming. This sense of belonging positively impacted participants, who shared that they no longer felt alone in their struggles with ADHD and felt genuinely understood by others in the community. This aligns with Eagle and Ringland (2023) and Ginapp et al. (2023), who found that TikTok's ADHD community offered a supportive space to validate users' experiences.

Interestingly, this sense of community was often experienced even when participants were passively watching content without actively contributing to the community. Their engagement with the community was largely facilitated by the algorithm, which recommended content related to ADHD that participants were interested in. This supports the idea that TikTok's algorithm can provide users with a sense of relatability and belonging (Lee et al., 2022). Furthermore, it highlights how TikTok communities differ from traditional social media communities, which tend to have structured boundaries, formal membership, and regular interactions. In contrast, TikTok communities are more fluid and overlapping (Milton et al., 2023).

Song et al. (2021), drawing on Self-Determination Theory and affordance theory, found that TikTok's hedonic, connective, and utilitarian affordances fulfilled users' psychological needs for autonomy, relatedness, and competence. These affordances, in turn, positively influenced users'

adoption of health information on the platform. The findings from the current study support the idea that TikTok satisfies users' psychological needs, but it highlights slightly different affordances as responsible for fulfilling these needs. Specifically, TikTok's judgment-free atmosphere promoted autonomy by allowing participants to explore content at their own pace. Competence was fostered through practical ADHD strategies and a deeper understanding of the condition, while relatedness was cultivated through authentic connections formed within the ADHD community based on shared lived experiences.

Self-disclosure has been highlighted in the literature as one of the reasons for seeking mental health content on TikTok (Zheluk et al., 2022). While only one participant was actively creating content about ADHD, and the others primarily engaged in passive consumption, all participants noted the prevalence of ADHD-related content created by individuals with lived experience. This supports the idea that self-disclosure is an important factor why people turn to social media for mental health information seeking and sharing. The finding also aligns with Hartnett and Cummings (2023), who noted that the majority of ADHD-related content on social media is created by individuals with ADHD.

Participants shared that they appreciated content created by people with lived experience, as it provided a more nuanced understanding of ADHD. They felt it humanised the condition, making it more relatable and less stigmatising. These findings support Eagle and Ringland's (2023) suggestion that personal narratives from content creators offer a broader understanding of ADHD, that goes beyond conventional diagnostic criteria and emphasises the perspectives of individuals with lived experiences, rather than relying solely on medical expertise. Majority of the participants expressed a preference for content created by peers with ADHD over mental health professionals, as they felt peers offered a more authentic account of what life with the condition was truly like. This preference for "lived expertise" aligns with Fullagar et al. (2017), who argued that social media has become a space where young adults actively shaped and negotiated their own understandings of mental health, rather than passively receiving knowledge.

As participants continued to learn from peers with ADHD about their experiences and symptom presentations, some noted a misalignment between how ADHD was portrayed on TikTok and how it was represented in medical literature, including the DSM-5 (APA, 2022). This discrepancy was previously highlighted by Chen et al. (2023), who observed that certain behaviours commonly associated with ADHD within the neurodivergent community were not recognised by the DSM-5 (APA, 2022).

This misalignment led some participants to suggest that the diagnostic criteria should be revised to better account for the diverse presentations of ADHD, particularly among female and AFAB individuals, as well as people from marginalised groups. This suggestion supports the idea that TikTok can facilitate a looping effect, as proposed by Chevalier (2024), where social media narratives contribute to evolving understandings of conditions like ADHD. Additionally, it aligns with Hartnett and Cummings' (2023) suggestion that ADHD-related illness narratives on social media are expanding the meaning of the diagnosis through the process of social looping.

The above discussion suggests that TikTok can have a potentially significant impact on young adults' understanding of ADHD. Participants valued the information they received from peers with ADHD on the platform, that they were not able to access from other sources. This information not only helped participants better understand the condition and their own experiences, but also provided practical strategies for navigating life with ADHD. These findings are consistent with previous research, which has shown that ADHD communities on TikTok offer both informational support, such as raising awareness and providing insights into ADHD, and practical support, such as sharing coping skills (Eagle & Ringland, 2023; Ginapp et al., 2023).

One of the most notable changes in the attitudes for participants was the reduction of stigma, which can be attributed to increased awareness, improved understanding of the condition, and exposure to a large number of individuals with lived experiences of ADHD on the platform. These findings align with McDermott (2022), who identified TikTok as a platform for destigmatising neurodivergence, largely due to the diverse content shared by neurodiverse creators who use the

platform to raise awareness and advocate for ADHD recognition. Additionally, these results support previous research indicating that increasing awareness and improving mental health literacy can help reduce stigmatising attitudes toward individuals with mental health diagnoses (Shim, 2022; Shivani & Judge, 2022; Simmons et al., 2017; Beasley et al., 2020). Watching videos featuring individuals with lived experiences sharing their personal stories may also serve as an effective non-contact-based intervention, which has been shown to reduce mental health stigma (Makhmud et al., 2022; Maunder & White, 2019).

Participants noted that for some individuals, TikTok served as the initial exposure to ADHD content that they found relatable, which then prompted them to seek professional assessment. While participants explicitly stated that the neurodivergent community on TikTok encouraged seeking professional help, it can also be argued that TikTok had an indirect influence on help-seeking behaviour by reducing stigma around ADHD. This finding aligns with previous research suggesting that as mental health stigma decreases, help-seeking behaviours are improving (Turuba et al., 2024; Shim, 2022; Shivani & Judge, 2022).

In addition to reducing ADHD stigma by raising awareness and improving mental health literacy, participants noted that TikTok videos actively worked to destigmatise the condition by presenting it through a positive, neurodiversity-affirming lens. Such content shifted the narrative of ADHD away from a deficit-based medical model towards a neurodiversity-affirming social model of disability. These findings contribute to the existing literature, which has shown that ADHD-related content on social media platforms including TikTok tends to highlight the positive traits of ADHD, embrace it as a positive difference, and challenge negative stereotypes (Gajaria et al., 2011; Ginapp et al., 2023; Thelwall et al., 2021).

However, participants also noted instances where the positive framing of ADHD on TikTok went too far, portraying the condition as a “superpower”. While some participants supported this analogy, viewing it as a way to destigmatise ADHD, others rejected it, arguing that it trivialised the condition and downplayed the struggles faced by individuals with ADHD. These differing perspectives highlight

the complexity of presenting ADHD in a way that is both positive and accurate, a nuanced issue also discussed in the literature, which struggled to determine whether such portrayals were ultimately positive or negative (Eagle & Ringland, 2023; Kincella, 2023; McDermott, 2022).

While ADHD-related content on TikTok offered many potential benefits to participants, these benefits were sometimes undermined by the presence of problematic content and instances of stigmatising attitudes toward TikTok itself. Participants expressed concern about the prevalence of misinformation on the platform, noting that it was difficult to distinguish between accurate and misleading content. This aligns with concerns raised by Starvaggi et al. (2024), who warned that misinformation on TikTok could pose a public health risk, especially since the boundaries of misleading content were not clearly defined. However, participants in this study valued the lived experiences of individuals with ADHD, viewing them as generally insightful rather than misleading, in contrast to the more sceptical portrayal of personal experiences found in some academic literature (Starvaggi et al., 2024).

In addition to misinformation, participants were also concerned about the trend of individuals self-diagnosing with ADHD after watching TikTok videos. Some participants suggested that people might engage in self-diagnosis to appear more interesting or to gain social capital, which aligns with the suggestions of Haltigan et al. (2023) and Harness and Getzen (2022). While existing literature acknowledges that self-diagnosis can have positive outcomes, such as fostering self-awareness, providing a sense of identity and acceptance, and creating a feeling of belonging within the neurodivergent community (Lupton & Southerton, 2024), participants in this study did not share these views. Instead, they expressed concern about self-diagnosis, emphasising that it was not a desirable development. They strongly advocated that individuals who suspect they may have ADHD should always seek a professional assessment.

As the number of people self-diagnosing with ADHD based on TikTok content grew and the trend gained media attention, participants observed a stigma developing towards those who self-diagnose on the platform. Participants noted that this stigma often harmed individuals who were genuinely

struggling with ADHD and seeking help. Similar stigmatising attitudes were noted in the academic literature, with some scholars labelling ADHD self-diagnosis on TikTok as a psychiatric contagion trend, fuelled by the algorithm and misleading content (Gilmore et al., 2022; Williams, 2022). However, the findings from this study offer a broader understanding of the sources of this stigma. Participants reported that the stigma they encountered primarily came from older generations who did not use TikTok and referred to it as a “children’s app”.

This suggests that the stigma towards TikTok may reflect a form of ageism, where older generations devalue what young people find important (Chasteen et al., 2021; Fowler & Gasiorok, 2024). This devaluation appeared to extend to ADHD-related content on TikTok. While young adults found such content helpful and beneficial, older generations viewed it as dangerous and misleading, even if they had not personally engaged with the content or used the platform.

### **Study Implications**

This study provides valuable insights into how young adults engage with ADHD-related content on TikTok and how it influences their understanding of ADHD, the neurodiversity movement, and attitudes toward it. Additionally, it highlights the impact of such content on identity formation and help-seeking behaviours, offering a range of practical implications.

#### ***Implication for mental health practitioners***

Mental health professionals should approach young adults seeking ADHD assessments after engaging with TikTok videos with empathy and caution, refraining from making quick judgments about the sources of their information. Many participants in this study shared that fear of judgment was the reason why they hesitated to disclose that they learned about ADHD on TikTok. By initiating the therapeutic relationship with an open, non-judgmental attitude, mental health professionals can create a supportive space where young adults feel comfortable sharing both their concerns and the sources of their information. This approach can help alleviate the emotional barrier of stigma,

fostering an environment in which clients can engage in honest, productive conversations about their mental health.

### ***Implications for educators***

Participants in this study identified TikTok as their preferred platform for ADHD-related information due to its unique combination of entertainment, humour, diverse personal experiences, and bite-sized content. The platform's format allows users to engage with ADHD content in an accessible and relatable way, often feeling more connected to the lived experiences shared by peers rather than clinical information shared by professionals. However, despite the platform's benefits, the prevalence of misinformation on TikTok poses a significant concern, as participants noted challenges in distinguishing between accurate and misleading content. Given the platform's potential for both positive and negative influences, educators and mental health professionals are encouraged to engage with TikTok to counteract the spread of misinformation and provide accurate, evidence-based information about ADHD. It is essential to recognise that Gen Zers often place more trust in individuals with lived experiences rather than in medical professionals. Therefore, when creating educational content, educators should not only prioritise accuracy but also ensure that the tone and approach are relatable, incorporating personal narratives and perspectives that would resonate with this audience. By aligning the content with Gen Zers' preference for authenticity, educators can better connect with young adults and help ensure that TikTok users are accessing trustworthy information while minimising the impact of misleading or harmful content.

### **Reflections and Limitations**

Reflecting on the overall project and evaluating the effectiveness of the methods and analysis, several key insights emerged. One important discovery came from structuring the interviews around videos that participants watched previously and found interesting, as well as videos they discovered while browsing hashtags during the interview. This approach allowed for real-time exploration of their experiences with TikTok and ADHD-related content as it unfolded. My goal was to study how

participants interacted with TikTok in their natural, everyday manner, using digital ethnographic methods. However, it later occurred that this experience differed from their typical engagement with the platform, as most participants normally scrolled quickly from one video to the next without pausing to reflect. As many participants noted, our interview was the first time they had paused and deeply reflected after watching each video.

While this method enabled a thorough exploration of each participant's experience, it also meant that participants were exposed to different videos based on their unique algorithmic suggestions. This variation could have led to discussions of different ADHD-related topics across interviews. Nonetheless, using semi-structured interviews provided the flexibility to allow the conversation to flow naturally, giving participants the freedom to guide the discussion in directions they found most relevant.

Furthermore, conducting interviews online had both strengths and weaknesses. On the positive side, participants were comfortable with technology and regularly used video conferencing software for their studies, which made the online environment feel comfortable and familiar to them. However, one interview experienced a slight lag, though it was quickly resolved. Additionally, interpreting nonverbal communication can be more challenging in a virtual setting compared to in-person interactions. To address this, I made sure to ask follow-up questions whenever I was uncertain about the participant's response and paid close attention to their paralinguistic cues, such as tone of voice, pauses, laughter, and sighs to ensure a clearer understanding of their emotions.

I first became interested in researching ADHD content on TikTok after noticing widespread discussions about the trend of frequent self-diagnosis with ADHD, which received significant attention across various online media outlets. Additionally, I heard clinicians at my workplace in Community Mental Health Services expressing similar concerns. At the beginning of this research, I primarily expected to hear narratives focused on self-diagnosis. However, the analysis uncovered a different aspect of the topic - the dual impact of TikTok on the stigma surrounding ADHD. It is possible that narratives about self-diagnosis were less prominent than anticipated because

participants may have perceived me as a mental health professional and feared judgment for speaking positively about self-diagnosis.

During the analysis of the interviews, I realised that in one of the questions in the interview schedule I asked about management strategies for ADHD, rather than ADHD-affirming strategies. The question, “How has the ADHD content on TikTok impacted your understanding of the symptoms and management of ADHD?” was framed within the medical deficit-based model of disability. This phrasing may have influenced how participants described their experiences. However, despite the question being framed in this way, most participants still focused on neurodiversity-affirming tips and strategies.

The study included participants who identified as Māori/Pākehā or Pākehā/Māori, however, they did not explicitly discuss how their culture influenced their experiences. I did not directly ask about this, since my goal was for the research to be participant-led, allowing participants to share what mattered to them without steering the conversation towards cultural influences. Given that I am a Pākehā researcher, I was mindful that such a shift in focus could have been perceived as me attempting to study Māori rather than study with Māori. It is possible that if I were a Māori researcher, participants might have been more likely to discuss cultural elements in relation to their experiences.

### **Suggestions for Future Research**

Reflecting on the methods and analysis of the current study, I can suggest several directions for future research. First, due to the complexity of the data, the analysis required reducing the number of themes to accurately capture participants’ experiences. As a result, some topics were not explored deeply, offering potential avenues for further investigation. For example, the theme “Value of lived experiences of ADHD” was initially developed but ultimately excluded from the final analysis after a more nuanced examination revealed that this concept was woven throughout all the themes. Future

research could focus specifically on the significance of lived experiences of ADHD, exploring why this content resonates so strongly on TikTok.

Another issue that emerged during the interviews but was not included in the analysis due to limited interest from the participant, was the discourse around ADHD medication. Given the rising rates of ADHD diagnoses and the rapid increase in ADHD medication prescriptions in Aotearoa New Zealand, future research could specifically explore content focused on medication. This could include examining how young adults engage with discussions about ADHD medication and whether such content affects their decisions to take or avoid medication.

The analysis did not specifically examine the influence of gender or ethnic background on participants' experiences, as these factors were not explicitly highlighted by participants as significant. While some participants appreciated TikTok videos for offering insights into female and AFAB presentations of ADHD, they did not discuss how their own gender influenced their experience. However, gender and culture may still shape their experiences with stigma. Future research could address this gap by exploring the role of intersectionality in stigma and its connection to engagement with ADHD content on TikTok. For example, would individuals who are not female, non-binary, or belong to ethnic minority groups feel more comfortable discussing TikTok with mental health professionals?

Both the research literature and participant feedback highlighted significant complexity in determining what constitutes misleading ADHD content on TikTok. There was no clear consensus, either in the literature or among participants, on the criteria for labelling content about lived experiences of ADHD as misleading or accurate representations of personal experiences. Given the ongoing discussions about the dangers of misinformation on TikTok regarding ADHD, it would be valuable to define what exactly qualifies as misinformation. This could include exploring how TikTok users and medical professionals differently perceive and define misinformation.

With TikTok's rapid rise in popularity, driven by its unique affordances and accurate algorithmic recommendations, other social media platforms began adopting similar features. Future research

could explore whether young adults have similar experiences with ADHD-related short-form videos on platforms like Instagram, Facebook, or YouTube. However, it is important to note that the demographics of these platforms tend to be older than on TikTok. Additionally, future research could examine young adults' experiences with autism-related content on TikTok and other platforms, as many participants mentioned encountering such content. Autism-related content may share similarities with ADHD content, given that both fall within the neurodivergent community.

As previously discussed, while the media go-along interview format allowed for an in-depth exploration of individual experiences, it also meant that each participant viewed different videos during the interview. While the current study took a broader approach to understanding the variety of ADHD content on the platform, future research could focus on specific types of content addressing particular issues. For example, researchers could select a few representative videos on topics such as self-diagnosis, ADHD symptoms, or discussions about ADHD stigma and neurodiversity, and then discuss these videos with young adults to better understand their interpretations and perspectives on these topics.

While the current research aimed to capture participants' typical use of TikTok, the interview process encouraged them to pause and reflect on each video, which is something young adults don't usually do, as they typically scroll quickly through many videos without critically reflecting. Future research using digital ethnographic methods could consider allowing participants to engage with the platform uninterrupted for a set period before asking follow-up questions. This approach could provide a more authentic representation of their experiences and offer insights into whether participants entered a flow state during their usage and whether any implicit learning occurred during that time.

While online advertisements on TikTok helped recruit a diverse participant sample, including individuals of different genders, ages, and ethnicities, the process was not without challenges, as I had to revise my advertising material two times. Reflecting on this experience, I recommend that future researchers using TikTok for recruitment consider recording a video of themselves explaining

the project. This personal touch is something TikTok users will likely respond to. If resources allow, creating a still image advertisement can also be beneficial, as it increases the chances that potential participants will read all the project information before swiping to the next video. If the still image catches their interest, they are likely to visit the research profile and watch the researcher's video, which adds a personal touch and may encourage them to sign up for the project.

## **Conclusion**

ADHD-related videos on TikTok have attracted significant attention in mainstream media, raising concerns about young adults self-diagnosing with ADHD after engaging with content on the platform. This is the first qualitative study in Aotearoa New Zealand to explore young adults' experiences with ADHD-related content on TikTok, providing valuable context for the claims made in the media. The study revealed that young adults' relationships with ADHD content on TikTok were more complex than often assumed and young people were not merely manipulated by the platform into thinking they had ADHD.

This research provides valuable insights into concerns about self-diagnosis, showing that participants viewed TikTok as a useful starting point for self-discovery while still recognising the importance of a clinical diagnosis. Additionally, TikTok helped raise awareness of ADHD and improve understanding of the condition, which in turn reduced stigma and encouraged help-seeking behaviours, ultimately leading to an increase in people seeking ADHD assessments.

The study also contributes to the ongoing debate about the benefits and risks of mental health information on TikTok. Participants highly valued the mental health content they encountered on the platform, and developed strategies to assess its credibility by checking creators' credentials and reading comments. However, they also acknowledged being vulnerable to absorbing misinformation due to TikTok's flow-inducing affordances.

Furthermore, the study provides context for the polarised views in the literature regarding the value of lived experiences of ADHD shared on TikTok. Participants deeply valued these shared

experiences, as such content helped them better understand the condition, provided a sense of belonging, and offered relief by allowing them to relate to their peers. However, participants also recognised that these positive outcomes could be overshadowed by the stigma surrounding TikTok, which came from older generations and some health professionals, who devalued the lived experiences of young people.

The study also highlights that TikTok has the potential to be a powerful tool in reshaping perceptions of ADHD and even challenging existing diagnostic criteria through the process of social looping. Mental health professionals and academics are encouraged to engage with the discourses happening on TikTok, as these discussions can have a real impact on the broader medical and academic communities. Rather than dismissing the platform as merely a “children’s app”, it is important to recognise its potential influence.

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Appendices

Appendix A: Clips from the first video advertisement



## Appendix B: Still image advertisement



**Kia ora!**

**Tell me what you think  
about ADHD content on  
TikTok!**

**If you are:**

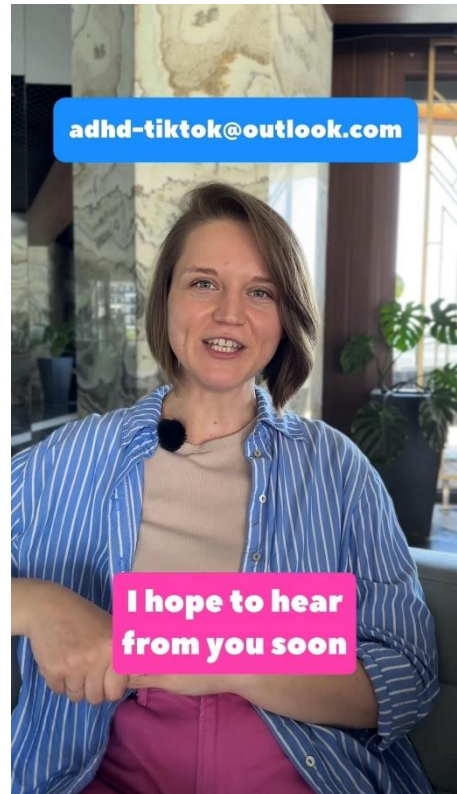
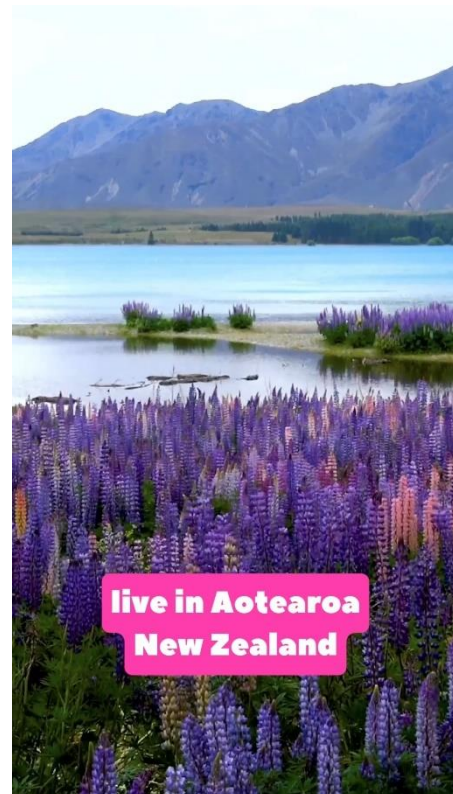
- 18-25 years old
- Can do an online interview
- Live in Aotearoa New Zealand

**Please email Maria on  
[adhd-tiktok@outlook.com](mailto:adhd-tiktok@outlook.com)  
and contribute to my  
research**

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 23/58. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email [humanethics1@massey.ac.nz](mailto:humanethics1@massey.ac.nz).

The advertisement features a stylized illustration of a person with blue hair, wearing a yellow patterned shirt and orange pants, holding a megaphone. A large orange speech bubble is positioned above the person, containing the text 'Kia ora!' and 'Tell me what you think about ADHD content on TikTok!'. The background is a light beige color.

Appendix C: Clips from the second video advertisement



**Appendix D: Information Sheet*****From hashtags to self-discovery: exploring how TikTok's ADHD content shapes young adults' thinking and identity.*****INFORMATION SHEET****Researcher Introduction**

Kia ora! My name is Maria Kroklicheva, and I am a student at Massey University doing a research project on what young people think about TikTok content on ADHD. I also work as a mental health support worker with the Crisis Mental Health Team at Waitemata Te Whatu Ora. At work, I have seen an increase in people asking for a formal ADHD diagnosis from the Community Mental Health Services. I wondered if they were getting their information from social media, and this sparked my interest to explore what people see on their TikTok feeds and what they think about it. I am supervised by Sarah Riley, who specialises in research on digital media and identity.

**Project Description and Invitation**

This research project explores how young adults from Generation Z (born mid-1990s to early 2010s) in Aotearoa New Zealand, understand Attention-Deficit/Hyperactivity Disorder (ADHD) through what they see on TikTok. I am interested in how the videos and information on TikTok shape your thoughts, feelings, and actions related to ADHD.

To do this, I want to interview ten young adults who regularly use TikTok. These interviews will last about an hour and happen online via Zoom or Microsoft Teams. During the interview, I will ask you to share what you usually see on TikTok, especially content under hashtags #adhd and #adhdawareness, and content suggestions on the "For You" page. I am interested in what you think about these videos and how they might shape your views. The interviews will be audio and video recorded, and the discussed

TikTok videos will be screen-recorded. Later, these recordings will be typed up (transcribed), ensuring your personal information remains confidential.

If you decide to participate, before the interview, I will ask you to save some TikTok posts that you think have helped you understand ADHD better. I will also send you a list of questions planned for the interview, and you can tell me if there is anything you don't want to discuss or if you have other questions in mind. This preparation is optional, and you are welcome to participate in the research without any preparation.

I invite you to take part in this research project as your insights can teach us a lot about how social media influences young people's views on mental health and will help us improve the way we discuss mental health online. Also, the research findings will be shared with Pathways, a leading mental health service provider in Aotearoa New Zealand. And your insights could help them create better mental health resources.

### **Participant Identification and Recruitment**

I invite you to take part in this research project if you fit within the below inclusion criteria:

- A young adult, specifically within the age range of 18 to 25 years.
- An active user of TikTok, engaging with content on the platform at least five times a week.
- Currently residing in Aotearoa New Zealand.
- Comfortable communicating in English, as the interviews will be conducted in this language.

I want to prioritise your safety and ensure that participating in the research will not cause you any distress. Life can be challenging, and discussing difficult topics can sometimes make it even harder. If you are finding things particularly overwhelming at the moment, participation in this project might not be beneficial for you. Even if you don't have a diagnosed mental health condition, but you have concerns about your mental well-being, I recommend you not to participate. If you are currently seeing a therapist or counsellor, please ask them first if they think that participating in this project is safe for you.

### **Project Procedures**

If you meet the inclusion criteria and would like to take part in the research, here is what you can expect as a participant:

#### ***Before the Interview:***

- Once you agree to participate and sign the consent form, we will schedule a convenient time for the interview.

- Before the interview, I will send you a list of questions we plan to discuss. Please let me know if there's anything you don't want to talk about or if you have other questions in mind. To protect your privacy, I will also send you instructions on how to change your TikTok account to private, use a passkey instead of a password and activate two-factor authentication (2FA).
- Before the interview, spend some time on TikTok and bookmark any posts related to ADHD that you find interesting or influential.

***During the Interview:***

- The interview will be held online via Zoom or Microsoft Teams. You can join from a comfortable and private space.
- It will last about an hour. We will discuss your bookmarked content, videos under hashtags #adhd and #adhdawareness, and ADHD-related content on your "For You" page.
- To ensure your ideas are correctly captured, the interview will be audio and video recorded. Also, the discussed videos will be screen-recorded.
- At the end of the interview, I will take you through a step-by-step process of clearing your hashtag search history and watch history to return your TikTok account to the state it was before the interview.

***After the Interview:***

- I will type up (transcribe) the audio recording into text and deidentified your data to protect your identity, using a fake name and not including any specific details that could identify you.
- You will receive a copy of the transcript and have two weeks to review it. Please feel free to suggest any changes or clarifications. You can change your mind and withdraw from the study at any time up until the end of those two weeks, at which point I will start to include your deidentified data in the analysis.

***What Happens Next:***

- Once all interviews are completed and analysed, I will gather the findings and email you a summary of the research results.
- Additionally, the findings will be shared with Pathways.

**Data Management**

In this research project, ensuring the confidentiality and privacy of all participants is essential. To achieve this, I will use the following data management procedures:

- **Pseudonymisation.** Each participant will be assigned a fake name (pseudonym). Your real identities will not be disclosed in any research findings, so you cannot be identified from any data presented in the report.
- **Deidentification of recordings.** Any identifiable information in video and audio recordings will be deidentified during transcription. This means removing or altering details that could lead to the identification of participants.
- **Restricted access to identifiable information.** The identifiable information, such as contact details and original audio recordings, will be accessible only to the researcher and deleted at the end of the project (approximately December 2024).
- **Storage and deletion of data.** All data, including audio and video recordings, consent forms, and transcribed interviews, will be stored on a secure server provided by Massey University and backed up on a password-protected hard drive. As soon as audio recordings are transcribed, video recordings will be deleted. Identifiable data will be stored only until the end of the project (approximately December 2024) and then deleted. Deidentified data, such as transcribed interviews, will be stored by my supervisor for five years on a secure Massey University server for audit purposes.

### **Participant's Rights**

You are not required to accept this invitation. If you choose to participate, you have the right to:

- Withdraw from the study at any time before data analysis begins, up to two weeks after receiving your interview transcript;
- Ask for the recording to be stopped at any time during the interview;
- Refuse to answer any question;
- Ask questions about the study during your participation;
- Receive the study findings once the project is completed.

### **Project Contacts**

Please feel free to reach out to either the researcher or supervisor if you have any questions regarding this project:

- *Maria Krokhicheva, Student Researcher* - [maria.krokhicheva.1@massey.ac.nz](mailto:maria.krokhicheva.1@massey.ac.nz)
- *Professor Sarah Riley, Supervisor* - [S.Riley@massey.ac.nz](mailto:S.Riley@massey.ac.nz)

### **Additional Resources**

If you are interested in more information about ADHD or want to talk to someone about mental health support, I would recommend exploring the following services:

- ADHD New Zealand - <https://www.adhd.org.nz/>
- Lifeline – 0800 543 354 (0800 LIFELINE) <https://www.lifeline.org.nz/>
- Anxiety New Zealand – 0800 269 4389 (0800 ANXIETY) <https://anxiety.org.nz/>
- Depression Helpline – 0800 111 757 or free text 4202 <https://www.depression.org.nz/>
- 1737 – call or text 1737 for counselling support <https://1737.org.nz/>

### **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 23/58. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email [humanethics1@massey.ac.nz](mailto:humanethics1@massey.ac.nz).

**Appendix E: Consent Form**



*From hashtags to self-discovery: exploring how TikTok's ADHD content shapes young adults' thinking and identity.*

**PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study.

	YES	NO
I agree to the interview being sound recorded.		
I agree to the interview being video recorded.		
I agree to my TikTok feed being screen-recorded during the interview.		
I agree to participate in this study under the conditions set out in the Information Sheet.		

**Declaration by Participant:**

I \_\_\_\_\_ [print full name] hereby consent to take part in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix F: Interview Schedule



### ***From hashtags to self-discovery: exploring how TikTok's ADHD content shapes young adults' thinking and identity.***

#### **INDICATIVE SEMI-STRUCTURED INTERVIEW SCHEDULE**

##### **Greeting**

*Kia ora! Thank you for the opportunity to meet with you today! My name is Maria Kroklicheva. I am a postgraduate student at Massey University pursuing a Master of Arts in Psychology. As part of my degree, I need to complete a research project. My project aims to explore how young adults from Generation Z (born mid-1990s to early 2010s) in Aotearoa New Zealand, understand ADHD through content that they see and interact with on TikTok. Thank you for agreeing to contribute to my research!*

*Today, we will explore your thoughts about ADHD-related content on TikTok and how it makes you feel. The interview will last about one hour, but please feel free to request a break or stop the discussion at any time. The interview will be audio and video recorded to ensure your ideas are accurately captured. Additionally, the discussed videos will be screen-recorded. Your insights are incredibly valuable to this study, and your confidentiality and privacy will be strictly maintained throughout the research process.*

*To begin, could you confirm that you meet the following inclusion criteria for this research? You are:*

- *A young adult, specifically within the age range of 18 to 25 years.*
- *An active user of TikTok, engaging with content on the platform at least five times a week.*
- *Currently residing in Aotearoa New Zealand.*
- *Comfortable communicating in English, as the interview will be conducted in this language.*

*Because I am a student, I am not qualified to interview people who are experiencing mental distress. If you currently experience mental health difficulties that could make participating in this research upsetting or triggering, it is best not to participate for your well-being.*

## **Project commences**

*We will start our discussion with some broader questions about your engagement with TikTok.*

- *Can you tell me a little bit about yourself? What made you interested in signing up for this project?*
- *Tell me a bit about your TikTok use. When did you start using it? How regularly do you go on the app?*
- *On average, how much time do you spend on TikTok?*
- *What are the things that you like about TikTok? And what are the things that you don't like?*
- *Do you ever post on it yourself? If so, what type of content do you post?*
- *Do you follow any creators who frequently post about mental health or ADHD? If so, who are they, and why do you follow them?*
- *How often do you encounter ADHD-related content on TikTok?*
- *Have you bookmarked any videos before the interview that we can watch together and discuss?*

If participants bookmarked videos before the interview, the researcher would explore them first. If not, the researcher would move to the next part of the interview, exploring hashtags and the “For You” page.

*As you know, I am interested to learn what young people think about TikTok content on ADHD. So now I would like to ask you some questions about the videos that you've bookmarked before the interview.*

As the participant and researcher watch the bookmarked videos together, the researcher will guide the conversation with some of the questions listed below:

- *How did you come across this video? Was it on your “For You” page? Did someone share it with you, or did you find it through a hashtag search?*
- *Can you describe what it was about the video that caught your attention or resonated with you?*
- *After watching the video, what were your initial thoughts? What did you notice first? How did it make you feel?*
- *Can you relate to the experiences or scenarios presented in this video?*
- *Do you know who created this video? Was it a healthcare professional, influencer, peer, or someone else?*
- *How does the creator of this video present themselves? Do you find them trustworthy?*

*Now, let's watch some videos together that you haven't seen before. We will start by searching the hashtags #adhd and #adhdawareness, and you can select videos that catch your interest. Following*

*this, I will ask you to browse through your 'For You' page to see what ADHD-related content TikTok's algorithm presents to you.*

As the participant and researcher watch the videos together, the researcher will guide the conversation with some of the questions listed below:

- *After watching the video, what were your initial thoughts? What did you notice first? How did it make you feel?*
- *Can you relate to the experiences or scenarios presented in this video?*
- *What message do you think this video is trying to communicate about ADHD?*
- *Do you know who created this video? How does the creator of this video present themselves? Do you find them trustworthy?*
- *Do you find the information in this video reliable or credible? Why or why not?*

After discussing specific videos, the conversation will move towards more generalised questions about participant's perceptions of ADHD content. The researcher will ask some of the questions listed below:

- *Do you think TikTok's portrayal of ADHD has changed your perception or understanding of the condition? How?*
- *How has the ADHD content on TikTok impacted your understanding of the symptoms and management of ADHD?*
- *Has TikTok prompted you to seek professional advice or support for ADHD?*
- *How comfortable do you feel about discussing the ADHD content you see on TikTok with a mental health professional?*
- *Has any TikTok content about ADHD led you to change your habits or lifestyle?*
- *What specific types of ADHD-related content do you find most engaging on TikTok (e.g., informational, personal stories, humorous content)?*
- *How do you differentiate between credible and non-credible ADHD content on TikTok? Have you ever found misleading or harmful ADHD content on TikTok? How did you react to it?*
- *How do you feel the ADHD content on TikTok compares to information from other sources like healthcare professionals or academic articles?*
- *Have you ever actively searched for ADHD-related content on TikTok? If so, what were you hoping to find?*
- *Do you think TikTok's ADHD content contributes to public awareness or stigma around the condition? In what way?*
- *Are there any ADHD-related topics you feel are underrepresented or misrepresented on TikTok?*
- *Finally, is there anything else you'd like to share about your experience with ADHD content on TikTok that we haven't covered?*

## **Closing**

*Thank you very much for participating and sharing your insights in this interview.*

*After searching for hashtags related to ADHD during the interview, there is a possibility that the TikTok algorithm might suggest more ADHD-related content to you. To prevent this from happening, I will email you a step-by-step guide on how to clear the hashtag search history and watch history after the interview. This will ensure that your TikTok account returns to its original state before the interview.*

*I will transcribe the audio recording into text and will email you a copy of the transcript. You will have two weeks to go through it and suggest any changes or clarifications you feel are necessary. Once all interviews are completed and analysed, I will compile the findings and share a summary with you via email. If you have any further questions or thoughts after the interview, please feel free to contact me at [maria.krokhicheva.1@massey.ac.nz](mailto:maria.krokhicheva.1@massey.ac.nz). Thank you once again for your contribution!*

## Appendix G: Transcript Coding Table

Key words	Transcript	Descriptive codes	Descriptive codes round 2 (bringing similar codes together under one code)	Interpretative codes Themes
<p>Too much, folders, <u>has to see</u>, massive folders, own folder, diagnostic, not self-diagnosing, no one has money, vibe, brain</p> <p>Scroll, crazy power</p>	<p>00:03:31 Interviewer</p> <p>...Ok that's good. So, in this case we can start. And can we just start by you telling me a little bit about yourself and why you decided to reply to my advertisement on TikTok and join the project.</p> <p>00:03:49 Participant S</p> <p>Sure, I'm (...), I'm 22. I use TikTok too much [laughing]. And I have like <u>folders cause</u> I have a friend who doesn't use TikTok, so I'd always <u>save videos</u> that I was like oh, <u>she has to see this</u>, you know, and she'll think this is so funny. <u>So</u> I have a massive folder with like 700 videos in that one and then I was like, you know what, some of these are like more about me than her. So, I should start my <u>own folder</u>. So, I did. And then everything now has a folder and they've got like 5 videos, but you know. And I noticed that the ones I was saving in mine were very like <u>diagnostic</u>. And I was going around. I'm like, I'm <u>not self-diagnosing</u> myself but like it <u>actually fits</u>. And you know, <u>no one has money</u> to go and get a practitioner's help or whatever. <u>So</u> I was like, I'm not <u>gonna</u> say anything, but I'll just <u>vibe</u> with the videos, and my <u>brain</u> knows, and that's all that needs to be done. And <u>so</u> when I saw your advert, I was on I think a</p>	<p>Excessive TikTok use</p> <p>Saving videos for friends</p> <p>Saving and categorising videos in folders for herself</p> <p>Diagnostic nature of saved videos</p> <p>Avoiding to self-diagnose</p> <p>Videos are relatable</p> <p>Financial barriers to get an official diagnosis</p> <p>Not sharing her experiences with others</p> <p>Personal understanding is enough</p>	<p>TikTok usage patterns</p> <p>Saving and categorising videos</p> <p>Informative videos</p> <p>Avoiding to self-diagnose</p> <p>Relatable videos</p> <p>Personal awareness</p>	<p>TikTok videos about ADHD are relatable</p> <p>TikTok fosters self-reflection</p>
Usage rates	<p>three-hour <u>scroll</u> at that point. And I was like, you know what? Yeah, let's use this <u>crazy power</u> for good.</p> <p>00:05:15 Interviewer</p> <p>Thanks. Yeah, you know, like I said, you can now say that you are using TikTok for research purposes. <u>So</u> you know like It's not time wasted.</p> <p>00:05:29 Participant S</p> <p>Yeah [laughing].</p> <p>00:05:30 Interviewer</p> <p>And how often are you using TikTok in general?</p> <p>00:05:36 Participant S</p> <p>I can check my <u>usage rates</u>, which I should have...</p> <p>00:05:40 Interviewer</p> <p>Just a ballpark.</p> <p>00:05:42 Participant S</p> <p>Probably like 5 hours a day (laughing).</p> <p>00:05:46 Interviewer</p> <p>Yeah, that's OK, I've seen more, it's fine.</p>	<p>Excessive scrolling of TikTok is a crazy power that can be used for good</p> <p>Humorously justifying extensive TikTok use for research purposes</p> <p>Ability to track the use on the platform</p> <p>5 hours a day was considered "too much" by her</p>	<p>TikTok usage patterns</p> <p>TikTok is useful</p> <p>TikTok usage patterns</p> <p>TikTok usage patterns</p> <p>TikTok usage patterns</p>	

<p>Was more, break</p> <p>Musically</p> <p>Time waster, other hobbies, boring,</p>	<p>00:05:51 Participant S</p> <p>It was <u>more</u> when I didn't have a job. But now that I've got work, I'm only using on my <u>break</u>.</p> <p>00:06:00 Interviewer</p> <p>And when did you start using it?</p> <p>00:06:04 Participant S</p> <p><u>2019</u> I think.</p> <p>00:06:06 Interviewer</p> <p>Oh yeah, it's <u>pretty early</u>, just when the platform basically came to New Zealand.</p> <p>00:06:09 Participant S</p> <p>I think basically just yeah, after it shifted from <u>Musically</u>.</p> <p>00:06:14 Interviewer</p> <p>Yeah. And what are some things that you really like about the platform? What keeps you coming back?</p> <p>00:06:28 Participant S</p> <p>[Laughing] It's a very good <u>time waster</u>. I have <u>other hobbies</u>, things to fill my time with. But when they get boring, I just go to TikTok. I keep coming back because</p>	<p>Use time depends on work commitments</p> <p>TikTok used during work breaks</p> <p>Early adaptation of the platform</p> <p>Knowledge of the previous version of the platform</p>	<p>TikTok usage patterns</p> <p>TikTok used during work breaks</p>	<p>TikTok offers escapism</p>
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<p>media coverage, <u>really</u> funny, people, music</p> <p>Attention span, cut, hard to recall</p> <p>Attributing</p>	<p>it's like it's a really good way to stay up to date with what's <u>actually happening</u>. Like when the government was doing their thing and people were protesting in Auckland, I only found out about that through TikTok, there were no media coverage really. And I don't listen to the radio or anything, and we don't have a TV. It's a good way for that. And <u>also</u> it's just <u>really funny</u> and <u>people</u> are funny and there's <u>good music</u> [Laughing].</p> <p>00:07:12 Interviewer</p> <p>Nice. OK, cool. <u>So</u> there are quite a few, different useful things about it, right? Not just entertainment, but also, like, keeping up with what's going on. And it gives you, like, the real-life update from actual people, not the government.</p> <p>00:07:28 Participant S</p> <p>Yeah</p> <p>00:07:31 Interviewer</p> <p>And are there some things that you don't like about the platform?</p> <p>00:07:37 Participant S</p> <p>I do not like how I've noticed my <u>attention span being cut</u>. Way more than in half. Especially when I was on it a lot, I've increasingly found it <u>harder to recall</u> points that I'm trying to make like back up my statements with</p>	<p><u>TikTok</u> is a good time waster</p> <p><u>TikTok</u> is a hobby</p> <p><u>TikTok</u> is not boring</p> <p><u>TikTok</u> is a good way to stay updated on the current affairs</p> <p>Finds out recent news from TikTok</p> <p><u>TikTok</u> has information that other medias don't</p> <p>She doesn't listen to radio, doesn't watch TV</p> <p><u>TikTok</u> is <u>really funny</u></p> <p>People on TikTok are funny</p> <p>TikTok has good music</p> <p>TikTok is useful</p> <p><u>TikTok</u> is not just entertainment</p> <p>Attention span is being cut significantly when a lot on TikTok</p> <p>Hard to recall points that trying to make</p>	<p>TikTok offers escapism</p> <p>TikTok provides alternative source of information</p> <p>TikTok videos are funny</p> <p>TikTok is useful</p> <p>TikTok affects attention span and memory</p>	<p>TikTok offers escapism</p> <p>TikTok offers accessible information</p> <p>TikTok affects attention and time perception</p>
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## Appendix H: Data Table

Superordinate themes	Subordinate themes	Examples/extracts
TikTok shapes perceptions of ADHD	TikTok videos deepen understanding of ADHD	<ul style="list-style-type: none"> <li>• I think it's definitely changed a lot from how I used to think that was ADHD. (46:44)</li> <li>• [TikTok videos about ADHD] just kind of humanised the condition. (47:36)</li> <li>• It adds new to the actual diagnostic criteria. (...) the criteria is like one question. And it's got no nuance. (...) I think that is why it's cool. It's because it adds that depth of understanding to what people are actually experiencing. (01:01:01)</li> <li>• I think all of the media representation is usually men for most conditions. So, I mostly see women creators. So it's good to have that difference as well. (01:02:11)</li> </ul>
	TikTok offers accessible information	<ul style="list-style-type: none"> <li>• I keep coming back because it's like it's a really good way to stay up to date with what's actually happening. (06:28)</li> <li>• I also think (humour) makes it more accessible because you kind of hit this...the humour is a buffer. (26:39)</li> <li>• "Look, buddy, I'm not gonna go read a medical journal, no one's got time for that. This is accessible, so this is what I found". (49:53)</li> <li>• TikTok is accessible so more people are finding out more things. (53:54)</li> </ul>
	TikTok videos increase awareness of ADHD	<ul style="list-style-type: none"> <li>• So I feel like it's really good at increasing awareness of how her specific brain works, and also just like opening a discussion for people in the comments to be like "Oh I experienced this". (19:21)</li> <li>• I think awareness...(...) And I remember kids acted like that when I was in school, they would be teased about it. He doesn't get teased about it, so I'm like, maybe it had a lead-on effect of people being less bullying or something? (54:52)</li> </ul>
TikTok is a platform for relatable and	TikTok videos are relatable	<ul style="list-style-type: none"> <li>• So I was like, "Wow, that video really related". (15:15)</li> <li>• Someone has experienced a thing I've experienced which is always cool. (17:26)</li> <li>• And that's why it resonated with me. (24:30)</li> </ul>

informative ADHD content		<ul style="list-style-type: none"> <li>I really like their interactions because I relate to a lot of how the wife acts and behaves (25:45).</li> </ul>
	TikTok videos are reassuring	<ul style="list-style-type: none"> <li>I think, part of it is like, oh cool, I'm not going actually clinically insane. (17:26)</li> <li>(Using his) expertise to confirm a funny video and be like "That is actually a thing, guys. So don't think you're crazy or whatever". (22:50)</li> <li>But I think it is just that same feeling of like "I'm not crazy". People do experience it whether or not I fit in the same category. (29:02)</li> </ul>
	TikTok videos offer practical advice	<ul style="list-style-type: none"> <li>But to see people being like "Well, this is how I navigate around it...". I can either adapt it into a coping mechanism or a way to work around it, or I can just keep muddling through. (29:44)</li> <li>It's useful to find alternative ways of dealing with things that I experience. (30:30)</li> <li>So, if some of the coping mechanisms or the way of talking seem useful, I will adapt it to life. (52:38)</li> </ul>
TikTok videos affects personal and social well-being	TikTok videos foster self-reflection	<ul style="list-style-type: none"> <li>I'm like, I'm not self-diagnosing myself but like it actually fits. (03:49)</li> <li>My folder that I have for myself, it's called "Uh-oh me". And so that was kind of that was going through my head, and I was like "Oops. That explains it...". (16:57)</li> </ul>
	TikTok videos facilitate communication	<ul style="list-style-type: none"> <li>"Hey, Doctor, Lady, Person, do you think this matches up?(...)These creators are relatable". (10:24)</li> <li>I can show this to someone and say, "Look I could be interesting, more interesting than you initially thought". (17:26)</li> <li>When videos are relatable and it reminds me of like interactions with my partner, cause we live together, we'll usually have a conversation. (...) So, if we could try and incorporate this way of talking with each other, I would find it helpful. (52:38)</li> </ul>
	TikTok offers entertainment and escapism	<ul style="list-style-type: none"> <li>It's just really funny and people are funny and there's good music (06:28)</li> <li>I was gonna point out that it feeds a lot into escapism (45:01)</li> </ul>
	TikTok affects attention and time perception	<ul style="list-style-type: none"> <li>I do not like how I've noticed my attention span being cut. (07:37)</li> <li>Then I don't like that I can just get lost in the scrolling and then it's like 5 hours later, and I'm like "Oh my God...". (07:37)</li> </ul>

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|  |  | <ul style="list-style-type: none"><li>• When I'm on TikTok (...) I lose track of time, and then I'm like, oh I should do that thing. (45:49)</li></ul> |
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## Appendix I: Master Table

Superordinate themes	Subordinate themes	Examples/extracts
TikTok impacts awareness and attitudes towards ADHD	TikTok raises awareness and combats ADHD stigma	<ul style="list-style-type: none"> <li>• I think also for the most part it, probably because it's like lots of just short form content, that I can sort of watch without consciously paying that much attention and that much thought to it, it probably subconsciously has changed how I think of it, just without me realising (James 32:46)</li> <li>• I think that it's definitely like contributed to like the public awareness of it, like because of the how the content works on TikTok and how it can be pushed on people's FYP and it's really consumable, quick, 30 seconds, 20 seconds. There's a lot more discussion about it (Ruby 54:44)</li> <li>• So, I think there's that real skill of some creators to package something in a way that you're engaging with because, oh, this is interesting, this is entertaining, but you're actually learning something or, you know, being exposed to a new kind of dialogue or experience. Not deliberately, but just because it's blended in with your usual content. (Aria 51:30)</li> <li>• But if it was, like a funny video like that, it's like, "OK, this is funny. This makes me laugh". But there's, like, a positive. It's like positive reinforcement. Like, I got rewarded for this because it gave me a laugh and a giggle. So I think that's what makes it very much more like, acceptable, palatable, easy to consume (Ruby 39:41)</li> <li>• But I also think that it doesn't need to be something that is so serious because then it just becomes kind of taboo. And it's definitely not. And I feel like if there wasn't a humour aspect, people might just see you know how awful it is, and then that's all that they think about when they think of ADHD. (Nina 35:26)</li> <li>• Like from my interactions and my social spheres' interactions, definitely [TikTok contributed to ADHD] awareness. I actually see more people talking openly about it [ADHD] now and less apprehension to talk about it or less embarrassment to say like "I have ADHD" (...) But I think about some of my older family members who, you know, don't even know what TikTok is, they definitely still have that</li> </ul>

		<p>stigma whenever the conversation comes up. (Aria 57:33)</p> <ul style="list-style-type: none"> <li>• The relationship between particularly neurodivergences, and (...) society has changed significantly in the last five, not even five years. That used to be, I think the idea is around being the dumb kid that never sat still in the back of the classroom. Never as significantly idea around has changed, and that has stemmed from the movement of people showing that it's not all... It's not just the all the negatives. (...) But I think putting a more comedic spin on it helps keep the positive image a little bit (Lily 13:06)</li> <li>• A lot of it is trying to break down the stigma around (...) ADHD as a disorder or as a disability versus what it is like. And it's just kind of breaking it down and (...) changing attitudes towards it for the positive (Lily 52:10)</li> <li>• I think more awareness. (...) I think that most people find out about ADHD and you know, learn facts about it. I think that's quite positive because it helps. I think it reduces the stigma around it (David 53:33)</li> </ul>
	<p>TikTok videos shape nuanced understanding of ADHD</p>	<ul style="list-style-type: none"> <li>• It adds new to the actual diagnostic criteria. (...) the criteria is like one question. And it's got no nuance. I think that is why it's cool. It's because it adds that depth of understanding to what people are actually experiencing. (Sophie 01:01:01)</li> <li>• I've known people who've had ADHD for quite a long time. But aside from knowing that it existed, I'd never really knew that much about it. So it probably isn't wrong to say that it sort of mostly got formed by TikTok (James 32:46)</li> <li>• I think a lot of creators trying to present I guess more as a difference rather than I guess a deficit (Maia 34:57)</li> <li>• I've definitely seen people having like different understandings of these disabilities now due to TikTok, which I think is really good, because there's now being talk in spaces about, you know, changing the diagnostic criteria for a lot of them. Because at the moment, still the diagnostic criteria is based off, you know, the stereotypical presentation of them in males, which is why AFAB people are so frequently either misdiagnosed or like not diagnosed at all. (Rowan 43:06)</li> <li>• But I very much feel like my understanding of ADHD before I started using TikTok was very</li> </ul>

		<p>textbook, very based on male research and male symptomology, yeah, male presentation. Whereas, the big shift since using TikTok is understanding more about the nuance of how ADHD can present in, you know, women or people with other diagnosis, or in different contexts and what it looks like in an everyday application for different people. So, I feel like I have a much more nuanced and broad understanding of ADHD now. (Aria 55:42)</p> <ul style="list-style-type: none"> <li>• Before TikTok there were all these views about these disabilities, and there wasn't really a platform for people to try and educate people about like the accurate or the correct view of these things. And so, this sort of just being this like one view of these disabilities and until TikTok came around, there wasn't really any way to sort of correct that. (Rowan 01:01:32)</li> <li>• I feel like it is important to see that ADHD isn't just this one thing that you've read, you know, on this, you know, clinic's website. But when you're on TikTok and you see all these different creators posting about it, you're like "Oh wait, this person doesn't struggle with this, but they do have ADHD. But this person does struggle with this, and they do have ADHD" and you can see how it is actually different for everyone because a lot of people just, you know, they hear ADHD and they expect the same thing from everyone with it. But it's actually not like that. And I think that TikTok portrays that, you know, it is different from person to person and no one's the same. (Nina 50:29)</li> <li>• (My understanding of ADHD) definitely changed. I think before my understanding was very much from what I've seen from my brother and from other boys that I knew growing up who'd been diagnosed with it. (...) And you know, I got TikTok and I saw a lot more women who had been diagnosed with ADHD talking about their experience and realising that it looks different in girls and that's kind of why we think that there's less girls or people perceived it because we're looking for the wrong thing (Maia 50:21)</li> </ul>

ADHD empowerment through TikTok	TikTok offers community support through shared ADHD experiences	<ul style="list-style-type: none"> <li>• I sort of noticed, that there was like a lack of autism, ADHD content on the app. (...) And so, it was sort of like I started making content about, you know, my life with ADHD and autism, as well as just like other life things. And then I started seeing more like actually good ADHD, autism content. And so, I like delved into that to find like a sense of community through that, and that was really lovely. (Rowan, 12:12)</li> <li>• And then also what I find helpful is I will often, if I kind of feel a bit suspicious or iffy about something, I will look in the comments. And I feel like I shouldn't, but a lot of people kind of can dictate how I feel about it. So, someone could be like, "Hang on, this is so not right, like blah blah blah" and then explain themselves. And I'm like I agree with that, I agree with that. (Nina 30:04)</li> <li>• I think the most important thing is that you realise you're not the only one experiencing it, especially if you live in like a small town or something. You could be like the only person you know who goes through the same sort of stuff or is open about going through it, or because you know sometimes these things can be a bit taboo, not so much anymore, but still. (Maia 06:48)</li> <li>• Like, it's something that I can relate to. Because it's nice to see other people that understand what I go through as well (...) So when you see it, scrolling though my For You Page, I see a lot of people that are like-minded to understand the same as me. It makes me feel good (David 33:22)</li> <li>• Particularly, yeah, I find ADHD community is very positive and welcoming (Lily 21:20)</li> </ul>
	TikTok as a platform for self-discovery, validation and recognition	<ul style="list-style-type: none"> <li>• And like I said, you know, I've had several friends now who kind of... They started seeing things on TikTok and they were like "That sounds like me. Maybe I should go follow that up". And they've actually gotten diagnoses since then (Aria 13:59)</li> <li>• Like is he describing me? [laughing] Yeah, is he describing me? Because that's what I'm feeling right now, to be honest. (...) I feel scared because what if it's true? Am I like, am I broken now? (Olivia 17:39)</li> <li>• I believe that these people who seek it out, it's because they're struggling and they need help and they want help and it's good that there is</li> </ul>

		<p>like a sort of like encouragement. Like you've watched these TikToks you feel like it's relatable, maybe you've gone off and done your own research and you're like, "OK, I think I want to look into this professionally". I think that's a good thing (Ruby 54:44)</p> <ul style="list-style-type: none"> <li>• And it was just the fact that all of these I do, and then a lot of people in the comments are in agreement. I'm like, I thought this was just such an original and like personal experience, and like everyone is... (...) And yeah, it was just cool to see that like I do all of those things, probably every single day. And like so many other people do it as well (Nina 39:34)</li> <li>• I guess it is becoming more popular now for people to kind of understand themselves more through platforms like TikTok (David 03:01)</li> <li>• Like we talked about, a few of my friends have had diagnoses, they were really excited to share that they've gotten a diagnosis rather than embarrassed, so it was like this. Again, like that, empowerment and validation of "it's all falling together, it all makes sense for me now." (Aria 57:33)</li> <li>• And one of the reasons I got an ADHD assessment was because of some of the stuff that I saw on social media (Maia 03:29)</li> <li>• And this feels weird, but this is how I feel, like it feels like there's no judgement when you're interacting with it [ADHD-related content] on TikTok, because it is a lot more... I guess it feels more present in the dialogue that ADHD presence differently for every single person, like you're never going to have an exact box. An exact checklist as much as you know, like the DSM would love, you know, a nice little tick, tick, tick. Yeah, TikTok just feels more real. And easier to kind of see yourself (Aria 01:05:30)</li> <li>• But I think it is just that same feeling of like "I'm not crazy". People do experience it whether or not I fit in the same category. (Sophie 29:02)</li> <li>• And like there are times when, you know, I feel bad about myself and life is really hard, I feel like I'm not going to get anywhere. And then I'll watch them be all happy and positive and being like "This is what life can be like for you". And it makes me feel good (Rowan 28:26)</li> </ul>
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		<ul style="list-style-type: none"> <li>• Or like they recognise it and just is like, “I guess a bad neurotypical instead of just a normal ADHD person”. (Maia 44:37)</li> <li>• I guess in a way you watch it and you go “I'm not broken. This is genuinely a thing. I'm not just crazy. I'm not just making it all up in my head” (Maia 39:05)</li> </ul>
	TikTok videos offer practical advice for people with ADHD	<ul style="list-style-type: none"> <li>• It's useful to find alternative ways of dealing with things that I experience. (Sophie 30:30)</li> <li>• Yeah, actually one of the ones I saw that was really helpful was putting things that you don't want to forget on your doorknob. (Maia 53:19)</li> <li>• Probably the most I've seen that's useful around it is like the role modelling of conversations to navigate ADHD. It is not so much like this is a tool I use or this is a strategy I use, but more so that this is a conversation I can have to navigate it in this context. (Aria 01:08:55)</li> <li>• And TikTok is great because you have a lot of people, especially like with ADHD stuff, you have a lot of people who are like minded, so they can all share their tips and tricks. Not everything will work for me, but it might work for someone else. So, it's always good when people share that kind of stuff (David 46:00)</li> </ul>
TikTok risks stigmatising ADHD	TikTok can spread problematic information	<ul style="list-style-type: none"> <li>• I had never seen any of this person's videos, so I have no idea if he's just completely making stuff up or if it's actually true (James 16:58)</li> <li>• But if you're like, just watching it for fun and then your brain, like, absorbing easily, you're gonna have hard time to distinguish whether it's a fake or not, because you don't have really a lot of time to process it. (Olivia 44:12)</li> <li>• I really prefer the healthcare professionals because they know what they've been saying because they... Of course they, you know, went to university or they study. So, I think all the information that they will say to their audience is reliable. (Olivia 19:17)</li> <li>• To those people who like experience it, I think it was like half – half, 50/50, OK and 50 not. Because sometimes when you're saying things, maybe some of it is not true, because you want an audience, right? You want someone to watch your video, you want someone, people to relate it on. So yeah, that's it like 50/50. (Olivia 19:54)</li> <li>• Like some of them are very severe ADHD and then they're making TikToks I've seen and that</li> </ul>

		<p>sound like that's everyone's ADHD, which it's not. I mean that would be definitely a select few but for the most part, you know, it's a big spectrum (David 55:17)</p> <ul style="list-style-type: none"> <li>• So, it is a big spectrum. So, I think making that more normalised on TikTok would be great. That's definitely underrepresented (David 56:56)</li> <li>• I think that the restrictions on TikTok aren't harsh enough. I feel like there are some topics that are just so there, like so present and prominent on TikTok, that definitely shouldn't be (Nina 07:39)</li> <li>• So, I've definitely seen like some... like more, you know, offensive content on TikTok being posted about the neurodivergent people. And, you know, speaking towards neurodivergent people as if they're like less than or, you know, infantilising us... (Rowan 25:26)</li> </ul> <p>There are certain emotions that get more engagement, and one of those is anger, but that's not very productive, and another one is humour (Maia 33:50)</p>
	<p>TikTok can prompt problematic ADHD self-diagnosis</p>	<ul style="list-style-type: none"> <li>• But then, I think because it's become more aware, and more in the public eye, people are... There will be some people that say, like...you know, just sort of self-diagnose, even though they don't actually have it or just pretend to have it, because they can or because they want to, because it's the trendy thing, or, you know, their friends have it or something (James 38:24)</li> <li>• I guess maybe the fall out from it can contribute to stigma because a lot of people have that perception, especially if they don't use TikTok, of like "Ohh you know, everyone's just watching these videos on TikTok that have like five symptoms that everyone really feels to some degree, and self diagnosing themselves from one video" which is not usually the case (Maia 57:35).</li> <li>• It felt embarrassing when like "I saw this on TikTok". Probably because of that stigma of google doctors, like you don't want to be a Google Doctor, who's self-diagnosing, because of this, that and the other thing. (Aria 01:03:16)</li> <li>• I feel like a lot of them are relating to a video and then there will often be someone who's like, "Oh wait, this is so me, but I don't know if I have it". And then sometimes they'll be people like "Self-diagnosing is not OK, you shouldn't</li> </ul>

		<p>do that”, and then someone will reply to that comment. It's just a whole comment trade of like arguing over you know this one person's thought and yeah (Nina 31:53)</p> <ul style="list-style-type: none"><li>• And even though from what I've heard, there seems to be a lot of negative stigma where it's like, “Oh, everybody has ADHD these days, like is it even credible? Is that even realistic?”. But I think it is. And I think it is important to get help if you're struggling. (Ruby, 54:44)</li><li>• And TikTok doesn't really have a good connotation with a lot of people. They might just think, “Oh, that's that weird dancing children's app” and yeah, so I guess I would worry, when I have seen... When I was going through my diagnosis process and I was talking to my psychiatrist, I would, I would never say specifically like I saw this video on TikTok. I would say “I've done my research and I've found that there are people that are discussing XY and Z and I found it very relatable”. I might not necessarily use the word TikTok just in case, for fear that someone might not take me seriously (Ruby, 58:12)</li><li>• I'd be quite wary because I know a lot of doctors and mental health professionals who become quite judgy about sort of the prevalence of ADHD content on TikTok and be like, “Oh, everyone's getting diagnosed with ADHD these days, or like everyone thinks they have ADHD these days”. (Maia 55:28)</li></ul>
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**Appendix J: Ethics Approval Letter**

**MASSEY**  
**UNIVERSITY**  
TE KUNENGA KI PŌREHUROA  
UNIVERSITY OF NEW ZEALAND

15/04/2024

Dear: Maria Kroklicheva

**Re: Ethics Application - OM1 23/58 - From hashtags to self-discovery: exploring how TikTok's ADHD content shapes young adults' thinking and identity.**

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

**Ohu Matatika 1** at their meeting held on **Tuesday, 5 December 2023**

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Tracy Riley'.

Professor Tracy Riley,  
Acting Chair, Research Ethics Chair's Committee