



Sara Press//

Last spring, one of my third-year English students told me that she was in the process of seeking an ADHD diagnosis. This in and of itself was not surprising, since ADHD is fairly common. What was surprising was that this student had discovered her potential diagnosis on TikTok. Apparently, she is not alone.

In “TikTok is My Therapist: The Dangers and Promise of Viral #MentalHealth Videos,” Camille Williams reports that as of March 2022, “the #ADHD channel on TikTok...[had] 2.4 billion views.”^[1] By November 2022, that number had risen to over 16 billion.^[2] This explosion of ADHD content on TikTok has been met with both celebration and skepticism. As Williams explains, “At best, ADHD TikTok destigmatizes mental disorders, fosters community, and makes life-changing research accessible to a new demographic. At worst, it leads to dangerous self-diagnosis...and perpetuates untruths that further stigmatize individuals with ADHD.” For better or worse, TikTok is raising awareness about the condition in ways that are empowering many of its users to become more informed advocates of their health.

TikTok hosts over one billion users across the world,^[3] exerting an enormous cultural influence that has now extended into the medical realm. Indeed, psychologists have reportedly seen a significant uptick in the number of people seeking ADHD diagnoses in recent years.^[4] Specifically, Lucie Edwardson explains, in the last two years, psychologists have witnessed an “increase in the number of young adults (18-35) who come to them requesting assessments—for ADHD and autism spectrum disorder (ASD)—and citing social media like TikTok and Instagram as their

primary source of information.”[5] Some of these assessment requests have resulted in official medical diagnoses; others have not.

Although some critics of ADHD TikTok have questioned possible misinformation,[6] and others have been wary of content creators with large followings and no credentials,[7] TikTok has nonetheless drawn attention to demographics that have historically been overlooked. In fact, until recently, ADHD was almost exclusively associated with children. For example, the CDC’s current web page on “Data and Statistics About ADHD” lists the word “children” 38 times, but does not include the word “adult” once.[8] On another web page, “What is ADHD?”, the CDC defines ADHD as “one of the most common neurodevelopment disorders of childhood.” [9] While the CDC acknowledges that the condition “often lasts into adulthood,” there is disproportionately less information on ADHD symptoms and diagnostic criteria for adults.[10] This dearth of information may result in medical practitioners and patients being less likely to recognize ADHD in adult populations.

Similar issues of representation extend to gender and race.[11] For example, while statistics show that ADHD may be more prevalent in boys and men, symptoms of ADHD in girls and women “are more likely to be overlooked by knowledgeable informants, and [girls and women] are less likely to be referred for diagnosis and treatment.”[12] Moreover, according to Jonathan Metzl and Dorothy Roberts, pediatricians in the US have been found to “disproportionately overdiagnose ADHD in white school-aged children” (681).[13] This means that while white male adolescents are being *overdiagnosed* with ADHD, people of color, females, and adults—some of whom embody more than one of these identities—are likely being *underdiagnosed*.

This tension between overrepresenting and underrepresenting certain patient populations is not new, and ADHD is not the only condition that has become associated with a specific demographic. As Jordynn Jack writes, “Gendered characters in debates about autism...develop existing narratives and characters, which have already gained cultural acceptance” (4).[14] Specifically, Jack explains, autism has become personified “by innocent, middle-class boys” (24).[15] Autism TikTok and shows like *Love on the Spectrum* have helped to combat these stereotypes, but they remain deeply ingrained. So where does this typecasting come from?

Aside from their origins in clinical and cultural norms, some of the stereotypes we encounter in medicine can be partly attributed to pharmaceutical advertising. As Joanna Kempner explains, “Because it is both impractical and unwise to design a promotional campaign that appeals to a broad audience, marketers have learned to divide potential customers into sectors thought to hold a coherent set of attitudes, beliefs, or desires” (120).[16] For example, Kempner examines how the marketing of migraine medications has reinforced the idea that there is only one type of person who suffers from migraines: middle-class white women (109).[17] Like the stereotypes that depict middle-class white boys as the only kinds of people with ADHD or autism, the dominant association of migraine with middle-class white women reduces the likelihood of other people with migraine receiving diagnoses for this condition.

TikTok and other social media platforms have shed light on some of these representational shortcomings, but the Internet, more broadly, has played an outsized role in offering myriad sources of information on various medical conditions. Since the rise of websites like WebMD, people have been bypassing doctor's visits by asking Google what their symptoms might mean, and self-diagnosing based on those search results. COVID-19 heightened people's dependency on the Internet as a reliable forum for medical queries,[18] because in-person medical consultations were, for a time, impossible. Simultaneously, the pandemic led to mistrust of medical authorities, spurring many to defer to non-standardized diagnostic procedures. It was in this context of nationwide lockdowns and widespread health anxiety that people became more attuned to their health and began spending more time on the Internet.

In many ways, the Internet has enabled a democratization of information; but not all that information is reliable. Some of the information on the Internet is not clinically sound or sufficiently researched; and people should still consult medical professionals when they suspect they have a condition. But as TikTok has shown us, there are stereotypes in medicine that have permeated our cultural norms and informed what we think certain conditions look like, and who we think should have them. And while some TikTok users may be persuaded that they have a condition they do not have, others may benefit tremendously from this persuasion. By the end of the semester last spring, my student had received an official ADHD diagnosis—and it all began with a one-minute video.

Works Cited

[1] Williams, Camille. "TikTok is My Therapist: The Dangers and Promise of Viral #MentalHealth Videos." *ADDitude: Inside the ADHD Mind*. March 31, 2022.

[2] Ries, Julia. "TikTok is Changing the Way We Talk About ADHD—For Better and Worse." *SELF*. October 13, 2022.

[3] Williams, Camille. "TikTok is My Therapist: The Dangers and Promise of Viral #MentalHealth Videos." *ADDitude: Inside the ADHD Mind*. March 31, 2022.

[4] Edwardson, Lucie. "These Calgarians Say TikTok Told Them They Had ADHD—Turns Out, They Do." *CBC News*. November 7, 2022.

[5] *Ibid.*

[6] Ries, Julia. "TikTok is Changing the Way We Talk About ADHD—For Better and Worse." *SELF*. October 13, 2022.

[7] Williams, Camille. "TikTok is My Therapist: The Dangers and Promise of Viral #MentalHealth Videos." *ADDitude: Inside the ADHD Mind*. March 31, 2022.

[8] “Data and Statistics about ADHD.” *Centers for Disease Control and Prevention*. August 9, 2022. <https://www.cdc.gov/ncbddd/adhd/data.html>

[9] “What is ADHD?” *Centers for Disease Control and Prevention*. August 9, 2022. <https://www.cdc.gov/ncbddd/adhd/facts.html>

[10] Ibid.

[11] In my research on this subject, I found scarce data on how to identify and treat ADHD in non-binary people.

[12] Quinn, Patricia O., and Manisha Madhoo. “A Review of Attention/Deficit/Hyperactivity Disorder in Women and Girls: Uncovering this Hidden Diagnosis.” *The Primary Care Companion for CNS Disorders* 16.3 (2014). n.p.

[13] Metzl, Jonathan, and Dorothy E. Roberts. “Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge.” *American Medical Association Journal of Ethics* 16.9 (2014): 674-690.

[14] Jack, Jordynn. *Autism and Gender: From Refrigerator Mothers to Computer Geeks*. Champaign: University of Illinois Press, 2014.

[15] Ibid.

[16] Kempner, Joanna. *Not Tonight: Migraine and the Politics of Gender and Health*. Chicago: The University of Chicago Press, 2014.

[17] Ibid.

[18] Maftai, Alexandra, and Andrei Corneliu Holman. “Cyberchondria During the Coronavirus Pandemic: The Effects of Neuroticism and Optimism.” *Frontiers in Psychology* 11 (2020). n.p.

Cover Image: Solen Feyissa on Flickr (Creative Commons)