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TikTok and Self-Diagnosing Mental Illnesses: Perceived Reliability Factors, Vulnerabilities, and Dangers

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TikTok and Self-Diagnosing Mental Illnesses: Perceived Reliability Factors, Vulnerabilities, and Dangers

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Let me figure out what to do here

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Introduction

Social media has changed the way interactions are handled forever. People no longer have to talk to each other in a room; they can send each other videos and interact from countries away. Conversations can happen without vocal recognition, talks can be made without faces, and entertainment can be accessed anywhere and at any time. From a psychological standpoint, this is fascinating research. To focus in, the most prominent social media now more than ever is TikTok. TikTok is a social media app where users can upload videos, pictures, audio, and more to a stream of interactable content. This app provides endless consumption for users as the videos that are uploaded through the stream are never-ending. TikTok has gotten so big that there are even communities within it, such as Booktok, FitnessTok, etc. Such communities include those that spread information about mental illnesses.

TikTok, however, is not perfect. Misinformation can spread and create damaging images of people and things. The purpose of this thesis is not only to analyze this information but to devise a study about people's interactions and perceptions of TikTok. This study will examine if and why people self-diagnose themselves with mental illnesses they see on TikTok. An extensive literature review will be conducted to overview the dangers of TikTok when it comes to self-diagnosing. An app with a user base like TikTok needs to be analyzed, for there are many potential dangers that can arise.

Literature Review

Self-Diagnosing

This trend of self-diagnosis did not start with social media. A survey from 2013 found that one-third of Americans use the internet to self-diagnose (Kuehn, 2013). They used websites such as Google and WebMD. Another study found that three out of four Australians admit to searching the internet to diagnose medical symptoms, and six out of ten who go online for health information do so for the purpose of self-diagnosis (Robertson et al., 2014). These statistics show how prevalent self-diagnosis is on the internet, and they raise the question of whether diagnoses using sites such as WebMD are even reliable in the first place.

Researchers have analyzed information by WebMD symptom checkers to determine the accuracy of diagnosis. They found that the information and diagnosis given were "often inappropriate and that the diagnoses suggested are frequently inaccurate. Recommendations to seek emergency advice may cause inappropriate healthcare utilization." (Powley et al., 2016). Another study tested online self-diagnosis for hand surgery and physical disorders that are found in hands and arms. They found that the WebMD symptom checker "diagnoses were discordant with the surgeon's diagnosis" (Hageman et al, 2014). With WebMD being one of the most prominent online checkers, even the most popular symptom checkers are not reliable when it comes to diagnosis. A study by researchers Jutel and Lupten analyzed the quality of information from thirty-five self-diagnosed smartphone apps. They found that these apps provided "are for 'entertainment purposes only' and not designed to 'replace a diagnosis from a medical professional" (Jutel & Lupten, 2015, p.134). In other words, these apps' ability to self-diagnose is questionable, and lacks the proper ability to diagnose someone. This research examines how self-diagnosis is a real thing that occurred long before TikTok. However, it begs the question of

whether TikTok examines these same effects. TikTok misinformation can create a skewed result on what is reliable.

TikTok Reliability, Misinformation, and Platform Specific Dangers

Self-diagnosis becomes very problematic, especially with the spread of misinformation. This spread of misinformation affects more than just mental disorders. The World Economic Forum (WEF), stated how digital misinformation is becoming more common in social media and is listed as a global risk and one of the main threats to society (Walsh-Buhi, 2020). Not only can mental disorders become misinformed, but all the information we view online. TikTok's content algorithm of short-form consumption makes it so users are so busy focusing on the next video that they do not double-check the content they view. Videos could lie or present information in a way to convince users of certain beliefs or mental illnesses. This is already seen in numerous studies. One researcher analyzed TikTok videos about ADHD and found that approximately half of the analyzed TikTok videos about ADHD were misleading (Yeung, 2022). Researchers who analyzed the quality of the information in videos about diabetes on TikTok found that while some are reliable, users should exercise caution, "that TikTok is a powerful platform for disseminating diabetes-related information… the quality of information in the videos differed" (Kong et al., 2021, para. 21). Other studies also demonstrated that information regarding COVID-19 on YouTube and TikTok is not useful or misleading (Basch et al., 2020). This evidence has demonstrated the broad effects of misinformation on the platform. Users must be aware of this danger with all the videos they view, not just with mental illness. This even includes climate change. A content analysis of 100 videos on climate change found only eight included information from a reputable source (Basch, Bhavya, & Fera, 2022). This demonstrates how users should fact-check videos, as a majority of what they view could be false or made up.

There have also been examples of the effects of misinformation on behaviors. Many of the tic-videos posted are misleading, create false beliefs about Tourette's syndrome, and reinforce tic-like behaviors, in parallel with increased social media consumption, with concern that these videos are creating increasing functional tic-like behaviors (Frey, Black, &Malaty, 2022). Misinformation in this case has been reinforcing tic-like behaviors in users. There was also this same concern for female users in which one study found that the audio-visual style of Instagram and TikTok has been associated with the manifestation and course of functional tic-like behaviors, less self-reported levels of psychological well-being, increased internalizing symptomatology, and self-diagnosis of various mental illnesses (Haltigan, et al., 2023). This misinformation has created negative side effects with many of its symptomology being internalized in vulnerable female users to even lead to self-diagnosis. However, this form of misinformation is heightened by short-form consumption.

TikTok does have some benefits, however, these beneficial behaviors can lead to dysfunctional behaviors. A study found that the gratification of entertainment was the primary function behind all behaviors such as passive, participatory, and contributing (Christina & Kottasz, 2020). Users now need to be constantly entertained to create motivation for behavior. They can no longer sit for hours and listen to one topic; they have to be constantly entertained. What makes TikTok unique is its short-form content consumption. Users can scroll for hours and come across hundreds of videos. This infinite scrolling has been found to be a simple and noninvasive method to decrease anxiety, and lower blood pressure and heart rate. (Gu et al., 2021). Not to mention (as seen with social media as a whole) users with low self-efficacy and high social anxiety will lead users to engage in different online activities to lower anxiety and to escape stress (Wegmann and Brand, 2016).

An aspect that could affect TikTok is the rapid discussion of content. There are fewer stigmas and taboo topics and users can discuss anything they please. Especially in mental illness where there has been a rise in content with the ADHD hashtag with upwards of 6.3 billion views (Gilmore et al., 2022). However, there are fears that people are glorifying mental illness for their own gain. TikTok influencers with Tourettes will sell merchandise or create paid appearances, despite these same videos having frequent, violent, and inaccurate portrayals (Frey, Black, & Malaty 2022). This researcher is not saying that they do not have Tourette's and tic-like behavior, however, some users could overdramatize their symptoms or fake them to make an income. This glorification can also harm people with their respective mental illnesses. With a rare disorder such as dissociative identity disorder (DID), researchers have stated that the culture of self-diagnosed mental illness and posting has an approach of being romanticized, glamourized, malingered, and sexualized (Haltigan et al., 2023) Even further, these non-diagnosed claims of DID negatively impact others who have clinically DID and seek therapy (Haltigan et al., 2023). What this explains, is that users who self-identify or self-diagnose themselves with mental illness glamourize the illness. This negatively affects the feelings and reputations of those who have clinical diagnosed mental illness. This research also points out how having a rare disorder like DID can have high estimates of upwards of 14%, especially in children in which the disorder is rare (Haltigan, et al., 2023). TikTok users have glamourized mental illnesses to the point where users are self-diagnosing themselves and harming those who have the mental illness. In summary, TikTok has several dangers related to its reliability, short-form consumption, and glamourization. However, social media has misinformation as a whole that could have a detrimental influence on healthcare outcomes with misinformed representation leading to anxiety surrounding various conditions and inappropriate utilization of healthcare

resources, based on representations that are viewed (Frey, Black, Malaty 2022) TikTok is one part in the whole scheme of social media dangers.

Shared Social Media Dangers

While TikTok has its downsides, they are not exclusive. Not to mention, social media platforms problems are also applicable to TikTok as well. Other social media platforms, such as Snapchat or Instagram, all have potentially dangerous side effects. In one study, more social media use was associated with more severe symptoms of depression, anxiety, and loneliness (Rutter et al., 2021). Furthermore, some results even found that addiction, envy, and social media use anxiety were significant predictors of burnout (Liu & Ma, 2018). Users of social media are more depressed, anxious, lonely, and burnt out. Other studies even found that depression rates were high up to 1.5 to 2 in lesbian, gay, and bisexual persons (Escobar-Viera et al., 2018). Other studies also found that social media use might directly cause suicidal ideations and depression (O'Reilly et al., 2018), This was especially found in young users whose excessive social media use could be linked to depression (Jeri-Yabar et al*.,* 2019). Other studies show that social media use anxiety and social media addiction as predictors of burnout which can lead to depression (Frey, Black, Malaty, 2022). Since COVID-19, there has been an increase in social media use with TikTok, the most addictive, being associated with more addictive behaviors. These young, addicted users were more likely to be exposed to violent content and behaviors such as cyberbullying (Al-Samrraie, 2022). Social media as a whole is not immune to misinformation or mental illness. It is important to note, however, that children experience many more problems with social media.

Childhood Vulnerability

With all these dangers highlighted, it is important to note the role of children using social media. Despite the Federal Children Online Privacy Protection Act that prevents people under 13 years from signing up, a study found that half of adolescents aged 11 or younger have a social media account. This increases to 85% by 14 years old (Charmaraman, Hodes, Richer, Et al. 2021). Despite children not being allowed to use social media, there are still those using technology. Lenhart *et al.* (2010) argue that teens between the ages of 12 and 17 have the highest online presence in addition to the enthusiasm to use social networks for a very long time. It can be said that users between 10 and 25 are more vulnerable to social media addiction due to oversharing and time spent on platforms (Alzougool & Wishah (2019); Akakandelwa & Walubita (2019)). It might be easy to say that parents should regulate children's internet access. However, some researchers explained that some parents lack the knowledge of the internet to do so (Shin, 2015). Firstly, there is evidence that children below the age of 13 have one or more accounts with and without parental knowledge (Chou *et al.*, 2019; Throuvala *et al.*, 2019). Secondly, users can quickly create false personal information to achieve access to social media gambling activities and prevent parents from knowing (Chou *et al.*, 2019). Thirdly, rapid migration from platform to platform creates unawareness and difficulty for parents to regulate (O'Keeffe and Clarke-Pearson, 2011). Finally, some parents do not understand proper boundaries and rules concerning usage at home (Al-Samarraie et al., 2022). With all this in mind, children have developed strategies to play games on their devices without their guardians' knowledge (Hadlington et al., 2019). Parents cannot just easily regulate their kids' devices and social media use because of deceptive practices and ignorance. With all this being said, children have access

to social media and developed practices to avoid getting caught despite there being recommendations and government actions against it. This is even found in young students.

It has been found that young students who engage with social media while studying have lower grades than those who do not engage with social media (Swar & Hameed, 2017). This further explains the negative consequences of too much time spent on social media along with the development of signs such as anxiety, depression, and addiction to social media (Primack *et al.*, 2017). Some of the vulnerabilities can be equivocated with young online gamers who find it difficult to regulate their online/offline game time compared to adults (Gong *et al.*, 2019). Therefore, children cannot regulate their actions and time spent online. The excessive use of social media is also believed to negatively affect general well-being and quality of life, especially in young users (Alzougool and Wishah, 2019). Social media networks like Instagram and Snapchat have the potential to capture the user's personal experience through mobile devices (Humphreys, 2013). This platform customization of experience and interaction makes social media addiction more vulnerable to younger users (Chou *et al.*, 2019). Therefore, children are more susceptible to getting addicted to social media due to predatory practices and regulation maturation.

Another concern with child social media use is sexting. It is not only a gateway for future behaviors, but also found to harm social, physical, and cognitive development (Afe et al., 2020). In combination with a lack of cognitive development to understand the implications of the sexual content they are in and the ease of use to obtain materials besides posting and viewing, social media can influence users to create sexting behaviors to eventually create a dependency and addiction to it (Throuvala *et al.*, 2019). Younger children will not know the ramifications of their sexting actions and will develop a dependence on it. Not to mention, social media can provide

access to material and content that can influence this behavior. All this is to say, that children lack the cognitive awareness to understand the harmful actions and sexual content that influence them on social media. This, in turn, can create addictive behaviors and harmful development.

Along with unwanted content and contacts, completely public profiles and privacy concerns could expose users to targeted advertisements and unwanted content that can lead to unintended and excessive disclosure (Al Saud *et al.*, 201). Likewise, with childhood vulnerabilities, some sites have complex privacy settings while also having users disclose more easily, however, young users demonstrated inadequate privacy issues and will disclose more, wrong, or enhanced images of themselves. (However, Choi & Sung 2018). Researchers have also demonstrated this by explaining the knowledge gap between adults and children who know how to manage and determine the appropriateness of what to share (Shane-Simpson *et al* 2018). Children are at a risk greater than other populations of receiving social media's negative side effects. It is important to have both children and adults understand this before giving them devices. However, there are more negative effects as well.

This is also problematic for the violent content kids view online. Youths were reported to have more PTSD and greater identification with fictional characters (leading to self-diagnosing with those characters) (Mrug, Mada, & Cook, 2015). There were also findings that diminished empathy and reduced emotional reactivity to violence were key characteristics of desensitization (2015). With younger children (5–14-year-old boys), filmed and TV violence can lead to moderate levels of desensitization towards violence (Cline, Croft, & Corrier, 1973). In regards to hate speech, perception and anger towards it decreases as social media use goes up (Schmid, Kumpel, & Rieger, 2022).

With this in mind, specific kinds of users are also more prone to post violent and hateful content. People with excessive social media use in combination with antisocial personality disorder were found to record and post illegal material more (Drouin & Miller, 2015). However, 13% of the entire study had posted illegal activity with 28% being found to record it (Drouin & Miller, 2015). Users post videos as a result of recklessness and impulsiveness. Education is needed about the potential ramifications for these people. Social media can also lead to deindividuation; which states that anonymity leads to less inhibited and socially unacceptable behaviors (Chiou, 2016). Users can post anything behind a screen without anyone knowing who they are. They can engage in reckless behaviors, cancel culture, cyberbullying, and online trolling towards users. This likewise makes social media a place to maintain those reckless behaviors and desensitize people, especially children, towards violent content. There are negative side effects to viewing negative and violent content online. Albert Bandura in his "Bobo doll" experiment and other researchers showed how children can acquire aggressive behaviors from models who beat on a doll (Bandura et al., 1961). Therefore, children online can acquire aggressive behaviors from other users who post this content. However, this may be in part due to the need for users to identify with the content they watch.

Need for Identity

Martin Seligman discovered that humans have a need to belong (Seligman & Maier, 1967). People must feel wanted in order to thrive. Social media allows users to fill that need from people all over the world. Therefore, what are some of the dangers that come from social media satisfying this need? A study by Gong et al. (2019) found examples of this in online gaming groups. An individual's desire for online group gaming impacted habit and self-regulation and led to online gaming addiction. A follow-up study by Houghton et al. (2015)

supported this hypothesis and also found that 16-year-olds exceeded the recommended less than 2 hours per day for online gaming. Users in gaming had their need to belong satisfied but also created an addiction to gaming to create constant validation. Not to mention, users with low self-efficacy and high social anxiety escape into online media to satisfy their needs (Wegmann & Brand, 2016). With that being said, how does this negatively affect users on social media?

Throuvala *et al.* (2019) found that when users share content on social media, they get instant gratification and validation (views, shares, and comments). Not to mention, young individuals who experience loneliness will turn to social media because of their need to receive recognition from others (Ponnusamy *et al.*, 2020; Yang, 2016). Social media users will share online information to receive recognition and validation. They do so for their inherent need to belong. However, this need to belong creates a fear of missing out as well. Since users have to consistently update pictures, videos, viewings, comments, etc., this creates an increased time spent on social media along with triggers that users can be afraid of missing out on content (Hamutoglu *et al.*, 2020). Because of this, withdrawal and anxiety will develop (Primack *et al.*, 2017). This fear of missing out can also create addiction. A study found that the fear of missing out effectively predicted social media addiction in adolescents which then created problematic social media use (Tunc-Aksan, Akbay 2019). In other words, more time spent because of fear leads to users becoming addicted. The instant responses and validations from other group members provided comfort and support to increase gratification, satisfaction, and self-worth among young adults and teenagers (Choi & Sung, 2018). Users feel a need to belong on social media and feel better about themselves when they interact. However, they also are afraid of missing out on content they view which subsequently creates FOMO and addiction. Social media creates a dangerous cycle where users must interact in order to satisfy their needs.

With this in mind, children and adolescents can identify with people who have mental disorders. The feeling of camaraderie (while false) with others can help reinforce current or new identities, however, users may identify with mental illnesses online and generate violent behaviors such as self-mutilation or suicide (Haltigan et al., 2021). Combine this with misinformation, users can generate several horrific behaviors for identifying with a specific community. Children who lack self-regulation can also become easily influenced by this. A need to belong, in combination with FOMO, with the wrong crowd can create these behaviors and harm users.

This literature review demonstrated some of the broad effects of social media and TikTok and some of the dangers that could affect people and self-diagnosis. To add to this literature review, the present research focuses on the perceived reliability of TikTok. This following study adds to previous research by saying that perceiving the videos as reliable has a positive association with self-diagnosis.

Study 1

The focus of previous research has been not only to determine the reliability of self-diagnosis but also to track the spread of misinformation surrounding certain mental disorders. While previous research shows the inaccuracy of data online, it fails to look at the users searching and viewing this kind of content. In other words, do these people believe what they are viewing online? Additionally, the current body of research has yet to include investigations on social media as a venue for self-diagnosis. Finally, previous research deals with physical disorders and not mental illnesses. This final problem needs more attention than anything else. This study will build on and add to previous research by investigating the user's perception of TikTok videos and focusing on mental illness rather than physical ailments. Additionally, the extant research asks if users are more likely to self-diagnose and if they view the videos as reliable. The researcher focuses on TikTok for its incredible user base, ease of use, and content.

The first hypothesis of this study is that TikTok users will believe the information they are watching is reliable. Secondly, the users who find the information reliable will use TikTok for self-diagnosis.

Method

Participants

Participants (N = 75) were undergraduate students from a small Southeastern university who use social media, primarily TikTok. The ages of these individuals ranged from 18-27 (M = 19.49, SD = 1.65). There were 54 male participants and 21 female participants. A convenience sampling method was used to recruit participants.

Instrumentation

Two instruments were used to obtain data: A demographic questionnaire, and a social media questionnaire on the perception of mental illness and self-diagnosed disorders.

Demographic Questionnaire (See Appendix A)

The questionnaire consists of 7 questions about demographic information. This includes age, gender, and class rank (sophomore, freshman, etc). Students also reported whether they used social media, what type of social media, and how often they were on.

Social Media Questionnaire (See Appendix B)

This questionnaire is self-made and comprises 7 questions. Participants were asked to rank their scores on a Likert-type scale from 1 (Not at all) to 7(Very Much So). It was designed to measure and describe the participant's perception towards mental illnesses online. Participants were asked about how often they view videos, if they find them believable, and their idea of how reliable it is to self-diagnose.

Design

This study utilized a questionnaire to determine the perception of TikTok users and the reliability to self-diagnose after viewing mental illness videos. Participants were given a questionnaire to fill out at any place and at any time. The descriptive and correlation designs aimed to assess the frequency of viewing videos about mental illness on TikTok and the perceptions of the reliability of those videos. Correlational analyses were conducted to investigate relationships between viewing behavior and views on the reliability of the information. Additionally, correlational analyses were used to identify behaviors (such as age, reliability measures, time on the app, etc.) with self-diagnosis on using TikTok videos.

Procedure

Participants were approached and recruited either in person, by email, or by classroom professors. They were provided access to the electronic survey. After giving consent, the participants first completed the demographic survey and then the social media questionnaire. All answers are completely anonymous. The data was then collected to be analyzed.

Results

Perceptions of the Reliability of Information on TikTok Videos

Descriptive and correlation measures were used to determine how reliable TikTok users found TikTok to be. It was hypothesized that college-aged users of TikTok would find the information on TikTok videos reliable. This hypothesis was supported. Participants found the general information on TikTok moderately reliable ($M = 3.50$, $SD = 1.34$) and found information on mental illness on TikTok also moderately trustworthy ($M = 3.10$, $SD = 1.35$). Users who found the information reliable had a positive correlation to trust the information on mental health videos ($r = 0.45$, $p < .001$). Watching mental illness videos more often was positively correlated with trusting said videos ($r = 0.63$, $p < .001$). When asked about how long they use TikTok daily, the length of time apart watching the videos predicts how likely they are to find the information reliable ($r = 0.42$, $p < .001$). This result is also seen with trusting mental health videos ($r = 0.51$, $p < .001$). Finally, when users watched mental illness videos more often, they believed the videos provided enough information to diagnose a mental illness ($r = 0.54$, $p < .001$). In summary, users tended to find the information that they received from both general information and mental health videos reliable. Additionally. watching videos more often correlated with higher levels of trust and reliability.

The Association Between Beliefs about Reliability of Information on TikTok and Willingness to Self-Diagnose.

Correlational measures were used to determine the relationship between reliability and self-diagnosis. It was hypothesized that users who found the information reliable would use TikTok to self-diagnose and that a higher perceived reliability would relate to higher chances of self-diagnosis. When users trusted mental illness videos, there was a positive correlation to finding the information reliable enough to diagnose mental illnesses ($r = 0.57$, $p < .001$). When users found the information reliable enough to diagnose a mental illness, then they were more likely to use TikTok to self-diagnose ($r = 0.43$, $p < .001$). There was also a small to moderate correlation between trusting the information regarding information on TikTok and the likelihood of diagnosing oneself using TikTok ($r = 0.37$, $p = .002$). This suggests that users are likely to self-diagnose once they believed the information to be reliable and trustworthy. Additionally, it was found that users with higher reliability would self-diagnose using TikTok.

Discussion

The purpose of this study was to analyze whether college students found TikTok videos reliable and used their perceived reliability to self-diagnose themselves with mental illnesses. The results supported the hypothesis used in this study. It was first hypothesized that college students would find the information on TikTok reliable and trustworthy. The mean data showed about half the participants found the information they view on TikTok (in general and on mental illnesses) reliable. The data shows that not all users view videos the same way and indicates that it may be up to the person to decide what they view as reliable or not. However, half of the respondents did find the information they are viewing reliable. There were also positive

correlations in time and reliability. More time online and viewing videos both on general topics and about mental illnesses specifically led to higher trust and reliability of the information. It was also hypothesized that users who found TikTok videos reliable would use TikTok for self-diagnosis. This was also supported in the results as an increase in the perceived reliability of information was correlated with self-diagnosis using TikTok, suggesting that the perceived reliability of the information leads to a higher likelihood of self-diagnosis. Once people find the information reliable, they may begin to apply it to themselves. This relationship makes sense, for users to self-diagnose using TikTok, they must find the information reliable enough to do so. However, as addressed in the previous sections, the misinformation regarding mental illness is dangerous with self-diagnosis as users can misdiagnose, mistreat, and harm others with their misperceptions. It is important to note that this is a correlational measure, perceived reliability does not cause directly cause self-diagnosing.

Participants not only indicated that the information they saw on TikTok as reliable but also reliable enough to diagnose mental illnesses in general. Trends also suggested that users would self-diagnose themselves as a result of their perceived reliability. Previous literature indicated that people use the Internet to self-diagnose physical and mental illnesses (Kuehn, 2013). Previous studies also found misleading information on TikTok regarding mental illness videos (Yueng et al., 2022). This study expands upon this literature, by adding correlational evidence that internet users who view the information on TikTok as reliable may self-diagnose themselves with a mental illness. Additionally, the platform contains misleading information about mental illnesses. With misleading information, viewers can get the wrong idea about a mental illness and use self-fulfilling prophecies to create maladaptive behaviors. With TikTok being an echo chamber, they may spread misinformation on the platform, harming more than

themselves (Kong et al., 2021). It is important to recognize that the information on TikTok is not fact-checked or regulated, and a therapist or doctor remains the best diagnosis for mental illness.

This study has many strengths. A large sample size of 75 participants was used. The survey results indicated a valid measure with statistical validity being found with positive scores and correlations. However, there are some weaknesses. Some users (13) did not have TikTok downloaded and still answered the survey (they refused to answer some questions). This may have skewed the data as the project was meant to discover relationships in the behavior of TikTok users. Another weakness is the sampling method used. Since a convenience sample was used on a small Southeastern college campus, the information cannot be strongly generalized to the population. A final weakness is that a survey was newly created for this study. There may be some biases or poor word choices that affected responses. The survey will have to go through further review to make changes. Additionally, the measure was first validated with face validity, determining the quality of the measure at face value. This is a subjective validation tool that is not preferred over construct, criterion, and content validity. More testing is needed for the survey to determine its value.

For future research, many directions can be taken. Extending the sample size past the current set of college students and using probability sampling methods (over convenience) would increase the generalization to the population outside of this campus' college students. A different age range would be important to study. It may be the case that younger generations are more vulnerable and would self-diagnose disorders from what they see online. Studying an older generation would support this theory as well to see the generational difference in online interaction. The use of an actual experiment would determine the cause and effect of reliability on TikTok videos and look at what users find sufficient enough to diagnose. It may also be

important to look into the actions of users after they find the information reliable. Whether they go to therapists, look up more information, or whether they stick to their intuition are important questions to ask during this time. Finally, looking into videos on specific mental illnesses may be important to determine if specific mental illnesses are more self-diagnosed than others.

Overall, the findings of this study indicate positive correlations between the perceived reliability of videos and self-diagnosis. TikTok users not only find the information they are viewing as reliable, but reliable enough to self-diagnose themselves with mental illnesses. However, the perceived reliability does not cause self-diagnosis but is related to it. More research is needed to further analyze the phenomenon and provide direct causes and reasons for self-diagnosing.

Study 2

Hypothesis

The purpose of previous research has been to investigate the negative effects of social media on many populations. The purpose of my second study is to expand the literature on self-diagnosis and social media dangers as a whole. To examine more effects and problems, I have added other variables and scales to examine. I have also expanded my questionnaires to fix previous problems and add more questions I would like to have answered. The current hypotheses have been given to examine what may create self-diagnose, reliability, and believability in general information and to expand the literature by adding evidence to these behaviors. The current hypotheses are listed below.

H1: The younger the user, the more likely they are to find information trustworthy and self-diagnose themselves.

H2: Users who view videos with a person who has similar characteristics are more likely to find the video trustworthy and self-diagnose themselves.

H3: Users who are addicted to social media are more likely to find the information trustworthy and self-diagnose themselves with mental illnesses.

H4: Users with lower self-esteem are more likely to find the information trustworthy and self-diagnose.

H5: Vague statements (Barnum Effect) about mental illness are more likely to be found as trustworthy and more likely to self-diagnose.

Methods

Participants

Participants (N = 119) were undergraduate students from a small Southeastern university who use TikTok and middle and high school members from a church youth group. The age of these individuals ranged from 15-29 (M = 18.8, SD = 2.315). There were 25 male participants and 94 female participants. A convenient sampling method was used to recruit participants.

NEW Self-Diagnosis Questionnaire (See Appendix C)

The previous social media questionnaire was redeveloped and includes both old, new, and demographic questions from the previous attempt. This new questionnaire consists of 18 questions about users and their viewing habits. This includes age, gender, and class rank. Students also reported how often they use TikTok if they found information reliable, how trustworthy sources would be to self-diagnose, etc. A second section was also added to determine the viewing patterns of the individual. This consists of 13 questions about the similarity of viewers and the videos. Questions include “Do they have the same sexuality as me”, “Do they have the same age”, “Are they the same gender”, etc.

Rosenberg Self-Esteem Scale (Rosenberg, 1965) (See Appendix D)

The Rosenberg scale was utilized to analyze the level of self-worth a participant has for themselves. It consists of 10 questions with statements such as “I take a positive attitude toward myself”, “I am inclined to feel that I am a failure, etc.

Bergen Social Media Addiction Scale (Andreasseen et al., 2016) (See Appendix E)

The social media addiction scale consists of 6 questions that ask about the reliance a user has on social media. The scale was developed to measure the level of addiction a user has on social media.

Barnum Effect Questions (See Appendix F)

To determine the effect of vague statements on self-attribution, Barnum effect-like questions were developed in accordance with mental disorders. Five vague questions were pulled and inspired from TikTok videos while five specific questions were pulled from DSM-5 criteria. Students would ask how much each question sounds like them. If students selected the vague over the specific more often, then it could be generalized to how users attribute vague mental health videos (even if they are wrong) to them.

Design

This study utilized several questionnaires and scales to determine the perception of TikTok users and their reasoning for finding videos either reliable or self-diagnosable. These questionnaires and scales were given via online forums and can be filled out at any place and time. Descriptive and correlation designs were used to determine the TikTok users viewing patterns and self-attribution. Correlational analyses were used to investigate relationships between users' addiction and self-worth on the reliability of information. T-tests were conducted to examine the differences between self-diagnosing and reliability in younger and older populations. Additionally, correlational analyses were used to identify behaviors with self-diagnosing by using TikTok videos.

Procedure

Participants were approached and recruited either in person, by email, or by classroom professors. They were provided access to the electronic survey. After giving consent, participants first completed the self-diagnosis part of the questionnaire, then the identification/viewing patterns section, then the Rosenberg self-esteem scale, then the Barnum effect questions, and finally concluded with Bergen social media addiction. All answers are completely anonymous.

The data was then collected to be analyzed using correlational analyses, descriptive statistics, and t-tests.

Results

Demographic Results

Descriptive statistics were used to analyze demographic measures and mean and median responses to important questions. Out of 119 responses, 94 participants went to a small southeastern college while 25 responses went to a small public school. When looking at how often participants viewed mental illness videos, there was a slightly above moderate answer (M = 3.765, SD = 1.854). The most viewed mental illness videos were ADHD (Total = 25) and Anxiety (Total = 34). Other scores included depression (Total=23), eating disorders (Total=18), body dysmorphia (Total=18), OCD (Total = 7), Bipolar (Total = 2), and Autism (Total = 1). When asked how reliable they found information on TikTok, users found information moderately reliable (M = 4.076, SD = 1.302). When asked to what degree they trust information regarding mental illnesses, users indicated below moderate trust (M = 3.377, SD = 1.301). When asked if they believe that TikTok can diagnose a mental illness, users had low beliefs (M = 1.899, SD = 1.012). Finally, when asked how likely they would be to use TikTok to self-diagnose themselves with a mental illness, users on average indicated a small likelihood (M = 1.765, SD = 1.17). While some scores are low, this does indicate that users do find videos moderately reliable in both general and mental illness information with a very low emphasis on believability and usage of TikTok to self-diagnose.

Association of Reliability of Information on TikTok Videos and Self-Diagnosis Likelihoods

To determine how reliability affects self-diagnosis and how reliability is affected by TikTok usage, correlational analyses were conducted. The length of time on TikTok per day

(minutes) and perceived reliability were significantly correlated ($r = 0.269$, $p < .001$). Users who found information on TikTok reliable also had a moderately positive correlation to trust the information regarding mental illness videos ($r = 0.464$, $p < .001$). When users trusted the mental illness videos, they were also more likely to self-diagnose ($r = 0.255$, $p < .001$). Users also indicated that trusting mental illness videos positively correlated with the belief that mental illness videos can diagnose a mental illness ($r = 0.395$, $p < .001$). This belief in mental illness videos positively correlated with the likelihood to self-diagnose ($r = 0.503$, $p < .001$). Belief in mental illness videos also correlated with the idea that TikTok is as reliable as seeing a professional therapist ($r = .517$, $p < .001$) and as reliable as taking an online test ($r = 0.387$, $p < .001$). These same correlations were found with the likelihood of self-diagnosis and seeing a therapist ($r = 0.483$, $p < .001$) and taking an online test ($r = 0.324$, $p < .001$). When looking at the reliability of seeing a therapist and in online tests, there was a positive correlation ($r = 0.403$, $p < .001$). These results indicate and support previous survey results that users who believe that TikTok videos can diagnose a mental illness have a positive relationship with a likelihood of self-diagnosis. This supports the idea that reliability and self-diagnose correlate, but also supports the reliability and validity measures of the survey.

Viewing Habits of TikTok Users and Identification with Reliability and Self-Diagnosis

Descriptive and correlational measures were used to determine if viewing habits and self-identification of users affect reliability and self-diagnosis. It is hypothesized that users who watch videos with similar characteristics are more likely to perceive videos as reliable and self-diagnose. Users indicated they found videos with professors moderately reliable ($M = 4.126$, $SD = 1.576$). When looking at celebrities, users indicated they did not find them reliable ($M = 2.538$, $SD = 1.352$). For specific communities, users suggested they found them less than moderately

reliable (*M* = 2.950*, SD* = 1.377*).* It was also asked if users who watched videos that caught their attention and moved as reliable; it was found that users who engage in this behavior find videos moderately reliable (*M* = 3.63, *SD* = 1.395*).* Users also suggested that half of the time use TikTok to search for information (*M* = 3.294, SD = 3.294). When it comes to correlational measures, reliability had a small positive correlation with using TikTok to search (*r* = 0.389*, p* < .001*).* Users who watched videos where the creator was the same age as them had a small positive correlation to find videos reliable (*r* = 0.226*, p* = .014) and with trusting mental illness videos (*r* = .380*, p* < .001*).* There was also a small correlation between similar ages and the belief that TikTok provides enough information to diagnose a mental illness (*r* = 0.235*, p* = .01*).* When users indicated they watch videos with celebrities, they had a moderate correlation to trust videos with them (*r* = 0.473*, p* < .001*).* Users who trusted videos with a celebrity had a small positive correlation to self-diagnose (*r* = 0.311*, p* < .001*).* The likelihood to self-diagnose was positively correlated with users who found information in their TikTok community more reliable (*r* = 0.345*, p* < .001*).* These results indicate that reliability can be found in professors, celebrities, and respective TikTok communities. Furthermore, TikTok is used to search for information with reliability being associated with this. When it came to self-diagnosing, there were small correlations to indicate that similar ages, communities, and celebrities can influence self-diagnosing.

Age and the Relationship between Self-Diagnosis and Reliability

To examine the relationship that age has on self-diagnosis and reliability, correlation and t-test measures were used. It was hypothesized that the younger the user, the higher the likelihood of self-diagnosis. Correlations measures were used to measure the association between all ages, while t-tests were used to find differences between public and college students. When

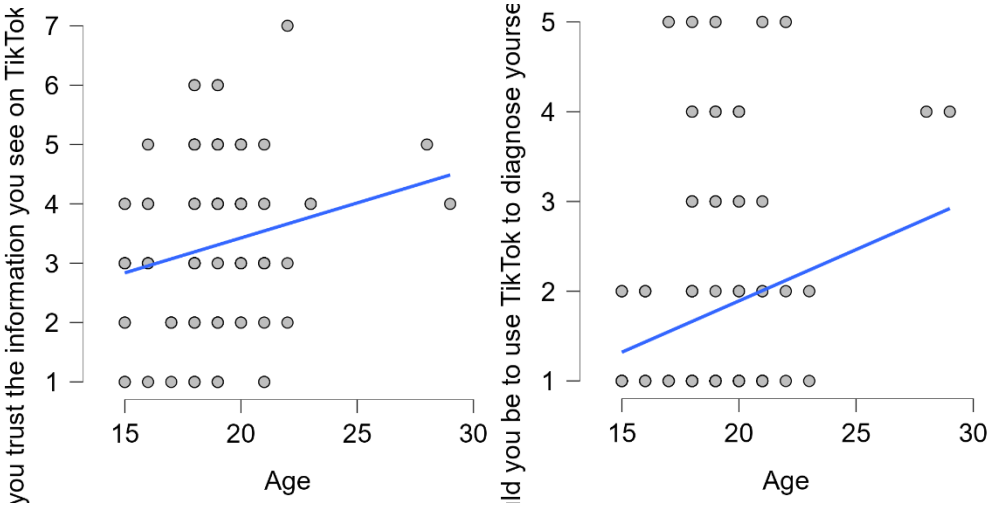
looking at trusting information regarding mental illnesses, there was a small positive correlation with age ($r = 0.208$, $p < .025$). Suggesting that higher-aged users are more likely to trust videos on mental illnesses. When examining age and the likelihood to self-diagnose, there was a small positive correlation ($r = 0.22$, $p = .016$). This suggests that higher-aged users are more likely to self-diagnose. When looking at just school systems (1=College, 2=Public), the correlation between trusting information regarding mental illness and the type of school was small and negative ($r = -0.19$, $p = .039$). Likewise, the correlation between this and the likelihood to self-diagnose was small and negative ($r = -0.197$, $p = .032$). This means college students are more likely to have higher scores of self-diagnoses. When using t-tests to examine the groups' differences (the first group is college, the second group is public), there was a significant difference between trusting mental illness videos ($t(37.553) = 2.083$, $p = .044$) and self-diagnosis ($t(104.280) = 3.479$, $p < .001$). While these scores do not support the current hypothesis, they do indicate that college students are more likely to self-diagnose and trust information regarding mental illnesses compared to public school students. This means that college-aged students are more likely to self-diagnose and find information on TikTok reliable.

Descriptive Statistics

	Age	To what degree do you trust the information you see on TikTok regarding mental illnesses?	How likely would you be to use TikTok to diagnose yourself with a mental illness?
Valid	115	119	119
Missing	4	0	0
Mode	18.000	3.000	1.000
Median	19.000	3.000	1.000
Mean	18.817	3.277	1.765

Descriptive Statistics

	Age	To what degree do you trust the information you see on TikTok regarding mental illnesses?	How likely would you be to use TikTok to diagnose yourself with a mental illness?
Std. Deviation	2.315	1.301	1.170
Variance	5.361	1.694	1.368
Range	14.000	6.000	4.000
Minimum	15.000	1.000	1.000
Maximum	29.000	7.000	5.000



Independent Samples T-Test

	t	df	p	Cohen's d	SE Cohen's d
To what degree do you trust the information you see on TikTok regarding mental illnesses?	2.083	37.553	0.044	0.470	0.228
How likely would you be to use TikTok to diagnose yourself with a mental illness?	3.479	104.280	< .001	0.588	0.229

Note. Welch's t-test.

Gender and Differences Between Them

Alongside age and demographic information, gender was another variable examined. To determine the differences between gender on self-diagnosis and reliability, t-tests were conducted. It is important to note that though there are more than 2 genders, the study only received responses from self-identifying male and female participants. To conduct the t-test, females were coded as the first group and males as the second. When comparing between samples and how often they view videos regarding mental illness, females had a higher score ($t = 3.837$, $p < .001$). Females were also found to be more likely to self-diagnose using TikTok ($t = 4.662$, $p < .001$). Finally, females were also more likely to see TikTok as reliable as seeing a professional therapist ($r = 2.403$, $p = .018$). These results not only support previous literature on females being more vulnerable to social media but also suggests that women are more likely to self-diagnose and find mental illness videos more trustworthy.

Independent Samples T-Test

	t	df	p	Cohen's d	SE Cohen's d
How likely would you be to use TikTok to diagnose yourself with a mental illness?	4.662	112.756	<0.001	0.764	0.232
How often do you view videos regarding mental illness on TikTok?	3.837	41.703	< 0.001	0.806	0.233

Note. Welch's t-test.

Self-esteem and the relation to Self-Diagnosis

Correlation and descriptive measures were used to determine if self-esteem affected reliability and self-diagnosis. The scale indicates that scores between 15-25 are considered normal and any score below 15 is seen as a measurement of low self-esteem. It was hypothesized that users who have low self-esteem are more likely to find videos reliable and to self-diagnose. However, none of the data supported this hypothesis. When looking at the total scores of self-esteem, there were very few participants who had low self-esteem ($M = 16.261$, $SD = 1.806$).

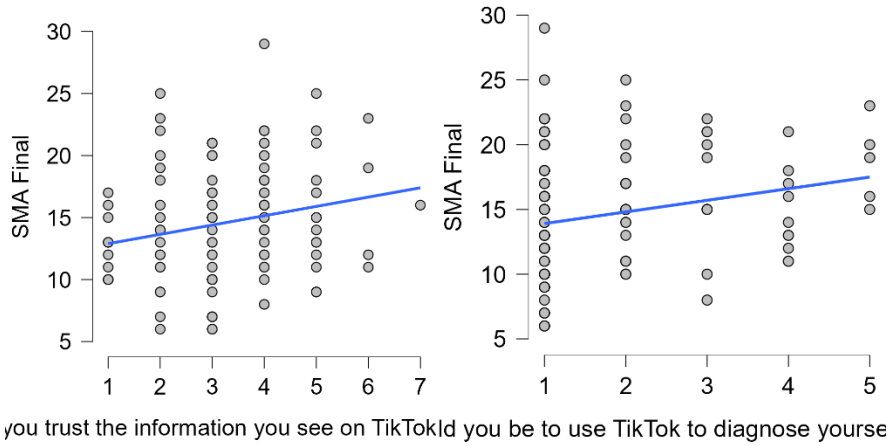
This limited number of participants with low self-esteem creates a restricted range and makes it less likely to find statistically significant results.

Descriptive Statistics

	Self Esteem Final
Valid	119
Missing	0
Mode	16.000
Median	16.000
Mean	16.261
Std. Deviation	1.806
Variance	3.262
Range	9.000
Minimum	11.000
Maximum	20.000

Social Media Addiction and the Relation to Reliability and Self-Diagnosis.

Descriptive and correlational measures were used to determine the relationship between social media addiction and reliability and self-diagnosis. It is hypothesized that users who are addicted to social media are more likely to find information reliable and self-diagnose. The scale indicates that if scored 4 or 5 on at least 4 of the questions, then you are indicated to have a risk for addiction. In other words, a score of 16-20 indicates a danger of addiction. When looking at the mean and median scores of users, few participants were addicted (M = 14.607, SD = 4.771*).* Higher scores did, however, have a significant correlation with trusting mental illness information on TikTok (r = .207*,* p = .0252*)* and a significant correlation with the likelihood to self-diagnose (r = .221*,* p < .017*).* Though not related to self-diagnosing, users with higher SMA correlated with using TikTok to search for information (r = .381*,* p < .001). Though the population for social media addiction was small, the results indicate that addiction, trust, and self-diagnosis occur at a small frequency.



Barnum Effect

Descriptive statistics were used to indicate the relationship between the Barnum effect and reliability. It was hypothesized that mental illness videos that are vaguer are more likely to be self-attributed to users. Results support this hypothesis. Vague Statements for OCD had a 30% increase in scores compared to DSM-5 statements (M = 7.55, M = 5.773*).* Depression scores had a 12% increase compared to means (M = 5.496, M = 4.908). Anxiety statements saw an 11% increase (M = 5.513*,* M = 4.958*).* ADHD saw a 34% increase (M = 5.202, M = 3.882). Autism had the biggest deficit with a 90% increase (M = 6.311, M = 3.311). This indicates support that the Barnum Effect may increase self-diagnosis and reliability from users.

	Vague OCD	**DSM-5 OCD**	**DSM Depression**	**Vague Depression**	**Vague Anxiety**	**DSM Anxiety**	**Vague ADHD**	**DSM ADHD**	**DSM Autism**	**Vague Autism**
Valid	119	119	119	119	119	119	119	119	119	119
Missing	0	0	0	0	0	0	0	0	0	0
Median	8.000	6.000	4.000	6.000	5.000	5.000	5.000	3.000	2.000	7.000
Mean	7.555	5.773	4.908	5.496	5.513	4.958	5.202	3.882	3.311	6.311
Std. Deviation	2.273	2.559	2.972	2.997	2.870	3.087	2.809	2.669	2.544	3.066
Minimum	2.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Maximum	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000

Discussion

The purpose of this study was to examine the potential factors that may influence reliability and self-diagnosis on TikTok. The results supported several hypotheses and supported the validity of the survey using replicated results. Similar findings were found that supported the correlation of reliability and self-diagnosing. Users who found information regarding mental illnesses reliable also tended to self-diagnose. Other supported validity results include the descriptive scores for reliability mental illness trust and time spent on TikTok. As a result, other factors were set to examine this relationship.

The first hypothesis stated younger users were more likely to find TikTok reliable and self-diagnose However, the findings suggest that college-aged users are more likely to find videos reliable and to self-diagnose. It may be the case that younger users do not interact with mental illness videos as much or are aware of what a mental illness is. Likewise, college-age users interact with mental illness a lot more, especially in studies and awareness from counseling centers and news coverages. Not to mention, younger users have more privilege of going to a therapist and getting diagnosed. Their parents see the signs more than they do and get tested before they even realize it. College students are more independent on campus and lack the financial assistance to get diagnosed. Furthermore, they may not have the same parental oversight telling them to get diagnosed. However, while these all may be potential signs, the data resulted from a small population of public-school students (25) as compared to college students (94). A larger high school sample in the future is needed before this can be generalized and minimize errors.

The second hypothesis stated that users who view videos with a person who has similar characteristics are more likely to find the video trustworthy and self-diagnose themselves. Upon

investigation, the only real factors involved with similarities are age and community. Similar ages in videos did correlate with self-diagnosis and reliability, along with users who found reliability in their respective communities. If users are part of a community, then they are going to find information in that community reliable and self-diagnose themselves whenever a video tells them so. As with similar ages, users may find those that reflect generational attributes, voices, dress, views, etc. as more reliable and likely to self-diagnose. However similar perceived gender, sexuality, etc. did not influence reliability and self-diagnose correlations. T-tests between men and women indicate that women are at a higher likelihood to believe mental illness videos and self-diagnose. Indicating that this may not be a sign of singular identification, but a group effect. It may also be worth noting that gender, sexuality, and age are all separate communities on TikTok and perhaps are better represented in the separate measure of communities. Being in a community that you trust and identify with may have a higher effect on what is shown and therefore influence perceptions. Therefore, it may not be individual characteristics, but a generalized membership of an online community in accordance with characteristics. Other results that examined reliability solely indicated that professors and celebrities have an effect. Professors, being seen as educated in their field, are deemed more reliable because they have more knowledge of potential mental illnesses and signs of such. Users do not have to fact-check or doubt themselves if what they are viewing is true. If the professors indicate a sign or symptom that is associated with the user, then they will find that video reliable as a result of the expertise. When it comes to influencers, users may indicate higher trust because of the fandom. If a leader or influencer is put on a pedestal, then their fans are going to perceive whatever they say as more reliable. It is a team mentality to associate with their favorite creators.

The third hypothesis stated that users who are addicted to social media are more likely to find the information trustworthy and self-diagnose themselves with mental illnesses. Results found small indications to support this. There may have been some skewing in the data because there were not enough people who were represented as being addicted. The current scores indicated a potential, not a determinant. Future research must find those who are solely addicted to examine this relationship.

The fourth hypothesis was that users with lower self-esteem are more likely to find the information trustworthy and self-diagnose. However, no findings in this study could support this hypothesis. It may be the case that there were very few users who had low self-esteem, and as a result skewed the data. Future research may examine individuals who are solely low in self-esteem.

The fifth hypothesis stated that vague statements (Barnum Effect) about mental illness are more likely to be found as trustworthy and more likely to self-diagnose. Current results indicated that scores were significantly higher for vague statements, supporting this hypothesis. As seen with personality, these results support the idea that the Barnum Effect can be applied to mental illness statements as well. The vaguer something is, the more believable it may seem for some people. Especially since a lot of people on TikTok are not doctors or technicians, they may only know vague statements about mental illnesses. Therefore, they spread already prevalent misinformation online. Therefore, vague statements are seen, believed, and then spread to other members of a subsequent community regardless of fact-checking.

There are many strengths of this study. A large sample size of 119 participants was used. All of the users who answered were found to have TikTok, therefore preventing skewed results from those who do not have TikTok. Finally, the measure that was used in the previous study has

support that it is a valid measure because of the high test-retest reliability of the scores. However, there are some weaknesses applied. The sampling method used to gather participants was a convenience sampling method on a small southeastern campus and a singular high school group. Therefore, the results cannot be strongly generalized to the population. Another weakness is the use of the word reliable. Recent criticism suggests that the word accuracy is more reflective of the current measure, and the word reliable may be confused with other definitions related to statistics. In the future, the survey must use a different term. Finally, there was not large enough variability in scores and populations to accurately reflect results. More participants who have a lower age, higher male population, lower self-esteem, and higher media addiction scores could help better generalize the measures of this study.

For future research, many directions can be taken. A larger sample size for all weaknesses listed above could help strongly generalize and represent more accurate results. For continuing research, there must be an experiment done to examine direct cause and effect relations on what may be considered reliable and what leads users to self-diagnoses. This research supports the current idea that they co-occur, not cause. Finally, instead of looking at younger age ranges, older users may grant promising results. Perhaps self-diagnosis and reliability are curvile near that peaks in the middle range of young adulthood and falls off towards the end.

Overall, the findings of this study suggest many factors that can influence reliability and self-diagnosis. College ages were found to be the most likely to self-diagnosis, those who were addicted to social media had an association with self-diagnosis, vague statements appeared to have an effect on why someone who believed information, gender was found to be significantly different between males and females, and communities of ages, professors, celebrities, and

similar interests could all play a role in why someone would believe a TikTok video are all significant factors as to why someone would not only find videos reliable, but also self-diagnosis. More research is needed to investigate the causes and reasons for self-diagnosing while also investigating preventions for why this is the case.

Overall Discussion

Social media has been examined to have several potential negative repercussions. From mental illness to self-diagnosis, addictions, etc. This research builds upon previous studies to demonstrate the problematic nature of this, with an emphasis on TikTok. It adds something that has not been analyzed before in previous research by supporting the idea that users can self-diagnose themselves as of perceived reliability on social media. This will eventually be added to the long list of problems that social media can create. Therefore, how can self-diagnosis arise from social media?

With all this data given, it may be best to sum up the results found from the studies. Study one: Users indicated they found TikTok videos reliable and found a correlation between perceived reliability and self-diagnosis. Study two expanded upon this study from promising results. It was first found validated in the survey after the results of the first study were repeated. With reliability, it found that certain celebrities and people, communities, social media addiction, gender, trust and belief in mental illness videos, time, and vague statements all had correlational, descriptive, or t-test results on reliability or/and self-diagnosis. These studies indicated a very significant and broad undertaking into looking at the average user who would self-diagnose using TikTok and trying to understand why someone would self-diagnose. Several of these factors were supported through correlational studies.

This thesis supports the notion that TikTok users do self-diagnosis while also providing several dangers that can arise from it. However, this research is exploratory in nature and uses primarily correlational analyses. It may add to the literature, but it is difficult for this research to have a direct impact on the person. So, how can this research be applied? For one, it promotes awareness of the dangers of TikTok and self-diagnosing. Second, it creates awareness of the

misinformation on TikTok and the dangers of believing it too much. Finally, the research can promote awareness in the person who may have self-diagnosed. However, is this all that this research can accomplish?

To conclude this thesis, there should be some meaningful way to fix the problems that are seen with TikTok and reliability. Though the results cannot be strongly generalized, there does indicate support for the idea that users self-diagnose themselves alongside reliability. If users could understand what is accurate and what is misleading on TikTok, then maybe there will be a decrease for those to self-diagnose themselves. Again, there are several dangers associated with not only social media but self-diagnosis as a whole. The application for this section is to look at potential fixes to this problem.

The first solution would be to take inspiration from other apps. Twitter (now known as X) allows readers to add context and information to posts that are misleading or misinformed. This sort of feature would allow users to get instant feedback and verification without having to look across the internet. Not to mention, users would not immediately self-diagnose themselves with this feature added. While it is uncertain how many users go to the web for answers, further information, or to verify claims after finding videos, this feature would eliminate the second step needed to help users not subconsciously self-diagnose themselves.

The second solution is to indicate a verified user tag to usernames. Verified users are those who have indicated to the TikTok corporation that they are a real person with a background. Such as the blue checkmark on X, would allow TikTok users to know which videos to trust or distrust. If they view videos about mental illness from an unverified bot, then they will not trust that source. Furthermore, if they find information from users who are verified, they will trust that source. For example, Dr. Smith without a verified tag will not be as reliable to users as

Dr. John with a verified tag. While this may not solve the misinformation from regular celebrities or popular influencers, it will allow users to know who actual people with actual jobs (such as journalists or teachers) compared to unverified claims.

The final solution is for TikTok to add content filters for users who are under a specified age. Younger users are more vulnerable and more likely to trust information on the internet compared to older and even college-aged users. These accounts should be banned from seeing harmful, dangerous, or manipulative content surrounding mental illnesses. Once they reach a certain age then they can browse the internet without restrictions. However, many users could lie about their age to get past this function. One way to combat this is to have users either update a picture of identification or take a course on trustworthy sources. Part of TikTok should be to properly educate users on potential scams, misleading, or wrong sources. That way, users are not only smarter about what and how they video, but they can also actively combat poor sources and decrease the misinformation that is spread online.

While there may be many other solutions, there should be a current action to help prevent further problems from arising. This thesis will be one of the many studies that create proper research on how to be not only more aware of TikTok dangers, but to also change the way social media is handled in the future. It is also important to note that most apps now are adding short-form media content (Instagram reels, Snapchat spotlight, etc.). This addition is alarming because the same results as seen in this thesis could be applied to other apps as well. This will spread not only misinformation but self-diagnosis as a whole. Therefore, a call to action is needed on how to fix these problems before they get any worse.

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Appendices

Appendix A

1. Age
2. Major
3. Class Rank
4. Gender
5. Do you use TikTok?
6. Do you have any other type of Social Media?
7. How many minutes per day do you use TikTok?

Appendix B

1. How reliable do you find information on TikTok?
2. How often do you view videos regarding mental illness on TikTok?
3. To what degree do you trust the information you see on TikTok regarding mental illnesses?
4. To what degree do you believe watching a TikTok video provides enough information to diagnose a mental illness?
5. How likely would you be to use TikTok to diagnose yourself with a mental illness?
6. To what degree do you believe diagnosing a mental illness using TikTok videos is as reliable as seeing a professional therapist
7. To what degree do you believe diagnosing a mental illness using TikTok videos is as reliable as taking an online test

Appendix C

1. Age
2. What type of school to you go to?
3. Class Grade
4. Gender
5. Do you use TikTok?
6. Do you have any other type of social media?
7. How many minutes per day do you use TikTok?
8. What types of videos do you watch? Select all that apply
9. How reliable do you find information on TikTok?
10. How often do you view videos regarding mental illness on TikTok?
11. If so, which kinds?
12. If you selected any, which one(s) have you seen the most?
13. To what degree do you trust the information you on TikTok regarding mental illnesses?
14. To what degree do you believe watching a TikTok video provides enough information to diagnose a mental illness?
15. How likely would you be to use TikTok to diagnose yourself with a mental illness?
16. To what degree do you believe diagnosing a mental illness using TikTok videos is as reliable as seeing a professional therapist?
17. To what degree do you believe diagnosing a mental illness using TikTok videos is as reliable as taking an online test?
18. Do you think you are addicted to Social Media?

Section 2

1. I tend to watch videos where the creator is around the same age as me
2. I tend to watch videos with a celebrity or influencer in them.
3. I tend to watch content creators with the same/similar sexuality as me
4. I tend to watch videos where the creator is the same gender as me
5. I find that videos that have gameplay catch my attention more
6. Shorter videos (below 10 seconds) capture my attention more than longer videos
7. Videos that have two videos going on at once catch my attention more (Example: subway surfers/movie clips)
8. Videos that have more popular/trendy music catch my attention more
9. I find videos with professors more reliable
10. I tend to trust videos that have a celebrity or influencer more than other videos
11. I find the videos in my TikTok communities are more reliable than general videos
12. I find that when watching videos that have my attention, I tend to find those videos reliable and move on to the next one.
13. I use TikTok to search up information

Appendix D

1. On the whole, I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel that I'm a person of worth, at least on an equal plane with others
8. I wish I could have more respect for myself
9. All in all, I am inclined to feel that I am a failure
10. I take a positive attitude toward myself

Appendix E

1. You spend a lot of time thinking about social media or planning how to use it.
2. You feel an urge to use social media more and more.
3. You use social media in order to forget about personal problems
4. You have tried to cut down on the use of social media without success.
5. You become restless or troubled if you are prohibited from using social media.
6. You use social media so much that it has had a negative impact on your job/studies.

Appendix F

1. I like my room to be organized, symmetrical, and clean
2. I have repetitive behaviors and impulses that I cannot control that I need to do in order to reduce significant stress
3. For the past 2 weeks I have felt an overwhelming of sense fatigue, hopelessness, and sadness that interfere with my ability to concentrate and complete tasks.
4. Sometimes I will randomly lose interest in things I enjoy doing or get sad
5. I feel like I have a spotlight over me, where people are watching me constantly

6. I have an excessive amount of worry for the past 6 months that I find exceedingly difficult to control. From this, I receive, fatigue, edginess, irritability, and restlessness
7. I sometimes find myself going through different phases that I lose interest in very quickly
8. For the past six months I have had an inability to complete tasks and pay attention in class due to hyperactive behaviors and intrusive thoughts
9. For the past 6 years I have exhibited serious difficulty in creating and maintaining relationships with serious problems in recognizing other people's emotions.
10. I am sometimes insecure about starting a conversation or being in rooms with big crowds.