

**‘TikTok taught me’**

**A study on women’s’ psychological and social motivations to self-diagnose with ADHD  
through social media**

Master’s thesis Youth Development and Social Change

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*Disclaimer: This thesis has been written as a study assignment under the supervision of a Utrecht University teacher. Ethical permission has been granted for this thesis project by the ethics board of the Faculty of Social and Behavioural Sciences, Utrecht University, and the thesis has been assessed by two university teachers. However, the thesis has not undergone a thorough peer-review process so conclusions and findings should be read as such.*

“I do not actually mind whether it is a case of mass-hysteria. Because essentially, it [self-diagnosis through TikTok] helps people to realise things about themselves, and makes them change their behaviour to gain a better life. So then it does not matter whether it [self-diagnosis] is correct or not.” (Diana, 24) <sup>1</sup>

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<sup>1</sup> Names have been changed in order to maintain participants’ anonymity.

## Abstract

In public discourse, there has been a growing recognition of adolescents using social media outlets like TikTok as a source of information to diagnose themselves with various mental health conditions, such as ADHD. A couple of studies back these claims up, but research generally lacks on this subject. Therefore, this study aims to create a deeper understanding of this alleged phenomenon, through identifying psychological and social motivations in adolescents' self-diagnosis with ADHD through TikTok and Instagram. Ten in-depth interviews were conducted with women (aged 18-25) who used these apps as an informational source while self-diagnosing with ADHD. After interview data was coded, results revealed multiple motivations to self-diagnose through social media. Important social drivers included normalization of ADHD in certain communities and the need to belong to a group. Psychological motivations regarded the need to understand oneself (e.g. through finding language to describe previous distress, or what ADHD entails for women), to diminish self-blame due to 'undesirable' behaviour (e.g. through self-acceptance and explaining the condition to others) and gaining hope for the future (e.g. through finding ADHD-targeted means to change behaviour and educational benefits). In conclusion, self-diagnosis with ADHD through social media may have become a way to empower these young women, rather than a debilitating action.

*Keywords:* self-diagnosis, social media, psychological motivations, sociological motivations, ADHD, gender

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## Introduction

TikTok significantly influences adolescents' engagement with mental health themes, with its search gaining popularity amongst adolescents seeking information on various disorders (Pretorius et al., 2022). Hashtags like #adhdcommunity and #actuallyautistic are becoming increasingly popular on the app, with 41% of its users ranging between the ages of 16-24 (Harness & Getzen, 2021; Comp et al., 2021). An example regards a young man explaining the '4 signs you have ADHD', such as 'anger over small things' and 'mood swings' (Watts, 2022). User reactions are mixed, as some recognise themselves, whereas others sarcastically state that everyone has ADHD now, and people should stop self-diagnosing<sup>2</sup> the condition.

There has been a growing recognition amongst both scientific and public discourse of adolescents using social media content to self-diagnose (Haltigan et al., 2023). Gilmore et al. (2022) found that TikTok usage increased self-diagnosis rates with ADHD in adolescents. Similar trends have been observed on Tumblr, regarding various mental health issues (Griffith & Stein, 2021; Haltigan et al., 2023). Although scientific evidence on the topic is limited, health care professionals in public discourse raise concern about the alleged trend. They are witnessing an increasing amount of adolescents using TikTok as their primary source of information in their clinics (Gellner, 2023; Jennings, 2021; McVay, 2023). Practitioners state that due to their developmental state, adolescents are particularly susceptible to adopting influencers' views on mental health (Basch, 2022; McVay, 2023). According To Gellner

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<sup>2</sup> Self-diagnosis can be defined as a process in which individuals perceive and interpret experienced symptoms to form a definition for their existing health state. Available diagnostic tools are often used to confirm suspicions (Hatfield, 1996). According to large survey, one in three American adults uses online resources to self-diagnose themselves or other individuals, prior to a professional diagnosis (Kuehn, 2013).

(2023), influencer content on personal mental health journeys causes adolescents to self-diagnose as they investigate lists of symptoms online before summing them up to practitioners. Thereby, the belief that one has a mental health disorder becomes a self-fulfilling prophecy<sup>3</sup>. Healthcare practitioners highlight the importance of consulting professionals instead of using TikTok (Gellner, 2023). Two issues are named: the overflow of clients straining the healthcare system (Suhr & Johnson, 2022) and an increase in misdiagnoses<sup>4</sup>, due to the large amount of misinformation on social media (de Veirman et al., 2019; Werkhoven et al., 2022).

Due to scarcity of scientific research, the frequency and accuracy (e.g. how often online self-diagnosis results into misdiagnoses) of the phenomenon is unclear, as well as the mechanisms behind it. Therefore, this study investigates the following research question: how do TikTok and Instagram encounters motivate Dutch young women to self-diagnose with ADHD? Three sub-questions will be addressed:

1. What is the motivational role of participants' social environment in this process?
2. What is the motivational role of social media in this process?
3. What are general psychological motivations to self-diagnose with ADHD?

Adolescents aged 18-25 are most active on TikTok (Comp et al., 2021) and most cases of mental illness emerge before the age of 25 (Pretorius et al., 2022), making the topic highly

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<sup>3</sup> A situation in which expectations create the conditions that cause their own fulfilment (Hilton et al., 1989).

<sup>4</sup> Misdiagnosis refers to an incorrect diagnosis of a mental health condition (Werkhoven et al., 2022). It is important to note that research on the validity of self-diagnosis is lacking, and it is hard to verify whether self-diagnoses through social media are incorrect. A self-diagnosis is not inherently a misdiagnosis.

salient in this group. The focus on ADHD can be explained through the fact that it has been described as a common disorder to self-diagnose with, including a substantial online #ADHD community (Gilmore et al., 2022). Furthermore, research suggests that the costs of an ADHD-diagnosis might become lower as the condition becomes more prevalent in society, and is increasingly viewed as an interesting character trait rather than a disability (Haltigan et al., 2023). Therefore, it would be especially interesting to investigate motivations to self-diagnose this condition. The choice to study women was fuelled by scientific research that highlights gendered differences in ADHD<sup>5</sup>. As research on how this might affect young women's self-diagnosis process through social media is lacking, this study aims to fill this gap.

### ***Societal relevance***

In the scientific community, a debate is going on about whether self-diagnosis through social media should be viewed as a positive or negative development. Whereas some argue that online openness in discussing mental health causes adolescents to feel empowered and to take steps towards seeking help (Hermann et al., 2022; Warner, 2021), others stress the negative sides of the phenomenon. Firstly, social media's invalidity as a source for mental health information<sup>6</sup>, causing overmedicalisation of regular symptoms and thereby increasing

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<sup>5</sup> Men are often displaying more hyperactive behaviour, whereas women display more inattentive symptoms. The disruptive nature of boys' symptoms causes their referral rates for assessment to be higher than girls (Attoe & Climie, 2023).

<sup>6</sup> De Veirman et al. (2019) discusses undisclosed conflicts of interest, difficulties in checking sources' credibility and the lack of a filter through the large amount of misinformation in TikTok and Instagram. Other research highlights TikTok's inability to disclose mental health information in depth, as videos only last for a maximum of 60 seconds (Comp et al., 2019). Another interesting study displays a paradoxical example: whereas influencers often post content about the signs that followers might have ADHD, research points out that the use of TikTok itself can cause individuals to showcase more corresponding symptoms. Individuals who spend a lot of time on the app get used to fast triggers, which decreases their ability to focus (Ra et al., 2018).



rates of misdiagnoses, is being discussed (Wickström & Lindholm, 2020; Werkhoven et al., 2022; Dings & Glas, 2020). Negative effects on society thereof include damaged public mental health knowledge (Bizzotto et al., 2023) and misdiagnosed students receiving unfair advantages over to those that truly suffer from mental illnesses, but do not have resources to engage into costly evaluations (Suhr & Johnson, 2022).

Secondly, according to a study from Harari et al. (2023), self-diagnosis of mental health conditions decreased participants' self-esteem, as it causes social stigma and insecurities about personal capabilities. Such insecurities can become part of an 'illness identity'<sup>7</sup>, causing individuals to underperform and refrain from seeking help (Suhr and Johnson, 2022). The latter could cause individuals to 'weaponize mental health'<sup>8</sup>, thereby again diminishing their responsibility in undertaking action regarding salient issues (McCrae, 2019).

A scientific framework backing these claims up lacks. However, previously discussed (negative) consequences of the alleged trend cannot be overlooked, given upcoming public concerns. Through uncovering motivations behind online self-diagnosis, critical understanding of the phenomenon can be achieved. Therefore, therapists and policy makers are enabled to adjust their policies towards youth self-diagnosing through social media, enhancing their wellbeing and closing disparity gaps as mentioned by Suhr and Johnson (2022).

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<sup>7</sup> Illness identity refers to individuals attributing normal experiences to a mental disability, and integrating this mental health label into their identity. Therefore, they might get the illusion that their issues are out of control due to their condition (Suhr & Johnson, 2022).

<sup>8</sup> Weaponizing mental health refers to a tactic in which individuals defend their behaviour, maintain dominance in discussions and gain social benefits through using their mental health label as an enforcement strategy (Jennings, 2021; McCrae, 2019).

### ***Scientific relevance***

Despite speculation in public discourse, scientific research on motivations behind social media-driven self-diagnosis is scarce (Haltigan et al., 2023). Previous qualitative studies investigated socially driven motives to adapt online mental health information (Prescott et al., 2019; Song et al., 2022; Giles & Newbold, 2011) and general psychological motivations to self-diagnose (Armstrong et al., 2023; Lewis, 2016). However, the latter did not look at the role of social media, and often studied individuals' other mental disorders. Through combining these two topics (e.g. online socially driven motives and general psychological motives), this study tries to add to a growing body of qualitative research, offering an all-encompassing framework concerning the subject. Furthermore, it aims to address a literature-gap concerning gender-specific processes in self-diagnosis, through only studying women.

### ***Present study***

This study will investigate its main question through qualitative interviews. The following literature review addresses the role of social media in self-diagnosis, explained through social capital theory. Afterwards, psychological processes will be explained through the medicalized 'insight' perspective, which emphasises positive effects of self-diagnosis.

## Literature review

### *Theory on the role of social media*

To explore the first sub-question, this study revisits the outdated social capital theory<sup>9</sup> in a modern context. Traditionally, self-diagnosing as mentally ill offered little social benefits, through causing stigma (Moses, 2009). However, this study argues that societal shifts have decreased stigma on gaining the label of ADHD, and it even has become a manner of gaining social capital in certain communities. According to Haltigan et al. (2023), maintaining an online peri-psychiatric identity is related to seeking affirmation and attention, to gain social capital. They argue that societal changes caused mental illness symptoms to not be viewed as a concern anymore, but rather as ‘consumer identities or character traits that make individuals sharper and more interesting than others’ (p. 3). Similar to theory on weaponizing mental health, Giles and Newbold (2011) state that in a ‘market-driven health system’, self-diagnosis provides rights and credibility in discussions as part of a ‘proto-professional discourse’.

Self-diagnosis places individuals into cultural categories, thereby creating a sense of belonging (Cortez, 2023). Whilst labels are shown to stigmatize marginalised communities, they serve as a strategy for destigmatizing mental health issues as well. Similar to feminist or black lives matter-movements, usage of labels in modern society can evoke recognition and inclusion (Werkhoven et al., 2022). Therefore, social media becomes a platform for marginalised groups to gain social capital (Griffith & Stein, 2021).

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<sup>9</sup> Social capital theory originated during the 1920’s and is based on the premises that social relationships can be seen as resources to gain social capital (e.g. benefits in society). Individuals can gain social capital through maintaining interpersonal relationships and belonging to a community with a shared identity, norms, values, trust, reciprocity and cooperation (Thoits, 2016).

### ***Empirical findings on social capital theory in (online) self-diagnosis***

Multiple studies indicated effects of online community support on self-diagnosis. In their content analysis, Prescott et al. (2019) found that young adults in online mental health communities felt acknowledged in their issues and supported by their peers, thereby confirming their suspicions of a diagnosis. Song et al. (2022) reported that TikTok users' adaptation of mental health information was predicted by seeking relatedness to others (e.g. the need support others and receive their support in return). Other qualitative studies confirmed adolescents' need to belong to a group and feelings of validation as motivations to self-diagnose as well (Lewis, 2016; Giles & Newbold, 2011). In their ethnographic research, Armstrong et al. (2023) even found mental health labels to be socially desirable, as university students used them to negotiate social interactions on campus. As students often viewed mental health labels as romantic character flaws (e.g. it is 'mysterious', or makes you a 'bad boy'), this enhanced sexual and romantic capital of those with such a label. The authors also confirmed hypotheses about weaponizing mental health, as they found that students utilized mental health labels to gain educational benefits, stating that they had special needs. They stated that in bureaucratic educational systems, students stating that they were 'burnt-out' would not gain extra help. Therefore, the use of mental health labels gained them authority in discussions and helped overburdened students to be taken more seriously.

### ***Theory on psychological motivations to self-diagnose***

To gain a better understanding of social media's motivational role in self-diagnosis, it is important to understand the general psychological motivations to label oneself first. Therefore, this study uses the medicalized 'insight' perspective<sup>10</sup>, which provides several

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<sup>10</sup> The insight perspective highlights the positive effects of self-diagnosing. It assumes that in the majority of cases self-diagnosis are based on legitimate experienced symptoms that fit within a professional diagnosis (Hariri et al., 2023).

psychological motivations to self-diagnose. (Harari et al., 2023). Firstly, self-diagnosis enables individuals to deepen understanding of themselves through making sense of previous distress, causing a sense of relief and liberation (Harari et al., 2023; Werkhoven et al., 2022). In this study, the inherent need to understand oneself will be referred to as metacognition<sup>11</sup>. Secondly, self-diagnosis diminishes self-blame associated with experiencing ‘abnormal’ symptoms. Before a diagnosis, children with ADHD are often labelled as lazy, disinterested and disruptive (Werkhoven et al., 2022). Self-diagnosis helps individuals to accept their shortcomings, as the blame now lies on the label instead of themselves. Finally, self-diagnosis is often motivated by the need to address hindering symptoms. It marks the first step towards seeking professional help, thereby fostering hope and motivation for the future (Harari et al., 2023).

### ***Motivation 1: Metacognition***

Adolescents are particularly inclined to endorse labels to understand themselves and the world around them, due to the identity-seeking nature of their life phase (Steinberg, 2020; Moses, 2009). Brycz and Brycz (2021) found individuals with a high metacognitive self to be more likely to seek out mental health information. Multiple studies researching motivations to self-diagnose described the role of metacognition. In a qualitative study into individuals who self-diagnosed with autism, Lewis (2016) described their need to create a coherent identity, after years of wondering why they were different from the rest. Another qualitative study from Mogensen and Mason (2015) illustrated how teenagers utilized mental health labels to understand oneself, by negotiating issues of identity. Radez et al. (2021) also highlighted participants’ need to make sense of experienced difficulties through self-diagnosis.

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<sup>11</sup> Metacognition refers to the extent in which an individual experiences a strong need to understand oneself (Brycz & Brycz, 2021).

### ***Motivation 2: Diminishing blame***

In a qualitative study from Hens and Langenberg (2018), participants with autism revealed that the label helped them with accepting their shortcomings. They became gentler towards themselves and did not feel the need to 'try to fit in' anymore. Similar qualitative studies suggest that social media finally provided neurodivergent individuals logical explanations for issues, increasing confidence and autonomy (Prescott et al., 2019; Song et al., 2022). However, similar to the concept of weaponizing mental health, some individuals misuse labels in a self-serving manner, to avoid constructive criticism and disable threats to their identity (Werkhoven et al., 2022). Money (2023) suggests that self-diagnosis enables individuals to defend oneself in relation to others, creating a safe space. Honkasilta et al. (2016) found that adolescents who self-diagnosed with ADHD attributed undesirable behaviour to their condition, thereby distancing themselves from legitimate criticism and responsibility.

### ***Motivation 3: Hope for the future***

Individuals' need to start working on salient issues and thereby enact change in their life, accounts as a motivation to self-diagnose: now they can start seeking professional help (Harari et al., 2023). In their quantitative study, Villatoro et al. (2022) identified self-diagnosis as a strong predictor for self-reported help-seeking. Lewis (2016) found that individuals self-diagnosing with autism aimed to change various life aspects, such as education, work and financial accommodations. Mogensen and Mason (2015) found that self-diagnosis provided adolescents a stronger sense of control and optimism, as this gained knowledge was a starting point to acquire skills for managing issues.

## **Methods**

### ***Design***

This research utilizes a qualitative inductive design, containing semi-structured in-depth interviews. This design fits the studies' objectives due to a couple of reasons. Firstly, similar to qualitative research (Mwita, 2022; Cleland, 2017), this study aims to add theoretical substantiation to existing- and future data, instead of testing a relationship (e.g. between self-diagnosis and TikTok). This is especially useful, as little is known about the studies' subject. Secondly, similar to inductive research (Doorewaard et al., 2019), this study aims to uncover a wide range of explanations (e.g. motivations to self-diagnose), through using prior data as a foundation to steer its methods. Finally, qualitative research's iterative nature is especially useful for this research's understudied subject, as it allows to integrate lessons learned from discovered findings into the method, thereby improving the studies' quality (Mwita, 2022).

A key limitation of qualitative research is bias due to the researcher's subjectivity, as the researcher is the study's primary instrument (Mwita, 2022). Especially for the loaded subject of online self-diagnosis, the researcher's neutrality is of importance. Therefore, a reflexivity statement will be provided in the ethics section, and methodological choices will be clearly documented to remain transparent.

### ***Procedure***

To uncover motivations behind online self-diagnosis, ten semi-structured in-depth interviews were conducted. Five interviews were conducted by this study's researcher, and five by a fellow researcher studying a similar topic. From the latter, only relevant data (e.g. motivation) were analysed. For this study, participants were invited to join a half-hour long interview, conducted in Dutch. Information letters and informed consent forms were shared digitally, clarifying the study's goals, interview procedure and participants' rights (see

appendix B and C). To gain a sense of specific types of content that motivated participants to self-diagnose, after the interviews they were requested to send examples through WhatsApp. Participant data was handled with care. Interviews were recorded and transcribed with GoodTape. Data was stored in Yoda, according to UU protocols. After the study's submission, all data was removed from these devices.

### *Participants*

Initially, this study aimed to include the Dutch youth (aged 18-25), but only women responded. As throughout the process gendered motivations to self-diagnose emerged, only women were included. Furthermore, the scope originally included self-diagnosis with ADHD, autism or anxiety-related issues. However, all participants reported ADHD, and since Haltigan et al. (2023) suggested ADHD has become less stigmatized, the choice was made to focus on ADHD. Finally, the sample consisted of Dutch women with (self-)diagnosed ADHD (aged 18-25), who felt like TikTok or Instagram influenced this process (see Table 1 for participant information). Participants were recruited through convenience sampling. Whereas one participant joined through the researcher's direct network, four participants were recruited through snowball-sampling, as the researchers' friends and acquaintances shared the information letters with their network. Convenience- and snowball-samples are prone to biases, as participant selection in one social network limits sample heterogeneity (Kircherr & Charles, 2018). Therefore, mainly highly educated women without a migration background joined this study. The results section will address the effects of these sample characteristics on participants' perspectives on online self-diagnosis. Although limiting the sample to women with ADHD offers focus, the homogeneous sample limits the possibility to draw any firm conclusions about the entire population of Dutch youth.



**Table 1***Participant information*

<b>Participants</b> These are fake names	<b>Age</b>	<b>Gender</b>	<b>Professional ADHD diagnosis</b>	<b>Comorbidity</b> *Professional diagnosis	<b>Level of education</b>
Lisa	18	Female	Yes	Autism	WO
Diana	24	Female (trans)	No		WO
Inge	22	Female	Yes	Social anxiety*, depression	WO
Nora	23	Female/queer	Yes		WO
Dounia	25	Female	Yes	Borderline*, depression	WO
Bo	23			OCD*, autism	WO
Fleur	20	Female	No		MBO
Nina	23	Female	No	High sensitivity*	MBO
Donna	23	Female/queer	Yes		WO
Merel	25	Female	Yes		HBO

***Instruments***

A topic list was established based on the sub-questions (see Appendix E). Questions were based on sensitizing concepts derived from the literature review. These included social capital theory, metacognition, diminishing blame and hope for the future (in appendix D, the operationalization of these concepts is described). Questions were open and non-suggestive (e.g. ‘What motivated you to self-diagnose?’ ‘How did your social/online environment contribute to this process?’). Thereby, this study left space to uncover a wide range of motivations. Furthermore, there were opportunities to explore certain topics more in depth through asking follow-up questions, depending on the participant.

***Data analysis:***

Coding was chosen as a suitable fit for this study, as it allows to detect themes in large amounts of unstructured data (Doorewaard et al., 2019). Interviews were transcribed and

coded in NVivo. Pre-existing codes were based on the sensitizing concepts. The analysis was executed along the lines of open, axial and selective coding. Initially, relevant information was coded into a lengthy list of codes that conceptualised main ideas, after which similar codes were merged and placed under overarching themes (one for every sub-question). Finally, a code three (see appendix F) emerged in which all codes signified patterns regarding motivations to self-diagnose. It was crucial to distinguish motivations from positive outcomes of self-diagnoses, as these two get confused sometimes (Fulmer & Frijters, 2009). For example, participants needed to state that improving their future was a prior motivation to self-diagnose, instead of a positive outcome thereof.

### ***Ethical considerations:***

Several ethical considerations must be considered. Firstly, the mental impact of the process of self-diagnosis differs for individuals, therefore the subject could be considered sensitive (González-Sanguino et al., 2023). Transparency about the study's goals (e.g. uncovering processes behind participants' self-diagnosis) in information letters and informed consent forms was crucial (see appendix B & C). Secondly, interpreting answers required caution, as self-diagnoses are not inherently misdiagnoses, identifying self-fulfilling prophecies is challenging in social science. Therefore, results were interpreted carefully, without making firm conclusions on self-fulfilling prophecies.

Finally, the author's positionality must be discussed. Before presenting my results, I acknowledge my position as a woman with high socioeconomic status and ADHD myself. With a background in social sciences at Utrecht University, left-wing social surroundings and a diagnosis of ADHD, mental health talk has been a salient topic for me. Whilst advocating for the importance of discussing mental health, I also acknowledge concerns regarding over-

medicalisation of normal behaviours. To minimise bias, my personal experiences with ADHD were not discussed before and during interviews.

## Results & Discussion

This section provides this study's findings. Quotes were translated from Dutch into English. Chapter I addresses this study's first two sub-questions, regarding the motivational role of social media and participants' social environment. In chapter II, this study's final sub question will be explored, along the lines of psychological motivations discussed in the theory section: metacognition, diminishing blame and hope for the future. Every section concludes with a discussion on its results' implications for existing literature, and interpretations in the light of this study's main question.

### Chapter I: role of the social environment and social media

#### *1.1. Participants' social context*

The main pattern related to this study's first sub-question, was that participants were motivated to self-diagnose with ADHD due to its normalisation within their social circle. As stated before, the sample consists mainly of highly educated women, from which 30% belongs to the LGBTQ+ community and 50% experiences comorbidity of disorders. Most participants stated that their peers were supportive of their condition. They often had friends with ADHD or other mental disorders, and noted that their friends' suspicions often played a crucial role in their process of self-diagnosis with ADHD. The following quotes reveal different ways in which self-diagnosing ADHD became normalised for these young women:

Encountering people with ADHD, and you know, noticing that you just vibe in a different way than with... well, neurotypical people. [...] I mean, all my best friends have a

diagnosis, or the suspicion of one. Or I diagnose them myself. [...] We also joke about it. Like, ha-ha, that is such an ADHD-thing to do. (Diana, 24)

I feel like in my friend group... more and more people indicated they have ADHD or something else. Yes, there is more knowledge. A lot of people have autism as well, and you need to learn how to deal with that. So, I researched that, so I can adapt if they struggle. (Nina, 23)

I think the label of ADHD used to be negative, but I do not feel like that is the case anymore. [...] I think stigma in this society is way lower for ADHD than for autism. [...] Like ADHD feels more as a variation on what is normal. (Donna, 23)

You also have people who jokingly state that they have ADHD. [...] They tell me: [name], you are so much fun! And social, and it seems as if... This might sound weird, as if they want what you have, even though you are actually struggling with it. (Dounia, 25)

In conclusion, participants were motivated by their social environment to self-diagnose with ADHD due to the normalisation and sometimes even glamourisation of the condition. Quotes illustrate how participants light-heartedly joke about the condition, enjoyed the company of neurodivergent individuals more and valued adapting to other neurodivergent individuals. Similar to findings by Armstrong et al. (2023), participants indicated that an ADHD-label is less stigmatized (e.g. compared to autism), or is viewed as a 'fun' trait, therefore being more desirable.

In line with this study's interpretation of social capital theory, as stigmatizing attitudes are reduced, in certain communities social capital (e.g. group support and belonging) can be

gained through mental health labels. They now offer means for destigmatization, recognition and inclusion, as Werkhoven et al. (2022) theorized. This study found participants to feel empowered through their community, but cannot back up claims made by Haltigan et al. (2023) or Giles and Newbold (2011), who stated that mental health has morphed into consumer identities, granting individuals rights due to being part of a professional discourse.

### ***1.2. The role of social media***

Regarding the second sub-question, two important patterns emerged. Firstly, TikTok played a significant role in both confirming and starting participants' suspicions on having ADHD. Instagram was mentioned less often, as participants felt that TikTok's algorithm was more effective in displaying their ADHD-related interests, as related content gradually became more engrained into their algorithms. For about half of the sample, discovering ADHD-related content confirmed their suspicions; for the rest it initiated them. Section 2.1 will provide more in-depth information on how the apps contributed to participants self-diagnosis, as it is related to the motivation of metacognition.

TikTok's algorithm just works incredibly well. [...] And I saw a lot of content on TikTok and Instagram, but first it was through TikTok. Because that algorithm knew about my ADHD really fast. (Lisa, 18)

Participants encountered various types of content (e.g. Q&A's, advisory content, lists of symptoms and the 'put a finger down' challenge) that sparked their interest in self-diagnosing ADHD. The following footnote<sup>12</sup> provides participants sent-in content, to gain a sense of

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<sup>12</sup> The following references (see next page) contain hyperlinks, through clicking on these you are directed to the concerning posts. They stem from a variety of social media platforms (e.g. TikTok, Instagram and X) as participants were not always active on TikTok anymore, due to

these specific key experiences. A second prominent finding concerns role of participants' experience of social media communities. Most participants were motivated to self-diagnose with ADHD, as they belonged to supportive social media communities that made them feel recognized in their experiences with ADHD:

For me, and when I was younger, it is a place where I dare to be myself. Whilst I did not do so in daily life. And that I could find connections with others. And now, I still see things that I recognise, or that make me understand others better. (Nora, 23)

It made me aware that it is normal to have ADHD. And that it is not a taboo anymore, and you can talk about it. I find that really nice. [...] It is about having respect. I developed knowledge about everyone's shortages, and how to deal with it. That you can only support each other in that. That is what TikTok taught me. (Nina, 23)

Well, I am more on the side of people that have the diagnosis. They are busy with combatting misinformation and releasing the right information as well. (Lisa, 18)

These findings shed light on this study's second sub-question: social media contributed to participants self-diagnosis process as through TikTok's strong algorithm, they ended up in an online ADHD-community, making them feel supported and acknowledged. These results

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its addictive nature. Some posts kickstarted participants self-diagnosis processes, others mimic these posts as participants could not always retrieve the original posts.

([Park, 2022](#)) - ([Brooks-Dridge, 2022](#)) - ([ADHD parenting, 2023](#)) - ([Hollowell, 2021](#)) - ([DeWolfe, 2024](#)) - ([ADHDoers, 2023](#)) - ([210MGS, 2023](#)) - ([Neurodivers Show, 2023](#)) - ([Giachino, 2023a](#)) - ([Giachino, 2023b](#)) - ([ADHD folk, 2023a](#)) - ([ADHD folk, 2023b](#)) - ([Hustling ADHD, 2024](#))

confirm those of Prescott et al. (2019) and Lewis (2016), who also highlighted online peer support and feelings of belonging as drivers to self-diagnose. Similar to findings by Song et al. (2022), participants often noted that their community fostered mutual care and consideration for others' needs.



## Chapter II: psychological motivations to self-diagnose

### 2.1 Metacognition

Concerning the final sub-question, an important psychological motivation to self-diagnose was the journey of understanding oneself. All women engaged in an online quest after discovering ADHD-related content on TikTok and Instagram, to make sense of previous distress. All participants experienced ADHD-related symptoms (e.g. being easily distracted, depression, executive dysfunction, overstimulation or overthinking), ranging between inattentive to hyperactive subtypes<sup>13</sup>. Frustration with these symptoms, particularly during performing educational and daily tasks (e.g. cleaning their rooms), and feeling different than others, drove them to investigate ADHD online. Participants highlighted the role of recognition, as they recognized themselves so often in ADHD-related content, that they started to feel convinced in their suspicions.

Through TikTok I learned how ADHD is such a diverse spectrum. [...] For example, I never heard about inattentive ADHD. So I really started to suspect it because of TikTok.  
(Diana, 24)

The first time you see such a video, you think: oh, I also do this. But the more you see, the more you start to think: oh, I recognize myself a bit too much now. And that is when it becomes suspicious. (Merel, 25)

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<sup>13</sup> The hyperactive subtype refers to a manifestation of ADHD in which individuals externalize behaviors through for example being loud and unable to sit still. The inattentive subtype refers to a manifestation of ADHD in which individuals internalise behaviours, through for example overthinking and being easily distracted (Grizenko et al., 2010).

I saw something about it. And I thought: hold up. I recognise myself a bit too much now. And then I started to do more and more research. (Inge, 22)

Three key themes emerged surrounding this journey of understanding oneself. The first theme regards the role of language. Half of the sample stated that social media (especially TikTok) provided them words to finally describe past issues, making them feel empowered. Interestingly, psychological jargon was commonly used whilst describing experiences, displaying signs of participants' self-research process.

So, I want to find out pretty badly how I can deal with this. Actually, I really see it as getting to know my own user-manual. And learning how to deal with that. (Donna, 23)

And I think social media gave me the words for it. Because I felt it, but did not know how to describe it. [...] And that this is something that other people also feel. (Nora, 23)

Secondly, participants' metacognition was fuelled by gendered interests. Initially, most participants associated ADHD with classical stereotypes of young hyperactive boys. Social media displayed ADHD as a diverse spectrum, enabling them to finally recognise that they might have it as well. Participants stated that ADHD-research and diagnostic processes in society were tailored to men, who typically displayed the hyperactive ADHD-subtype. This realisation fuelled their self-diagnosis process, as they needed to understand themselves as women as well.

It broadened my vision of ADHD, and I usually follow women that have it. [...] And many influencers say, yes, in women it is underdiagnosed. So it is really a concept of

these days, that all of a sudden women realise: wait a minute, I have ADHD. And that it is just less visible for us. (Donna, 23)

In elementary school we had [name], and [name] was a hyperactive kid who always crossed your limits. He was the ADHD kid. So I have always associated ADHD with that. [...] And with TikTok... I just learned how diverse it is, how many types of people can have ADHD, and how it manifests in different ways. I mean, I have never heard of inattentive ADHD before! (Diana, 24)

A final theme regards self-criticism in the process of self-diagnosis. Most participants were aware of the trend of overdiagnosis through social media, causing them to be self-critical whilst integrating ADHD into their identity. Most felt like self-diagnosis empowered individuals, as they are allowed to act upon what makes them happy. Others expressed concerns about how labeling everything makes individuals overthink, or experienced imposter-syndrome when it came to self-diagnosis:

And if you have this and that, you have ADHD. And I think that everyone probably has some things from this list. So I think you may think pretty fast that you have ADHD. Definitely with the younger generation, they will jump to conclusions fast. (Nina, 23)

Well, I am also aware of the discourse around... TikTok makes everyone neurodivergent. [...] The question is whether these people are right, or there is really a big part of society that is under-diagnosed. (Diana, 24)

I must say, sometimes I feel a bit fake. Because I have no struggles navigating this

society. Pretty well actually. (Donna, 23)

That is why when it comes to self-diagnosis, I am a bit... I am not always relaxed about my self-diagnosis of autism. Because you see a lot of content that just brings up general human symptoms as if it is autism. (Bo, 23)

In conclusion, the need to create a coherent identity drove participants' self-diagnoses, as suggested by Werkhoven et al. (2022), Mogensen and Mason (2015) and Lewis (2016). Furthermore, this study confirms the insight perspective, as discussed by Harari et al. (2023). Frustrations with legitimate symptoms caused participants to engage in online self-research, in which recurring recognition led them to self-diagnose, thereby providing a sense of liberation. Besides confirming the insight perspective, this study adds to existing theory regarding the motivating role of metacognition through the discovery of three other themes. Firstly, the discovery of language to describe symptoms was a driving factor in participants' self-diagnosis. Their use of psychological jargon to describe ADHD was remarkable, pressing further need to investigate language-processes in self-diagnosis.

Secondly, this study elaborates on findings by Attoe and Climie (2023), regarding underdiagnosis of ADHD in women due to a system that is marketed towards men. As most participants recalled a similar narrative on how social media broke their gendered stereotypes on ADHD, this study shows how self-diagnosis was fuelled by the need to understand oneself as a woman, shedding light on this understudied subject. Finally, this study adds nuance to existing theory through displaying how women who self-diagnosed through social media were self-critical whilst integrating ADHD into their identity. Their awareness of trends in online misdiagnoses, others 'faking' the condition and concerns with labeling 'everything' shows that adolescents do not simply adapt all online information, as concerns in public discourse

sometimes indicate.

## ***2.2 Diminishing blame***

As for this studies final sub-question, three patterns emerged regarding the motivation to diminish blame. Firstly, participants' need for self-acceptance motivated them to self-diagnose, as this allowed them to connect socially undesirable behaviour to the label of ADHD instead of their self-worth. The label made them aware that their behaviours were normal, and nothing to be ashamed of.

I think it is about having an explanation as for why things are the way they are. And that you are not lazy when you will not come out of your chair. And that there is a reason you struggle with putting on that movie. (Lisa, 18)

People used to see my hyper-activeness and impulsivity as a problem. And if you finally have something to pin that down on... It is ADHD. It is not just me. Then I do not have to blame myself this much. (Fleur, 20)

Secondly, participants' self-diagnosis was motivated by the need to explain their condition to others, as a form of expectation-management. Some participants utilized their label to ask for help in difficult situations. However, most explained their condition to others to gain acknowledgement towards the fact that their ADHD caused complications in performing tasks perfectly. This form of expectation-management diminished blame on participants' part, but did not make them abstain from performing tasks anyways.

I tried to explain executive dysfunction to others. As if there was a wall, and I just

cannot get past it. And for many people, this sounded as an excuse, instead of my just trying to explain how I felt. Once I have gotten the words for it, I learned: this is real. That helped a lot, as now I could explain it in a way that others accepted. (Inge, 22)

If I meet new people, I often tell them I have ADHD. So, if I am overly excited about something, you can tell me to calm down. (Lisa, 18)

I would like to see a society in which people can have ADHD. And are free in that sense. [...] Now, I must adjust to society, whereas I would like society to adjust to us as well. And that will not happen if we do not blow the whistle. (Donna, 23)

A final pattern regards participants' critical awareness of their tendency to manage others' expectations through using ADHD as an excuse for behaviour. The following quotes illustrate how participants tried to reduce this habit:

For a while I told everyone, with everything like: yes, but I have ADHD. At some point I realised I do not want to use it as an excuse anymore. Sometimes things are hard, but I will just need to put some more energy into it then. So I am trying not to do it anymore. (Merel, 25)

I think there is a thin line between an excuse and an explanation. This depends on the context. For example, last week, at my internship, I was asked if I wanted to organise a brainstorm meeting. And I told them: 'You are aware that you're asking the ADHD person to create order in chaos?'. I try to bring it in a light manner, so that they will not have the idea that I cannot do this. [...] I sometimes tend to give these disclaimers,

although I might use this damage control a bit too often. (Bo, 23).

So... I am pretty good at: tough it out, deal with the consequences later. I am good with that, so I do not really ask for accommodation. (Diana, 24)

In conclusion, participants' need to diminish blame motivated them to self-diagnose. Participants provided examples of stereotypes about individuals with ADHD, such as being considered lazy or annoying, as found by Werkhoven et al. (2022). Through attributing socially undesirable behaviors to a label, participants strived to gain self-confidence (as found by Hens & Langenberg, 2018; Prescott et al., 2019; Song et al., 2022), and acknowledgement from others (as found by Money, 2023). As for the latter, they primarily used their label to manage others' expectations in difficult situations, rather than asking for help or abstaining from tasks. Thereby this study contradicts notions about weaponizing mental health, as made by McCrae (2019) and Armstrong et al. (2023). This study adds nuance to findings by Honkasilta et al. (2016) and Werkhoven et al. (2022), as participants did blame behaviours on ADHD, but simultaneously were aware of this trait and tried to reduce it. Therefore, they did not simply revoke all their responsibilities.

### ***2.3 Hope for the future***

The final psychological motivation was gaining hope for the future, as most participants explained that their self-diagnosis was driven by the need to undertake action to improve their future. They aimed to do so in three manners. Firstly, knowing the cause of their behaviours enabled participants to implement ADHD-related tricks (which were often learned through social media), to improve daily functioning:

Just trying to help yourself, finding solutions in the framework of ADHD. And whilst you are doing that, why not put a label on it? You might as well. [...] I am also trying body doubling. If you need to complete tasks, for which your body just does not give you enough dopamine. So I call my best friend when I need to do the laundry. Then I will do it more easily than when I need to do it alone, social pressure helps. (Diana, 24)

I was hoping that they could give me tips on how to deal with it. Small tricks. For example, I learned about the racket-method. You cannot start at the upper side of it, you first must create a basis. So divide tasks in little steps instead of trying to do it all at once. It is these tricks that I was looking for, and I have gotten some already. (Inge, 22)

Secondly, simultaneously with undertaking concrete action, participants also aimed to increase their wellbeing through self-acceptance gained by the label of ADHD. Increased metacognition caused participants to know how to respect their personal boundaries, thereby decreasing stress.

I really needed to learn that it is okay to say no to social events. To stay at home. And that it will not make me feel guilty. Because I am afraid of saying no, but it is okay and people will understand. (Nina, 23)

Finally, struggles in educational settings prompted most participants to investigate ADHD, as they sought tools to cope with learning disabilities. The option of obtaining prescribed ADHD-medicine was especially mentioned as a reason to gain a professional diagnosis.



When I started working as a freelancer, I started to notice my inability to concentrate. And the chaos in my head. That is when I decided to start this track. (Merel, 25)

Another reason to start looking into ADHD was that I have gotten stuck in my study track. [...] I wanted to know more about tools when it came to studying with ADHD. How to focus on texts and during college, how to process information effectively? So that was mainly the reason, I needed some help. (Nora, 23)

And I thought, I could try medication. [...] But it is an option that I have now. And that is really nice. Because I heard from many friends that medication helped them a lot, so it is nice that I could do that now. This is also half of the reason I went for that diagnosis. (Inge, 22)

In conclusion, the final psychological motivation to self-diagnose was participants' need to enact change in their future, as Harari et al. (2023) found as well. Similar to Villatoro et al. (2022), Lewis (2016) and Mogensen & Mason (2015), they tried to improve their functioning through using ADHD-related tricks. This study builds upon that notion, displaying that whilst participants aimed to improve their wellbeing through changing behaviour, they simultaneously tried to do so by accepting these traits more. Respecting personal boundaries played an important role here. Similar to findings by Lewis (2016), a main motivation was gaining educational benefits. This study adds more in-depth information to this topic, as participants' interest in ADHD-medication drove them to the second step of gaining a professional diagnosis.

## Conclusion

This study explored how TikTok and Instagram encounters motivate Dutch young women to self-diagnose with ADHD. Consistent with Haltigan et al. (2023), social media might have lowered boundaries to self-diagnose with ADHD, especially amongst highly educated women. Self-diagnosis with ADHD can be appealing both psychologically (due to motivations related to metacognition, diminishing blame and improving the future), and socially, as the condition becomes normalised and online ADHD-communities are ready to support struggling individuals. Whereas self-diagnosis once carried many negative consequences, it now provides an opportunity to empower individuals. The question remains whether this is a negative development, as participants reported increased wellbeing after self-diagnosis, and remained self-critical during the process.

### *Limitations & future research recommendations*

This study's findings must be discussed in the light of several limitations. Firstly, its small and homogeneous sample of mainly highly educated women limits generalizability (Bornstein et al., 2013). Future research should include both genders, as gender-related differences in self-diagnosis must be studied through comparison. Investigating individuals from diverse educational- and migration backgrounds is advised, as Brycz and Brycz (2021) highlighted correlations between metacognition, self-diagnosis and SES. Secondly, due to issues with the operationalisation of motivations<sup>14</sup>, it is recommended to draw concise

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<sup>14</sup> As stated in the method section, motivations to enact change sometimes get confused with positive outcomes from achieving this change, whilst measuring motivating factors through self-reports (Fulmer & Frijters, 2009). An example illustrated that participants must state that increasing their wellbeing was a prior motivation to self-diagnose, instead of a positive outcome thereof.

timelines with participants while measuring them, to detangle them from other factors. Finally, this study's broad scope limited the possibility to discuss interesting (coincidental) findings in-depth. Examples of such findings for future research to investigate include participants use of humour in discussing mental illness and gatekeeping<sup>15</sup> ADHD (given participants concerns surrounding others or themselves 'faking' it). Other topics include language use in adolescents' identity formation and expectation-management strategies in neurodivergent individuals.

### *Policy recommendations*

The trend of TikTok-based self-diagnoses causes strain on the healthcare system and possibly increases misdiagnoses (Suhr & Johnson, 2022; Werkhoven et al., 2022). According to Harari et al. (2023), the latter negatively impacts adolescents' mental health, reducing their self-esteem and willingness to address salient issues. However, participants experienced legitimate issues throughout their lives and stated that self-diagnosis improved their wellbeing. They remained critical of their self-diagnosis process. These factors indicate that self-diagnosis is motivated by complex processes, rather than the need to weaponize mental health or simply gaining social capital. Therefore, policy makers and practitioners should take TikTok-youth seriously, recognizing their efforts to explain distress during their formative life phase. Practitioners should receive training on online misinformation and its potential impact on youth (especially focussing on gender differences in self-diagnosis), to accommodate them properly. Mental healthcare organisations should actively counter misinformation, through advertising offline and online (e.g. creating validated social media platforms to attract and educate youth). Adolescents are likely to resort to social media during this formative life

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<sup>15</sup> This concept refers to a process in which communities establish rules on who is- and is not allowed to join, based on the assessment of certain traits (Bashir, 2023).

phase (Steinberg, 2020), therefore efforts must be made to not make it their sole source of information.

## References

- ADHD folk. [@adhdfolk]. (2023a, April 20). *ADHD behavior tracker*. [photo]. Instagram.  
[https://www.instagram.com/p/CrRaPWvseDS/?igsh=cHF5a3RuYWZjbHRx&img\\_index=1](https://www.instagram.com/p/CrRaPWvseDS/?igsh=cHF5a3RuYWZjbHRx&img_index=1)
- ADHD folk. [@adhdfolk]. (2023b, August 10). *Do you feel like you need glasses to clearly see time passing?* [photo]. Instagram.  
[https://www.instagram.com/p/CvxXWs\\_Lqgo/?igsh=NzIqOHFvcGx0MjFo](https://www.instagram.com/p/CvxXWs_Lqgo/?igsh=NzIqOHFvcGx0MjFo)
- ADHDers. [@adhders]. (2023, June 28). *What are your thoughts on this?* [video]. TikTok.  
[https://www.tiktok.com/@adhders/video/7249857926129569029?\\_r=1&\\_t=8mtBjl5oMPQ](https://www.tiktok.com/@adhders/video/7249857926129569029?_r=1&_t=8mtBjl5oMPQ)
- ADHD Parenting. [@theadhdparents]. (2023, June 9). *ADHD culture is not knowing...* [photo]. Instagram.  
<https://www.instagram.com/p/CtPxJsIsj7K/?igsh=MWZ0N3RxNW0xOTJrbg%3D%3D>
- Armstrong, N., Beswick, L. & Vega, M.O. (2023). Is it still ok to be ok? Mental health labels as a campus technology. *Culture, Medicine and Psychiatry* 47, 982–1004.  
<https://doi.org/10.1007/s11013-023-09819-3>
- Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A systematic review of ADHD in adult women. *Journal of Attention Disorders*, 27(7), 645–657.  
<https://doi.org/10.1177/10870547231161533>
- Bashir, N. K. (2023). Community gatekeepers: Power, pitfalls and possibilities when recruiting and researching black, Asian, and minority ethnic (BAME) participants. *The Qualitative Report*, 28(5), 1501-1519. <https://doi.org/10.46743/2160-3715/2023.5549>

- Basch, C. H., Donelle, L., Fera, J., & Jaime, C. (2022). Deconstructing TikTok videos on mental health: Cross-sectional, descriptive content analysis. *JMIR formative research*, 6(5), Article e38340. <https://doi.org/10.2196/38340>
- Bizzotto, N., de Bruijn, G.J. & Schulz, P.J. (2023). Buffering against exposure to mental health misinformation in online communities on Facebook: the interplay of depression literacy and expert moderation. *BMC Public Health* 23(1), Article e1577. <https://doi.org/10.1186/s12889-023-16404-1>
- Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions and standards. *Developmental review*, 33(4), 357-370. <https://doi.org/10.1016/j.dr.2013.08.00>
- Brooks-Dridge, M. [@mollys\_adhd\_mayhem]. (2022, Januari 14). *ADHD Infographics*. [photo]. Instagram. [https://www.instagram.com/p/CYtgaTQMHQy/?igsh=eXB6dnkwNzh1MWw1&img\\_index=1](https://www.instagram.com/p/CYtgaTQMHQy/?igsh=eXB6dnkwNzh1MWw1&img_index=1)
- Brycz, M., & Brycz, H. (2021). Does employment determine self-awareness of biases? Sociodemographic aspects of metacognitive self before and during COVID-19. *Journal of International Studies*, 14(3), 263-273. <https://doi.org/10.14254/2071-8330.2021/14-3/17>
- Cirlig, S. (2022). The snowflake generation the implications of overdeveloped ego on social reality. *Revista Universitara de Sociologie*, 18(3), 362-368.
- Cleland, J. A. (2017). The qualitative orientation in medical education research. *Korean Journal of Medical Education*, 29(2), 61–71. <https://doi.org/10.3946/kjme.2017.53>
- Comp, G., Dyer, S., & Gottlieb, M. (2021). Is TikTok the next social media frontier for medicine? *AEM Education and Training*, 5(3). <https://doi.org/10.1002/aet2.10532>

- Cortez, A. X. (2023). *Our social packaging: How labels in society affect our perceptions of ourselves and what this implicates for the overdiagnosis and self-diagnosis crisis in mental health conditions* [Senior Thesis, University of South Carolina]. University Libraries South Carolina. [https://scholarcommons.sc.edu/senior\\_theses/617/](https://scholarcommons.sc.edu/senior_theses/617/)
- De Veirman, M., Hudders, L., & Nelson, M.R. (2019). What is influencer marketing and how does it target children? A review and direction for future research. *Frontiers in Psychology, 10*, Article e2685. <https://doi.org/10.3389/fpsyg.2019.02685>
- Dewolf, C. [@connor.dewolf]. (2024, April 13). *You know? #ADHD*. [video]. Instagram. [https://www.instagram.com/reel/C6ZX\\_ohAQfk/?igsh=MW8wcnFzMXdia2Rvcg%3D%3D](https://www.instagram.com/reel/C6ZX_ohAQfk/?igsh=MW8wcnFzMXdia2Rvcg%3D%3D)
- Dings, R., & Glas, G. (2020). Self-management in psychiatry as reducing self-illness ambiguity. *Philosophy, Psychiatry, & Psychology, 27*(4), 353–354. <https://doi.org/10.1353/ppp.2020.0043>
- Doorewaard, H., Kil, A., & van de Ven, A. (2019). *Praktijkgericht kwalitatief onderzoek*. Boom.
- Fulmer, S. M., & Frijters, J. C. (2009). A review of self-report and alternative approaches in the measurement of student motivation. *Educational Psychology Review, 21*(3), 219–246. <https://doi.org/10.1007/s10648-009-9107-x>
- Gellner, C. (2023, October 2). *Teens, social media, and the trouble with self-diagnosis* [Podcast Audio]. Health University of Utah. <https://healthcare.utah.edu/the-scope/kids-zone/all/2023/10/teens-social-media-and-trouble-self-diagnosis>
- Giachino, D. [@adhd\_understood]. (2023a, September 12). *The default mode network (DMN) and ADHD Part 3*. [photo]. Instagram. [https://www.instagram.com/p/CxGY31qpN/?igsh=MXZ6dGlkc3lpbTZ2cw%3D%3D&img\\_index=1](https://www.instagram.com/p/CxGY31qpN/?igsh=MXZ6dGlkc3lpbTZ2cw%3D%3D&img_index=1)

Giachino, D. [@adhd\_understood]. (2023b, November 24). *ADHD and “Brain States” ... and how this relates to dopamine.* [photo]. Instagram.

[https://www.instagram.com/p/C0CHpkXOa45/?igsh=aHQ0NXNIOHc3a3Rt&img\\_index=1](https://www.instagram.com/p/C0CHpkXOa45/?igsh=aHQ0NXNIOHc3a3Rt&img_index=1)

Giles, D. C., & Newbold, J. (2011). Self- and other-diagnosis in user-led mental health online communities. *Qualitative Health Research, 21*(3), 419–428.

<https://doi.org/10.1177/1049732310381388>

Gilmore, R. S., Beezhold, J., Selwyn, V., Howard, R. E., Bartolome, I., & Henderson, N.

(2022). Is TikTok increasing the number of self-diagnoses of ADHD in young people?

*European Psychiatry, 65*(1), 571-597. <https://doi.org/10.1192/j.eurpsy.2022.1463>

González-Sanguino, C., Castellanos, M.Á., González-Domínguez, S., & Muñoz, M. (2023).

Talking about mental illness, professional help, self-esteem and health: A structural equation model of implicit and explicit internalized stigma. *Current Psychology, 42*(7),

6031–6042. <https://doi.org/10.1007/s12144-021-01930-1>

Griffith, F. J., & Stein, C. H. (2021). Behind the hashtag: Online disclosure of mental illness and community response on Tumblr. *American Journal of Community Psychology,*

*67*(3), 419–432. <https://doi.org/10.1002/ajcp.12483>

Grizenko, N., Paci, M., & Jooper, R. (2010). Is the inattentive subtype of ADHD different

from the combined/hyperactive subtype? *Journal of Attention Disorders, 13*(6), 649-

657. <https://doi.org/10.1177/1087054709347200>

Haltigan, J.D., Pringsheim, T.M., Rajkumar, G. (2023). Social media as an incubator of personality and behavioral psychopathology: Symptom and disorder authenticity or psychosomatic social contagion? *Comprehensive Psychiatry, 121*, Article e152362.

<https://doi.org/10.1016/j.comppsy.2022.152362>



- Harari, L., Oselin, S. S., & Link, B. G. (2023). The power of self-labels: Examining self-esteem consequences for youth with mental health problems. *Journal of Health and Social Behavior*, 64(4), 578-592. <https://doi.org/10.1177/00221465231175936>
- Harness, J., & Getzen, H. (2021). TikTok's sick-role subculture and what to do about it. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(3), 351–353. <https://doi.org/10.1016/j.jaac.2021.09.312>
- Hatfield, M. M. (1996). Self-diagnosis and self-treatment behaviors in registered nurses [Master's thesis, Grand Valley State University]. Scholar Works @GVSU. <https://scholarworks.gvsu.edu/theses/288/>
- Hens, K., & Langenberg, R. (2018). Experiences of adults following an autism diagnosis. In K. Hens & R. Langenberg (Eds.), *Autism Spectrum Disorder in Mid and Later Life* (pp. 81–85). Palgrave Macmillan.
- Hermann, V., Durbeej, N., Karlsson, A-C., & Sarkadi, A. (2022). Feeling mentally unwell is the “new normal”. A qualitative study on adolescents’ views of mental health problems and related stigma. *Children and Youth Services Review*, 143, Article e106660. <https://doi.org/10.1016/j.childyouth.2022.106660>
- Hilton, J.L., Darley, J.M., & Fleming, J.H. (1989). Self-fulfilling prophecies and self-defeating behavior. In Curtis, R.C. (Eds), *Self-Defeating Behaviors*. (pp. 41-65). Plenum Press.
- Hollowell, S. [@sarahhollowell]. (2021, June 15). *In my experience, ADHD is a lot of mentally yelling at yourself to DO something to do ANYTHING while you* [Tweet]. X. <https://x.com/sarahhollowell/status/1404875504038125570>
- Honkasilta, J., Vehmas, S., & Vehkakoski, T. (2016). Self-pathologizing, self-condemning, self-liberating: Youths' accounts of their ADHD-related behavior. *Social Science & Medicine*, 150, 248-255. <https://doi.org/10.1016/j.socscimed.2015.12.030>

- Hustling ADHD. [@hustlinhadhd]. (2024, April 26). *Adhd* ..... [photo]. Instagram.  
[https://www.instagram.com/p/C6N7bKcvgy/?igsh=MTIydWxmZ3U5MW82cw%3D%3D&img\\_index=1](https://www.instagram.com/p/C6N7bKcvgy/?igsh=MTIydWxmZ3U5MW82cw%3D%3D&img_index=1)
- Jennings, R. (2021, September 30). How mental health became a social media minefield. *VOX*. <https://www.vox.com/the-goods/2021/9/30/22696338/pathologizing-adhd-autism-anxiety-internet-tiktok-twitter>
- Kircherr, J., & Charles, K. (2018). Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. *PLOS ONE*, *13*(8), Article e0201710. <https://doi.org/10.1371/journal.pone.0201710>
- Kuehn, B. M. (2013). More than one-third of US individuals use the internet to self-diagnose. *JAMA*, *309*(8), 756–757. <https://doi.org/10.1001/jama.2013.629>
- Lewis, L. F. (2016). Exploring the experience of self-diagnosis of autism spectrum disorder in adults. *Archives of Psychiatric Nursing*, *30*(5), 575–580.  
<https://doi.org/10.1016/j.apnu.2016.03.009>
- McCrae N. (2019). The weaponizing of mental health. *Journal of advanced nursing*, *75*(4), 709–710. <https://doi.org/10.1111/jan.13878>
- McVay, E. (2023, August 31). Social Media and Self-diagnosis. *John Hopkins Medicine*.  
<https://www.hopkinsmedicine.org/news/articles/2023/08/social-media-and-self-diagnosis>
- Mogensen, L., & Mason, J. (2015). The meaning of a label for teenagers negotiating identity: Experiences with autism spectrum disorder. *Sociology of Health & Illness*, *37*(2), 255-269. <https://doi.org/10.1111/1467-9566.12208>
- Money, L. (2023). Labels and the self: Identity labels as scaffold. *Journal of Analytical Psychology*, *68*(3), 590–609. <https://doi.org/10.1111/1468-5922.12922>

- Moses, T. (2009). Self-labeling and its effects among adolescents diagnosed with mental disorders. *Social Science & Medicine*, 68(3), 570–578.  
<https://doi.org/10.1016/j.socscimed.2008.11.003>
- Mwita, K. (2022). Strengths and weaknesses of qualitative research in social science studies. *International Journal of Research in Business and Social Science*, 11(6), 2147-4478.  
<https://doi.org/10.20525/ijrbs.v11i6.1920>
- Neurodivers Show. [@neurodivers\_show]. (2023, September 23). *I'll be doing anything but work. Can you relate?* [video]. TikTok.  
[https://www.tiktok.com/@neurodivers\\_show/video/7281707952111635744?\\_r=1&\\_t=8mtBHCcEp8q](https://www.tiktok.com/@neurodivers_show/video/7281707952111635744?_r=1&_t=8mtBHCcEp8q)
- Park, E. [@autistic.qualia]. (2022, September 8). *What ADHD & autism feel like to me...* [photo]. Instagram.  
[https://www.instagram.com/p/CiQMwZ8u6j6/?igsh=MWl5MnMyeDBhdTlzaw%3D%3D&img\\_index=1](https://www.instagram.com/p/CiQMwZ8u6j6/?igsh=MWl5MnMyeDBhdTlzaw%3D%3D&img_index=1)
- Prescott, J., Hanley, T., & Ujhelyi, K. (2019). Why do young people use online forums for mental health and emotional support? Benefits and challenges. *British Journal of Guidance & Counselling*, 47(3), 317–327.  
<https://doi.org/10.1080/03069885.2019.1619169>
- Pretorius, C., McCashin, D., & Coyle, D. (2022). Mental health professionals as influencers on TikTok and Instagram: What role do they play in mental health literacy and help-seeking? *Internet Interventions*, 30, Article e100591.  
<https://doi.org/10.1016/j.invent.2022.100591>
- Ra, C. K., Cho, J., Stone, M. D., De La Cerda, J., Goldenson, N. I., Moroney, E., Tung, I., Lee, S. S., & Leventhal, A. M. (2018). Association of digital media use with subsequent

- symptoms of attention-deficit/hyperactivity disorder among adolescents. *JAMA*, 320(3), 255–263. <https://doi.org/10.1001/jama.2018.8931>
- Radez, J., Reardon, T., Creswell, C., Orchard, F., & Waite, P. (2022). Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: A qualitative interview study. *European Child & Adolescent Psychiatry*, 31, 891–907. <https://doi.org/10.1007/s00787-020-01707-0>
- Song, S., Zhao, Y. C., Yao, X., Ba, Z., & Zhu, Q. (2022). Serious information in hedonic social applications: Affordances, self-determination and health information adoption in TikTok. *Journal of Documentation*, 78(4), 890-911. <https://doi.org/10.1108/JD-08-2021-0158>
- Steinberg, L. (2020). *Adolescence*. McGraw Hill
- Suhr, J. A., & Johnson, E. E. H. (2022). First do no harm: Ethical issues in pathologizing normal variations in behavior and functioning. *Psychological Injury and Law*, 15(3), 253–267. <https://doi.org/10.1007/s12207-022-09455-z>
- Thoits, P. A. (2016). "I'm not mentally ill": Identity deflection as a form of stigma resistance. *Journal of Health and Social Behavior*, 57(2), 135–151. <https://doi.org/10.1177/0022146516641164>
- 210MGS. [@210mgs]. (2023, July 21). *Neurotypicals have it way too easy*. [video]. TikTok. [https://www.tiktok.com/@210mgs/video/7258087420590230830?\\_r=1&\\_t=8mtBWawE5Bp](https://www.tiktok.com/@210mgs/video/7258087420590230830?_r=1&_t=8mtBWawE5Bp)
- Villatoro, A. P., DuPont-Reyes, M. J., Phelan, J. C., & Link, B. G. (2022). “Me” versus “them”. *Stigma and Health*, 7(3), 300–310. <https://doi.org/10.1037/sah0000392>
- Warner, M. (2021, March 26). A challenge with social media: Self-diagnosing mental health. *Louis A. Faillace: Department of Psychiatry and Behavioural Sciences*.

<https://med.uth.edu/psychiatry/2021/03/26/a-challenge-with-social-media-self-diagnosing-mental-health/>

Watts, C. [@cobywatts\_]. (2022, May 22). *4 signs you may have #adhd #adhdcommunity #adhdinfo #postivity*. [video]. TikTok.

[https://www.tiktok.com/@cobywatts\\_/video/6964975425143459073](https://www.tiktok.com/@cobywatts_/video/6964975425143459073)

Werkhoven, S., Anderson, J. H., & Robeyns, I. A. M. (2022). Who benefits from diagnostic labels for developmental disorders? *Developmental medicine and child neurology*, 64(8), 944–949. <https://doi.org/10.1111/dmcn.15177>

Wickström, A., & Lindholm, S. K. (2020). Young people's perspectives on the symptoms asked for in the Health Behavior in School-Aged Children survey. *Childhood*, 27(4), 450-467. <https://doi.org/10.1177/0907568220919878>

## **Appendix A.**

### **Interdisciplinary reflection**

Through combining theory and methods from various scientific disciplines, interdisciplinary research aims to deepen the understanding of certain phenomena, enabling researchers to explain and predict them more profoundly. The philosophy of interdisciplinary research is based on the premises that human problems are not simply organised along the lines of academic disciplines in the real world, and addressing them through different disciplinary angles the entire process behind these issues can be uncovered (Stember, 1991). The aims of this study are in line with this interdisciplinary philosophy, as self-diagnosis through social media is a complex process in which many factors are at play. Therefore, combining psychological motivations and sociological motivations for online self-diagnosis, provided an opportunity to create an all-encompassing theoretical framework on the phenomenon. The main question regarding how TikTok and Instagram encounters motivated these young women to self-diagnose with ADHD, cannot be properly answered without first studying the general psychological motivations to self-diagnose with mental health conditions. For example, it would not be fair to assume that participants self-diagnosed only in order to gain social capital (e.g. studying only the sociological angle), without understanding their motivation to understand themselves and make sense of previous distress (e.g. a psychological angle). Especially for the loaded topic of online self-diagnosis, it is important to put these perspectives next to each other in order to understand and accommodate vulnerable adolescents struggling with mental health issues better.

Furthermore, this studies' qualitative design, utilizing interviews, applies well to its interdisciplinary goals. Interviews provide the possibility to understand participants' lived experience in-depth (Doorewaard et al., 2019). Therefore, this method is useful to uncover a wide range of both psychological and sociological motivations.

Another argument addressing this studies' interdisciplinary approach regards reflexivity. Reflexivity plays a key role in interdisciplinary research, as studying issues through multiple disciplines requires forms awareness of our (disciplinary) biases (Repko & Szostak, 2020). This study aimed to create awareness of possible biases in online self-diagnosis through using psychological and sociological perspectives. Therefore, awareness of the complexity of the phenomenon is provided. Collaborative aspects of interdisciplinary research were present in this study as well, as research of a fellow student was used for data-analysis. This required a lot of communication between the two students on how to set up topic lists, in a manner that addressed both studies' (interdisciplinary) aspects and goals.

It is important to note that this study's aim was not the integration of motivations from different perspectives, but rather to explore a wide range of motivations from different disciplines, in order to deepen understanding of the phenomenon. Due to the wide range of topics, there was limited space to connect them to each other. However, future research can draw inspiration from this study, as hypotheses can be formed regarding the interplay between psychological and sociological motivations to self-diagnose. Psychology and sociology are not mutually excluded. For example, the motivation to understand oneself could be fuelled by the need to belong to a community, or vice versa.

## References

- Doorewaard, H., Kil, A., & van de Ven, A. (2019). *Praktijkgericht kwalitatief onderzoek*. Boom.
- Repko, A.F., & Szostak, R. (2020). *Interdisciplinary research: Process and theory*. Sage.
- Stember, M. (1991). Advancing the social sciences through the interdisciplinary enterprise. *The Social Science Journal*, 28(1), 1-14.  
[https://doi.org/10.1016/0362-3319\(91\)90040-B](https://doi.org/10.1016/0362-3319(91)90040-B)

## **Appendix B.**

### **Information letter**

Hallo [naam]!

Voor mijn master scriptie doe ik onderzoek naar de invloed van social media (TikTok en Instagram reels) op het stellen van een diagnose met ADHD, autisme of een angststoornis\*. Hierbij hoef je geen professionele diagnose te hebben: het gaat hier om de realisatie dat je (misschien) een van deze stoornissen hebt, wat soms een eerste stap is bij het zoeken van professionele hulp. Er is namelijk nog weinig onderzoek naar de rol van TikTok en Instagram als informatiebron voor mentale gezondheid onder jongvolwassenen, een onderwerp dat steeds belangrijker lijkt te worden. Daarom ben ik nieuwsgierig naar jouw proces bij de realisatie dat je een van deze stoornissen zou kunnen hebben, en hoe social media daar invloed op had. Zag je bijvoorbeeld video's over symptomen waar jij jezelf in herkende?

Dus ben jij...

- Een jongvolwassene tussen de 18-25 jaar?\*
- Actief op TikTok of Instagram?
- Iemand die door social media een sterk vermoeden heeft ADHD, autisme of een angststoornis te hebben?

Dan ben je welkom om mee te doen met mijn onderzoek! Om mijn vragen te beantwoorden zullen er interviews van ongeveer een half uur worden gehouden, in de periode van 15-29 april. Hierbij worden er vragen gesteld over jouw proces omtrent de betreffende diagnose, de rol van sociale media en jouw omgeving. Privacy van deelnemers is hierbij van belang. Gegevens blijven dan ook anoniem: antwoorden zijn niet terug te koppelen naar een naam, en persoonsgegevens worden gecodeerd. Participatie in dit onderzoek is vrijwillig, en stoppen kan op ieder moment. Achteraf kunnen deelnemers inzicht krijgen in de resultaten, voordat deze definitief worden ingeleverd. Lijkt het je interessant om mee te doen? Dan kun je mij contacteren via:

- 06 22279849
- [s.rouffaer@students.uu.nl](mailto:s.rouffaer@students.uu.nl)

Met vriendelijke groet, Sarah Rouffaer

\*This information letter took this studies' previous focus into account (e.g. on all genders, and multiple disorders). The focus shifted during the process. However, this was the original information letter that participants received.



## **Appendix C.**

### **Informed consent**

Informed-consent formulier\*:

## **Mental health labels: ervaringen, rol van de omgeving & social media**

Onderzoeker: Sarah Rouffaer

\*Het invullen van een informed-consent formulier is onderdeel van het onderzoeksprotocol voor de master scriptie aan de Universiteit van Utrecht. Het is namelijk van belang dat de deelnemers van het interview weten waar zij aan meedoen. Hierin kan je informatie vinden over het doel van dit onderzoek, waarborging van privacy en hoe het interview eruit zal zien. Lees het daarom goed door. Je zal een kopie ontvangen van dit formulier.

### **Onderzoeksdoel**

Dit onderzoek gaat over jongvolwassenen\* die een vermoeden hebben dat ze ADHD, autisme of een angststoornis\* hebben. Ik ben nieuwsgierig naar hoe jij tot deze realisatie kwam, en wat de rol van social media (TikTok en Instagram) als informatiebron hierbij was. Het doel van het onderzoek is om inzicht te krijgen in hoe jongeren het proces van het stellen van zo'n diagnose ervaren, en wat de rol van social media hierbij is. Mentale gezondheid is een belangrijk onderwerp in deze samenleving, en daarom is het belangrijk om meer inzicht te krijgen in de belevenis van jongvolwassenen op dit gebied. Er is nog weinig onderzoek naar de rol van social media als informatiebron op dit gebied.

### **Het interview**

Als je meedoet aan dit onderzoek, zal er een diepte-interview worden gehouden van ongeveer een halfuur. Hier zullen vragen worden gesteld over jouw proces en ideeën omtrent de betreffende diagnose, de rol van sociale media en jouw omgeving. Je kunt met de onderzoeker een afspraak maken over de locatie (face-to-face of online) en de datum en het tijdstip van het interview. Het interview zal worden opgenomen.

### **Jouw data**

De opname van het interview zal worden uitgetikt in een bestand. Deze data is alleen beschikbaar voor de onderzoeker, een medeonderzoeker en hun supervisor. Deze mede-onderzoeker gebruikt deze data voor een onderzoek over hetzelfde onderwerp. Jouw data blijft anoniem: de data en je persoonsgegevens worden gecodeerd. Dit houdt in dat jouw antwoorden niet terug te rekenen zijn naar je naam. Er zal worden omgegaan met deze data volgens het UU-protocol (dit geldt ook voor de mede-onderzoeker), en na de afronding van de scriptie zal het verwijderd worden. Jouw privacy en anonimiteit worden als zeer belangrijk geacht.

### **Jouw deelname**

Deelname is vrijwillig, en je zult geen beloning ontvangen na het onderzoek. Je bent niet verplicht om elke vraag te beantwoorden, en kan stoppen met dit onderzoek wanneer je dat wilt. Je kan ervoor kiezen om na het onderzoek de resultaten in te lezen. Mocht je ergens niet comfortabel mee zijn, dan kan dit verwijderd worden.

**Handtekeningen**

Zodra je jouw handtekening hier neerzet, betekent dit dat je dit formulier hebt doorgelezen en instemt met de voorwaarden van het proces. Als je nog verdere vragen hebt, kan je contact opnemen met mij:

Sarah Rouffaer

- 0622279849
- [s.rouffaer@students.uu.nl](mailto:s.rouffaer@students.uu.nl)

<i>Naam participant</i>	<i>Handtekening en datum:</i>
<i>Naam onderzoeker:</i>	<i>Handtekening en datum:</i>

Als je de resultaten en de scriptie zelf wil doorlezen, geef dan hier je **email adres** op. Deze zullen voor het definitieve inlevermoment met je gedeeld worden.

\*This information letter took this studies' previous focus into account (e.g. on all genders, and multiple disorders). The focus shifted during the process. However, this was the original information letter that participants received.

## **Appendix D.**

### **Operationalization of sensitizing concepts**

Interviews started off with gathering background information about participants' age, gender, (self-)diagnosis, educational level and migration background. During the introduction of the interview, questions about participants social media use were asked in order to initiate the conversation. Examples include: "What apps do you use? For what? What sort of content do you look into?" (see Appendix C). Thereby, a profile of the participants social media use was established. Afterwards, participants were asked to describe their self-diagnosis process. Questions about the causes of the diagnosis were asked (e.g. "When did you start to think you had [diagnosis]? What events and symptoms led you to suspect that?").

During the body of the interview, the role of social media was discussed firstly. Questions such as "What sort of social media content led to your suspicions? How was it relevant for you? Did it change the way you were thinking about the diagnosis?". Secondly, questions about participants social environment and their views towards the diagnosis were asked: "How do people surrounding you/you follow on the internet view the diagnosis? Did this impact your choices?". Questions concerning both the role of social media and participants social environment could reveal the potential role of this studies first sensitizing concept: social capital theory. Thirdly, a bridge was built towards motivations. Open questions about what motivated participants to gain a diagnosis, and how they thought that would help them were asked. Through these open questions, potential (psychological) motivations for self-diagnosis can be uncovered as discussed in the literature review. For example, the second sensitizing concept concerning metacognition, as discussed by Moses (2009).

Finally, the consequences of the diagnosis were discussed: "Did the diagnosis help with certain aspects in your life? Do you feel like you have special needs? Do you see the diagnosis as a strong part of your identity?". Thereby, the third sensitizing concept of

diminishing blame was tested, as these questions may shed light on psychological motivations regarding diminishing self-blame or weaponizing mental health, as discussed by Prescott (2019) and Honkasilta et al. (2016). Questions about the motivation to seek a professional diagnosis were asked as well. “Would you go to a professional? Would this help you with your process?” are examples of questions. These questions possibly give insight into the final sensitizing concept, which was the motivation to gain hope for the future, as discussed by Harari et al. (2023).

## Appendix E.

### Topiclist

*Persoonsgegevens:* leeftijd, geslacht, (ouders) opleidingsniveau, migratieachtergrond, betreffende diagnose

*Social media gebruik*

- Ben je actief op social media?
- Welke apps gebruik je?
- Welke apps gebruik je het vaakst?
- Waarvoor gebruik je ze?
- Wat voor content zie je daar?

*Proces van de diagnose*

- Wanneer begon je te denken dat je [stoornis] had?
- Hoe oud was je?
- Welke symptomen ervaarde je? Welke gebeurtenissen droegen daar aan bij?
- Dacht je eerst dat dit normaal was? Of voelde je je anders?

*Rol van social media:*

- Welke social media content droeg hier aan bij?
- Wat voor content zag je?
- Waarom was deze content relevant voor jou? Bevestigde deze content jouw gevoelens over de diagnose?
- Waar leerde je van? Wat vond je nuttig?
- Wat niet?
- Dacht je anders over jouw ervaringen/diagnose voor het zien van deze content?

*Sociale normen:*

- Ken je andere mensen met dezelfde diagnose?
- Of een andere diagnose?
- Hoe kijken mensen in jouw omgeving naar de diagnose?
- Heb je het gevoel dat jouw omgeving je support?
- En hoe kijken de mensen die je volgt of ziet op social media/TikTok naar de diagnose?
- Heeft dat jouw gedachten over de diagnose beïnvloed?

*Motivaties*

- Wat motiveerde jou om deze diagnose te stellen?
- Wat voor social media content?
- Waarom/waarmee dacht je dat het je ging helpen?

*Gevolgen van de diagnose*

- Met welke aspecten in je leven heeft de diagnose uiteindelijk geholpen?

- Met welke niet?
- Wat waren positieve gevolgen van deze beslissing?
- En negatieve?
- Heb je het gevoel dat je andere behoeften hebt dan anderen door deze diagnose?
- In hoeverre ervaar je moeilijkheden met het nastreven van deze behoeften?
- Hecht je veel waarde aan de diagnose? Zie je het als een onderdeel van wie jij bent?
- Heeft het label positieve karakteristieken? En negatieve?

*Professionele diagnose*

- Zou je naar een professional willen gaan om deze diagnose te stellen? Of heb je dit al gedaan?
- Waarom wel of niet?
- Zou dat je helpen met je proces? Of hielp het je?

## Appendix F. Coding Scheme

General list of overarching codes:

Codes			
<input type="checkbox"/>	Name	<input type="checkbox"/> Files	References
<input type="checkbox"/>	Background characteristics	0	0
<input type="checkbox"/>	Diminishing blame	7	11
<input type="checkbox"/>	Extra findings	0	0
<input type="checkbox"/>	Hope for the future	4	7
<input type="checkbox"/>	Self-discovery	0	0
<input type="checkbox"/>	Social media surroundings	3	3
<input type="checkbox"/>	Social surroundings	3	3

Sub-codes unpacked:

Codes			
<input type="checkbox"/>	Name	<input type="checkbox"/> Files	References
<input type="checkbox"/>	Background characteristics	0	0
	Failure to diagnose	2	3
	Finding out late about ADHD	1	1
	Professional diagnosis	8	10
<input type="checkbox"/>	Social media use	8	9
	Deleted TikTok	4	6
<input type="checkbox"/>	Diminishing blame	7	11
	Accepting oneself	6	10
	Explaining to others	8	13
<input type="checkbox"/>	Weaponising	5	11
	Asking for help	4	8
	Cant due to lack of professional lab	4	5
	Dont want to weoponize	4	7
	Expectation-management	6	9
	Proving to others	3	3
<input type="checkbox"/>	Extra findings	0	0
	Negative consequences label	8	15
	Positive consequences label	9	60

<input type="checkbox"/> ○ Hope for the future	4	7
○ Medicine as option	8	8
○ Struggles at uni	9	14
○ Using tools	7	14
○ Protecting boundaries	4	8
<input type="checkbox"/> ○ Self-discovery	0	0
○ Criticism on self-diagnosis	10	42
○ Humour	4	5
<input type="checkbox"/> ○ Making sense of distress	8	17
○ Frustration with symptoms	9	17
<input checked="" type="checkbox"/> ○ Symptoms	2	3
<input checked="" type="checkbox"/> ○ What they thought before diagnosis	5	8
○ Media breaks stereotype ADHD	7	22
○ Need professional diagnosis	5	14
○ Recognition online	5	12
○ Self-research	9	16
○ Social media provides language	4	4
<input type="checkbox"/> ○ Social media surroundings	3	3
<input type="checkbox"/> ○ Convinced by TikTok	6	13
○ Good TikTok algorithm	5	10
○ Recognising oneself	9	21
○ Increases wellbeing	3	5
○ Motivates	8	12
<input checked="" type="checkbox"/> ○ Types of content	3	6
<input type="checkbox"/> ○ Social surroundings	3	3
○ Convinced by friends	5	7
○ Educational level and support	3	3
○ Friends have it	8	18
○ Friends supportive	8	13
○ Need for community	10	23
○ Negative reactions	3	6
○ Normalised	5	10
○ Parents supportive	6	10
○ Sceptical parents	8	14