



The conflicting sides of posting about depression or anxiety

Analysing shared experiences about depression or anxiety in terms of peer-to-peer support, stigma and (de)medicalization using the well-known platform TikTok

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Yasmin Sophia Akrouf (505543)

Supervisor Dr. H.M. van de Bovenkamp

Reading Committee Dr. I. Wallenburg

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Erasmus School of
Health Policy
& Management



Preface

Welcome to this thesis about people with depression or anxiety on TikTok. Writing this and doing this research was a whole new experience for me, I have learned so many new things. Next to getting it done to write this whole thesis in English, I really feel like my methodological skills have improved so much. I would not be where I am now without doing this. Also, I am happy to know now how TikTok can influence people with depression or anxiety since so many more people are dealing with those mental illnesses after the COVID-19 pandemic. The pandemic is over now (hopefully) but it had great effects on people who are still dealing with the aftermath. This makes those mental illnesses more important every day.

Furthermore, I want to give a special thanks to my supervisor Hester van de Bovenkamp. With the provided feedback I could really feel myself developing and getting better over time. Even if it sometimes took me a while before I knew what was meant, when I got it I really felt growth in myself. Thank you so much for all those valuable insights, I would not know what I would have done without you and thank you for being there when I needed you.

After a lot of hard work this thesis is finally finished, I am proud of what it has become. I hope you will enjoy it as much as I do!

Have fun!

Yasmin Akrouf

Rotterdam June 12, 2022

Summary

With social media becoming more popular every day, it also becomes a widely used medium for people with mental illness to share experiences on and interact with their peers. They share stories as a form of peer support rather than doing this face-to-face because social media is more accessible, they can reach thousands of people around the world within minutes, so a lot more people can see their experiences in this way. When people see other people going through the same, they can find support in this. They can start to feel connected to those people and belongingness to a group. Moreover, when providing support to each other, they hope to receive support back. In this way, feelings of hope, friendship and encouragement are created, this can help them cope with their mental illness. However, there is a more negative side to this, people can also start to give offensive comments to the people sharing their experiences. This is done more through social media than face-to-face because on social media it is possible to also react anonymously which makes people dare to say more. This of course gives people unsatisfactory feelings and can deteriorate their mental health.

Those positive and negative sides social media can have, are often intertwined with the concepts stigma, medicalization and demedicalization. This means that when people with mental illness seek to provide and receive support they can also increase or reduce stigma or cause (de)medicalization. Stigma can be reduced because when getting support from peers, they can learn to accept or ignore the labels put on them. Stigma can be increased when people are making offensive comments, people with mental illness can lose the feelings of connectedness and belongingness to a group in this way and this makes it more difficult for them to ignore or accept the labels put on them. Furthermore in terms of medicalization, when people are identifying themselves with people who are sharing experiences about mental illness, they can start to think they have the same mental illness because they are experiencing the same. Also, mental illnesses can get more and more attributes due to the shared experiences, in this way the definition of the mental illness changes because it will be constructed differently by society. Moreover, regarding demedicalization, people can start to recognize the medicalization happening and prevent themselves or others from self-diagnosis or self-treatment. Demedicalization also means that people can start to not see their mental illness as a medical issue anymore and cope with it themselves through for example the provided support.

In this research, those mechanisms were analysed for people with depression or anxiety on TikTok. Because of the above described conflicting sides that exist on social media, the exact reasons for people to post about depression or anxiety needed to be discovered. This means that also the responses to those videos were analysed and in the end what conflicting sides came to light in terms of stigma and (de)medicalization.

It became apparent that people with depression or anxiety indeed post on TikTok to provide and receive support. However also a third reason was discovered, they try to raise awareness with their videos as well. In terms of stigma, this meant that stigma could be reduced because when experiences are shared, people can realize the seriousness of those diseases and what they exactly mean. This can lead to certain stereotypes fading away. However, there were also viewers found responding to the video that they started to wonder if they have the displayed mental illness in reality which indicated medicalization. This can also increase stigma because when they identify with the people who are put labels on they can start to think they have the same labels. Lastly, demedicalization was also present because people indeed started to see the people involving themselves in medicalization because of the videos and they tried to prevent those people from doing this in the comments.

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1 Introduction

Nowadays, more and more people with mental illness are sharing their stories online. Those people are active in online communities which allow them to meet and communicate with other people with similar experiences. In former times, people already did this through for example web chats and newsgroups. Sharing experiences as a form of peer support is also still done through meeting people physically (Josefsson, 2005). However today, people are sharing their stories more and more on social media platforms such as TikTok, Facebook, Twitter or Instagram. Social media has a much broader reach compared to other types of peer support. As a result, it allows more people to learn from and react to these stories, also anonymously (Brussee, & Hekman, 2009). Furthermore, with social media, many different people around the world can easily be reached within minutes (Lee et al., 2011).

1.1 Problem analysis

Research so far has shown that sharing stories about mental illness can have positive and negative consequences. On the positive side, Naslund et al. (2014) state that many people, including people with mental illnesses, find support from other people on platforms on the web, ask for advice and look for people with the same health concerns. The easily reachable peers on social media can play an important role in this. Moore et al. (2017) state that online forums can be in this way a valuable possibility to reduce stigma. Furthermore, the people watching the posts can identify themselves with the people creating them and gain inspiration for their recovery as they can show them that illness is something that can be dealt with. This concept of demedicalization can contribute to for example coping with mental illness and less need for healthcare in this way (Solomon, 2015).

However, there is often also another more negative side to sharing stories on mental illness on social media. People with mental illness sharing stories online do not always get the support they hoped for, which can also increase stigma. There can be for example viewers that will make offensive comments. This can give the people sharing stories about their depression or anxiety more feelings of depression or anxiety (Gallagher, 2021). Additionally, Herrick et al. (2020) show that sharing stories on mental illness can also lead to the medicalization of mental illness. When identifying with the person who made the post, people can start diagnosing themselves incorrectly with a mental illness they actually do not have.

This paper will mainly be focused on TikTok. TikTok is a newish social media platform that became popular in a short period of time. It can make anonymous people feel like a celebrity for a few minutes which creates an illusionary complex and lets the user keep using the platform due to the few times of success (Kumar, & Prabha, 2019). All in all, TikTok is a good example of the more modern and popular social media platforms nowadays and it is interesting to see if the above described applies to those platforms as well.

1.2 Societal and scientific relevance

I can conclude from the scant literature available that sharing stories on mental illness can potentially have positive and negative consequences. Because TikTok is such a new platform it is interesting to see if it still works the same for this platform and why it appeals to people with mental illness. This will be studied more in depth in this research. What is more, according to the literature, consequences in terms of stigma and (de)medicalization can go into different directions. It is therefore important to research this subject more in depth to understand the intricacies of what posting on social media, in this case TikTok, exactly realizes for people with mental illness and what the conflicting consequences are of this in terms of stigma and (de)medicalization. With this knowledge, healthcare organizations will be able to understand more about their patients and better meet their needs. They can learn if patients need more or less healthcare when using a platform such as TikTok. Therefore,

better healthcare can be provided when it is clear what the patients gain from TikTok and if they are for example aware of the positive and negative consequences in terms of stigma and (de)medicalization (Corrigan et al., 2014).

1.3 Objective and research question

This research aims to analyse posts of people with mental illness on TikTok and their comment sections to understand why people with mental illness are posting and what the conflicting consequences are in terms of stigma and (de)medicalization. Because I analyse the comment section as well, I can see how and what viewers respond to each other. To demarcate the target audience the focus will be on people with depression or anxiety. I choose these two mental illnesses because found literature brings up those mental illnesses the most. TikTok offers millions of posts on for example the hashtags '#depression' or '#anxiety' which are needed to find useful results and relate to already existing literature. I also want to analyse if there exist differences between those mental illnesses to see if the results can be generalised. The focal point is providing a comprehensive overview of the two-sided features of posting about depression and anxiety on TikTok. To make it more concrete, this paper will be directed at answering the following research questions:

Main question

- *What reasons can there be for people with depression or anxiety for wanting to share stories on TikTok about depression or anxiety, how do viewers respond to these stories and what conflicting consequences do there exist in sharing these stories in terms of stigma and (de)medicalization?*

Sub questions

- *What stigmas do people sharing stories about mental illness have to deal with?*
- *How are depression or anxiety (de)medicalized?*

1.4 Reading guide

In this thesis, the following structure is followed. At first, in chapter 2 I discussed with the help of the literature the concepts of peer-to-peer support, stigma and (de)medicalization. I also linked them to social media and discussed their conflicting consequences. Next, in chapter 3 is showed how this research is performed. I discussed the study design, how I collected and analysed the data and how this research is valid, reliable and ethical. In chapter 4, the found data and its results are discussed and presented. Finally, in chapter 5 I compared my results with the found literature from chapter 2, answered my research question and discussed the limitations and recommendations of my research.

2 Theoretical framework

In this chapter, peer-to-peer support and stigma and (de)medicalization derived from the problem analysis are further explained. In general, social media is a medium where peer-to-peer support is naturally being provided and received. It translates into concepts such as stigma and (de)medicalization which often arise from peer-to-peer support (Naslund et al., 2014).

2.1 Peer-to-peer support

For sharing stories, peer-to-peer support is an essential element. With peer-to-peer support, people with mental illness find social emotional support in other people with similar mental illnesses and can in this way change themselves in a social or personal desired way. Peers can give feelings of belonging to a group and connectedness to other people (Solomon, 2004). They can give each other feelings of hope, friendship and can encourage each other. People with mental illness who are trying to support their peers eventually hope that they will get back what they were giving and can experience the same feelings (Naslund et al., 2014). As can be seen, peer-to-peer support could be one of the reasons for people with mental illness to start sharing on social media. They want to provide and receive support with their posts and this is often intertwined with the two concepts of stigma and (de)medicalization. They can come to life out of the search for peer-to-peer support on the platforms and are two concepts that can carry a more negative side to them as well.

There exist different types of peer-to-peer support such as self-help groups where people can give each other peer-to-peer support face-to-face or peer delivered services where people who already received a peer delivered service start to help other people with mental illnesses with a similar service. However, social media is a type of peer-to-peer support that is becoming more and more the common thread nowadays (Solomon, 2004).

Besides, receiving support from a professional in healthcare organisations such as a therapist may not be enough. Peers have the same mental health concerns as other people with depression or anxiety and are so seen as people who understand those people with depression or anxiety better. For this reason, patients can value the advice of their peers next to that of the professional (Betton et al., 2015).

With regards to social media, Naslund et al. (2016) found that people with mental illness are attracted to social media because it is more accessible than peer-to-peer support received face-to-face. Stories about mental illness shared on social media can be watched or read by thousands of people, so a lot of support can be provided and received and this makes it easier to cope with the daily challenges of mental illness. Furthermore, it is often also possible to react anonymously as a viewer on posts, so the creator of the post will also not be aware of who exactly is reacting to it. Viewers dare to say more when the other person is unaware that it is coming from them and are for example more likely to make offensive comments. This is different from for example meeting people in a self-help group and directly receiving the opinions of a few people who are mostly known to the other group members (Brussee, & Hekman, 2009).

2.2 Stigma

Stigma is a concept that comes back a lot in the daily lives of people with mental illness because they are often concerned with what other people think of them. People with mental illness are often hoping to receive positive images back from their peers and to get the support they were looking for out of this. In this way, stigma relates to peer-to-peer support (Link, & Phelan, 2014). On the way stigma can put labels on people with mental illness and can harm the quality of life of those persons because they feel different or left out of society when getting those labels. However, peer-to-peer support can help reduce this stigma

because when talking to others and seeking support, they see others who are similar to them which can make them feel better. They can still be put labels on but they can learn to ignore those or accept them (Naslund et al., 2016). This is also because patients identify and value the opinions of their peers next to the professional. Peers can help reduce the stigma on patients in therapy in this way. When stigma disappears, people stop giving themselves and others false attributes and this can help them cope with mental illness (Betton et al., 2015).

In terms of social media, stigma can also be reduced for people with mental illness. Social media is an easy tool to make your voice heard without huge barriers. Many people can be reached and this makes it easier to protest against existing stigma. The people seeing it might change their opinions on some stereotypes in this way. This can also give more feelings of empowerment and freedom to say what they want on platforms (Betton et al., 2015).

However, stigma can also be increased when sharing stories about mental illness on social media. This brings me back to the viewers who make offensive comments. Viewers will give other people unsatisfactory feelings in this way and the feelings of connectedness and belonging to a group can fade away. This can make others believe that the labels put on them are true (Gallagher, 2021). Furthermore, users can see the happiness of others and compare themselves to it. Social media can provide an idealistic version of the world and stories can be shared that seem much nicer than they are in reality. People will get depressed and insecure about themselves when not being equal to other people online. Therefore, when people posting about their mental illness see their peers with the same mental illness posting something in which they seem much happier, they can start questioning why they are not living the same life while they thought that they had the same label for example and this can evoke negative feelings (Tiggemann, & Anderberg, 2020).

2.3 Medicalization and demedicalization

According to Dehue (2010) medicalization is about illnesses that are partly constructed. Norms can change in society over the years and this has an impact on how an illness is viewed. Depression is an example of a mental illness that has changed over time. It is not an objective reality, it is about what society thinks that depression is supposed to be. For example, people view success as an option nowadays, therefore depression is not only viewed as someone who is not willing to live anymore but also as someone who is not ambitious enough. This can lead to more accurate diagnoses and treatments, but it can also lead to incorrect diagnoses or treatments, because people may diagnose someone as depressed much sooner than before.

Furthermore, this relates to stigma because of the labels put on people with mental illness. If people with the same complaints believe they are similar to the people who are put labels on, they can correctly or incorrectly diagnose themselves and others with the same mental illness and get or give the same labels (Conrad, 1992). Furthermore, medicalizing a mental illness can for example reduce the stigma on people with mental illness because certain symptoms can now be seen as a medical condition and certain labels put on those people will not add up anymore (Payton, & Thoits, 2011).

However, demedicalization means that people decide to not see their mental illness as a medical issue anymore and cope with it themselves through for example peer-to-peer support. This can be done by peers who for example say friendly and supporting things to people who are mentally ill and this can make them feel better about themselves. Peers can also provide help and supporting tips which people with mental illness can use to cope (Fox, 1977). Furthermore, some people can become aware of the fact that society is labelling more and more people as someone who is mentally ill. Because mental illnesses are constructed

over and over again by society, as discussed by Dehue (2010), more and more attributes are ascribed to mental illnesses. This can lead to more and more people thinking they also have a mental illness. There are however people seeing this happening and are becoming aware of this ongoing process. When seeing so many people involving themselves in incorrect self-diagnosis and self-treatment they can try to prevent those people and themselves from doing this (Halfmann, 2012).

Like stigma those two conflicting concepts relate to peer-to-peer support because while seeking support, people start identifying themselves with their peers who they receive support from and can therefore think they have the same illness when also having the same symptoms which is a form of medicalization. This is favourable when it helps them to discover a mental illness they did not know they had and they can start looking for professional help in this way. However, it can also result in them thinking they have a mental illness when they do not have this in reality which may cause them to do things they should not (Halfmann, 2012). When looking at demedicalization, people with mental illness getting support from their peers can learn to cope with their illness in this way. However, it can also cause people to think they can cope with a mental illness themselves through the provided support when in reality they cannot and need professional help (Halfmann, 2012).

With regards to social media, there can be seen that people can talk easily with their peers who share about mental illness. Eventually, in terms of medicalization, they see their peers as someone who is similar to them and they can start identifying with them. This can result in a peer sharing about his/her mental illness on social media and another peer who is watching this may start to think they have the same mental illness because they have similar symptoms (İnceoğlu et al., 2014). This can contribute to constructing mental illness and society giving much more definitions to for example depression and anxiety than before because due to social media more and more people start to think they have depression or anxiety (Dehue, 2010). This can lead to people seeing this happening on social media to try and prevent all those people from incorrect self-diagnosis and self-treatment which is a form of demedicalization. Lastly, people with mental illness demedicalize by interacting with their peers on social media and receiving support which can help them cope with mental illness or cope with it themselves (Bauer et al., 2017).

3 Research methods

In this chapter, I will discuss how I performed my research to answer my research question.

3.1 Study design

To answer my research question, I chose to do a qualitative research because this kind of research looks into the understanding of social processes and the people involved in them. The deeper meaning behind the social media posts and their comment section could be exposed and conflicting consequences could be revealed. In this way, the reasons to post and the kinds of responses to those posts came to light (Mortelmans, 2013). The approach I took was a narrative research because I collected stories shared in posts on social media of people with mental illness and analysed them in more detail (Colorado State University, n.d.). People with mental illness themselves were not engaged or interviewed, only their posts about mental illnesses were analysed in this thesis. The people did not know that I analysed them in this way so they could not do or say things they normally would not do (Gallagher, 2021).

For answering my research question, I chose to use the social media platform TikTok. Platforms like this are rich sources of data and for most people an essential element of daily life (Caplan et al., 2017) TikTok was analysed because this platform is a newer platform compared to other platforms such as Instagram and Facebook and it is interesting to see if the discussed mechanisms read in the literature also come back on those newer platforms. TikTok contains a huge amount of users and is a popular platform nowadays. In this way, more people posting and posts could be found and compared. TikTok has many options and allows its users to be creative with their posts. They can choose to post videos in the form of actual videos, pictures or texts. I looked for videos with people who were dealing with depression or anxiety. The videos I analysed had a popular character because I wanted the videos to have enough interaction with their viewers to get a good picture of the effect of the video. The average amount of likes on the analysed posts was approximately 409,700 likes per post and the average amount of comments was approximately 5,102 comments per post. I analysed 10 posts and their comment sections before reaching saturation (Gallagher, 2021).

3.2 Data collection

At first, it is interesting to know that TikTok uses a so-called "For You Page" which is actually the homepage of TikTok. On this page, TikTok tries to show you the videos you could be interested in based on your previous likes on other videos or videos you have searched on. It uses algorithms to determine this. To collect data, I did secondary research with the online data available on TikTok (Formplus Blog, 2021). I did not use my own For You Page, because I had to look for very specific videos so instead I searched for posts using hashtags and other search terms. I used the hashtags and search terms "deppresion", "depressed TikTok", "anxiety", "anxiety relief" and "anxietyhelp". I had to use the misspelled search term "deppresion" instead of the correct word "depression" because "depression" is a search term that is hidden because of the damage the algorithms of TikTok can have on the mental health of people. For example, people who are depressed are more inclined to search for depressing videos and because of the earlier explained algorithms, will be shown more and more of those videos on their For You Page. This can deteriorate their mental health because they could be stimulated in their depression in this way. When TikTok hides this search result, it makes it more difficult for people who are already coping with depression to find those videos. However, people tried to work around it and use misspelled words instead to find their videos, so that is what I did too to find videos about depression (Campana, 2022). Most search terms I used, came up as suggestions in the search bar when typing in the first letters of depression or anxiety. I also looked for more search terms in the captions

of the videos which mostly contained a few extra hashtags. Besides, I looked into the profiles of some users to find more interesting videos next to the videos I already found with my search terms (Winter, & Lavis, 2021).

I analysed the videos at first and after that, I analysed the comment sections. Because most videos contained thousands of comments it was unfeasible to analyse them all. Therefore, for most comment sections I analysed comments until the comments became meaningless. For me that meant comments that had no clear content and were comments such as comments that were in a different language, just solely tagging people or just an emoticon. Those comments were almost always all the way to the bottom of the comment sections because the algorithms of TikTok try to show you the most interesting comments at first. This is because the comment sections on TikTok are comparable to the For You Page and it shows you the comments that you could be the most interested in at first based on your earlier liked comments or comments that other people liked a lot. If the meaningless comments were still present in my data because the algorithms are not perfect I deleted them (Cortés, 2021). This led me to analyse approximately 100-300 comments per video before reaching saturation except for the eighth video I analysed that had only 12 viewers reacting to it while it had approximately 30,200 views and 3,031 likes. I still wanted to use this video because it included only a text and picture of a bridge in the background and I could find out if this was maybe also the reason it was commented on so less while it was viewed and liked a lot.

3.3 Data analysis

I collected my videos by searching as if I would be really interested in videos about depression or anxiety and clicked for example on the first video I saw or the video that was the most appealing to me. This was for example when the video had an interesting title such as “5 things that helped my anxiety”. I also searched in the results of the same search terms for different kinds of videos, so not just videos with the users in them but also videos with just a text or picture for example to have a varied collection of videos. It is interesting to see if those kinds of videos may also evoke different responses from people. Also for those videos, I chose the first that came to the front or the one that looked the most appealing to me. After that, I transcribed those videos using thick descriptions so that I could have detailed descriptions of the videos and analyse the effects those videos can have. I copied the comments in the comment sections underneath the videos to a word document (Green, & Thorogood, 2004). For both the posts and comments, I considered if they brought about peer-to-peer support, stigma and/or (de)medicalization (Gallagher, 2021). I did this by using specific codes that could be linked to certain elements used in the videos and words used in the comments. I for example used codes as “Supporting tip to help cope with depression”, “Appreciation towards user”, “Viewer feels the need to be friendly to user” and “Viewer telling about his/her symptoms”. I added comments and linked the codes to sentences in the descriptions of the videos or to (parts of) the comments from the comment sections. In this way, I could see the similarities and differences and how much a certain event occurred in the videos and comments in the end.

3.4 Validity and reliability

External and internal validity were increased by using data triangulation, data from different posts by different people and many different people reacting to the videos were analysed. This means that when the same mechanisms are found in different videos and comments in the comment sections which was the case, the results can be generalized and the external validity could be ensured. The internal validity could be ensured because the effects of the videos were analysed by using the comment sections underneath those videos. Most people start writing comments underneath the videos because they just saw the video and want to

say something about it so they are irrevocably linked to the videos. This makes it harder for this cause-and-effect relationship to be explained by other factors. Furthermore, theory triangulation was used and different theories from different existing papers were analysed, deepened and compared to draw conclusions. To ensure reliability I presented a clear exposition of the data gathering and analysis process and I used quotes from the videos and comment sections in my results. The descriptions of the videos and the corresponding comment sections with the used codes can be found on MyPapers. Moreover, during the process, the analysis and research were intermittently discussed with peers. At the end, I also presented reflexivity and explained what lens I took by doing this research and how this could have influenced or biased my outcomes which also proves the reliability of this research (Reeves et al., 2008).

3.5 Ethics

The posts are publicly available so watching and analysing videos on TikTok do not acquire informed consent (Gallagher, 2021). Furthermore, it is more ethical to anonymize the users, so I left out the real usernames of the users in this thesis and gave them a letter of the alphabet instead. For the comments, I left out the names of the viewers as well and gave the tagged people in those comments a number (Caplan et al., 2017).

4 Results

To answer the research question I analysed different videos on TikTok. In this chapter, at first, I will give a general image of the TikTokers I analysed and their posted videos. Thereafter, I will analyse why those people are posting on social media about depression and anxiety. Lastly, I will show how viewers respond to those videos and this will make apparent if (de)medicalization and stigma are present on TikTok with possible conflicting consequences.

4.1 General image of analysed TikTokers

The TikTokers posting about depression and anxiety are posting experiences and feelings people can have when dealing with those mental illnesses but it was not always clear if they are also really diagnosed by a professional with this. They talked about it as if they had real experiences with the mental illnesses so I assumed they were really coping with this mental illness. There were also no clear reactions found from healthcare professionals. The TikTokers of the analysed videos were between 20 and 40 years old and most of them were made by women, I only analysed one video that included a man. The videos from those TikTokers date from not earlier than the years 2021 and 2022 and they are all in the English language. It was not clear if the videos all came from the United States because many people around the world know the English language.

4.2 Kinds of videos

TikTok gives the users many options to create videos so there are lots of different and creative videos available on TikTok. Even though no video is the same, there are a few similarities if there is looked at the videos posted about depression or anxiety that are included in my analysis. Many TikTokers, assuming they are really dealing or have dealt with the mental illnesses, post videos about those mental illnesses and give tips to viewers on how to deal with depression or anxiety better. For example, in figure 1 (To understand the abbreviations I used for the videos and comments look in appendix A and B) you see user A who made a video about 5 things that have helped her to deal with anxiety.

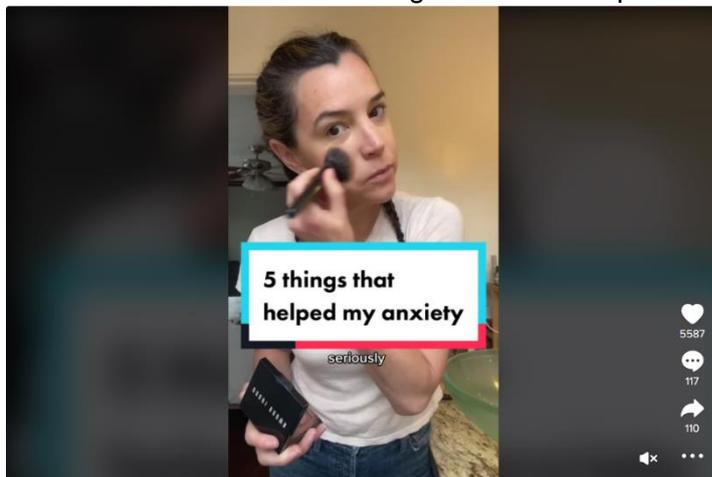


Figure 1 (T1-TK1)

She especially tells her viewers what she stopped doing when dealing with anxiety that in the end helped her to cope with anxiety better. She for example says in the video “I stopped worrying & calculating the hours of sleep I got” or “I stopped scaring myself w/ my thoughts & taking my thoughts so seriously”.

Another example is the video of user G in figure 2. She tries to show how to help someone else if you notice that they are going through an anxiety attack. She for example shows in the

video if you see someone “Playing with hands” which she includes as a symptom of having anxiety you have to “Grab their hands, and say it’s okay” to help them.

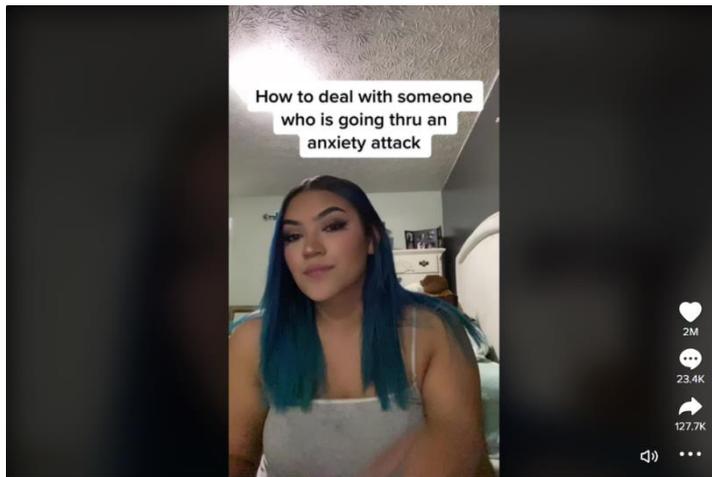


Figure 2 (T1-TK7)

There are also a few users who tell a story about an experience they had when dealing with one of those mental illnesses. For example, user D in figure 3 tells a story of

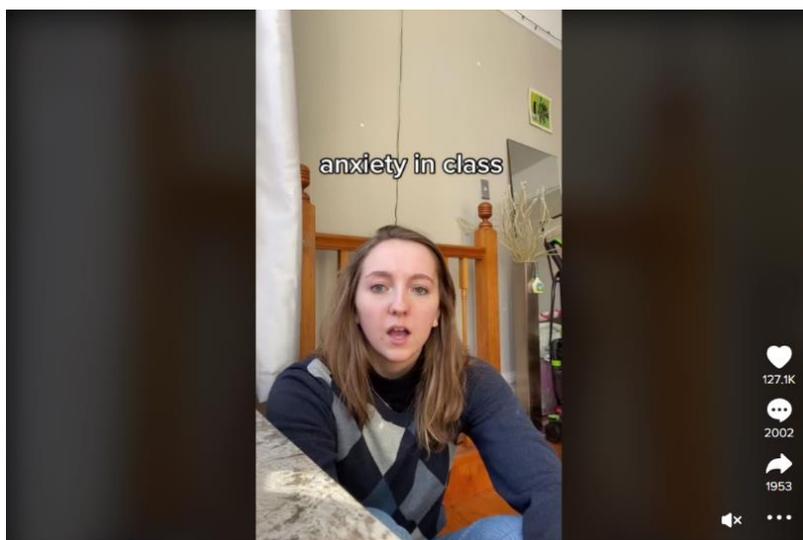


Figure 3 (T1-TK4)

her having anxiety in class. She tells the viewers that she had to participate in class to get a higher grade but she could not get it done because of her anxiety and said nothing instead. Most of those videos include the user him or herself in it, however, there are also a few users who do not and post a text alone or a video of someone else talking about depression or anxiety instead as can be seen in the video of user H in figure 4. Here, only a text is displayed in the video with a picture of a bridge in the background. Another example can be seen in figure 5 in which user J posted a fragment of a filmed TED talk of Johann Hari talking about depression and anxiety. He talks about how people with depression or anxiety are not weak but just people with unmet needs. When something like that is said by a famous person on television the video can become more credible to its viewers because they see him as an example for example.

Most of the videos include a supporting song, they are supposed to match the video and the users try to make the effect of the video greater with this. For instance, the song that was played in the video of figure 1 is “Be OK” by Ingrid Michaelson, they have a more happy or

positive character when trying to help people cope with depression or anxiety. However, in the video of figure 4 for example the song “where’s my love” by SYML is playing which has a more sad character when they try to show other users what it is like when dealing with those mental illnesses.

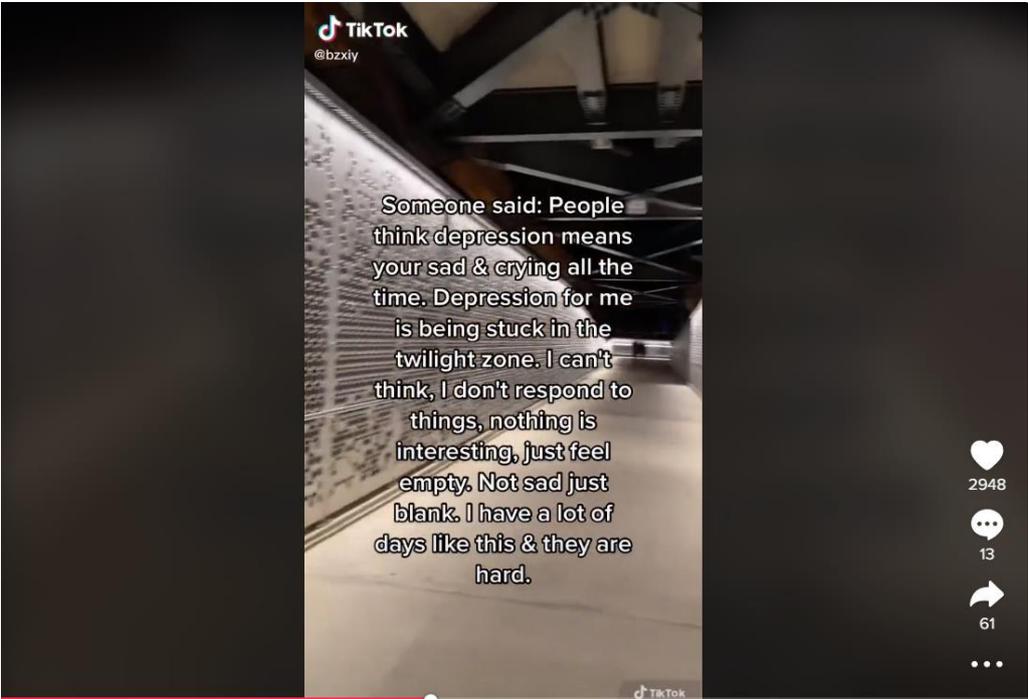


Figure 4 (T1-TK8)

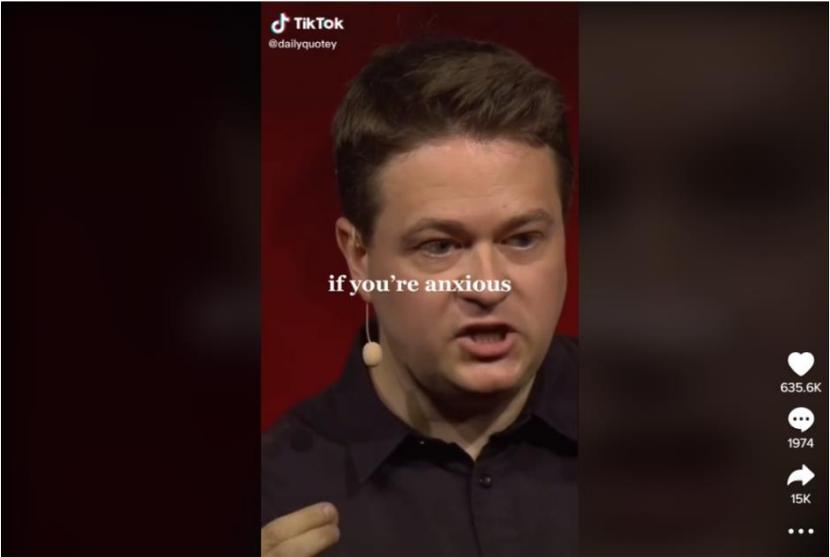


Figure 5 (T1-TK10)

4.3 Reasons to post

There were several reasons for users to post about depression or anxiety. The reasons were not explicitly mentioned by the users themselves but could mostly be derived from the imagery and content of the post. The reasons that came to the fore were to raise awareness and to provide and receive support.

4.3.1 Trying to raise awareness

One of the first reasons I found for why people post on social media about depression or anxiety is to raise awareness about those mental illnesses for their viewers. They can do this

for example by showing what depression or anxiety can look like when someone is dealing with it and share their experiences. They might break through certain judgements people have about those mental illnesses and make it more real for them. This is for example done by user E (T1-TK5) who made a video about hidden signs that someone is dealing with depression. Those signs she showed included for example “Overwhelmed”, “Hopeless” and “Self-loathing” or “Feeling easily frustrated and irritable”. Also, the word “hidden” in the title “Hidden signs of depression” shows that the motive of this user with this video is to show signs that could be less obvious and most people might not expect those signs on someone with depression. People can start to recognize those signs in other people and this video can show their viewers that there can be people around you that are dealing with depression or anxiety and that those mental illnesses are serious diseases.

Additionally, the users not only raise awareness for viewers who might have other people around them dealing with it but it can also go the other way around. When users share their experiences for example, viewers who are dealing with the same symptoms as displayed in the video can be made aware of the fact that those symptoms might actually belong to a mental illness. This is important to know for people because they might not realize they are actually dealing with a serious mental illness. For example in the video of user A (T1-TK1), I earlier explained she gives tips and tells the viewers with anxiety that they need to stop doing certain things that you do when having anxiety to cope with anxiety better. She automatically points out symptoms in this way and people can recognize those symptoms in themselves and link them to the mental illness.

4.3.2 Providing support

A second reason users are posting about depression or anxiety is because they can support people dealing with those mental illnesses. They can provide support by showing viewers that there can be done certain things to (partly) overcome depression or anxiety or show them that they are fallen deeper than they thought and might need help. This happens for example also in the video of user A (T1-TK1) in which she gives tips to help people with anxiety. Support is provided when people can use those tips and cope with anxiety better. Another example is also the video of user G (T1-TK7). I earlier explained she posted a video in which she repeatedly at first shows a symptom you can recognize in someone with anxiety and shows directly after this the thing you can do when you see someone going through that. She also raises awareness in this way for her viewers as mentioned in paragraph 4.3.1 because people can recognize the symptoms in other people. She provides support by also showing them what can be done against it when recognizing this.

Additionally, the users can support other viewers who are dealing with depression or anxiety by for example also sharing their experiences as is done in videos such as the one of user D (T1-TK4) in which she tells a story of her having anxiety in class. She provides support because users can start to feel less alone when seeing someone else going through the same. When people can relate to the videos posted about depression or anxiety, this evokes feelings of togetherness between the people watching the video.

4.3.3 Receiving support

A third reason users post about depression or anxiety is because they can get support out of it themselves. This can for example be seen in things such as user A (T1-TK1) posting the caption “What’s helped you?” underneath the video. She evokes viewers in the comment section to give some more tips that can for example help the user. It can also help the user to get more insights into what can be done against depression or anxiety by hearing what other people did to deal with this. In the end, support must be received from other people. For this reason, this will be further explained in the next paragraph 4.4 with the found comments.

4.4 Viewers responding to the videos

In this paragraph, I will show the results of how peers respond to videos about depression or anxiety. Those responses were found in the form of comments in the comment sections underneath the videos. Some responses could also be seen as a reason to post for the users.

4.4.1 Sharing experiences

At first, it is interesting to see that next to the fact that the videos give their viewers information, make them aware of things and share experiences, viewers start to share their own experiences as well as a response in the comment sections. Other viewers can read those comments and give their reactions to those comments again. I saw this happening especially underneath videos in which personal experiences are shared such as the video of user D (T1-TK4) I mentioned before where the user shares an experience she had in class when dealing with anxiety. It also happened for example the video of user B (T1-TK2) where she shows what a day looks like for someone with depression and shows a messy room and is in bed all day for example. Seeing those shared experiences of anxiety in class or a depressed day in bed can cause other viewers to share their own experiences as well. Viewers say for example things such as:

“just the thought of raising my hand causes me sooo much anxiety, heart pounding, sweating” (T1-TK4-C1),

“I wanted to participate today but even practicing in my head got my heart beating so hard I could hear and feel it in my ears and i felt sick” (T1-TK4-C2)

Or *“My worse thing is showering and like normal personal care like brushing teeth has become a chore I have to drag myself to do it everyday”* (T1-TK2-C2)

However, it is not necessary for the video to have an user telling or showing an experience themselves for viewers to respond with shared experiences. For example, the video of user F (T1-TK6) is nothing more than displaying pieces of text in different frames with a picture of a highway in the background. The text tells us about how people can feel while dealing with depression: “Depression isn’t just crying all night”, “Depression is also coming home from a long day of faking smiles”, “And going straight to your room just to look at the wall”, “Until it’s time for bed” and “It comes when you least expect it”. This video is less personal because there is no user in the video presenting the video. However, it was interesting to see that exactly in this video much more viewers were telling about how they are feeling and are sharing their experiences in the comment section. They also commented things such as:

“Numbness. Emptiness. Lonliness. Purpose of life becomes blurry. Too tired from sleeping but not tired enough to sleep.” (T1-TK6-C1)

Or *“To me it’s rly low having no energy no eating rly bad shaking I couldn’t even rly write today at school I’ve been at my lowest today :(“* (T1-TK6-C2)

As can be seen, all those aforementioned comments are responses to the experiences shared in the videos and can show the users and viewers what exactly belongs to depression or anxiety as well. The videos trigger them to also share an experience because they might want to show it is different for them or want to show what else belongs to depression or anxiety. This also gives the possibility for other viewers reading the comments to again give their response to those comments. I found for example:

“To everyone else who’s suffering, I’m proud of you, keep going!❤️” (T1-TK2-C6)

Or *“I Love Every.. Single.. One of you 🤔 the sun will shine again have a Great day”* (T1-TK6-C3)

Those viewers felt the need to let other viewers feel good because the viewers reading those many “depressing” comments such as T1-TK6-C1 and T1-TK6-C2 could let them feel bad for those viewers and start commenting things such as T1-TK2-C6 and T1-TK6-C3 to make them feel better. TikTok makes it possible for people to interact with each other in this way. The videos may prompt viewers to share their own experiences in the comment section and other viewers may again react to those comments and here make them feel better for example.

To further widen the point made about the possible interaction on TikTok, users themselves also respond to viewers commenting in the comment section (more of this in paragraph 4.4.3). After analysing the comment section of the video from user A (T1-TK1) I found people asking for help by commenting for example:

“Help” (T1-TK1-C6)

Thereafter user A responds with:

“I’d be happy to help! If you struggle with health anxiety I have a group starting June 17th” (T1-TK1-C7)

This user also wants to give this viewer a better feeling and responds by offering him or her help done face-to-face in support groups. So with the interaction possible on TikTok, I saw that viewers can also use TikTok as a way of finding support that is provided in other ways than only virtually.

4.4.2 Responses to trying to raise awareness

In paragraph 4.3.1, I showed that the users want to post about depression or anxiety because they want to raise awareness for their viewers. When looking at the comment section I also saw this is made more apparent. Some viewers seemed to indeed show that they recognize those symptoms in their friends or family. One viewer for example commented:

“How do I help someone who is struggling with all of that. What are some tips?” (T1-TK5-C1)

It could be that this viewer is recognizing the displayed symptoms in someone he or she knows. The viewer might be made aware of the fact that this someone might be dealing with depression or anxiety and is asking how to help them.

Additionally, the comment sections showed signs of people being made aware of what depression or anxiety might look like. For example, in the video I analysed from user B (T1-TK2), the user tried to show what a day looks like for someone who is depressed. It becomes clear she raises awareness for their peers because the peers commented things such as:

“I didn’t realized how bad it was till I watched this 🙄” (T1-TK2-C1)

This can show that this viewer is made aware of the symptoms of depression and did not exactly know what they meant before that. He or she realized that it could be more serious or worse than he or she thought in the first place. This may also lead to the stigma being reduced because it is possible, seeing this comment, that depression is now viewed differently in the eyes of this viewer and made more real.

Lastly, I also found some viewers that make apparent that they recognize the symptoms in themselves and think they need to do something about it. For example in the video of user A (T1-TK1) the viewers responded with:

“Damn I really need to stop doing all those things” (T1-TK1-C1)

As can be seen, they seem to be made aware of it and want to stop doing this. In this way, the video could have helped them to prevent themselves from continuing to do things that do not help their anxiety.

4.4.3 Responses to providing support

As can be seen in paragraph 4.3.2, a reason for users to post about depression or anxiety is because they want to provide support to their peers. When looking at the comment section underneath the video of user A (T1-TK1), I saw people responding to this by trying to show the user that they think the tips provided are useful. This may mean that the tips work and support is provided. For example:

“you inspire me so much and give me hope for healing ❤️ i am going to try this!!” (T1-TK1-C2)

To which user A responds:

“Yayyy! So happy my content helps 😊” (T1-TK1-C3)

Here, the aforementioned interaction between the user and the viewer becomes again visible. The viewer in comment T1-TK1-C2 tries to show her appreciation towards the support provided by the user and tells her she is going to try this to which the user responds with the comment T1-TK1-C3 and tells this person it makes her happy to see her content can help others. This also reinforces the claim made that the users want to provide support because comment T1-TK1-C3 shows that the user is happy to see her content helps and gets some fulfilment out of it.

Additionally, I also saw some interesting responses to the video of user G (T1-TK7) in which she repeatedly at first shows a symptom you can recognize in someone with anxiety and shows directly after this the thing you can do when you see someone going through that. For example:

“@1 It makes me happy that whenever you have anxiety attacks I'm always there to help. It'll all be okay... I love you so much... <3” (T1-TK7-C1)

The support provided by this user is well conceived by the viewer in comment T1-TK7-C1 and he or she tells her friend or family that he or she will help them. This is also part of the trying to raise awareness explained in 4.3.1 because viewers see what can be done by other people to help people with depression or anxiety or can get confirmed it is important to help those people.

However, it appeared that not always all the tips are that appreciated. In the video of user G (T1-TK7), some viewers commented things showing that the tips she is giving are not helping such as:

“If some one does this to me I would stop having an anxiety attack and start attacking them”. (T1-TK7-C2)

Or *“@2 lol never do this”* (T1-TK7-C3)

Likewise, not all the viewers find their help in tips provided in videos like the one of user A (T1-TK1). This is shown by comments such as:

"It is so hard to do that" (T1-TK1-C4)

Those viewers still think it is difficult to cope with depression or anxiety. This can also give the users and viewers trying to help other viewers a negative feeling because their support is not appreciated or helping.

However, the viewers appreciating the video were in majority which was the case for all the videos I analysed. They commented things such as:

"So helpful 😊😊" or *"exactly. thanks for sharing"* (similar comments found in all comment sections)

This can also be a reason the users keep posting videos about depression or anxiety because there is more positivity than negativity. Out of the appreciation, the user can get fulfilment because it proves that the help provided is wanted by other people which is also mentioned in the beginning of this paragraph.

4.4.3.1 Relating to the video

Moreover, after analysing the comment sections and as I explained in paragraph 4.3.2, I found that another way of providing support is to try and let people who are going through the same relate to the video or comments in which experiences are shared. Here, viewers do not respond to the video by sharing another personal experience but let the user know they go through exactly the same as displayed in the video. They commented things such as:

"me everyday", "I do that all the time" or "I got em all" (similar comments found in all comment sections)

When displaying certain symptoms in a video that belong to depression or anxiety which is for example also done in the video of user B (T1-TK2) with the depressed day in bed, people who are experiencing the same start to recognize themselves in and relate to this. This can let people see that other people are having exactly the same struggles and this can make them feel less alone. This happened in all the videos I analysed, there were always some viewers who commented that they were going through exactly the same.

Likewise, the viewers also show their friends and family they relate to the video by tagging them. For example:

*"@3 I do all of these things *like zoning out*"* (similar comments found in all comment sections)

Or *"@4 @5 this is just for me"* (similar comments found in all comment sections)

This can let the tagged people relate to the video as well or recognize the symptoms in other people. This helps to raise awareness as explained in paragraph 4.3.1 and is also the earlier explained interesting phenomenon of people interacting with each other on TikTok again. It happens especially in those comments because they tag someone else and those tagged users get a notification of this which triggers them to react to their friends and family again. However, tagging someone else is not necessary to let people interact with and react to each other on TikTok. This is also shown in the previous paragraphs.

4.4.4 Responses out of which support can be received

I explained in paragraph 4.3.3 that users also want to post videos about depression or anxiety because they want to receive support. As I explained this can be mostly derived from the viewers because the users have to receive support from other people. When analysing this, it can be already partly found back in the previous paragraph 4.4.3 because I saw users and viewers interacting with each other and a comment such as T1-TK1-C2 was answered

with T1-TK1-C3 which can show that the user receives support out of comments as T1-TK1-C2.

When analysing this further in the comment sections, I saw in the one of user D (T1-TK4) who shared an experience of her dealing with anxiety in class and how bad she felt about his, viewers started commenting:

“I’m sorry you went through that, it’s really frustrating. I still have that experience just giving presentations for work. But you’re not alone 💜” (T1-TK4-C3)

Or *“You tried, you kept fighting your anxiety and for that you can be proud of you, remember to always be kind to yourself because of deserve it ❤️❤️❤️”* (T1-TK4-C5)

This user can get support out of those comments because they can let her make her feel better. The comment T1-TK4-C3 tells her she is not alone which can create feelings of togetherness and the comment T1-TK4-C5 tells her to be kind to herself which can help her cope with her anxiety better. This can also be a reason for the user to keep posting videos such as T1-TK4 because of the support she can receive out of it. Viewers are trying to help and provide their support in many ways, here the comments were solely targeting the user but there were also comments that targeted the user as well as the viewers. There were for example some viewers who gave extra tips next to the tips already provided in the video:

“Everytime my legs starts shaking I use my other leg and step on my shoe lol it stops me” (T1-TK7-C6),

“I started jogging, it helped a lot and I can’t still explain how. I just put good music and run” (T1-TK1-C5)

Or *“so I say to myself everyday that MY NEEDS ARE MET and if not now it will and it definitely will cause I will keep trying...that word keeps me going”* (T1-TK10-C2)

As can be seen, those comments are more generally focused and are trying to help all the people who need those extra tips. The users of course can still get their support out of those comments because they can still use the tips to cope with depression or anxiety better even though those comments are not specifically targeting them. It is interesting to see that viewers not only try to support the user but also help other viewers reading the comment section who also maybe need some other extra tips to help them cope with depression or anxiety. Even in videos where there was no intended mechanism to help viewers cope with depression or anxiety and for example only explained depression, viewers start to help users and other viewers with supporting tips. For example, in the video of user B (T1-TK2) she only showed what a day looks like for someone with depression. People started commenting extra tips however:

“Tomorrow we will wake up to our alarm: get out of bed, make our bed, drink a cold glass of water clean and start a new chapter. ❤️whose in it with me?” (T1-TK2-C4)

Or *“yes!! all of those!! also trying to be on my own side more :-) being compassionate to my anxious self”* (T1-TK2-C5)

Next to giving extra tips, the comments such as T1-TK2-C6 and T1-TK6-C3 shown in paragraph 4.4.1 also show that the user as well as the other viewers can get support out of those comments. The nice words such as “I’m proud of you, keep going” in comment T1-TK2-C6 and “have a Great day” in comment T1-TK6-C3 can give people reading this a better feeling and strength to keep going and deal with their depression or anxiety better.

Furthermore, it was interesting to see when analysing the comment section this went even deeper. I saw viewers starting to offer themselves as someone to go and talk to when dealing with depression or anxiety. For example:

“I have created this account for anyone who is struggling and need somebody to talk to ♥”
(T1-TK5-C2)

Or *“If anyone talks come over to my page we can talk about it. You may not want to talk about it but from what I know from experience talking is the best”* (T1-TK5-C3)

Users as well as viewers who are in the need of someone to talk to can go to the account of those viewers in comments T1-TK5-C2 and T1-TK5-C3 and talk to them. The viewer in comment T1-TK5-C2 even makes apparent she created a whole account just for people who want to talk to someone. Those comments also show that not only the user but also different viewers started to feel the need to help users as well as other viewers dealing with depression or anxiety and users can receive support in this way.

4.4.5 Not alone

After analysing all the videos with their comment sections, another interesting reason to create but also to watch videos about depression or anxiety came to the front I already partly discussed. As can be seen in the previous paragraphs, peer-to-peer support plays an important part, people interact with each other in many ways and feelings of togetherness are created between the people creating and watching the videos. I wanted to show some comments that make this phenomenon even more clear and can confirm this even further:

“reading through these comments ... I'm sorry you all feel the way I do. but it's also nice to know I'm not alone xxx” (T1-TK2-C3)

Or

“ok, I just realized I am not alone in these things!, God Bless you!!! thank you! you hit all of them! 😊😊😊” (T1-TK3-C1)

Those viewers in comments T1-TK2-C3 and T1-TK3-C1 show that they tend to feel less alone when watching the videos and reading the comment sections because they see that other people are dealing with the same kind of problems. This is an important feeling being created by TikTok and can be another important reason for users as well as viewers to keep posting and watching videos about depression or anxiety.

4.4.6 Medicalization

In the search to find interesting comments for my analysis, I found signs of medicalization as well on this platform. Viewers who for example relate to videos or are made aware of the symptoms belonging to depression or anxiety can start to identify themselves with the users which can lead them to think they are dealing with the same issues as them. This can create different types of medicalization as well as demedicalization which I will discuss in the following paragraphs.

4.4.6.1 Self-diagnosis and self-treatment

This brings me to self-diagnosis and self-treatment. It often does not stop with people just relating shortly to the videos. When users post certain symptoms that belong to depression or anxiety it often went deeper and people commented things such as:

“I do all of these everyday at the same time I didnt know I was having a anxiety attacks....”
(T1-TK7-C4)

Or “So I'm depressed? 😞😞” (T1-TK5-C4)

Here people seem to wonder if they have a mental illness when being able to relate to the video. Those can be signs of medicalization that come back on TikTok whereby people start to self-diagnose themselves with a mental illness because they identify with the user and are experiencing the same symptoms.

This can also happen to the people I discussed earlier in paragraph 4.4.3.1 who just relate shortly to the video because even though they are not stating in the comment that they think they have depression or anxiety they can still start to think they have a mental illness because they can relate to the video. It also gets distributed very easily because there were also many viewers who related to the video and tagged their friends or family:

“@6 that was literally me this morning:“(T1-TK4-C4)

Or “@7 see it's not just what you think it is and it's a lot more” (T1-TK5-C5)

Two things are happening here, people are trying to convince their friends and family of the fact that they are experiencing the same as displayed in the video and of the fact that they therefore might even have depression or anxiety in reality. As can be seen again, people are interacting with each other about those things.

4.4.6.2 Evoke demedicalization

One video I analysed showed a lot of viewers in the comment section who started to wonder if they have a certain mental illness because user I (T1-TK9) posted a TikTok with just the text: “I just found out that people who suffer from anxiety tend to rewatch the same TV shows all over again because we already know what's going to happen next therefore it creates a sense of safety/comfort and that's the reason why we keep rewatching them .” This led to the comment section consisting almost only of people commenting the show that they are watching over and over again and this shows that all those people relate to the video because they watch shows again and again and might start to think they have anxiety. For example

“ME WITH TEEN WOLF AND SHERLOCK” (T1-TK9-C1)

Or “yeah it gives me comfort knowing what's going to happen”. (T1-TK9-C2)

However, the data showed other viewers reacting to those viewers such as in comments T1-TK9-C1 and T1-TK9-C2. They start to disagree with the user and viewers in the comment section and said for example:

“Everybody in the comments think they got anxiety lmao, most of the time yall just like the show” (T1-TK9-C3)

This can be seen as demedicalization because those viewers try to prevent the viewers who watch the video to think they have anxiety because they watch shows over and over again.

4.4.7 Two sides of TikTok

Furthermore, the peer-to-peer support mostly evoked comments that had more of a positive character. There were no found comments that really displayed clear hate speech on the videos or the people dealing with depression or anxiety. However, there were some comments found that were more in the middle. They seemed to more want to share their doubts on the video but this in itself can evoke positive or negative feelings for people on TikTok. I want to analyse a few examples of those comments because they are sometimes difficult to interpret because of this. For example:

“IT’S JUST A PERIOD OF LIFE” (T1-TK10-C1)

This viewer seems to try to make clear that it is not as bad as people are displaying in the video or the comments. The viewer makes the video seem as unnecessary because the mental illness will go away eventually. However, it can also comfort some viewers because it is displayed as something that will not stay the rest of your life. This also shows the conflicting effects social media can have on people with mental illness because this comment can be seen as a form of peer-to-peer support but also as something that is putting the user and the viewers in a more negative frame and is unsupportive. A next example:

“If someone did this to me I will cry” (T1-TK7-C5)

It is unclear if this viewer would cry out of happiness or sadness. It could be that he or she would appreciate the help so much that she would cry out of happiness but it could also be that she would hate it so much if someone did this to him or her that she would start crying. The point here is that the videos and comments on TikTok are rather short and compact which makes it sometimes difficult to exactly know what is meant by them. This can show that conflicting consequences can not only exist between concepts such as peer-to-peer support and (de)medicalization but also within the comments themselves.

5 Discussion and Conclusion

In this chapter, I will discuss how the found results relate to the literature discussed in the theoretical framework chapter. Thereafter, I will answer the research questions, give the limitations of this research and provide recommendations for further study.

5.1 Peer-to-peer support

At first, it is important to notice from the found results that TikTok makes it possible for people to interact with each other in different ways. This is done largely in the videos I analysed because they contained huge amounts of likes and comments. This confirms the read literature saying that people tend to share stories on social media more and more because social media is more accessible than sharing stories face-to-face (Naslund et al., 2016). However, in my results, I also found that people use TikTok as a way to find help face-to-face which I did not find back in the literature. Some users are posting about depression or anxiety but also offer help given face-to-face to viewers and respond to them by saying they should visit their support groups as is done in comment T1-TK1-C7 on p. 18.

As can be seen from the results, I found three important reasons to post on TikTok about depression or anxiety, two of them were to provide and receive support. Those two reasons came to the front because of the easily accessible interactions possible on TikTok and display the peer-to-peer support delivered on this platform. I found that users provide support by giving tips in their videos on how to deal with depression or anxiety better, think for example of the video of user A (T1-TK1). Fox (1977) also discussed this as a way to provide support in the read literature. Furthermore, the users also provided support by showing in their videos what people with depression or anxiety are going through. Viewers can relate to the displayed symptoms, see that other people are going through the same and they tend to feel less alone in this way. I also found this back in the read literature because Solomon (2004) stated that people with mental illnesses find emotional support in other people when they seem to have the same mental illness as them. Feelings of belonging to a group and connectedness to other people are being created and people feel less alone in this way.

Viewers interacted with those videos and the responses showed that the viewers think the provided support is helpful and they want to try the tips given to them, look for example back at comment T1-TK1-C2 on p. 19. I also found this in the read literature because Betton et al. (2015) stated that patients can value the advice of their peers next to that of the professional because the peers are going through the same and are seen as people who understand them better. However, I could not confirm that those viewers were also seeing a professional but they did indeed value the advice of their peers because they wanted to try the tips given by the users. Viewers also started to share their own experiences when seeing the experiences shown in the video which can let other people again relate to this and can create feelings of belonging to a group and connectedness to other people (Solomon, 2004). It is important to see here that users provide support and viewers receive support in this way which is a form of the peer-to-peer support present on TikTok (Naslund et al., 2014).

When wanting to receive support as a user, this goes the other way around. Users can evoke viewers to provide their support back to them, so this was mostly found in the comments given by viewers. When experiences were shared in the videos, viewers started to say nice things solely targeting the user, as is seen in comment T1-TK4-C5 on p. 21 in which the viewer tells user D of video T1-TK4 that she tried and kept fighting her anxiety and that she should be proud and kind to herself because she deserves it. However, there were also more general comments like this found that were targeting the users as well as other viewers. Furthermore, viewers gave tips themselves on what has helped them cope with depression or anxiety and there were even viewers offering themselves as someone to go and talk to

when dealing with depression or anxiety. This all creates feelings of hope, friendship and encouragement which were found in the read literature. People share stories about mental illnesses because they hope to receive back the same kind of support they were providing (Naslund et al., 2014). Finally, this all comes down to peer-to-peer support being an essential element when sharing experiences about depression or anxiety (Solomon, 2004).

Lastly, the majority of the found comments in the comment sections underneath the videos had a more supportive and positive character. The read literature stated that because people are more anonymous on the platform TikTok, they dare to say more and tend to say offensive comments much sooner because the users will not know who it is coming from (Brussee, & Hekman, 2009). I did not find this back in my results. I did find some comments who were more difficult to interpret, for example in comment T1-TK10-C1 on p. 24 that can be interpreted positively or negatively. However, clear offensive comments were not present in my data.

5.2 Stigma

This leaves me to one last reason discussed in the results for why people want to share posts about depression or anxiety on TikTok, namely because they want to raise awareness for their viewers which was not discussed in the read literature. This is also done by sharing their experiences with depression or anxiety and showing people what depression or anxiety can look like. Think for example of the post of user E (T1-TK5) in which she shows the hidden signs of people that are dealing with depression. Because the experiences shared in the videos were also meant to provide and receive support on TikTok as can be seen in the previous paragraph 5.1, stigma is in this way also linked to peer-to-peer support as was stated in the literature (Betton et al., 2015). Viewers watching the video can realize they themselves are dealing with mental illness or someone he or she knows is because they are having the same symptoms as displayed in the video. Viewers can realize the seriousness of their symptoms and those mental illnesses in this way as is for example seen in comment T1-TK2-C1 on p. 18 in which the viewer makes it apparent he or she did not realize how bad it was. Viewers also showed they recognized the symptoms in someone else and asked what they can do to help them. According to the read literature, I saw that this mechanism can also lead to certain stigma that exists on people with depression or anxiety to be broken through. Viewers see in the videos that certain things belong to depression or anxiety that they did not realize belonged to those mental illnesses at first. Also when viewers share their experiences in the comment section, people reading those comments see those other mentioned symptoms as well and when this largely happens as was also stated in the found literature, certain stereotypes can vanish and society might get another view of people with depression and anxiety. Labels put on people with depression or anxiety will disappear in this way (Betton et al., 2015). Although, I could not find if the nice and supportive comments also helped people with depression or anxiety to ignore or accept the labels put on them (Naslund et al., 2016).

However, the read literature stated that videos like this can also increase the stigma on people with depression or anxiety because the offensive comments can start to let the viewers with those mental illnesses think the labels put on them are true because the offensive comments can let the feelings of connectedness and togetherness fade away (Gallagher, 2021). Also, when seeing videos of people of who they thought had the same label living in their eyes a much better life, this can evoke negative feelings (Tiggemann, & Anderberg, 2020). As I already mentioned in paragraph 5.1 there were no offensive comments found in my results. I also did not find any other data that could confirm the literature of Tiggemann and Anderberg (2020), so nothing can be said about this being present on TikTok based on my analysis.

5.3 Medicalization and demedicalization

Medicalization and demedicalization also result from the videos in which experiences are shared about depression or anxiety and can therefore also be linked to peer-to-peer support and stigma. Because people relate to the shared experiences in the videos, they start to identify with the users and the symptoms that, according to the videos, belonged to depression and anxiety led to people starting to wonder if they have depression or anxiety themselves as can be seen in comment T1-TK7-C4 on p. 22 and T1-TK5-C4 on p. 23 for example. This can lead to those people diagnosing and treating themselves without being sure they have this mental illness in reality. This also came back in the read literature saying that on social media people watching videos about mental illnesses can start to identify themselves with the users posting those videos because they are displaying the same symptoms as they are going through (İnceoğlu et al., 2014). Viewers can start using the tips posted by users on what to do when people are dealing with depression or anxiety and maybe force this on themselves because they think that is what they need. However, it could also be, as discussed in paragraph 5.2, that viewers are made aware of the fact that their depression or anxiety can be more serious than they thought, they might try to do something about it which is good when having this mental illness in reality.

I can also link this to stigma discussed by Conrad (1992) because when people can recognize the symptoms in themselves that are presented by the people who are put labels on, this also increases the chances of them thinking they or others have the same mental illnesses and the same labels. This can increase the stigma put on those people. I also saw this happening in the comments T1-TK4-C4 and T1-TK5-C5 on p. 23 because they tagged their friends and family to show them how they related to the video and that they might have this mental illness. Those friends and family can in their turn share this video again with someone else or also start to believe that people have mental illnesses and labels because of this video. In this way, as discussed by Deheu (2010) experiences shared on social media can influence how depression or anxiety are constructed by society and might change. Mental illnesses can get different attributes because many people start to believe certain symptoms belong to depression or anxiety when seeing certain videos. However, according to Payton and Thoits (2011) the stigma put on those people can also be reduced because the videos can show people that certain symptoms belong to a serious medical condition and the labels will fade away in this way. I did not find this clearly happening in my analysis however.

I also found demedicalization in my analysis but to a lesser extent. However, it was interesting to see that some videos, think for example of the post of user I (T1-TK9), led to many people believing they have depression or anxiety because many people could relate to the experiences displayed in the videos. So this can evoke a lot of medicalization but some people started to see this happening and wanted to prevent those people from self-diagnosis and self-treatment, see for example comment T1-TK9-C3 on p. 23 in which the user says people should not think they have anxiety because they do the same things as in the video. This phenomenon is also discussed by Fox (1977) in which people are becoming aware of the fact that other people are involving themselves in medicalization. The people involving themselves in medicalization reading comments like T1-TK9-C3 can prevent themselves from self-diagnosis and self-treatment in this way because they are made aware by other people that they are doing this and it might not be right.

Furthermore, the read literature stated that demedicalization also means that people may decide to not see their mental illness as a medical issue anymore and cope with it themselves through for example peer-to-peer support. The nice and supportive comments

found in the results could contribute to this but there were no clear comments found that confirmed this (Bauer et al., 2017).

5.4 Conclusion

In this paper I wanted to answer the following research question:

- *What reasons can there be for people with depression or anxiety for wanting to share stories on TikTok about depression or anxiety, how do viewers respond to these stories and what conflicting consequences do there exist in sharing these stories in terms of stigma and (de)medicalization?*

With the following sub questions:

- *What stigmas do people sharing stories about mental illness have to deal with?*
- *How are depression or anxiety (de)medicalized?*

Regarding the research question, I came to the conclusion that people with depression or anxiety want to share posts on TikTok about those mental illnesses because of three reasons, namely to raise awareness and to provide and receive support. Firstly, they raise awareness by showing other people what it can be like for them and can make them aware of what can belong to those mental illnesses and their seriousness. Secondly, support is provided by the users by giving people tips on what to do to deal with those mental illnesses better or also with videos in which experiences are shared and showing what people with depression or anxiety are going through. People can use the tips or can relate to those videos and feel less alone for example. Lastly, it also became apparent that the users want to receive support back on their videos and for example, post questions in the captions underneath the videos to evoke their viewers to provide their support back to them.

Furthermore, to answer the second part of this research question, I found several different responses from viewers to those videos. As a response to the trying to raise awareness, I found viewers indeed confirming that thanks to the video they recognized the symptoms in themselves or in someone they know. They also made it apparent that they realized the seriousness of those diseases and that they need to try and stop doing certain things belonging to those mental illnesses. With regards to the support provided in the videos, the viewers responded by letting the users know they appreciated their help and were going to try out the given tips for example. However, there were some viewers who commented that they do not think the provided tips are helping them. When experiences were shared in the videos, viewers also responded with comments containing their own experiences or saying that they relate to what exactly is displayed in the video. Furthermore, with some responses the users could receive support back because viewers commented for example nice and supportive things, some of them were solely targeting the user. Viewers also commented some extra tips or offered themselves as someone to go and talk to which could show the users and other viewers what more can be done to deal with depression or anxiety better. With those interactions on TikTok, it was also made possible for users and viewers to find and offer help done face-to-face. As for the haters, the offensive comments seemed to not be present on TikTok, there were some comments that were difficult to interpret but most comments had more of a positive character that tried to express their support to people dealing with depression or anxiety on TikTok. All in all, those interactions discussed above between the users and the viewers show that also peer-to-peer support is an important part of the platform TikTok.

In terms of medicalization and stigma, medicalization emerged out of the peer-to-peer support delivered on the platform. Some viewers who related to the videos also started to self-diagnose themselves because they recognized the symptoms displayed in the videos.

Also, by tagging other people they could spread the word and led other people believe they or other people have this mental illness as well. However, demedicalization was also present on TikTok. Some videos led to so many people starting to wonder if they have depression or anxiety in the comment sections, other people started to see this happening and tried to prevent those people from medicalization. They commented things to make people aware of the fact that they are involving themselves in self-diagnosis. This also shows how depression and anxiety were medicalized and demedicalized on TikTok.

Stigma however was a lot more difficult to discover in the analysed videos and comments. Unfortunately, I could not discover the stigmas people with depression or anxiety are dealing with, however, there were some indirect ways in which stigma was present on this platform. For example, it is possible for users sharing experiences to break through certain stereotypes and labels put on people with depression and anxiety by showing them other viewpoints on those mental illnesses. This also happens when a lot of viewers start to comment other things that might come with depression or anxiety or when people start to relate to the video and start to wonder if they have those mental illnesses themselves and spread the word by tagging other people. Stigma can be reduced in this way. However, through medicalization, stigma could also be increased because when people identify themselves with the people who are put labels on, this can lead them to think they or others have the same mental illness and have the same labels.

The results found on depression as well as anxiety were quite similar and comparable which makes the results generable for both mental illnesses. Also, the videos that did not contain the user him or herself in it, evoked the same kind of responses as the videos that did include the user. However, I could not find out why video T1-TK8 had only 12 viewers reacting to it because T1-TK6 was similar to this video and had a lot of responses and people sharing their experiences in the comment section. Moreover, TikTok indeed can have conflicting effects on people and cause medicalization as well as demedicalization and can increase as well as reduce stigma. Some comments however were difficult to interpret because they were mostly very short and it was not very clear what the viewers meant with those comments. They could be interpreted in a positive as well as a negative way which can also confirm the conflicting effects TikTok can have on people.

5.5 Limitations and recommendations

The analysing of social media has as limitation that you are limited to the visual material provided on the platforms. So also for TikTok, I could only analyse the videos and comments that the users and viewers posted, I did not interview the users and viewers themselves and ask for their reasons for example. However, from the read literature, it turns out social media platforms such as TikTok are rich sources of data for qualitative research (Caplan et al., 2017). So for follow-up research, I recommend using social media more as a source of data. Data is relatively easy to obtain on those platforms but to sharpen the outcomes of this paper I also recommend taking some interviews next to solely analysing the data provided on TikTok. It could be that some groups existing among the people with depression and anxiety use more private and closed environments to share their stories with. Follow-up research could find out if this is true or not and if it is true how to access those environments for better analyses.

Additionally, the way of searching could be a limitation because I solely searched on specific search terms which can bias my results. It could be that people with actual depression or anxiety watch a lot of specific videos that could have a more negative or depressed character because they are matching the interests of the viewers better. They see more and more of those videos because of the existing algorithms in TikTok and this can deteriorate the mental health of those people instead of improving it with for example the existing peer-to-peer

support. Also, as I explained in chapter 3 I sometimes had to use misspelled search terms because some search results are hidden because of the damage it can have on people with mental illness. So for follow-up research, I recommend diving deeper into the algorithms of TikTok and analysing those of who have actual depression or anxiety for example. This can also be done by interviewing those people about what they are seeing on TikTok.

Furthermore, the diversity of the users and viewers on TikTok is limited. It is for example very difficult to find people with severe forms of depression or anxiety on TikTok. Moreover, there seemed to be more female users and viewers than male users and viewers. Research shows that women tend to post sooner on social media than men (Herring et al., 2004). This is because women are still underrepresented in most communities and can in this way through social media still let their voices be heard (Harris, 2008). Also, the users and viewers are relatively young. Platforms such as TikTok are used much less by the elderly and so this group is not taken into account in this research which can bias the results. So for follow-up research, it is recommended to use for example other platforms in which the elderly and men are more represented or use a different method and interview them for example.

Another limitation is that it was difficult to find out if the users posting about depression or anxiety had actual depression or anxiety diagnosed by a professional for example. I wanted to analyse those who have this mental illness in reality. They posted about those mental illnesses as if they have or had them and know what it is like but there was not any clear proof of this. This meant that I had to assume they really have those mental illnesses. Also, in the comment sections, there were no clear comments found from professionals judging the videos, so the authenticity could not be checked. So for follow-up research, it is recommended to analyse the groups with depression or anxiety in a wider perspective than just looking at users who are posting about those mental illnesses. There could for example be looked for people in mental healthcare institutions that use social media and go to an actual therapist. In this way, there could be checked if there exists differences between the results.

As for the recommendations in practice, healthcare professionals can learn a lot from watching videos on TikTok about depression or anxiety. They can take this information into account when helping those people in real life. They can for example talk with their patients about the mechanisms discussed in this paper, see how this influences them and in the end, understand their needs better. This may mean that the professional for example finds out if the tips provided in the videos are helping their patients and need more or less healthcare when using TikTok. Moreover, in this paper, it came to the front that people with depression or anxiety feel the need to receive and provide support and do this through platforms such as TikTok. Healthcare professionals can use this in their therapies given to people with those mental illnesses. Lastly, it is also recommended for healthcare professionals to use TikTok itself to help people with depression or anxiety or use their own platforms because as can be seen from this paper, there is potential for the platforms to help patients to cope with depression and anxiety better.

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Appendices

Appendix A

TikTok title	Link	Content	User	Reference
5 things that helped my anxiety	https://vm.tiktok.com/ZMLyvvenh/	Tips given by user to help cope with anxiety better	A	T1-TK1
The reality of depression	https://vm.tiktok.com/ZMLyv9kPo/	User shows how a day can look like for someone with depression	B	T1-TK2
When anxiety shows up in a relationship	https://vm.tiktok.com/ZMLHqoocT/	User show how someone dealing with anxiety can be in a relationship	C	T1-TK3
Anxiety in class	https://vm.tiktok.com/ZMLHq3Gyg/	User tells a story about an experience she had in class when dealing with anxiety	D	T1-TK4
Hidden signs of depression	https://vm.tiktok.com/ZML9HjtPd/	User shows how someone may be with depression that are less obvious	E	T1-TK5
-	https://vm.tiktok.com/ZML9UrW18/	This video does not show the user but are lines appearing on the screen with symptoms of depression	F	T1-TK6

How to deal with someone who is going thru an anxiety attack	https://vm.tiktok.com/ZML9bUUvy/	This user tries to show symptoms of an anxiety attack and how to deal with it as a bystander	G	T1-TK7
-	https://vm.tiktok.com/ZMLxRwx1V/	This video does not show the user but is just a long text describing how depression can be	H	T1-TK8
-	https://vm.tiktok.com/ZMLx8VCXH/	This video does show the user and is a long text describing a symptom belonging to anxiety	I	T1-TK9
-	https://vm.tiktok.com/ZMLxTGYu3/	This video is a fragment of a TED talk of Johann Hari talking about depression and anxiety	J	T1-TK10

Table 1

Appendix B

Abbreviation	Meaning	Example
T(number 1-2)-TK(number 1-10)	Table(table number)-TikTok(TikTok number)	T1-TK5
T(number 1-2)-TK(number 1-10)-C(number 1-7)	Table(table number)-TikTok(TikTok number)-Comment(comment number)	T1-TK4-C2

Table 2