

# Lab to Smartphone

## Internet Inspired Self-Diagnosis: A New Phenomenon Calling for an Old Approach

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**M**ore and more these days, it seems like youth are presenting for their initial psychiatry appointment already with a clear self-diagnosis in mind. I'm used to this for parents, who for years have hoped that I might rubber stamp their suspicions about bipolar disorder or ADHD, but this coming directly from kids is newer.

It's come to the point where I often ask some direct questions about this early on, like "Is there a specific diagnosis you have been wondering about from your own research?" That's usually followed up with a question of what, exactly, constitutes their "research." Here, it's common for my new patients to get a little sheepish when disclosing the source of their investigations, as most commonly the ideas come from social media platforms like YouTube or TikTok rather than things like the medical textbooks that used to make us doctors wonder about being stricken with lots of exotic ailments.

Some of these suspected psychiatric disorders seem to come in waves, corresponding to widely viewed posts that reverberate through social media communities. There has been the unexplained surge of youth presenting with tic disorders in the past, and more recently, what has appeared as a new epidemic of dissociative identity disorder (DID) following some viral videos on TikTok.<sup>1</sup> Speculation has further arisen that social media has even been seen as contributing to increases in the prevalence of non-pathological things like describing one's gender identity as non-binary or transgender or viewing one's personality as an introvert.<sup>2</sup>

The response to these youth when they divulge these new revelations about themselves has been quite mixed.

While many might have expected a warm welcome to a generation that finally is "okay with not being okay" and won't be constrained within rigid traditional norms, there's actually been quite a bit of skepticism and even some scorn coming from unexpected directions.

To be fair, it can be tempting to greet someone's new internet-inspired diagnosis with a full eye roll. Beyond that, though, there can also be real concern that youth putting on these labels as a "fad" can really undermine the progress that has been so hard earned to validate mental health conditions and an expanded view of gender identity. Consequently, it's common to hear responses to these presentations that range from fully rebuking these youth as fakes to insisting that it is not really possible that peers or social media played much of a role at all.

And it's here, where we dismiss or deny someone's narrative right from the outset because it doesn't fit our current scientific or political perspective, that we can start getting into trouble. Science, after all, has shown us over and over that virtually everything when it comes to human emotions, thoughts, and actions comes from a complicated mash up of mutually interacting genetic and environmental factors. These environmental contributors include things like peers and media influences, and their presence in the mix should not immediately disqualify someone's history as undeserving. Sure, it is much easier when trying to argue for the validity of something like major depressive disorder to use the example of the happy and healthy individual whose symptoms came on like a ton of bricks out of nowhere, but anyone who has spent time in this field knows that this path is just one of many.

One principle that has served me well over the years is the idea that the more complicated a clinical situation appears to be, the more important it is to stick to the basics. Establish a good rapport with the patient, ask difficult questions (particularly those elephants in the room ones that can be a little awkward), be thorough, validate while maintaining a bit of skepticism, and give yourself some time to conceptualize. In so doing, maybe in these supposed social contagion examples we find out that what seems like a new declaration of a dissociative disorder or gender dysphoria actually has been experienced and suppressed for years as the person waits for a more supportive environment. Maybe we find out that the particular internet-inspired diagnosis isn't quite right but there is a lot of work to be done in another area. Or maybe we find out that, indeed, someone really has been heavily influenced by what they've heard from a peer or seen on a social media video as part of 1) developmentally appropriate needs to feel connected socially and 2) developmentally appropriate introspection at this age about their identity.

There's no doubt that our world is increasingly polarized these days, pushing us to take a side. Real or fake. Right

or wrong. Complexity, nuance, and middle ground has become equated with weakness and indecisiveness. But the reality, especially when it comes to the brain and its functions, is that things really are complex. Rigid and over simplistic thinking often fail us and our patients by closing conversations that need to continue. The pathways through which our patients and clients find their way to our office are incredibly rich and diverse. We lump them into convenient boxes at our peril, virtually begging our patients to reveal to us the deficiencies of our mental shortcuts.

## References

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The author has reported no funding for this work.

**Disclosure:** Dr. Rettew has received royalties for his blog for Psychology Today and from Guilford Press.