

# **Through the Lens of our Screens: A Critical Discourse Analysis of the Representations of Bipolar Disorder in Women on TikTok**

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## *Abstract*

Bipolar disorder is a mental illness prevalent within society and is one that still holds room for further research, specifically in how it is represented on social media. The disorder is one that has presented women as hysteric or mad throughout history, creating self- and public stigma in association with the disorder. This qualitative thesis hence attempted to answer the question: “How does the content of short-form TikTok videos represent bipolar disorder in women?”. The research used a qualitative critical discourse analysis approach, which included the collection of 134 short-form TikTok videos collected over a two-month period. The videos were analyzed and coded using a coding frame of open, axial, and selective coding. These coding processes involved a coding frame of different word categories related to forms of representation, that being derogatory terms, violent terms, clinical/psychological terms, educational terms, and negative connotations/emotional state terms. It also involved the critical discourse analysis tools of overlexicalization, word connotations, lexical choices, suppression, and structural oppositions. Through the implementation of these categories and tools, five main discourses of representation were found within the dataset: raising awareness and countering media representation, the lens of self-deprecation and feeling like a burden, the “crazy” stereotype, bipolar disorder as a personality trait, and the “bipolar” label and its controversies. Through the analysis of these five discourses, it became evident that many of these representations attempted to counter previous stigmatized and stereotypical representations of bipolar disorder in the media by implementing new and more well-informed depictions of bipolar disorder. Therefore, bipolar disorder was represented through an educational lens, however, was in many cases still rooted in self-stigma, highlighted through self-deprecating humor used by female content creators. The research also found that content creators attempted to deconstruct these stigmas and stereotypes through the use of short form content videos on TikTok, again by increasing educational awareness of the disorder in an online environment.

**KEYWORDS:** Representation, gender, bipolar disorder, TikTok, short-form content

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## 1. Introduction

Going back to 1900 BC in the time of Ancient Egypt, psychological disorders found in women have been documented, and at the time were most prominently recognized as hysteria (Tasca et al., 2012, pp. 110–119). Hysterical disorders were associated with the movement of the uterus within the body and were believed to cause mood swings, behavioral changes, and other symptoms (Tasca et al., 2012, pp. 110–119). The term “hysteria” is not exclusive to this era and has been found as a term used to describe women over the years, making appearances in the works of Greek physicians to Shakespeare’s *King Lear* (Dmytriw, 2014, pp. 44–50; Tasca et al., 2012, pp. 110–119). Hysteria was especially linked to women who lacked a satisfactory sexual life, meaning limited orgasms, and the disorder was treated through physical remedies. This was mainly through means of sex or abstinence from sex, to keep the “spontaneous movement of the uterus” in place and aid the releasing of any anxiety they may have had (Tasca et al., 2012, p. 110). The lack of conception was believed to be the source of hysteria, however, later Freud reversed these beliefs stating, “hysteria is a disorder caused by a lack of libidinal evolution (setting the stage of the Oedipal conflict) and the failure of conception is the result not the cause of the disease” (Tasca et al., 2012, p. 115). Moreover, this lack of so-called evolution was believed to cause a person to be unable to “live a mature relationship”, thus creating a sense of shame in association with the term (Tasca et al., 2012, p. 115). However, it was still exclusively used to describe women, as it was a “disease of women”, which the woman had no power but to “handle” and was a concept of the “possessed” woman (Tasca et al., 2012, p. 115). These terms and the idea of being “possessed” caused the neglect of women’s mental health issues at the time as any issue was disregarded and categorized as madness or hysteria (Tasca et al., 2012, pp. 110-119).

People with mental illnesses were also viewed as violent or a dangerous threat to society, many having been imprisoned throughout history. Villa Clara, a psychiatric hospital in Italy that focused on psychiatric therapy, mistreated patients for years, diagnosing a simple headache as madness (Tasca et al., 2012, p. 118). One patient was in the hospital for eighty years and recalled the hospital “as dark as a tomb, the only place on the island where the mad... or the insane... or the maniacs... or the idiots - as we were called- were locked up” (Tasca et al., 2012, p. 118). The term “hysteria” has since evolved and is now commonly replaced with the term “crazy” to refer to women and people with mental illnesses (Hornsby, 2001, p. 1; Rose et al., 2007, p. 3). The term “crazy” can be found in social contexts used in everyday life such as at work or school, as well as in the spaces of traditional media such as newspapers, books, or broadcast television, and is commonly used in a casual manner as it has become normalized within society despite it being a derogatory term (Hornsby, 2001, p. 1; Rose et al., 2007, p. 3). Due to this, women in fiction have been portrayed as madwomen and are often vilified in the process by the media, thus creating negative associations and connotations with these women and their corresponding mental health disorders - portraying mental

illness as equivalent with insanity (Haralu, 2021, pp. 1-72; Tasca et al., 2012, pp. 110-119). The shame still prevails in the media today and has transcended the borders of traditional media, creating the foundations for social media.

Nevertheless, the scientific and medical research of psychological disorders has, albeit, long developed since 1900 BC, and so has the representation due to the rise in social media platforms and usage. The accessibility of social media content allows users around the world to view content surrounding the topic of mental illnesses in both informative and entertaining ways (Peek et al., 2015, pp. 1-8). TikTok is one social media platform which provides users of the app with short videos, typically less than 60 seconds (Qin et al., 2022, pp. 1-17). The app's features allow for creators to make posts in the form of short content videos that can be liked, commented on, and shared (Qin et al., 2022, pp. 1-17). As the app was first created in 2016 it is thus new in terms of academic research, however, this has been steadily increasing in recent years also in relation to representation of mental illnesses on the app, serving as academic relevance for this study. One example of a mental illness that has been seen represented on the app is bipolar disorder, symptoms including rapid swings in mood, energy, and activity levels due to a chemical hormone imbalance (National Institute of Mental Health). As for social relevance, in the U.S alone, bipolar disorder can be found in about 2.9% of men and 2.8% of women, however, symptoms slightly vary between the two sexes, and as a result, so do the representations (National Institute of Mental Health). 2.9% of adolescents in the U.S. also were found to be diagnosed with bipolar disorder, where a higher percentage of females, 3.3%, among adolescents were found to have the disorder (National Institute of Mental Health). The relevance of the social media app TikTok also applies to the social relevance of this research as the app had approximately 1.5 billion users in 2023, with a 16% user increase from 2022 (Dunn, 2024). The rapid growth in TikTok users indicates that online content is being increasingly consumed by users, hence online representations consequently have a larger reach and possible impact on these users. Moreover, the increase of bipolar disorder in adolescents also applies to the aspect of social media, as the primary users of TikTok are adolescents, and would, therefore, be more likely to see themselves and their disorder represented in the online sphere (Qin et al., 2022, pp. 1-17). Social media also has less restrictions or obstacles for the production of content as people of any background can produce content, and they do not need to have academic experience in order to become a TikTok content creator. This allows for "regular" people to share their experiences and day-to-day with mental illnesses rather than it only being academics or mental health professionals attempting to explain the disorder, thus allowing for a more grounded and personal experience and form of representation (Hendry, 2020, p. 8). As to both the social and academic relevance, there appears to be a knowledge gap in terms of how bipolar disorder is represented in the online environment, specifically on TikTok, as well as how it may be represented within women specifically. This gap is defined in terms of what information is made available to media consumers, compared to what they need to know and the depth of this information (Coker, 2020, p. 2). Within this context, the knowledge gap refers to how

women with bipolar disorder have been represented on social media, such as in respect to stereotypes and stigmas, versus the representation of the reality of bipolar disorder (Budenz et al., 2019, p. 191). Moreover, due to the possibility of misinformation being spread online, the credibility of the information and representations shared can be questioned, thus widening this gap further (Peek et al., 2015, pp. 1-8).

Similarly, when mental illnesses are represented within the context of social media a risk of the spreading of misinformation rises as people of varying education backgrounds have the ability to create videos, as well as comment or share them (Starvaggi et al., 2023, pp. 1-6). The media helps take people's preconceived opinions surrounding mental illnesses and "perpetuate[s] mental health stigma and discrimination through repeated use of negative and inaccurate images of the mentally ill, mental health professionals and mental health treatments" (Stuart, 2006, p. 103). When this is then introduced within an online social environment with the possibility of reaching and affecting a large number of people, the meaning behind these representations have greater significance. However, for similar reasons, online representation also positively increases visibility of shared experiences of living with mental illness and how this represents within social media, hence developing an "imagined intimacy" amongst women with bipolar disorder or other mental illnesses (Hendry, 2020, p. 8). This "imagined intimacy" also allows for a new culture of mental illness to be created within an online environment (Hendry, 2020, p. 8). Therefore, on the other hand, the increase in representation of bipolar disorder on social media allows those diagnosed with the disorder to feel seen and validated in the media. As both of these sides exist so closely together within the realm of social media, there is, therefore, a fine line between accuracy and inaccuracy when it comes to adequate representation of mental illness, also in relation to the perpetuation of stereotypes and the differences in gender. The navigation of this fine line can be explored on social media and how different female content creators choose to represent bipolar disorder in women. Furthermore, the representation of bipolar disorder in women in the media has mainly covered that of television series or film, however, due to the new aspect of social media, the research within this context is still limited (Favre et al., 2022, pp. 378-387). The research surrounding social media and mental illness has seen an increase, however, this is rather in diagnostic terms and user behavior rather than in representation, specifically with regards to women or gender (Kadkhoda, 2022, p. 1). This thesis, therefore, attempted to explore and answer the question: "How does the content of short-form TikTok videos represent bipolar disorder in women?" Moreover, the research was conducted and analyzed through the implementation of critical discourse analysis through interconnection between language and representation, as language influences how societies are shaped and how we subsequently act within them (Machin & Mayr, 2012, pp. 49-56).

## **2. Theoretical Framework**

### *2a. Introduction*

The theory discusses the research of bipolar disorder and how it presents in women, mental illness as a stigma, a cultural studies perspective, the rise of TikTok, social media expression, and short-form content.

### *2b. Gender and bipolar disorder*

The increase and development in diagnostic instruments implemented to diagnose bi-polar disorder in recent years could lend as a possibility for the rise in diagnosis, with approximately 48.8 million cases of bipolar disorder reported as of 2013 on a global level (Dell’Osso et al., 2021, pp. 1-7; Ferrari et., 2016, pp. 440–450). In the same study, a prevalence of the disorder was found in females, with 5.5 million cases, whereas for males the result was 4.4 million (Ferrari et al., 2016, pp. 440–450). Previous studies do not always take into account gender composition and this may also reveal why there has been an increase in women who have been misdiagnosed with unipolar MDD, which is a major depressive episode and does not include a manic phase, rather than with bipolar (Dell’Osso, 2021, pp. 1-7). There have also been discrepancies between men and women with mental illnesses in the media. Men are commonly overrepresented as having mental illnesses that are taken on a more serious note, whereas, women are portrayed as having sexual dysfunctions (Srivastava et al., 2018, p. 2). This can cause “mass media distortion” due to these representations and the variances amongst gender (Srivastava et al., 2018, p. 2). Similarly, there are associations with some mental illnesses as being feminine (mood disturbances or anxiety) or masculine (low-impulse control), and labeled under gender atypical or typical depending on the gender discussed (Michniewicz et al., 2016, pp. 306-317). Therefore, the research took into account how bipolar disorder is represented specifically within women online due to the apparent underrepresentation as well as statistical misdiagnoses of the illness and gender associations (Dell’Osso, 2021, pp. 1-7; Srivastava et al., 2018, p. 2).

Despite there not being a significant amount of research supporting large differences between bipolar disorder in men and women, there have been findings suggesting a larger risk for women to be diagnosed with bipolar disorder type II, which involves hypomania and mixed episodes (Diflorio & Jones, 2010, p. 449). These differences can play a part in how the disorder is represented online in respect to the different genders. Moreover, along with this difference there have been findings that many women with bipolar disorder type II are also more likely to have eating disorders or PTSD, whereas alcohol problems are more common in men (Diflorio & Jones, 2010, p. 449). This was similarly found in the study by Suominen et al., (2009, pp. 464-473), where eating disorders were exclusively associated with women who had also been diagnosed with bipolar disorder. Therefore, the



differences in gender and bipolar disorder diagnoses are not necessarily in terms of diagnosis characteristics, yet are rather found in concurrent disorders or in the various effects or forms in which hypomania can present itself (Suominen et al., 2009, p. 470). These differences amongst gender and their diagnoses may, therefore, also be present within their representations online depending on the type of diagnosis and possibilities of comorbidity – when two or more diagnoses or illnesses simultaneously coexist in a patient (Valderas et al., 2009, pp. 357-363).

### *2c. Mental illness as a stigma*

Mental illnesses, including bipolar, have long been associated with cultural stigmas and can be attributed to two different types, one being public and the other self-internalized (Corrigan and Watson, in Ellison et al., 2013, pp. 805–820). When stigma is self-internalized it can showcase itself as low self-esteem which may also be influenced by negative attitudes of one’s family or caregivers, and can be reflected through language choices of the person who is diagnosed (Ellison et al., 2013, pp. 805–820). Public stigma refers to the perceptions of the public and leads to negative beliefs or discrimination towards the person diagnosed with bipolar, as well as the perpetuation of stereotypes surrounding it (Ellison et al., 2013, pp. 805–820). Stereotypes, although holding multiple definitions, can be recognized as a cultural schema (Jacobs & Quinn, 2022, p. 1). This is when biases derive from cultural stigmas or cultural values that “shape the way stories are remembered and retold about individuals with a mental illness” (Jacobs & Quinn, 2022, p. 1). Therefore, the study built upon these stereotypes and stigmas and how they inform representations of bipolar in women on TikTok.

Furthermore, these stigmas can be related to the term psychiatric stigma which is when stigma is not only internalized but also referred to having a systemic nature, thus fostering these negative stereotypes towards people with bipolar disorder or people with mental illnesses (Hawke et al., 2013, p. 182). As it is systemic it is also pervasive which can have a negative effect on the person’s quality of life which is evoked through their behavior and can also influence relationships with family and friends (Hawke et al., 2013 p. 181). Moreover, according to Hawke et al., (2013, p. 182), psychiatric stigma can be branched out into three different categories, being structural, social, and self-stigma. These three concepts are respectively related to institutional policies systemically restricting people with bipolar disorder, social groups imposing stigmatized stereotypes upon people with bipolar disorder, and the internalization of these negative social attitudes (Hawke et al., 2013, p. 182). These definitions are therefore linked back to the idea of public stigmas and are interrelated with the internalization of stigmas, as it is the negative social attitudes and systemic policies which makes it more likely for a person with bipolar disorder to take on these stigmas and project it onto their own livelihood and self-esteem levels. The interweaving of the public and private is hence heightened through representation as this causes these stigmatizations to flourish within the media in terms of

how people with bipolar disorder are portrayed both personally as well as through second parties in the media.

The majority of research related to stigmas perpetuated throughout the media, and how this may vary in representation, pertains to traditional media such as in the form of the news or film and television (Budenz et al., 2019, p. 191). However, there have been some recent studies on how stigmas were presented, as well as their implications, on Twitter, and how representations can help provide insight into how mental illnesses are represented in social media (Budenz et al., 2019, p. 191). A study conducted by Budenz et al., (2019, p. 191) examined tweets to find how bipolar disorder was represented by the general public in the U.S., finding that public opinion revealed a negative attitude and stigmatized view towards bipolar disorder, more so than tweets concerning mental illnesses in general. This literature implies that the negativity associated with mental illnesses and bipolar disorder found in traditional media is also reflected within social media, having transcended these digital borders, and due to this people living with bipolar disorder are more likely to have resulting negative attitudes towards themselves due to these stigmas (Budenz et al., 2019, p. 196). Despite these findings, the research of bipolar disorder and representation on social media is still limited and this study therefore implemented the application of TikTok as a rising social media app and how representations of the disorder are represented within new and social media.

#### *2d. Gender and stigma*

The stigmas associated with people with mental illnesses can also be associated with gender roles and sex stereotypes (Wirth & Bodenhausen, 2009, p. 169). Therefore, the stigmas associated with women and their bipolar disorder and how they are represented, or represent themselves, on TikTok, may be influenced by their gender. Gender roles apply to the societal construct of gender, which is also attributed to the biological sexes of male and female, with the gender categories of women and men frequently being associated with female and male respectively (Deaux, 1985, p. 51). Gender roles are, therefore, the expectations of gendered norms which society has attributed to men and women, such as men being masculine and providing for a household financially, suppressing their emotions, whereas women are more feminine and are the main caregivers of a household, typically depicted as hyper-emotional beings (Deaux, 1985, p. 66). Stereotypes of mental illness, such as bipolar disorder, attributed to gender roles have been found to view women with a mental illness as being more dependent, whereas men are seen as being more violent (Wirth & Bodenhausen, 2009, p. 169). According to Wirth & Bodenhausen (2009, p. 172), mental illnesses that are gender atypical – disorders or illnesses that are abnormal or deviate from the gender norm – are less stigmatized as they typically garner more sympathy, especially from men, when the disorder is attributed purely towards psychology and less blame is placed on the person who has the illness (Michniewicz et al., 2015, p.

306). Contrastingly, those with gender-typical disorders are more likely to be subjected towards stigma, as their gender is seen as a cause for their mental disorder, and assuming a personal responsibility towards their own mental health and eliciting extreme behaviors expected of their gender (Wirth & Bodenhausen, 2009, p. 172).

These findings similarly align with those of other studies which reveal that disorders of a more “masculine consistency” are more likely to face more stigma than those that are viewed as feminine (Boysen et al., 2014, as cited in Boysen, 2017, p. 75). Masculinity in association has been shown to stimulate fear and thus heightened stigma, whereas, femininity in association with bipolar disorder can be perceived as being of a protective nature, which may encourage anti-stigma towards mental illnesses (Boysen, 2017, p. 76). This is due to the warm and protective connotations of femininity and a “perception of interpersonal warmth” (Boysen, 2017, p. 76). Therefore, representations of women with bipolar disorder on TikTok may also fall under the categories of anti-stigma depending on how it is related to gender, as the exposure to these representations may improve attitudes towards those living with bipolar disorder and influencing their self-internalized stigma in return. However, it is significant to note that these findings of Boysen (2017, pp. 66-79) are derived from a study which focused exclusively on masculinity and its relation to mental illness stigma, hence highlighting its limitations and that this is rather a different framework of those findings, rather than an exclusive study on women and mental illness representations or stigmas.

## *2e. Cultural studies and representation in the media*

Stuart Hall’s theory of representation refers to a depiction of various meanings that are never fixed as they rely on how a viewer or audience interprets and gives meaning to these representations (Hall, 2013, pp. 1-47). Therefore, Hall (2013, pp. 1-47) also argues that within media, representations are not always a true reflection of society due to their ever-changing meanings, and influences of context. Through the lens of cultural studies, the representations of bipolar disorder, both type one and two, are prone to fluctuating meanings depending on how they are represented within the context of the media. Due to these fluctuations, bipolar disorder holds several connotations, both positive and negative, when received by a viewer of the media, and these connotations are related to the public and internalized stigma surrounding the representation of bipolar (Ellison et al., 2013, pp. 805–820). Social media platforms such as TikTok allow for self-expression and self-representation outside of a controlled setting, thus allowing for users to shed a light on personal experiences with their mental illness (Timakum et al., 2023, pp. 1-17). Previous studies have implemented the utilization of social media to research mental illness representation and how it can be applied to the detection of these illnesses or managed within an online setting. For example, “linguistic and phonological features were applied to detect the early stages of BD [(bipolar)] from Twitter” in a study conducted by Huang et

al., (2017, pp. 1-10; Timakum et al., 2023, p. 1). Moreover, other media domains such as the entertainment industry has portrayed people with bipolar as a danger to society, with violent tendencies, or as comical images (Srivastava et al., 2018, pp. 1-5). This research will hence build upon the possible generalizability of these findings to social media and how representations of bipolar disorder are applied to or found within the context of TikTok through the cultural studies lens.

Furthermore, as to the research scope of bipolar disorder representation within social media, specifically TikTok, there is still a limited amount, where representation of mental illnesses in film or tv shows (traditional media) seems to be more prevalent. Literature covering the representations of bipolar disorder and other mental illnesses on shows such as *Empire*, *This is Us*, and *Shameless* illustrate how these representations of mental illnesses intersect with gender, race, or class, with ties between high class and the treatment of bipolar disorder (Major, 2022, pp. 869-871; Smith-Frigerio, 2017, pp. 387-402). Furthermore, the literature demonstrates how the depictions of mental illness within a TV show do not necessarily reflect that of a real-life experience, especially in terms of treatment (Smith-Frigerio, 2017, p. 398). The representations are in some cases also racialized or gendered with Black male characters showing more violent or aggressive tendencies which are not necessarily characteristics of bipolar disorder, as well as a stigma towards having a mental illness (Smith-Frigerio, 2017, p. 398). Even though TV and film are not always a direct representation of reality there is a mutual relationship between media and society as media attempts to mirror certain aspects of culture or society, and similarly, the cultural representations within television or media can help shape or reform attitudes, such as stereotypes or stigmas (Żerebecki et al., 2021, p. 2). Audiences also incorporate the messages perpetuated throughout the media within our own views of the world, such as how we present ourselves (Żerebecki et al., 2021, p. 2). Hence, the influence seen between traditional media, such as film or TV, on social media, calls for the possibility of a link between the two, and prior representations or attitudes towards mental illness typically found in traditional media could be found within the context of social media as well.

## 2f. *The rise of TikTok*

TikTok was founded in China and released in September 2016 and has since blown up worldwide with over 800 million monthly users accessing the social media app as of November 2020 (Montag et al., 2021, pp. 1-6). TikTok does not only allow participants and content creators to take part in lip-syncing videos, but also to spread information and raise awareness on a variety of topics on everything from the importance of wearing SPF to politics to mental health. However, it has also been revealed that the health information shared on the app does not always live up to medical standards or expertise, and its validity and credibility is therefore brought into question (Peek et al., 2015, pp. 1-8). The app mainly has younger users, where in the U.S. 32.5% are 19 years or younger, thus raising

concern for the spread of misinformation amongst these younger age groups due to a higher vulnerability (Qin et al., 2022, pp. 1-17). A study conducted by UNICEF revealed that about 76% of users aged between 14 and 24 reported online misinformation at least once a week in 2020 (Howard et al., 2021, pp. 1-36). Their vulnerability to this misinformation increases due to a lower emotional and cognitive capacity, which is, therefore, informative when taking into account the consumption of online representations of a mental illness and its reliability (Howard et al., 2021, pp. 1-36).

During and after Covid-19 there was an increase in adolescents utilizing the internet as a tool for asking mental-health related questions online and seeking help regarding their own mental health or illnesses (Pretorius et al., 2022, p. 2). Within the context of social media there are also content creators labeled as mental health influencers, which can be defined as mental health professionals who share information regarding mental health and illnesses on social media to help raise awareness, as well as content typically restrained within a “therapeutic setting” (Pretorius et al., 2022, p. 2). This form of content not only helps raise awareness, however, it can also help remove the stigmas associated with mental illnesses such as bipolar disorder, by spreading informative and specialized information to a wider audience through the help of the internet (McCashin & Murphy, 2023, pp. 279-306). This information may encourage people to seek help and promote more positive or neutral associations with mental illnesses as these professionals provide forms of validation for those living with bipolar disorder. Nevertheless, these videos can also be infiltrated with misinformation and misleading information concerning mental illnesses, with a wider spread impact to the aspect of social media and algorithms (McCashin & Murphy, 2023, pp. 280-281). The movement of therapy from a room to an online sphere grants wider access, however, this shift also causes the information to be limited as the interaction loses its direct mutuality due to it occurring through a social media app on a screen, where the only direct contact are views and comments. However, this is not to be confused for or interchanged with an online therapy session. Moreover, the credibility of the content creators who deem themselves as mental health professionals can also be brought into question for the content shared, and the risk of the spreading of misinformation.

## *2g. Social media expression*

The rise in social media usage amongst younger adolescent users has also led to an increase in the app being utilized as a tool for self-expression within an online community or platform (Orehek & Human, 2017, pp. 60-70). These forms of self-expression vary and can be found in the form of depictions or representations of a user’s views towards themselves, behaviors, relationship statuses, and other personality traits (Orehek & Human, 2017, p. 60). Platforms such as Twitter have been implemented for means of self-expression and can be interpreted as honest representations of themselves and their personality (Orehek & Human, 2017, pp. 60-70). Therefore, it can be inferred

that users on other social media apps, such as TikTok, implement a similar approach in terms of the reflection of the expression of self, including personality traits and realities such as living with a mental illness. A thematic analysis on how Gen Z use TikTok as a form of self-portrait revealed a collective agency behind the self-reflexivity of these videos, and how short-form TikTok videos express content that not only reflects the content creators but is something in which viewers can relate to (Stahl & Literat, 2022, pp. 925-946). Furthermore, TikTok videos create a “meaningful social interaction through enacting a site of momentary co-presence that brokers awareness for the life circumstances of distant others” (Schellewald, 2021, as cited in Stahl & Literat, 2022, p. 942). Therefore, representations on social media, especially amongst younger users, help generate a sense of community by relating issues or experiences to those of others, hence promoting a space for images of identity or self-awareness (Stahl & Literat, 2022, p. 942).

It can, however, be argued that authenticity, or the lack thereof, can come into play when it comes to digital self-representation and expression. Authenticity in self-expression is not necessarily always a direct replica of reality, but rather an extension of it (Dann & Capdevila, 2023, pp. 537-553). For example, women editing their selfies can be interpreted as a form of control over one’s image and online presentation, rather than a direct fabrication of it (Dann & Capdevila, 2023, pp. 537-553). That is to say, it creates an extended online community, and thus, reality, where content creators can portray themselves and form an identity which may bond them with other viewers and creators depending on how they represent themselves and what they are representing, such as in the case of bipolar disorder. There is, therefore, a form of power within the online community and how a person chooses to represent themselves and their bipolar disorder, as it gives them a voice online that they may not feel they have offline (Dann & Capdevila, 2023, pp. 537-553). The question of authenticity and inauthenticity does hence not take away from the fact that it is a form of representation or self-expression within an online sphere. Nevertheless, these representations of identity and the topic of bipolar disorder and mental illness may in some cases perpetuate further forms of stereotypes or stigmas, as mentioned in previous literature. However, this study focused on these representations as forms of self-expression, whilst acknowledging the difficulty of deeming one representation more authentic than the next due the level of subjectivity that comes with this declaration.

## *2h. Gender and social media*

Historically, women have been considered as a marginalized group when it comes to representation in traditional media, however, new and digital media, such as social media, has been viewed as a form of empowerment for women and representation (Kanai & Dobson, 2016, p. 1). However, this remains limited to an extent, as well as the significance of global context when analyzing a woman’s rights and how they are represented or choose to represent themselves (Kanai &

Dobson, 2016, p. 1). Nevertheless, the online community which social media fosters has allowed for many women to present themselves, and their characteristics and personalities, freely and in a way that has become an “everyday social practice” (Kanai & Dobson, 2016, p. 2). New media has the ability of challenging the preset stereotypes and social and cultural norms of traditional media by providing a platform for people of diverse backgrounds to share their stories or experiences that in some cases deviate from social expectations or standards. Gender stereotypes within the media can also intersect with other factors such as race and class, for example, Asian and Hispanic women are often hyper-sexualized in the media and portrayed as “exotic” (Brooks & Hébert, 2006, p. 302). This can also be seen in the portrayal of Native American women on screen and has been seen applied to television series and films, including Disney movies such as *Pocahontas*, thus propagating stereotypes of marginalized communities of women within the media industry due to how they are represented (Brooks & Hébert, 2006, p. 304). These studies are primarily focused on film, such as Brooks & Hébert (2006, pp. 297-318), whereas, this study viewed how these representations of women interlinked with the representations of bipolar disorder on TikTok.

Gender stereotypes within the context of social media can also be intertwined with self-presentations, and not just how women are presented by others (Tortajada et al., 2013, p. 177). A study by Tortajada et al., (2013, p. 184) illustrates how women produce highly sexualized images of themselves online, aligning with these sexualized hegemonic cultural stereotypes and standards. There is a focus on the portrayal of the physical body and the reproduction of the male gaze when viewing women, and that social media is a tool for the development of an “idealized identity” (Tortajada et al., 2013, p. 185). The study focuses primarily on teenage girls, acting as a limitation due to the access of multiple age groups which women have. Moreover, the literature of Tortajada et al., (2013, pp. 177-1886) is focused on the physical, whereas, I concentrated on the psychological representations of women on social media, nevertheless, it is a revelation of the culturally ingrained system of social media representations and the possible reproduction of hegemonic stereotypes, which may have a similar influence on other stereotypes or stigmas, such as those of mental illnesses.

## *2i. TikTok and critical discourse analysis*

Critical discourse analysis involves the study of texts and analysis of language and can be defined depending on a variety of factors and aspects (Brown & Yule, 1983, p. 1). For example, according to sociolinguists, critical discourse analysis focuses on the structure of social interaction within a conversation, and thus social context (Brown & Yule, 1983, p. viii). As this paper focused on the cultural studies aspect of language, critical discourse analysis is defined in reference to Barker & Galasiński (2001, pp. 1-27). Culture is a concept which derives from the shared experiences of people and ordinary practices, and this is particularly portrayed and grasped through language (Barker &

Galasiński, 2001, pp. 3-4). Language is what makes these shared experiences understood and intelligible, thus bringing a sense of meaning to these practices. Practices of representation are, therefore, highlighted through the use of language in order to understand the meaning of the culture behind them, specifically when analyzing an experience or shared practice through a cultural studies lens (Barker & Galasiński, 2001, pp. 3-4). Therefore, in this sense, critical discourse analysis can be applied to the analysis of bipolar disorder in women on TikTok, as they are representing an experience which others can possibly relate to, and the language implemented may highlight previous shared experiences, expectations, stigmas, stereotypes, or other preconceived cultural understandings and frameworks of the discourse of bipolar disorder.

Critical discourse analysis has been applied to the research of TikTok and specific discourses that can be found on the social media platform. For example, it has been seen in the study of hate speech towards disabled people, discussions of anxiety, and news reports (Lin, 2023, pp. 71-76; Mordecai, 2023, pp. 1-15; Raffone, 2022, pp. 17-42). In these cases, critical discourse analysis was implemented to analyze the way language on TikTok promoted each respective topic and allowed for the facilitation of conversations in digital spheres (Mordecai, 2023, p. 13). These digital conversations can be seen through captions, comments, and the language within a video, where I focused specifically on the video content and its caption. The previous studies have also highlighted how discourses have been applied to a digital context, in the case of TikTok, and how the language used can “unveil culturally-based hidden ideologies” (Raffone, 2022, p. 34). Similarly, with bipolar disorder the language may draw upon these culturally derived discourses and can be made up of word choices and connotations or overlexicalizations, explored further in the methods section.



### **3. Methodology**

#### *3a. Research design*

This section will explain the research design and method of the research, as well as the ethical considerations and possible limitations taken into account. I used a qualitative content analysis to conduct this research and collect data, along with critical discourse analysis of the TikTok videos. The qualitative content analysis draws upon the theory of describing meanings of qualitative data in a systematic process (Schreier, 2012, pp. 3-16). Therefore, it involved a step-by-step process which was implemented in the collection of data, including the creation of a coding frame, linked to the tools of critical discourse analysis discussed later on, and was applied to the videos collected (Schreier, 2012, pp. 3-16). Due to the large variety of content provided by TikTok, and the thousands of videos made available when using the search bar tool, qualitative content analysis allows for the selection of videos that fall within the selection criteria which will be explained subsequently in this section.

#### *3b. Data collection and sampling*

The methodological guidelines indicate the collection range of 30-40 videos for 3-5-minute-long videos. However, as the majority of TikTok videos are approximately one minute long or less, I adhered to the calculations of 4 minutes (middle value) multiplied by the range of 30-40 videos (Qin et al., 2022, p. 1). In total, and through data cleaning, I collected 134 TikTok videos that adhered to these guidelines and my sampling criteria. Moreover, the main concepts of the research question, women and bipolar disorder through the lens of representation, were researched within the framework of social media. TikTok is known for its short-form content, which means the majority of videos are between 30 and 60 seconds long, however, the app also allows for videos to go up to a length of ten minutes (Qin et al., 2022, p. 1). The quality of information supplied on the app, therefore, varies, and this may be highlighted through the discourses represented within the short time span (Qin et al., 2022, p. 1). However, it also allows for an ease with data collection due to the amount of content supplied online and the ability to save and store videos, such as for research purposes.

I created an individual TikTok account purely for the purpose of my data collection and due to algorithmic purposes. The algorithms of an account dedicated for the purpose of the collection of bipolar-related content allowed for the generation of further content related to the concept, with minimal interruptions of unrelated TikTok content or videos (Boeker & Urman, 2022, pp. 1-12). This is due to the personalization of the TikTok algorithm, which impacts its content distribution depending on user behavior (Boeker & Urman, 2022, p. 8). Following TikTok accounts that produce bipolar-related content in women has a positive effect on the personalization of the TikTok algorithm,

hence giving access to a larger amount of similar content on the platform (Boeker & Urman, 2022, p. 8). Similarly, video viewing of content of a similar nature or topic influences the distribution of content on one's "For You" page (Boeker & Urman, 2022, p. 8). Therefore, I also followed content creators that produce videos related to bipolar disorder, predominantly those who identify as women, as a method of taking advantage of the algorithm to increase the chance of viewing videos that meet the sampling criteria - to be discussed. The videos that met the sampling criteria were saved to the account and were in turn saved to a separate album and converted into transcripts.

For the study, I used purposive sampling so as to select a specific group of units for the purpose of analysis and following a set of sampling criteria. Due to the specificities of the research question aligning with the representation of bipolar, purposive sampling fit the sampling method as it is not random and allowed for the material to discuss the content of bipolar and bipolar in women. Furthermore, it allowed for the creation of a set of selection criteria which refined the data within the context of bipolar representation (Campbell et al., 2020, pp. 652–661). For the sampling of the data collection, I relied on the search bar tool on TikTok to find the videos and also utilized hashtags as a method of finding the data which aligned with the selection criteria. These hashtags included, #bipolar, #mental illness, #womenandbipolar, #misdiagnosis, #gender, #type1bipolar, and #type2bipolar. From these search tools and hashtags, hundreds of videos appeared under the search bar, as well as on the "For You" page due to the TikTok personalization feature (Boeker & Urman, 2022, p. 8). From these videos I chose those that aligned with my research question and those that met my set sampling criteria. Moreover, the videos selected were approximately one minute long, spoken in the English-language, featured women or were created by female content creators, and appeared on the app's "For You" page within a 2-month time frame – February 28, 2024 to April 28, 2024 – of the data collection period to leave adequate time for analysis. There were, therefore, a range of videos as to when they were created, however, I relied on the algorithm, as mentioned prior, for more recent videos in order to portray an accuracy in the societal relevance of what is being represented and reflected within the videos (Collingridge & Gantt, 2019, pp. 439–445). The majority of the videos were created within a couple years' time and the oldest was from 2020. This also heightened societal relevance of the representation of bipolar disorder in women, and how they are portrayed in the context of TikTok in the contemporary period. Due to the workings of the algorithm and its personalization feature there were some videos that showed up under the searches that were not collected as part of my data if they did not meet these criteria. For example, if they spoke on bipolar disorder in general, such as an educational video with an AI voice over, or if they did not specifically refer to a female content creator or female subject.

### *3c. Research methods*

For the analysis component of the research, I used critical discourse analysis alongside, and in support of, the qualitative content analysis. Critical discourse analysis refers to the production of certain ways in which we discuss certain topics and plays a part in how it is defined and produced, and can, therefore, be implemented in line with representation (Hall, 2013, p. 44). It is focused more specifically on the “how”, rather than the “what”, and how language is constructed and implemented (Sterkenburg, 2024, p. 7). As this study is also viewed through a cultural studies lens of representation and how bipolar is presented within social media, critical discourse analysis acknowledges the discourses drawn upon in its online representation (Hall, 2013, pp. 1–47). Furthermore, it is significant to note that discourse analysis is not a pure reflection of reality, but rather a mere indication of how certain aspects of reality are represented and influenced within different domains, such as in the case of TikTok (Sterkenburg, 2024, p. 7). These discourses can not only influence representation, but also social practices reflected on social media platforms such as TikTok (Sterkenburg, 2024, p. 7). As the discourse analysis is critical, it will aim to deconstruct and denaturalize the language used and reveal the “ideas, absences, and taken-for-granted assumption in texts” which can consequently lead to the revelation of “power interests” in texts (Machin & Mayr, 2012, p. 49). This links back to the idea of stereotypes and stigmas within the representation of bipolar disorder in the media, and how language constructs these ideas. The decision to implement discourse analysis as a form of qualitative analysis rather than visual analysis allowed for the focus on language by removing the possible distractions of the visual surroundings or contexts of a TikTok video. Moreover, as TikTok videos are a visual form of content, the decision to focus on language highlighted words or phrases that may otherwise be overlooked when a viewer is scrolling on the platform and glancing at these short-forms of content. Furthermore, it also allowed for the anonymization of the content creators by solely focusing on what they were saying rather than their appearance or their physical surroundings. This form of analysis can still discover representations and how different identities are presented in the media through language, illustrating the societal or cultural discourses (Hesmondhalgh, 2006, pp. 122-123).

The transcripts created from the collected TikTok videos were used for the critical discourse analysis in an attempt to understand how language is implemented within the videos to construct bipolar disorder in women. The transcripts included any form of text found within the video, such as headings or subtitles, as well as the caption of the video. Furthermore, as mentioned prior, the analysis attempted to focus on the interconnection between language and representation due to how language can influence the shaping of a society, as well as how people act, which is elevated through the utilization of critical discourse analysis as it focuses specifically on the use of language (Machin & Mayr, 2012, p. 49). I implemented various critical discourse analysis tools, including categories such

as word choices and connotations, overlexicalization, suppression/absences, structural oppositions, lexical choices and genre (Machin & Mayr, 2012, pp. 49-56). These tools were coded within the transcript to locate the usages of language and how it may perpetuate or build upon the representations of bipolar disorder in women. The coding method aligned with a coding frame, which will be mentioned later, and was divided into three different stages of open, axial, and selective coding (Boeije, 2010, pp. 52-72). In the open coding stage, it focused primarily on dividing the texts and transcripts into the defining categories or subcategories and identified discourse analysis tools mentioned previously by using a color code scheme to differentiate between them. The axial coding stage then took these categories or subcategories and found words within them that evoked stigmas, stereotypes, or other forms of representation, and how they were interlinked. (Boeije, 2010, pp. 52-72; Williams & Moser, 2019, p. 48). This then moves towards the selective coding phase which involved the selection of the main overarching discourses found within the texts and expressed through these tools and word choices to help address the research question (Boeije, 2010, pp. 52-72; Williams & Moser, 2019, p. 52). Critical discourse analysis is a justified form of analysis for this research as it helped reveal hidden assumptions and denaturalizes common sense speech patterns surrounding the topic of bipolar disorder (Sterkenburg, 2024, p. 1). This form of analysis also exposes how content creators speak about and implement language to “create meaning, to persuade people to think about events in a particular way” in their representations of bipolar disorder, such as through possible internalized or public stigmas or stereotypes specific to gender (Ellison et al., 2013, pp. 805–820; Machin & Mayr, 2012, p. 49; Srivastava et al., 2018, pp. 1-5). The analysis and coding process was all done manually on Microsoft Word, using color codes for the discourse analysis tools and later creating coding lists for the axial and selective coding stages as depicted in appendix A.

For the purpose of the research, the procedure of critical discourse analysis focused on a cultural studies approach as for representation and how this reflects society and women diagnosed with bipolar disorder (Hall, 2013, pp. 1-47). The aspect of cultural studies helps illustrate the shared experiences of women with bipolar disorder through language usage within their TikTok videos, and how this communicates to video viewers (Barker & Galasiński, 2001, pp. 3-4). By framing the method of research analysis within the context of cultural studies it also takes into account the preconceived cultural discourses, which is how a topic has been previously discussed. Therefore, the language implementation and the tools used to analyze them heavily relied on the theoretical framework, and how society and culture has previously represented women and bipolar disorder in the media.

### *3d. Operationalization*

Women can be defined under the concept of gender, which according to Judith Butler (2020, pp. 73-83) is a performative nature of one’s self and a societal construct, many times associated with

one's biological sex. Therefore, according to her definition, a woman is one who identifies as such and performs in a predominantly feminine way, whereas men perform in a more masculine way to conform to societal constructions and expectations (Eisend, 2019, pp. 72-80). Due to the nature of performativity, it is difficult to hone a definition of a woman or man down to one specific sentence, as it is one that is rather fluid, adapting and developing differently in each person. For the purpose of the study, and ensuring the accuracy of gender identification, it was dependent on the content creator's choice of pronouns, which in this case would be she/her as a form of declaring oneself as a woman or using female pronouns.

Bipolar disorder is a “lifelong episodic illness with a variable course that can often result in functional and cognitive impairment and a reduction in quality of life” (Grande et al., 2016, p. 1561). The mood disorder can have various symptoms including depression, mania, and hypomania to various degrees (Grande et al., 2016, p. 1561). These symptoms are also dependent on the exact diagnosis, and whether a person has bipolar type I or type II. Bipolar type I is reportedly more severe in prognosis, whereas type II has increasing “high episode frequency” which is also correlated with higher tendency to suicidal thoughts or behaviour (Grande et al., 2016, p. 1561). The study took into account both bipolar type I and II for data collection and analysis to reach a broader scope of representation in women on TikTok.

On the basis of prior research, representations of bipolar disorder have fallen in line with stigmas and stereotypes. With regards to stigmas, both public and internalized, this can be reports of having low self-esteem and self-worth, which may present itself through phrases of being a “failure” or using negative or degrading language to speak about oneself, in respect to both internalized and public stigma, and was measured to distinguish possible negative and stigmatized representations of bipolar disorder (Ellison et al., 2013, pp. 805–820; Ironside et al., 2020, pp. 45-58). Furthermore, as these stigmas are commonly linked to or resulting from the perpetuation of stereotypes of bipolar disorder, these representations were also measured throughout the study. These stereotypical representations are shaped by cultural biases and may, therefore, be portrayed through the referral towards connotations of madness, spreading or debunking “myths” found within the language, and how they help inform these representations of bipolar disorder (Jacobs & Quinn, 2022, p. 114552). I looked for words and phrases that fell under this category of stigma in relation to mental illnesses, applying this to the diagnosis of bipolar disorder. I referred to a list of stigma-related labels created by Rose et al. (2007, p. 3) based on discourses of mental illnesses amongst students and the frequency of terms that came up regarding these illnesses. These terms were included in a codebook, along with the discourse analysis tools – seen in appendix A – and the terms were hence created before the analysis stage and rather as a tool for the coding phase.

These phrases served as a reference point for the generation of categories surrounding the discourses of bipolar disorder in women on TikTok, which added as support for the axial coding stage of the coding frame. As there can be variations of both negative and positive representations in the

online sphere, I divided these phrases into five categories: derogatory terms, violent terms, clinical terms, educational terms, and negative connotations/emotional state terms. Derogatory terms were defined as terms that sought to speak about a person in an offensive way and promote or spread hate, and examples include “crazy” and “retard” (Hornsby, 2001, p. 1). Violent terms were those that described a person in a violent way or as having a tendency towards violence to inflict fear, such as “scary”. Clinical terms were psychological terms that described the mood disorder using scientific terminology, such as “bipolar disorder” or “hypomania”. Educational terms were those that specifically sought to educate the viewer and were informative, typically describing the symptoms of bipolar disorder, such as “mood swings” or “impulsive behavior”. Finally, negative or emotional state terms were those that described the emotional state of a person, however, by implementing phrases with negative connotations, including “ill” or “confused”. Outside of this list I also noted terms that stood out in relation to the categories mentioned.

### *3e. Ethical considerations and limitations*

It is important to mention the ethical considerations taken into account for the conduction of this research and acknowledging my own positionality as a researcher for sake of transparency (Tracy, 2010, pp. 837-851). I myself do not have bipolar disorder and, therefore, had a limited amount of knowledge when it comes to dealing with the mental illness on a personal level. However, I am familiar with the disorder as it is prevalent in my family and friend group, which also means I may have had certain preconceived assumptions or research biases, as I may in some instances have drawn upon discourses of bipolar disorder that I was already familiar with. Therefore, it is significant to acknowledge the possibilities of these assumptions in advance and the attempt to remain unbiased.

As bipolar disorder is an illness that exists upon a spectrum and varies from person to person, it is also an indication to note that one experience may be different from another. Consequently, the research is an attempt of recognizing how it is represented on the TikTok platform within women, building upon previous media theories of representation and stigmatization; it is not to actively dismiss one person’s experience with the disorder from someone else’s. Therefore, the information that was analyzed for the purpose of the research was done so with respect to the autonomy of the content creator and that everyone’s experience with bipolar disorder is different, in order to avoid misrepresentations.

As this research pertains to critical discourse analysis rather than visual analysis, photos or images from the videos were not analyzed or directly included within the study, securing anonymity of the content creators. Moreover, for the transcription process and the analysis of the videos, the women and content creators were anonymized for the sake of protecting their privacy (Stam & Kleiner, 2020, pp. 1-15). Therefore, no personal information or any other identifying information of

the content creator was divulged to protect their privacy and anonymity. This was also taken into account in my methods section to have transparency of the research methods and design while protecting the privacy of the creators of bipolar disorder related content.

## 4. Results

### *4a. Introduction*

The results section will discuss the overarching discourse found within the dataset during and after the open, axial, and selective coding process. There were five discourses found and these were: raising awareness and countering media representations, self-deprecation and feeling like a burden, the “crazy” stereotype, bipolar disorder as a personality trait, and the “bipolar” label and its controversies.

### *4b. Raising awareness and countering media representations*

Throughout the process of transcribing and the coding process it became evident that a majority of videos discussing bipolar disorder in women, or women discussing their personal experiences with bipolar, were made with an educational tone or hope to raise awareness. The videos also included content that countered media representation in alignment with educating TikTok users about the implications and symptoms of bipolar disorder. This educational tone and aim was emphasized through various tools, including overlexicalization, word connotations, and lexical choices (Machin & Mayr, 2012, pp. 49-56).

Overlexicalization involved the repetition of words that fell under the category of educational and clinical terms in order to inform users about the symptoms of bipolar disorder as well as the diagnostic components of the disorder (Machin & Mayr, 2012, pp. 49-56). This included the mentioning of terms such as “bipolar”, “mental illness”, “mania”, “depression”, “antipsychotics”, “medication”, and other clinical and educational phrases. These terms were repeated regularly throughout the videos and typically also included as captions or hashtags. Every video discussing bipolar disorder included the term at least once and was repeated for emphasis. Similarly, there were a significant number of videos that used the lexical choice of simply listing the symptoms with no further explanation. For example, one video included the list of, “My early warning signs of bipolar depression, Oversleeping/always tired, Self isolation and withdrawal, Loss of appetite”. By listing these terms without an explanation, it provides easy access to users to learn about the disorder, however, it also leaves room for misinterpretation or the spreading of misinformation as the lists include no other information or educational resources.

The tool of word connotations was also applied to specific clinical and educational terms in the videos which allowed the content creators and videos to counter media representations. For example, there were a number of videos that included sentences with connotations of hope and urging a positive outlook on life, countering the negative and overshadowed lens which the media typically casts on bipolar disorder (Budenz et al., 2019, p. 191). Many videos that countered the media in their



representations of bipolar disorder were also educational in tone by raising awareness. This was also emphasized through the implementation of structural oppositions between the romanticizing of bipolar disorder in the media versus the reality of the disorder. A video collected included the sentence, “don’t romanticize this: it has the potential to ruin relationships due to poor judgment”. The imperative of “don’t” urges the viewers to not romanticize bipolar disorder and the hypersexuality associated with bipolar which has previously been fetishized in the media (Brooks & Hébert, 2006, p. 302; Srivastava et al., 2018, p. 2; Tortajada, 2013, p. 177). The contrast between the reality of this and the preconceived fetishization and romanticizing of it in the media is thus highlighted within the sentence, revealing the objectification of people with the disorder. Moreover, this falls under the tone of education as it is raising awareness and simultaneously counters the media’s representation.

Another pattern found within the discourse of educational awareness of bipolar disorder were the positive associations with bipolar disorder, specifically mentioning of increased creativity in people diagnosed with the disorder. These references to creativity typically implemented the tool of word connotations, as they focused on a positive side effect or indicator of bipolar disorder, rather than the negative. For example, one video mentioned how “We are deeply creative in really interesting ways.” Similarly, another video mentioned “And my high highs have me in a frenzy and I’m creative”. In both of these examples, “creative” has positive connotations, but is also associated with the manic side of bipolar disorder. The “interesting” in the prior example implies that this may not be as well-known and is worth conversing about, and is, therefore, being implemented within these videos to focus on the multiple facets of bipolar disorder in a person. It is, however, evident to note that despite these videos featuring female content creators or subjects, the videos collected made no mention of educational information regarding bipolar specific to gender.

#### *4c. The lens of self-deprecation and feeling like a burden*

Another pattern that emerged during data analysis and collection was the concept of self-deprecation, derived from the internalized stigma of feeling like a burden. This was illustrated through implementations of lexical choices that consisted mainly of humor and satire. Some female content creators chose to create videos including the hashtag of #satire to clearly state this and remove doubt, while others relied on audience interpretation. The humor either mocked views of bipolar disorder or their own internalized stigma. For example, one video included the line “I am only good for sex, and no one would ever want a relationship with me.” This not only highlights the media’s representation of people, especially women, with bipolar disorder as being hypersexual, but also reveals the shame that women have - perpetuated by media discourses and stereotypes - and how they consequently present themselves online (Brooks & Hébert, 2006, p. 302; Srivastava et al., 2018, p. 2; Tortajada, 2013, p. 177). Another video, by the same creator, similarly evoked the stereotype of hypersexuality

by stating: “I also decide to reenact the Cell Block Tango to show my neighbors how sexy my body is and brag that they'll never be like me.” In this line, the creator references Cell Block Tango, a song from the musical *Chicago*, known for its explicit choreography and lyrics. The line evokes a similar genre of tone as the previous statement, with its focus on women with bipolar being known for their hypersexuality. In both examples, the creator is objectifying herself which emphasizes the level of internalized stigma, acting as a form of self-deprecation.

Several other videos included phrases such as “humiliating”, “embarrassment”, “ashamed”, “shame”, and “guilt”, all words with negative connotations of feeling ashamed of oneself and feeling like they take up too much space in the world. These phrases were particularly seen in cases where the content creators were speaking of their manic episodes. For example, “I also owe a lot of money on about two credit cards, I've had to borrow money from family members. I'm having to hide things from people to not feel embarrassed and ashamed.” The impulsive spending of this creator has led to feelings of shame, resulting in her hiding details from her family and friends. There were also some creators that linked their feelings of shame towards their bipolar disorder as a whole, saying “I'm embarrassed to say that I'm bipolar.” These words also have a similar connotation of self-deprecation as the reference to hypersexuality does, as it lessens their own identity and value (Srivastava et al., 2018, p. 2). Moreover, it can be deduced that they are shameful through the tool of suppression, as even though in some cases it was not said outright that they felt shame, the phrase of “embarrassed” and “humiliating” can contribute to their sense of shame.

Examples of profanity were also found in the data collection when referring to themselves and their minds, with one of the most common patterns being “fucked up”. This phrase was typically used in the first person and not only speaks negatively about themselves, but also implies that there is something wrong with them. “Fucked up” can be replaced with “messed up” and implies that their brains or minds do not meet the standard social norm and are disordered, thus equating their neurodivergency with being an issue (Tasca et al., 2012, p. 115). The profanity heightens the speaker's level of frustration towards this and feeling like a problem or a burden to society or those close to them. The idea of feeling like a burden within society is similarly replicated in some creators' representation of having low self-esteem due to their bipolar disorder. For example, one creator emphasized the level of their low self-esteem by stating: “having extreme low self-esteem to the point of wanting to commit suicide”. The low self-esteem can be derived from the stigma they are made to feel, which is then further perpetuated through self-deprecation (Stuart, 2006, p. 103). This can also hinder some women from reaching out and seeking help, which one creator underlined: “The main two reasons cited for not seeking help are one, economic problems and two, the fear of being a burden”. The “burden” which they feel is one which they do not want to bring upon other people in their lives, and the tool of word connotations and the suppression of the feeling of shame highlights this. It can hence be deduced that some online female creators contribute towards the negative depictions of bipolar disorder through their representations of self-deprecation, while simultaneously

highlighting the stigma they are made to feel due to their mental illness (Srivastava et al., 2018, p. 2; Stuart, 2006, p. 103).

#### *4d. The “crazy” stereotype*

A third pattern found within the data collection was the “crazy” stereotype associated with women with bipolar disorder. This stereotype was seen both in women with the disorder labeling themselves, as well as other parties doing so, and was hence present in a variety of contexts. The main tools that helped bring this stereotype forth was overlexicalization and word connotations. The word “crazy” is one often associated with people with bipolar disorder and is counted for the purpose of this study as a derogatory term (Rose et al., 2007, p. 3). One example of this was in a video where a content creator referred to herself as “cray cray”. This phrase, similarly to “crazy” has negative connotations and can be linked to delusions, hallucinations, or as though there is something “wrong” with a person. There were several videos where women referred to themselves as crazy, stating that “your brain is currently just going crazy”. These examples use the derogatory term to describe the mental illness to the viewers, and it was repeated in other videos with a similar context. Similarly, it was used to describe thoughts during a manic episode, which not only heightens the hallucinatory effect of a manic episode but also classifies those experiences and thoughts as being deranged. There were also some videos that didn’t describe women with bipolar disorder as crazy but used phrases with similar connotations. For example, one user described his girlfriend with bipolar disorder as having thrown the “biggest tantrum”. The term “tantrum” is more commonly implemented in the case of describing a child, and is also an objectifying term, indicating a lack of self-control (Michniewicz et al., 2016, pp. 306-317; Timakum et al., 2023, pp. 1-17). Moreover, its negative connotation indicates having overreacted, hence invalidating the experiences and feelings of women with bipolar disorder. Therefore, these terms further perpetuate the representation of women with bipolar disorder as being out of control and invalid – within the context of TikTok and new media (Michniewicz et al., 2016, pp. 306-317; Timakum et al., 2023, pp. 1-17).

The term was also used by people to describe women with bipolar disorder or in the context of women with the disorder explaining their disdain for the derogatory term. For example, it was said in one video by a content creator that “When we feel like someone's being crazy. We call them bipolar.” In this example, the creator uses the personal pronoun “we” to include and generalize all people in society, expressing the combined reaction towards someone who is “crazy” and equating this with a person with bipolar disorder. The lexical choice of the personal pronoun “we” and its generalization emphasize the normalcy of this societal reaction, and that it has become a standard reference towards someone with the disorder (Ellison et al., 2013, pp. 805–820). A similar expression was made in the sentence, “Like that's what people think they think if you're bipolar, you're crazy. No

one wants to identify as crazy. That's the stigma.” The word “stigma” is explicitly mentioned in this case, where it was suppressed in the prior example, highlighting that it has become both an external and internal stigma towards bipolar disorder and its association with the term “crazy”. The word connotation of “identify” also implicates how it becomes the identity of a person with bipolar disorder, which indicates certain societal expectations and, therefore, stereotypes, towards people with the disorder, as seen in the media.

There were also women who emphasized their disdain for the term on TikTok, saying “Don't call me crazy.” This phrase includes the lexical choice of imperative language in the case of “don't,” hence directly urging people not to use this term when referring to people with bipolar disorder. Moreover, it is not explicitly addressed towards a person or group of people, therefore, this suppression leaves room for interpretation and could, therefore, be viewed as a general disclaimer against the term and the stigma it reveals, and stereotype it represents. The strong imperative language also evokes a critical tone, which counters the stereotypical representations seen in traditional media and social media (Neary & Ringrow, 2018, pp. 294-309). This countering attempts to remove the standard online representation of mental illness, replacing it with a new educational approach and form of representation instead. Correspondingly, another user desperately begged people not to use the term, “Please don't call us crazy we already know it's hard to cope.” The word connotation of “please” in this example evokes a tone of desperation and an urge towards steering away from the term altogether. The disdain for the representation of women with bipolar as being crazy is similarly critiqued and advocated against. The tones of desperation and criticism in both examples reveal that some women with bipolar disorder do not wish to be represented as crazy and that they wish for there to occur a switch towards a more psychologically accurate representation, rather than being reduced to a derogatory term (Hornsby, 2001, p. 1; Rose et al., 2007, p. 3).

#### *4e. Bipolar disorder as a personality trait*

Another form of representation of bipolar disorder in women on TikTok that was found during the data collection and analysis process was the presentation of bipolar disorder as a personality trait rather than a diagnosis. This concept was represented from different perspectives, one being women describing their concern with not being able to distinguish between their disorder and their personality, and secondly, the projection of bipolar disorder being interchangeable with one's personality by the media onto women. This was highlighted through different critical discourse analysis tools, including word connotations, suppressions, and overlexicalization.

The various word connotations found within the TikTok videos collected revealed an emphasis on a woman's personality trait aligning with symptoms of bipolar disorder, causing the lines between the two to blur. For example, “that's my issue with people using bipolar and a non-health

sense, because then everyone thinks bipolar is just a personality trait”. The adverb “just” has the connotation and implication that bipolar disorder is not taken seriously and that it is simply a person’s personality trait rather than a medical or psychological diagnosis that requires attention from a health professional. Furthermore, it is evident that the speaker has a problem with this and views this representation negatively, as the word “issue” is used. Moreover, “everyone” indicates that this is a common misconception, and the generalizing term emphasizes the stereotype of equating one’s diagnosis with one’s personality. This thought is confirmed again when another creator states, “We’re bipolar, we have a different personality.” This sentence comes from a creator who is diagnosed with the disorder themselves, and states that due to their bipolar disorder their personality is also different, as though the two go hand in hand, and are hence interchangeable. The lexical choice of stating the sentence as a declarative sentence also presents the information as factual, despite the possibility of a satirical undertone in the context of the video, it reveals how bipolar disorder is typically presented and viewed in the eyes of society and the media (Favre et al., 2022, p. 379; Tasca et al., 2012, pp. 110–119).

The concern which women of bipolar disorder have towards their personality traits and how this has been placed upon them due to the media is also highlighted through the overlexicalization of their personality being a symptom of their disorder. This was presented through a questioning and worried tone, such as “I have bipolar two of course I’m always thinking my entire personality is a symptom” and “like is my entire personality a symptom?”. Both of these examples include the thoughts that women have and how their personality is perceived as a symptom, and how this has a repercussion on their identity. The “of course” in the first sentence has the connotation of obviousness and common sense, as though this thought is a common occurrence in women with bipolar disorder, hence presenting this identity crisis as the societal norm (Tortajada, 2013, p. 185). Furthermore, “entire” also generalizes the personality of the woman, and as though there is no clear distinction between her and her mental illness. The question mark in the second example and the “always thinking” in the first implies that these are thoughts that are common amongst women with bipolar disorder and that these questions are constantly circulating within this community (Thoits, 2011, pp. 6-28).

The representation of this blurring of the lines and identity crisis amongst women with bipolar disorder is also presented as a misunderstanding that is most likely a repercussion of representations in the media (Thoits, 2011, pp. 6-28). One creator stated: “I live with bipolar two and I wanted to clear up some frequently misunderstood elements of the mood disorder, not a personality disorder.” The notion of “clear up” highlights that the creator has a desire to ensure that people understand bipolar disorder correctly by filtering out the misinformation found online or within society. The connotation of “frequently” also implies that this is a common occurrence and that this has become the standard understanding in relation to bipolar disorder and how it presides in a person (Dell’Osso, 2021, pp. 1-7; Thoits, 2011, pp. 6-28). Another content creator similarly attempted to challenge the

representation of bipolar disorder being equivalent with personality when saying, “Oh, they're acting so bipolar, it's first of all, just not possible to have it as like a personality trait”. The connotation of “acting” implies that there is a level of fakeness to it and that anyone can take on the traits or symptoms of a bipolar disorder, thus disregarding its psychological conditions. Similarly, there is also an underlying educational tone within this line as the creator is attempting to explain to the audience how there is no possibility for one’s bipolar disorder to be the same as one’s personality, hence distinguishing between the two. Even though the creator is not explicitly stating that these thoughts are perpetuated by the media, through suppression it is implied that there are a lot of people who feel and think this way, as a result of media representations. Therefore, both cases attempt to criticize this representation of bipolar disorder being a bipolar disorder, hence amplifying the attention required towards the mental illness and how it should be represented as a legitimate and serious disorder. The difficulty in distinguishing between one’s personality and mental illness can be linked to the theory of social media being used as a tool for creating an “idealized identity” (Tortajada, 2013, p. 185). Even though this theory primarily focuses on the male gaze and how the female’s physical body is portrayed in the media, it focuses on the concept of identity and how social media can be used to construct this. An “ideal” identity and social media’s development of a person without flaws that meets the standards of the societal norm may help explain why some female content creators are unable to separate their disorder from their personality as they may feel that they do not meet this standard of identity (Tortajada, 2013, p. 185). Moreover, it reveals how content creators may implement their bipolar disorder as a tool in shaping an online identity, hence naturally causing the lines to blur (Tortajada, 2013, p. 185).

#### *4f. The “bipolar” label and its controversies*

Another pattern that emerged during the data collection and process of analysis was the controversy surrounding the labeling of people with bipolar disorder as bipolar. The label of the diagnosis proved to be a concept with mixed opinions, with some people encouraging the label – providing clarity – and others explaining how it can be restrictive. These perspectives highlight the delicacy in the representation of bipolar disorder in online spaces, and how a diagnosis may vary in significance depending on the person. This was further represented through the critical discourse analysis tools of overlexicalization, word connotation, and suppression.

The label of bipolar disorder was represented as a scary phenomenon, as one content creator explicitly stated “So to have that label on me, it’s scary.” In this example, the creator uses word connotations of the phrase “scary” to indicate the fear that she feels when thinking about the label, revealing the fear surrounding living as a bipolar person in today’s society. She implies that she will be viewed differently and negatively when described or labeled as a person with bipolar disorder,

emphasizing the toll it takes on one's identity and how society generally views bipolar in a negative light. Similarly, this concern towards how one will be viewed due to the negative societal representation of bipolar disorder is shown in this case: "but I don't want to be a victim of the labels." In this example, the connotation of "victim" reveals that people with bipolar disorder are more vulnerable specifically when they are labeled as bipolar, as it leads to the projection of stigmas and stereotypes onto them. The negative and imperative term "don't" also further reinforces that this is something the person does not want and, through the tool of suppression, that they want to be viewed as more than their label, safe from the negative views of society. It is hence, represented as something to be afraid of as it leads to the victimization of those with the disorder (Thoits, 2011, pp. 6-28). This may also be because there were some videos that directly criticized media portrayals of bipolar disorder, and this may, therefore, be a reason they are against the label (Thoits, 2011, pp. 6-28). Despite the tool of suppression used in earlier cases, there were other videos that were more explicit, saying "We aren't what the media displays us to be." This disdain towards media representation can thus be linked to the hesitation towards the concept of a label or diagnosis as it can adhere with negative representations of bipolar disorder (Favre et al., 2022, p. 379; Tasca et al., 2012, pp. 110–119; Thoits, 2011, pp. 6-28).

Contrastingly, there are people who encourage the labeling of bipolar disorder as it provides a sense of clarity to those who have longed for an explanation for their symptoms. This is shown in the example of, "I encourage you to seek treatment and find a path of healing that works best for you." They explicitly "encourage" others to find an answer and to get help in order to heal from their mental illness. The positive connotations of "healing" and to "seek treatment" are further emphasized through the lexical choices of a hopeful tone, casting a positive light onto the label of bipolar disorder and that it does not make a person a victim. A similar tone of hope was evoked in the line "Encourage your friend or loved one to seek professional help." This example also uses the phrase "encourage" to hopefully push people towards treatment and medical help. A similar lens of encouragement is also seen towards the taking of medication through other content creators' videos such as "And that is more than okay, if taking medicine reminds you of that. Okay, I love you. I'm on your side. I'm so proud of you." This example uses several phrases with positive connotations such as "I love you", "on your side," and "proud of you". These phrases imply that the person may typically refrain from seeking help due to public or self-stigma, and that they are in fact not alone (Ellison et al., 2013, pp. 805–820; Hawke et al., 2013, p. 182). This encouragement may also be derived from the common misdiagnosis of bipolar disorder as depression or other forms of mental illnesses (Dell'Osso, 2021, pp. 1-7). This is emphasized through the overlexicalization of "misdiagnosis," "misdiagnosed," and "undiagnosed" within the data, revealing the amount of women that go through life not knowing that they do in fact have bipolar (Dell'Osso, 2021, pp. 1-7).

However, the labeling of bipolar disorder is also a concept that many content creators state is exclusively reserved for medical professionals, and that TikTok videos should not be used for the purpose of diagnosis, but rather for information on bipolar disorder or other representations. There were a few cases where the caption of the TikTok video or the content creator themselves explicitly warned the viewers against self-diagnosing, “do not use this video to diagnose” and “do not use this to self-diagnose”. In both of these examples, the content creator states that the videos are not used for the purpose of self-diagnosis, and through suppression, implies that only a medical professional can be sought out to diagnose oneself. Women who believe they may have bipolar disorder should, therefore, not rely on TikTok for diagnostic purposes or representation (Peek et al., 2015, pp. 1-8; Qin et al., 2022, p. 1).



## 5. Discussion and conclusion

### *5a. Discussion*

Overall, during the course of data collection and data analysis, five main discourses were observed and analyzed, that being: raising awareness and countering media representation, the lens of self-deprecation and feeling like a burden, bipolar disorder as a personality trait, the “crazy” stereotype, and the “bipolar” label and its controversies. These five discourses are all related to how bipolar disorder is represented in women on TikTok. The analysis in the following discussion reveals how the majority of these representations were evidently rooted in or inspired by stigmas and stereotypes associated with bipolar disorder. Moreover, because of these stigmas attached to bipolar representations in women, there were some female content creators that attempted to reclaim their online identities by replacing the old representations with new portrayals – framed through an educational and sometimes satirical lens. However, despite the educational take on the stereotypical narrative or bipolar disorder in the media, these reclamations of their identities simultaneously highlighted the depths of the negative connotations of bipolar. Self-deprecating jokes or phrases were used by female content creators with the disorder, hence projecting the negative views that society has had, and still holds, of bipolar disorder in women (Favre et al., 2022, p. 379; Tasca et al., 2012, pp. 110–119). Nevertheless, through these various frames, the knowledge gap of bipolar disorder in women and how it is represented, specifically on TikTok, was addressed by providing media consumers with new and relevant information, and contrasting stigmatized representations (Coker, 2020, p. 2).

### *5b. Challenging media depictions through education*

By raising awareness for bipolar disorder in women on TikTok many creators had to first deconstruct preconceived discourses derived from stereotypes and stigmas that caused several women within the dataset to feel shameful of their disorder. This was deconstructed by countering prior representations of bipolar disorder in the media, implementing the format of TikTok and social media as a tool to do this. The short videos were in some cases packed with educational information and resources surrounding the mental illness and included women sharing their personal stories in order to personalize the disorder, in contrast to the detached image of a disoriented and often dehumanized person which the media has previously depicted (Tasca et al., 2012, pp. 110–119). This was also highlighted through the critical tone often associated with the educational videos or those attempting to dismantle the image of people with bipolar disorder as being incapable of living a “normal” life.

The criticism of typical representations of bipolar disorder, often presenting themselves as stereotypes derived from stigmas, similarly highlights a form of women taking back their online representations. This is because it takes previous representations and deconstructs them, while replacing them with new more well-informed depictions. Moreover, it focused on the negative aspects associated with bipolar disorder in the media and emphasized how this can reside within the space of the media for decades. The female content creators are, therefore, taking back the power in the online sphere as they have the resources, freedom, and space to do so in contrast to a few hundred years ago where this was not possible when discussing mental disorders or illness – particularly in women (Hendry, 2020, pp. 1-10).

This discourse of raising awareness is one that overlapped with several other of the discourses of representation present in the dataset as several female content creators attempted to deconstruct these traditional representations and inform viewers of the realities of bipolar disorder through destigmatization. This attempt is linked with education as it is crucial to inform and educate people in order for them to hold a well-informed perspective and view of people with bipolar disorder that differs from what has been presented in the media prior. This was not always the case, and these stigmas and stereotypes were still present in the dataset, even in those videos that attempted to educate and digress from negative connotations of bipolar disorder in women in the media.

### *5c. The role of humor and self-deprecation in reclaiming bipolar disorder identity*

The normalcy surrounding these common stigmas can also be emphasized through the self-deprecating tone that women used in various videos, whether this was intentionally implemented as forms of satire or not, it reveals the root of the representation of bipolar disorder. Bipolar disorder has been represented as a shameful and negative disorder for centuries, and this still resides in the representation online, even when attempting to counter them (Favre et al., 2022, p. 379; Tasca et al., 2012, pp. 110–119). Depictions that were educational and raised awareness for the mental illness, in some cases, also included terms or phrases that were either self-deprecating or used internalized terms portraying themselves and their disorder as “crazy” or “fucked up.”

Hypersexuality was presented in itself as a stereotype in women with bipolar. It was presented as an element which caused some to feel both attached and distanced from their identity as a woman with bipolar disorder. Some women decided to replace these stereotypes with more well-informed ones, using humor and satire to take this back and as a form of reclamation of their identity. Hypersexuality was in some cases seen represented through an informative lens, focusing on the dangers it can pose for a woman, especially if in a relationship (Srivastava et al., 2018, p. 2). However, it was also represented as something which was internalized within these women and then used as a self-deprecating joke, possibly as a coping mechanism. However, this can also be

interpreted as a form of reclaiming their online identities by individually dictating how they choose to represent themselves, and not abiding by the stereotypes of traditional media, hence reforming representations on social media.

The low self-esteem can also be a result of internalized stigma and can also go hand in hand with having bipolar disorder (Corrigan and Watson, in Ellison et al., 2013, pp. 805–820; Hawke et al., 2013, p. 182). There is, therefore, an overlap when it comes to the images of women with bipolar disorder having low self-esteem as it can be a result of the stigmas produced in the media which are then reproduced through the mouthpiece of women with bipolar disorder in the online environment. These public stigmas in some ways act as a catalyst for feelings of self-stigma, however, it may also solely be a result of having bipolar disorder in and of itself (Corrigan and Watson, in Ellison et al., 2013, pp. 805–820; Hawke et al., 2013, p. 182). There is also an overlap between the discourses discovered and analyzed within the dataset as the concept of stigmas and attempting to deconstruct these through education are naturally interlinked. If there were no stigmas or stereotypes there would be no need for shining a light on the reality of bipolar disorder and the attempt to neutralize it, while also not romanticizing it (Budenz et al., 2019, p. 191; Wirth & Bodenhausen, 2009, p. 169). This overlap also occurs within these discourses as many of the concepts discussed go hand in hand and are rooted within the media's display of stigmas or stereotypes, such as the "crazy" stereotype. This stereotype is, for example, then internalized within some women with bipolar disorder and emphasized through their language within their video content. This representation derives from these stereotypes and also overlaps with the educational tone of some videos as some female content creators attempt to deconstruct it. Similarly, it is these stereotypes and stigmas, that through their productions of stigma, may lead to the self-deprecating tone within some women. This can be viewed as a coping mechanism which they represent in order to cope with the negative connotations of bipolar disorder that dictate the illness in the media.

#### *5d. The role of language in shaping bipolar disorder perceptions*

Bipolar as a personality disorder was a discourse of representation of the disorder which seemed to stand more isolated compared to the others discourses collected and analyzed. Even though this discourse does emphasize how the disorder is rooted in stigmas and stereotypes and consequently marginalizes these people by putting them in a box, it is also different in how it was represented. Many of these videos did not heavily focus on education, but rather indirectly highlighted the dangers of implementing generalizing language, such as "everyone", as it categorizes people, and in the case of bipolar blurs the lines between a person's personality and their psychological disorder. When the two are blurred it becomes evident that people consequently have lower self-esteem or may be more likely to internalize their disorder, which can be interpreted as an overlap between discourses in the

study (Ellison et al., 2013, pp. 805–820). Nevertheless, this section was more language-oriented in its inclusive pronouns, which may initially be viewed as a positive, however, in this case it merely puts everyone’s experience into one which may cause some people to rely heavily on representations that in reality do not align with their own.

Moreover, it is through this representation that women highlighted how the lines blurred between their experiences as being bipolar as well as their personality trait, posing an identity crisis for some. This identity crisis may be why there were some women who felt the need to reclaim their online identities and how they are represented in the media, apart from stigmas and stereotypes. The confusion surrounding where they begin and their bipolar disorder ends seemed to be a common question indirectly asked within their video content, as they navigated their disorder and attempted to separate it from their own unique personality traits. By representing the difficulties in distinguishing between one’s personality and disorder in the media it highlights the room we have in our society to grow in how we discuss mental illness and that a person is not their mental illness, but that these are in fact two separate entities.

#### *5e. Shame vs. liberation in the “bipolar” label*

The controversy surrounding the “bipolar” label can also be interpreted as an educational discourse and representation of bipolar disorder as it attempts to inform viewers of the right or wrong way to discuss people with the mental illness, however, it also highlights the nuances surrounding the disorder and the variety in its representation. Some women had strong disdain towards the label, due to its associations with stereotypes and both a self and public stigma, thus representing the disorder as something which they were ashamed of. There was also a strong sense of shame associated with the disorder in the dataset, hence by abiding by a label some felt that this would put them in a box with negative connotations for the rest of their lives. On the contrary, there were some women that, by being proud of the label, represented the disorder as something which did not have to generalize them or cause them to be viewed as a stereotype. Rather, by using the label it allowed for a sense of liberation or freedom, as they deferred from the public stigmas and stereotypes produced by the media (Ellison et al., 2013, pp. 805–820).

Moreover, the label of “bipolar” and its controversies in the online sphere could also be explained by being fueled by the possibility of the vulnerability associated with the environment of TikTok. Due to the composition of the social media app, it is possible for thousands of people to like, share, and comment on the videos, hence opening the creator up to the possibility for a higher impact, as well as risk of receiving critical backlash (Batza, 2017, pp. 429-476). The hate which content creators may receive in the physical world is somewhat even more present and tangible in the online world due to its abundance in quantity. Moreover, it opens them up to criticism from strangers and

may cause an attack on their identity as well as their bipolar disorder due to the two being interlinked for many in their representations.

### *5e. Limitations*

There were some limitations involved with the research. As the research was specific to the context of TikTok and the majority of videos fell under the category of short-form content, it is significant for this concept to be taken into context for the purpose of the study. The direct representation that occurs within short-form content on TikTok and how this is related to bipolar disorder in women is a field that still leaves room for exploration, due to its currently limited research findings (Favre et al., 2022, pp. 378-387). The social media aspect of the study can in part be perceived as a limitation due to the limited previous research findings concerning this topic, as it is still relatively new, especially within the TikTok app. Furthermore, the representations of women and bipolar disorder is more prevalent in traditional media, which is also where a majority of the theory is derived from. Therefore, it is significant to take into account how the theory and previous research of traditional media was applied to the context of social media, as the two are commonly interlinked with previous influences on each other having been found (Neary & Ringrow, 2018, pp. 294-309). The influence also derives from the cultural ideologies present in traditional media which transcends newspapers and broadcast television, hence influencing new media such as social media platforms (Neary & Ringrow, 2018, pp. 294-309). This also leaves room for the derivation of these cultural ideologies, through online representations, yet the research, specifically of bipolar disorder is limited, with a greater focus on general mental illnesses or anxiety, as well as how this applies to TikTok. This research attempted to address this, however, further research could be implemented focusing on other mental illnesses other than bipolar disorder, such as representations of schizophrenia or borderline personality disorder.

Another limitation is that the videos selected through purposive sampling were all in the English language, hence restricting the research to this domain, where there may be further research samples on TikTok in videos spoken in languages other than English. This does, however, leave room for further research in the future for videos on bipolar disorder in women in other countries and languages, as these may vary depending on cultural backgrounds and ideologies pertaining to bipolar disorder in the respective country. Mianji & Kirmayer (2021, pp. 864-888), for example, researched the gender differences in bipolar disorder in Iran, focusing on cultural and political contexts. Therefore, research similar to this could be conducted but introducing the aspect of social media and how these representations may differ or be impacted within varying economic, cultural, or political contexts.

Furthermore, the purposive sampling method used involved the development of selection criteria and qualities that the data collected had to meet in order to supply the desired information (Tongco, 2007, p. 151). However, this approach may also lead to limitations as it restricts the sampling to these qualifications as it frames the study for a desire of the acquiring of specific information, and these selection criteria may change depending on the researcher and their purpose for the study. The limitations attributed to the sampling criteria can also be applied to the personalization algorithm of TikTok, and how the following of certain TikTok accounts may lead to content distribution of certain bipolar disorder videos, which can be positively perceived (Boeker & Urman, 2022, pp. 1-12). Nevertheless, it can have the opposite effect by filtering out videos and causing the discarding of content useful to the study depending on the content creators followed and the videos previously viewed during the data collection period (Boeker & Urman, 2022, pp. 1-12). Therefore, future research may choose a different sampling method to collect data and detect the representations of bipolar disorder in women on TikTok. Other than the sampling method, the method of analysis also contributed to the findings of the research. Discourse analysis focuses mainly on the analysis of texts, and as there were some videos that had very little text and mainly images, they were discarded from the final dataset. Future research could implement visual analysis as a method of research and this may reveal further insight to the representation of the mental illness as it would allow for the collection of a different, and possibly wider, sample as well.

Moreover, some of the literature that framed the research were from over two decades ago, and there have been developments over the last 20 years as to how women are represented in the media, however, due to the vital foundations which these cultural hegemonies have laid it is important to keep this in mind when understanding both how these representations translate within the realm of social media, as well as the behaviors of engagement or stereotypes associated with women on social media (Brooks & Hébert, 2006, p. 302; Kanai & Dobson, 2016, pp. 1-4; Tortajada, 2013, pp. 177-186). Future research may attempt to focus on more recent literature or studies by analyzing representation of bipolar disorder in women through different angles. This could be done by concentrating on the personal experiences of women with bipolar disorder on social media, such as through interviews, and how they choose to present themselves to understand the “why” behind the content they post, while attempting to incorporate strictly recent literature.

## *5f. Conclusion*

To conclude, this research collected data from TikTok from female content creators which were then coded using open, axial, and selective coding. During these coding processes critical discourse analysis tools of overlexicalization, suppression, word connotations, structural oppositions, and lexical choices and genre were used, as well as keyword categories. Based on these tools and

categories, five main discourses of representation were drawn from the dataset. This included: raising awareness and countering media representation, the lens of self-deprecation and feeling like a burden, bipolar disorder as a personality trait, the “crazy” stereotype, and the “bipolar” label and its controversies. These discourses all represent bipolar disorder in women on TikTok and emphasize the stigmas and stereotypes that are negatively associated with the mental illness, as well as how many female content creators are attempting to defer from these “traditional” and “generalized” representations, thus reclaiming their online identities by creating new and more well-informed associations with the disorder. Overall, the research question, “How does the content of short-form TikTok videos represent bipolar disorder in women?” is answered within this thesis through women with bipolar disorder being represented as attempting to rewrite the pre-established stigmas and stereotypes of the disorder in the media, by informing audiences of the realities of the disorder. However, they are also represented as having internalized many of these stigmas, specifically being “crazy”, which for some, creates a distance between themselves and their disorder. Therefore, bipolar disorder in women represents the stigmas and stereotypes of the disorder to lead to the struggling of coming to terms with one’s identity. However, it will require further research to determine whether this is specific to the female gender, or if there is a similar overlap across other genders and bipolar disorder.

Correspondingly, based on this research it is apparent that there is still limited information on bipolar disorder in women and how it may differ from that of men, specifically in how it is represented in the media. The topic of hypersexuality was one that stood out in this particular research and could serve as a stepping stone for further research in the future (Brooks & Hébert, 2006, p. 302; Srivastava et al., 2018, p. 2; Tortajada, 2013, p. 177). Another topic that holds room to be explored in future research is the self-deprecating tone that is associated with female content creators, both when destigmatizing bipolar disorder and adhering to traditional stereotypes or stigmas of the mental illness. It is still not evident whether this tone is one that is unique to the female experience, or if it is also present across other genders in the media, specifically on TikTok or other social media platforms (Salavera et al., 2018, pp. 571-580). There have been some studies related to students, teachers, or female comics, and there is hence room for it to be divulged within the context of mental illness, as well as within different cultural contexts (Ho, 2017, pp. 272–286; Russell, 2002; Salavera et al., 2018, pp. 571-580). Overall, it would be interesting to see if other research paths were to reveal a similar tone of education, destigmatization, and attempt to diminish the knowledge gap of the realities of bipolar disorder as was found in this study (Coker, 2020, p. 2).

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7. Appendix A: Coding book with example samples

Post ID	Post Caption	Date	Open Codes	Axial Codes	Selective Codes
Video 1	<p><i>Caption: Almost 50% of people with bipolar were abused as children. This is likely the root of abusive or explosive behavior. This is for educational purposes only. This has been said by many ppl to me not directed at anyone individually. I understand where it comes from and but id like to share how it can cause further harm to people with bipolar who are fearful of you believing this about the disorder itself. These incorrect beliefs have caused me to experience discrimination if i decide to disclose my illness. <a href="#">#vlogs</a> <a href="#">#mentalhealthawareness</a> <a href="#">#mentalhealthstigma</a> <a href="#">#endthestigma</a> <a href="#">#bipolar1</a> <a href="#">#lifewithmentalillness</a></i></p>	6/1/24	overlexicalization, word connotations, lexical choices and genre, structural oppositions	self-control or lack of control/autonomy/unstable/ - negative terminology, psychological terms (bipolar), educational terms	educational/raising awareness and countering media representation
Video 2	<p><i>While it may sound like I'm blowing this out of proportion, the most common stereotype associated with bipolar disorder is that we are violent and dangerous! Misrepresentations like this color public attitudes toward people with mental illness even if it was a small seemingly harmless one liner. Side note: I do like the series...<a href="#">#bipolar</a> <a href="#">#bipolardisorder</a> <a href="#">#endthestigma</a></i></p>	27/12/22	overlexicalization, word connotations, lexical choices and genre	frustration/anger /exhausting/voicing frustration over how they are represented in the media or perceived by others, violent language/terms, crazy/delusional /hallucinations/ monstrous/violent - negative terminology that is out of touch from reality or describes the person as	the "crazy" stereotype

	<a href="#">#mentalhealth</a> <a href="#">#mentalhealthawareness</a> <a href="#">#iamnotdangerous</a> <a href="#">#stigma</a> <a href="#">#stereotypes</a> <a href="#">#startthediscussion</a> <a href="#">#wednesday</a> <a href="#">#netflix</a>			mentally unfit, derogatory terms (monster, maniac)	
Video 3	Video 3 Caption: <a href="#">#bipolar</a> <a href="#">#bipolar</a> <a href="#">disorder</a> <a href="#">#bipolar</a> <a href="#">tiktok</a> <a href="#">#endthestigma</a> <a href="#">against</a> <a href="#">mental</a> <a href="#">health</a> <a href="#">#bipolar</a> <a href="#">1</a> <a href="#">#bipolar</a> <a href="#">depression</a> <a href="#">#bipolar</a> <a href="#">disorder</a> <a href="#">type</a> <a href="#">1</a> <a href="#">#bipolar</a> <a href="#">2</a> <a href="#">#bipolar</a> <a href="#">disorder</a> <a href="#">type</a> <a href="#">2</a> <a href="#">#bipolar</a> <a href="#">mania</a> <a href="#">#mental</a> <a href="#">illness</a> <a href="#">#hypomania</a> <a href="#">#bipolar</a> <a href="#">warrior</a> <a href="#">#bipolar</a> <a href="#">awareness</a> <a href="#">#manic</a> <a href="#">rage</a>	14/08/23	overlexicalization, lexical choices and genre	frustration/anger /exhausting/voicing frustration over how they are represented in the media or perceived by others, violent terms (rageful, angry)	the “crazy” stereotype, raising awareness and countering media representations
Video 4	<i>Things NOT to say to someone who has</i> <a href="#">#bipolar</a> <a href="#">disorder</a> <a href="#">#bipolar</a> <a href="#">#endthestigma</a> <a href="#">#mentalhealthawareness</a> <a href="#">#learnontiktok</a>	22/07/21	word connotations, lexical choices and genre, suppression	gaslighting, women not taken seriously, negative/emotional terms, violent terms (angry, violent)	raising awareness and countering media representations
Video 5	Reply to <a href="#">@rubietuesdays</a> wow 3mins isn’t enough. Lmk if you want more! <a href="#">#bipolar</a> <a href="#">#bipolar</a> <a href="#">disorder</a> <a href="#">#bipolar</a> <a href="#">2</a> <a href="#">#breaking</a> <a href="#">stigma</a>	18/02/22	overlexicalization, word connotations	listing symptoms, raising awareness, educational terms (bipolar stigma, depressive phase, not as creative)	raising awareness and countering media representations
Video 6	Dr Samke opens up about her journey with Bipolar. From stigmas to diagnosis, and how to navigate relationships.	21/06/23	overlexicalization, word connotations, suppression	listing symptoms, raising awareness, educational, refusing	raising awareness and countering media representations, the “crazy” stereotype



	<p>Now on YouTube</p> <p><a href="#">#wisdomandwellness</a>  <a href="#">#mentalhealth</a> <a href="#">#bipolar</a></p>			<p>victimizing language, diagnostic/psychological terms (mental illness, bipolar, psychiatric), educational terms (stigma, myths)</p>	
Video 7	<p><b>**do not use this to self-diagnose**</b></p> <p>This was made for awareness and destigmatization only <a href="#">#bp2</a>  <a href="#">#bipolar</a> <a href="#">#ofcoursetrend</a>  <a href="#">#mentalhealthawareness</a>  <a href="#">#endthestigma</a></p>	17/02/24	<p>suppression, structural opposition, overlexicalization, lexical choices and genre</p>	<p>Diagnostic/psychological terms (bipolar two, hypomanic), satire/humor/mocking/educational terms (do not self diagnose)</p>	<p>controversy of a label, raising awareness and countering media representations, lens of self deprecation</p>
Video 8	<p><a href="#">#Bipolar</a> <a href="#">#BipolarDisorder</a>  <a href="#">#GabbieHanna</a>  <a href="#">#KanyeWest</a> <a href="#">#Bipolar1</a>  <a href="#">#StopTheStigma</a>  <a href="#">#MentalHealthMatters</a>  <a href="#">#MentalHealthAwareness</a>  <a href="#">#MusicTherapist</a>  <a href="#">#TherapyTok</a>  <a href="#">#TherapistsOfTikTok</a>  <a href="#">#TikTokTherapist</a></p>	26/08/22	<p>overlexicalization, word connotations, lexical choices and genre, structural opposition</p>	<p>bipolar/mental illness/mania/depression/antipsychotics/medication - psychological and diagnostic terms (mania versus depression, as good and bad or up and down, mood swings) listing symptoms, raising awareness, educational and negative terms (demonize, stigmatize)</p>	<p>raising awareness and countering media representations</p>

## 8. Appendix B: Table of video samples

<b>Post ID</b>	<b>Date</b>	<b>Format</b>	<b>Length (min.)</b>
Video 1	06-01-2024	TikTok Video	5.30
Video 2	27-12-2022	TikTok Video	2.45
Video 3	14-08-2023	TikTok Video	2.52
Video 4	22-07-2021	TikTok Video	0.15
Video 5	18-02-2022	TikTok Video	2.59
Video 6	21-06-2023	TikTok Video	0.43
Video 7	17-02-2024	TikTok Video	0.46
Video 8	26-08-2022	TikTok Video	3.00
Video 9	09-10-2023	TikTok Video	0.32
Video 10	27-06-2021	TikTok Video	1.29
Video 11	21-06-2023	TikTok Video	1.05
Video 12	08-04-2024	TikTok Video	0.06
Video 13	29-11-2022	TikTok Video	0.17
Video 14	25-03-2024	TikTok Video	0.10
Video 15	03-02-2023	TikTok Video	0.24
Video 16	09-07-2022	TikTok Video	2.25
Video 17	14-04-2024	TikTok Video	0.21
Video 18	31-03-2022	TikTok Video	0.46
Video 19	05-05-2023	TikTok Video	2.06
Video 20	28-06-2023	TikTok Video	0.41
Video 21	21-09-2024	TikTok Video	0.12
Video 22	03-09-2023	TikTok Video	0.42
Video 23	19-06-2024	TikTok Video	1.04
Video 24	24-03-2024	TikTok Video	0.52
Video 25	21-12-2021	TikTok Video	0.06
Video 26	21-07-2023	TikTok Video	0.11
Video 27	28-12-2022	TikTok Video	0.20
Video 28	10-07-2023	TikTok Video	2.48
Video 29	18-10-2021	TikTok Video	0.15
Video 30	28-02-2023	TikTok Video	0.15
Video 31	22-03-2022	TikTok Video	0.20
Video 32	04-02-2024	TikTok Video	1.46
Video 33	10-12-2022	TikTok Video	1.15
Video 34	01-02-2023	TikTok Video	0.10
Video 35	04-12-2023	TikTok Video	0.21
Video 36	31-08-2022	TikTok Video	0.14
Video 37	09-04-2024	TikTok Video	0.05
Video 38	10-04-2024	TikTok Video	0.46
Video 39	04-04-2023	TikTok Video	0.59
Video 40	25-01-2024	TikTok Video	1.09

Video 41	17-02-2022	TikTok Video	0.15
Video 42	12-04-2024	TikTok Video	0.15
Video 43	17-10-2021	TikTok Video	0.15
Video 44	06-01-2024	TikTok Video	1.00
Video 45	04-05-2023	TikTok Video	0.10
Video 46	23-02-2024	TikTok Video	2.02
Video 47	02-03-2024	TikTok Video	1.55
Video 48	28-10-2023	TikTok Video	1.58
Video 49	09-03-2022	TikTok Video	0.40
Video 50	12-05-2023	TikTok Video	0.50
Video 51	23-03-2022	TikTok Video	0.40
Video 52	06-08-2023	TikTok Video	1.28
Video 53	25-04-2023	TikTok Video	3.36
Video 54	05-02-2023	TikTok Video	0.22
Video 55	08-05-2023	TikTok Video	0.49
Video 56	19-05-2022	TikTok Video	0.39
Video 57	27-04-2023	TikTok Video	0.45
Video 58	18-11-2022	TikTok Video	0.17
Video 59	11-06-2023	TikTok Video	1.10
Video 60	22-12-2023	TikTok Video	1.02
Video 61	24-06-2022	TikTok Video	0.39
Video 62	25-09-2022	TikTok Video	0.15
Video 63	10-09-2021	TikTok Video	3.00
Video 64	06-07-2022	TikTok Video	0.29
Video 65	10-04-2023	TikTok Video	0.20
Video 66	13-04-2021	TikTok Video	0.20
Video 67	02-01-2022	TikTok Video	0.24
Video 68	07-01-2023	TikTok Video	0.51
Video 69	06-07-2023	TikTok Video	0.15
Video 70	13-04-2023	TikTok Video	0.13
Video 71	24-06-2023	TikTok Video	2.10
Video 72	28-01-2022	TikTok Video	0.57
Video 73	21-06-2023	TikTok Video	1.56
Video 74	27-06-2022	TikTok Video	1.24
Video 75	23-12-2023	TikTok Video	0.13
Video 76	28-05-2022	TikTok Video	0.59
Video 77	30-03-2022	TikTok Video	0.59
Video 78	26-08-2022	TikTok Video	1.27
Video 79	20-11-2023	TikTok Video	1.01
Video 80	14-01-2024	TikTok Video	1.03
Video 81	18-01-2023	TikTok Video	1.18
Video 82	06-07-2023	TikTok Video	0.15
Video 83	05-02-2024	TikTok Video	1.37
Video 84	10-05-2023	TikTok Video	0.26
Video 85	01-06-2022	TikTok Video	0.15
Video 86	04-10-2023	TikTok Video	0.08
Video 87	17-02-2024	TikTok Video	3.39
Video 88	14-01-2024	TikTok Video	0.06

Video 89	02-03-2024	TikTok Video	0.33
Video 90	30-09-2023	TikTok Video	0.42
Video 91	23-02-2023	TikTok Video	0.24
Video 92	28-02-2024	TikTok Video	2.37
Video 93	28-11-2021	TikTok Video	0.09
Video 94	24-01-2022	TikTok Video	0.15
Video 95	12-01-2024	TikTok Video	1.16
Video 96	23-08-2022	TikTok Video	0.10
Video 97	14-11-2023	TikTok Video	0.54
Video 98	24-08-2022	TikTok Video	0.58
Video 99	06-11-2023	TikTok Video	0.45
Video 100	01-09-2022	TikTok Video	1.27
Video 101	16-06-2023	TikTok Video	0.54
Video 102	20-10-2021	TikTok Video	0.50
Video 103	02-12-2023	TikTok Video	1.00
Video 104	28-04-2021	TikTok Video	0.58
Video 105	07-11-2023	TikTok Video	3.51
Video 106	24-06-2023	TikTok Video	0.37
Video 107	01-06-2023	TikTok Video	3.02
Video 108	07-12-2023	TikTok Video	1.25
Video 109	07-10-2023	TikTok Video	1.14
Video 110	07-07-2023	TikTok Video	0.13
Video 111	18-10-2023	TikTok Video	2.25
Video 112	16-10-2023	TikTok Video	0.20
Video 113	05-03-2023	TikTok Video	1.18
Video 114	26-04-2023	TikTok Video	1.20
Video 115	15-11-2023	TikTok Video	2.04
Video 116	27-02-2023	TikTok Video	2.56
Video 117	25-04-2023	TikTok Video	2.49
Video 118	29-12-2021	TikTok Video	0.15
Video 119	11-05-2022	TikTok Video	0.13
Video 120	12-03-2024	TikTok Video	1.32
Video 121	09-01-2024	TikTok Video	0.43
Video 122	26-04-2020	TikTok Video	0.28
Video 123	08-12-2023	TikTok Video	0.47
Video 124	31-03-2024	TikTok Video	1.19
Video 125	11-05-2022	TikTok Video	1.32
Video 126	16-11-2022	TikTok Video	2.58
Video 127	21-01-2024	TikTok Video	1.00
Video 128	21-06-2021	TikTok Video	0.30
Video 129	18-02-2023	TikTok Video	3.00
Video 130	04-01-2024	TikTok Video	2.13
Video 131	23-06-2023	TikTok Video	1.46
Video 132	11-06-2023	TikTok Video	0.15
Video 133	08-09-2021	TikTok Video	0.14
Video 134	05-06-2023	TikTok Video	0.53