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## **CONTENT CREATORS VS THE HEALTHCARE INDUSTRY: A CASE STUDY OF THE TECHNO-CULTURAL AUTHORITY OF ADHD TIKTOK**

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### **Abstract**

Attempting to understand what constitutes authority and what makes someone or something authoritative has been a widely-debated topic for decades for philosophers, sociologists, and cultural theorists alike. Notably, Hannah Arendt (1956) and Max Weber ([1956] 2015) were amongst the first early post-modern scholars who attempted to theorize the social authority involved in political processes, understanding authority as a relational phenomenon between those who issue commands, and those who obey (Weber [1965] 2015). Since these early conceptualizations of authority, researchers within disciplines such as communication and political science have become increasingly concerned with examining the authority involved in political processes – especially in relation to more recent issues of mis-/dis-information in our so-called ‘post-truth’, digitally mediated society (McIntyre, 2018). Concepts such as authority, trust, expertise, and credibility therefore remain central to current research into how digital technologies and media platforms are impacting politics and society.

However, what often remains on the periphery of the debates surrounding these issues of authority, is the way in which expertise on the body and medical knowledge production processes are also being transformed in our current digitally mediated environment. Traditionally, medical anthropologists and science and technology scholars have understood medical authority as a discursive, normalizing power generated through institutional knowledge; by creating medical knowledge about the body, and then circulating this knowledge through medical textbooks, research journals, and practitioner training programs, medical and educational institutions create particular scientific discourses that become standardized ‘regimes of truth’ (Foucault, 1973, 1980; Starr, 1984). Yet, since the invention of digital media sites (such as social media and online forums), people have been able to discuss disease and illness online and have access to an increasingly large archive of medical information that exists external to official knowledge sources produced by medical institutions. This ‘democratization’ of

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medical information (Parr, 2002) is transforming medical authority; rather than information and discourse on the body being primarily produced and controlled by the discourse connected to medical institutions, physicians or scientists, new online arenas are emerging in which activists and patients are framing medical realities and experiences (Epstein and Timmermans, 2021).

This conference paper interrogates exactly *how* medical authority is produced about the body on social media, by using the case study of ADHD-TikTok. Attention-Deficit/Hyperactivity Disorder (ADHD) is an increasingly prevalent disorder (Smith, 2012), with around 10% of American children diagnosed with ADHD (Li et al., 2023) and around 366 million adults worldwide experiencing symptomatic ADHD (Song et al., 2021). This rise in diagnoses, and ADHD-related discourse, is mirrored in the increase in ADHD-related social media content; *Instagram* has 4.2 million posts with '#adhd', and '#ADHDTikTok' has almost 8 billion views on *TikTok*. According to social media users' comments, the recent increase in social media content detailing the symptoms and experiences of living with Attention-Deficit/Hyperactivity Disorder (ADHD) has led to many users realizing that they might have ADHD and self-diagnosing with the disorder. Indeed, if the comments posted under these ADHD TikTok videos are to be believed, the information provided on TikTok about the symptoms of ADHD has become a trusted voice of authority about ADHD and has supplemented, or even replaced, more traditional sources of information and routes to diagnosis.

This paper thus presents the findings of an 18-month-long digital ethnographic study (Hine, 2015; Pink et al., 2015) in which I analyzed ADHD TikTok videos and the technological infrastructures and assemblages surrounding the TikTok app, to interrogate how TikTok has become a voice of authority in the self-diagnosis of ADHD. In particular, I conducted a multi-modal discourse analysis (Machin and Mayr, 2023) of the discursive, visual, aural, and memetic qualities of ADHD TikTok videos, as well as a techno-cultural critical discourse analysis (Brock, 2018) of the technological assemblages and affordances of the TikTok platform, to consider the role of technology as a non-human actor that contributes to producing authority. I found that TikTok content creators make their videos especially relatable, funny, and intimate to position themselves as trustworthy, valid sources of medical knowledge. I also discovered that ADHD content creators use the visual, discursive, audio, staging, and performance norms from other popular visual media genres and current TikTok trends, to co-produce a set of short-form social media standards. In doing so, these creators profit from their audience already being primed into trusting, respecting, and granting attention to this kind of media, thus making their own content more authoritative. ADHD content creators therefore generate authority by conforming and contributing to a set of coproduced content standards that ensure their videos are deemed viewable and relevant by both viewers and the algorithm alike. As such, the medical authority of ADHD TikTok videos is not developed through the identity of the content creator but is dependent on how closely the video conforms to these co-produced social media standards, and the algorithmic authority of TikTok.

Contrary to traditional understandings of authority, I therefore find that TikTok is creating an online space in which medical authority on ADHD is no longer something created only by medical professionals and institutions, but rather by content creators through

their collective and collaborative performativity of everyday lived experiences, and their engagement with the supporting technologies of the TikTok app. To account for this shift in how authority is produced in our digital mediascape, I build on existing theories of authority, and offer a theoretical framework of ‘techno-cultural authority’, as a way to grapple with the role that social media technologies, and their affiliated cultural contexts, play in shaping who is deemed an authoritative expert on the body. ‘Techno-cultural authority’, I contend, encourages an attunement to the way that the affordances and possibilities mediated by technological apparatuses (such as phones, apps, and digital platforms) engender users to become particularly accepting of the knowledge that is presented through these technologies. ‘Techno-cultural authority’ also recognizes that these technologies are embedded in, and understood in relation to, their rich cultural histories and current contexts – contexts which impact the authoritative sentiment attached to the technologies.

I ultimately argue that the techno-cultural authority of ADHD TikTok challenges customary understandings of medical authority figures and disrupts the traditional authority of the medical and healthcare industry, by impacting how users understand themselves and their mental health, and who is deemed an expert on the body. This has several important consequences. On the one hand, the techno-cultural authority of social media platforms has enabled a new wave of ADHD lay ‘experts’ to emerge who center embodied experience as a valid source of knowledge on disease. This is especially beneficial as it allows people who have been historically marginalized from sites of medical knowledge production (notably women, queer people, and people of color) to gain a voice and share their experiences. On the other hand, the increasing medical authority of social media content blurs the line between amateurs and professionals (Burgess, 2006, 205), and leads to an increase in medical disinformation (Yeung et al., 2022) that contributes to the ongoing problematization of trust in the healthcare industry, and other forms of institutionalized power (McIntyre, 2018; Thunert, 2021).

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