6/10/24 / Tiktalk therapy

[HALF SECOND OF SILENCE]

[BILLBOARD]

*<*[*CLIP*](https://www.tiktok.com/@amoderntherapist/video/7369645053293219114)*> @amoderntherapist: Therapists, self disclosure. What is it? Should we do it? How much do you care to know*

*<*[*CLIP*](https://www.tiktok.com/@leltherapy/video/7328835722549529899?lang=en&q=%23therapytok&t=1718035802424)*>: @leltherapy: I use the word emotional peanuts because I think about unpacking*

*<*[*CLIP*](https://www.tiktok.com/@itsedensipperly/video/7212644395705732395?lang=en&q=%23therapytok%20terms&t=1718037198542)*>: @itsedensipperly: We could talk about the emotions wheel. We could talk about emotional literacy*

SCORING IN <finger bones\_BMC >

Jonquilyn Hill (Host): Have you noticed more therapists on your nightly TikTok scroll?

*<*[*CLIP*](https://www.tiktok.com/@amoderntherapist/video/7322147978016329006?lang=en)*> @amoderntherapist: We're therapists and of course we're curious about how did that make you feel?*

If it feels like more mental health professionals are turning to the social media platform, you aren’t imagining things…

*<CLIP> REBECCA: It's not a coincidence that so many people are dropping out of these professions and finding more freedom and money and fulfillment, doing the influencer thing or the entrepreneurial thing.*

But does more access to *information* about mental health mean more people are getting mental health treatment?

That’s ahead on Today, Explained…

*<*[*CLIP*](https://www.tiktok.com/@therapyjeff/video/7209049069157666094?lang=en)*> @therapyjeff: OK, these are things hot therapists are obsessed with. Obviously I’m a hot therapist. I have a lot of hot therapists friends*

[THEME]

JQ: I’m Jonquilyn Hill filling in today as host. My colleague Rebecca Jennings is a senior correspondent at Vox covering internet culture. And she explained what “TherapyTok” actually looks like…

REBECCA JENNINGS (Vox Senior Correspondent: When people talk about ‘TherapyTok,’ they're talking about the mental health experts and therapists who are sort of using the posting norms that are rewarded by TikTok's algorithm to build followings. And a lot of the time, that means they'll use a strong visual hook. There are some that will like, you know, set up toys to use as a metaphor for, you know, your your mental state or something.

*<*[*CLIP*](https://www.tiktok.com/@drjulie/video/7351087603157847328?lang=en)*>: @drjulie:  In therapy, I like to call it the domino mindset. Let me explain. Now every day, you stack up lots of these small actions. For example, you meet that deadline. And you remember your friend's birthday. But then one small thing goes wrong. And in your mind, this happens. <CLACK>*

REBECCA: And then they'll hop on to trending memes or audios. So, you know, when that meme was going around where it's like where X, of course, were Y…

*<*[*CLIP*](https://www.tiktok.com/@thatdocjameca/video/7328145895009127726)*>@thatdocjameca: I'm a black therapist, so of course I'm gonna confront my patients in therapy with phrases like, ‘so you just not gonna do what we talked about doing?’*

*<*[*CLIP*](https://www.tiktok.com/@amoderntherapist/video/7322147978016329006?lang=en)*>@amoderntherapist: We're therapists and of course we're curious about how did that make you feel?*

*<*[*CLIP*](https://www.tiktok.com/@life.with.mrjosh/video/7313747204005645614?lang=en&q=%23therapytok%20we%27re%20therapist&t=1717775674446)*>@life.with.mrjosh: We're therapists. We're gonna Oh! Oh my god, are you okay? No, I'm not. Are you hurt? Emotionally. Mentally. I feel like I got the weight of the world on me.*

REBECCA: A lot of therapy talk will stress a lot of identity markers, sort of like, you know, are, you know, a woman who is diagnosed late in life, ADHD, or do you have high functioning depression and, you know, something like a highly sensitive person? These are terms that have gone really viral on TikTok and the rest of the internet. I think in part because, you know, there's a lot of young people and they're finding themselves or there's a lot of people that, like, haven't been exposed to therapy speak and are now kind of trying to work on themselves or figure out how to make positive changes.

*<*[*CLIP*](https://www.tiktok.com/@kellybaums/video/7202800612528934190?lang=en&q=%23therapytok%20%23adhd%20terms&t=1717997067629)*>@kellybaums: Let's talk about why ADHDers suck at taking criticism. ADHDers experience this thing called RSD or Rejection Sensitive Dysphoria. What a sexy name…*

JQ: So can you tell us a little bit more about who is posting? You know, are these actual credentialed therapists? Are these like, you know, randoms posing as mental health professionals?

REBECCA: It's all the above. So you have psychologists, you have psychiatrists, you have licensed therapists. But then you have a lot of people who are life coaches or authors. And these are obviously credentials, but they are credentials that effectively anyone can kind of call themselves. You can call yourself a life coach even though you don't have to pass a test. It's just a word that you can use. Or you can call yourself a mental health expert and no one's there going to be like, well, no, you did not get your expert certification. Those don't exist. And you can call yourself an author if you like, self-published a PDF of something. On the internet, it's like, what matters is how many people follow you.

JQ: Yeah. How popular are these videos? Like how many people are watching them ?

REBECCA: A ton, A lot of these therapists have, you know, more than a million followers, one of the bigger ones has like 5 million, another one has 3 million.

SCORING IN <Tremendous Sideburns Beet\_ BMC>

There's Doctor Julie,

*<*[*CLIP*](https://www.tiktok.com/@drjulie/video/7329934287938080032?lang=en)*>”I’m a psychologist and here’s three things you need to know about anxiety. Number 1…”*

REBECCA: who is a British psychologist, an author. She is big on the visual hooks. She will, like, flip over an hourglass or dump out a bowl of candy and use the candy as a metaphor for, like, things that you care about or something.

*<*[*CLIP*](http://clip)*>@dr.julie: Sugar or caffeine? Which one disturbs your sleep the most?*

Then there's therapy Jeff.

*<*[*CLIP*](https://www.tiktok.com/@therapyjeff/video/7228336911604075819?q=therapy%20jeff&t=1717777548973)*>@therapyjeff: Three tips on how to make an anxious avoidant relationship work. One, predict your partner's needs.*

REBECCA: He is pretty inescapable on TikTok. He has 3 million followers. He does a lot of the sort of dating advice, which is also a huge part of TikTok. He'll do a lot of like validating stuff about…

*<*[*CLIP*](https://www.tiktok.com/@therapyjeff/video/7255675229496806702?q=therapy%20jeff&t=1717777548973)*>@therapyjeff: “It is not your fault that you have an anxious attachment style. It’s the fault of the environment you grew up in. It’s because you had parents or caregivers that were inconsistent with their love and attention.”*

REBECCA: Or, you know, if you're in whatever single phase you're in, here are ways that you can, you know, still honor your goals and get out and meet people. And and here's how to, like, know what? Like what red flags are in dating and things like that. And those are really, really popular.

SCORING OUT

JQ: So are these therapists monetizing their content? How much are they making if they're doing that?

REBECCA: Here's the thing.Therapists and psychologists have always been influencers to some degree. You know, they'll, you know, do speaking gigs and write books and be important like public intellectuals. Whereas on TikTok, I think a lot of these messages and a lot of this, like personal branding, can travel much, much wider than, you know, a typical self-help book written by a therapist.

*<*[*CLIP*](https://www.tiktok.com/@drjulie/video/7184120122754206982?lang=en)*>@drjulie: <BOOM> I've got some stuff to give away. I'm still getting my head around this but my book was the UK's top selling non fiction book of 2022 and the number one best selling audiobook and it's now being translated into 40 different languages.*

REBECCA: They're going on TikTok because that's where the people are to build this audience and then getting these great book deals, to sell to that audience and oftentimes doing a lot of brand deals, which is, you know, typical influencer labor, which is making an ad for a company and posting it on your TikTok basically. Some of them have merch, One of them has a t-shirt store that has like favorite client on it. And and then some of them will, you know, have side businesses, like one of them has like a coaching business that's specifically for influencers.

JQ: Yeah. Like the idea of buying like merch from my therapist is very, I don't know why, but that feels weird and stressful to me. And, you know, I just wonder. I realize we are in like a side hustle era. Everyone has a side hustle. Everyone is trying to, like, monetize what they do even more, but is, you know, that traditional in person, sitting on the couch or even, you know, on zoom therapy, just not enough to make a living anymore? Because I'm sure there are people listening where it's like every time I come up off that co-pay or that out of pocket payment, it feels like it should be enough, you know, to get by on where you don't have to do a side hustle coaching influencers…

REBECCA: Right? One would think. So one of the therapists I talked to kind of explain this to me. And therapists typically get paid, because insurance companies set their rates like they don't really get a, a huge say in how much they're making. There are some adjustments based on where you live, obviously, like a therapist in San Francisco or any work is going to be paid more than someone in Texas. And so in the case of one one therapist, I talked to therapy, Jeff. He told me that he can make like 8 or 9 times the amount that he could make from, you know, just seeing clients alone, in a year on brand deals and merch and being an influencer. And so he's making a ton of money. But ironically, he also told me that, you know, he doesn't want to do TikTok forever because it's kind of messing with his mental health. Like he has to worry about the algorithm and how it will, like, reflect on the days post. And it's just like this constant grind, which I, you know, I hear from every single TikToker I've ever talked to, they're like, this is a huge grind. And, you know, not not as like diminishing rewards basically. But but if you succeed like him, you can make, you know, almost $1 million, which is wild.

JQ: Yeah. I think it's interesting that he spoke to you and mentioned like, oh, this is taking a toll on my mental health because, you know, everyone, everyone has their stuff. I don't know, you tend to think of your therapist or like your mental health professional as kind of like enclosed in this glass case. They have it together. And I think part of the beauty of that relationship is you don't really know a lot of their business, but these therapists are really open. And I just wonder, you know, what that does for the dynamic. Or maybe it's different online than it is IRL.

REBECCA: Yeah. I think one thing that I've I've really found striking about therapists on TikTok is how often they'll talk about their own mental health or their own, like, sort of family situations…

*<*[*CLIP*](https://www.tiktok.com/@homegirltherapist/video/7355489195495886110?lang=en)*>@homegirltherapist: Um, it's exhausting and sometimes it's tiring and sometimes I will withdraw. And I’ll just do my own thing until I feel better*

REBECCA: And for a really, really long time in the mental health field that was sort of like blasphemous to do, like you do not like you are basically supposed to be a brick wall. But I think in sort of the era of social media, in the era of, of influencer, in general, I think we see this in journalism as well. It's like you're seeing you're hearing a more subjective voice. You're getting more of an insight into who the person is behind the screen or behind the voice or whatever. And so I think this is a trend that's bigger than just therapy, but, but professionals are now feeling a lot more comfortable in there. And what they're saying is that, like clients appreciate it. They feel like they can like relate to a therapist that they know a little bit more about. And so I think it sort of fits in with this sort of mold of like, you know, having a personal brand and putting it online. And I think it works out really well for them.

SCORING IN <Clutch Blackwater\_BMC>

JQ: Rebecca Jennings covers internet culture for Vox. Coming up, just because we’re seeing more talk about mental health doesn’t mean people are getting better. In fact the numbers suggest it might be getting worse…

SCORING OUT

[BREAK]

[BUMPER]

GEORGE MAKARI (Professor of psychiatry at Weill Cornell Medical College): I'm George Makari. I am the director of the DeWitt Wallace Institute of Psychiatry and a professor of psychiatry at Weill Cornell Medical College.

JQ: Okay, so earlier in the episode, we talked with one of my colleagues about TikTok therapists, which, you know, kind of feels like the latest in pop psychology. But mental health is so much more than, you know, attachment styles or trying to find out the reasoning behind your ex's behavior. What populations are getting left behind when it comes to treatment and awareness when it comes to mental health?

GEORGE: You know, one of the problems with thinking about mental health is it's really a pretty vast domain. And it ranges from, as you say, something like, you know, what's going on with my boyfriend to, you know, really severe illnesses that are probably in some very significant portion genetic, viral illnesses, hormonal illnesses. It's very hard to talk about it without distinguishing what we're talking about. I mean, in terms of the TikTok stuff, I'm all for education and helping people understand what's going on in their lives and when they need to get help is a good thing. But, you know, treating them as a different thing, there's a lot, a lot of work to be done that can't be done by education.

JQ: So we hear all of this talk about how mental health has gotten worse, but how have the numbers shifted over the past few years?

GEORGE: Well, it's been a pretty dramatic shift ever since Covid.

SCORING IN <Vaquero\_BMC>

*<*[*CLIP*](https://www.youtube.com/watch?v=TacIXjYVo5g)*>CBS NEWS: “spikes in anxiety or depression correlated to the weekly number of reported COVID 19 cases.”*

*<*[*CLIP*](https://www.youtube.com/watch?v=DsHT1DPiScQ)*> WQAD NEWS: As the coronavirus was surging in 2020, fewer pediatric patients went to the emergency room, likely because people were trying to avoid hospitals. But despite the overall drop in visits, a new study shows there was an increase in the number of teenagers who went to the ER for suicide attempts, suicidal thoughts, and self harm.*

GEORGE: We have clear indications that the number of suicides, E.R. visits, addictions, anxiety and depressive disorders, all the numbers are up...

*<*[*CLIP*](https://www.youtube.com/watch?v=_O2KR5fzbTs&t=1s)*> Good Morning America: This was a Gallup poll. They found that in someone's lifetime, they had 29 percent adults likelihood of being diagnosed with depression. That's one in three of us. Highest rates were in people 18 to 44. And there was a difference, men versus women. Women, 37 percent diagnosed with depression in their lifetime, versus men, 25%. 20%.*

GEORGE: And for some of those, you could say it might be that we are more aware. And so people that weren't getting diagnoses got diagnoses are new. But you know a bunch of these are empirical events like an E.R. visits, an E.R. visit. It's not a label. A suicide attempt or a new addiction is an empirical event. So that's just clearly increased incidence of illness.

SCORING OUT

JQ: I feel like I'm constantly surrounded by talk of mental health, but it seems like there's a real disconnect between talking about it and having language for it and actually getting treatment and help.

GEORGE: Yeah, I think that I think that there is, you know, on the one hand, we've done a very good job destigmatizing mental illness. So I want to say in terms of the positive of everyone talking about it, I think that's a really good thing. But but the negatives, you see, when you go to Cook County Jail, are you go to, you know, Rikers Island, where there are people who are obviously severely mentally ill and we're treating them in in a jail, in a prison and so under treating communities, especially, you know, people who are impoverished, you know, different immigrant communities, different communities, really, you know are not getting the care that they need.

*<*[*CLIP*](https://www.youtube.com/watch?v=TacIXjYVo5g)*> CBS NEWS: And now this has hit a full blown crisis. When you add to that too, that mental health services aren't always accessible. They're not always covered by insurance...*

GEORGE: And, you know, it's still true that we have whole areas of the country that are pretty much deserts for mental health care, like, you just it's if they're very, very few psychiatrists, and psychologists. We have about 50,000 psychiatrists for a country of 300 million people. So that's really insufficient. And then if they cluster in urban areas and on the coasts, you can imagine what happens in the middle of the country.

JQ: How did we end up with the current system for mental health care that we have now? Like, Why do we treat it in the ways that we do now?

GEORGE: I went out to find what exactly the mental health system was and I was immediately, uh, informed that we had no system. Uh, if you think of a system as coordinated parts that are there for the major things, which is to care for folks, to get, get diagnosis and treatment. Uh, and to do research to help to develop the field since it's such a complicated field. In fact, we have a very fragmented system where different p p parts of the puzzle don't really communicate well with others and so lots of people fall through the cracks.

SCORING IN <Pay No Attention To This Poster Of Rita Hayworth>

GEORGE: We have, you know, this problem that's kind of three tiered. One is how does the community care for people? House them feed them? You know, we have this homeless encampments that are, you know, the shame of our nation. We have jails filled with the mentally ill.

*<*[*CLIP*](https://www.youtube.com/watch?v=Js0rJHbvhyI&t=8s)*> ABC7 David Ono: John McDonald is the watch commander at the Twin Towers Jail, and he walks me into a ward called Intake.*

*John McDonald: They were just arrested and they were just taken off the streets.*

*ABC7 David Ono: I see newly arrested inmates tethered to tables by chains to keep them from attacking others.*

*John McDonald: I would say most of these inmates in these modules are homeless. That problem that we have on the streets directly relates to what we have going on in the county jail.*

GEORGE: So that's like one part of the problem. The second part of the problem is we have better treatments than we've had ever. But we don't get them out to folks. So there are lots of underserved communities. There are lots of, you know, deserts where it's very hard to get actual treatment. And the treatments are really good in a lot of places, but not in others.

*<*[*CLIP*](https://www.youtube.com/watch?v=6q20zk0UNMQ)*> Rep. Steven Horford (NV-04): We should all be concerned at the low rates at which Americans, particularly Americans of color, are able to access and receive mental health treatment. It is crucial to understand that individuals in need of professional mental health resources are not to blame for their inability to get treatment.*

GEORGE: So we really need the scientists to step up and to try to help our patients. Really, the institution that's supposed to be leading our national mental health effort, which is the National Institute of Mental Health, has gotten very much obsessed, I would say, with this dream of finding, like a single gene or a single neural pathway for what turns out to be very complex, multi determinant illnesses. So we have billions of American taxpayer dollars going to research, which I support. I support good research, but at the expense of clinical work that might really push the ball forward for patients and for care. You know, we get whacked by a virus which causes massive mental health consequences… and there's no gene for a viral attack that disrupts homes and societies and fearful reactions and trauma. There's no gene for that.

SCORING OUT

JQ: So, you are a psychiatrist yourself, and I just wonder if you could, you know, like, wave a magic policy wand and, you know, all of the recommendations that you have to improve America's mental health come true. What would they be? Like, where, where would you start?

GEORGE: I would start by saying we need more of a unified system. We, we right now have a research arm, uh, of the government, NIMH, which has completely dissociated itself from the delivery of services, and, and for, for, for a center and leadership that takes into account these very complicated problems. Uh, we need leadership that says, yeah, of course we're gonna do more genetic research, uh, but we are gonna really shift our portfolio to a much more balanced approach And then we have a lot of work to do on delivery. You know, just the antidepressants we have now, if we could get them out to all the depressed people out there, we would be doing a lot of good. Uh, so how do we do that? Uh, there's gotta be ways using, you know, maybe digital apps or something like that to help with the delivery of services. I don't think that, you know, TikTok is gonna be the treatment, but maybe it can get people to get treatment. How about that?

JQ: There's there are a lot of players here that are aren't just like you and your clinician, like there's lots of societal stuff going on here that's impacting mental health…

GEORGE: You know, things like discrimination that especially are deeply entrenched, poverty that is deeply entrenched. We know that these things are massive stressors on individuals. And so to, you know, simply say, well, that's a social problem, not a medical problem is to be naive. These are things that alter people's worlds, their their sense of hope, their sense of despair, their their the risk factors of addiction and of of depression, etc., etc.. We know that. So, well, you might say, well, it's overwhelming to do something about that, but okay, let's start by acknowledging that it's a very big problem.

SCORING IN <A Dolphin Most Serious\_BMC>

So we have to we have to really move towards a more balanced bio psychosocial set of, of causes. Acknowledge that it's very hard for us to make huge generalizations and think in a more nimble way about how we can affect people's health.

JQ: George Makari, thank you so much for joining us.

GEORGE: It was delightful to be with you. Thank you.

JQ: George Makari is the director of the DeWitt Wallace Institute of Psychiatry and a professor of psychiatry at Weill Cornell Medical College.

Later this week, we are going to be talking about credit card debt and we wanted to know, are you in a lot of it? Are you having to rely on your credit card for every day expenses or emergencies? Having trouble paying it off every month?

Tell us your story by calling (844) 453-4448 or recording a voice memo on your phone and sending it to [TodayExplained@vox.com](mailto:TodayExplained@vox.com)

Today’s show was produced by Denise Guerra. It was edited by Amina Al-Sadi, fact-checked by Laura Bullard and engineered by Patrick Boyd and Andrea Kristinsdottir…

I’m Jonquilyn Hill, this is Today, Explained.

[10 SECONDS OF SILENCE]