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TikTok and the changing landscape of therapeutic digital spaces of care

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ABSTRACT

The COVID-19 pandemic increased the prevalence of mental health issues across the U.S. While therapists have been able to shift to telehealth delivery of mental healthcare, there has been a recent increase in the number of therapists on social media. Social media as a site of engagement has been feared by systems of power which regulate the ethics of therapists, and despite the influx of therapists online, these ethical guidelines remain under researched. Feminist geographers have explored theories and practices of care within different spaces, and especially in the wake of the pandemic, there is a need to conceptualize how therapists provide care within digital spaces and how this affects the delivery of mental healthcare. This study sampled 100 videos on the social media site, TikTok, for a content analysis using the hashtag #therapistsoftiktok. The videos were analyzed to uncover themes relating to how therapists provided care to the viewer. Four themes emerged in the analysis and showed that therapists provided care both directly and indirectly to the viewers. Direct care included providing psychoeducation to the viewers and offering validations/affirmations. Indirect care included normalizing therapy and humanizing the therapist, and these videos were interpreted to focus more on relationship building and addressing viewers' anxieties about therapy and therapists, which may allow viewers to engage in therapy in the future. This study identified ways that therapists are engaging in care work digitally, despite the admonishments and warnings from professional therapy boards. Ethical concerns still abound, as intimacy and relationship-building can occur across digital spaces. However, rather than simply abstaining from social media, therapists are engaging in resistant and creative ways to provide care and destigmatize mental health issues to a global audience.

1. Background

Mental health services, particularly therapy, have long thrived on the nature of the relationship formed between the therapist and client. However, the COVID-19 pandemic has disrupted physical spaces and has contributed to increasing social isolation and mental health crises. Digital spaces – such as social media platforms and teleconferencing services – rose to more prominence in response. Digital geographers have criticized the dichotomization of the physical/digital (Ash, Kitchin, and Leszczynski, 2018a), and the pandemic has provided more evidence of the need to understand these categories as more conceptually and empirically linked than previously believed. The conceptualization of digital space provides the field of mental healthcare a lens to better meet the needs of people emotionally impacted by the pandemic.

The World Health Organization has attributed the pandemic to a worldwide increase in anxiety and depression prevalence even two years after the onset of the pandemic (World Health Organization, 2022). Therapists have made the shift to digital spaces – such as teletherapy and social media – in record numbers to combat this deepened need for care. However, this shift has challenged the anxieties of professional therapy associations and the governing bodies regulating their services, which have historically feared the potential crises in the large physical distance between therapist and client. The existing anxieties of these regulatory boards reflect the rigidity in common understanding of the physical/digital dichotomy, and concepts from the field of digital geography may aid in critiquing this fallacy within the practice of mental healthcare. The shifting landscape of mental healthcare has opened the doors to exploring other digital spaces and the ways therapeutic relationships and care have been reflected in them.

Social media has been a space of connection since it's advent, yet therapists have had a tense and fraught relationship with it for most of the 21st century. Despite the fear inherent in professional therapy associations, therapists have remained on social media and are using it as a space to provide care across large geographic spaces. TikTok is one such

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platform that has been a digital home for therapists. TikTok is a rapidly growing social media site which uses video, audio, and textual formats to provide content. This site has multiple features which emphasize the relational potential of social media, including the ability to "stitch" another user's video with your own to talk directly to that person's topic. The unique feature TikTok offers is called the "For You Page" (FYP) and is an algorithmically curated stream of videos which cater to users' interests. This provides an interesting space to explore how therapists engage with a global audience. Videos are generally less than one minute to promote the quick and exciting nature of the site; however, a user may choose to make a longer video at the reaching the site's FYP.

Researchers have begun to discuss the affective components of TikTok (Avella, 2023; Southerton, 2021). Southerton's (2021) research on healthcare workers show how the platform is used to counter the spread of medical misinformation and clarifies how TikTok can be understood as an affective environment. This work furthers research into affective atmospheres – environments which are collective, social, and offer a space for emotion – which geographers have argued include the digital. Avella (2023) similarly explored the affective territories of TikTok, specifically researching therapists who provide content on the app and enter into a relationship with the user, mediated by the algorithm TikTok uses to produce the FYP. This process allows TikTok to function, Avella describes, as a therapeutic mood mediating technology, making the platform both a space and an intervention. This paper furthers this and other work within digital geography and related disciplines in understanding the affective dimensions of TikTok, generally.

Specifically, this paper argues that the platform is a space of digital care. Not only are therapists engaging in the affective atmosphere of the platform, but they are actively providing care to the millions of users who algorithmically journey to their content. This reflects digital geography's assertion that space cannot simply be dichotomized as physical/digital. However, this also complicates the practice of mental healthcare, which has happily existed within this binary pre-Covid 19.

This study is the first of a series which will explore the digital turn of geographies of mental healthcare. In this paper, I will review the literature on theories of care, including power dynamics within geographies of care, and the ethics of therapists' social media use. Then, I share the results of a content analysis of therapists on TikTok. In collecting data for this project, I focused on therapists who have accounts on TikTok and analyzed 100 videos they have provided. I develop categories in which I utilize previous training as a mental health practitioner to argue that what is being produced through TikTok are examples of mental healthcare, including what I distinguish as direct and indirect care. I then explore the larger implications that this speaks to, namely that this is empirical evidence of TikTok as a space of digital care and that the move to digital spaces to provide care disrupts the dichotomization of physical/digital in mental healthcare. Understanding TikTok as a space of digital care will aid mental healthcare practitioners in easing their anxieties of providing care digitally, as I argue they already have and will continue to do so. This paper supports researchers and practitioners in justifying the provision of care beyond the physical space of the therapy room.

2. Literature review

2.1. Theories and practices of care

Theories of care may be helpful in explaining the shift of therapists from physical to digital spaces. Care frequently refers to "hands-on" acts of service delivered through personal relationship networks, i.e., families or partners (Himmelweit and Plomien, 2014). Care is expressed through the physical, emotional, and spiritual and connotes themes of healing and nurturing. However, the concept of care is also subject to different social, cultural, and political ideologies, and the provision of care has shifted historically and geographically. Care in some cultures can involve attending to basic needs, such as food, shelter, and clothing, but care in other cultures may focus on more emotional practices such as offering affirmations, spiritual advice, or a safe space for listening to a person's problems. No one act of care is sufficient for an expansive definition. For this paper, care will refer to the "emotional labor" (Himmelweit and Plomien, 2014) one performs to provide support, assistance, or love to another.

Care has been conceptualized differently within the social sciences, and feminist geographers have investigated care in terms of affect, proximity, directionality, and embodiment. Scholars differentiate between the concepts of caring *for* and caring *about* (Fisher and Tronto, 1990; Milligan and Wiles, 2010). Caring *for* includes the physical proximate acts of attending to a persons' needs. This care often involves some element of the body, whether it is caring for another's body or being physically close to another. Caring *about* is conceptualized as a more affective care in which a person can be thoughtful of another and empathetic to their needs. These two forms of care are not mutually exclusive, and the authors give the example of people caring *for* others because they care *about* them on an affective level. This interplay of care also disrupts the proximate, physical connotations of care, as a person may be physically distant from another and unable to care *for* them but may still care *about* them and have an emotional connection to them which transcends physical space. Social media provides an important example of this argument, as users may be physically distant from one another, but relationships which form through social media interactions illustrate a kind of caring *about*.

When thinking of care, it is common to view it as a unidirectional activity – from a caregiver to a care recipient (Conradson, 2003; Fisher and Tronto, 1990; Milligan and Power, 2009). But a more expansive and multidirectional view of care is helpful in exploring the practice of care and its place in understanding social phenomena. Multidirectional care can look like a flow of care between romantic dyads. Ageing in some cultures is an interesting example of the changing directionality of care. While it is expected in most societies for parents to provide for their children, in some cultures as a parent ages, a child may become a primary caregiver either with the parent's expectation or despite the parent's desire for continued independence. The benefits of care may also be multidirectional. While there is a direct benefit to the care recipient, such as needs fulfillment or compassion, the caregiver may also experience "a sense of pride or satisfaction" (Milligan and Wiles, 2010) from providing care. This kind of multidirectionality allows us to further theories the spatial understandings of care, especially in healthcare settings.

Geographers have been interested in exploring the spaces of caregiving and care receiving. Specifically, this body of literature focuses on "the spaces, practices and experiences that emerge through and within relations of care" (Conradson, 2003). Medical geographers are especially interested in the labor of care and have done studies which explore the relationship between healthcare providers and the spaces that they occupy. The origins of geographies of health first looked at "therapeutic places," which are the built environments and the effect they have on a person's health (Smyth, 2005). However, current geographers focus on "the location, internal design and architecture of therapeutic spaces (physical landscapes), to the people interacting within these settings (social landscapes) as well as to elements of the symbolic landscapes (objects, artifacts and language) within these spaces" (Smyth, 2005). Therapeutic networks offer a more structural understanding in which kinship and social networks within different geographic locations are mobilized to provide care. These changing objects of relation and distance provide a helpful framework for understanding how social media has found its way into mental healthcare networks.

Human geographers who research care are often concerned with the relational aspects of care created in specific geographic contexts, both domestically and globally (Conradson, 2011). Smith (1997) introduces the concept of the "distant other," and questions a person's or society's responsibility of care. The idea of distance here is both a physical

approximation of farness, in which people provide care transnationally (i.e., governments providing foreign aid or people donating to global charities), but Smith also questions a kind of social distance between people. By this, he refers to people who occupy different social locations, either due to class, gender, ethnicity, citizenship status, etc. These questions bring into discussion the ethics of care and how far it may extend. In a world proliferated by social media, in which global networks of care can be established through simple acts of liking or reposting content, these questions become increasingly more important in understanding the relational networks of care.

2.2. Feminist geographies and Black, queer and feminist code studies

Feminist geographies are key in understanding the role of power in care work, domestically, globally, and digitally. Many feminist geographers have explored the relationship between care work and the economy, showing how care becomes devalued within capitalism when it becomes commodified (Parr, 2003; Schwiter and Steiner, 2020). As economies around the world have become more privatized and marked by "a broader move towards neoliberalism and continuing austerity politics," state welfare systems have also become more privatized (Conradson, 2011; Milligan and Power, 2009; Schwiter and Steiner, 2020). Public services have become offered less directly from state governments and are made available through partnerships with the nonprofit and private sectors. This commodification of care can be found in many economic sectors, including domestic labor, childcare, and healthcare (Dyck, 2005; McEwan and Goodman, 2010). But because care has been historically gendered, this commodification of care still results in less wages, instability in working conditions and employment, marginalization of workers, and the underfunding of these jobs (Dyck, 2005; McEwan and Goodman, 2010).

Mental healthcare is a good example of the undervaluing of care work, as women or femme people make up most of this labor force. (American Psychological Association, 2022). The funding of mental healthcare has experienced major shifts in US history. While mental health services had been historically provided through government or institutional care, such as public hospitals or asylums, after the 1980s these services were privatized and pushed out into the community (Milligan and Power, 2009). These services are now provided in community mental health centers, schools, and private practices and often are formed through contracts with local or federal governments or through insurance reimbursements. However, mental health services still suffer from underfunding, and this exemplifies the arguments feminist geographers have made about care in the economy. Thus, there has been a need in the US for decades to provide widescale mental healthcare, and digital spaces have more recently been used as a site for mental health promotion and other preventative interventions (Mehmet, Roberts, and Nayeem, 2020).

Digital geographers have explored the ways that spaces have been disrupted through online practices. Ash et al. state "Digital presences and practices are characterized by uneven geographies of underlying infrastructures, material forms, component resources, and sites of creation and disposal" (Ash, Kitchin, and Leszczynski, 2018b). Digital communication technologies, such as smartphones, web-conferencing, and virtual meeting rooms can all be used to provide care. Video calling has been available and has led to a complication of binaries such as "absent/present, close/distant, and public/private" (Schwiter and Steiner, 2020). Relationships that would not have been as intimate, or even possible, in the previous century are made possible thanks to the use of these technologies.

As the field of geography has taken a "digital turn" (Ash et al., 2018a), there has been a need to explore elements of oppression that are produced within and by digital spaces. Elwood (2021) notes that digital geographies typically focus on narratives of "hopes and fears" in which digital technologies and spaces are heralded as signs of progress or of ruin, depending on the political actions of citizens and the state. However, in centering this narrative, "our prevailing dystopian framings reinscribe racial, colonial, and heteronormative ideologies, by persistently situating blackness as other to narratives of digital and technological 'progress'… reducing queer life to pathology … and reinscribing settler colonial imaginaries" (Elwood, 2021). Elwood opens the door in bridging Black feminist thought, feminist geography, and queer/trans code studies, which is necessary to understand how care work has moved into digital spaces and how it relates to larger power structures.

2.3. Ethical considerations of social media use

Because of the intimate and relational nature of psychotherapy, professional therapy associations have implemented ethical guidelines to ensure the care therapists are provided do not lead to harm to the client. Of these guidelines, self-disclosure, or the clinical skill of sharing your thoughts, feelings, or other types of personal information with your client (Baier, 2018), creates fear in most professional therapy associations because of the risk to blurred boundaries between clients and therapists. Self-disclosure can be deliberate, unavoidable, or accidental, but all types of self-disclosure draw back the curtain of the therapist through which the client may peek (Zur, 2008). While most types of self-disclosure can be avoided within a therapy session, the advent of social media has made it easier for therapists to accidentally reveal their non-therapist self to their clients. The response to this possibility has largely been to limit or avoid this tool altogether, but this eliminates the potential to use this space as an extension of therapeutic care. Guidelines given to limit therapist social media use are framed as preventative and necessary to maintain the image of the therapist self that the client may build within the physical therapeutic environment. Such "best practices" as removing oneself from search engines, keeping profiles on the highest levels of privacy, and preventing oneself from being "tagged" in friends' photos are emphasized (Baier, 2018).

Despite these ethical considerations, not all therapists have strictly limited their social media use. In a recent study conducted in Israel, caregivers (i.e., social workers, psychologists) used the platforms WhatsApp and Facebook to engage with hard-to-reach youth (Rosenberg, Ophir, & Billig, 2021). The participants reported the ability to meet youth in the digital spaces where they are familiar, which allowed for increased participation and openness to clinical services. However, privacy of youth and therapists, and defining appropriate time to reach out when in crisis were common dilemmas the caregivers faced, which highlight the risks of self-disclosure and establishing clinical boundaries shared above. The willingness to use this medium reflects the evolving nature of social media use in psychotherapy, and this underscores the need to understand how therapists who choose to engage online navigate this shifting landscape, despite the conservative fears of professional therapy associations.

3. Methods

3.1. Ethics and researcher positionality

Before introducing my findings, in the practice of self-reflexivity it is important that I acknowledge my standpoint as a licensed marriage and family therapist (LMFT) and trained social worker in the U.S. While I do not have a TikTok account dedicated to my practice as a therapist, I am a TikTok user and have used the site frequently since the beginning of the COVID-19 pandemic, like many globally. I have experience in being uprooted from my physical counseling room and needing to learn to create therapeutic spaces digitally for teletherapy. I have used my clinical expertise and knowledge of TikTok to guide my coding in this content analysis. This study was approved by the Institutional Review Board of the Crown Family School of Social Work, Policy, and Practice at the University of Chicago. Expedited approval was given under the condition that all identifiable information of the TikTok therapists would be kept private and deidentified.

3.2. Study design

This research project was guided by the need to conceptualize digital spaces of care and investigate how therapists have created this space despite messages of fear from professional therapy associations. To address this, I ask: "How do therapists provide care through digital spaces?" A content analysis was chosen as an efficient method of data collection, and the analysis would be complemented by my years of clinical experience. A secondary research question asked is: "How do digital spaces of mental healthcare distort our conceptions of physical therapeutic space, which has historically been confined to the therapy room?" This question seeks to build upon the work of digital geographers, namely in deconstructing the fallacy of the physical/digital binary.

TikTok offers a search function utilizing hashtags as keywords. I used the hashtag #therapistsoftiktok after previous extensive time spent on TikTok exploring videos that therapists have made. I determined #therapistsoftiktok allowed for more videos which were made by therapists, as opposed to using hashtags such as #therapy or #mentalhealth, which are dominated by service users, mental health advocates, and other non-therapists. My sample included 100 videos which populated from this search. These videos were not the most popular, in terms of views or likes, but the search function determined these were the most related to my key term. Surprisingly, some of these videos did not contain the hashtag but rather some iterations of it, such as #blacktherapistsoftiktok or #queertherapistsoftiktok.

3.3. Analysis

This study was guided using content analysis methods, typically used in similar studies of social media sites for research (Basch, Donelle, Fera, and Jaime, 2022; Basch, Yalamanchili, and Fera, 2022; Fowler, Schoen, Smith, and Morain, 2021; Schwartz and Ungar, 2015; Vázquez-Herrero, Negreira-Rey and López-García, 2020). I coded data on each video, including creator's username, the number of views of each video, the number of likes of each video, when the video was uploaded, and when the video was accessed. Typical demographic data, such as user age, gender, and ethnicity were not obtained, as this information was not readily available through the user's profile page. Future research would involve collecting these types of demographic data to expand the analysis.

Guided by previous content analyses (Hsieh and Shannon, 2005), I used an inductive coding approach as there have not been previous content analyses exploring expressing care on social media, and most research on mental health on social media exclusively focuses on mental health promotion interventions (Mehmet et al., 2020). I watched each video between 15 and 20 times within the first coding session, coding the content of each video, video format, and video purpose. I used the content of the video – including what was being said, affective messages being expressed, context gathered from embedding myself in the digital context of TikTok – and considered the video's purpose to create the specific codes for analysis. After an extensive inductive coding process, I identified four themes which related to ways therapists practice care through TikTok. In total, I identified four codes which described how the therapist was providing care through their video: normalizing therapy ($n = 22$), humanizing therapists ($n = 23$), psychoeducation ($n = 46$), and validations/affirmations ($n = 9$). Each video was assigned to only one of the codes depending on the content and purpose of the video.

4. Findings

4.1. Normalizing therapy

The first theme analyzed is **normalizing therapy**. This category related to videos in which the therapist illustrated some aspect of therapy or the therapeutic process which occurs in physical spaces. These videos often imitated real therapy sessions through roleplays or conversations about recent therapeutic reactions. I interpreted these videos as having one of two purposes: attempting to show the viewer an authentic example of what therapy looks like, or a corrective experience of what therapy could look like. One example of showing the viewer an authentic look at therapy includes videos where the therapist would list out all of the steps they take to make their session relaxing, such as dimming their room lights, lighting a candle, or offering water. The therapist may record a roleplay in which they share common occurrences in therapy. These may be comical, such as showing a therapist holding in a sneeze or roleplaying how they warm up to disaffected teenage clients. Others are educational, where the therapist directly tells the audience what to expect in their therapy session. Because interviews were not conducted with these therapists, it is unknown whether this is a marketing technique to potentially grow the therapist's caseload, or a way to dissuade anxiety that a viewer might have about attending therapy for the first time or after a previous negative experience.

Another purpose I interpreted from this theme is of showing the audience a corrective experience of therapy. It was common in the comments of some of the videos in this category to speak to a viewer's previous negative experience in therapy. Some videos would discuss unethical therapeutic practices that they were familiar with, such as a therapist blaming a client for their traumatic experience or accusing them of seeking attention in therapy. Some videos used roleplays to show how they might practice therapy differently than other therapists, such as in culturally responsive ways sensitive to the needs of clients of different gender identities, sexual orientations, racialization, language, etc. Without in-depth interviews with the audience, it is not possible to know how being shown a roleplay of a positive experience in therapy affects their trust or distrust of receiving mental health services, but future research may be able to expand on this.

While this theme does not show a direct practice of caregiving, I argue that these kinds of videos create a sense of familiarity and security with the therapeutic process. They allow clients with ambivalence, fear, or distrust of therapy to receive alternative narratives of therapeutic spaces and instill hope of what therapy may look like. Also, this illustration of physical therapeutic space within a digital platform distorts the distance between the therapist and the viewer. This may create familiarity with the therapist and increases the receptiveness of the kinds of direct care that the therapist can provide in the digital space.

4.2. Humanizing the therapist

A second category identified is of **humanizing the therapist** and entails videos which depict a therapist not as a cold, distant blank slate, but rather as a holistic person with thoughts and opinions, especially about therapy. These videos sometimes involve "sharing secrets" about themselves, such as their worries about their clients, their ability as a therapist, or what aspects of being a therapist they dislike. These videos include direct phrases such as "Things you don't know about your therapist" or "What's really going on in your therapist's head." These phrases give special insight to the person behind the title of "therapist" and provide the viewer with intimate details of the therapist, simulating the sharing of secrets between friends. Other videos share elements of the therapists' life outside of therapy and other self-disclosures made public to the audience.

Previous research has shown that people often use social media as a space to share their inner thoughts and feelings, which may seem counterintuitive as much of social media is globally public (Hiebert and Kortes-Miller, 2021). Through a content analysis I found that therapists engage in the same kind of sharing on social media, despite the warnings and fears of their professional associations. Some of these videos include therapists divulging their own experiences with mental health issues, such as depression or anxiety, with the purpose of destigmatizing mental health. Similarly to the previous theme, these videos do not provide direct care to viewers, but they establish a space for relational

interactions between the therapist and viewer. The intimacy shared here, as with the previous category, creates a space in which subsequent direct practices of digital care can be provided.

4.3. Psychoeducation

The third category, with the largest number of videos, is **psychoeducation**. Psychoeducation is a common practice in direct mental health practice and in mental health promotion (Mehmet et al., 2020). It entails the dissemination of knowledge around a wide array of topics in mental health. Psychoeducation as a practice is often used by therapists in physical therapeutic spaces to provide knowledge to build clients' ability for self-care and self-advocacy, such as learning the signs of a panic attack or identifying an abusive relationship. Through my analysis, I identified different topics of psychoeducation, including anxiety, bipolar disorder, personality disorders, trauma, anger management, healthy relationships, obsessive-compulsive disorder, stress. Some of these videos discussed clinical symptomatology of mental illnesses found in the Diagnostic and Statistical Manual of Mental Disorders to help the audience identify if they may be experiencing a mental health issue. Other videos included tools to help the audience manage existing symptoms, such as emotional regulation techniques (i.e., deep breathing, cognitive-behavioral techniques), bibliotherapy resources around mental health and relationships, and relationship skills to practice.

In this sample, one format of video was used most frequently within this category – lists. As is common in many current media formats, these therapists used ordered lists to provide psychoeducation to the audience. Phrases common in this category included "[Number of] psychology hacks to…" or "[Number of] tricks from a therapist." These lists resemble the "listicle" format of news reporting found in digital media sites, such as BuzzFeed, and show the ways therapists conform to the culture on TikTok to provide care for the audience. Psychoeducation is a direct practice of care in social media platforms, as it provides a direct service to viewers. This practice of care resembles mental health promotion, which is another intervention that frequently uses the potential of social media to reach a large, global audience. This code shows a clear transcending of physical space through digital space, as stated earlier in conceptualizing digital geographies of care (Schwiter and Steiner, 2020).

4.4. Validation/Affirmation

The final category in this analysis is **validation/affirmation**, and similarly to psychoeducation, videos in this category practiced care directly in the digital space. Validations/affirmations can be used by therapists to help a client feel believed, safe, and understood. In the context of the therapeutic relationship, they are used to build a client's sense of safety and trust with the therapist, ultimately strengthening the relationship. They are also a common practice of self-help books and involve words of encouragement directed at the audience.

On TikTok, these videos varied in the reason for sharing the validations/affirmations; some were shared for viewers having a bad day, some praised viewers for their recovery journeys or for continuing to manage their mental health issues. Videos in this category engaged by directly addressing the viewer, attributing the coincidence of viewing the video to the algorithm sending them purposefully to the therapist. Therapists often prefaced these videos with a kind greeting to the viewer which establishes a sense of personalism to the video. Combined with TikTok's unique "For You" page – a function of TikTok which uses a sophisticated algorithm to curate videos directly to the viewer – these videos could be interpreted as literally being "for" the viewer. This process of unidirectional care is another example of how care is provided within the digital spaces of TikTok, but also of how this practice of care disrupts the concept of distance and proximity in digital geographies of care.

5. Discussion

The practices of care illustrated above help to establish TikTok as a unique digital space of care which disrupts previous notions of therapeutic space. TikTok has created a multimedia platform to share education, build relationships, and while other platforms such as Twitter and Instagram have been successful at these, TikTok's rise in popularity during the pandemic make it an especially prescient digital space of care. Therapeutic spaces have been historically reserved for physical rooms and buildings, i.e., therapy rooms, hospitals, schools. These findings represent what digital geographers have described as a "hybrid space" (Leszczynski, 2018). Leszczynski describes hybrid spaces as those which blend real and digital worlds, often mediated using digital technologies. Spaces of digital care, as conceptualized in this example of TikTok, are hybrid spaces in that they provide affective support to people in physical spaces with this platform. Furthermore, Thompson (2021) draws attention to the limited engagement health geographers have made with digital health and conducted an autoethnography of their encounters with digital health technologies in the UK to give more empirical evidence to the ways digital health "disrupts existing, and creates new, therapeutic landscapes and mobilities" (1). These findings have continued this argument, as the care provided by therapists within TikTok reflect how the use of digital health, in this case social media platforms, create a space of digital care, which disrupts regulatory attempts at limiting the use of digital spaces to provide care.

As social media has become popularized, professional therapy associations have regarded it and other digital spaces with fear and skepticism. However, there is care that is provided by therapists in these spaces, as shown through the findings and in other spaces of digital care such as teletherapy. No amount of fear about the consequences of providing digital care in these spaces has stopped them from existing and meeting the need for more mental healthcare. In the US, where mental health services are met with underfunding and healthcare providers are undervalued, spaces of digital care may represent a kind of glitch politics, as theorized by Elwood (2021). More research is needed to understand the reasons behind therapist's migration to spaces of digital care.

The findings from this study help to establish the importance of continuing research on the interaction between therapists and social media, especially to explore changing ethical guidelines and practice curricula. Most of the videos from this sample engaged in psychoeducation, which is supported by literature on mental health promotion interventions using social media. However, this study also identified other ways therapists provided care, either directly through giving a viewer a validation/affirmation, or indirectly by sharing more of their thoughts and personality to the audience, thus engaging in therapeutic relationship-building. These kinds of care run counter to the warnings of the professional structures creating the ethical guidelines of practice. Therefore, more research should be done on how to still provide care digitally while maintaining appropriate boundaries.

Another important consideration when exploring digital spaces of mental healthcare is concerns the commodification of care. The increased commodification of care has been explored through feminist geographies. Care has been historically gendered and feminized, reifying sexist and misogynistic power structures which devalue women and femme people's work. This is exemplified with mental healthcare, as most practicing therapists in the US are women and femme people. As mental healthcare became deinstitutionalized, there became an increased privatization of services and they are either provided through government/nonprofit contractual relationships, private practice, and/or through health insurance reimbursement. Although this study was unable to explore the specific gender dynamics at play in this digital space of care, future research will make sure to explore the gender identity of therapists of TikTok.

6. Conclusion

The landscape of mental healthcare is shifting from strictly physical spaces to a fluid movement between the physical and the digital as a response to an inequitable and inaccessible system of care. The increased engagement of therapists on TikTok may represent the ubiquity of social media in our world, but it may also represent a need to provide care for large groups of people in need. In news articles during the height of the Covid-19 pandemic, therapists with large TikTok followings were interviewed and shared they entered the digital space because of the increase in mental health challenges brought to light by the pandemic (Blum, 2021; Petrow, 2021; Sung, 2021). Although these therapists were unable to provide physical care, they found a resistance to the incompetence of the mental healthcare system by utilizing digital space. Teletherapy, a type of therapy which uses digital communication devices to provide direct mental healthcare, has become a favored way for many therapists to work. But more interventions that utilize social media spaces to provide direct or indirect care may continue if this system of care is not revitalized.

Therapists are providing further care beyond their physical spaces. Although this research project cannot explicitly speak to this phenomenon, the presence of therapists on TikTok provide an interesting site for further research on the motives on providing care in digital spaces. This research has also been limited by not having direct conversations with the therapists to explore their motivations for engaging on TikTok and whether they perceive their role as a caregiver online. Further ethnographic research, including participant observation and in-depth interviews, may get to these gaps in information. Similarly, this research could be enhanced by interviewing TikTok viewers and learning about their experiences of seeing therapists on TikTok. Researching this may help strengthen the argument for TikTok as a space of digital care and a site for further intervention.

Declaration of Competing Interest

The author declares that they have no competing interests.

References

American Psychological Association. (2022). Demographics of U.S. Psychology Workforce [Interactive data tool]. Retrieved [10/28/2022], from https://www.apa.org/workforce/data-tools/demographics.

Ash, J., Kitchin, R., & Leszczynski, A. (2018a). Digital turn, digital geographies? *Progress in Human Geography, 42*(1), 25–43. https://doi.org/10.1177/0309132516664800

Ash, J., Kitchin, R., & Leszczynski, A. (2018b). Introducing digital geographies. In *Digital Geographies* (pp. 1–10). essay, SAGE Publications.

Avella, H. (2023). "TikTok ≠ therapy": Mediating mental health and algorithmic mood disorders. *New Media & Society*. https://doi.org/10.1177/14614448221147284

Baier, A. (2018). The Ethical Implications of Social Media: Issues and Recommendations For Clinical Practice. *Ethics & Behavior, 29*, 1–11. https://doi.org/10.1080/10508422.2018.1516148

Basch, C. H., Donelle, L., Fera, J., & Jaime, C. (2022). Deconstructing TikTok videos on mental health: cross-sectional, descriptive content analysis. *JMIR Formative Research, 6*(5), Article e38340. https://doi.org/10.2196/38340

Basch, C. H., Yalamanchili, B., & Fera, J. (2022). #Climate change on TikTok: A content analysis of videos. *Journal of Community Health, 47*(1), 163–167. https://doi.org/10.1007/s10900-021-01031-x

Blum, D. (2021, January 12). Therapists are ON Tiktok and How does that make you feel?. Retrieved March 15, 2021, from https://www.nytimes.com/2021/01/12/well/mind/tiktok-therapists.html?searchResultPosition=1.

Conradson, D. (2003). Geographies of care: Spaces, practices, experiences. *Social & Cultural Geography, 4*(4), 451–454. https://doi.org/10.1080/1464936032000137894

Conradson, D. (2011). Care and caring. In *A Companion to Social Geography* (pp. 454–471). John Wiley & Sons, Ltd.. https://doi.org/10.1002/9781444395211.ch26

Dyck, I. (2005). Feminist geography, the 'everyday', and local–global relations: Hidden spaces of place-making. *The Canadian Geographer / Le Géographe Canadien, 49*(3), 233–243. https://doi.org/10.1111/j.0008-3658.2005.00092.x

Elwood, S. (2021). Digital geographies, feminist relationality, Black and queer code studies: Thriving otherwise. *Progress in Human Geography, 45*(2), 209–228. https://doi.org/10.1177/0309132519899733

Fisher, B., & Tronto, J. (1990). Towards a feminist theory of caring. In E. Abel, & M. Nelson (Eds.), *Circles of Care*. Albany: SUNY Press. pp. 35ff.

Fowler, L. R., Schoen, L., Smith, H. S., & Morain, S. R. (2021). Sex education on TikTok: A content analysis of themes. *Health Promotion Practice*. https://doi.org/10.1177/15248399211031536, 15248399211031536.

Hiebert, A., & Kortes-Miller, K. (2021). Finding home in online community: Exploring TikTok as a support for gender and sexual minority youth throughout COVID-19. *Journal of LGBT Youth, 1–18*. https://doi.org/10.1080/19361653.2021.2009953

Himmelweit, S., & Plomien, A. (2014). Feminist perspectives on care: Theory, practice and policy. In M. Evans, C. Hemmings, M. Henry, H. Johnstone, S. Madhok, A. Plomien, & S. Wearing (Eds.), *The SAGE Handbook of Feminist Theory* (pp. 446–464). London, UK: Sage Publications. ISBN 9781446252413.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Leszczynski, A. (2018). Spatialities. In *Digital Geographies* (pp. 13–23). essay, SAGE Publications.

McEwan, C., & Goodman, M. K. (2010). Place geography and the ethics of care: Introductory remarks on the geographies of ethics, responsibility and care. *Ethics, Place & Environment, 13*(2), 103–112. https://doi.org/10.1080/13668791003778602

Mehmet, M., Roberts, R., & Nayeem, T. (2020). Using digital and social media for health promotion: A social marketing approach for addressing co-morbid physical and mental health. *Australian Journal of Rural Health, 28*(2), 149–158. https://doi.org/10.1111/ajr.12589

Milligan, C., & Power, A. (2009). The changing geography of care. In *A Companion to Health and Medical Geography* (pp. 567–586). https://doi.org/10.1002/9781444314762.ch29

Milligan, C., & Wiles, J. (2010). Landscapes of care. *Progress in Human Geography, 34*(6), 736–754. https://doi.org/10.1177/0309132510364556

Parr, H. (2003). Medical geography: Care and caring. *Progress in Human Geography, 27*(2), 212–221. https://doi.org/10.1191/0309132503ph423pr

Petrow, S. (2021, February 09). The Pandemic Brought Depression and Anxiety. Reaching Out Helped. Retrieved March 13, 2021, from https://www.nytimes.com/2021/02/09/well/mind/covid-depression-anxiety.html?searchResultPosition=1.

Rosenberg, H., Ophir, Y., & Billig, M. (2021). OMG, R U OK? Therapeutic Relationships between Caregivers and Youth at Risk on Social Media. *Children and Youth Services Review, 120*, 105365. https://doi.org/10.1016/j.childyouth.2020.105365

Schwartz, H. A., & Ungar, L. H. (2015). Data-driven content analysis of social media: A systematic overview of automated methods. *The Annals of the American Academy of Political and Social Science, 659*(1), 78–94. https://doi.org/10.1177/0002716215569197

Schwiter, K., & Steiner, J. (2020). Geographies of care work: The commodification of care, digital care futures and alternative caring visions. *Geography Compass, 14*(12). https://doi.org/10.1111/gec3.12546

Smith, D. M. (1997). Geography and ethics: a moral turn? *Progress in Human Geography, 21*(4), 583–590. https://doi.org/10.1191/030913297673492951

Smyth, F. (2005). Medical geography: Therapeutic places, spaces and networks. *Progress in Human Geography, 29*(4), 488–495. https://doi.org/10.1191/0309132505ph562pr

Southerton, C. (2021). Research perspectives on TikTok & its legacy apps|Lip-syncing and saving lives: Healthcare workers on TikTok. *International Journal of Communication, 15*, 21. Retrieved from https://ijoc.org/index.php/ijoc/article/view/16900.

Sung, M. (2021, March 10). On TikTok, Mental HEALTH Creators Are Confused for THERAPISTS. That's a Serious Problem. Retrieved March 13, 2021, from https://mashable.com/article/tiktok-mental-health-therapist-psychology/?fbclid=IwAR2DMq1vKnLuuQcXhecbq4PJR0UAGYT304Dall9ahpBHAvmbgDmXjyt9mjQ.

Thompson, M. (2021). The geographies of digital health – Digital therapeutic landscapes and mobilities. *Health & Place, 70*, Article 102610. https://doi.org/10.1016/j.healthplace.2021.102610

Vázquez-Herrero, J., Negreira-Rey, M.-C., & López-García, X. (2020). Let's dance the news! How the news media are adapting to the logic of TikTok. *Journalism*. https://doi.org/10.1177/1464884920969092, 1464884920969092.

World Health Organization. (2022, March). COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

Zur, O. (2008). The Google Factor: Therapists' Self-Disclosure In The Age Of The Internet: Discover what your clients can find out about you with a click of the mouse. *The Independent Practitioner, ,28/2,*, 83–85.