

**CASE REPORT**

# Two Paranoid Response Cases Report Associated with Tiktok

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## Abstract

We report two paranoid response cases associated with TikTok, which maybe not common and maybe first report in psychiatry. The characteristic of paranoid response cases associated with TikTok was described in detail. These paranoid response cases associated with TikTok was remission in shorter time after intervention without hallucination, without cognitive impairment, which differ from paranoid state, schizophrenia and organic disorders of the brain by normal brain CT. The paranoid response cases associated with TikTok also differ from internet addiction, which mainly have long Internet use time, special clinical manifestations and withdrawal reactions. In today's information society, this phenomenon should cause concern.

**Keywords:** Paranoid Response, Tiktok, Psychopathology.

## 1. Introduction

TikTok (in Chinese: DouYin) currently represents one of the most successful Chinese social media applications in the world. Since its founding in September 2016, TikTok has seen widespread distribution, in particular, attracting young users[1]. There are some mixed methodological evaluations of TikTok content for public and mental health, despite it being the most used platform for children and young people[2]. But The students with TikTok use disorder always show more depression, anxiety and partial forward digit span disturbance, especially in male students[3]. This is similar to internet addiction[4]. However, the delusions in older people using TikTok are rare. The age of TikTok users is different from the majority of users, the psychological problems are also different from internet addiction.

## 2. Case Report

Case 1, female, 62 years old, She exposed to TikTok for half a year and think it's funny. In addition to sleeping

and eating, she spend almost time of every day to play TikTok, and gradually become obsessed with TikTok. She also gradually feel that the male live broadcasters in TikTok are talking to herself, especially the young handsome guys only talk to herself. In late, she feel that the handsome guys in TikTok want to get marry with her, so reward many money to the handsome guys in TikTok. The handsome guys in TikTok actually talk with her a few times. But she think that the handsome guys have expressed his love many times to her, and are convinced the handsome guys want to marry her. She become exciting and not sleeping and tell every body that the handsome guys in TikTok will marry with her. Regardless of their husband's opposition, she quarrel with her husband by tantrum, even by beat. Both her husband and daughter find this abnormality and sent her to hospital. The psychiatrist complete psychological examination and found no hallucinations, normal thinking associations, normal intellectual activity, but with love delusion and irritability. She also was given a physical examination including brain MRI without positive results. She

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had only 2 years education. She was diagnosed as “paranoid response” according to ICD-10 and treated by Risperidone that was gradually add to 2mg/d. The family supervision off TikTok was also suggested. She become gradually normal after 1 month.

Case 2, a 65-year-old female, traveled from the country side to the city and was exposed to Tik Tok for 3 months. In her spare time, I feel that the male live broad casters in Tik Tok are talking to herself especially, and she also want to give tips to the live broadcaster, but she do not do it every time. So she feel gradually that her action are not right and so she are very afraid that the live broad caster in Tik Tok will find her in real world. Because she always think it is not right that she not give money every time in Tik Tok live. In late she also feel the feel that the Tiktok live broadcaster people come to their location to chase and will kill her. She told her daughter that a person are chasing and will kill her. She also told her daughter that many body are monitoring around her home. Her daughter find this ab normality and sent her to hospital. She also was given a physical examination including brain MRI without positive results. Mental examination was carried out by psychiatrist, which found her fearing, tense, anxiety with delusion of persecution, reference and physical influence. But no auditory or visual hallucination was found. The intellectual activity was found consistent to only 5 years education. She was diagnosed as “paranoid response” according to ICD-10 and treated by 5mg/d aripiprazol. At same time, she has to stop to play Tik Tok. The family supervision off Tik Tok was also suggested. The her fearing, tense, anxiety gradually improved, delusions disappeared in a month. Her mental activity was basically normal in following 3 months.

### 3. Discussion

These 2 cases of Tik Tok-associated paranoid response may be the first reported, at least no similar report have been found on the PubMed. 2 cases were characterized by delusion, no hallucination, accompanied by corresponding emotional experience. After the simple drug treatment, the delusion disappears, the emotion is stable, and the normal life is returned. So this is a case of Tik Tok-associated paranoid response.

The two cases were both old women with low education level and had no contact with Tik Tok in the past. They were easily confused by the situation on Tik Tok, and soon believed that Tik Tok was just like the real world, this may be the main psychological basis for the paranoid reaction of the 2 cases. When attention was focused on the threatening agent

(experimenter), participants reacted to the exposure to personal failure with paranoid-like responses[5]. Studies investigating dimensional aspects of self-concepts and paranoia yield findings of particular interest, especially in regards to the association indicated between instability of self-concepts and paranoia[6]. The two cases were explored by focusing on threatening agent and instability of self-concepts and paranoia. But this is also different from internet addiction, which mainly have long Internet use time, special clinical manifestations and with drawal reactions[7].

The findings highlight a number of factors associated with reported naturalistic changes in belief dimensions of conviction, distress, preoccupation and impact for clinical and nonclinical paranoia[8]. Pathological firmness is an important feature of paranoid state or paranoia, and obvious changes in a relatively short period of time are not the feature of delusion, but the feature of delusion reaction. If a paranoid reaction becomes more serious, formation of a paranoid delusion should be taken to account. In our concept the term paranoid state and paranoia should be used only as a psychopathological term[9]. The paranoid reaction relatively is common.

Loss of hearing, long-term abuse of alcohol and psychostimulants and organic disorders of the brain may contribute to the development of paranoia or paranoid state or paranoid reaction[9]. The 2 cases were differ from organic disorders of the brain by normal brain CT.

Negative symptoms is not only a important symptom, but also act directly on disability, while the effect of insight on disability is partially mediated by adherence. Hallucination is key symptom and should be lever aged in treatment programs in schizophrenia[10]. The The 2 cases were differ from schizophrenia by without negative symptom and without hallucination.

Therefore, it is necessary to standardize the content and form of Tik Tok. As an important media information broadcast platform, we need to make full use of it for the community and the general public, services in all aspects, including mental health work, while avoiding its negative effects. The 2 cases are an example. Only 2 cases of Tik Tok-associated paranoid response were reported. More cases need to be added and verified.

### Declarations

### Ethics Approval and Consent to Participate

This study was approved by Tongde Hospital Ethic Committee(2024-092-JY).

### Consent to Publication

All authors agree to publish our paper and no conflict in any interests. The participate also agree to publish their data. The Informed Consent was signed by the guardian of participate. The code of Informed Consent was v1.0(2024-6-6).

### Competing Interests

There were not any financial and non-financial competing interests.

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### Authors' Contribution

Our authors have different contributions to this article. Dr. Prof JWD, Dr.Prof SFL, participated in collection of data and the writing of the article. Prof JWD and Dr SFL participated in the final revision of the article.

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### Data Availability

The data used to support the findings of the cases report are available from the corresponding author upon request.

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