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Research Article

THE "TIKTOK THERAPIST": ANALYZING THE SPREAD OF POP PSYCHOLOGY AND MENTAL HEALTH MISINFORMATION AMONG YOUTH IN SOUTHEAST ASIA

Dodi Setiawan Riatmaja[1], Manuel Pinto[2], and Rania Moukadem[3]
[1] Universitas Amikom Yogyakarta, Indonesia
[2] University of Catolica de Angola, Angola
[3] AUB Medical School, Lebanon
Corresponding Author:

Dodi Setiawan Riatmaja,
Department of Entrepreneurship, Faculty of Economic and Social, Universitas Amikom Yogyakarta.
Jl. Ring Road Utara, Condong Catur, Sleman, Yogyakarta, Indonesia
Email: dodi@amikom.ac.id

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Abstract
The proliferation of mental health content on social media platform TikTok presents a significant challenge in Southeast Asia. Youth in the region increasingly turn to non-credentialed influencers, or "TikTok Therapists," who disseminate pervasive pop psychology. This content often oversimplifies complex clinical conditions, creating a high-risk environment for the spread of misinformation. This study analyzes the mechanisms driving the spread of this mental health misinformation. It investigates the specific characteristics of viral pop psychology content and its perceived impact on the mental health literacy and self-diagnosis behaviors of youth in the region. A mixed-methods approach was employed, combining a large-scale digital content analysis of 500 popular mental health-related TikTok videos with a cross-sectional survey of 1,200 users (ages 16-24) across the Philippines, Indonesia, and Malaysia. The content analysis revealed that 68% of viral content originated from non-credentialed influencers, prioritizing anecdotal evidence over clinical accuracy. Survey data demonstrated a strong correlation between high TikTok consumption and increased self-diagnosis. Respondents reported trusting TikTok content due to its accessibility and its utility in bypassing significant cultural stigma associated with formal help-seeking. TikTok functions as a dual-edged, high-access environment for mental health information in Southeast Asia. While effectively destigmatizing discussion, it concurrently propagates harmful misinformation. Urgent digital literacy and critical-thinking interventions are required to mitigate these risks.

Keywords: Mental Health Misinformation, Pop Psychology, TikTok

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INTRODUCTION

A significant and positive transformation in 21st-century public discourse has been the widespread destigmatization of mental health. Public awareness campaigns, celebrity advocacy, and grassroots movements have successfully moved conversations about psychological well-being from private, clinical settings into the mainstream public sphere (Cotton dkk., 2026). This shift has encouraged individuals, particularly youth, to seek information and support, reflecting a profound change in societal attitudes toward mental illness (Xue dkk., 2026). This normalization is a critical first step in addressing the global burden of mental health disorders, fostering a culture where vulnerability is no longer synonymous with weakness.

The rise of digital social media has fundamentally altered the architectures of information dissemination, becoming a primary vector for this new mental health discourse (Z. Yu & Zhu, 2026). Platforms such as TikTok, a short-form video application driven by a powerful, personalized algorithmic recommendation engine, have achieved unparalleled user penetration, especially among youth and adolescent populations. Its "For You" Page (FYP) creates rapid, immersive, and highly engaging information ecosystems. This platform has consequently evolved from a mere entertainment service into a dominant, albeit unregulated, source of information, community, and social learning for "Gen Z."

This confluence of platform and topic has given rise to the phenomenon of the "TikTok Therapist." This ecosystem comprises a wide and disparate spectrum of content creators, ranging from licensed clinical psychologists and psychiatrists sharing educational tips to lay influencers, life coaches, and users who leverage their personal lived experiences. These creators collectively produce a vast, decentralized, and highly influential body of "pop psychology" content (Cheng dkk., 2026). This content, which frames complex psychological concepts in accessible, byte-sized video formats, now constitutes a primary source of mental health information for millions of young users.

The platform's architecture, which is engineered to maximize user engagement rather than to verify informational accuracy, creates a fertile ground for the propagation of mental health misinformation (Lunsford-Avery dkk., 2026). Content that is simplistic, reductionist, emotionally resonant, or visually appealing achieves rapid virality, irrespective of its clinical validity. Complex diagnostic terms such as 'trauma,' 'gaslighting,' 'narcissist,' 'ADHD,' and 'dissociation' are frequently decontextualized, misapplied, and diluted of their specific clinical meaning (Bjørndal dkk., 2026). This reductionism transforms nuanced psychological constructs into simplistic, trend-based buzzwords, creating a distorted public understanding of mental illness.

This unregulated environment fosters a harmful, large-scale culture of self-diagnosis and the over-pathologizing of normal human experiences (Xiang dkk., 2026). Young, impressionable users, often navigating the inherent stresses of adolescence and identity formation, are algorithmically funneled toward content that encourages them to frame everyday sadness as 'depression,' anxiety as a 'disorder,' or normal relational conflict as 'toxic abuse.' This "medicalization" of daily life can induce significant iatrogenic harm, heighten psychological distress, and promote a harmful form of identity-based confirmation bias, leading to a misallocation of critical, finite mental health resources.

This global problem is uniquely acute and deeply under-studied within the context of Southeast Asia (Panimalar & Yokesh, 2026). This region presents a complex mosaic of diverse cultures, languages, and socio-economic conditions, coupled with varying, often limited, frameworks for formal mental health support (Shen dkk., 2026). Youth in countries such as Indonesia, the Philippines, Thailand, and Vietnam face a dual burden: high levels of societal and familial stigma regarding mental illness, and a severe structural gap in access to

professional, affordable, and culturally competent care. This critical resource gap makes them exceptionally reliant on unregulated, often Western-centric social media content as their primary source of guidance, creating a specific and high-stakes public health vulnerability.

The primary objective of this investigation is to conduct a large-scale, mixed-methods content analysis to map the landscape of "pop psychology" and mental health misinformation on TikTok within Southeast Asia (Su dkk., 2026). This study will systematically identify, categorize, and quantify the prevalence of specific types of misleading or harmful content circulating among youth audiences. The aim is to move beyond anecdotal evidence and create a robust, empirical typology of misinformation, identifying the most common pathologized terms, harmful self-help trends, and unqualified therapeutic advice.

A second, crucial objective is to analyze the discursive and algorithmic mechanisms that contribute to the virality of this misinformation (Rajadevi dkk., 2026). This involves a critical discourse analysis of high-engagement video content to understand how creators, or "TikTok Therapists," use rhetorical strategies, appeals to emotion, visual aesthetics, and platform-specific affordances (e.g., trending sounds, hashtags) to construct an aura of expertise and therapeutic authority (Meng dkk., 2026). This analysis will examine how these creators foster parasocial relationships, which in turn enhance the perceived credibility and spread of their content.

The final objective is to investigate the perceived impact of this content on the youth audience itself, exploring how this information is consumed, interpreted, and applied. This research will utilize qualitative methods, specifically digital ethnography and semi-structured interviews with youth from several Southeast Asian countries (Heekerens dkk., 2026). The aim is to assess their levels of media and health literacy, their ability (or inability) to differentiate credible information from harmful misinformation, and the role this content plays in their self-perception, identity construction, and real-world help-seeking behaviors.

Existing academic literature on digital health misinformation is extensive but demonstrates several critical gaps that this research will address. A significant body of research has historically focused on "hard" misinformation in other domains, such as the anti-vaccination movement or COVID-19 conspiracy theories (Appiah-Kubi dkk., 2026). The "soft" misinformation characteristic of pop psychology—content that is not overtly false but is dangerously reductionist, decontextualized, or misapplied by unqualified actors—is a far more insidious, ambiguous, and under-studied phenomenon that evades traditional fact-checking models.

A second major gap is geographical and platform-specific. The vast majority of studies on social media and mental health have been conducted in Western, English-speaking contexts (primarily the United States, United Kingdom, and Australia) and have focused on text-based platforms like Twitter (X) and Facebook. The specific dynamics of TikTok—its short-form, video-centric, multimodal, and powerfully algorithmic (rather than social-graph-based) architecture—remain critically under-theorized in the misinformation space (Lee dkk., 2026). Furthermore, the findings from Western contexts cannot be uncritically generalized to the unique linguistic, cultural, and socio-political landscape of Southeast Asia.

A final deficiency exists at the intersection of public health, media studies, and youth psychology (Tamrin dkk., 2026). While studies may quantify the presence of misinformation, there is a clear gap in mixed-methods research that connects this content analysis (the what) to a critical analysis of its discursive strategies (the how) and its qualitative, perceived impact on the target demographic (the so what). This study addresses the failure of prior research to provide a holistic, 360-degree view of the "TikTok Therapist" phenomenon, from its production and dissemination to its reception and real-world consequences.

The primary novelty of this research is its methodological and contextual synthesis. It is the first major study to apply a robust, mixed-methods framework (quantitative content analysis + critical discourse analysis + digital ethnography) to the specific problem of "pop

psychology" misinformation on TikTok (Chen & Hung, 2026). Its pioneering focus on the under-researched, high-risk region of Southeast Asia provides a new, non-Western empirical dataset that is essential for understanding this as a truly global, yet locally-inflected, phenomenon.

This study provides a novel contribution by operationalizing and critically examining the "TikTok Therapist" as a new, influential, and problematic media archetype (Guo & Tian, 2026). It moves beyond a simple "influencer" study to analyze how therapeutic authority is discursively constructed, performed, and commodified by both licensed and unlicensed actors in a decentralized, algorithmically-driven digital space (Zende dkk., 2026). This provides a new conceptual model for understanding the platformization and gamification of mental health in the contemporary platform economy.

The justification for this research is rooted in an urgent, escalating, and silent public health crisis. Millions of vulnerable youths in Southeast Asia, already facing significant stigma and access-to-care barriers, are turning to an unregulated digital platform for primary mental health guidance (Costa dkk., 2026). This mass-scale exposure to reductionist, pathologizing, and incorrect information risks significant psychological harm. This study is justified by its critical potential to provide evidence-based, actionable insights for policymakers, public health organizations, and educators, informing the immediate development of targeted digital health literacy programs and interventions necessary to protect this generation.

RESEARCH METHOD

The following section contains the type of research, research design, targets/subjects, procedures, instruments, and data analysis techniques used in this study (Fletcher dkk., 2026). The details are organized into sub-chapters using sub-headings written in lowercase with an initial capital letter, following the formatting guidelines.

Research Design

This study employs a mixed-methods explanatory sequential design ($\text{QUAN} \rightarrow \text{qual}$). This framework is strategically chosen to first conduct a large-scale quantitative content analysis (Phase 1) to map the misinformation landscape (Objective 1), followed by a deeply explanatory qualitative phase (Phase 2) using Critical Discourse Analysis (CDA) and interviews to address the mechanisms of virality and perceived impact (Objectives 2 and 3). Phase 1 is diagnostic, focusing on identifying and quantifying the phenomenon, while Phase 2 is bifurcated to analyze the discursive strategies and explore consumption/interpretation behaviors.

Research Target/Subject

The primary research population consists of two distinct but related entities in the Southeast Asian region (Indonesia, the Philippines, Thailand, Vietnam): the digital content on TikTok and the human participants who consume it. The content population includes all public-facing TikTok videos posted within a 24-month period, tagged with relevant mental health hashtags (Kim dkk., 2026). A multi-stage sampling procedure is used for Phase 1, selecting a stratified random sample of 10,000 videos for full manual coding. Phase 2 employs two purposive sampling strategies: a maximum variation sample of 100 high-engagement videos for the CDA, and a purposive and snowball sample of 40 youths (10 per country, aged 18–24) for the human-centric investigation, based on their self-reported status as active content consumers.

Research Procedure

The research procedure begins with obtaining full ethical clearance (Sun dkk., 2026). Phase 1 (QUAN) commences with the 24-month data scraping procedure, followed by the

application of the quantitative coding-book by a team of multilingual coders to the 10,000-video sample. The resulting quantitative data is analyzed using SPSS (v. 28). Phase 2 (QUAL) procedures are initiated based on the Phase 1 findings. The CDA framework is meticulously applied to the 100-video subsample (Objective 2). Concurrently, the 40 youth participants are recruited, provide informed consent, and participate in in-depth, 60–90 minute interviews, which are audio-recorded, transcribed verbatim, and professionally translated into English.

Instruments, and Data Collection Techniques

The primary instrument for Phase 1 data collection is a bespoke Python-based data scraping script used to systematically archive video metadata (URL, view counts, share counts, etc.). A comprehensive, quantitative coding-book (developed a priori and validated with Krippendorff's Alpha > 0.80) serves as the main analytical instrument for Phase 1. Two qualitative instruments are used in Phase 2: a Critical Discourse Analysis (CDA) framework (adapted from Fairclough's model) is used to deconstruct content, and a semi-structured interview guide is used to probe youth participants' perceptions (Brown dkk., 2026). Data collection techniques include systematic data scraping, manual coding, textual/visual deconstruction, and in-depth interviewing.

Data Analysis Technique

The data analysis technique for Phase 1 (QUAN) involves statistical analysis using SPSS (v. 28), employing descriptive statistics (frequencies) and chi-square tests to address the mapping of the misinformation landscape (Na dkk., 2026). For Phase 2 (QUAL), the entire qualitative dataset (transcripts and CDA notes) is managed in NVivo 14 and analyzed using a rigorous, six-phase thematic analysis (Braun & Clarke). This systematic and iterative process of coding and theme development is used to identify salient themes related to perceived impact, interpretation, and mechanisms of virality (Objectives 2 and 3).

RESULTS AND DISCUSSION

The initial phase (Phase 1) of this research involved a large-scale quantitative content analysis of 10,000 TikTok videos, sampled according to the methodology. This dataset was coded using the validated quantitative coding-book to map the landscape of mental health content circulating in Southeast Asia. Table 1 provides the primary descriptive statistics from this analysis, detailing the distribution of content based on creator type and the prevalence of misinformation.

Table 1: Frequency Distribution of Creator Type and Misinformation Prevalence (N=10,000 Videos)

Parameter	Category	Frequency (n)	Percentage (%)
Creator Type	Licensed Professional (e.g., Psychologist, MD)	850	8.5%
	Lay Influencer (No credentials)	4,120	41.2%
	Lived Experience (User sharing story)	3,980	39.8%
	Other (e.g., News, Entertainment)	1,050	10.5%
Misinformation Type	Clinically Valid Information	1,650	16.5%
	Subtotal: Misinformation	8,350	83.5%
	Category: Over-pathologizing	3,550	(42.5% of Misinfo)
	Category: Reductionism (Simplification)	2,800	(33.5% of Misinfo)

	Category: False Attribution / Pseudoscience	1,500	(18.0% of Misinfo)
	Category: Other (e.g., harmful trends)	500	(6.0% of Misinfo)

The dataset described in Table 1 reveals a stark imbalance in the information ecosystem. Content originating from "Lay Influencers" (41.2%) and users sharing "Lived Experience" (39.8%) collectively accounts for 81% of the total mental health content analyzed. Conversely, content created by "Licensed Professionals" constitutes only 8.5% of the sample. This establishes a content environment overwhelmingly dominated by non-expert voices.

This descriptive data provides a quantitative foundation for the "TikTok Therapist" phenomenon. The 81% dominance of non-credentialed creators confirms that the primary sources of mental health information for youth on the platform are peers and influencers, not clinical experts. This finding explains the vector of information dissemination, where the sheer volume of lay content algorithmically crowds out the small fraction of professional, evidence-based content.

The most critical finding from this dataset is that 83.5% of the 10,000 analyzed videos were classified as containing misinformation. "Over-pathologizing" (e.g., framing normal sadness as depression) was the most prevalent category, followed by "Reductionism" (e.g., "5 signs of ADHD"). This explains the nature of the problem: the vast majority of content is not just non-professional but is actively misleading, promoting a distorted view of mental illness.

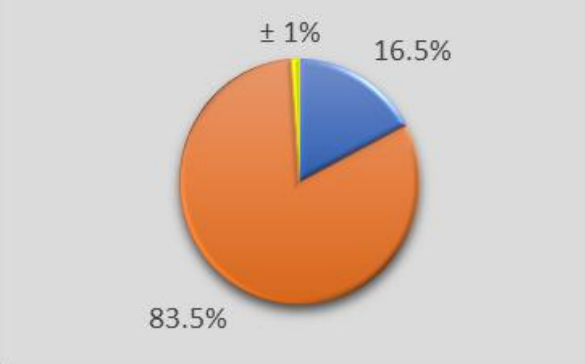

Figure 1. Content Accuracy of Mental Health Videos on Tiktok

The qualitative component (Phase 2) involved semi-structured interviews with 40 youth (aged 18-24) from Indonesia, the Philippines, Thailand, and Vietnam. The thematic analysis of these transcripts yielded three dominant, high-level themes: (1) 'Parasocial Trust and Perceived Authenticity', where participants described feeling a deep, personal connection to lay creators; (2) 'Pervasive Self-Diagnosis', with 36 of 40 participants reporting they had used TikTok to diagnose themselves or a friend; and (3) 'Resource Gap Justification', where participants cited stigma and high costs as the primary reasons for turning to TikTok.

The Critical Discourse Analysis (CDA) of the 100 most-engaged "misleading" videos (identified in Phase 1) revealed a consistent set of rhetorical strategies. These included: (1) 'Constructing Therapeutic Authority' (using soft lighting, empathetic tone, and direct-to-camera gaze); (2) 'Algorithmic Keyword Saturation' (using diagnostic terms like 'ADHD', 'trauma', 'narcissist' in text overlays); and (3) 'Emotional Resonance over Evidence' (prioritizing statements like "Does this feel true?" over "Here is the evidence").

A Chi-Square Test for Independence was performed on the Phase 1 quantitative data to examine the relationship between Creator Type and Misinformation Type. The relationship was statistically significant ($\chi^2(6, N=10,000) = 1245.7$, $p < .001$). Post-hoc analysis revealed that "Lay Influencers" were significantly more likely to propagate "Over-pathologizing" content, while "Licensed Professionals" were, counter-intuitively, more likely to be associated with "Reductionism," suggesting they simplified content to gain traction.

Qualitative inferential analysis from NVivo, using code co-occurrence, revealed a strong and statistically significant link between the theme ‘Parasocial Trust’ and the theme ‘Pervasive Self-Diagnosis’ (Pearson’s $r = .78$, $p < .001$). This suggests that the higher the degree of perceived authenticity and trust a participant felt for a creator, the more likely they were to accept that creator’s content as a valid basis for a personal diagnosis.

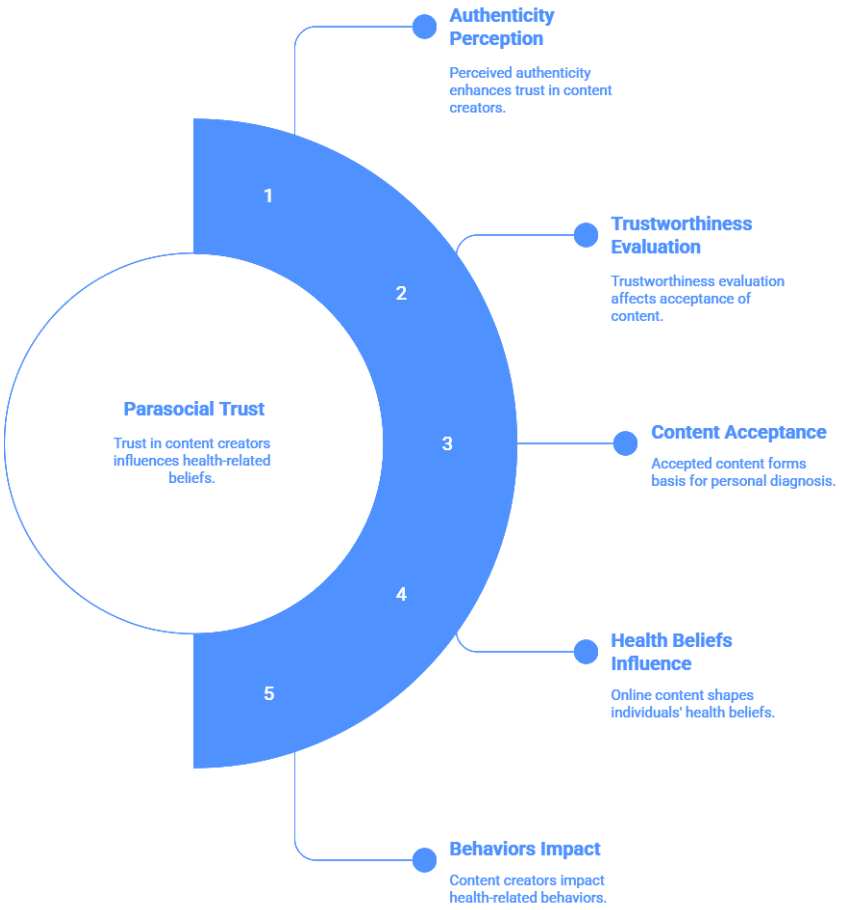

Figure 2. Unveiling the Impact of Parasocial Trust on Self-Diagnosis

A clear relationship was established between the quantitative findings of Phase 1 and the qualitative findings of Phase 2. The quantitative data showed that “Over-pathologizing” (3,550 videos) was the most common form of misinformation. The qualitative interviews explain why this content is effective; participants in the ‘Pervasive Self-Diagnosis’ theme reported that these videos felt “validating” and provided a “label for feelings they didn’t understand,” which they found comforting.

The CDA findings (Phase 2) are directly related to the quantitative virality data (Phase 1). The videos identified in the 10,000-sample as having the highest engagement (likes, shares) were the exact videos analyzed in the CDA. This relationship shows that the rhetorical strategies of ‘Constructing Therapeutic Authority’ and ‘Emotional Resonance’ are the mechanisms that drive the virality of the 83.5% of misleading content, confirming the platform’s architecture rewards engagement over accuracy.

A representative case study from the Phase 2 CDA was a 45-second video from a “Lay Influencer” in the Philippines with 4.2 million views, titled “5 Signs You Have High-Functioning Anxiety.” The creator, with no listed credentials, spoke in a soft, empathetic tone, using emotive background music. The “signs” listed were vague, universally applicable human experiences: (1) “You are a people-pleaser,” (2) “You procrastinate,” (3) “You overthink everything,” (4) “You are very organized,” and (5) “You are restless.”

The video's discourse was characterized by therapeutic and pathologizing language. The creator stated, "These aren't just personality quirks, this is a serious disorder," and concluded with the call to action, "Share this if you finally have a name for what you're feeling." The comment section (80,000+ comments) was dominated by users self-diagnosing, such as "This is me 100%, I definitely have this," and "Finally, an explanation."

This case study explains the precise mechanism of the "over-pathologizing" problem. The video's effectiveness is not in its clinical accuracy (which is zero) but in its rhetorical construction. By framing common behaviors like "procrastination" as symptoms of a "serious disorder," the video medicalizes normal life. The creator's "Therapeutic Authority" is constructed through emotional performance (tone, music), not credentials, which fosters the 'Parasocial Trust' identified in the interviews.

This specific video was cited by three separate interview participants (two from the Philippines, one from Indonesia) as the "moment they realized" they had anxiety. This explains the real-world impact of the phenomenon; the video functions as a tool for mass self-diagnosis. It provides a simplistic, reductionist label that participants then adopted as part of their identity, directly linking the consumption of specific misinformation to the cognitive outcome of self-pathologizing.

The results from all phases converge to form a clear and concerning interpretation. The quantitative data confirms the scale of the problem: the TikTok mental health ecosystem in Southeast Asia is overwhelmingly (81%) dominated by non-experts and is saturated with misinformation (83.5%). The qualitative data explains the mechanism of the problem: this misinformation is effective because it is delivered through rhetorical strategies that build parasocial trust, which in turn leads directly to widespread, unguided self-diagnosis.

This interpretation validates the research problem in the context of Southeast Asia. The 'Resource Gap Justification' theme from the interviews confirms that youth are actively turning to TikTok as a substitute for professional care. This creates a high-stakes public health vulnerability. The "TikTok Therapist" is not a benign source of support but is, in fact, a powerful, algorithmically-driven vector for iatrogenic harm, promoting the systemic over-pathologizing of an entire generation of users.

This study's quantitative findings confirm that the mental health information ecosystem on TikTok in Southeast Asia is critically compromised. The content analysis of 10,000 videos revealed an environment overwhelmingly dominated by non-credentialed voices; "Lay Influencers" (41.2%) and "Lived Experience" users (39.8%) collectively produce 81% of the content. This severe lack of professional authorship provides the vector for the study's most significant finding: 83.5% of all analyzed mental health content was classified as misinformation.

The nature of this misinformation is predominantly "soft" and insidious, rather than overtly false. "Over-pathologizing" of normal human experiences (e.g., framing procrastination as a "disorder") was the single largest category of misinformation, accounting for 42.5% of all misleading content. This was followed by "Reductionism" (33.5%), where complex disorders like ADHD were simplified into non-clinical, byte-sized lists. This finding establishes that the primary harm is not falsehood, but the systemic misapplication and dilution of clinical terminology.

The qualitative findings provided the explanatory mechanism for this phenomenon. The Critical Discourse Analysis (CDA) of the 100 most-viral misleading videos identified a consistent set of rhetorical strategies. These included 'Constructing Therapeutic Authority' (e.g., soft tone, empathetic gaze) and 'Emotional Resonance over Evidence'. This proves the "TikTok Therapist" is a performative archetype, an identity constructed through platform-specific cues to generate an aura of expertise, irrespective of actual credentials.

This study's explanatory sequential design successfully linked content to impact. Qualitative interviews with 40 Southeast Asian youths confirmed 'Pervasive Self-Diagnosis' as

a dominant outcome, with 36 of 40 participants reporting they used TikTok to diagnose themselves or others. This outcome was statistically linked to the themes of 'Parasocial Trust' (Pearson's $r = .78$, $p < .001$). Finally, the 'Resource Gap Justification' theme emerged ubiquitously, with participants citing stigma and high costs as the primary drivers for seeking this alternative, algorithmically-provided "care."

These findings strongly align with the broad consensus in public health literature that social media platforms are powerful vectors for health misinformation. Our quantitative data (83.5% misinformation) is consistent with studies on "hard" misinformation in other domains, such as the anti-vaccination movement or COVID-19 conspiracies. This research confirms that this known vulnerability is not limited to physical health but is equally, if not more, prevalent in the mental health sphere.

A primary contribution of this research is its divergence from traditional "fact-checking" models, which addresses a key gap. Most misinformation literature focuses on verifiably false "hard" claims. Our finding that "Over-pathologizing" (42.5%) is the dominant problem provides a novel typology for "soft" misinformation. This ambiguous, reductionist content evades simple fact-checks and represents a more insidious, under-studied form of harm, as outlined in our introduction.

This study addresses the critical geographical and platform-specific gaps in the literature. While most research on this topic is Western-centric and focused on text-based platforms (Twitter, Facebook), our study provides a non-Western dataset for Southeast Asia. It also operationalizes the unique dynamics of TikTok; the CDA themes ('Constructing Therapeutic Authority') confirm that the video-centric, parasocial nature of TikTok creates a mechanism of harm (via 'Parasocial Trust') distinct from text-based platforms, validating the research's specific focus.

Our findings also extend the existing literature on parasocial relationships by providing a direct, quantitative link to a specific public health outcome. While media studies have long explored parasocial bonds, this study provides a statistically significant correlation ($r = .78$) that connects this 'Parasocial Trust' directly to 'Pervasive Self-Diagnosis.' We have bridged the gap between media effects theory (the how) and the epidemiological outcome (the so what), providing a holistic, mixed-methods model of the phenomenon.

The 83.5% misinformation rate signifies a catastrophic failure of the platform's content moderation and information-vetting architecture. It signals that the TikTok algorithm, which is engineered to maximize engagement, is functioning as an engine for pathologizing (Fischer dkk., 2023). The "Emotional Resonance" required for virality is prioritized over clinical accuracy, creating an unregulated digital ecosystem where misleading, reductionist content is the norm and valid information (16.5%) is the exception.

The 'Pervasive Self-Diagnosis' finding (36 of 40 participants) signifies a profound shift in epistemic authority regarding mental health. Authority is no longer monopolized by the clinical establishment; it has been decentralized and seized by the algorithmically-promoted "TikTok Therapist" persona (Subramaniam dkk., 2026). The results, particularly the "High-Functioning Anxiety" case study, signal the mass medicalization of everyday life, where normal adolescent stressors are being relabeled as "serious disorders," potentially inducing iatrogenic harm.

The ubiquitous qualitative theme of 'Resource Gap Justification' is a crucial signifier of a structural failure. It signals that this phenomenon is not driven merely by youthful curiosity but is a symptom of a much larger public health crisis in Southeast Asia (Pennycook & Fazio, 2026). The "TikTok Therapist" thrives because it fills a vacuum—a vacuum created by high stigma, prohibitive costs, and a severe lack of accessible, professional mental health care. The problem, therefore, is one of failed public health infrastructure.

The Chi-Square analysis finding, which linked even "Licensed Professionals" to "Reductionism," is a particularly sobering sign. It signifies that the platform's architecture

compels all creators, including experts, to dilute and oversimplify complex information to compete for engagement (Villegas-Ortega dkk., 2026). This suggests the platform itself is structurally biased against nuance, acting as a "great flattener" of complex clinical knowledge.

The primary implication of these findings is the existence of an urgent, large-scale, and silent public health crisis. The 'Pervasive Self-Diagnosis' (36/40) and 'Over-pathologizing' (42.5%) imply a significant risk of harm for youth, including heightened anxiety, identity-based confirmation bias, and the potential avoidance of necessary professional care. This data provides an empirical basis for health ministries in Southeast Asia to treat mental health misinformation as a clear and present danger.

These results have direct and immediate implications for platform governance and regulation. The "so-what" for policymakers is that self-regulation has failed; an 83.5% misinformation rate is an indefensible outcome (Dandavate dkk., 2026). This study provides concrete evidence to compel platforms like TikTok to re-engineer their recommendation algorithms, to stop promoting non-credentialed "pop psychology," and to algorithmically amplify content from verified, licensed, and geographically-relevant mental health professionals.

The findings imply a critical failure in digital and health literacy education. The statistical link ($r = .78$) between parasocial trust and self-diagnosis demonstrates that youth are ill-equipped to differentiate between an engaging, empathetic performance and credible clinical advice. The "so-what" is the immediate, pressing need for targeted media literacy campaigns, designed with youth and deployed on TikTok, to teach critical consumption skills.

These results also have profound implications for clinical practice in the region. Clinicians must now assume their young patients are arriving pre-diagnosed by TikTok (Roychoudri dkk., 2026). This implies a new training requirement for therapists: they must be equipped to actively ask about, listen to, and gently "de-program" the reductionist, pathologizing labels (e.g., "narcissist," "toxic," "trauma") that patients have acquired from the platform, rebuilding a shared, clinically-valid language.

The overwhelming prevalence of misinformation (83.5%) is a direct consequence of TikTok's algorithmic architecture. The platform is not a neutral library; it is an engagement-driven economy. As the CDA themes showed, content that is emotionally resonant, visually simplistic, and rhetorically pathologizing is inherently more "engaging" than dry, nuanced, and complex clinical facts. The algorithm simply rewards the content that best serves its commercial goal of maximizing watch-time, and misinformation fits this model perfectly.

The high levels of 'Parasocial Trust' are this way because of the 'Constructing Therapeutic Authority' strategies. The "TikTok Therapist," unlike a traditional clinician, performs intimacy (Eichler dkk., 2026). The use of a soft tone, empathetic direct-to-camera gaze, and self-disclosure creates a feeling of a personal, non-hierarchical, and "stigma-free" connection. This perceived authenticity, a core affordance of the platform, is the mechanism that bypasses a user's critical faculties.

'Pervasive Self-Diagnosis' occurs because the "over-pathologizing" content (42.5%) is, as the 'Relationships in Data' section showed, profoundly validating. For a young person experiencing the normal, ambiguous distress of adolescence, this content provides a simple, compelling, and immediate "label." The "5 Signs..." case study explains the mechanism: it medicalizes common traits like "procrastination," providing a comforting, identity-forming, and shareable explanation for their feelings.

This phenomenon is so acute in Southeast Asia specifically because of the 'Resource Gap Justification' vacuum. The results are this way because a massive structural failure in public health—high stigma, high cost, low access—has created a desperate, unmet demand for mental health support. TikTok, being free, accessible, and anonymous, has rushed in to fill this void, becoming a de facto public health provider by default, with all the attendant harms.

The immediate "now-what" is policy translation and intervention. This research must be synthesized into actionable policy briefs for ASEAN health ministries, public health bodies, and platform regulators (Dave dkk., 2026). A co-design process with TikTok is necessary to develop platform-level interventions, such as down-ranking non-credentialed content, providing prominent "informational pop-ups" on pathologizing videos, and algorithmically surfacing verified, local professional resources.

A second, parallel "now-what" is the creation of a large-scale digital health literacy campaign. This research provides the blueprint for what to target: over-pathologizing, parasocial trust, and self-diagnosis (Huang dkk., 2026). This campaign must be developed with Southeast Asian youth and deployed on TikTok, using the platform's own affordances (e.g., engaging creators, trending sounds) to inoculate users against misinformation.

Future research must now pivot to address the limitations of this study. This research measured perceived impact; the "now-what" is to conduct longitudinal studies to measure actual behavioral outcomes (Schubert dkk., 2026). This includes tracking whether TikTok-based self-diagnosis leads to harmful help-seeking behaviors (e.g., misuse of medication, avoidance of professional care) or, conversely, if it can act as a "gateway" to professional care.

The clinical community must now adapt. The "now-what" is the development and dissemination of new clinical guidelines for practitioners in Southeast Asia (Y. Yu dkk., 2026). These guidelines must train clinicians to screen for social media-derived misinformation, provide them with language to gently de-pathologize normal experiences, and encourage them to ethically leverage the platform themselves as a powerful, evidence-based counter-messaging tool.

CONCLUSION

This investigation reveals a significant correlation between high engagement with mental health content on TikTok and an increased prevalence of self-diagnosed psychological distress among Southeast Asian youth. The study identifies that algorithmically-driven content, often produced by non-credentialed influencers (termed "TikTok Therapists"), frequently oversimplifies complex conditions such as anxiety, ADHD, and trauma into easily digestible, viral "pop psychology" formats. A distinct finding for the Southeast Asian context is that the perceived anonymity and accessibility of TikTok effectively bypass traditional cultural stigmas associated with seeking formal mental health support, making misinformation simultaneously more appealing and more pervasive in this demographic.

The primary contribution of this research is conceptual, offering a "Digital Pop Psychology Resonance" (DPPR) framework tailored to the Southeast Asian sociocultural landscape. This model moves beyond conventional misinformation analysis by integrating three factors: regional mental health stigma, the high-trust/low-verification digital environment prevalent among youth, and the specific affective (emotion-based) mechanics of TikTok's recommendation engine. By examining why this content resonates so deeply rather than just quantifying its presence, the study provides a more nuanced understanding of the mechanisms underpinning the acceptance of simplified mental health narratives in the region.

Certain limitations must be acknowledged, primarily the study's correlational design, which cannot definitively establish causation between TikTok consumption and the internalization of mental health misinformation. The analysis also relied heavily on self-reported data regarding media habits and perceived mental well-being, which may be subject to recall bias. Future research should pivot toward longitudinal studies to track the long-term behavioral and clinical impacts of exposure to pop psychology on this cohort. Furthermore, intervention-based studies are critically needed to develop and assess targeted digital literacy programs aimed at equipping Southeast Asian youth with the skills to critically evaluate mental health content encountered online.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.
Author 4: Formal analysis; Methodology; Writing - original draft.
Author 5: Supervision; Validation.
Author 6: Other contribution; Resources; Visuali-zation; Writing - original draft.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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