

Performing Suffering on TikTok: Digital Discourse, Self-Disclosure, and the Commodification of Mental Illness in Indonesia

Syafrida Nurrachmi Febriyanti*

Department of Communication Science, Faculty of Social, Cultural and Political Science, Universitas Pembangunan Nasional Veteran Jawa Timur, Surabaya, 60294, Indonesia,
syafrida_nurrachmi.ilkom@upnjatim.ac.id

Abstract

This article examines how Indonesian TikTok creators narrate bipolar disorder, depression, and anxiety, and how platform logics shape those representations. Using a corpus-driven Digital Discourse Analysis operationalized across four elements: Text, Interaction, Context, and Ideology/Power (Jones, 2012), we analyze four public accounts over January–July 2025. The corpus includes videos, captions, on-screen text, hashtags, and top-level comments, complemented by a brief review of Indonesia’s mental-health landscape to situate platform uptake. Findings show that self-disclosure works simultaneously as therapeutic expression and performative practice: creators signal authenticity while adapting to affordances/algorithms (FYP, hashtags, duet/stitch, trending sounds), with reach asymmetries mediating whose narratives circulate. Interactional practices, creator replies, comment curation/pinning, and audience boundary-policing, co-construct norms of “responsible telling.” Notably, counter-evidence indicates that supportive uptake can occur without trending sounds or heavy tagging when contextual fit is strong, suggesting algorithms are consequential but not exhaustive determinants. Contributions include bridging Hall’s representation with Jones’s Digital Discourse Analysis in a Global South setting and demonstrating how authenticity, intimacy, and visibility become forms of symbolic and platform value. Implications point to harm-minimization for creators (bounded disclosure, resource signposting), opportunities for public-health messaging that leverages peer-support affordances, and platform nudges (e.g., prompts to add help resources on mental-health tags) to preserve

supportive communication without incentivizing the aestheticization of distress.

Keywords: Tiktok, Digital Discourse, Self-Disclosure, Mental Illness

1. Introduction

Social media has become a pivotal arena for young people to express themselves, seek social support, and construct their identities. On this digital ecosystem, discourses on mental health, particularly lived experiences of individuals with psychological conditions such as bipolar disorder and anxiety, have increasingly surfaced on popular platforms like TikTok. Yet these narratives raise important questions as such to what extent are they authentic forms of self-disclosure, and to what extent do they become accostumed into the logic of the attention economy, where personal suffering is packaged as content for visibility and engagement (Goldhaber, 1997)? Framing the problem this way allows us to examine not only what is said about mental illness online but also how those utterances are shaped by platform cultures and incentives.

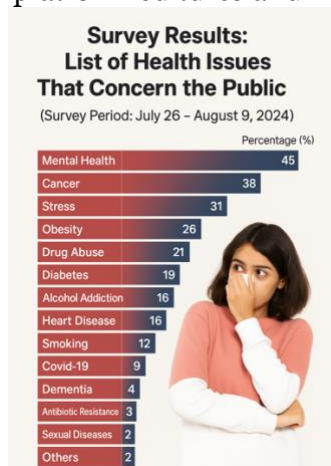


Figure 1. Public concerns about major health issues
(DataIndonesia.id, 2024; Ipsos, 2024)

The urgency of the topic is reflected in recent global data. The Ipsos *Health Service Report 2024* has investigated that mental health remains the most worrying health issue worldwide, cited by 45% of respondents across 31 countries, including Indonesia, ahead of cancer (38%), stress (31%), obesity (26%), and drug abuse (21%). In Indonesia, national surveillance shows a similar trend. The *Riset Kesehatan Dasar* (RISKESDAS) recorded an increase in the prevalence of emotional mental disorders from 6% in

2013 to 9.8% in 2018. More recent public briefings estimate that up to 30% of the population may experience mental health problems, highlighting a widening treatment gap. Reports from hospitals and news outlets further show to limited specialist availability, uneven distribution of services, and persistent stigma, including the continued, unlawful practice of shackling, which contributing to delays in diagnosis and care. Against this backdrop, social media platforms have emerged as alternative spaces for expression, information, and solidarity (Ministry of Health, Republic of Indonesia, 2013, 2018).

Scholarship on TikTok and mental health has expanded rapidly and provides important trajectory for this study. A systematic literature review of TikTok, youth, and mental well-being finds that mental-health-related content is abundant, emotionally resonant, and often consumed as a form of informal psychoeducation, though quality varies and misinformation risks persist (Conte et.al., 2024). Complementing this, McCashin and Murphy (2022) show that TikTok is increasingly used in public and youth mental-health communication; while it can reduce stigma and facilitate help-seeking, it also encourages highly performative content optimized for algorithmic visibility. These findings align with broader observations that TikTok's short form, music driven vernacular amplifies emotive storytelling and parasocial intimacy, thereby shaping how illness is narrated, circulated, and negotiated by audiences (McCashin & Murphy, 2022).

At the level of platform culture, Lee and Abidin (2023) argue that TikTok fosters distinctive practices of visibility, remix, and movement-building that prime creators to weave personal narratives into broader publics. In the Indonesian context, Najihah (2024) demonstrates that TikTok functions as a creative media infrastructure where content production is closely entangled with attention metrics, monetization pathways, and influencer norms. This platform logic is crucial for interpreting mental-health narratives: the same affordances that make self-disclosure findable and relatable can also incentivize dramaturgical choices (serialization, cliff-hangers, and hashtagging) that keep audiences returning and boost algorithmic reach (Lee & Abidin, 2023; Najihah, 2024).

The self-disclosure lens is equally central. Classic interpersonal work positions self-disclosure as a mechanism for building closeness and social support, but in networked publics the audience is diffuse, and disclosure can carry both benefits and risks. Indonesian studies of self-disclosure on social media suggest that sharing personal experiences may be associated with well-being and validation when performed within supportive communities, yet it remains sensitive to context, norms, and the perceived

safety of the space (Adha et.al., 2018). Bringing this into conversation with Hall's (1997) theory of representation and Jones's (2012) digital discourse approach, we treat TikTok posts, captions, edits, stitches, and comment threads as meaning-making practices through which identities and illnesses are constructed rather than merely reflected (Hall, 1997; Jones, 2012).

Empirical reports in Indonesia further justify the platform focus. The persistent shortage and unequal distribution of mental-health professionals, coupled with stigma that frames sufferers as weak or morally lacking, mean that many adolescents and students first seek help from peers, teachers, or religious/community leaders rather than from clinicians. Consequently, TikTok operates as a "third space" where young people test labels, narrate crises and recoveries, and crowdsource practical knowledge about symptoms, access to care, or navigating insurance, outside formal systems. This dynamic is double-edged: it can normalize help-seeking and foster solidarity, but it can also normalize self-diagnosis and reward increasingly intimate revelations as a route to attention.

This study addresses a clear research problem: existing scholarship on mental-illness discourse on Indonesian TikTok rarely maps how meaning is co-constructed by creators, audiences, and the platform's own logic. The research gap lies in the separation between traditions of representation (Hall, 1997), which examine how experiences are textually/visually constructed, and digital discourse/affordances (Jones, 2012) which foreground how features, algorithms, and interactional practices mediate the production and circulation of meaning. We bridge these strands by positioning self-disclosure and parasocial intimacy as central mechanisms within Indonesia's platform culture, while streamlining references to the most pertinent literature.

Accordingly, we address four research questions: (1) How are experiences of mental illness represented textually and multimodally (captions, on-screen text, sound, editing rhythm) by creators? (2) How do interactional practices (comments, creator replies, comment curation) and parasocial closeness shape and negotiate meaning in comment threads? (3), How do TikTok's affordances and algorithms mediate the visibility, circulation, and commodification of these narratives as alternative spaces for knowledge and support? (4) What discursive/ideological formations emerge and with what implications for public-health communication and ethical guidelines for creators?

Building on these strands, this article examines how Indonesian TikTok creators narrate mental illness and how those narratives circulate within platform logics. We focus on four accounts that openly identify as survivors of bipolar disorder, depression, and/or anxiety and that have

built varying levels of audience. Using Jones's (2012) digital discourse framework, our analysis attends to text (what and how stories are told), interaction (how audiences respond and co-produce meaning), context (cultural stigma, service gaps, and platform affordances), and power/ideology (how attention economies and influencer norms shape what counts as legitimate, visible, or monetizable suffering). In doing so, we connect global insights on TikTok and youth mental health (Conte, et.al., 2024; McCashin & Murphy, 2022) with Indonesian specific research on platform cultures and creative economies (Najihah, 2024; Lee & Abidin, 2023) and with local scholarship on self-disclosure (Adha et al., 2018).

Taken together, these literatures and empirical indicators motivate a critical inquiry into the ambivalence of digital mental health storytelling in Indonesia. We argue that TikTok functions simultaneously as a site of therapeutic expression and peer support and as an arena where intimate narratives are translated into algorithmic capital. By tracing how self-disclosure becomes representation, interaction and commodity, the study contributes to debates on digital discourse, platform governance, and youth mental health in the Global South.

2. Method

Methodology is the set of procedures researchers use to collect and analyze data in order to address the focal problems of a study (Arikunto, 2006). this section details the study design, context, procedures, and analytic strategy (Newton & Burgess, 2008). The present research is non-interventional and qualitative, combining digital discourse analysis with systematic observation of TikTok content.

2.1. Study Design and Rationale

This study adopts Digital Discourse Analysis (Jones, 2012) to examine how mental illness narratives are produced, framed, and circulated on TikTok. Digital Discourse Analysis was selected because it treats discourse not merely as text but as social practice shaped by context, interaction, and ideology an appropriate lens for platformed, algorithmically mediated storytelling about mental health. The analysis focuses on self disclosure practices, representational forms, audience interactions, and platform logics.

2.2. Corpus Construction & Delimitation

This study adopts a corpus driven design consistent with Digital Discourse Analysis. The corpus consists of TikTok posts published between January and July 2025 by Indonesian creators who openly identify as survivors of mental illness (bipolar, depression, anxiety) and consistently center their content on mental health experiences.

TikTok was chosen as it has become a space for self-disclosure and peer support among Indonesian youth. Focusing on creators who explicitly position themselves as survivors ensures the material reflects lived experiences rather than second-hand commentary. Variation in follower bases (from small to large accounts) enables comparative insights into visibility within the attention economy.

Table 1. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Timeframe	Posts published January - July 2025	Posts outside the timeframe
Platform	TikTok	Other platforms
Thematic focus	Explicit references to bipolar, depression, or anxiety (in caption, text, or hashtags)	Posts with no reference to mental illness or only general wellness
Self-positioning	Creator identifies as survivor/advocate/educator in profile or content	Posts by creators without self-identification or third-party commentary
Accessibility	Publicly available content without breaching privacy or platform restrictions	Private, deleted, or restricted posts
Content type	Posts focusing on narratives, advocacy, or educational framings of mental health	Pure entertainment, commercial, or unrelated lifestyle content
Audience scale variation	Accounts with diverse follower bases (small to large)	Accounts with sporadic or one-off mental health mentions

The final corpus consisted of four Indonesian TikTok accounts that consistently share mental-health narratives and explicitly identify the creator as a survivor:

- @afibasyf (386,700 followers): bipolar survivor storytelling.
- @trisatriandesa (38,200 followers): depression and anxiety; science-framed narration.
- @bbyblush999 (430 followers): bipolar diary-like reflections.

- @junthou13 (2,131 followers): anxiety-disorder experiences, including symbolic/visual posts.

2.3. *Units of Analysis & Inclusion/Exclusion*

The unit of analysis is the video post together with its multimodal and interactional traces. We included: (a) the video; (b) captions; (c) on-screen text; (d) hashtags; and (e) top-level comments that illustrate interactional patterns (e.g., emotional support, information seeking, boundary-policing). We excluded private or non-retrievable materials (e.g., direct messages, posts restricted to private audiences) and any content whose retrieval would compromise ethical standards or violate platform terms.

2.4. *Data Collection & Archiving*

We conducted systematic observation of all publicly accessible posts meeting the inclusion criteria during January–July 2025. For each post, we logged the URL, publication date, caption, hashtags, visible on-screen text, salient audio/visual features (e.g., trending sounds, editing rhythm), and illustrative top-level comments. All materials were recorded in a structured audit trail, including a dated retrieval log, evolving codebook versions, and analytic memos to preserve traceability from raw materials to interpretive claims.

2.5. *Analytical Framework: Digital Discourse Analysis*

We employ Digital Discourse Analysis to examine how meanings about mental illness are produced, negotiated, and circulated within a platformed environment (TikTok). Following Jones (2012), analysis proceeds through four interrelated elements (Text, Interaction, Context, and Ideology/Power) and is situated within representation theory (Hall, 1997) to clarify “what counts” as legitimate experience is constructed.

Digital discourse analysis is suited to platform studies because it binds semiotic form (what is said/shown), social action (how users engage), and infrastructural conditions (how affordances/algorithms route attention). Linking Hall’s representational concerns to Jones’s elements allows us to read authenticity claims, intimacy work, and visibility as discursively and infrastructurally co-produced.

1. Text: captions; on-screen typography/text; speaking style (intonation, tempo, lexical choice); editing rhythm; use/quoting of sounds. *Guiding questions:* How do multimodal choices frame suffering, expertise, and authenticity?
2. Interaction: addressivity (direct appeals/tags); creator replies (tone, timing); comment curation/pinning; audience boundary-policing; participation prompts. *Guiding questions:* How do these practices co-construct meaning and expand/contract peer support?

3. Context: hashtag ecology; FYP/recommendation cues; duet/stitch linkages; posting cadence/duration; event timing. *Guiding questions:* How do affordances/algorithms route visibility and circulation across accounts?
4. Ideology/Power: authenticity tropes; moral evaluations; self-branding; commodification talk; norm-setting and gatekeeping. *Guiding questions:* Who gains authority to name conditions, prescribe coping, and monetize disclosure?

2.6. Research Flowchart

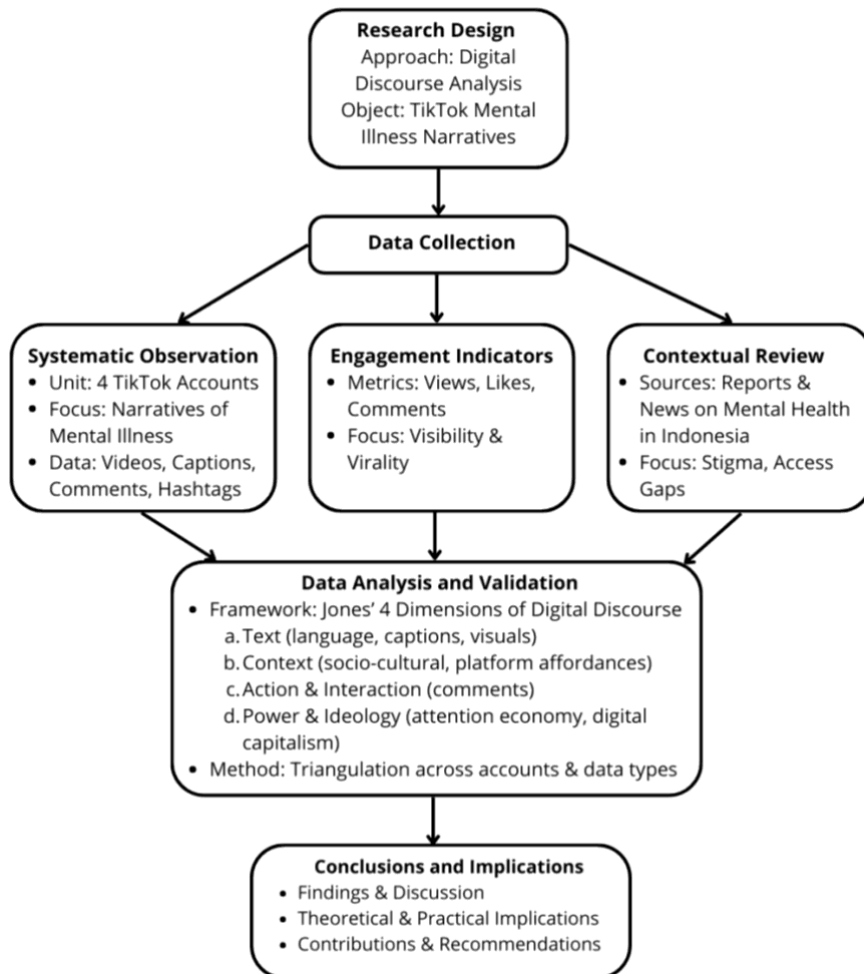


Figure 2. Research Flow Diagram

2.7. Ethical Considerations

We analyzed only publicly accessible materials and de-identified all quoted comments. No attempts were made to access private messages or closed groups. We followed platform terms of use and standard internet-research guidance,

balancing the public nature of posts with sensitivity to vulnerable populations by avoiding personally identifying details and aggregating examples where feasible.

2.8. Limitations

As an observational, platform-bound study, findings are contingent on TikTok's evolving algorithms and the public availability of posts. Private messages and off-platform contexts are beyond scope. The study does not claim clinical assessment; references to conditions reflect creator self-reports.

3. Results

This study analyzes findings through the four elements of digital discourse as proposed by Rodney H. Jones (2012): text, context, action and interaction, and power and ideology. This division was chosen because these four dimensions allow a more comprehensive examination of how mental health narratives on TikTok are not only produced and circulated but also interpreted within the dynamics of algorithmic logics and digital culture. In this way, the personal experiences shared by survivors of bipolar disorder, depression, and anxiety can be understood as discursive practices embedded in the broader ecosystem of popular culture and platform governance. The following discussion is organized according to these four elements, beginning with textual analysis.

3.1. Narratives of Self-Disclosure: From Personal Diary to Public Education

In this section, we read visual semiotics multimodally: not only through frame composition, on-screen typography/text, editing rhythm, and the selection/quoting of sounds, but also through each creator's speaking style as a performative cue (intonation, tempo, pauses, articulation, and lexical choice) co-occurring with facial expression, gaze, and gesture. We link these visual-verbal resources to their discursive functions and compare them across accounts to surface patterns and variations. In doing so, the analysis moves beyond surface description toward a theory-driven account of how these devices cultivate empathetic alignment, invite participation, and simultaneously open avenues for the commodification of mental-illness experience.

The account @afibasyf, with the largest following (386,700), presents a structured narrative resembling a serialized diary of living with bipolar disorder. His texts are deeply narrative and chronological, beginning with early awareness of symptoms, progressing through depressive, manic, and "normal" phases, and culminating in professional help-seeking. These narratives include intense emotional disclosures, such as suicidal thoughts, that enhance the dramatic effect. Alongside personal testimony, the account often incorporates educational content, such as brief explanations referencing journal articles or practical information about accessing

psychiatric care through health insurance. As a result, the textual practices in this account are hybrid: simultaneously personal testimony, public education, and emotionally dramatized content with potential commodification value.

By contrast, @bbyblush999 (Amah's Diary), with only 430 followers, demonstrates a more intimate and unembellished form of disclosure. Her content centers on the trajectory of diagnosis, long depressive episodes, and the eventual emergence of manic phases, without overt commercial or dramatic intent. The language is casual, often interspersed with everyday English phrases, giving her storytelling a reflective, diary-like quality. Here, self-disclosure functions more as a means of personal validation than as an attempt to reach wide audiences, rendering the content more authentic and personal, albeit with limited reach.

The account @trisatriandesa adopts a distinctive style by blending self-disclosure with scientific framing. Identifying himself as a "neuroscience communicator," he situates his depression and anxiety within biomedical discourse, referencing brain structures such as the amygdala, prefrontal cortex, and default mode network. This strategy enhances the legitimacy of his narrative while positioning the text as both motivational and educational. His tone is warm and optimistic, emphasizing recovery and solidarity (e.g., "sending you big virtual hugs"). Compared to the other accounts, his texts are more structured, positive, and designed to build hope while disseminating popular scientific knowledge about depression.

Meanwhile, @junthou13 offers yet another form of self-disclosure. His narratives are often fragmented, repetitive, and non-linear, reflecting the very texture of anxiety, marked by overthinking and disjointed thought processes. The content frequently forgoes verbal narration altogether, instead using symbolic representations such as photos of psychiatric clinics accompanied by melancholic background music. This fragmented textuality, while difficult to follow, can be seen as an authentic representation of anxiety itself. Rather than serving an educational purpose or aiming for high engagement, these texts operate as a form of digital catharsis: personal notes that externalize inner distress and chronicle his mental health journey.

The four accounts demonstrate a spectrum of self-disclosure strategies in representing mental health on TikTok. From dramatic and informative (@afibasyf), intimate and diary-like (@bbyblush999), educational and optimistic (@trisatriandesa), to fragmented and symbolic (@junthou13), the texts produced do not merely reflect personal experiences but are also shaped by account orientation, the creator's social position, and their communicative goals. Within Stuart Hall's (1997) theory of representation,

these texts illustrate that experiences of mental illness are never simply “reflected” but constructed through language, storytelling styles, and visual symbols. At the same time, the intensity of self-disclosure reveals a paradox: the more personal and emotional the narratives shared, the greater their potential for engagement, opening the door to commodification within the logic of digital platforms.

Table 1. compares four TikTok accounts, focusing on narrative form, language and style, main themes, and self-disclosure. The accounts show varied strategies, from chronological and educational storytelling (@afibasyf, @trisatriandesa) to more intimate or fragmented expressions (@bbyblush999, @junthou13). These contrasts highlight the diversity of digital self-disclosure and how creators’ orientations, audience reach, and goals shape mental health representation on TikTok.

Table 1. Textual Analysis

Aspect	@afibasyf	@bbyblush999	@trisatriandesa	@junthou13
Followers	386.700	430	38.200	2.131
Narrative Form	Chronological storytelling in series (depression, normal, mania phases)	Simple, reflective diary-like narrative	Linear storytelling with scientific framing	Fragmented discourse; sometimes only visuals with melancholic music
Language & Style	Reflective, first-person, emotional; sometimes includes journal-based educational content; inserts daily self-care activities	Mix of Indonesian–English; casual, intimate, without excessive dramatization	Combination of personal language & neuroscience terms; warm and educational style	Repetitive, non-linear language; <i>stream of consciousness</i> ; symbolic
Main Themes	Bipolar journey: from early awareness → diagnosis → illness phases → suicidal thoughts →	Bipolar journey: diagnosed with major depression → onset of mania → long	Depression & anxiety journey: diagnosis → denial → breakdown → recovery (neuroscience)	Chronic overthinking, anxiety, psychiatric clinic experiences

Aspect	@afibasyf	@bbyblush999	@trisatriandesa	@junthou13
Followers	386.700	430	38.200	2.131
Intensity of Self-Disclosure	treatment & coping High (sharing suicidal ideation, crisis experiences)	depressive episode Moderate (honest disclosure without extreme details)	Moderate (breakdown experiences with educational framing)	Moderate–High (raw disclosure, though often incoherent)

3.2. Comment Sections as Spaces of Solidarity, Exchange, and Collective Coping

In this section 3, we examine how meaning is co-constructed through four interlinked practices: addressivity, creator replies, comment curation/pinning, and audience boundary-policing. Taken together, these interactional moves not only organize the comment thread but also expand or narrow the space for peer support, shaping whether disclosures are received as care work or as content to be disciplined. We further show counter-evidence cases where supportive threads are reframed into stereotype or stigma, and how creators' moderation choices reconfigure the trajectory of meaning. Comparisons across audience scales indicate patterned differences in how intimacy and authority are performed, clarifying the link between interactional governance and the circulation/legibility of mental-health narratives.

3.1.1. Emotional support

Many comments carry messages of moral support, prayers, and appreciation for the creator's courage in sharing their experiences. For example, comments such as "You're so strong for surviving, sis, please pray that I can heal like you 🙏" or "Stay strong! Don't give up ❤️" indicate that audiences use the comment section as a means of offering psychological supports. These responses exemplify an atmosphere of solidarity and strengthen a sense of belonging, where both creators and audiences feel part of a safe community.

3.1.2. Peer testimony

The comment section also becomes a place where audiences share their own experiences with depression, bipolar disorder, or anxiety. Comments such as "I also recovered after seeing a psychiatrist, your explanation is so accurate sis. I'm an anxiety survivor" or "I've been struggling since 2013 but only diagnosed in 2019, and I still take medication every day" highlight the role of comments as spaces of reciprocal

validation. By sharing, audiences not only respond to creators but also affirm that they are not alone in facing mental illness.

3.1.3. Informational seeking

Many users leverage the comment sections to ask practical questions about diagnosis, services, and access to care. Questions such as “Should I see a psychologist first or a psychiatrist?” or “Is therapy expensive, or can I use BPJS?” suggest that creators are positioned as alternative information sources. This underscores the function of social media as a public forum for filling gaps left by formal mental health services.

3.1.4. Complaints and barriers to recovery

Some comments express difficulties in undergoing therapy or treatment. For example, “I want to work but my meds make me too sleepy” or “I keep going to psychiatrists but get no diagnosis, they just send me to a psychologist.” These comments show that the comment sections also serve as a medium for venting frustrations, while simultaneously seeking empathy from communities with similar experiences.

3.1.5. Appreciation and validation of creators

Many comments also emphasize appreciation for creators’ roles in opening discussions about mental health. Comments such as “Thanks for sharing, sis, as someone who doesn’t know much I now understand what people with bipolar go through 😊” or “Good job for surviving, wishing you a fast recovery” illustrate that audiences view creators not only as survivors but also as educators and motivators. This reveals symbolic relations where creators are positioned as authoritative figures in the digital discourse ecosystem.

Overall, these interaction patterns demonstrate TikTok’s dual function: on one hand, as a space for creators’ self-disclosure, and on the other, as a collective arena where audiences participate in coping practices. Emotional support, reciprocal testimony, and discussions about cost and access to care highlight that digital interactions are not trivial but integral to the mental health ecology of Indonesian youth.

3.3. Service Gaps, Social Stigma, and Digital Spaces as Alternatives

Mental health in Indonesia faces serious structural challenges, particularly regarding access to services. The Ministry of Health reports that the ratio of psychiatrists in Indonesia remains highly disproportionate, with one psychiatrist serving around 200,000 people. Of 10,321 community health centers (*puskesmas*), only half provide mental health services, and some provinces still lack psychiatric hospitals (Ministry of Health, Republic of Indonesia, 2022). Tirto (2023) confirms that only 4,624 *puskesmas*

(44.39%) have trained personnel and psychopharmaceuticals, far below WHO's ideal ratio of one psychiatrist per 30,000 people (Tirto, 2023)

Another problem is the uneven distribution of mental health professionals. Around 71% of psychiatrists and clinical psychologists are concentrated on Java Island, while eastern regions such as Maluku and Papua remain underserved (Kumparan, 2024). Kompasiana (2023) notes that Indonesia's psychiatrist ratio is only 0.3 per 100,000 population, meaning one psychiatrist serves over 300,000 people. This inequity leaves many in remote areas unable to access mental health care, forcing them to turn to alternative channels for information and support (Kompasiana, 2023).

Beyond service limitations, social stigma remains a significant barrier. A UGM report (UGM Center for Public Mental Health, 2022) shows that mental illness is still commonly perceived as laziness, lack of faith, or weakness. The Ministry of Health (2024) illustrates that such stigma often delays patients and their families from seeking professional help, worsening conditions. Furthermore, the practice of shackling (*pasung*), though legally banned, persists in several regions, with thousands of Indonesians still living in confinement due to stigma and lack of services (Ministry of Health, Republic of Indonesia, 2024; Watchdog, 2025).

Among youth, help-seeking paths often bypass medical professionals. A survey by the Yogyakarta Health Office found that 38.2% of adolescents first sought help from teachers or school staff, 20.5% from religious or community leaders, and only a small percentage from psychologists or psychiatrists. This indicates that the dominance of social norms and community networks in coping practices (Yogyakarta Health Office, 2024).

The government has acknowledged the urgency of these issues. The Coordinating Ministry for Human Development and Culture (2023) reported a prevalence of emotional mental disorders at 9.8% and depression at 6.1%. These rates are high in comparison to global averages, while service capacity remains inadequate. This context explains why platforms like TikTok have become significant alternative spaces: they provide young people with platform to express experiences, access support, and obtain mental health information not readily available through formal services (Coordinating Ministry for Human Development and Culture, 2023).

Thus, the Indonesian context reflects a combination of insurmountable need, limited service access, and persistent stigma, pushing mental health communication into digital spaces. TikTok, therefore, functions not merely as entertainment but as a medium to bridge gaps,

connecting survivors with broader communities, albeit still bound by platform logic.

On this structural backdrop, TikTok's affordances and algorithms, mediate how mental-health narratives travel. Across the corpus, we observe how the creators mobilizing the same features differently: larger accounts convert early follower engagement into recurring FYP exposure, while smaller accounts rely more on discovery affordances (stacking niche and general hashtags, stitching with higher reach creators, adopting recognizable sound templates). These divergent tactics produce uneven pathways of circulation and make visible the visibility labour required to secure uptake under platform logics.

We also identify patterned reach asymmetries and their implications for commodification. Temporal choices (posting rhythm, video length), packaging (hook strength, on-screen text, caption prompts), and moderation (replying, pinning, keyword filtering) trade off safety and exposure, nudging creators toward formats that optimize watch-time and interaction ratios. Notably, negative cases show that posts without trending sounds or with minimal tagging can still garner strong support when contextual fit (e.g., local community salience) is high, suggesting that algorithms are consequential but not exhaustive determinants.

3.4. Between Survivor Representation and the Commodification of Attention

Building on the circulation dynamics outlined in Section 3.3, we approach the corpus through Jones's digital discourse analysis element of Ideology/Power to examine how narratives of mental illness are not only distributed but also normatively organized under platform logics (Jones, 2012). Our analysis foregrounds four interlocking formations: authenticity as an ideological register, a moral economy of boundary-policing, visibility as power, and commodification pathways that translate affective labour into value.

Across accounts, "authenticity" is performed and recognized through repeatable cues: disclaimers (e.g., "not romanticizing this," "just sharing my truth"), low-finish aesthetics (handheld framing, minimal color grading), and speaking styles that index candor (unvarnished tone, hesitations, intimate address). These signals stabilize what counts as "legitimate" suffering and who is entitled to speak in the representational field (Hall, 1997). Yet under attention pressures, authenticity becomes programmable: captions open with affective hooks, on-screen text is timed to retain watch-time, and confessional cuts align with recognizable templates (Jones, 2012). The result is a paradox where authenticity both resists and conforms to the metrics through which it is rendered visible.

Comment threads routinely sort disclosures into *real/fake*, *appropriate/excessive*, or *helpful/attention-seeking*. Such audience boundary-policing is complemented by creators' moderation choices (pinning supportive replies, hiding hostile ones, filtering keywords, disabling threads). Together they enact ideological work by curating norms of feeling and telling, what counts as responsible disclosure, which emotions are permissible, and how help should be requested or offered. Negative cases, however, show that this policing is contestable: users push back against stigmatizing comments, share resources, or reframe the thread toward solidarity, indicating that normative control is negotiated rather than absolute.

Reach asymmetries documented in Section 3.3 translate into unequal authority to name conditions, define recovery scripts, and set genre conventions (e.g., "quiet confessional," "daily medication diary"). High-reach accounts more easily stabilize tropes and circulate them as common sense; lower-reach accounts must expend greater visibility labour to be legible at all, often emulating template cues to satisfy recognition thresholds. Visibility thus operates as symbolic power, shaping which experiences are centered and which remain peripheral.

Under platform logics, affective labour (vulnerability, empathic engagement) is convertible into platform value (watch-time, interaction ratios) and, where present in the corpus, off-platform value (follow growth, link-in-bio traffic). Packaging choices, strong hooks, caption prompts, legible on-screen text, optimize metrics but also blur the line between care work and content work (Jones, 2012). Moderation calibrates this trade-off: stricter filters or limited hashtags can reduce exposure yet improve discursive safety; looser settings invite visibility at the risk of stigma amplification. Counter-evidence in the corpus shows that posts with minimal tagging or non-trending sounds can still mobilize strong support when contextual fit (e.g., local community salience) is high, reminding us that algorithms are consequential but not exhaustive determinants.

Synthesis and implications. Taken together, these formations show how platform governance of attention structures an ideological field in which authenticity is coded, intimacy is governed, and self-disclosure is intermittently monetized (Hall, 1997; Jones, 2012). For practice, the findings motivate harm minimization guidelines (bounded self-disclosure, resource signposting, moderation playbooks), encourage creators to balance visibility with care-oriented curation, and suggest light-touch platform nudges (e.g., prompts to add help resources on mental-health tags) that preserve supportive communication without incentivizing the aestheticization of distress.

4. Discussion

To clarify the relationship between the findings and the analytical framework, the four discourses identified in this study are mapped onto the four elements of Digital Discourse Analysis (Jones, 2012): *Text*, *Interaction*, *Context*, and *Ideology/Power*. This mapping demonstrates how each discourse operates across dimensions—how textual and stylistic choices are constructed, how audience interactions shape meaning, how platform contexts influence circulation, and how ideology and power relations determine legitimacy and visibility of mental-health narratives.

Table 2. Mapping Discourses of Mental Illness Narratives on TikTok

Discourse	Text	Interaction	Context	Ideology/Power
Resisting Stigma	Disclaimers; candid speaking style to signal legitimacy	Audience pushback against stigma; creator moderation renegotiates boundaries	Advocacy hashtags; stitches linking to anti-stigma campaigns	Authority contested: who defines “legitimate” suffering
Solidarity & Collective Coping	Vulnerability-focused formats foster parasocial intimacy	Testimonies, information exchange, empathy; pinned supportive comments	Hashtag stacks; stitches link posts into peer-support pathways	Norms of “responsible telling” curated by creators; supportive genres stabilized in larger accounts
Therapeutic Self-Expression	Diary-like, fragmented narratives; on-screen text; editing rhythm	Limited interaction; some creators cap comments to maintain safety	Episodic posting reflects mood fluctuations	Authenticity both resisted and formatted by platform metrics; trade-off between catharsis and visibility
Commodification	Hooks, caption prompts, dramatized storytelling	Replies and interaction ratios convert affective labour into engagement	FYP, trending sounds, duet/stitch amplify circulation; visibility	Visibility = symbolic power; genre conventions set by high-reach accounts; suffering

Discourse	Text	Interaction	Context	Ideology/Power
			labour uneven	monetized as attention capital

The table highlights that mental health discourses on TikTok are not isolated phenomena but are intersect through practices of representation, interaction, platform contexts, and ideology. Each discourse illustrated the complex tension between authenticity and algorithmic pressures. In this way, these discourses not only reflect individual experiences but also illustrate how platform logics and social norms shape the ways suffering and recovery are narrated and received in the public sphere.

5. Conclusion

This study demonstrates how digital narratives of mental illness on TikTok are constructed by creators, audiences, and platform logics, resulting in representations that resist stigma, build solidarity, offer therapeutic expression, and at times become commodified. By linking Hall's (1997) theory of representation with Jones's (2012) Digital Discourse Analysis, the findings show how authenticity is signaled, intimacy is negotiated, and visibility operates as a form of power in Indonesia's platformed public sphere.

Theoretical wise, the article bridges representational and discourse approaches; empirically, it provides a case reading of four Indonesian TikTok accounts across audience scales; and methodologically, it offers a reflexive framework for analyzing multimodal, public social-media data. The study highlights practical implications in which the creators should adopt harm-minimization practices, public-health communicators can leverage peer-support affordances while countering misinformation, and platforms can implement light touch governance to encourage supportive communication.

Limitations include the time bound corpus (January–July 2025), reliance on public posts, and qualitative scope that does not measure clinical outcomes or algorithmic causality. Future research could extend to cross platform comparisons, multimodal quantification, and collaborations with clinicians to evaluate impacts on well-being.

Overall, TikTok emerges not merely as a channel for personal stories but as a platformed arena where health, culture, and economy intersect, with self-disclosure simultaneously enabling solidarity and subject to commodification.

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