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From stigma to status: Psychotherapy in Persian digital publics

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Abstract

Background: Modernity has resolved some problems while creating new ones. An increasing number of people turn to psychotherapy to cope with their daily struggles, and many have recently begun sharing their experiences with others on social media.
Aims: This study investigates how Persian-speaking users of a major social media platform narrate, evaluate, and emotionally position their relationships with therapists in everyday discourse.
Methodology: Drawing on 1,309 Persian-language posts from X spanning 2023 to 2025, the analysis traces how therapy is woven into vernacular routines, jokes, frustrations, and affective disclosures. Through a combination of sentiment analysis, topic modelling, and multi-label classification, twelve recurring thematic clusters are identified, ranging from long-term companionship and playful therapist–client interactions to economic conflict, cultural doubt, and comparisons with fortune-telling or religious guidance.
Findings: The findings reveal an affective ecology marked by pragmatic positivity, ironic detachment, and substantial ambivalence. While nearly half of all posts are coded as positive, expressions of strong enthusiasm are rare, and critical or confused narratives remain prominent.
Conclusion: The study conceptualises therapy talk as a form of mediated intimacy in which professional authority is continually negotiated through public micro-narratives. We argue that Persian-language social media users are not passive recipients of global therapeutic scripts, but active interpreters who reframe psychotherapy through culturally situated, morally inflected, and socially networked modes of speech; transforming what was once a source of stigma into a marker of status.

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1. Introduction

The past two decades have witnessed a substantial and well-documented expansion in the global demand for psychotherapy, a trend that has intensified markedly in the aftermath of the COVID-19 pandemic and the broader acceleration of modern anxieties. As of 2021, nearly one in every seven people, approximately 1.1 billion individuals worldwide, were living with a mental disorder, with anxiety and depressive disorders constituting the most prevalent conditions (World Health Organization, 2025). The pandemic itself acted as a powerful accelerant: estimates suggest a 26% increase in depression and a 28% increase in anxiety disorders during the COVID-19 period, generating millions of additional cases and exposing the urgent inadequacy of existing mental health infrastructure. In the United States alone, psychotherapy use among adults increased from 9.5% to 13.4% between 2019 and 2023, a rise that was sustained well beyond the acute phase of the pandemic (Gao & Olfson, 2025).

At the economic level, expenditure on psychotherapy and counselling grew by 65% in a short period, representing a profound reallocation of health resources (Thase, 2025); a figure that reflects not only worsening clinical need but also shifting public attitudes toward mental health care as a legitimate and socially acceptable pursuit. These changes are not confined to the Global North: rapid socio-cultural transformations, economic instability, and the pervasive influence of digital media have created a drift between traditional values and modern expectations in societies such as Iran, contributing to rising rates of depression, anxiety, and psychological distress among young people (Kamyabi Azar et al., 2025). The structural conditions that produce distress, including urban precarity, intergenerational conflict, political uncertainty, and the disruption of established social scripts, have thus simultaneously generated both the need for therapeutic intervention and a cultural appetite for it (Ahmedani et al., 2024; Altaf Dar et al., 2023; Apostolopoulou, 2013; Silver et al., 2021; Zangani et al., 2022).

Technologies change societies (Salehi et al., 2026; Shahghasemi, 2022; Shahghasemi et al., 2025; Srinivasan, 2018) and same technological and social transformations that have destabilized everyday life have also reconstituted the spaces in which that life is narrated and evaluated. The emergence of networked social media platforms as primary sites of self-presentation has profoundly altered the relationship between the private and the public, the intimate and the performative (Shahghasemi er al., 2025). Drawing on the tradition of Social Penetration Theory (Altman & Taylor, 1973), which frames interpersonal relationships as developing through progressive layers of self-disclosure from the superficial to the deeply personal, scholars have observed that digital platforms have radically compressed and accelerated this process, opening previously guarded interior spaces to public view (Valkenburg & Peter, 2011). Users of platforms such as X,

Instagram, and TikTok routinely share information about their emotional states, mental health struggles, relationship difficulties, and personal vulnerabilities; content that earlier generations would have confined to the therapeutic encounter or the private diary.

Research on Iranian adolescent social media users has confirmed that anxiety, attention-seeking, and social media addiction are significantly associated with elevated levels of online oversharing, and it suggests that the psychological conditions driving therapeutic demand and those producing confessional digital behaviour are closely related (Shabahang et al., 2022). This is not merely a behavioural shift; it constitutes a structural transformation in how selfhood is produced, exhibited, and validated. As Lupton (2013) observed, digital technologies have enabled laypeople to become active producers of health knowledge, challenging the authority of biomedical experts and creating new forms of lay health discourse that circulate independently of clinical institutions.

Perhaps the most striking sociological dimension of this moment is the reversal in the social meaning of psychotherapy itself. For much of the twentieth century, seeking professional psychological help was a mark of stigma; an index of weakness, deviance, or failure to manage one's inner life through the culturally preferred means of resilience, religious faith, family counsel, or stoic endurance. Help-seeking was typically concealed, and disclosure of one's therapeutic engagement risked social and professional consequences. Yet something has shifted. Among younger generations in many societies, attending therapy has gradually been reframed as a form of psychological literacy and self-investment, a practice that signals emotional sophistication rather than deficiency. Generation Z has matured in a digitally saturated environment characterised by inclusivity, emotional openness, and a growing destigmatisation of mental health issues, in which therapy and emotional vulnerability are increasingly seen as strengths rather than liabilities (Twenge et al., 2018). This reframing is intimately connected to social media visibility: publicly mentioning one's therapist, quoting therapeutic insights, or narrating one's therapeutic journey has become, in certain social milieus, a form of what Bourdieu (1984) would recognise as cultural capital; a marker of self-awareness, urban modernity, and access to valued forms of expertise. Therapy, in other words, has in some contexts migrated from a stigmatised necessity to a positional good, a resource whose conspicuous consumption confers status within particular social fields (Illouz, 2008).

The Iranian context both exemplifies and complicates this trajectory in revealing ways. Iranian society has historically been shaped by what scholars of the region describe as a culture of perfectionism and concealment, in which any admission of psychological difficulty—particularly for women— was experienced as a threat to family honour and social standing (Taghva et al., 2017). The Iranian culture of

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perfectionism has historically compelled families to conceal a loved one's illness, and authorities have emphasised secrecy around mental health conditions as one of the most significant obstacles to understanding the true scope of psychological problems in society (Hajebi et al., 2022). Religious frameworks, which sometimes attributed psychological suffering to deficiencies in faith or moral character, further reinforced the privatisation of distress (Masoomi et al., 2023). Yet Iranian society has undergone rapid and contested transformation in recent decades, particularly in its digital publics. Iranian women have turned to social networking sites to express assertive female subjectivity and to actively participate in ongoing assessments and rearticulations of politics, culture, and gender identity (Tahmasebi-Birgani, 2017)— a form of digital practice that has progressively eroded the normative expectation that personal struggles must be managed in silence. The popular psychological literature, a proliferation of Instagram-based therapist-influencers, and the viral circulation of mental health content in Persian have created a new vernacular. What was once carefully guarded as a private or even shameful matter has become, for significant segments of the Iranian digital public, something to be narrated, debated, and sometimes displayed.

It is within this conjuncture— escalating mental health need, a transformed media ecology, a shifting stigma landscape, and the particular tensions of Iranian modernity— that the present study is situated. This article examines how Persian-speaking users narrate, evaluate, and emotionally position their relationships with therapists in everyday social media discourse. We employed a combination of sentiment analysis, topic modelling, and multi-label thematic classification to reconstruct the affective ecology in which psychotherapy is made meaningful, contested, joked about, and resisted in Persian digital publics. Within this framing, the article pursues the following research questions:

RQ1. How do Persian-language users of X narrate and interpret their relationships and interactions with therapists in everyday posts?

RQ2. How are emotional evaluations of therapy and therapists distributed across these thematic patterns?

2. Methodology

Our empirical material consists of Persian-language posts on X in which users explicitly refer to therapists, psychologists, counsellors, or therapy sessions. The aim of data construction was not to capture "mental health" discourse in general, but specifically those moments where a therapist appears as an addressed or narrated figure ("my therapist", "our counsellor", "the psychologist said"…). To this end, we began with a broad retrieval protocol built around hand-crafted Persian

query strings and their colloquial spellings (e.g., تراپی، تراپیســـــت، روان‌شناس، مشاور، روانپزشک) as well as common transliterated forms and hashtags. The search was intentionally generous: it included neutral mentions (booking an appointment), humorous uses of "therapy" as a metaphor, and complaints about fees or cancellations, so that edge cases would not be lost in the initial sweep. This first pass yielded 1,356 posts. We then undertook a staged cleaning process. Exact duplicates and mechanically generated reposts without additional commentary were removed. Posts in which the keyword hit clearly referred to non-psychological uses (for instance, metaphorical "therapy" for coffee, pets, or sports teams) were treated as off-topic. Through this filtering, 47 items were discarded as irrelevant to interpersonal encounters with mental-health professionals, leaving an analytic corpus of 1,309 posts.

The time span of the dataset runs from 30 January 2023 to 21 November 2025, providing a two-year window on how therapy talk circulates in Persian-language timelines. Pre-processing sought to preserve colloquial nuance while making the texts analysable at scale. Orthographic normalization harmonized Persian and Arabic characters (notably ی/ی and ک/ک), removed spurious zero-width non-joiners, and stripped URLs and @mentions that did not contribute semantic content. We retained emojis and emoticons because they carry important affective information; they were converted into abstracted placeholders so that their valence (e.g., "cry-laugh", "broken heart", "anger") remained accessible without tying the analysis to a particular glyph set. Non-Persian stretches (English quotes, Romanized slang) were left intact but did not drive tokenization or topic assignment. All data came from public posts; user handles were replaced with anonymous identifiers, and no verbatim quotes from highly personal disclosures are reproduced in the article.

3. Findings

X actively encourages its users to keep their posts as brief as possible. We were interested in the length of posts that users published about their psychotherapeutic experience. Figure 1 displays the distribution of post lengths across the 1,309 Persian-language posts in the corpus, measured in word count. The distribution is notably bimodal, with a primary peak occurring between approximately 10 and 20 words, where the highest concentration of posts is recorded (reaching nearly 140 posts in a single bin), and a secondary, broader peak emerging around 50 to 60 words. The majority of posts are relatively brief, with most falling below 40 words, reflecting the characteristically concise and fragmented nature of discourse on X. Beyond 60 words, frequency drops sharply and the distribution develops a long right tail, indicating that while extended posts do exist in the corpus, they are comparatively rare.

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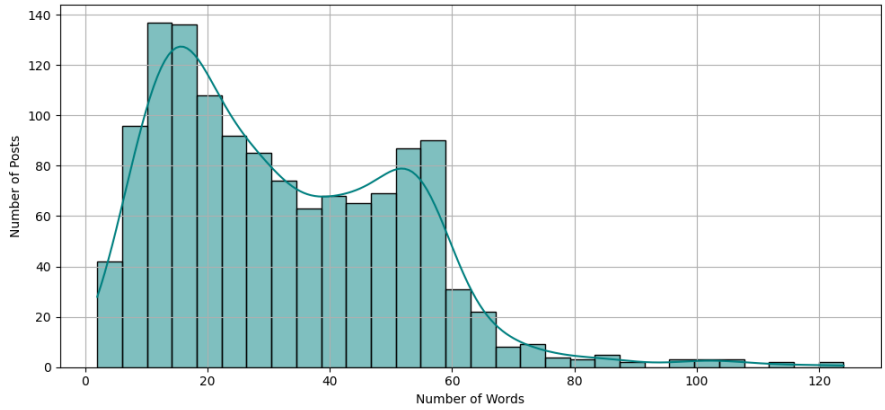

Figure 1. Distribution of post lengths (in words count)

To understand how users emotionally situate their encounters with psychotherapy, we apply the five-way sentiment schema (Delighted, Happy, Neutral, Angry, Furious) to the 1,309 posts that explicitly concern therapists or therapy. The distribution is uneven but clearly patterned: Happy is the most frequent label, assigned to 476 posts (36.36%), followed by Neutral with 347 posts (26.51%). On the negative side, Furious appears in 183 posts (13.98%) and Angry in 139 posts (10.62%), while Delighted, the strongest positive category, covers 164 posts (12.53%). Aggregating these labels into broader valence bands, almost half of the corpus (640 posts, 48.89%) is coded as positive (Happy + Delighted), roughly one quarter (322 posts, 24.60%) as negative (Angry + Furious), and just over one quarter as Neutral. This configuration suggests that, in the aggregate, therapy is more often narrated through registers of satisfaction, warmth, or light-hearted appreciation than through outright rejection. However, the internal structure of the positive band is revealing. "Happy" dominates, while "Delighted" remains comparatively modest. In other words, users frequently frame their therapists and sessions as "good enough" rather than transformative or life-changing. Many posts that fall under Happy blend gratitude and humor, thanking a therapist for a useful insight, joking about sending a meme to one's psychologist, or describing therapy as a stabilising routine. These are not uncritical endorsements; they articulate a form of pragmatic, everyday approval that coexists with awareness of cost, difficulty, and ambivalence.

The negative tail is nevertheless substantial. The combined 24.60% of posts labelled Angry, or Furious, indicates that strong dissatisfaction is not peripheral to the discourse. In these segments, users recount feeling judged or misunderstood, complain about high fees and perceived mercenary attitudes, question therapists' competence or ethics, or describe leaving sessions more confused or distressed than before. Anger and rage here do more than express personal frustration: they function as communicative resources through which users contest

professional authority, warn peers about "bad" therapists, and renegotiate what counts as acceptable practice in the therapeutic relationship. In a platform environment where quote-tweets, screenshots, and viral jokes can rapidly circulate criticism, such negative affect contributes to a diffuse, bottom-up accountability regime around mental-health expertise. Neutral labels, finally, occupy an important middle ground. The 347 Neutral posts (26.51%) are rarely emotionally flat in a substantive sense. They often take the form of brief reports ("I had therapy today"), summaries of what a therapist said, or mentions of assigned homework, without explicit evaluation. From a communication perspective, this genre of low-key narration performs stance indirectly: users expose fragments of the therapeutic encounter to their followers while allowing emojis, shared cultural scripts about therapy, and prior knowledge of the poster's situation to carry much of the affective weight. Neutrality, in this sense, sustains circulation and legibility; it keeps therapy talk visible in the feed without forcing every mention into a strong positive or negative judgment.

Taken together, the emotional landscape of this corpus is asymmetrically positive but threaded with friction. Mildly affirmative and playful accounts of therapy coexist with a sizeable layer of anger and outrage, and both are mediated by a large band of apparently neutral reports. This structure is consistent with platformed interaction in which intimacy, critique, and humor are tightly interwoven, and it motivates the analyses that follow: we examine not only how users perform approval and gratitude toward therapists, but also how negative affect and ambivalent reporting contribute to the ongoing, public renegotiation of what therapy is supposed to do and what therapists are expected to be (Figure 2).

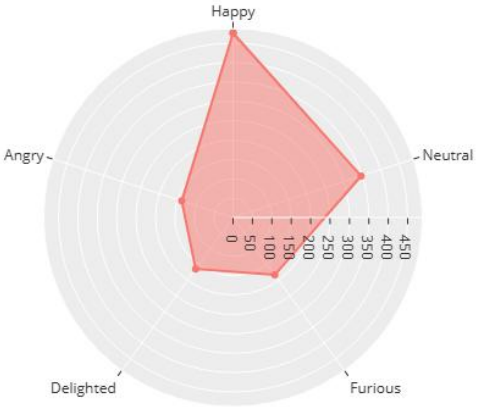

Figure 2. Dataset sentiment distribution

3.1. Topic modeling and thematic mapping

To reconstruct the thematic landscape of therapy talk in our corpus, we combined unsupervised topic modeling with a theory-driven, multi-label classification scheme. As a first step, we trained a series of Latent Dirichlet

Allocation (LDA) models on the cleaned texts described above. Preprocessing for topic modeling followed the same principles as in the corpus construction stage: normalization of Persian orthography, removal of URLs and @mentions, and tokenization that respects colloquial compounds, transliterated forms, and hashtags. We deliberately retained pragmatic markers and informal particles that are central to how Persian speakers on X stage irony, intimacy, and complaint, so that the model would not be fed an artificially sanitized lexicon.

Model selection was conducted by varying the number of topics between 5 and 12 and computing standard semantic coherence for each specification. Coherence increased noticeably as we moved from very coarse solutions towards a more differentiated structure and reached its highest value at twelve topics, after which additional topics produced only marginal gains or clear fragmentation. This profile suggested that the corpus does contain more than a handful of stable themes, but that excessively fine-grained models risk splitting conceptually coherent formations into stylistic sub-clusters. Rather than treating the LDA output as a ready-made taxonomy, we used this twelve-topic landscape as an exploratory scaffold: it helped us see which lexical neighborhoods tended to co-occur, and where users' talk about therapy clustered in practice.

Building on this unsupervised scan, we then constructed an interpretive coding frame that treated the therapist–client relationship as the primary unit of meaning. Through close reading of representative posts from each LDA cluster, we arrived at twelve relationally oriented topics: (1) therapists as long-term companions in users' life narratives; (2) everyday and playful exchanges with "my therapist", often couched in jokes and memes; (3) conflict around fees and financial strain; (4) late recognition of the need for therapy and regrets about "starting too late"; (5) session recaps and immediate post-session reflections; (6) experiences of emotional safety, support, and being heard; (7) generalized commentary about therapists as a professional group; (8) criteria and critique concerning competence, ethics, and fit; (9) quotations of what "the therapist said" as portable interpretive resources; (10) therapy homework and assignments, including writing tasks and behavioral experiments; (11) confusion, doubt, and ambivalence about the effectiveness or direction of therapy; and (12) hesitation between seeking professional help and turning to superstition, fortune-telling, or other alternative scripts for coping.

These topics were then operationalized computationally. For each theme, we wrote short prototypical descriptions and seed phrases capturing its lexical and pragmatic core. Posts were represented in a TF–IDF vector space, and cosine similarity to each prototype was used to assign one or more topic labels. A given post could belong to several topics simultaneously; for example, a complaint about high fees that also quotes a therapist's interpretation and questions the usefulness of therapy. In the resulting matrix, four topics are especially prominent:

therapists as long-term companions, quotes from "my therapist", fee-related conflict, and confusion or doubt each appear in roughly a quarter to a third of posts. At the same time, over two-thirds of posts carry more than one topic label, indicating that users seldom speak about therapy in isolated frames. Instead, they weave together relational attachment, financial considerations, practical outcomes, and moral evaluation in a single short utterance (Figure 3, Table 1).

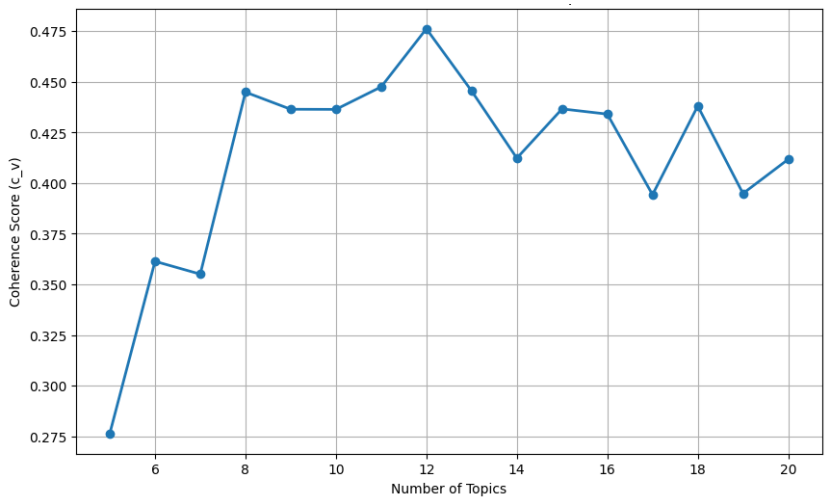

Figure 3. Coherence score vs number of topics

Table 1. Topics across sentiments

Topic title	Total posts	Furious	Angry	Neutral	Happy	Delighted
Therapist as long-term companion	453	71	51	124	162	45
Everyday & playful interactions	210	22	25	53	88	22
Fees & conflict with therapist	345	53	32	87	132	41
Late start in therapy	155	25	17	34	56	23
Session recaps & aftermath	324	43	31	95	121	34
Support & emotional safety	273	34	32	81	90	36
General talk about therapists	243	33	33	66	83	28
Criteria & professional critique	161	17	16	48	57	23
"My therapist said…"	389	50	53	111	127	48
Assignments & homework	207	25	20	47	85	30
Confusion & doubt about therapy	349	46	34	100	127	42
Start therapy vs superstition	259	36	34	70	88	31

3.2. Therapist as long-term companion

The largest topic revolves around users treating their therapist as an enduring companion in their life story rather than a purely episodic service provider. Across 453 posts, people describe years-long relationships, switching jobs or cities, yet still "checking in" with the same therapist, or calling after a long break to say how much has changed. Just under half of these posts are coded as positive (Delighted + Happy ≈ 46%), often framing therapy as a stabilising presence: one user recalls that the most important lesson she took from therapy was simply "to respect other people's pain", another jokes that her therapist knows more about her than her family does. At the same time, about a quarter of posts express anger or fury (≈27%), usually when this compassionate figure appears to fail by referring a client abruptly to a psychiatrist, minimising their distress, or delivering a frightening tentative diagnosis. Neutral posts frequently read as diary-like updates ("my therapist says this week was very anxious, and she's right"), where evaluation is implied rather than explicit. Taken together, the cluster shows how Persian-speaking users on X narrate therapy as a long-running relationship that oscillates between gratitude, dependence, disappointment, and sometimes rupture.

3.3. Everyday and playful interactions

A second cluster (210 posts) captures the light, everyday texture of being "in therapy". Here, users treat their therapist as someone they can meme with, quote casually, or imagine as part of their daily routine. This is the most positive of the three topics in relative terms: a little over half of posts are labelled Happy or Delighted (≈52%), while anger and fury together account for about 22%. Many tweets describe sending a funny video to a therapist "so I don't have to explain anything.", losing the notebook where they were supposed to write their thoughts, or repeating advice like "my therapist told me to put myself first" in a semi-joking tone. These posts blur boundaries between serious care and playful banter; they make therapy communicable to friends and followers without disclosing too much content. Negative entries in this topic often revolve around moments when the playfulness breaks, cancelled in-person sessions, therapists who suddenly stop replying, or comments that feel too blunt to be funny. Overall, the topic depicts a communicative style in which therapy is woven into everyday chatter, allowing users to normalise help-seeking while maintaining ironic distance.

3.4. Fees and conflict with therapist

The third topic (345 posts) gathers narratives in which money, professional boundaries, and dissatisfaction move to the foreground. Despite its label, the cluster is not uniformly negative: about half of the posts are still coded as positive (≈50%), with a quarter neutral and

roughly another quarter Angry or Furious (≈25%). Users complain that "Therapists have never had it so good.", joke that the receptionist can "smell money", or recount closing the app the moment they remember that a session now costs 650,000 tomans. Others warn peers to choose someone who will not exploit emotional dependence, "Remember, your therapist is being paid; they are not your friend.", or recount feeling that a practitioner was unprofessional, inattentive, or rushed. Yet even in this critical space, some posts express appreciation for clear boundaries around time and payment, framing them as part of the learning process. Neutral tweets tend to observe price inflation or changes in scheduling without explicit judgment.

3.5. Late start and turning points in therapy

The fourth topic brings together posts in which users frame therapy as a delayed but decisive turning point. Across 155 posts, just over half are coded as positive, while a little more than a quarter express anger or fury, and roughly one-fifth sit in the neutral band. Many users narrate a first encounter with therapy retrospectively: they recall a session in 2019 or 2020 that "finally switched on a light" and confess that they wish they had gone years earlier. One writer walks home after an initial visit and realises, with some bitterness, that "it could have been like this all along." Others describe the awkward early phase when the therapist simply mirrors things they already "knew", prompting irritation, "She just repeated my own lines back to me; what am I supposed to do with that?" before later posts in the same thread acknowledge incremental change. The negative tail in this cluster often centres on disappointing second or third sessions, when users feel they gave the therapist "one more chance" and regret it. At the same time, there is a strong motif of commitment: people talk about still attending sessions years later, or about returning to a former therapist "to say hello to your beautiful face", suggesting that late entry can nonetheless produce durable bonds.

3.6. Session recaps and immediate reflections

The fifth topic, comprising 324 posts, focuses on how users recount what happens in the consulting room and how they feel immediately before or after sessions. Around half of these posts are positive, roughly one third neutral, and just under one quarter clearly negative. Many entries read like compressed field notes: "I told my therapist the only thing I'm good at is staying alive and keeping hope." or "Today she explained why I always sabotage my own plans." Others quote lines that stuck, sometimes admiringly, sometimes with a hint of mockery: "The therapist asked how many drinks I have at parties; of course I didn't answer seriously." or "Apparently, I am supposed to 'take my inner child out for coffee'." In some cases, users generalise from a single encounter to a broader judgment: "The only therapist I actually trust is X's therapist." or "Smart people can't really be helped by

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psychologists." Posts coded as Angry or Furious typically describe sessions experienced as cold, moralising, or intrusive, especially when questions reopen old traumas too quickly. Yet even these recaps keep returning to the scene of interaction, treating the content and tone of the hour as something to be interpreted collectively in the feed.

3.7. Support, containment, and emotional safety

The sixth topic (273 posts) captures narratives in which therapists are evaluated primarily in terms of safety, care, and containment. Here, positive and neutral labels together cover roughly three-quarters of the posts, with the remainder divided between anger and fury. Users thank their therapist for "keeping an eye on my mental health" during crises, celebrate small gestures ("She still does video calls even when the internet is terrible; She's holding her ground in her own way."), or emphasise how little information they had to provide "I only told her one or two examples; she could infer the rest." These accounts portray the therapist as someone who can hold anxiety during war, migration, or family breakdown, and who sometimes feels like the only stable adult in the room. At the same time, the topic also contains stories of rupture: an "idiot therapist" who pushes a client to confront past trauma before they are ready, or a practitioner who abruptly announces an imminent move abroad, leaving clients feeling abandoned. One user jokes that therapy sessions increased precisely when the therapist said she was emigrating. Taken together, the cluster shows that emotional safety is both the central promise of therapy and a fragile achievement that can be undone by misattunement, hurried interpretations, or logistical decisions that clients experience as relational losses.

3.8. General talk about "therapists" as a social type

The seventh topic (243 posts) is where users stop talking about a specific therapist and instead comment on "therapists" as a recognizable social figure. The affective profile is almost perfectly three-way: about 46% of posts are positive, 27% neutral, and 27% negative. In the positive band, people describe a favourite counsellor as "the only adult who actually listens", or say that their female psychologist has "such a good vibe" that they look forward to sessions. Neutral posts take a more observational tone, counting how many therapists they have tried ("I've been to almost ten therapists by now.") or comparing therapists with other helpers in the cultural landscape, astrologers, prayer writers, and traditional healers, without taking a clear position. The negative tail is sharper and more ironic: users joke that therapists are "The craziest people in the room", or claim they prefer a fortune-teller who simply asks "Who hurt you?" rather than spending hours persuading them to change. These messages do not reject therapy outright, but they do reposition therapists as fallible, culturally specific actors who can be funny, endearing, exploitative, or simply irrelevant. The topic, in short,

captures how Persian-speaking users construct a shared commonsense about "What therapists are like" through humour, comparison, and mild cynicism.

3.9. Criteria, standards, and professional critique

The eighth topic (161 posts) is explicitly evaluative: it revolves around what counts as good, up-to-date, or ethical therapy. Roughly half the posts are positive, one-fifth clearly negative, and almost 30% neutral. Users praise certain practitioners as "The only one who actually knows the literature." or marvel that their supervisor-therapist is "So sharp it scares me." At the same time, many posts question the professional field as a whole. Some complain that local training is built on outdated textbooks and imported diagnostic manuals that sit uneasily with religious or cultural contexts. Others worry that "The output of therapy is just teaching people to reframe everything as their own fault." suggesting that certain interventions slide into moralising or victim-blaming. A recurring motif is misalignment between client expectations and therapist style: one user recounts being told "You're crazy" in a joking tone and not knowing whether to laugh or leave; another narrates a first session where the therapist immediately tries to sell a side project or online course. These critiques frame psychotherapy as a contested profession in Iran and the wider Persian sphere, where questions of scientific legitimacy, cultural fit, and commercialisation are all in play.

3.10. "My therapist said…" as portable interpretation

The ninth topic (389 posts) is built around reported speech: users recount what their therapist "said", transforming in-session interpretations into quotable resources for the timeline. About 45% of posts are positive, 26% negative, and the rest neutral. In the positive subset, people share metaphors or techniques that felt genuinely helpful: "Today, my therapist taught me a limiting-belief exercise that finally made sense." or "She told me to stop treating my life as a trial and start treating it as a story." Some posts are almost celebratory, such as a student delighted that a favourite professor has agreed to act as both academic mentor and counsellor. Neutral posts read like clipped transcripts: "My therapist says I'm burnout, not lazy." or "He thinks I'm grieving, not just moody." leaving the reader to decide whether this is accurate or absurd. Negative entries appear when quoted interpretations land badly: "My therapist basically implied no one knows what will happen, so stop crying, thanks, I guess." or "He told me to 'just relax' while I was dissociating." This topic shows how therapeutic language leaks into public communication, where clients reframe, celebrate, or contest the meanings assigned to their experiences by professionals, and where the authority of the therapist competes with that of the peer audience.

3.11. Therapy assignments and homework

The tenth topic (207 posts) centres on tasks that extend beyond the consulting room: journaling, behavioural experiments, and small "homework" challenges. Just over half of these posts are coded as positive (≈56%), while around 22% are neutral and 22% clearly negative. In the positive band, users describe assignments that create a sense of structure ("My therapist asked me to list things that keep me alive and hopeful this month.") or that help them watch their own patterns between sessions. Some recount the relief of being given something concrete to do rather than "just talking". Neutral posts often read like brief reports: "Apparently, this week I have to talk about my relationships." or "She told me to pay attention to how I react when people cancel plans." Negative entries surface when advice feels trivialising, intrusive, or outright unethical. For example, one user reports being told to adopt a risky habit as a coping mechanism, another jokes that their therapist's instruction boils down to "Go buy short pants for your insecurity." Overall, this topic shows how homework functions as a key communicative interface: a way for therapists to project their influence into everyday life, and for clients to publicly evaluate whether that influence feels meaningful, ridiculous, or harmful.

3.12. Confusion, doubt, and stuckness in therapy

The eleventh topic (349 posts) gathers narratives in which users are unsure what therapy is doing for them, or how to interpret the process. The affective distribution is mixed: roughly 48% of posts are positive, 29% neutral, and 23% negative. Many writers describe being caught between insight and paralysis: "My therapist connected everything to childhood; now I don't know what to do with that." or "I'm not sure if I'm getting better or just better at talking about being broken." Positive posts in this cluster tend to reframe confusion as part of the work; clients acknowledge feeling lost but also note that naming patterns have changed the way they see themselves. Neutral posts describe complex life circumstances (break-ups, war, precarious work) that make it hard to tell whether therapy is helping or simply coexisting with chaos. The negative tail includes instances where doubt hardens into regret ("I want to say I regret going, but I have to keep going anyway.") or where people feel therapy has opened up pain without providing enough containment. This topic foregrounds ambivalence as a communicative resource: users neither straightforwardly endorse nor reject therapy, but stage their uncertainty for others, inviting peers to co-interpret what "progress" might mean under pressure.

3.13. Between starting therapy and turning to superstition

The twelfth topic (259 posts) traces a boundary zone where psychotherapy competes with, overlaps with, or is compared to non-professional forms of help, fortune-telling, horoscopes, religious

rituals, or "traditional wisdom". Here, positivity (≈46%), neutrality (27%), and negativity (27%) are more evenly balanced than in earlier clusters. Some users frame therapy as the rational alternative: they joke that instead of asking a Tarot reader "Who hurt me", they finally booked an appointment with a psychologist. Others describe still oscillating: "Should I see a therapist or just go to the astrologer who already knows my whole chart?" In the positive subset, choosing therapy is narrated as an act of self-respect or maturity, even when family members favour spiritual or superstitious routes. Neutral posts simply juxtapose options listing prices for a reading versus a session, or noting that both a cleric and a therapist told them similar things. Negative posts appear when therapists are perceived as no better than "modern fortune-tellers", selling generic advice under a scientific label. This topic highlights a specifically cultural dimension of therapy talk: in Persian-speaking digital publics, psychotherapy is evaluated not in a vacuum but against a crowded field of meaning-making practices that promise relief, explanation, and moral orientation.

To examine how the twelve thematic formations are woven together in practice, we treated the multi-label topic matrix as the basis for a simple undirected network: each topic is a node, and edges represent posts that carry both labels (Figures 4 and 5).

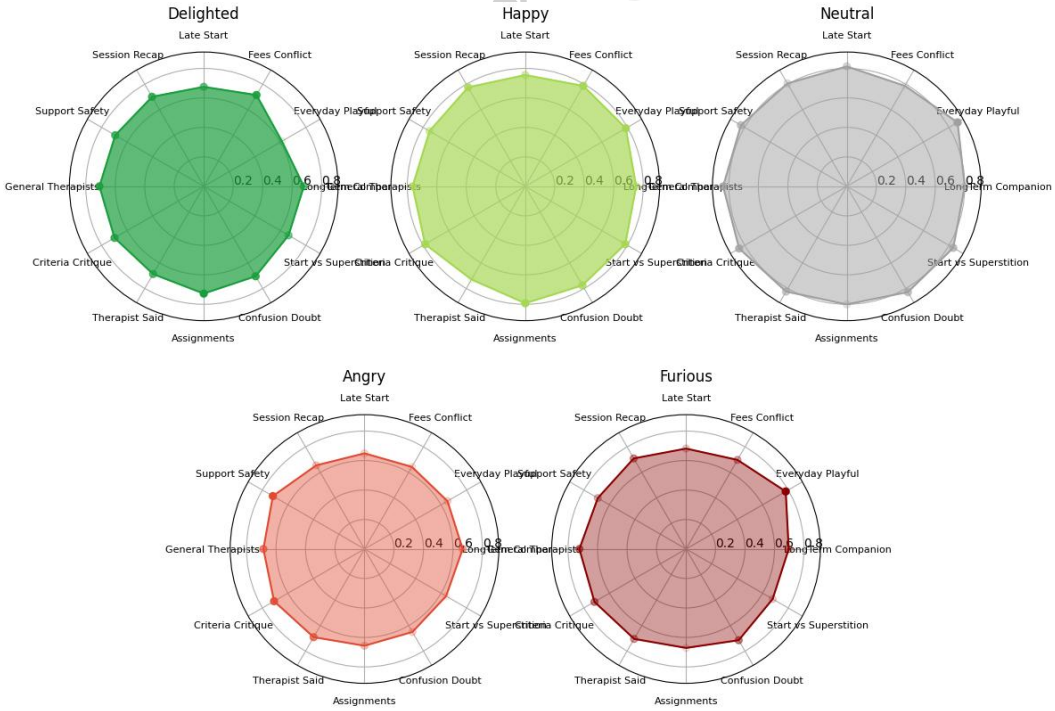

Figure 4. Sentiment intensity per topic

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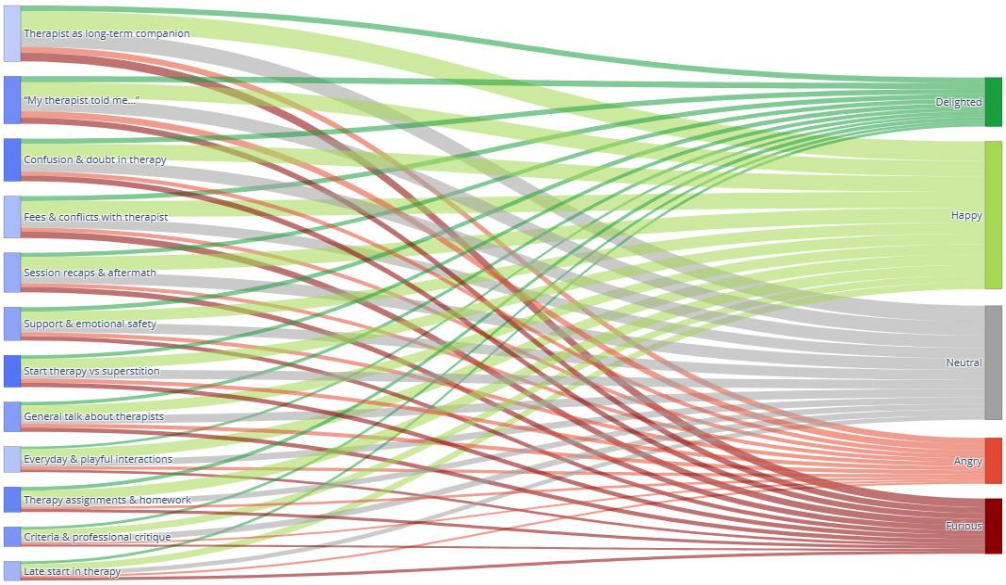

Figure 5. Sankey diagram therapy topic-sentiment relationships

The resulting structure is highly interconnected; no pair of topics has zero co-occurrence (Figure 6), but it is far from uniform. Both weighted degree and Jaccard overlap mark "Therapists as long-term companions" as the most central node (weighted degree by co-tags = 1,153). This theme is strongly entangled with "Session recaps and immediate reflections" (134 shared posts; Jaccard ≈ 0.21), "Support and emotional safety" (128; ≈ 0.21), "Confusion and doubt about therapy" (126; ≈ 0.19), "Fees and conflict with therapist" (120; ≈ 0.18), and "Start therapy vs superstition" (122; ≈ 0.21). In other words, when users talk about a therapist as a long-term figure in their lives, they almost always do so in conjunction with concrete sessions, questions of safety and fit, economic strain, and alternative repertoires for seeking help. Long-term relationality functions as a backbone that connects experiential, emotional, and institutional dimensions of therapy talk. If we shift from raw co-tags to relative overlap, a slightly different pattern becomes visible.

The highest Jaccard coefficient appears between "Fees and conflict with therapist" and "Session recaps and immediate reflections" (134 shared posts; J ≈ 0.25), followed closely by "Fees and conflict" with "Confusion and doubt" (123; ≈ 0.22), and the trio of "Therapists as long-term companions" with "Support and emotional safety" (128; ≈ 0.21) and "Start therapy vs superstition" (122; ≈ 0.21). These dense couplings indicate not just occasional overlap but mutual constitution: accounts of financial tension almost always unfold through specific encounters and often culminate in doubt about whether to continue; narratives of long-term attachment are disproportionately likely to

articulate safety and to juxtapose therapy with more superstitious or spiritual alternatives. Smaller but still notable bridges link "Everyday and playful interactions" to "Support and emotional safety" (67; J ≈ 0.16), and "Therapy assignments and homework" to "Start therapy vs superstition" (64; ≈ 0.16), suggesting that jokes, tasks, and hesitations cluster around the same experiential space. Taken together, the network does not present therapy topics as isolated "themes" but as a tightly braided field in which money, attachment, doubt, safety, and cultural alternatives are routinely articulated in the same short posts.

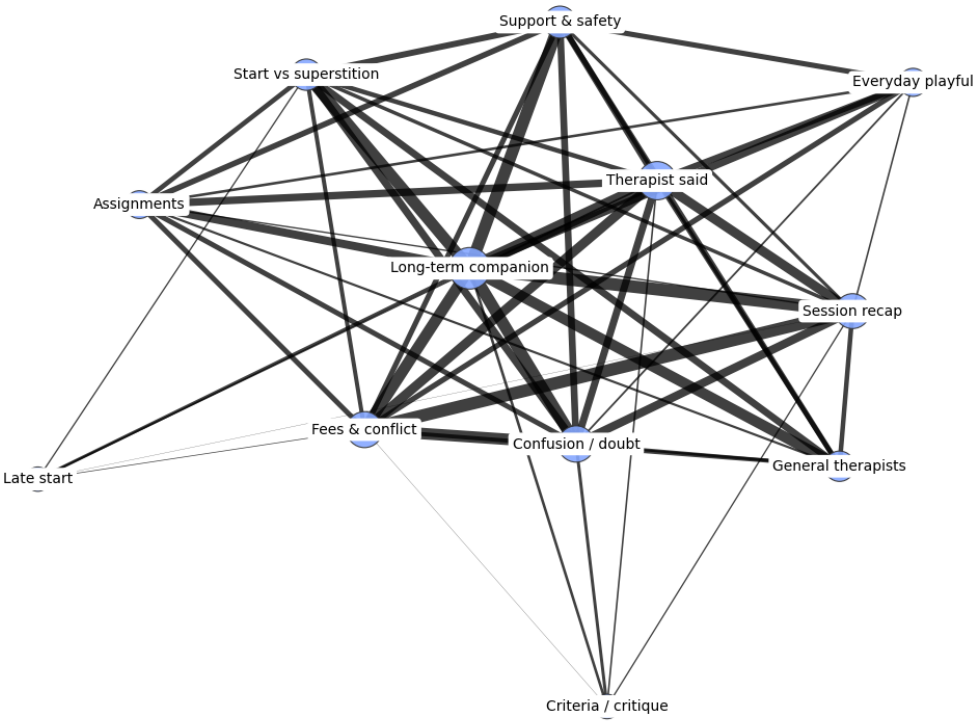

Figure 6. Co-occurrence network

4. Conclusion

This article set out to examine how Persian-language users of X narrate and emotionally position their relationships with therapists in everyday social media discourse; a question that sits at the intersection of digital health communication, the sociology of therapeutic culture, and the study of non-Western appropriations of global psychological expertise. The findings answer this question with considerable nuance. Across 1,309 posts and twelve thematic clusters, what emerges is not a story of simple adoption or simple resistance, but one of active cultural mediation. Persian-speaking users engage with therapy through a recognisable set of relational frames; the therapist as companion, as professional critic, as expensive service provider, as competitor to the

astrologer; and they rarely inhabit any single frame in isolation. The co-occurrence network makes this structural complexity analytically visible: "therapist as long-term companion" functions as the backbone of the entire discursive field, entangled with session recaps, safety and containment, fees, doubt, and comparisons with superstition in ways that suggest these dimensions are not merely co-present but mutually constitutive. One cannot speak about durable therapeutic attachment in Persian digital publics without simultaneously invoking questions of economic sustainability, cultural legitimacy, and emotional risk. This finding extends and refines earlier theoretical accounts of therapeutic culture by demonstrating that in non-Western contexts, the domestication of psychotherapy is not a linear process of secularisation or professionalisation but a negotiated, often ironic, and always socially embedded practice of sense-making; one that must continuously justify itself against competing moral frameworks rooted in religion, family authority, and popular epistemologies of fate and fortune.

The emotional architecture of this corpus carries its own analytical weight, and it tells a more complex story than headline sentiment figures suggest. The aggregate picture— nearly half of posts positive, a quarter negative, a quarter neutral— might at first appear to confirm a straightforward narrative of growing acceptance. But the internal structure of the positive band is revealing and theoretically consequential. "Happy" overwhelmingly dominates over "Delighted", indicating that what circulates in Persian digital publics is not therapeutic enthusiasm but pragmatic satisfaction; a form of qualified, ironic, and socially aware endorsement that coexists with awareness of cost, imperfection, and doubt. Persian users on X have, in effect, developed a distinctive register for therapy talk: One that signals familiarity with therapeutic concepts and language while hedging full commitment through humour, scepticism, and strategic ambivalence. This register is itself socially stratified. Positive and playful posts— the meme sent to a therapist, the joke about paying 650,000 tomans— presuppose a degree of cultural literacy, economic access, and digital fluency that marks their authors as members of a particular urban, educated, and often younger stratum of Iranian society. In this sense, therapy talk functions, as Bourdieu (1984) would anticipate, as a site of distinction: what one says about one's therapist, and how one says it, signals membership in a social field where psychological self-reflexivity has become a valued form of cultural capital. The passage from stigma to status, which the title of this article names, is therefore not a uniform social shift but a field-specific one, contingent on class, generation, gender, and the particular conventions of Persian digital sociality.

Three broader implications follow from this analysis for scholars of digital health communication, therapeutic culture, and Middle Eastern media. First, the study demonstrates the analytical value of centering

the therapist–client relationship— rather than diagnostic identity or illness narrative— as the primary unit of inquiry in digital mental health research. By doing so, it reveals a layer of relational and moral evaluation that patient-centred frameworks tend to obscure: users are not simply reporting on symptoms or outcomes but actively negotiating what kind of person a therapist should be, what kind of professional relationship therapy should constitute, and what kind of self it is appropriate to become through the therapeutic process. Second, the twelfth topic— the boundary zone between psychotherapy and fortune-telling, horoscopes, and religious counsel— deserves particular scholarly attention, because it exposes the epistemic pluralism of the Persian-language public sphere in ways that complicate any triumphalist narrative of therapeutic modernity. Users in this cluster do not position psychotherapy as the inevitable heir to traditional forms of guidance; they treat it as one option among several, judging it on grounds of cost, effectiveness, cultural resonance, and emotional fit. Third, and finally, the gendered dimension of this discourse warrants further investigation. The Iranian context is one in which women have historically borne a disproportionate burden of emotional concealment, and the emergence of social media as a space for narrating therapy publicly constitutes a meaningful, if partial, rupture in that expectation.

Conflict of interest

The authors declared no conflicts of interest.

Ethical considerations

The authors have completely considered ethical issues, including informed consent, plagiarism, data fabrication, misconduct, and/or falsification, double publication and/or redundancy, submission, etc. This article was not authored by artificial intelligence.

Data availability

The dataset generated and analyzed during the current study is available from the author on reasonable request.

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