Psicologia: Teoria e Prática, *28*(1), ePTPSP18123. São Paulo, SP, 2026.
ISSN 1516-3687 (print), ISSN 1980-6906 (electronic version). **Evaluation system:** double-blind review.
https://doi.org.10.5935/1980-6906/ePTPSP18123.en
Universidade Presbiteriana Mackenzie

Original research articles based on limited empirical data

Is the Clinical Psychologist Becoming an Influencer? Platformization of Labor, Technostress, and Content Production on Social Media

Matheus Viana Braz[1], Amanda Thuns Biazzi[2] e Victor Martins dos Santos[3]

[1] State University of Maringá (UEM), Department of Psychology (DPI), Graduate Program in Psychology (PPI-UEM), Maringá, Paraná, Brazil
[2] Universidade Paranaense (UNIPAR), Department of Psychology, Graduate Program in Psychology of the State University of Maringá (UEM), Maringá, Paraná, Brazil
[3] State University of Maringá (UEM), Laboratory of Work, Platformization and Health (LATRAPS), Maringá, Paraná, Brazil

Received: July 29, 2025.
Accepted: January 22, 2026.
Section Editor: João Gabriel Maracci Cardoso.

Author Note

Matheus V. Braz https://orcid.org/0000-0003-1193-9753
Amanda T. Biazzi https://orcid.org/0000-0002-6446-5451
Victor M. Santos https://orcid.org/0009-0001-7275-9038

Financial support: This study was financed by the Institutional Research Support Program (PAPQ) of the State University of Minas Gerais (UEMG) for funding part of the research, through Calls 11/2022 and 16/2023.

Correspondence concerning this article should be addressed to Matheus Viana Braz, Departamento de Psicologia, Av. Colombo, 5790 - Zona 7, Maringá - PR, Brazil. Zip-Code: 87020-900. Email: mvbraz@uem.br

Conflict of Interest: None declared.

Abstract

This study aims to examine the impacts of the platformization of labor on the health of clinical psychologists in Brazil, focusing on online clinical practice and social media content production. It addresses the following research question: How does platformization reconfigure clinical psychological work and generate specific effects on professionals' health? Using a mixed-methods design, the study combined data from ten in-depth interviews with an online survey administered to 170 psychologists, including a sociodemographic questionnaire and the Technostress Scale (RED/TIC). The findings indicate that platformization deepens long-standing processes of professional informalization, reflected in extended working hours, multiple employment ties, and the predominance of self-employed work arrangements. Furthermore, content production on social media emerges as an invisible form of labor, framed by a regime of visibility and self-management that impose significant subjective pressures. While this activity contributes to patient acquisition, it also generates distress associated with constant exposure, engagement demands, and the blurring of boundaries between personal life and work. According to the RED/TIC scale, 40% of participants reported moderate levels of technostress, and 9% high levels. Notably, significant prevalence was found in the areas of fatigue (32%) and anxiety (20%). The study argues that technostress should be understood as a socio-psychic form of suffering, expressing the paradoxical demands imposed by the platformization of labor. Although individual coping strategies were identified, the analysis highlights the central role of collective networks of professional exchange as protective factors for mental health.

Keywords: clinical psychology, technostress, platform labor, social media, platformization.

O(A) PSICÓLOGO(A) CLÍNICO(A) ESTÁ VIRANDO INFLUENCER? PLATAFORMIZAÇÃO DO TRABALHO, TECNOESTRESSE E PRODUÇÃO DE CONTEÚDO EM MÍDIAS SOCIAIS

Plataformização do Trabalho na Psicologia

Resumo

Objetiva-se compreender os impactos da plataformização do trabalho na saúde de psicólogos clínicos no Brasil, com foco nos atendimentos online e na produção de conteúdo em mídias sociais. Parte-se da seguinte questão de pesquisa: de que maneira a plataformização reconfigura o trabalho da Psicologia Clínica e produz efeitos específicos na saúde desses profissionais? Mediante métodos mistos, a pesquisa reuniu dados de psicólogos por meio de dez entrevistas em profundidade e de um formulário online – composto por questionário sociodemográfico e pela Escala de Tecnoestresse (RED/TIC) – aplicado a 170 participantes. Os resultados indicam que a plataformização aprofunda processos históricos de informalização da profissão, evidenciados pela extensão das jornadas laborais, pelo acúmulo de vínculos de trabalho e pela predominância do trabalho autônomo. Além disso, a produção de conteúdo emerge como um trabalho invisibilizado, regido por um regime de visibilidade e autogestão que impõe pressões subjetivas aos profissionais. Ao mesmo tempo em que contribui para a captação de pacientes, essa prática gera sofrimentos relacionados à exposição constante, cobrança por engajamento e diluição das fronteiras entre vida pessoal e trabalho. Com base na Escala RED/TIC, identificaram-se níveis moderados de tecnoestresse em 40% da amostra e níveis elevados em 9%, com destaque para as dimensões da fadiga (32%) e da ansiedade (20%). Argumenta-se que o tecnoestresse é compreendido como um sofrimento sociopsíquico, expressão de exigências paradoxais impostas pela plataformização do trabalho. A análise evidencia também estratégias individuais de enfrentamento, mas destaca a centralidade de redes coletivas de trocas de experiências como fatores protetivos à saúde mental.

Palavras-chave: psicologia clínica, tecnoestresse, trabalho em plataformas digitais, mídias sociais, plataformização.

¿EL/LA PSICÓLOGO/A CLÍNICO/A SE ESTÁ CONVIRTIENDO EN *INFLUENCER*? PLATAFORMIZACIÓN DEL TRABAJO, TECNOESTRÉS Y PRODUCCIÓN DE CONTENIDO EN REDES SOCIALES

Plataformización del trabajo en la Psicología

Resumen

Este estudio tiene como objetivo comprender los impactos de la plataformización del trabajo en la salud de psicólogos/as clínicos/as en Brasil, con énfasis en las consultas en línea y en la producción de contenido en redes sociales. Parte de la siguiente pregunta de investigación: ¿De qué manera la plataformización reconfigura el trabajo de la psicología clínica y produce efectos específicos en la salud de estos profesionales? A través de métodos mixtos, se recopilaron datos de psicólogos/as mediante diez entrevistas en profundidad y un formulario en línea –compuesto por un cuestionario sociodemográfico y la Escala de Tecnoestrés (RED/TIC) – aplicado a 170 participantes. Los resultados indican que la plataformización profundiza procesos históricos de informalización de la profesión, evidenciados por la ampliación de las jornadas laborales, la multiplicidad de vínculos de trabajo y la predominancia del trabajo autónomo. Además, la producción de contenido surge como un trabajo invisibilizado, regido por un régimen de visibilidad y autogestión que impone presiones subjetivas y desafíos a los profesionales. Si bien esta práctica contribuye a la captación de pacientes, también genera sufrimientos relacionados con la exposición constante, la exigencia de generar interacciones y la dilución de las fronteras entre la vida personal y el trabajo. Según la Escala RED/TIC, se identificaron niveles moderados de tecnoestrés en el 40% de la muestra y niveles elevados en el 9%, destacándose las dimensiones de fatiga (32%) y ansiedad (20%). Se argumenta que el tecnoestrés debe entenderse como un sufrimiento socio-psíquico, expresión de las exigencias paradójicas impuestas por la plataformización del trabajo. El análisis también revela estrategias individuales de afrontamiento, pero subraya la centralidad de las redes colectivas de intercambio de experiencias como factores protectores para la salud mental.

Palabras clave: psicología clínica, tecnoestrés, trabajo en plataformas digitales, redes sociales, plataformización.

The working conditions of psychologists in Brazil have historically been marked by disputes over the regulation of the 30-hour workweek and the sectoral minimum wage (Sampaio, 2016; Senado Federal, 2024), as well as by increasing processes of precariousness (Braz, 2021; Falcão & Hazin, 2022). The spread of temporary, intermittent, or outsourced contracts in both the public and private sectors (Peixoto & Bentivi, 2022; Bentivi et al., 2022) is part of this broader scenario, also intertwined with the accelerated expansion in the number of trained professionals and the diversification of Psychology's fields of practice (Sandall et al., 2022).

Since the 1990s, the globalization of the economy and the advancement of digitalization have directly impacted the working conditions and professional demands within the field of Psychology (Braz, 2021). The use of New Information and Communication Technologies (NICTs) has advanced, prompting the Federal Council of Psychology (CFP) to issue nine regulations between 1987 and 2024 governing their use in professional practice, including regulation of online psychological services (Peixoto & Bentivi, 2022; CFP, 2024). Platformization, understood as the growing dependence on digital infrastructures operated by platforms for carrying out work activities (Srnicek, 2017; Abílio et al., 2021), has also emerged as a key driver of change within the profession. This trend was significantly accelerated by the COVID-19 pandemic (Araújo et al., 2020; Gambirasio et al., 2024), which consolidated remote work as a widespread modality among clinical psychologists, especially those in private practice. By way of illustration, according to the CFP, registrations on the e-Psi platform grew by 718.5% between 2018 and 2020 (Peixoto & Bentivi, 2022).

Alongside these changes, there has been a growing presence of psychologists on social media platforms—such as Instagram, TikTok, YouTube, and Facebook—as a strategy for professional visibility and outreach (Miguel et al., 2021; White & Hanley, 2025). While psychologists have historically appeared in newspapers, magazines, and television, these digital platforms operate according to different logics than traditional media. They demand constant exposure, audience engagement, and the sharing of personal aspects of one's life (Liu & Zhang, 2024; White & Hanley, 2025). Algorithms tend to prioritize recurring, personal, and interactive content (Karhawi, 2020), thereby reshaping how professional visibility is managed and maintained.

Given this scenario, the question that titles this study is posed as a provocation – deliberately prefigurative and somewhat caricatured: *is the clinical psychologist becoming a digital influencer*[1]? While this is not meant as a literal identity shift, emerging changes in professional practice reflect the pressures to gain visibility and remain viable in an increasingly informal and competitive market.

This study aims to examine the psychosocial impacts of platformization on the health of clinical psychologists, focusing on online therapy and content creation on social media. It is argued that such practices are not merely auxiliary resources, but rather are reshaping how work

1 Digital influencer is a term commonly used to refer to content creators on various social media platforms, whose work involves building authority, reputation, and loyalty with specific audiences. The *influencer* emerged in Brazil following the legitimization, institutionalization, professionalization, and popularization of the work of fashion bloggers (Karhawi, 2020). As a figure with media visibility, in order to guarantee their livelihood, such a professional seeks to convert followers into symbolic and economic capital, through the monetization of themselves (Biazzi, 2025).

is organized. They tend to expand working hours, intensify algorithmic control, and establish a regime of visibility (Bruno, 2013) that reconfigures professionals' relationships with their craft – understood, from a psychodynamic of work perspective (Dejours, 2012), as a singular know-how, built through real work experience, collective processes, and the recognition of the quality of what is done.

To address this phenomenon, the concept of technostress is adopted as an analytical tool, understood as sociopsychological suffering (Gaulejac, 2020), resulting from the cognitive and emotional demands associated with NICTs and the platformization of labor. The research employed mixed methods: in-depth interviews, a sociodemographic questionnaire, and the Technostress Scale (RED/TIC) (Carlotto & Câmara, 2010), enabling an integrated analysis of the psychosocial impacts of platformization on professionals' health.

Although studies on platformization have advanced in areas such as transportation (Abílio, 2019, 2020; Festi, 2025), education (Venco, 2019; Silva, 2019), and Artificial Intelligence (Braz et al., 2022, 2023), significant gaps remain in understanding its effects on clinical psychology (Gambirasio et al., 2024). In Brazil, there are no empirical studies that systematically explore both online therapy and content creation as interrelated practices within the context of psychologists' mental health.

Sticca et al. (2022), however, have touched on this issue by examining remote work among psychologists, drawing on the concept of technostress (Salanova, 2007) to describe effects such as technoanxiety and technofatigue. In a sample of 139 psychologists, difficulties were identified in separating personal life and work, in addition to overload and depressive symptoms associated with technoanxiety. Given this scenario, it becomes crucial to develop empirical research that investigates emerging forms of suffering, satisfaction, and recognition (Dejours, 2012) within this professional group. Such studies can contribute to improving mental health policies and informing the ethical regulation of psychological practice in a rapidly transforming digital landscape.

Method

Participants

The research was conducted in two stages, following ethical guidelines outlined by the Association of Internet Researchers (Franzke et al., 2020). The qualitative phase (2023), exploratory in nature, included ten clinical psychologists (seven women and three men) of varying ages and years of professional experience. The inclusion criteria were: 1) having provided online clinical services for at least six months; 2) regularly producing Psychology-related content on social media (Instagram, TikTok, YouTube, or Facebook), with a minimum weekly frequency over the same period; 3) holding an active professional license (Regional Council of Psychology - CRP); and 4) living in Brazil. No specific criteria were set for race/ethnicity or gender. In 2024, the quantitative phase included 170 clinical psychologists, selected based on the same criteria. Both

stages were approved by the University's Ethics and Research Committee from the Minas Gerais State University (UEMG)[2].

Procedures

Qualitative data were collected through video-call interviews via Google Meet, each lasting approximately one hour. Participants were recruited through snowball sampling (Turato, 2003). The invitations originated from contacts made by the researchers and continued through successive referrals until the desired number of participants was reached. All interviews were transcribed and analyzed using thematic content analysis (Bardin, 2011), which led to the identification of three core thematic clusters in the participants' experiences: (1) the ambivalences of the platformization of online clinical practice; (2) content production as invisible and performative labor; and (3) technostress as an expression of sociopsychological suffering and associated coping strategies. These themes guided the structure of the results discussion. In the quantitative phase, data were collected via an online questionnaire (Google Forms), distributed individually to participants who met the study criteria. Snowball sampling was also used to expand the sample base.

Instruments

In the qualitative phase, data were collected through a semi-structured interview guide that explored participants' professional trajectories, content production on social media, and experiences of pleasure, suffering, and recognition in their work. In the quantitative phase, two instruments were used: 1) a sociodemographic questionnaire (Appendix I) containing 30 closed-ended and two open-ended questions, covering variables such as gender, age, race, academic background, years of professional experience, weekly workload, income, and working conditions; 2) the Technostress Scale (RED/TIC), adapted by Carlotto and Câmara (2010), comprising 16 items across four dimensions: skepticism (1–4), fatigue (5–8), anxiety (9–12), and ineffectiveness (13–16). Responses were rated on a 7-point Likert scale (0 to 6), with the mean score of each dimension representing the final score.

The concept of technostress was adopted as the core analytical lens and is understood as an adverse response to the actual or anticipated use of NICTs. This response manifests as techno-anxiety and technofatigue (Salanova, 2007; Estrada-Muñoz et al., 2020; Sticca et al., 2022), and can evolve into feelings of inefficiency or skepticism, thereby negatively affecting technological adaptation and mental health (Borle et al., 2021; Pflügner, 2022). The literature also points to associations between technostress and negative self-evaluations of health, heightened anxiety levels, and, in more severe cases, increased risk of burnout syndrome (La Torre et al., 2019; Pflügner, 2022; Pansini et al., 2023).

2 Certificate of Presentation for Ethical Appreciation (CAAE): 67112423.9.0000.5115.

Data analysis

Thematic content analysis of interviews was conducted in three stages (Bardin, 2011): 1) Data organization, including transcription, initial familiarization with the material, and systematic ordering of narratives; 2) Material exploration, involving re-reading, identifying analytical elements, and grouping them into core meaning units; and 3) Result interpretation, which entailed a controlled inferential analysis, connecting thematic categories to the research objectives. All participant names were anonymized to ensure confidentiality, and pseudonyms were used throughout the study.

Quantitative data were initially analyzed using descriptive statistics, including absolute and relative frequencies, as well as measures of central tendency (means and standard deviations). The aim at this stage was to outline the sample's sociodemographic profile and provide a descriptive overview of reported technostress levels based on the four RED/TIC dimensions. Inferential statistical analysis, based on Pearson correlation tests (for continuous variables) and chi-square tests (for categorical variables), will be reported in a future publication and, therefore, is not part of this study.

The theoretical-reflexive discussion drew from psychosociology and clinical sociology (Gaulejac et al., 2012; Gaulejac & Hanique, 2024; Braz et al., 2024), media studies (Sibilia, 2008; Bruno, 2013; Karhawi, 2020), and platform studies (Grohmann, 2020; Srnicek, 2017; Poell et al., 2020; Abílio et al., 2021), providing an integrated understanding of the psychosocial implications of platformized work for clinical psychologists' health.

Results

Sociodemographic profile and working conditions

The sample consisted of 170 clinical psychologists, predominantly from the Southeast region (62.5%), followed by the South (20%). Although limited by the sampling method, the study included participants from all regions of the country. Most respondents were women (84%), white (65%), followed by mixed-race (22%), black (9%), and Asian (4%). The predominant age group was 24-35 years (60%). Half of the participants reported being single; 72% have no children; 65% hold some postgraduate degree (either *lato* or *stricto sensu*); and 61% are alumni of private higher education institutions.

This profile aligns with data from CensoPsi (Sandall et al., 2022), which found that Brazilian psychology workforce is predominantly young, highly educated, and composed mostly of women and white individuals. While 65% of the sample had been working in clinical psychology for five years or less, this figure is notably higher than the national proportion of 38% reported in CensoPsi (Sandall et al., 2022) for the same range of professional experience.

The average income, considering all sources, was BRL 6,620.58. When restricted to earnings from clinical work alone, the average dropped to BRL 5,202.94. It is important to highlight that 59% of psychologists reported earnings of up to BRL 6,000.00, a value close to the national average for the profession (BRL 5,964.08) (Sandall et al., 2022). Despite being

above the average for the Brazilian population, psychologists' earnings have declined significantly over the past decades – a 33% reduction compared to 2010 and a 45% drop relative to 1980 levels (Bentivi et al., 2022).

The scenario of informalization and precariousness in the profession is also evidenced in the data from CensoPsi, which indicates that 59% of psychologists performed activities in more than one field of psychology, 17.5% held additional jobs outside the profession, and, more importantly, 71% had multiple employment relationships, with 22% maintaining four or more distinct professional ties (Bentivi et al., 2022). The data from this study corroborate this reality: 93% of respondents worked as self-employed professionals – 63% exclusively –, 48% had more than one job, and 65% identified as entrepreneurs in the field of psychology. Regarding workload, 48% reported working over 30 hours per week across all roles. Regarding the volume of patients seen, the reported monthly average was 17 patients; however, this figure should be interpreted with caution, as 15% of the sample reported seeing more than 30 patients per month.

Table 1

Occupational and income sociodemographics

Variable	Category	Percentage
Number of employment relationships, including clinical work	1 employment relationship	52%
	2 employment relationships	39%
	3 employment relationships	7%
	4 or more employment relationships	2%
Total weekly working hours (all jobs combined)	Up to 10 hours	10%
	11 to 20 hours	18%
	21 to 30 hours	24%
	31 to 40 hours	23%
	41 to 50 hours	17%
	More than 51 hours	8%
Average number of patients seen per month.	Up to 5	11%
	6 to 10	21%
	11 to 20	28%
	21 to 30	25%
	More than 30	15%
Average Monthly Income (all sources combined, in BRL)	BRL 1,000 to BRL 2,000	10%
	BRL 2,001 to BRL 4,000	28%
	BRL 4,001 to BRL 6,000	21%
	BRL 6,001 to BRL 8,000	10%
	BRL 8,001 to BRL 10,000	9%
	BRL 10,001 to BRL 12,000	8%
	BRL 12,001 to BRL 15,000	5%
	BRL 15,001 to BRL 17,000	3%
	More than BRL 17,000	6%

Exactly 65% of the participants carried out their clinical work independently, never having resorted to collective online therapy platforms – a setting where the uberization of clinical psychology becomes most pronounced (Bonfim, 2024). Among professionals who reported using such services, a fragmented landscape emerged, with mention of 16 different platforms. The most frequently mentioned were Psymeet (12.4%), Psicologia Viva (8.2%), and ZenKlub (3.5%).

More than half of the participants (61%) provided therapy exclusively or mostly remotely. Their main motivations included the reduction of fixed costs associated with in-person sessions (54%), the possibility of serving clients from other cities (90%), greater scheduling flexibility (51%), and increased comfort (25%). However, professionals also reported some disadvantages in remote care, such as problems with patients' internet connection (49%), the lack of face-to-face contact (34%), emotional and cognitive exhaustion (32%), difficulty in separating professional and family space (28%), and a feeling of isolation (25%).

Content Production on Social Media and Technostress

When it comes to content creation on social media, the most commonly used platform was Instagram (99%), followed by TikTok (28%) and Facebook (28%). For 62% of the sample, the average time spent on this activity was up to five hours per week. However, it is notable that 23% were unable to estimate this time. The interviews conducted also suggest that such data tend to be underestimated, as many professionals do not recognize content production as an effective part of their workday. Difficulties in disconnecting from digital platforms further obscure accurate time tracking.

The three main motivations for engaging in this type of work were: strategies to attract clients (83%), sharing psychological knowledge (46%), and building professional authority (35%). The most frequently cited sources of client referrals were: current clients (83%), other psychologists (60%), organic content production on social media (41%), and referrals from other healthcare professionals (37%).

Content production was thus perceived as a strategic tool for market integration and professional visibility. However, 54% of participants reported feeling pressured by the productivity demands imposed by the platforms, 37% expressed frustration over poor content performance, and 35% highlighted difficulties in maintaining a consistent posting routine. Additional sources of anxiety included fear of exposure in videos (24%), the excessive time required (22%), and difficulties disconnecting from social media (19%). Interview data revealed a persistent tension between the instrumentalization of social media as a work tool and the subjective strain resulting from constant self-exposure.

These experiences align with the technostress levels observed in the sample. Based on the RED/TIC Scale, 9% of participants exhibited high levels of technostress, 40% moderate levels, and 51% low levels. However, a breakdown by dimension reveals a more nuanced picture: 32% scored high in fatigue, while 20% reported elevated anxiety linked to the continuous use of NICTs. High scores in the disbelief dimension were observed in 17% of the sample, and

ineffectiveness in just 5% – a finding that may be expected, considering that it is a relatively young population.

Only 13% of professionals with high levels of technostress rated their emotional health as "poor" or "very poor," indicating that such stress may not be immediately recognized by those experiencing it. Both interviews and the open-ended survey responses revealed complaints and frustrations regarding the pressure to produce content frequently, the sense of urgency imposed by algorithmic logics, and the excessive time spent on this activity, particularly when the expected engagement or visibility does not materialize.

Participants also reported difficulties with creativity for generating content, low customer conversion rates, and feelings of unfair competition due to the widespread misinformation on social media, especially regarding aspects related to mental health. It was widely acknowledged among participants that superficial content tends to gain more visibility than deeper, more complex posts, leading to disappointment and disillusionment. Prejudiced and stereotyped comments (especially from peers), hate speech, and peer criticism were also cited as sources of anxiety. These pressures led some professionals to adopt defensive strategies, such as avoiding comments or blocking hostile profiles.

Table 2 summarizes the main quantitative and qualitative findings related to manifestations of technostress, providing an integrated overview of the objective working conditions and the subjective experiences reported by the professionals:

Table 2

Dimensions of content production on social media, complaints and frustrations of participants.

Dimensions	Characterization	Complaints and frustrations
How long have you been regularly producing content on social media?	Less than one year (27%); Between 1 and 2 years (27%); Between 3 and 4 years (30%); More than 5 years (16%)	"Producing content itself is very frustrating, as I struggle with self-exposure."
Weekly time dedicated	Up to 5 hours (62%); 5 to 10 hours (13%); 10 to 20 hours (1%); more than 20 (1%); I don't know (23%)	"I get frustrated with the lack of engagement. I realize that when it comes to deeper, more reflective posts, people don't engage."
Negative feelings associated	Pressure from platforms (54%); frustration due to lack of engagement (37%); creative fatigue (35%); fear of exposure in videos (24%); feeling of wasted time (22%); difficulty disconnecting from social media (19%)	"The short time posts remain visible makes everything feel disposable"; "Seeing other people producing silly content and going viral, while I produce serious content and barely get any reach."
Technostress (RED/TIC Scale)	*Overall indices:* low (51%), medium (40%), and high (9%). *Specific dimensions:* fatigue (32%), anxiety (20%), disbelief (17%), ineffectiveness (5%)	"Honestly, I wish this pressure to constantly produce content as a freelancer didn't exist". "I find it too exhausting." "The biggest challenge is separating work and personal life when working online."
Profile of participants with high levels of technostress (9%)[3]	Women (93%); single, divorced, or separated people (73%); two or more jobs (53%); average income up to BRL 4,000; see more than 20 patients (40%) monthly and work exclusively or mostly online (60%). Feelings of pressure from platform productivity logic (73%), difficulties disconnecting from work (40%) and from social media (33%).	"Organizing time for both content creation and therapy sessions, not achieving satisfying reach, judgment from others, etc." "It's often overlooked that content creation is now a profession in itself, so I often feel like I'm performing two jobs". "Not to mention how disposable the content can be, and the care needed to ethically produce something about Psychology."

3 No statistically significant differences related to race were found in this regard; however, the sample composition proves to be an important limiting factor.

The data gathered reinforces the understanding of content production as a form of invisible labor, which appears to have become an imperative for a significant portion of the profession in light of recent transformations in their work. A paradoxical scenario emerges: on the one hand, digital platforms expand visibility, overcome geographical barriers, and increase the profitability of clinical practice; on the other hand, they embed psychology professionals in an insidious cycle of technological dependency and constant pressure for productivity and engagement. In the next section, we analyze the impacts of this phenomenon on these workers' health.

Discussion

The findings of this study highlight significant transformations in the organization and working conditions of clinical psychologists in Brazil. The combined analysis of data reveals an irreducible link between the platformization of labor and the field of psychology, with online therapy sessions emerging as a substantive trend, especially among younger professionals. Alongside content production on social media, these technologies appear to be producing concerning levels of technostress among a population largely composed of women, young professionals, and those holding multiple jobs.

Listening to workers' experiences reveals conflicts and the emergence of a diffuse, opaque unease that tends to become normalized as these professionals face demands for constant performance, engagement, and presence on social media – seen as necessary for market survival and financial subsistence. Next, the main findings are discussed across three core thematic clusters: 1) Platformization and the ambivalences of online clinical work; 2) Content production as invisible and performative labor; 3) Technostress as an expression of sociopsychological suffering and coping strategies.

Platformization and the Ambivalences of Online Clinical Work

The results indicate that the platformization of clinical psychology deepens a historical trend of informalization of the profession in Brazil (Braz, 2021; Bentivi et al., 2022). Based on the CensoPsi published in 2022, Puentes-Palacios and Bastos (2022) show that Psychology is characterized by partial conditions of precariousness, with insecurity and instability being prominent features. It is no coincidence that 71% of psychologists hold more than one job, 22% juggle at least four different positions, and 59% work across multiple fields within Psychology (Bentivi et al., 2022). Focusing specifically on clinical psychology, an even more radical scenario emerges: among the 170 participants, 93% worked as self-employed professionals, 63% of them exclusively so. Nearly half reported holding more than one professional tie, and 15% saw more than 30 patients per month. These data, when analyzed in light of the progressive decline in average earnings for the profession since the 1980s (Bentivi et al., 2022), illustrate a worsening of the instability already highlighted in the CensoPsi.

These transformations are closely aligned with the dynamics of platform capitalism (Srnicek, 2017; Poell et al., 2020), in which clinical work is infrastructurally dependent (Plantin

et al., 2018) on technologies such as social media, videoconferencing and scheduling software, all of which operate under algorithmic management (Grohmann, 2020) "which, ultimately, represent a political and ideological control that falls on the workers" (Braz et al., 2022, p. 763). These technologies demand technical skills and competencies that often go beyond the traditional competencies of a Psychology degree.

A convergence between platformization and uberization was also observed (Abílio et al., 2021), the latter understood as a consequence of the dismantling of labor protections and social safeguards. It is characterized by the transfer of risks and costs to workers, the spread of fragmented and informal labor, and the rise of precarious work arrangements (Abílio et al., 2021). Among psychologists working through collective online therapy platforms, this precarization is reflected in even lower clinical earnings: 34% received up to BRL 2,000.00 per month, and 41% received up to BRL 4,000.00.

Online clinical work was often associated with a reduction in fixed costs. Instead of investing in renting or purchasing a physical office, it is common for professionals to convert rooms in their homes into makeshift clinics. However, this leads to the erosion of boundaries between private and professional spaces, especially among early-career psychologists. Sofia's case is illustrative of this process:

> I live at my parents' house, so I had to put a sign on the door, something like "seeing a patient". And sometimes it doesn't work, they try to open the door anyway, so now I lock it, close the window, keep the curtain shut... so it gets complicated, you have to be careful with all that, but even so, it's still difficult. They understand, but sometimes not that much, you know? (Sofia)

In addition to the physical space, working hours also become blurred, with imprecise boundaries. "I thought that when I started working from home it would give me more free time, but today I feel like I'm working all the time." "It's hard to say when my workday starts or ends", said Eduardo. While online clinical work breaks down physical barriers, lowers overhead costs, and increases income potential, it also seems to be reorganizing the professionals' daily lives under a regime of invisible intensification. Lack of privacy, difficulty in establishing the boundaries between work and non-work time, between professional and domestic space, are traits that resonate as paradoxical injunctions (Gaulejac & Hanique, 2024) typical of work engendered by platformization.

These injunctions, as formulated by Gaulejac and Hanique (2024), are simultaneous and paradoxical demands that place the worker before unsolvable dilemmas, demands impossible to satisfy: "being self-employed," but always available; "having freedom," but remaining permanently connected; "taking care of oneself," but maintaining consistency, presence, and continuous productivity. In the context of this research, such paradoxes materialize in the apparent autonomy conferred upon professionals, who are encouraged to self-manage their appointments, schedules, and content production – but who, in practice, find themselves

subordinated to a regime of permanent availability, self-surveillance, and constant self-pressure for productivity and digital consistency. The promise of spatial and temporal freedom gradually turns into increased mental workload and new forms of subjective strain at work (Braz, 2021).

In summary, the data suggest that the platformization of psychological clinical work is not developing outside the historical context of informality in the profession. On the contrary, it acts as a driver that intensifies and deepens this process, especially when it is "uberized" and linked to content production on social media. While offering a wide range of socio-technical resources that can broaden the scope of clinical activity, platformization introduces a specific grammar of paradoxical injunctions and individual responsibility, underpinned by a logic of subordinated self-management. Abílio (2019) describes this concept as a form of management characteristic of the uberization of work, in which the workers, although identified as "self-employed" or "entrepreneur of oneself," in practice do not exercise full autonomy, as they remain structurally subordinate to the logics, metrics, and demands of platforms. Thus, the promised autonomy becomes an obligation of ongoing self-management under external criteria, within an asymmetric power relationship that shifts both risks and costs onto the individual.

Content Production as Invisible and Performative Labor

In line with Casilli (2025), social media are understood as labor platforms – generally unpaid. Content production ceases to be merely a promotional tool and becomes an additional activity incorporated into the working hours of clinical psychologists. As Gaulejac and Taboada-Léonetti (1994) pointed out, in contexts marked by unstable individual positions, the reproduction of inequalities, increased competition, disposability, and the intensification of meritocratic pressures, individuals tend to engage in individualized struggles for visibility and recognition. More than thirty years after the publication of that work, this logic has intensified: self-construction has become a condition for market survival, and professionals have migrated from the clinic to the digital screens, assuming the role of managing their own visibility.

One of the main motivations reported for engaging in content production involves building professional authority (35%). By asserting their presence on social media, psychologists aim to build a kind of online curriculum vitae (Karhawi, 2020), aesthetically organized in accordance with the algorithmic management of the platforms. Beyond promoting their services, social media function as tools for expanding workers' social capital (Gaulejac, 2024). Within this trajectory, psychologists anticipate increased demand for their clinical services and, in some cases, begin offering additional online products such as courses, supervision, or mentoring.

However, despite its centrality, this activity seems to be rendered invisible as a form of labor – not only by platforms largely governed by Big Tech companies (Casilli, 2025), but also by the workers themselves. This is evidenced by the fact that 23% of participants were unable to estimate the time devoted to this activity. Interviews revealed that content production becomes embedded in participants' daily routines, making it difficult to identify. Reading books, conducting clinical sessions, family gatherings, and leisure time are activities that become "sources of

insight" for content creation. Furthermore, it's important to pay attention to *trends* – content, styles, or behaviors that are currently popular – since posts aligned with them tend to generate higher engagement. Reflecting on this demand for production and visibility, Anderson described his attempt to outsource the task to a marketing professional:

> I even tried to think about increasing my online presence by producing content, you know? So I hired a social media manager to help, but it was a disaster because, precisely for that reason, my critical standards wouldn't accept it (...). I wanted to create content and he kept sending me something completely different. I was running out of time and I had to review everything he sent me, because the language didn't reflect the kind of Psychology I wanted to communicate. In the end, I gave up (Anderson).

This temporal opacity does not appear accidental; it constitutes one of the effects of subordinated self-management (Abílio, 2019). Professionals are called upon to autonomously manage their image, productivity, and engagement, while remaining subordinated to the governance mechanisms of platforms. Anderson's account illustrates this dynamic: even when trying to outsource part of the task, he found himself obliged to review, correct, and adapt the material, further increasing the time spent. Content production thus emerges as a continuous, invisible, and difficult-to-measure activity, whose burden falls on the individual and is not recognized as part of the formal working day.

Qualitative findings indicate that early-career psychologists, whose professional agendas are not yet fully established, tend to develop a stronger dependence on algorithmic management by social media platforms. Even though it loosens over time, it doesn't disappear. As Angelo explained: "Before, for me, I had a rule for myself to post every day. Currently, I only post when I want to, in the way I want to. I try to do it in the most organic way possible, but I still push myself to produce content every day." Such pressure is primarily experienced subjectively, in the form of self-surveillance and internalized demands (Braz, 2021), but it is often naturalized as a paradoxical injunction (Gaulejac & Hanique, 2024): "you have to play the game" (Bruna), "these are the market trends, you can't escape them" (Kelly).

Rather than questioning whether content production is "necessary" for the practice of clinical psychology today, the data suggest that such activity has become an imperative for visibility, naturalized in daily professional life, even though its concrete effectiveness remains limited. Although 41% of participants identified content production as one of the main pathways for attracting clients, the data show that traditional referral mechanisms (from patients and other psychologists) remain the primary source of new clients. In other words, although it is commonly perceived as an imperative by workers, its centrality does not derive solely from its objective effectiveness.

Theoretical contributions by Bruno (2013), drawing on Michel Foucault and Gilles Deleuze, help illuminate this contradiction. The author argues that the processes of subjectivation are shaped by regimes of visibility, which continually reconfigure ways of seeing and being seen

in society. Following the popularization of the internet, the compression of time and space has given rise to new dynamics of sociability and consumption (Lipovetsky, 2007). The internet has blurred the boundaries between public and private, intimacy and surveillance, enabling formerly passive and anonymous media audiences to become producers of their own visibility (Karhawi, 2020). Seeing and being seen become conditioned by performative, exhibitionist tendencies that suppress the paradigm that conceived of intimacy as secrecy (Sibila, 2008; Karhawi, 2020).

Intimacy has thus been externalized, and privacy mobilized through mediated visibility (Karhawi, 2020). To see and be seen requires securing audience participation, after all, "to participate is *to make oneself present*" (Karhawi, 2020, p. 52, emphasis in original). Embedded in the contemporary regime of visibility and inspired by the engagement achieved by influencers, psychologists migrate to social media and assume responsibility for content production. Beyond professional expertise, and driven by the pursuit of social distinction and time monetization (Gaulejac & Hanique, 2024), as well as by self-entrepreneurship – understood within the framework of subordinated self-management proposed by Abílio (2019) – these professionals work to increase their engagement, but, above all, to be seen. "More and more, one must appear in order to be", highlights Sibilia (2008, p. 111). Being absent from social media means running the risk of not being seen and, therefore, not existing socially.

Precisely because of this contradiction, confronting this imperative produces ambiguous subjective effects. A significant portion of professionals acknowledged that a digital presence has expanded their client base and, albeit marginally, contributed to increased income. However, this comes at a cost: suffering derived from constant production pressure (54%), frustration due to low engagement (37%), creative fatigue (35%), feeling of wasted time (22%), and difficulties disconnecting (19%), among others. Participants also reported anxiety related to fear of criticism and hostile discourse. A form of symbolic surveillance (Gaulejac & Hanique, 2024) emerges from the audience –particularly from professional peers – producing ongoing tension, especially when visibility is framed pejoratively: "I can't stand it when they say I've become a 'little blogger' just because I produce content on Instagram, as if I were here doing a little dance" (Vanessa).

Self-exposure thus becomes a paradoxical demand (Gaulejac & Hanique, 2024): to be recognized, one must appear; but this visibility requires constant vigilance and subjective resilience in the face of criticism. This regime of visibility (Bruno, 2013) depends on unstable governance mechanisms and a lack of transparency by platforms (Liu & Zhang, 2023; White & Hanley, 2025), contributing to the experience of low engagement as a personal failure. Within this context, understood as unpaid and performative labor, content production is often seen as a central and normalized dimension of clinical psychology, but its subjective and temporal burdens remain largely invisible. While enhancing visibility, it simultaneously produces new vulnerabilities within the profession.

Technostress as an Expression of Sociopsychological Suffering and Coping Strategies

This research suggests that technostress is not merely a side effect of the intensive use of NICTs, but rather corresponds to a sociopsychological suffering that permeates the labor of clinical psychologists today. Drawing on Clinical Sociology, technostress is understood as the product of a socio-psychic knot (Gaulejac, 2020), highlighting the irreducible interdependence between the social and the psychic dimensions of human experience (Braz, 2021). More than a reaction to digital technologies per se, technostress emerges from the accumulation of contradictory demands imposed by the platformization of work, mirroring a set of tensions that unfold at the intersection of workers' life histories, paradoxical injunctions, and the structural transformations of work in contemporary society (Braz, 2021).

Although 51% of participants reported low levels of technostress, 40% presented medium levels and 9% high levels. These last ones deserve special attention. As shown in Table 2, the majority of participants are young women[4], with fewer than five years of professional experience, holding two or more jobs, and intense workloads, yet with lower average incomes than the rest of the sample. In practical terms, they are professionals who work more hours, remain connected for longer periods, and paradoxically earn less. Among them, pressure stemming from platform productivity logics is markedly intensified (73%), as are difficulties disconnecting from work (40%) and from social media (33%). As Vanessa explains, "sometimes it feels like my mind never stops. I keep scrolling through Instagram to see what other psychologists are doing, thinking about what I could do next. It exhausts me... but I can't stop."

Conflicts in this area are not limited to the individual's relationship with their work and personal life. They are also conditioned by algorithmic logics that foster dependency and demand constant performance under the guise of autonomy. Free time becomes time for anticipation and planning the next post, especially under conditions of financial instability. In this context, suffering is individualized and managed through personal coping strategies, such as psychotherapy, physical activity, blocking comments, planning posting frequency, using apps to limit social media use, maintaining separate personal and professional phones, avoiding reading comments and watching previously posted content. However, these resources address symptoms rather than the sources of distress. Subordinate self-management (Abílio, 2019) thus extends into social media practices, and technostress emerges as a symptom of the collective fragility of the profession.

Despite these tensions, the interviews also revealed protective health factors. For many participants, the meaning of work (Dejours, 2012) is closely tied to the developmental processes of their patients, and, by extension, of themselves. Participants repeatedly emphasized the importance of contributing to tangible transformations in patients' lives, which emerged as a primary source of recognition and subjective validation. When material and symbolic conditions are minimally preserved, clinical psychological work appears to remain

4 This data should be taken into consideration, given that 84% of the sample is composed of women.

a privileged space for meaning-making and, consequently, for personal and professional fulfillment (Yang & Hayes, 2020).

Another key protective factor concerns the construction of professional networking opportunities. Despite the growing tendency toward isolation (Yang & Hayes, 2020), professionals who participated in collectives, clinical supervision, professional associations, or study groups reported greater emotional and professional support. By enabling the exchange of experiences, affections, and frustrations, such spaces function as collective arenas for the symbolic elaboration of suffering. Referring to the psychoanalytic triad (personal analysis, clinical supervision, and theoretical study), Maria added: "For me, there is a fourth pillar that is vital in clinical practice... the creation of spaces for interactions with other clinicians. That is fundamental."

Recognizing suffering as a singular language through which individuals respond to a context marked by contradictions appears to be a fundamental condition for its elaboration. Technostress cannot be reduced to a simple imbalance between job demands and resources; rather, it expresses a deeper socio-psychic suffering rooted in the reconfiguration of clinical psychological work under platformized regimes. As a symptom, it signals the limits of work organized around visibility, self-surveillance, and permanent connectivity. Therefore, investing in the creation of collective spaces for exchange, where vulnerabilities can be shared and acknowledged, seems to constitute a fundamental strategy of resistance against the normalization of the unbearable. By politicizing suffering, the possibilities for building genuine bonds, reaffirming meaning, and producing health in clinical psychological practice are significantly expanded.

Final Considerations

The question that frames the title of this study was deliberately in a prefigurative and provocative way, aiming to problematize contemporary transformations in clinical psychological work: is the clinical psychologist "becoming an influencer"? The findings presented here allow this provocation to be more precisely qualified. While the data do not support the notion of a direct transformation of professional identity, they clearly indicate that the logics structuring digital influencer labor – permanent visibility, performance, self-management, and engagement – have increasingly permeated and reorganized workers' everyday professional practices. Rather than signaling an identity shift, the study shows that these logics have become part of the objective and subjective conditions under which clinical psychology is carried out on digital platforms.

Platformization, far from being an ancillary phenomenon, has proven to be a structuring element in the reconfiguration of the profession's working conditions. The results indicate that remote work expands geographical reach and reduces fixed costs, while simultaneously deepening informalization and self-management. In doing so, it blurs the boundaries between personal and professional life, working and non-working time, and introduces a logic of silent intensification of working hours.

Social media content production, experienced by many professionals as an imperative for market insertion, appears as a performative and largely invisible form of labor. Operating within regimes of visibility and algorithmic management, this activity generates constant pressures for engagement, self-surveillance, and exposure. Combined with the intensive use of NICTs, these dynamics have produced significant levels of technostress – particularly among professionals with multiple employment ties, extended working hours, prolonged connectivity, and relatively low income – resulting in a form of suffering that is experienced in an individualized manner and fragmented from the collective body of the profession.

By conceptualizing technostress as a sociopsychological symptom produced by the contradictions of platformization, this study highlights the limits of labor regimes grounded in performance, visibility, and permanent connectivity. Coping with this suffering largely occurs through individual strategies focused on self-care and self-regulation, which tend to address symptoms rather than the structural sources of distress. Conversely, protective factors such as the meaning attributed to clinical work and participation in collective support networks emerge as central to the symbolic elaboration of suffering and the strengthening of mental health among professionals.

Despite the density of the findings and discussions, important limitations must be acknowledged. Given the non-probabilistic, cross-sectional design of the study, the results are not generalizable and should be interpreted as indicative of broader trends to be explored in future research. The predominantly female composition of the sample – although consistent with the sociodemographic profile of psychology professionals in Brazil – underscores the need for intersectional analyses that consider the combined effects of gender, race, class, and territory on experiences of platformization. Future research, academic training debates, and initiatives led by professional councils should further engage with these issues, seeking ethical and political responses to the challenges posed by the platformization of labor in clinical psychology.

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APPENDIX 1

Sociodemographic Questionnaire

1. Sex: ( ) Male ( ) Female

2. What is your age range?

- 18–24 years old
- 25–34 years old
- 35–44 years old
- 45–54 years old
- 55–64 years old
- 65–74 years old
- Over 75 years old

3. Marital status:

- Single
- Married
- Domestic partnership
- Divorced or separated
- Widowed

4. Children: ( ) Yes ( ) No. If yes, how many? _____.

5. How do you self-identify in terms of race/ethnicity?

- Asian
- White
- Indigenous
- Mixed-race
- Black

6. In which Brazilian state do you live?

- Acre (AC)
- Alagoas (AL)
- Amapá (AP)
- Amazonas (AM)
- Bahia (BA)
- Ceará (CE)
- Federal District (DF)
- Espírito Santo (ES)

- Goiás (GO)
- Maranhão (MA)
- Mato Grosso (MT)
- Mato Grosso do Sul (MS)
- Minas Gerais (MG)
- Pará (PA)
- Paraíba (PB)
- Paraná (PR)
- Pernambuco (PE)
- Piauí (PI)
- Rio de Janeiro (RJ)
- Rio Grande do Norte (RN)
- Rio Grande do Sul (RS)
- Rondônia (RO)
- Roraima (RR)
- Santa Catarina (SC)
- São Paulo (SP)
- Sergipe (SE)
- Tocantins (TO)

7. Education Level:

- Bachelor's degree
- *Lato sensu* postgraduate degree
- Master's degree
- Doctoral degree

8. The higher education institution where you completed your Psychology degree is:

- Public
- Private

9. How many years have you been working in clinical psychology?

- Up to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years or more

10. How many jobs do you currently have, including your clinical practice?

- One job
- Two jobs
- Three jobs
- Four jobs
- Five jobs
- Six jobs

10.1. *(For professionals with more than one job) **Considering your jobs, you are currently:**

- Exclusively salaried
- Exclusively self-employed
- Salaried and self-employed
- Self-employed and volunteer
- Other combinations of work arrangements

11. Considering only your clinical psychology practice, what is your average monthly income?

- 1,000 to 2,000 BRL
- 2,001 to 4,000 BRL
- 4,001 to 6,000 BRL
- 6,001 to 8,000 BRL
- 8,001 to 10,000 BRL
- 10,001 to 12,000 BRL
- 12,001 to 15,000 BRL
- 15,001 to 17,000 BRL
- More than 17,001 BRL

12. Considering all your sources of income, what is your average monthly income?

- 1,000 to 2,000 BRL
- 2,001 to 4,000 BRL
- 4,001 to 6,000 BRL
- 6,001 to 8,000 BRL
- 8,001 to 10,000 BRL
- 10,001 to 12,000 BRL
- 12,001 to 15,000 BRL
- 15,001 to 17,000 BRL
- More than 17,001 BRL

13. Considering only your clinical psychology practice, what is your average weekly workload?

- Up to 10 hours per week
- 11 to 20 hours per week
- 21 to 30 hours per week
- 31 to 40 hours per week
- 41 to 50 hours per week
- More than 51 hours per week

14. Considering all your work positions, what is your average weekly workload?

- Up to 10 hours per week
- 11 to 20 hours per week
- 21 to 30 hours per week
- 31 to 40 hours per week
- 41 to 50 hours per week
- More than 51 hours per week

15. How many patients/clients do you see on average per month?

- Up to 5
- 6 to 10
- 11 to 20
- 21 to 30
- More than 30

Online Clinical Practice

16. How long have you been providing clinical services remotely (online)?

- Less than one year
- Between 1 and 2 years
- Between 3 and 4 years
- More than 5 years

17. Which of the following platforms have you used to provide online clinical services? (Select more than one option if applicable)

- Zenkclub
- Telavita
- Psitto
- Psicologia Viva
- Vittude

- Psymeet
- Psicólogos Berrini
- PSI Psicólogo e Terapia
- Doctoralia
- Central Psicologia
- Fepo
- Orienteme
- Other. Specify? _____
- I have never used any of these platforms

18. Select the <u>three main advantages</u> that led you to provide remote clinical services (maximum of 3 options):

- Possibility of seeing patients from other cities
- Reduction of fixed costs related to the clinic and resource savings
- Possibility of earning more money
- Greater flexibility in scheduling
- Avoid spending time commuting
- Greater comfort
- Benefits the relationship with the patient/client

19. Select the <u>three main disadvantages</u> of providing remote clinical services (maximum of 3 options):

- Difficulty separating professional and family space, since I work from home
- Emotional and cognitive exhaustion due to the use of technology during sessions
- Problems with my internet connection
- Problems with my patients'/clients' internet connection
- Feeling of isolation and lack of social interaction
- I miss in-person contact with patients/clients

20. Regarding your clinical practice, currently you:

- See patients/clients only remotely (online);
- See more patients/clients remotely than in person;
- See more patients/clients in person than remotely.

21. How would you rate your physical and ergonomic conditions for conducting online sessions (private space, chair, desk, acoustics, lighting, etc.)?

- Very adequate
- Adequate
- Fair
- Inadequate
- Very inadequate

22. How would you evaluate your emotional health when conducting remote sessions?

- Very good
- Good
- Fair
- Poor
- Very poor

23. How would you evaluate your proficiency in using digital platforms?

- Very good
- Good
- Fair
- Poor
- Very poor

Social Media Content Production Work

24. How long have you been regularly producing content on social media (such as Instagram, TikTok, Facebook, YouTube, etc.)

- Less than one year
- Between 1 and 2 years
- Between 3 and 4 years
- More than 5 years

25. On which digital platforms do you usually produce content? (Select more than one option if necessary)

- Instagram
- TikTok
- Facebook
- Youtube
- Spotify
- X / Twitter
- Pinterest
- Kwai

26. Why did you start producing content on social media? (Select up to three options)

- To increase my chances of attracting patients/clients
- To create an online portfolio/CV of my work
- To build new networks and social interactions
- To build professional authority online
- To share my knowledge and learning with others
- To meet and connect with other psychologists
- To work in a specific market niche
- To gain more followers and engagement
- Other reasons. Which? _____

27. What are your main sources for attracting new patients/clients? (in order of importance)

- Referrals from other psychologists
- Referrals from my patients/clients
- Referrals from other health professionals
- Social media content production (Instagram, TikTok, Facebook, etc.)
- Paid promotion of posts on social media
- Promotion of my profile through Google Ads
- Platforms such as Doctoralia, Zenkclub, Telavita, Psitto, etc.
- Other. Which? _____

28. On average, how many hours per week do you spend producing content for social media?

- Up to 5 hours
- 5 to 10 hours
- 10 to 20 hours
- More than 20 hours
- I don't know

29. Select the <u>three main advantages</u> of producing content on social media (maximum of 3 options):

- Patients/clients contact me through the content I produce
- It increases my visibility as a professional
- It helps build my authority as a professional
- It facilitates building a relationship with my audience
- It allows me to work in a specific market niche
- I share my knowledge and learning with others
- I connect with other psychologists
- It allows me to create new sources of income
- Other. Which? _____

30. Select the <u>three main disadvantages</u> of producing content on social media (maximum of 3 options):

- I have difficulty disconnecting from social media
- I have difficulty disconnecting from work
- I feel pressured by the productivity logic imposed by platforms
- I feel frustrated when my content does not reach the expected audience or engagement
- I am afraid of exposing myself in videos
- I spend too much time producing content
- I fear judgment from other psychologists regarding the content I produce
- I fear judgment from my patients regarding the content I produce
- I fear judgment from my family members regarding the content I produce
- I feel I lack creativity to maintain a regular posting routine
- I fear producing content with mistakes (grammatical, spelling, conceptual, technical, etc.)
- Other. Which? _____

31. What frustrates you the most when producing content on social media? (Open-ended question)

32. What would you like to see improved on the platforms where you produce content? (Open-ended question)

Contribution of each author to the work:

Matheus Viana Braz: Conceptualization, Funding Acquisition, Project Administration, Investigation, Methodology, Supervision, Validation, Visualization, Formal Analysis, Writing – Original Draft, Review and Editing.

Amanda Thuns Biazzi: Data Curation, Investigation, Formal Analysis, Visualization, Validation, Writing – Original Draft, Review and Editing.

Victor Martins dos Santos: Data Curation, Formal Analysis, Visualization, Validation, Writing – Original Draft, Review and Editing.