



The Phenomenon of Mental Health Self-Diagnosis on Social Media: Between Awareness and Misleading

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Abstract

The self-diagnosis of mental health issues is increasingly common among Muslim students, attributed to their frequent exposure to psychological information via social media. This study seeks to elucidate students' experiences with self-diagnosis, assess its effects on their psychological and social well-being, and examine this phenomenon through the frameworks of *muhasabah* and *tazkiyatun nafs*. The study used a qualitative case study methodology and intentionally selected three Muslim students from IAIN Kerinci. The study collected data through interviews and observations and analyzed it using Miles and Huberman's method. The findings indicate that students frequently misconstrue typical symptoms such as stress and anxiety as clinical disorders, shaped by prevalent narratives and social media algorithms. Terms such as "anxiety" and "overthinker" become integral to an individual's identity, influencing interpersonal relationships, educational achievement, and the regularity of faith practices. Islamic values provide an alternative framework through a more balanced process of reflection. This finding increases the importance of counseling services that incorporate Islamic values to mitigate misunderstandings and mislabeling of identity.

Keywords: *muhasabah*, psychological mislabeling, self-diagnosis, social media algorithms, *tazkiyatun nafs*

INTRODUCTION

Social media has shifted from a communication tool into a public arena that shapes self-understanding, including perceptions of mental health (Robles, 2025). One emerging outcome is self-diagnosis, a condition in which individuals identify psychological disorders based solely on online content without professional assessment (Armstrong et al., 2025). Among students in Indonesia, this trend is increasingly popular, with many adopting labels such as "anxiety," "depression," and "ADHD" after consuming mental-health posts on TikTok (Wijaya et al., 2024). Similar patterns appear in the United States and the United

Kingdom, where teenagers and university students who frequently engage with online mental health content tend to self-identify with disorders despite lacking clinical evaluation (Foster & Ellis, 2024; Underhill & Foulkes, 2025). Generation Z's high digital immersion increases exposure to fragmented and misleading psychological information (Jia & Li, 2024).

One psychological factor that may help explain this experience (self-diagnosis) is fear of missing out (FoMO), which refers to the apprehension that others are experiencing rewarding events from which one is absent (Dewi et al., 2025). Studies on FoMO and social media addiction show that online environments shape emotional well-being and self-concept (Li et al., 2024), yet research directly linking social media self-diagnosis to Islamic perspectives remains scarce. Religious values, cultural expectations, and norms in Islamic educational institutions shape Muslim students' digital engagement in Indonesia (Khafidin et al., 2025; Soedjiwo et al., 2025). Their online behaviour often follows teachings on modesty, avoiding un-Islamic content, and trusting morally credible influencers (Anwar et al., 2024). Islamic campuses also promote regulating digital interactions in line with religious principles such as information verification (*Tabayyun*), avoiding gossip (*Namimah*), honesty, and accountability (Elia & Neka, 2024; Nugraha et al., 2025).

Islamic concepts like *muhasabah* and *tazkiyatun nafs* provide frameworks for self-awareness, emotional regulation, and resilience (Musfichin, 2024). *Muhasabah* is understood as a constant inner evaluation of one's thoughts, actions, and spiritual states (Mohsin et al., 2022). *Tazkiyatun nafs* is the process of purifying the soul to a cleaner, more stable state, morally and spiritually oriented (Rothman & Coyle, 2018). From a religious psychology perspective, *muhasabah* and *tazkiyatun nafs* can be interpreted as self-monitoring and self-re-

evaluation that provide interpretative frameworks for understanding mental health and giving meaning to psychological disorders (Baehaqi & Fahmi, 2025). However, the mechanism of reflection is rarely investigated in the contemporary environment of social media in the practice of self-diagnosis among Muslim students in the digital domain.

A literature review highlights three gaps. First, local studies on self-diagnosis focus on literacy, anxiety, or social support (Amalia & Dearly, 2025; Farhan et al., 2024), while overlooking religious interpretations. Second, research on *muhasabah* and *tazkiyatun nafs* has not examined their influence on students' engagement with digital mental health content (Apriliani & Arifin, 2025; Mutholingah et al., 2025). Third, methodological limitations persist: quantitative dominance limits understanding of lived experiences (Ismed, 2024; Komala et al., 2023), and research concentrates in major cities, leaving culturally distinct regions such as Kerinci underrepresented. These gaps show the need to examine how Islamic principles and local cultural norms intersect with digital experiences to shape students' interpretations of psychological labels they encounter online. This study uses the concepts of *muhasabah* and *tazkiyatun nafs* to analyse Muslim students' self-diagnosis because both directly reflect continuous reflection and self-evaluation, making them more operational for interpreting self-assessment and psychological labelling than *sabar* or *tawakkal*, which are more oriented toward external responses. These two concepts therefore serve as a conceptual bridge between spiritual contemplation and the production of meaning in mental health in the digital world.

This study's originality lies in integrating three domains usually examined separately: social-media self-diagnosis, identity negotiation among Muslim students, and a theoretical synthesis of Western labelling theory (Becker, 2018) and Islamic spiritual frameworks.

Academically and practically, the findings are expected to strengthen spiritually grounded understandings of mental health, reduce mislabeling tendencies, and support campus counselling services, Islamic higher-education policies, and digital literacy programs rooted in religious values.

RESEARCH METHODS

Approaches and Types of Research

This study used a qualitative case study design to examine a phenomenon within its real-life context. A case study is suitable when the boundaries between a phenomenon and context are unclear and when comprehensive understanding is required (Yin, 2018). Simons (2025) highlights its relevance for exploring distinctive characteristics, subjective experiences, and meaning-making. This design aligns with the aim of understanding how Muslim students at IAIN Kerinci interpret mental health self-diagnosis in relation to *muhasabah* and *tazkiyatun nafs*.

Research Subject

The participants in this study were three active students from IAIN Kerinci. Participants were selected through purposive sampling (Patton, 2023), based on active engagement with mental health content on social media and willingness to reflect on their experiences. The three participants included HT (21-year-old female, BKPI, Siulak Mukai), AR (22-year-old male, Islamic Economics, Koto Majidin), and ZAP (20-year-old female, PAI, Sungai Penuh), representing diverse academic and local backgrounds in the Kerinci region.

Research Instruments

Data were obtained through semi-structured, in-depth interviews and participant observation. The interview guide was based on key

indicators of labeling theory (Becker, 2018), namely: social definition, labeling agents, secondary deviation, other responses, consequences of labeling, and rejection or negotiation. Additional items explored the role of *muhasabah* and *tazkiyatun nafs* (Putri et al., 2025) in interpreting psychological distress and online self-diagnosis, ensuring alignment between the instrument, theoretical framework, and research variables. Sample interview questions, Social definitions: *When did you first see mental health posts on social media, and what made them seem important?*. Labeling agents: *Which source or group had the biggest impact on how you understood the term "mental disorder?"*. Secondary deviance: *Did you end up using those tags to talk about yourself in real life and on social media?*. Other responses: *What do others say when you talk about your mental health?*. Consequences of labelling: *Does the term change the way you interact with others, worship, or do schoolwork?* Rejection or Negotiation: *Have you ever questioned whether that label is true? How does it relate to Islamic ideas like muhasabah and tazkiyatun nafs?*.

Data Analysis

Analysis followed the interactive model of Miles and Huberman involving data reduction, display, and conclusion drawing (Miles et al., 2020). Labeling theory served as the primary analytical lens. It was integrated with *muhasabah* and *tazkiyatun nafs* to deepen thematic interpretations of participants' meaning-making regarding mental-health labels and spiritual self-evaluation. Credibility was enhanced through source and method triangulation and member checking. Ethical principles were strictly applied, including informed consent, confidentiality, voluntary participation, and academic-only data usage, consistent with contemporary qualitative ethics and Islamic values of responsibility and trust (Creswell & Creswell, 2023).

RESEARCH RESULT

Interviews with three informants provide an overview of how *muhasabah* and *tazkiyatun nafs* affect self-diagnosis (social definition, labeling agents, secondary deviation, other responses, consequences of labeling, and rejection or negotiation). Becker's (2018) labelling theory explains the social construction of mental health labels: labels are constructed through social interactions and meaning-making processes, while *muhasabah* and *tazkiyatun nafs* are internal reflective mechanisms individuals use to evaluate and reorganize that meaning in the spiritual space.

Social Definition

This part looks into how individuals first see, comprehend, and judge mental health terminology when they see it on social media. The focus is on how individuals make sense of things for the first time before having professional references.

"It started around the third semester. At first, it was simply on the TikTok FYP, but it continued coming up. There are many questions about how to heal yourself and how to handle poisonous relationships." (Participant HT, 21-year-old female)

"During the epidemic, I noticed minor sadness and exhaustion. At first, I just read along." (Participant AR, 22-year-old male)

"I have encountered it frequently since high school, but it appears on my FYP increasingly each day during college, particularly when I am feeling stressed." (Participant ZAP, 20-year-old female)

The resemblance of subjective experiences to digital tales influenced the three interviewees' initial comprehension of "mental disorder." This aligns with Becker's theory that labels do not stem from actual realities, but rather from social constructs formed through symbolic interaction.

Agents of Labeling

This indicator looks at who or what "gives" the label, such as digital platforms, psychology influencers, friends, family, or the university environment.

"TikTok and Instagram... my inner child, overthinking... sometimes I trust young psychologists more than journals." Friends say I prefer drama, and family claims I see things that are not there because I use my phone too much." (Participant HT, 21-year-old female)

"YouTube and WhatsApp groups... pick a real psychologist." My male friends believe I am too quiet, and I feel better talking to those who know about religion." (Participant AR, 22-year-old male)

"Twitter and TikTok commonly show the '5 indicators of mild depression' videos. My friends say I am sensitive, and my family says I need to practice a lot of dhikr." (Participant ZAP, 20-year-old female)

Labels come from the interaction of digital and social aspects at the same time. Social media provides the words, and opinions about the environment make the label stronger or weaker.

Secondary Deviance

This indicator checks to see if participants are starting to absorb the label so much that it changes how they see themselves.

"I thought it was perfect at first, but as time went on, I started to doubt it. Maybe I was just following a trend." Just for fun, I wrote "anxiety mode" once." (Participant HT, 21-year-old female)

"I used to think I had 'mild depression,' but now I think it is just a normal part of life." "Use 'academic depression' as a joke." (Participant AR, 22-year-old male)

"At first, I thought it was a reflection of me... overthinking, mood swings... it felt just right." I mention "overthinker" in my bio, and occasionally I add "bipolar vibes." (Participant ZAP, 20-year-old female)

The level of internalization differed among subjects. ZAP is best at putting labels on self-identity, while AR actively attempts to get rid of them. HT is in the area of uncertainty.

Other Responses

This indication shows how the way the environment reacts influences how comfortable participants feel about talking about their mental state.

"The guidance counselor offers valuable support... my family believes I am spoiled and overthink." Occasionally I am terrified of being perceived as theatrical, so I do not do it. (Participant HT, 21-year-old female)

"Boys flirt... females pay greater attention. Please be extra careful about what you say. I am worried about misconceptions. (Participant AR, 22-year-old male)

"At first, friends cared, but over time, they pulled away." I feel more different now, which makes me more comfortable sharing my thoughts on social media." (Participant ZAP, 20-year-old female)

How people respond to you has a big effect on how much you accept yourself. Support encourages them to talk, while rejection makes them pull back and search for safe places on social media.

Consequenves of Labelling

This indicator looks at how the label affects social relationships, worship, schoolwork, and how people feel about themselves.

"People are more careful around me... I have become less social... and I do not do my religious practices as much as I should." Initially, it is helpful, but over time, it becomes confusing. (Participant HT, 21-year-old female)

"It makes me think more... worship becomes a peaceful place." It is not a fixed identity, but rather a tool that aids in self-reflection." (Participant AR, 22-year-old male)

"My mood fluctuates; at times I feel inclined to attend class, while at other moments I do not. There are moments when describing

my situation is easy, and there are times when it feels like a trap."
(Participant ZAP, 20-year-old female)

Psychological labels can affect college students in many ways; they may burden them, limit their social relationships and religious activities, or help them reflect on themselves. Labeling can sometimes create uncertainty and instability in how one understands oneself.

Rejection or Negotiation

The last indicator looks at whether they reject, doubt, or renegotiate with the label, which includes how it fits in with self-reflection and self-purification.

"Yes, the longer it goes on, the more I doubt... sometimes I am afraid people will think I am less religious." I wish to deepen my connection to religion, but I am apprehensive about the potential judgments of others." (Participant HT, 21-year-old female)

"I will just pick what is important and talk to the ustadz and teachers." Religion and psychology help each other... worship brings tranquility." (Participant AR, 22-year-old male)

"I get confused a lot because the information varies... Going back to the Quran makes me feel better. Occasionally I believe what I read online, yet prayer brings me calm." (Participant ZAP, 20-year-old female)

Not all informants strongly agree with the label. They achieve a balance between digital stories and religious beliefs, with spirituality helping to balance out the unpredictability of information found online.

This research illustrates that mental self-diagnosis on social media is not solely an individual endeavor but a social phenomenon that adheres to Becker (2018) labeling framework: commencing with the initial definition, the origin of labeling, internalization, social reaction, behavioral outcomes, and ultimately, the redefinition of the label. They say that three participants go through a labeling cycle that is based on a mix of digital stories, social pressure, feelings, and religious ideals.

Initial exposure on social media offers language and classifications that enable individuals to "identify themselves" using prevalent terms such as "worry," "overthinking," or "depression". Digital contacts, from emerging psychologists to widely circulated narratives, have become the primary means of labeling.

Individuals began negotiating labels through ordinary social interactions, which included both positive and negative experiences. The label affects how individuals think, pray, interact with others, and see themselves. However, none of the three strongly agreed with the label. They reassessed through introspection, spiritual direction, and a quest for religious significance. This discovery indicates that labeling among Muslim students constitutes both a social and a spiritual process. Religion provides you with rules, judgment, and guidance for being better, whereas social media supplies you with words. The two together provide a complicated and ever-changing understanding of oneself.

DISCUSSION

The findings of this study indicate that the self-diagnosis of mental health issues among Muslim students on social media is not merely a matter of misinformation but reflects a broader process of identity formation. Using Becker's (2018) labelling theory as a lens, self-diagnosis can be understood as a form of self-labelling that emerges from ongoing engagement with digital narratives. Labels such as "anxiety," "burnout," and "overthinker" function symbolically, enabling students to articulate emotional states that were previously unnamed. This corresponds to Becker's initial stage of labelling, in which individuals adopt external categorisations as part of their self-definition through social interaction rather than professional diagnosis.

The digital environment accelerates this labelling process by providing a psychologically charged vocabulary that students internalise through short-form content on TikTok, Instagram, and Twitter (Alejos et al., 2025). In this context, HT and ZAP began to identify themselves with anxiety-related content, while AR briefly associated herself with depression after engaging in online discussions. These patterns reinforce that self-diagnosis is not only a search for help but also a strategy to construct a psychological identity within digital space (Weaver & Hill, 2025). Thus, self-diagnosis emerges as a meaning-making practice rather than an attempt to claim clinical pathology.

However, this identity construction interacts with the dynamics of algorithmic exposure. Once students show interest in particular mental health content, social media platforms repeatedly deliver similar material, creating a reinforcement loop that encourages confirmation rather than critical reflection. This mechanism aligns with Becker's (2018) account of cognitive distortions, particularly confirmation bias, in which individuals selectively absorb information that validates existing self-beliefs. The situation observed in ZAP, where the individual suspected bipolarity due to fluctuating moods, illustrates how digital narratives can overshadow potential alternative explanations, such as academic pressure or hormonal factors. Therefore, the risk does not lie solely in exposure to mental health knowledge but in the reduction of emotional complexity into fixed diagnostic labels.

Labelling does not stop at self-identification; it has social consequences. Consistent with Becker (2018), labelling functions not only as a personal construct but also as a negotiated social identity. Students often experience affirmation online, yet face contradictory reactions offline. HT was concerned about her family's perception of her as "weak," AR refrained from discussions to prevent ridicule, and ZAP admitted to withdrawing socially due to her feelings of being "different."

These reactions suggest that self-diagnosis can intensify social distance rather than alleviate distress (Nurhavina, 2022). In short, labelling offers emotional validation while simultaneously reinforcing isolation.

The findings also show that digital mental health awareness does not operate exclusively as a source of harm. For some students, particularly AR, the introduction of mental health terminology facilitated a clearer understanding of emotional boundaries and the need for self-care. This aligns with emerging scholarship on digital empathy, which suggests that recognising shared online struggles reduces isolation (Paananen et al., 2024). The distinction lies not in awareness itself, but in whether students process it critically. Without reflexivity, awareness becomes performative and driven by trends (Dong et al., 2020). With reflexivity, it can support psychological growth.

This is limited to three Muslim students from IAIN Kerinci who live in a relatively homogeneous religious and social milieu. Consequently, this study's identified interaction patterns between digital labels and spiritual reflection must be examined in other Muslim contexts, such as public colleges, metropolitan settings, or diaspora communities, where social dynamics and religious practices differ. Moreover, this study did not address the temporal dimension (how categorisation and spiritual reinterpretation evolve) because the data were collected through narrative interviews rather than longitudinal observation. This limitation does not undermine the findings; rather, it supports further research using digital ethnography or interpretive phenomenological methods to assess the ongoing impact of algorithms, online communities, and religious practices on the identity formation of digital-native Muslim students. This path could yield stronger theoretical contributions, especially by developing labelling theory in relation to spirituality and digital culture.

CONCLUSION

This study shows that self-diagnosis among Muslim students arises from a digital labelling process in which psychological terms are adopted to articulate emotions and become reinforced through social media algorithms and online interactions. This cycle elevates anxiety, symptom preoccupation, and social withdrawal, shaping identity more than revealing actual clinical disorders. These findings emphasise the value of counselling that helps students unpack the emotional meaning behind the labels rather than rejecting them, enabling a more realistic and stable sense of self. The results also indicate that students reinterpret psychological labels through *muhasabah* and *tazkiyatun nafs*, allowing them to acknowledge emotional struggles without collapsing their identity into pathology. Spirituality therefore functions as a constructive counselling resource for meaning-making and emotional regulation. The study strengthens counselling practices for Muslim youth by advocating an integrative approach that harmonises digital psychological literacy, identity negotiation, and Islamic spiritual reflection. Future research is urged to investigate its implementation in more extensive Muslim educational settings.

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