



Self-Diagnosis in the Social Media Era: Psychological Mechanisms, Risks of Pathologization, and Implications for Counseling

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ABSTRACT

The growing consumption of mental health content on social media has contributed to the emergence of self-diagnosis, particularly when individuals interpret psychological experiences through digital information without professional assessment. This phenomenon creates a paradox between increased mental health awareness and the risks of misinformation, self-labeling, and the pathologization of normal experiences. This article aims to analyze mental health self-diagnosis on social media from a psychological perspective and formulate its implications for counseling services. A conceptual review approach was employed by synthesizing peer-reviewed literature on self-diagnosis, social media, mental health literacy, misinformation, and psychological services. The literature was examined through conceptual-thematic synthesis. Four major themes emerged: social media as a mental health information ecosystem, psychological mechanisms underlying self-diagnosis, the ambivalence between improved literacy and the risk of pathologization, and the need to reconceptualize counseling responses. Self-diagnosis emerges not merely as a consequence of misinformation but as a psychological-digital process involving identification, meaning-making, social validation, and identity formation. This review proposes the VALID framework (*Validate–Assess–Literacy–Interpret–Direct*) to help counselors transform self-labeling into self-understanding through validation, assessment, digital mental health literacy, interpretation, and appropriate professional follow-up. The framework offers a critical-validating approach to developing counseling services that are more responsive to contemporary digital ecosystems.

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1. INTRODUCTION

Digital transformation has changed the ways in which individuals access and interpret information about mental health. Social media platforms such as TikTok, Instagram, and YouTube have increasingly become important sources of information for adolescents and young adults seeking to understand psychological experiences, obtain support, and consider whether professional help may be needed (Lim et al., 2022; Lupton, 2021; Stifjell et al., 2025). This shift has expanded access to mental health knowledge that was previously obtained primarily through psychologists, psychiatrists, counselors, or healthcare institutions. On the one hand, social media has the potential to enhance mental health literacy and reduce stigma; on the other hand, the openness and accessibility of these platforms raise concerns regarding the validity and credibility of the information received by users (Pretorius et al., 2022; Weigle & Shafi, 2023).

The brief, visual, personal, and highly shareable nature of social media makes psychological information easy to consume while also making it vulnerable to oversimplification. Content such as “signs of ADHD,” “hidden signs of trauma,” or lists of anxiety symptoms may encourage users to connect everyday experiences with particular psychological categories without fully understanding the relevant clinical criteria. Yeung et al. (2022) found that 52% of 100 popular TikTok videos about attention-deficit/hyperactivity disorder (ADHD) contained misleading information, while only 21% were considered useful. More recent evidence indicates that fewer than half of the claims regarding ADHD symptoms in popular TikTok content are consistent with professional diagnostic criteria (Karasavva et al., 2025). Misinformation has also been identified across a range of topics, including neurodevelopmental disorders, personality disorders, psychosis, suicide, and mental health treatment (Hudon et al., 2025).

One consequence of this situation is the increasing prevalence of self-diagnosis, referring to the tendency of individuals to identify or label themselves as having a psychological disorder based on their interpretation of information and symptoms without adequate professional assessment. This phenomenon cannot be understood simply as a consequence of insufficient knowledge. Self-diagnosis may serve as a means of making sense of psychological experiences when access to professional services is limited, but it may also develop into a self-fulfilling process and raise questions concerning diagnostic authority (Underhill & Foulkes, 2025). Rutter et al. (2023) found that individuals who believed they “should be diagnosed” with certain internalizing disorders could exhibit symptom levels approaching those of individuals who had received professional diagnoses. Self-diagnosis therefore lies at the intersection of the need to understand psychological distress, access to mental health services, and the abundance of psychological information available in digital environments.

From a psychological perspective, identification is an important mechanism underlying the development of self-diagnosis. Personal and relatable content enables users to recognize similarities between their own experiences and the narratives presented by content creators. Hasan et al. (2023) demonstrated experimentally that exposure to content normalizing anxiety can increase the tendency toward self-diagnosis, particularly through identification with the individuals portrayed. Mental health labels may also become integrated into illness identity and a sense of membership within digital communities (Corzine & Roy, 2024). This vulnerability is particularly relevant among adolescents and young adults because this developmental period is characterized by identity formation, social comparison, and heightened sensitivity to social feedback (Orben et al., 2024; Popat & Tarrant, 2023). Adolescents experiencing certain mental health conditions may also exhibit greater social comparison and heightened sensitivity to digital feedback (Fassi et al., 2025).

The risk of self-diagnosis increases when identification occurs through incomplete or inaccurate information. Common experiences such as difficulty concentrating, mood changes, fatigue, overthinking, or social awkwardness may be presented as direct indicators of a particular disorder without considering duration, intensity, functional impairment, differential diagnoses, or the individual's broader life context. Schiros et al. (2025) found that exposure to ADHD misinformation on TikTok resulted in less accurate knowledge while simultaneously increasing individuals' confidence in that knowledge. The frequency of exposure to ADHD-related content has also been associated with a greater tendency to recommend both high- and low-quality content and with higher estimates of ADHD prevalence (Karasavva et al., 2025). Repeated exposure, social identification, and misinformation may therefore blur the boundary between increasing mental health awareness and the pathologization of psychological experiences that remain within the normal range.

Nevertheless, social media should not be viewed solely as a source of risk. Digital platforms provide opportunities for self-disclosure, peer support, access to information, and connection with individuals who have similar experiences (Vornholt & De Choudhury, 2021). Social media-based interventions also have the potential to reach young people who are not yet connected to conventional mental health services (Kruzan et al., 2022), while the involvement of mental health professionals as content creators can improve mental health literacy and encourage help-seeking (Pretorius et al., 2022). Furthermore, training TikTok creators has been shown to improve the production and reach of evidence-based mental health content (Motta et al., 2024). The central issue, therefore, is not the presence of mental health information on social media itself, but users' ability to distinguish between psychological education, personal experiences, preliminary screening, and clinical diagnosis.

This duality has important implications for counseling services. Counselors are increasingly likely to encounter clients who arrive with diagnostic labels and psychological interpretations obtained from social media. Confirming such labels without adequate assessment may reinforce an unverified diagnosis, whereas directly dismissing them may cause clients to feel that their subjective experiences are being invalidated. Self-diagnosis can therefore be used as an entry point for exploring the sources of information, symptoms, duration, functional impairment, and the meaning that a particular label holds for the client's self-concept (Underhill & Foulkes, 2025). Such an approach should integrate professional assessment with digital mental health literacy, particularly because young users may sometimes determine the credibility of information based on the perceived authenticity of content creators or intuitive judgments rather than on scientific evidence (Lim et al., 2022). Counselors thus have a strategic role in helping clients move from self-labeling toward self-understanding grounded in professional assessment and scientifically informed knowledge.

Although research on social media and mental health has expanded rapidly, the existing literature remains relatively fragmented. Some studies have focused on the effects of social media on mental health (Orben et al., 2024; Weigle & Shafi, 2023), while others have examined the quality and prevalence of misinformation in psychological content (Karasavva et al., 2025; Schiros et al., 2025; Yeung et al., 2022). Other research has explored self-diagnosis and diagnostic identity (Corzine & Roy, 2024; Hasan et al., 2023; Underhill & Foulkes, 2025). Studies of TikTok have also indicated the potential for the dissemination of symptoms and psychopathological behaviors, but a more integrative developmental framework grounded in underlying mechanisms is still needed (Conte et al., 2025). Few studies have conceptually connected the psychological mechanisms of self-diagnosis,

the characteristics of the social media ecosystem, mental health literacy, and professional responses within counseling services. Addressing this gap, this article aims to analyze the phenomenon of mental health self-diagnosis on social media from a psychological perspective and to formulate its implications for counseling services. The novelty of this review lies in integrating self-diagnosis as a psychological-digital process with professional assessment, validation of subjective experiences, psychoeducation, and digital mental health literacy as foundations for developing counseling services that are more adaptive to the contemporary digital ecosystem.

2. METHODS

Research Design

This study employed an integrative literature review to examine the phenomenon of mental health self-diagnosis on social media from a psychological perspective and to identify its implications for counseling services. An integrative review was selected because it allows findings from empirical studies, theoretical discussions, and conceptual literature to be brought together to develop a broader understanding of a complex and emerging phenomenon. In this study, the review focused on the relationships among social media exposure, psychological identification, mental health literacy, self-labeling, self-diagnosis, pathologization, and professional help-seeking.

The review was conducted through a thematic synthesis of relevant literature. Rather than estimating a pooled effect size, the analysis sought to identify recurring concepts, psychological mechanisms, areas of agreement and disagreement, and implications for counseling practice. The synthesis was subsequently used to develop a conceptual framework for understanding self-diagnosis and a proposed counseling response framework, referred to as the VALID framework (*Validate–Assess–Literacy–Interpret–Direct*).

Literature Search Strategy

The literature search focused on peer-reviewed studies addressing mental health, social media, self-diagnosis, mental health literacy, psychological identification, diagnostic labeling, misinformation, and help-seeking. Literature was identified through major academic databases and scholarly search platforms, including Google Scholar, PubMed, Scopus, and Web of Science, using combinations of relevant keywords and Boolean operators.

The main search terms included *“mental health self-diagnosis,” “self-diagnosis” AND “social media,” “mental health” AND “TikTok,” “mental health misinformation,” “mental health literacy,” “diagnostic labeling,” “illness identity,” “self-labeling,” “social media” AND “help-seeking,”* and *“social media” AND “counseling.”* Additional relevant studies were identified by examining the reference lists of key articles and following relevant citations when necessary.

The search strategy was designed to capture literature addressing both the potential benefits and risks of social media as a source of mental health information. Particular attention was given to recent empirical studies examining TikTok and other social media platforms because of their relevance to the contemporary digital environment and the increasing circulation of psychological and psychiatric content through short-form media.

Inclusion and Exclusion Criteria

Studies were considered eligible when they met the following criteria: (1) addressed mental health, psychological experiences, or mental health-related information in social media contexts; (2) examined at least one of the following issues: self-diagnosis, self-labeling, symptom identification, mental health literacy, misinformation, illness identity, social identification, or help-seeking; (3) provided empirical, theoretical, or conceptual contributions relevant to the research objectives; (4) were published in peer-reviewed academic journals; and (5) were available in English.

Studies were excluded when they: (1) focused exclusively on physical health without a clear connection to mental health; (2) did not address social media or digital information environments; (3) consisted solely of non-scholarly commentary, opinion pieces, or popular media content; or (4) did not provide sufficient conceptual or empirical relevance to the phenomenon under investigation.

Because the purpose of an integrative review is to combine different forms of scholarly evidence, no single research design was required for inclusion. Empirical quantitative studies, qualitative studies, systematic or scoping reviews, and theoretically oriented studies were considered when they contributed directly to the development of the conceptual synthesis.

Literature Selection and Data Extraction

The literature selection process involved four main stages: identification, screening, eligibility assessment, and synthesis. Initially, potentially relevant publications were identified based on the predefined search terms. Titles and abstracts were then examined to determine their relevance to the research questions. Studies that appeared relevant were considered in greater detail based on their objectives, population, context, and contribution to the topic.

For each relevant study, information was extracted concerning the author and year of publication, research focus, social media context, population or sample, principal findings, and relevance to the psychological mechanisms or counseling implications of self-diagnosis. Particular attention was given to evidence concerning the quality of mental health information, psychological identification, the adoption of diagnostic labels, mental health literacy, and professional help-seeking.

The extracted information was organized according to conceptual similarities rather than solely according to individual studies. This approach enabled findings from different methodological traditions to be compared and integrated within a common analytical framework.

Data Synthesis and Analysis

The literature was analyzed using thematic synthesis. First, recurring concepts and findings were identified across the selected literature. Second, related concepts were grouped into broader analytical categories. Third, relationships among these categories were examined to identify the psychological and digital mechanisms underlying self-diagnosis. Finally, the resulting themes were integrated to formulate implications for counseling services.

Four major themes emerged from the synthesis: (1) social media as a new ecosystem for mental health information; (2) the psychological mechanisms underlying self-diagnosis; (3) the ambivalence between mental health literacy and the risk of pathologization; and (4) the need to reconceptualize counseling responses to self-diagnosis.

The synthesis further identified a conceptual pathway through which social media exposure may contribute to self-diagnosis: exposure to mental health content → symptom recognition → personal identification → information seeking and reinforcement → self-labeling/self-diagnosis → psychological and help-seeking consequences. This pathway was not treated as a deterministic causal sequence but as a conceptual model for understanding how multiple psychological and contextual factors may interact.

The final stage of the analysis involved translating these findings into implications for counseling practice. The resulting synthesis informed the development of the VALID framework (*Validate–Assess–Literacy–Interpret–Direct*), which emphasizes validation of subjective experience, professional assessment, digital mental health literacy, reconstruction of self-understanding, and appropriate professional follow-up or referral.

Quality and Trustworthiness of the Synthesis

To strengthen the credibility of the review, greater interpretive weight was given to recent peer-reviewed empirical studies and review articles that directly addressed the mechanisms under investigation. Findings from individual studies were not treated as universally generalizable; instead, they were interpreted in relation to their research design, population, context, and specific social media platform. Where findings indicated both beneficial and potentially harmful effects of social media, these perspectives were retained rather than selectively emphasizing one direction.

The conceptual conclusions were therefore derived from convergence across multiple strands of literature rather than from a single study. This approach was intended to provide a balanced interpretation of self-diagnosis as an ambivalent psychological-digital phenomenon, while avoiding the assumption that social media exposure inevitably leads to either beneficial or harmful outcomes.

3. RESULTS AND DISCUSSION

The synthesis of the literature indicates that mental health self-diagnosis on social media is not a single phenomenon caused solely by misinformation. Rather, it develops through the interaction of social media characteristics, individuals' need to understand psychological distress, processes of identification, identity formation, the quality of mental health literacy, and access to professional assistance. Four major themes emerged: (1) social media as a new ecosystem for mental health information; (2) the psychological mechanisms underlying self-diagnosis; (3) the ambivalence between mental health literacy and the risk of pathologization; and (4) the need to reconceptualize responses within counseling services. These themes suggest that self-diagnosis is better understood as a continuum, ranging from initial awareness of psychological difficulties to the adoption of diagnostic labels that have not been professionally validated.

Social Media as a New Ecosystem for Mental Health Information

Social media has shifted part of the authority for producing and disseminating mental health knowledge from clinical settings to more open and participatory digital spaces. Users no longer obtain information exclusively from professionals but also from influencers, peer communities, and individuals sharing personal experiences. This condition offers several benefits, including rapid access to information, social support, normalization of conversations about mental health, and opportunities to recognize the need for help. Vornholt and De Choudhury (2021) found that 51.5%

of university students in their sample had used social media for self-disclosure or to obtain help related to mental health. Meanwhile, Kruzan et al. (2022) demonstrated that social media-based interventions have the potential to reach adolescents and young adults who have not accessed conventional mental health services. Social media has therefore become part of the psychological support ecosystem, although it should not be regarded as a substitute for professional services.

Problems arise when the democratization of information is not accompanied by equivalent mechanisms for quality control. On social media, content visibility is determined primarily by engagement, personal relevance, and algorithmic mechanisms rather than by clinical validity. Yeung et al. (2022) found that 52% of popular TikTok videos concerning ADHD were categorized as misleading, while only 21% were considered useful. Karasavva et al. (2025) further reinforced this concern, reporting that fewer than half of the claims regarding ADHD symptoms in popular videos were consistent with diagnostic criteria, despite the analyzed videos collectively receiving nearly half a billion views. This finding demonstrates a discrepancy between information visibility and information validity. Content that is easiest to find and most engaging is not necessarily the most accurate.

The problem becomes more serious because the format of social media encourages the reduction of complex clinical concepts into simple and easily recognizable narratives. Psychological diagnosis requires consideration of symptom patterns, duration, intensity, functional impairment, developmental context, differential diagnoses, and other psychosocial factors. In contrast, short-form content often transforms these complex constructs into lists of generalized characteristics. Schiros et al. (2025) found that exposure to ADHD misinformation not only reduced the accuracy of users' knowledge but also increased their confidence in that inaccurate knowledge. This creates an important epistemic problem: individuals do not merely receive inaccurate information; they may also become increasingly confident that the interpretations formed from such information are correct.

These findings do not imply that mental health education on social media should be restricted. Instead, social media can serve as an instrument for mental health promotion when content is developed responsibly. Pretorius et al. (2022) demonstrated that mental health professionals who act as influencers have the potential to improve mental health literacy and facilitate the recognition of psychological difficulties. Motta et al. (2024) further found that providing TikTok creators with toolkits and training could improve both the production and reach of evidence-based mental health content. A review by Plackett et al. (2025) of 26 studies also demonstrated the potential of social media campaigns to improve knowledge, attitudes, stigma, and help-seeking behaviors, although changes in behavior were not always sustained over the long term. Thus, the fundamental issue does not lie in social media itself, but rather in the quality of information, how information is processed, and users' ability to interpret it proportionally and critically.

Psychological Mechanisms Underlying Self-Diagnosis

The synthesis of the literature indicates that self-diagnosis does not occur linearly from "seeing content" to "believing that one has a disorder." Between these stages are several psychological processes, including recognition of personal experiences, identification, the search for explanations, social validation, and the internalization of labels. Hasan et al. (2023) demonstrated that the normalization of anxiety through social media increased the tendency toward self-diagnosis, particularly through the mechanism of identification with the individuals portrayed. This finding is important because it indicates that the persuasive power of mental health content

depends not only on the accuracy of the information but also on the extent to which users perceive the content as personally relevant for example, “this person is like me” or “this experience explains who I am.” Under conditions of psychological distress or uncertainty, such perceived similarity may become the basis for adopting a diagnostic label.

Diagnostic labels may subsequently function as frameworks for organizing one’s experiences. Corzine and Roy (2024) demonstrated that diagnoses within social media communities can become connected to illness identity and group membership. Labels such as ADHD, anxiety, depression, or trauma no longer function solely as clinical terms but may also become languages through which individuals explain their experiences, find communities, and obtain validation. Underhill and Foulkes (2025) similarly found that some users perceive self-diagnosis as a pathway toward self-understanding when formal services are difficult to access. Therefore, interpreting all forms of self-diagnosis as attention-seeking behavior or ignorance risks overlooking the underlying psychological functions of the phenomenon.

However, this potentially adaptive function can become problematic when a label becomes the endpoint of understanding rather than an initial hypothesis requiring verification. Individuals may begin to selectively attend to experiences that are consistent with the label while disregarding information that contradicts it. In this context, self-diagnosis may become self-fulfilling: the label influences how individuals attend to, interpret, and describe their experiences (Underhill & Foulkes, 2025). This risk may become greater when users are situated within digital environments that continuously recommend similar content. Although the causal role of algorithms requires further investigation, repeated exposure may narrow the range of information users encounter and strengthen the perception that certain symptoms necessarily represent a particular diagnosis.

Recent evidence indicates that the adoption of mental health labels through social media remains an area that is not yet fully understood. A scoping review by Alexander et al. (2026) identified only 11 studies that met the inclusion criteria concerning mental health labeling in the context of social media use among university students. Most of these studies focused on self-presentation and symptom disclosure rather than on the labeling process itself. The review also indicated that the accuracy of self-diagnosis tends to be higher for common disorders but lower for more complex conditions. These findings reinforce the argument that self-diagnosis should not be evaluated dichotomously as either “right” or “wrong.” From a psychological and counseling perspective, more important questions concern how the label is formed, what function the label serves for the individual, and whether the label directs the individual toward appropriate help or instead reinforces self-pathologization.

Based on this synthesis, the process of self-diagnosis can be summarized as a conceptual pathway: exposure to mental health content → recognition of symptom similarity → personal identification → information seeking and reinforcement → label adoption → consequences for self-concept and help-seeking behavior. This pathway does not necessarily lead to negative outcomes. A provisional label may serve as a trigger for seeking professional help, but it may also develop into a rigid diagnostic identity when it is not accompanied by adequate mental health literacy and professional assessment. Mental health literacy is an important factor in this pathway because higher levels of mental health literacy are positively associated with professional psychological help-seeking (Yang et al., 2024). Therefore, the primary challenge for psychological services is not simply to prevent self-diagnosis, but to ensure that self-awareness emerging from social media can be directed toward more valid understanding and appropriate professional assistance.

Table 1. Synthesis of the Mechanisms of Mental Health Self-Diagnosis on Social Media

Stage	Psychological Process	Potential Adaptive Function	Primary Risk
Content exposure	Obtaining mental health information and narratives	Increasing awareness	Exposure to misinformation
Symptom recognition	Connecting online content with personal experiences	Recognizing psychological distress	Symptom overgeneralization
Identification	Perceiving experiences as similar to those of content creators	Validating personal experiences	Interpreting similarity as evidence of a diagnosis
Information seeking	Searching for relevant content and communities	Expanding knowledge and obtaining support	Confirmation bias and reinforcement of similar information
Label adoption	Using diagnostic terminology to understand oneself	Supporting self-understanding and communication of distress	Self-labeling and rigid illness identity
Subsequent response	Determining actions following self-diagnosis	Professional help-seeking	Self-treatment or postponement of professional assessment

The table illustrates that the critical point in self-diagnosis is not merely the use of a diagnostic label, but the transition from information to diagnostic belief. Therefore, professional responses that focus solely on correcting the label are insufficient. Interventions should also address how individuals evaluate information, understand symptoms, distinguish normative experiences from clinical disorders, and determine when professional assistance is warranted.

The Ambivalence of Self-Diagnosis: Between Mental Health Literacy and Pathologization

Self-diagnosis has an inherently ambivalent character because it can serve as an entry point for increasing mental health awareness while simultaneously creating a risk of pathologizing normal experiences. Easy access to information enables individuals to recognize distress that they previously did not understand, acquire language to communicate their experiences, and become aware of their need for help. In certain contexts, the use of diagnostic labels may represent an initial step toward self-understanding, particularly when access to professional services is limited (Underhill & Foulkes, 2025). This is consistent with evidence showing that mental health literacy is positively associated with the tendency to seek professional psychological help, both directly and through increased social support and reduced stigma toward help-seeking (Yang et al., 2024). Therefore, self-diagnosis does not necessarily indicate a failure of mental health literacy; for some individuals, it may instead represent an initial attempt to understand their psychological condition.

These potential benefits must be distinguished from the tendency toward pathologization, which occurs when normal variations in emotions and behavior are interpreted as evidence of psychological disorders. This boundary can become blurred because many symptoms of mental disorders exist on a continuum with everyday experiences. Difficulty concentrating does not, by

itself, indicate ADHD; mood changes do not necessarily indicate bipolar disorder; and anxiety in response to particular situations does not automatically meet the criteria for an anxiety disorder. Although normalizing discussions of mental disorders may reduce stigma, Hasan et al. (2023) demonstrated that the normalization of anxiety through social media can also increase the tendency toward self-diagnosis through the process of identification. Thus, increased awareness without an adequate understanding of clinical thresholds may produce a paradox of mental health literacy: individuals become increasingly familiar with psychological terminology but are not necessarily more accurate in applying these terms to themselves.

This issue is further reinforced by the distinction between symptom recognition and diagnostic determination. Professional diagnosis does not merely establish whether a symptom is present; it also considers its intensity, duration, developmental pattern, functional impairment, psychosocial context, and possible alternative explanations. Rutter et al. (2023) demonstrated that self-report can have value as a clinical indicator, particularly for internalizing conditions such as depression and anxiety, although its correspondence with professional diagnosis is not uniform across all conditions. The review by Alexander et al. (2026) likewise indicated that self-diagnosis tends to be more accurate for common disorders and less accurate for more complex conditions. This suggests that individuals' subjective experiences remain important and should be validated, but the validity of an experience should not be equated with the validity of the diagnostic label used to explain it.

The synthesis therefore suggests that the central issue is not whether individuals should be allowed to recognize symptoms in themselves, but rather the extent to which such recognition develops into a diagnostic conclusion without adequate verification. From this perspective, self-diagnosis should be treated as a personal hypothesis rather than a final clinical determination. This position allows individuals to maintain agency in understanding their mental health without diminishing the role of professional assessment. It also avoids the dichotomy between the assumptions that "self-diagnosis is always wrong" and that "subjective experience is always sufficient to determine a diagnosis." Self-awareness can be adaptive when it encourages individuals to seek high-quality information and professional assistance, but it can become self-pathologizing when a diagnostic label becomes a rigid identity, narrows the interpretation of personal experiences, or replaces the need for professional assessment.

Implications for Counseling Services: From Self-Labeling to Self-Understanding

These findings call for a shift in how counselors respond to clients who present with self-diagnoses. A confrontational response, such as immediately stating that a diagnosis obtained from social media is incorrect, may create therapeutic distance because the label may have become a way for clients to understand experiences that were previously difficult to explain. Conversely, affirming the label without adequate assessment may reinforce an inaccurate diagnostic conclusion. The findings of Underhill and Foulkes (2025) regarding the tension between professional authority and personal experience highlight the importance of a counseling position that is nonjudgmental while maintaining an epistemic boundary between subjective experience and professional diagnosis. Accordingly, validation should be directed toward the client's experience and distress, rather than automatically toward the diagnostic label.

Based on the literature synthesis, this article proposes the VALID counseling response framework (*Validate–Assess–Literacy–Interpret–Direct*) as a conceptual approach for working with clients who present with self-diagnosis. First, Validate refers to acknowledging the client's experiences, emotions, and reasons for seeking an explanation without immediately confirming or

rejecting the diagnosis. Second, Assess involves exploring symptoms, duration, intensity, functional impairment, developmental context, risk factors, and the sources of information that contributed to the self-diagnosis. Third, Literacy focuses on strengthening mental health literacy by helping clients distinguish educational content, personal experiences, screening instruments, and professional diagnoses. Fourth, Interpret involves reconstructing the meaning of the client's experiences collaboratively so that the focus shifts from “What diagnosis do I have?” toward “What am I experiencing, and how is it affecting my life?” Fifth, Direct involves determining appropriate follow-up actions, including counseling, monitoring, psychoeducation, intervention, or referral to a psychologist or psychiatrist when necessary.

Table 2. The VALID Framework for Responding to Self-Diagnosis in Counseling Services

Stage	Counselor Focus	Example Areas of Exploration	Objective
Validate	Validation of the client's experience	What experiences led the client to feel that the label was relevant?	Build therapeutic alliance and reduce defensiveness
Assess	Comprehensive assessment	Symptoms, duration, intensity, functional impairment, context, and risk	Distinguish subjective experience from diagnostic conclusions
Literacy	Digital mental health literacy	Where was the information obtained, and how was its credibility evaluated?	Develop critical evaluation of digital information
Interpret	Reconstruction of self-understanding	What meaning does the experience have beyond the diagnostic label?	Shift from self-labeling toward self-understanding
Direct	Professional follow-up	Counseling, monitoring, intervention, or referral	Ensure that support is appropriate to the client's needs and within professional scope

The VALID framework positions digital mental health literacy as an integral component of contemporary counseling. Counselors need to understand not only symptomatology but also how algorithms, influencers, online communities, and modes of content presentation shape clients' interpretations of themselves. This is particularly important because young users may evaluate the credibility of information based on the perceived relatability and authenticity of content creators rather than solely on professional competence (Lim et al., 2022). At the same time, higher levels of mental health literacy are associated with a greater tendency to seek professional help (Yang et al., 2024). Thus, digital literacy in counseling should not simply involve teaching clients to “not trust social media”; rather, it should develop their ability to evaluate sources, understand the limitations of digital content, and recognize when information obtained online should be followed by professional consultation.

The framework also emphasizes the importance of maintaining professional boundaries and scope of competence. Self-diagnosis involving complex disorders, suicidal risk, psychosis, eating disorders, severe trauma, or significant functional impairment requires further assessment and, depending on professional scope and the service context, referral to a clinical psychologist or

psychiatrist. In such circumstances, counseling should not be directed toward “proving” or “disproving” a diagnosis, but toward helping clients develop a more accurate understanding of their experiences and access appropriate support. This approach is particularly important because the literature indicates that social media can simultaneously facilitate social support and help-seeking while reinforcing inaccurate information (Kruzan et al., 2022; Plackett et al., 2025).

Conceptually, the findings of this review suggest that responses to self-diagnosis should shift from a corrective approach toward a validating-critical approach. A corrective approach focuses primarily on whether the client's label is right or wrong, whereas a validating-critical approach recognizes subjective experience as important data while systematically evaluating the individual's diagnostic interpretation. This shift is important because the goal of counseling is not to preserve professional authority over diagnostic labels, but to help individuals develop a more accurate, flexible, and functional understanding of themselves. Within this framework, self-diagnosis can be transformed from a potential risk into an opportunity to strengthen self-awareness, mental health literacy, and professional help-seeking.

Conceptual Synthesis: From Digital Exposure to Counseling Response

Overall, this review produces a conceptual pathway connecting the digital ecosystem with professional services. The process can be formulated as follows: exposure to mental health content → symptom recognition → personal identification → information seeking and reinforcement → self-labeling/self-diagnosis → psychological and help-seeking consequences → VALID counseling response → self-understanding and appropriate professional assistance. This model indicates that social media does not deterministically cause self-diagnosis; rather, its influence is mediated by psychological processes, information quality, mental health literacy, individual characteristics, and social context.

The main contribution of this review lies in repositioning self-diagnosis as an ambivalent psychological-digital phenomenon, rather than merely an erroneous behavior resulting from misinformation. This perspective extends previous literature, which has tended to examine social media misinformation, diagnostic identity formation, and help-seeking as separate issues. Integrating these dimensions demonstrates that the fundamental challenge is not simply how to prevent individuals from engaging in self-diagnosis, but how to transform self-diagnosis, once it has occurred, into an opportunity for assessment, literacy development, and self-understanding. In this context, counseling services occupy a strategic position as a bridge between psychological experiences mediated through digital spaces and evidence-based professional assistance.

4. CONCLUSION

The phenomenon of mental health self-diagnosis on social media is a psychological-digital process shaped by the interaction of exposure to mental health information, identification with digital narratives, the need to understand psychological distress, identity formation, mental health literacy, and access to professional assistance. This review indicates that self-diagnosis should not be positioned dichotomously as either an entirely erroneous behavior or a valid diagnosis that can be accepted without verification. Social media can increase awareness, provide peer support, and encourage help-seeking; however, symptom oversimplification, misinformation, repeated exposure, and personal identification may also contribute to self-labeling and the pathologization of psychological experiences that remain within the normal range. Therefore, the critical point of this phenomenon is not merely the use of diagnostic labels, but the process through which symptom recognition develops into diagnostic belief without adequate assessment.

These findings suggest that counseling services need to move beyond purely corrective responses toward a validating-critical approach that acknowledges clients' subjective experiences while maintaining professional assessment and critical evaluation of digital information. The VALID framework (*Validate–Assess–Literacy–Interpret–Direct*) proposed in this review offers a structured pathway involving validation of the client's experiences, assessment of the client's condition and the sources underlying the self-diagnosis, strengthening of digital mental health literacy, reconstruction of self-understanding, and determination of appropriate follow-up or professional referral. Through this approach, self-diagnosis can be treated as an entry point toward more accurate self-understanding and appropriate help-seeking rather than as a final clinical conclusion.

Further research is needed to empirically examine the VALID framework across diverse social media user populations and counseling contexts so that its effectiveness, applicability, and practical relevance can be evaluated systematically.

DECLARATIONS

Author Contributions

A.A: Conceptualization, literature identification and synthesis, development of the conceptual framework, analysis and interpretation, writing of the original draft, and revision of the manuscript.

D.A: Theoretical integration, critical review of the conceptual framework, interpretation of the literature, supervision, and writing, review, and editing.

L.L: Contribution to the conceptual development, literature review and interpretation, critical review of the manuscript, and writing, review, and editing.

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Conflict of Interest

The authors declare no conflict of interest.

Ethical Approval

Ethical approval was not required because this study was a conceptual paper based exclusively on the synthesis and analysis of previously published literature and did not involve human participants, animals, or the collection of primary data.

Data Availability

No new data were generated or analyzed in this study. The study was based on previously published scholarly literature.

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No AI or AI-assisted tools were used in the conceptual development, analysis, or substantive writing of this manuscript. The authors are fully responsible for the content of the manuscript

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