The impact of psychological self-diagnosis on mental health among young adults in Albania: Shkodra's case

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Abstract

Purpose: This study explores the psychological and social factors influencing self-diagnosis of mental disorders among individuals aged 18–35 in Albania, with particular attention to the role of social media, stigma, and limited access to professional mental health care.

Design/methodology/approach: A qualitative research design was employed, utilizing focus group discussions with 24 participants across four demographically diverse groups. Reflexive thematic analysis was used to identify recurring themes related to mental health perception, self-diagnosis, and online media influence.

Findings: Findings indicate that self-diagnosis is driven by a complex interplay of media exposure, lack of psychoeducation, social stigma, and healthcare inaccessibility. Participants reported difficulty differentiating normal emotional experiences from clinical disorders and often relied on social media for mental health information. Self-diagnosis was described as both empowering and disorienting, with implications for identity formation and help-seeking behavior.

Research limitations/implications: *The study's qualitative scope and limited sample size restrict generalizability. Future research should adopt mixed methods and cross-cultural comparisons to deepen understanding of self-diagnosis dynamics.*

Practical implications: *The results suggest a need for targeted psychoeducation, increased access to professional care, and ethical oversight of mental health content in digital media environments.*

Social implications: *The findings underscore the broader societal impacts of misinformation and stigma on mental health outcomes, especially in emerging democracies with limited health infrastructure.*

Originality/value: *This study provides novel insights into self-diagnosis in a Southeast European context, contributing to global discourse on digital mental health, stigma, and youth vulnerability.*

Keywords: *Self-diagnosis, mental health, social media, stigma, youth, Albania*

Introduction

Since the world started getting its dopamine from scrolling and swiping, most of the mental health problems started rising. This shift has coincided with a notable rise in reported mental health issues. In this context, empathy has become a strategic tool, often used by social media content creators not for genuine connection, but as a means to increase engagement metrics and outperform competitors.

How are these trends connected? Hassan and Barber (2021) suggest that individuals experiencing psychological distress may become more susceptible to accepting information at face value, particularly when it resonates with their emotional state. Although this study is relatively recent, it seems that many content creators have long recognized this psychological vulnerability and leveraged it for commercial gain. By producing relatable content about mental health, whether humorous or serious, creators can trigger identification in viewers, leading them to believe they might suffer from the same condition.

For example, a short video discussing Obsessive-Compulsive Disorder (OCD) may depict behaviors that seem familiar to a wide audience. Viewers, lacking clinical knowledge, may interpret these similarities as evidence of having OCD themselves. This phenomenon can initiate a cycle of self-diagnosis and psychological distress, wherein individuals begin to shape their self-concept and identity around an assumed mental health condition, often without professional assessment or guidance. Crucially, such as misinterpretations often arise from a failure to differentiate between natural emotional fluctuations and clinical pathology. For instance, experiencing occasional sadness, low energy, or emotional withdrawal is a normal part of human life and does not, in itself, indicate clinical

depression. Similarly, a preference for organization or perfectionism does not automatically suggest OCD, nor does being energetic or distractible necessarily imply ADHD. However, due to widespread psychoeducational deficits, many individuals do not possess the conceptual tools needed to critically assess their own mental states, leading them to rely on simplified digital narratives as frameworks for self-understanding.

In Albania, these global phenomena intersect with specific cultural and historical dynamics. As a post-communist society undergoing rapid social and economic change, Albania has seen significant shifts in how mental health is perceived and discussed. For decades, mental illness carried a heavy stigma, often associated with weakness, social deviance, or even danger. Despite some progress, professional mental health services remain underutilized, in part due to deep-rooted stigma and mistrust, but also due to limited access, especially in non-urban areas. In this context, many young Albanians find themselves caught between traditional cultural norms that discourage psychological openness and globalized media influences that promote constant self-analysis and emotional exposure.

Moreover, Albanian youth are increasingly exposed to Western cultural models, particularly through social media, and often seek to align themselves with global discourses around mental health, identity, and self-expression. This desire to "belong" to global youth culture fuels the adoption of concepts, labels, and narratives that may not fully align with their lived realities. The language of therapy, diagnosis, and emotional struggle is now part of everyday conversation among many young Albanians, often mediated through memes, short videos, and personal testimonials online. Yet in the absence of structured psychoeducation, this cultural borrowing can lead to over-pathologizing ordinary experiences, creating a generation that feels both hyper-aware of its mental health and disconnected from professional care.

Compounding this issue is the persistent stigma surrounding therapy and psychological help-seeking. Many Albanians, especially in traditional or conservative environments, continue to associate psychotherapy with severe mental illness or personal failure. As a result, instead of seeking professional guidance, individuals turn to social media as a more accessible, anonymous, and socially acceptable space to explore their emotional challenges. Here, they find content that may feel validating but is rarely diagnostic or clinically reliable. Self-diagnosis becomes a form of emotional self-regulation, a way of naming internal struggles and making sense of distress, without the perceived risk of social judgment or professional scrutiny.

The privatization of mental health, shaped by algorithms, social comparison, and global narratives, raises concerns about the loss of clinical accuracy and the potential for increased psychological distress. When individuals self-identify with a disorder without professional evaluation, they may engage in maladaptive coping

strategies, avoid evidence-based treatments, or internalize stigmatizing identities that limit their social and emotional development. The emotional economy of social media, where vulnerability is often rewarded with attention and validation, can unintentionally incentivize exaggerated or misinterpreted self-disclosures, blurring the lines between authentic emotional expression and performance.

In this regard, self-diagnosis must be understood not as an isolated behavior, but as part of a broader cultural and psychosocial process in which media narratives, social pressures, and psychological needs converge. Therefore, the need for increased mental health literacy, culturally sensitive psychoeducation, and accessible psychological services is more urgent than ever. Ultimately, the research aims to open a dialogue about how global mental health discourse is interpreted and lived within local contexts, and how societies like Albania can face the challenges and opportunities that come with this evolving reality.

Purpose of the study

This study aims to explore how individuals aged 18-35 in Shkodër, Albania perceive and practice psychological self-diagnosis, as well as the impact of this phenomenon on their mental well-being, self-perception and their behavior towards seeking professional help. In a post-communist context and with the strong influence of social media, the aim is to understand how non-professional sources of psychological information interfere with the construction of emotional identity and the relationship with psychological symptoms. The study also aims to identify cultural and social barriers the affect the use of mental health services, as well as the alternative self-medication strategies that individuals undertake.

Limitations of the study

This study has several limitations that affect the scope and interpretation of its findings. As a qualitative inquiry, it does not aim for statistical generalizability but focuses on exploring subjective experiences and perceptions of self-diagnosis among individuals aged 18-35 in Shkodër, Albania. The use of purposive sampling may have limited the demographic diversity of participants. But despite these constraints, the study offers valuable insight into an emerging psychological and social phenomenon with significant relevance for mental health discourse and practice.

Research questions

- What are the main sources of information that influence the formation of these personal diagnoses?
- How does self-diagnosis affect individuals' self-perception, mental well-being, and behavior toward seeking professional help?
- What alternative strategies do participants use to cope with emotional difficulties in the absence of professional help?
- How does social stigma affect the process of self-diagnosis and help-seeking?

Literature review

Psychological Self-Awareness and Self-Evaluation

The foundation of self-diagnosis lies in an individual's capacity for self-awareness, self-reflection, and self-evaluation (Knof et al., 2024). These concepts have long been central in psychological theory, particularly in the works of Carl Rogers and Albert Bandura, who provided critical frameworks for understanding how individuals perceive themselves and their internal states.

According to Carl Rogers' Self Theory (1951), individuals possess a self-concept, which encompasses their beliefs, values, and perceptions about who they are. Rogers emphasized the importance of congruence between the "real self" (how a person perceives themselves) and the "ideal self" (who they wish to be). When a discrepancy exists between these two, individuals experience incongruence, which often manifests as psychological discomfort or dissatisfaction. In contemporary digital contexts, such incongruence may drive individuals to seek explanations or labels for their distress, sometimes through self-diagnosis. In this sense, self-diagnosis is used as a coping mechanism, to reduce internal conflict, by offering an external justification.

In parallel, Albert Bandura's theory of self-efficacy (1977) refers to self-efficacy as an individual's belief in their ability to interpret and respond to emotional challenges. When individuals perceive themselves as ineffective in dealing with psychological stress or emotions, they are more likely to seek external validation or frameworks that help them make sense of their experience. In this regard, self-diagnosis may function as an attempt to regain control.

Stigma, Self-Stigma and the Role of Social Media
in Psychological Help-Seeking

An important factor that influences the prevalence of self-diagnosis is the social stigma surrounding mental health, particularly the negative perceptions attached to seeking professional help. According to Corrigan's (2002) model of mental health stigma, stigma exists at two levels, one is public stigma and the other is self-stigma. Public stigma refers to the prejudicial attitudes and discriminatory behaviors that society directs towards individuals with mental illness or those seeking therapy. These public narratives are then internalized by individuals, resulting in self-stigma, a process in which individuals apply negative stereotypes to themselves, leading to shame, lowered self-esteem, and ultimately avoidance of professional help. This internalized stigma significantly contributes to the decision to self-diagnose, allowing individuals to recognize their emotional struggles without having to expose themselves to societal judgment through formal diagnosis or therapy.

The proliferation of digital media has transformed how mental health is discussed and understood. In recent years, social media platforms have become the primary source of mental health information for many young people, especially in countries where psychoeducation is limited and mental health services are underutilized. According to Repeated Exposure Theory (Moreno et al., 2013), frequent exposure to certain messages leads individuals to accept these narratives as normal or accurate representations of their own experiences. Moreover, Media Priming Theory (Nabi, 2009) suggests that repeated exposure to media narratives shapes cognitive frameworks, priming individuals to interpret their emotional and behavioral experiences in line with what they consume. This effect is intensified by Social Comparison Theory (Festinger, 1954), as individuals measure their emotional and psychological states against the experiences of others portrayed online. The result is a normalization of diagnostic labeling, often driven not by clinical need, but by a desire to belong, understand, or explain oneself.

Emotional Normality versus Psychopathology

One of the central issues in the phenomenon of self-diagnosis is the difficulty individuals have in distinguishing between normal emotional experiences and symptoms of psychological disorders. This ambiguity is often magnified by limited psychoeducation, cultural misperceptions about mental health, and the simplified diagnostic narratives online. To understand how these blurred boundaries impact self-diagnosis, it is essential to explore the theoretical underpinnings of emotional normality versus psychopathology, particularly as articulated by Aaron Beck, Judith Beck, and other cognitive theorists.

According to Beck's Cognitive Theory of Emotional Disorders (Beck, 1967), emotional responses such as sadness, fear, and frustration are normal and adaptive in many life situations. However, dysfunctional patterns of thinking, such as catastrophizing, overgeneralization, or persistent negative automatic thoughts, can lead to emotional states that meet the criteria for psychological disorders. Judith Beck (2011) emphasizes that context, duration, intensity, and functional impairment are key criteria in distinguishing normal emotional states from clinical conditions. Research by Furnham and Stacey (1991) found that individuals often rely on simplified, binary models of mental health (seeing oneself as either "well" or "ill", which leads to rigid categorization of emotional states. Additionally, scholars such as Horwitz and Wakefield (2007) argue that society increasingly interprets ordinary sadness or worry as symptoms requiring medical intervention, a phenomenon they refer to as "the loss of sadness".

Literature Empirical Findings

A growing body of empirical research has begun to examine the phenomenon of psychological self-diagnosis, particularly in the context of widespread access to digital media and increased public discourse on mental health. Studies have investigated the prevalence, drivers, and consequences of self-diagnosis across different populations, offering valuable insights into its psychological, social, and cultural dimensions.

A qualitative study by Underhill and Foulkes (2024) explored attitudes toward self-diagnosis of mental disorders on Reddit, analyzing 1195 user comments. The findings revealed five key themes, including tensions over who holds diagnostic authority, the role of self-diagnosis as a coping strategy in an accessible mental health system, and the perception that adolescents are especially prone to social media-induced self-diagnosis. The study highlighted both derision and validation in public discourse, telling that while self-diagnosis can offer a sense of understanding, it may also lead to loss of credibility in genuine help-seeking.

A quantitative pilot study by Armstrong et al. (2025) examined youth entering mental health treatment in Canada. All participants reported frequent engagement with online mental health content, with social media usage significantly predicting self-diagnosis behaviors. Notably, many participants believed they had diagnoses not given by clinicians, and these beliefs where strongly associated with viewing content on platforms such as YouTube and TikTok.

In the United States, Tse and Haslam (2024) employed structural equation modeling with a nationally representative sample of 474 adults to investigate predictors of self-diagnosis. This study found that individuals with broader concepts of mental disorder, i.e., more expansive understanding of what constitutes a mental illness, were significantly more likely to self-diagnose. This relationship held independently of actual distress, mental health literacy, or stigma.

From a sociocultural angle, Corzine and Roy (2024) discussed how identity formation on social media can promote self-diagnosis as a means of ingroup belonging. Their review highlighted phenomena such as "Munchausen by Internet" and mass sociogenic illness, emphasizing that online communities may foster environments where diagnostic labels are prerequisites for participation and validation. These dynamics suggest that social contagion and performative identity play roles in shaping self-diagnosis trends among youth.

Foster and Ellis (2024) analyzed the influence of TikTok content on adolescents' self-diagnosis practices, applying social psychological theories of identity, belonging and self-labeling. The study argued that self-diagnosis is a complex response to barriers in healthcare access. Another perspective comes from Ahuja and Fichadia (2024), who addressed the romanticization and glorification of mental illness on social media, particularly among Generation Z. The authors argue that while increased awareness is beneficial, the popularization of self-diagnosis through memes and trends may trivialite genuine disorders and reinforce misconceptions, thereby complicating the task of mental health professionals and potentially undermining destigmatization efforts.

Lastly, the global variability in stigma and its impact on self-diagnosis has been documented by Ahad et al. (2023). Their cross-cultural review showed that stigma remains a significant barrier to help-seeking and contributes to avoidance of professional care in favor of self-diagnosis.

Gaps in the Literature

Despite the growing scholarly attention toward this topic, several notable gaps persist in the existing body of research. Much of the available literature focuses on Western populations, leaving a significant gap in understanding how self-diagnosis manifests in developing or transitional societies, such as Albania and other Balkan countries.

Few studies have examined the long-term psychological effects of self-diagnosis, especially in terms of how it may influence identity formation, decision-making regarding professional help-seeking. Also, existing literature tends to treat self-diagnosis as an isolated phenomenon, without adequately situating it within broader social, economic, and cultural frameworks, such as globalization, medical consumerism, and the commodification of mental health online. In the Albanian context, for instance, the desire for cultural alignment with Western norms may influence how young people internalize and replicate digital mental health discourses, a perspective that is currently missing from scholarly work.

These gaps highlight the need for comprehensive, culturally sensitive, and developmentally nuanced studies that go beyond mere description of trends and aim to theorize the psychological, social, and structural mechanisms underpinning self-diagnosis in underrepresented populations.

Methodology

Research Approach

This study was conducted within the framework of qualitative research, aiming to deepen the understanding of experiences and perceptions related to the phenomenon of psychological self-diagnosis. The qualitative method was chosen due to the exploratory nature of the topic, where the goal is to extract rich and detailed data about the subjective dimensions of human experience. Specifically, the focus group method was employed, which allows open dialogue among participants and highlights diverse perspectives within a social and cultural context.

Participants and Sampling

The sample consisted of 18 participants, divided into three focus groups of six members each. Participants were individuals between 18 and 35 years, purposefully selected to ensure representation across different age groups within this range, taking into account gender and socio-economic background. The selection aimed to include individuals with direct or indirect experience and awareness of psychological self-diagnosis phenomena through their personal or social context. The division into age groups (18-24, 25-29, and 30-35 years) was made to assess whether perceptions vary according to age.

Data Collection

Data were collected through three focus groups conducted physically in appropriate and quiet settings in the city of Shkodër. Each focus group was moderated by a trained facilitator who employed a semi-structured interview guide with open-ended questions. This format enabled free and in-depth discussions, revealing participants' experiences and perceptions regarding self-diagnosis and its impact on psychological well-being. Each session lasted approximately 60 minutes and was audio-recorded with the prior consent of participants for transcription and subsequent analysis.

Study Instrument

The focus group guide consisted of open-ended questions designed to stimulate reflection and discussion on key study themes, including: personal experiences

and perceptions related to psychological self-diagnosis; the influence of media and online sources on shaping these perceptions; differentiation between normal emotional states and psychological disorders; barriers and motivators for seeking professional psychological help.

Procedure

Before conducting the focus groups, participants were fully informed about the study's aims and provided written informed consent. They were also assured of the confidentiality and anonymity of their responses and their right to withdraw from the study without any consequences. The focus groups took place in neutral and comfortable environments designed to encourage open and candid discussions, where participants felt free to express their thoughts and experiences.

Data Analysis

The audio-recorded data were transcribed verbatim and analyzed using thematic analysis following the approach outlined by Braun and Clarke (2006). The process involved several stages: familiarization with the data through repeated readings of the transcripts; initial coding to identify significant data segments; collating codes into overarching themes; reviewing and refining themes to ensure coherence and consistency; interpreting and reporting themes in alignment with the research objectives.

Ethical Considerations

The study adhered to the highest ethical standards in psychological research. Participants provided informed consent after being fully informed about the purpose, nature, and procedures of the study. Data were treated confidentially, and anonymity was ensured through the use of coding and exclusion of identifying details in analysis and reporting. Participants were free to refuse or withdraw from participation at any time without repercussions. Additionally, measures were taken to address the emotional sensitivity of the topic and to provide support if needed.

Findings

The analysis revealed several key themes that reflect the perceptions, experiences and impacts of psychological self-diagnosis in the daily lives of the participants. The identified themes are the result of systematic coding and interpretation of transcripts, and reflect the complex nuances of the phenomenon in the Albanian context.

Theme 1:
Self-Diagnosis As a Feeling of Empowerment, But Also Confusion

One of the most prominent and consistent themes that emerged from the focus group analysis was the perception of self-diagnosis as a way to take control of one's psychological well-being. Participants saw this phenomenon as a way to take control of empowerment, where the individual takes an active role in recognizing and understanding their symptoms, avoiding exclusive dependence on mental health professionals. This aspect of "taking the diagnosis into one's own hands" is often described as an attempt at greater autonomy and self-awareness, appearing as a reaction to the lack of easy access to psychological services, but also as a reflection of the contemporary trend towards self-improvement and personal health management.

"*When I look online for my symptoms, I feel like I have an answer in my hand, something that helps me not be alone with what I am feeling.*" (Focus Group 1, participant 3, 22 years old)

This sense of empowerment has a positive impact on self-esteem and a sense of personal capacity to cope with psychological challenges. Furthermore, it helps reduce feelings of isolation and insecurity, as participants feel equipped with information and tools to navigate the complex world of mental health.

However, at the same time, participants highlighted that this practice is often accompanied by confusion and uncertainty, especially due to the large amount of information distributed on the internet, which is sometimes contradictory. For many of them, there is a lack of clear dividing lines between what is considered "normal" and "clinical problem", creating additional dilemmas and anxiety.

"*At first I thought I had depression, but then I realized that maybe it was just a bad day that everyone goes through.*" (Focus Group 2, participant 1, 27 years old)

The ambivalence reflects a deep gap between the desire for knowledge and control over oneself and the need for professional support and expertise. Participants expressed the need for a clearer and more reliable guide that can help in interpreting symptoms and in distinguishing between normal emotional reactions and situations that require clinical intervention.

Theme 2:
The Difficulty in Differentiating Between Natural Emotions and Psychological Problems

Another essential theme that emerged in the focus group analysis was the difficulty of participants in making a clear distinction between natural emotional experiences and possible signs of psychological disorders. This challenge appears

as a direct consequence of the lack of in-depth psychological knowledge in the public, but also as a result of the bombardment of uncontrolled and often contradictory information from unreliable sources, especially on the Internet and social networks. Participants expressed a perception that concepts such as "depression" and "anxiety" have become somewhat of a "label" used loosely in everyday conversation, sometimes leading to an over- or under-reporting of symptoms.

"Now everything seems like depression or anxiety. Sometimes I get the impression that many people are giving too much importance to emotions that are simply a normal part of life." (Focus Group 3, participant 4, 31 years old)

This "dissemination of normality" creates a gap where individuals feel uncertain about what is a normal emotional reaction and what constitutes a clinical problem that requires professional intervention. Furthermore, this situation contributes to the risk of inaccurate self-diagnosis and failure to recognize the need for adequate help.

Theme 3:
Media and the Impact of Social Networks

The focus group analysis highlighted that social media and online sources have become main source of information about psychological diagnoses and different symptoms. Participants often mentioned that they gained knowledge mainly from videos, blogs, and discussions on social networks, emphasizing the strong influence that these platforms have on their perception.

"I often see videos on Instagram or TikTok that talk about anxiety or ADHD and I understand a lot of them in myself. But I'm not sure if it's accurate." (Focus Group 1, participant 5, 20 years old)

"I've seen a lot of posts that describe symptoms of depression, and sometimes I feel like I'm fulfilling them, but I don't know if I should worry or not." (Focus Group 2, participant 3, 24 years old)

"On TikTok there are a lot of videos that talk about different disorders, and people do tests or diagnose themselves. This makes me think that it's becoming very easy to say 'I have a problem'." (Focus Group 3, participant 1, 29 years old)

A large proportion of participants expressed a sense of uncertainty and confusion due to the lack of reliable and professionally vetted sources on the internet.

"Sometimes I feel like there is too much information and it is not always accurate. People post everything without thinking and it gets confused with what is real." (Focus Group 1, participant 2, 21 years old)

Participants also noted that, although social media helps in sharing experiences and reducing feelings of isolation, it can also foster anxiety and inaccurate self-diagnoses, due to the nature of the rapid and raw consumption of content.

"*There are many people who use the internet to look for answers, but without the help of experts, it is like searching in the dark.*" (Focus Group 2, participant 6, 27 years old)

Overall, this theme highlights the tension between the advantages that social media offers in accessing information and the risks arising from misinformation and lack of adequate psychological education.

Theme 4:
Fear of Stigma and Obstacles in Seeking Professional Help

Another theme with a strong presence in the focus groups was the fear of social stigma and prejudices related to seeking psychological help. This fear manifests itself as a major barrier that prevents individuals from expressing their concerns and seeking professional treatment, leading to concealment, isolation and in some cases worsening of the psychological state.

Participants described stigmatization as a deeply rooted cultural and social phenomenon, where mental health is often seen as a sign of weakness, incompetence or madness. This perception contributes to feelings of shame and fear of judgment from family, friends and the wider community.

"*I don't want people to see me as crazy, so I prefer not to talk about my problems.*" (Focus Group 2, participant 2, 28 years old)

"*In Shkodra, and beyond, it is very difficult to admit that you need a psychologist. You are often treated as if you are weak or as someone who cannot cope with life.*" (Focus Group 1, participant 4, 25 years old)

This social stigma directly affects the way individuals perceive themselves and their personal worth. For many, the presence of psychological problems is seen as a personal failure, increasing feelings of guilt and low self-esteem.

"*I think a lot of people don't seek help because they feel like they're admitting they're weak, which is unacceptable to them.*" (Focus Group 3, Participant 3, 33 years old)

Another consequence of this stigma is the preference to deal with problems in silence and avoid discussing them, even with close family members.

"*Sometimes it's easier to deal with everything alone than to open up and feel judged or rejected.*" (Focus Group 2, Participant 5, 29 years old)

This pattern of silence and humiliation constitutes a major obstacle to early intervention and improving mental health in the community. Participants emphasized that the lack of community support and public education in this area exacerbates the situation.

"*We don't have enough education about mental health; people don't understand the importance and continue to stigmatize anyone who has psychological problems.*" (Focus Group 1, participant 6, 23 years old)

Theme 5:
Perceptions about the Psychologist

A theme that emerged widely across all focus groups was the ambivalent perception that participants have towards the figure of the psychologist and the process of seeking professional help. For most, the psychologist was still seen as a "last resort", to be used only in extreme cases or by individuals considered to have "big problems".

"*People here think that the psychologist is for crazy people. No one goes just to talk, they will judge you.*" (Focus Group 3, participant 2, 31 years old)

In addition to negative perceptions, participants also mentioned economic and practical barriers to accessing professional help. Psychological help was often seen as a "luxury" or unaffordable, especially for the young and unemployed.

"*Even if I wanted to go, I don't have the financial means. The prices are high and there is no help from the state.*" (Focus Group 2, participant 5, 25 years old)

Another obstacle was distrust in the professionalism of psychologists, due to lack of direct experience, lack of information, or negative experiences of acquaintances.

"*I have heard cases where people went and didn't help at all, sometimes it seems like a waste of time.*" (Focus Group 1, participant 6, 22 years old)

Faced with these obstacles, many participants use alternative self-medication strategies to manage psychological concerns. The most mentioned were searching for information online, trying to self-regulate emotions, talking to trusted friends or family, and simple practices such as walking, listening to music, or physical activity.

"*When I feel bad, I usually search the internet for what I can get and what I can do on my own to get through it.*" (Focus Group 1, participant 3, 20 years old)

"*I can't go to a psychologist, but I talk to my friends, I try to keep myself busy with things that relax me.*" (Focus Group 2, participant 4, 27 years old)

Although these strategies help in the short-term management of symptoms, some participants felt that they are not always sufficient, and can often lead to postponing professional treatment, increasing the emotional burden.

"*I know I'm not solving the problem, but it's better than doing nothing.*" (Focus Group 3, participant 1, 29 years old)

Theme 6:
Diagnosis as Identity

Another important finding was the way in which self-diagnosis influences the construction of self-perception and the way participants interact with others. Many of them described a process of internalizing the diagnosis, seeing it as an important part of their identity, often in a limiting or reductive way.

"*After I thought I had ADHD, I started to blame it all the time. It seemed like everything I did was because of it.*" (Focus Group 2, participant 1, 23 years old)

This approach often creates a division between the "normal self" and the "diagnosed self," producing identity confusion and sometimes a kind of "shelter" behind a label that provides simplified meaning for the feelings or difficulties experienced.

"*I don't know if I really have a disorder, but it's easier to explain myself when I give it a name.*" (Focus Group 1, participant 2, 21 years old)

Interpersonally, some participants expressed a sense of distrust and lack of validation from others when sharing self-diagnoses. This generates feelings of rejection or underestimation.

"*When I told my friend that I was experiencing anxiety, she said 'me too sometimes', as if it didn't matter.*" (Focus Group 3, participant 6, 26 years old)

Others noticed that the diagnosis began to be used as an excuse for certain behaviors, which affected their motivation to cope with difficulties or to seek professional help.

"*When I told myself 'You have anxiety', I felt like I was no longer responsible for anything that happened around me.*" (Focus Group 2, participant 4, 24 years old)

In essence, this topic raises important questions about the danger of reducing oneself to a psychological label and about the relationship between self-diagnosis and self-responsibility. Some participants expressed a desire to find a balance between self-understanding and non-limitation, acknowledging feelings without totally identifying with them.

"*I believe that sometimes we are just sad or tired, without the need to diagnose ourselves.*" (Focus Group 1, participant 5, 30 years old)

This finding under outlines the need for balanced education in the field of psychology that helps individuals understand themselves without narrowing their identity in pathological terms, as well as for building a culture that promotes empathy without hyper-diagnosis.

Long-Term Impact on Psychological Well-Being and Decision-Making

This topic marked a deeper reflection by participants on the long-term consequences of self-diagnosis, both on daily well-being and on the psychological decision-making process. In most cases, participants indicated that after starting to identify with a self-imposed diagnosis, they changed the way they face challenges, how they understand emotions, and how they build expectations for themselves.

"*After I started thinking that I had depression, I felt like I shouldn't expect too much from myself. Everything seemed harder to me.*" (Focus Group 3, participant 5, 26 years old)

Self-diagnosis, in some cases, became a kind of "script" for behavior and perception of reality, affecting self-confidence, capacity to cope with stress, as well as motivation to take steps for change.

"*Sometimes I feel like I use this 'diagnosis' as an excuse not to do certain things.*" (Focus Group 2, participant 3, 30 years old)

However, some participants experienced self-diagnosis as an initial process of awareness, which helped them to stop and reflect on their emotions and psychological needs.

"*It helped me understand that I am not always well, and that I probably need help. But it opened up more dilemmas for me than it gave me solutions.*" (Focus Group 1, participant 2, 24 years old)

This ambiguity between help and hindrance illustrates that self-diagnosis has the potential to be a psychological crossroads: it can serve as a catalyst for increased awareness, but it can also create psychological blockages and rigid expectations of oneself and the future.

"*I caught myself thinking that I would never get better, because this is 'my problem'. It makes me feel helpless.*" (Focus Group 3, participant 1, 29 years old)

In this context, self-diagnosis can also affect one's relationship with time and personal progress. Several participants mentioned a feeling of being frozen in an emotional state, where psychological identity becomes an obstacle to personal development.

"*I feel like I'm stuck with this idea that I have a certain problem, and I can't get out of it.*" (Focus Group 2, participant 6, 27 years old)

Discussion

The participants in this study revealed complex and often conflicting attitudes toward self-diagnosis. On one hand, the act of self-diagnosing was perceived as a form of empowerment and autonomy in navigating emotional struggles in a context of limited access to professional care. On the other hand, it was also associated with confusion, anxiety, and identity entanglement, particularly when self-diagnosis was based on unreliable or oversimplified information from social media. The normality of self-diagnosis, that underscores the difficulty experienced in distinguishing between normative emotional experiences and signs of clinical pathology, aligns with the concept of "concept creep" (Haslam, 2016), wherein the definitions of mental disorder have expanded, leading individuals to interpret normal distress as a symptom of mental illness.

Another central finding was the persistence of stigma, both public and self-directed, in relation to seeking professional psychological help. Corrigan's (2012) model of mental health stigma is highly relevant. Public stigma leads to self-stigma,

reducing the likelihood of help-seeking. Participants reported feeling ashamed or fearful of judgement, leading them to rely on self-diagnosis and alternative coping mechanisms rather than engaging with mental health professionals. In Albania, where mental health infrastructure is limited and societal attitudes toward mental illness remain conservative, this stigma is compounded by logistical and cultural barriers to accessing care.

The findings have several implications. Clinically, they highlight the urgent need for increased access to mental health education and services, particularly targeted at youth and young adults. Psychoeducational campaigns should aim to clarify the distinction between emotional discomfort and clinical disorders, thereby mitigating the over-pathologization of normal experiences.

Socially, there is a need to challenge stigma through culturally sensitive public discourse and policy reform, reducing barriers to care and promoting trust in mental health professionals. Given the role of social media, regulatory frameworks could also consider the ethical responsibilities of content creators who disseminate mental health information.

Conclusion

Self-diagnosis emerges as a complex and multifaceted phenomenon shaped by the convergence of digital media influence, societal stigma surrounding mental health, and systemic barriers to accessing professional psychological services. In contemporary society, especially within emerging democracies such as Albania, individuals, particularly those aged 18–35, increasingly turn to online platforms for mental health information, often in the absence of affordable or accessible professional care. While this self-directed approach to mental health may offer temporary relief, a sense of agency, or validation for emotional experiences, it also introduces significant risks. These include misidentification of symptoms, over-pathologization of normal emotional states, internalization of stigmatizing labels, and the potential for prolonged psychological distress due to delayed or inappropriate intervention.

Furthermore, the widespread dissemination of mental health content on social media, often presented by unqualified individuals or driven by algorithmic engagement rather than clinical accuracy, can amplify confusion and reinforce unhealthy self-perceptions. This environment not only perpetuates misinformation but also distorts the public understanding of mental illness and its treatment.

To mitigate these challenges, a comprehensive and integrated response is required, one that combines psychoeducational initiatives to improve mental health literacy, policy reforms that enhance access to care, and strategic clinical outreach tailored to digitally connected populations. Special attention must be given to

vulnerable youth who are simultaneously navigating identity development, socio-economic uncertainty, and pervasive digital engagement. In this socio-political context, ensuring accurate, accessible, and destigmatized mental health resources is essential for promoting informed help-seeking behaviors and safeguarding psychological well-being.

Recommendations

Based on the findings of this study, several recommendations are proposed to address the growing phenomenon of self-diagnosis of mental health conditions, particularly among young adults in Albania.

There is an urgent need for the development and implementation of comprehensive psychoeducational programs aimed at improving mental health literacy across the general population. These programs should focus on clarifying the distinctions between normal emotional fluctuations and clinical psychological disorders, thereby reducing the prevalence of misdiagnosis and over-pathologization. Public awareness campaigns, school curricula, and community-based interventions should prioritize the dissemination of accurate, evidence-based information about mental health.

Albania's mental health services remain under-resourced and unevenly distributed. Policy reforms should aim to expand the availability, accessibility, and affordability of professional psychological care, particularly in underserved and rural areas. Increased investment in training mental health professionals, funding public clinics, and integrating mental health services into primary care settings would significantly reduce the need for individuals to rely on self-diagnosis due to lack of access.

Given the role of social media in shaping perceptions of mental illness, social media platforms should be encouraged—through collaboration with mental health authorities and relevant stakeholders—to implement ethical guidelines for mental health content. Content creators who address psychological topics should be required to include disclaimers, cite evidence-based sources, and clearly state that their content does not replace professional advice or diagnosis. Platform algorithms should also prioritize and promote verified, clinically accurate mental health content.

Public discourse must actively work to destigmatize mental illness and normalize help-seeking behavior. Government bodies, NGOs, and professional associations should collaborate to challenge cultural taboos and misconceptions around mental health. Campaigns that highlight lived experiences, promote empathy, and emphasize the value of professional care can play a vital role in transforming societal attitudes.

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