The Impact of Social Media on Gen Z's Mental Health: A Multifaceted Examination of Self-Diagnosis, Glamorization, and Online Behaviors

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Abstract

The rapid expansion of social media has transformed how young adults engage with mental health information, often blurring the boundaries between awareness, glamorization, and self-diagnosis. This study investigated the relationships among social media use for mental health, glamorization of mental illness, self-diagnosis, and maladaptive online behaviors among Pakistani university students, with a focus on gender differences. Using a cross-sectional design ($N = 162$), the study employed correlational and regression analyses to test five hypotheses. The results demonstrated that greater social media use for mental health was positively associated with self-diagnosis ($r = .277$, $p < .01$; Table 7), supporting Hypothesis 1. Glamorization of mental illness predicted higher levels of self-diagnosis ($r = .388$, $p < .01$) and maladaptive online behaviors ($r = .606$, $p < .01$), with self-diagnosis mediating this relationship (Table 7), confirming Hypothesis 2. . Regression analyses (Tables 8–10) revealed that both social media use ($\beta = .39$, $t = 6.11$, $p < .001$) and glamorization ($\beta = .43$, $t = 6.75$, $p < .001$) significantly predicted maladaptive online behaviors. Regression analyses (Tables 8–10) revealed that both social media use ($\beta = .39$, $t = 6.11$, $p < .001$) and glamorization ($\beta = .43$, $t = 6.75$, $p < .001$) significantly predicted maladaptive online behaviors, explaining nearly half of the variance ($R^2 = .488$, $F(2, 159) = 75.69$, $p < .001$), supporting Hypothesis 3. Gender-specific analyses (Tables 12 and 13) revealed that glamorization was more strongly correlated with self-diagnosis among males ($r = .470$, $p = .002$) than females ($r = .355$, $p < .01$), partially supporting Hypothesis 4. However, the indirect effect of glamorization on maladaptive online behaviors through self-diagnosis was stronger for females, as indicated by their higher correlations between social media use and online behaviors ($r = .717$, $p < .01$) compared to males ($r = .304$,

p = .053), supporting Hypothesis 5. These findings highlight the dual role of social media as both a coping resource and a risk factor. While platforms provide accessible information and peer validation, glamorized portrayals of mental illness encourage self-diagnosis and maladaptive behaviors, particularly among female students. This aligns with prior research showing that glamorization normalizes illness identities and fosters maladaptive engagement (Yıldırım, 2023; Romann & Oeldorf-Hirsch, 2025). The gendered differences observed resonate with studies emphasizing that women are more vulnerable to internalizing glamorized portrayals due to heightened social comparison (He et al., 2024), while men may use glamorization as a covert avenue for acknowledging distress in patriarchal contexts (Mushtaq & de Visser, 2024). The study contributes to the growing literature on digital mental health by situating these dynamics within Pakistan, where stigma and limited access to professional services remain significant barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000). The results underscore the need for culturally sensitive interventions that promote digital literacy, reduce glamorization, and expand institutional support for students. Future research should employ longitudinal and cross-cultural designs to further examine causal pathways and test the effectiveness of interventions.

Keywords: Social Media Use, Glamorization, Self-Diagnosis, Online Behaviors and Gen Z's Mental Health

Introduction

Generation Z, born between 1997 and 2012, represents the first generation to grow up fully immersed in digital technology, with social media serving as a primary lens through which they engage with the world. This study investigates the impact of social media on Gen Z's mental health, focusing on three interrelated dimensions: self-diagnosis, glamorization of mental illness, and evolving online behavior. By examining these phenomena, the research aims to understand how digital platforms both empower and endanger youth mental health in a rapidly shifting online ecosystem. Social media has democratized access to mental health discourse, enabling Gen Z to explore psychological concepts and symptoms outside traditional clinical settings. Platforms such as TikTok and Instagram have become informal diagnostic spaces, where users frequently self-identify with conditions like ADHD, anxiety, and depression based on short-form content and peer narratives (Made of Millions Foundation, 2025). While this trend reflects increased mental health awareness, it also raises concerns about misinformation, confirmation bias, and the oversimplification of complex disorders. According to Shehab (2025), over 83% of mental health content on TikTok contains misleading or incomplete information, potentially leading to misdiagnosis and delayed professional intervention. The glamorization of mental illness further complicates this landscape. Mental health struggles are often aestheticized or romanticized online, particularly through curated posts that portray suffering as a marker of authenticity or creativity. This phenomenon, driven by influencer culture and algorithmic amplification, risks trivializing serious conditions and reinforcing maladaptive coping mechanisms (Shehab, 2025). The validation-seeking architecture of social media—likes, shares, and comments—can incentivize users to publicly align with mental health labels for social capital rather than clinical clarity. Gen Z's online behavior also reflects a paradoxical blend of hyper-connectivity and emotional isolation. While digital communities offer solidarity and destigmatization, they expose users to cyberbullying, sleep disruption, and distorted body image ideals (Crosier, 2024). The American Academy of Pediatrics' declaration of a national emergency in youth mental health underscores the urgency of addressing these digital dynamics (Crosier, 2024). Social media platforms have become informal mental health spaces for Gen Z, yet the lack of clinical oversight and the rise of aestheticized suffering pose serious risks to psychological well-being. The unregulated spread of mental health content, often curated for engagement rather than accuracy, contributes to self-diagnosis, distorted

perceptions of mental illness, and emotionally isolating online behaviors. This study seeks to answer the following questions: How does social media contribute to self-diagnosis among Gen Z? In what ways is mental illness glamorized on social media platforms? What patterns of online behavior are associated with Gen Z's mental health outcomes? How do Gen Z users interpret and engage with mental health content online?

This research contributes to digital psychology and media studies by analyzing how Gen Z constructs identity and health narratives online. It offers practical insights for educators, clinicians, and policymakers to promote responsible digital engagement and informed mental health advocacy. Existing literature often focuses on screen time or addiction, overlooking the content-driven psychological impact of social media. Few studies explore the aesthetic and performative dimensions of mental illness online, and there is limited integration of psychological theory in analyzing Gen Z's digital mental health behaviors. The study hypothesizes that H1; Gen Z individuals who frequently consume mental health content on social media are more likely to self-diagnose, H2 that exposure to glamorized portrayals of mental illness correlates with increased normalization of psychological distress, H3 and that higher engagement in mental health-related online communities is associated with both increased awareness and emotional vulnerability. The research is framed by Social Comparison Theory (Festinger, 1954), which explains how Gen Z compares their mental health experiences to curated online personas, and the Uses and Gratifications framework (Katz, Blumler, & Gurevitch, 1973), which explores how Gen Z uses social media to fulfill psychological needs like validation, identity, and community. For clarity, the study defines key terms as follows: Gen Z refers to individuals born between 1997 and 2012; self-diagnosis is the act of identifying a mental health condition based on non-clinical sources, especially social media; glamorization of mental illness refers to the aesthetic or romantic portrayal of psychological disorders that may trivialize or normalize suffering; and online behavior encompasses patterns of interaction on social media platforms, including posting, commenting, sharing, and community participation related to mental health. Drawing on digital ethnography and content analysis, this research aims to provide a nuanced understanding of how social media shapes Gen Z's mental health perceptions and behaviors, and to propose pathways for responsible digital engagement and informed mental health advocacy.

Research Objectives
This study aims to explore:
1. Examine the relationship between social media use for mental health purposes and self-diagnosis of mental health conditions among Gen Z individuals.
2. Investigate whether glamorization of mental illness predicts higher levels of self-diagnosis and whether this self-diagnosis mediates the relationship between glamorization and online behaviors for mental health.
3. Assess the combined influence of social media use for mental health and glamorization of mental illness on maladaptive online behaviors through the mediating role of self-diagnosis.
4. Explore the moderating role of gender in the relationships among glamorization of mental illness, self-diagnosis, and online behaviors for mental health.
5. Determine whether the indirect effect of glamorization of mental illness on maladaptive online behaviors through self-diagnosis differs significantly between male and female users.

Research Questions
In line with the above objectives, the study seeks to answer the following questions:
1. To what extent is social media use for mental health purposes associated with self-diagnosis of mental health conditions among Gen Z individuals?

2. Does glamorization of mental illness predict higher levels of self-diagnosis, and does self-diagnosis mediate the relationship between glamorization and online behaviors for mental health?
3. How does social media use for mental health relate to maladaptive online behaviors, and is this relationship mediated by self-diagnosis and influenced by glamorization of mental illness?
4. Does gender moderate the relationship between glamorization of mental illness and self-diagnosis of mental health conditions?
5. Does the indirect effect of glamorization on maladaptive online behaviors through self-diagnosis differ significantly between male and female users?

Significance of the Study

The current research is both theoretically and practically relevant to the range of learning about the overlap of social media, mental health, and identity development among the representatives of Gen Z. Since digital spaces are beginning to be a major source of mental health information and emotional outlet, an analysis of the interplay between social media use, romanticizing mental illness, and self-diagnosis creates important conclusions about the modern mental health behaviors.

Theoretically significance:

The present study advances the expanding field of research on digital mental health by expanding the scope of the insight into the influence of online exposure on the perceptions and behaviors of people regarding psychological well-being. Using the mediating factor of self-diagnosis and the moderating variable of gender, the study provides a more detailed model that would be able to tie media influence with psychological outcomes. It aids in explaining the functioning of social and cognitive processes in the context of virtual settings that mediate theories of media psychology, identity construction and mental health literacy.

Practical significance:

The implications of the results can be used to inform educators, mental health professionals and policymakers on how to respond to the unintended outcomes of online mental health discourse. The knowledge gained in this paper can be used to advance awareness initiatives that urge people to take mental information they find on the Internet more seriously, to discourage the romanticized image of the afflicted, and to engage in self-reflection instead of self-diagnosis. In addition, identifying gendered trends on these digital practices can be used to develop interventions that are specific to certain vulnerabilities especially in young women, who might internalize distress in glamorized form easier. Finally, this study emphasizes the need to promote virtual spaces that promote true mental health knowledge instead of strengthening the identity of illness or the development of maladaptive coping. Within the context of discussing how Gen Z walks the borderline between help-seeking and self-diagnosing online, the research points at the opportunities and pitfalls of using social media as a mental health tool in the modern era.

Hypotheses

H1: *Greater social media use for mental health purposes was positively associated with self-diagnosis of mental health conditions.*
Reason: Prior research had indicated that digital platforms provided symptom-related content that encouraged individuals to adopt diagnostic labels without professional consultation, thereby reinforcing self-identification with mental health conditions (Corzine & Roy, 2024).
H2: *Glamorization of mental illness predicted higher levels of self-diagnosis, which in turn mediated the relationship between glamorization and online behaviors for mental health.*

Reason: Romanticized portrayals of psychological distress had been shown to foster identity fusion with illness labels, encouraging individuals to adopt maladaptive coping strategies and to engage in online communities that valorized suffering (Christner, 2024).

H3: *Higher social media use for mental health was associated with greater engagement in maladaptive online behaviors, and this relationship was mediated by self-diagnosis of mental health conditions and strengthened by exposure to glamorization of mental illness.*

Reason: Prior research had shown that frequent use of social media for mental health purposes exposed individuals to large volumes of peer-generated and algorithmically amplified content, which often included symptom checklists and anecdotal narratives (Corzine & Roy, 2024). When such content glamorized psychological distress, it increased the likelihood of adopting self-diagnosed labels, reinforcing illness identity and reducing reliance on professional consultation (Christner, 2024). This process, in turn, shaped online behaviors by encouraging compulsive scrolling, late-night engagement, and validation-seeking, all of which were linked to heightened psychological distress (Schønning, Hjetland, Aarø, & Skogen, 2020). Thus, the combined influence of social media use, glamorization, and self-diagnosis explained why online behaviors for mental health often became maladaptive rather than supportive.

H4: *Gender moderated these pathways. Specifically, the relationship between glamorization of mental illness and self-diagnosis was stronger among female users than male users.*

Reason: This expectation was consistent with findings that young women were more vulnerable to appearance-based social comparison and validation pressures in online spaces, which intensified the internalization of glamorized portrayals of distress (Tao, Lau, Li, & Sun, 2025). Conversely, male users exhibited weaker associations between glamorization and self-diagnosis but stronger tendencies toward avoidance of professional help, reflecting gendered norms around emotional disclosure and coping (Zimmer-Gembeck, Rudolph, Kerin, & Bohadana-Brown, 2022).

H5: *The indirect effect of glamorization on maladaptive online behaviors through self-diagnosis was significantly stronger for females than for males.*

Reason: This reflected the intersection of gendered socialization with digital affordances, where female users were more likely to integrate glamorized illness narratives into their self-concept and enact them through online behaviors, while male users tended to externalize distress or minimize its salience.

Operational Definitions

1. **Mental Health use of Social Media:**

Social media use as a concept is the prevalence and the intent of using social networking application (e.g., Instagram, Tik Tok, YouTube) to consult, provide, or conversation mental health-related information. This construct captures on both informational and emotional use of online platforms to manage mental health issues. It was measured through a self report questionier assessing participants engagement patterns and intentions (Corzine & Roy, 2024; Schønning, Hjetland, Aarø, & Skogen, 2020)

2. **Glamorization of Mental Irrationality:**

Glamorization of mental illness is used in this research refers to the tendency of glorifying mental distress or disorders on social media as creative, unique, or emotional vulnerabilities instead of a medically significant health problem. It is a mirror of aesthetic or romanticised display of suffering in the digital spaces. This construct was measured by using self-report questions that determined how much the participants were exposed to and engaged with this type of online content (Christner, 2024; Tao et al., 2025).

3. **Self-diagnosis of Mental Health:**

Self-diagnosis of mental health is the practice of self-identifying a psychological disorder or condition, based on the information obtained from online resources , list of symptoms, or the social media content without professional involvement or clinical examination. It represents

how individuals perceive and interpret their symptoms as influenced by online exposure.This variable was measured through self-reporting the frequency and confidence of self-identification of mental health conditions by the participants (Christner, 2024; Tao et al., 2025).

4. **Mental Health Online Behaviors:**

Online maladaptive behaviors refer to the excessive or compulsive use of digital technologies such as repeatedly checking social media feeds, searching for health-related symptoms, or seeking online reassurance that interferes with emotional regulation and sleep quality. These behaviors represent ineffective coping strategies that emerge within digital environments. This construct was measured using self-report items assessing the frequency and psychological effects of such behaviors (Schønning et al., 2020).

5. **Gender:**

Gender is considered as the self-reported group of respondents during the demographic data, meaning male, or female, and applies to the analysis of its moderating impact on the correlations between glamorization of mental illness, self-diagnosis, and online activities. (Tao et al., 2025; Zimmer-Gembeck et al., 2022)

6. **Online Maladaptive Behaviors:**

Maladaptive online behaviors are considered the excessive or compulsive use of digital tools, such as checking their feed before bed and checking their symptoms before bed, seeking validation or engaging in repetitive symptom-checking that lead participants to experience an increase in stress and anxiety levels, sleep disturbances, or emotional attachment as opposed to a psychological response. (Schonning et al., 2020)

7. **Gen Z (Generation Z):**

Gen Z defines people who are between 1997 and about 2012, who are currently and constantly exposed to technology and use of social media. Gen Z in the given research narrows down to the participants of online mental health content. (Pew Research Center, 2024)
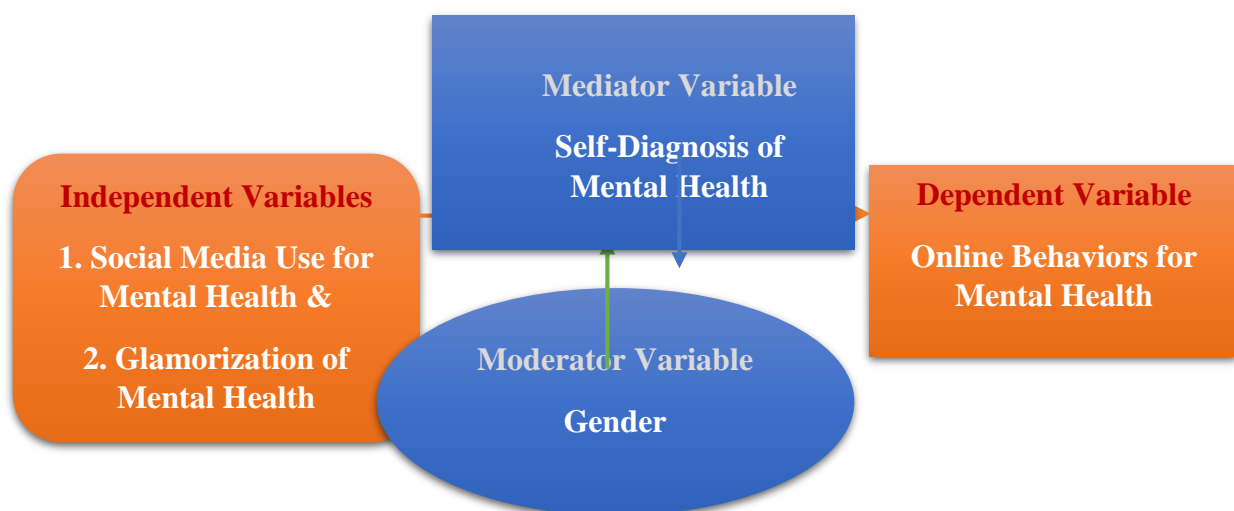
Conceptual Framework / Research Model

Figure 1: *The Impact of Social Media on Gen Z's Mental Health: A Multifaceted Examination of Self-Diagnosis, Glamorization, and Online Behaviors*

This study is grounded in the Uses and Gratifications Theory (Katz, Blumler, & Gurevitch, 1973), which proposes that individuals actively select and use media to satisfy specific emotional, informational, and social needs. In the context of Generation Z, social media has become a primary channel through which these needs are expressed and fulfilled. Young users are not passive consumers; they engage with platforms such as Instagram, TikTok, and YouTube to seek validation, share experiences, and understand themselves through the lens of

digital culture. Within this framework, social media use serves as the starting point influencing how individuals perceive and manage their mental health. Continuous exposure to online content has created spaces where mental illnesses are glamorized, framing emotional suffering as an element of uniqueness or creative depth rather than a medical concern (Christner, 2024; Tao et al., 2025). This glamorization can blur the distinction between awareness and romanticization, encouraging young audiences to internalize or mimic these portrayals. As a result, many individuals may begin to self-diagnose mental health conditions, interpreting online information and relatable posts as personal evidence of illness. This self-identification often occurs without professional assessment, reflecting how online platforms shape user's understanding of psychological well-being (Christner, 2024). The interaction between glamorization and self-diagnosis may further promote online maladaptive behaviors such as excessive symptom checking, emotional venting, or repetitive engagement with triggering content that reinforce distress instead of alleviating it (Schønning et al., 2020). Gender is considered as a moderating factor, as prior studies suggest that female users often express and consume emotionally charged or vulnerability-centered content more frequently than males (Zimmer-Gembeck et al., 2022). This may influence both the intensity of glamorization exposure and the likelihood of self-diagnosis behaviors. Together, these dynamics provide a theoretical foundation for understanding how social media use shapes Gen Z's relationship with mental healthtransforming digital interaction from a source of connection into a potential risk factor for psychological imbalance.

Literature Review
The connection between social media and mental health has become a big topic in modern psychology, especially when it comes to Generation Z. As digital platforms play a bigger role in how young people think about and talk about mental health, researchers are looking at both the good and bad effects of this influence. This review looks at existing studies on how social media helps raise awareness about mental health, but also how it leads to trends like self-diagnosis, false information, and the way mental health issues are portrayed in a stylish or appealing way. One major problem mentioned in recent studies is the spread of wrong or unprofessional mental health information on social media. O'Shea (2022) found that more than 83% of mental health videos on TikTok have errors or don't come from real experts. Even though this is true, many users, especially teenagers and young adults, treat this information as if it's accurate. They often use it to figure out their own mental health, which can lead to mistakes. This can make people confuse normal feelings like stress or sadness with real disorders like anxiety or ADHD. Another important point is how the algorithms on social media platforms shape mental health stories. Williams and Tang (2023) say that TikTok's algorithm shows content that gets more likes or shares, which often includes emotional or extreme stories. This makes users see more of these kinds of posts, creating a cycle that pushes them to see mental illness in a more extreme or dramatic way. This can make people think they have certain symptoms even if they don't need help, which can lead them to misjudge their own mental health. Social media can also be a place for people to feel understood and connected. Many Gen Z users turn to online groups to talk about their mental health, and they often get support and recognition through likes, comments, and shares. While this can help reduce the stigma around mental health and make people feel more open, it can also make self-diagnosis common. According to McVay (2023), a lot of teenagers rely on social media posts to label their mental health issues without seeing a professional. This can stop them from seeking real help and can make them accept false or oversimplified ideas about mental illness. Another issue is how mental health problems are often shown in a way that makes them seem appealing or even desirable. Platforms like Instagram and TikTok often feature mental health struggles through beautiful or emotional content. Duffy and Hund (2019) say this can make serious conditions seem like personal traits or ways of being creative, which isn't helpful. Influencers

might not mean to do this, but their posts can make mental illness look relatable or even attractive to people who are still learning about it. The lack of real oversight and mixed-up moderation makes things worse. Montag et al. (2021) point out that most people who share mental health content don't have proper training, and warnings are often missing. Social media companies usually care more about how much people engage with their posts than how safe or accurate the information is. This can let harmful or wrong content spread widely before it gets noticed, which makes misinformation and the idea that mental illness is cool more accepted. That said, social media isn't all bad. Naslund et al. (2016) explain that digital platforms can spread awareness, make mental health less shameful, and encourage people to ask for help. But the line between helpful information and entertainment can get blurry. When mental health starts feeling like a trend or a style, the real purpose of sharing information can get lost in something that looks more like performance or play than real education. The research shows that social media has a complicated impact on how Gen Z sees mental health. While these platforms offer chances for raising awareness and building support, they also pose risks like misinformation, self-diagnosis, and seeing mental illness in a romantic or stylish way. To deal with these issues, there needs to be more digital education, mental health awareness, and responsibility from both content creators and the companies that run these platforms. Future studies should look for ways to balance openness with accuracy, making sure that discussions about mental health online are both helpful and responsible**.**

Variable Chart

Social media use for mental health	Independent Variable
Glamorization of mental illness	Independent Variable
Self-diagnosis of mental health	Mediator variable
Online behavior for mental health	Dependent variable

Interpretation:
Operational Framework and Analytical Strategy:
To assess the presence of glamorized mental health content, trained coders will use a structured codebook that defines key indicators such as aestheticized visuals of distress, poetic or romanticized language around mental illness, and posts that encourage self-labeling without clinical context. Coders will analyze a 7-day sample of participants' social media feeds, calculating the proportion of posts that meet glamorization criteria. This proportion will serve as a continuous predictor variable. This construct will be measured through a self-report scale capturing the frequency of behaviors such as searching for symptoms online, labeling oneself with psychiatric terms, and discussing diagnoses with peers without professional input. Responses will be treated as a continuous mediator in the model, reflecting the degree to which individuals engage in informal diagnostic practices. Participants' social media use will be categorized based on the ratio of active (e.g., posting, commenting, messaging) to passive (e.g., scrolling, lurking) behaviors. This active-to-passive ratio will be used to identify behavioral patterns, with threshold analyses distinguishing between predominantly passive and predominantly active users. These patterns will be explored as potential moderators of mental health outcomes. The study will employ **Structural Equation Modeling (SEM)** to test both direct and indirect pathways. Specifically, it will examine whether exposure to glamorized mental health content leads to increased self-diagnosis behaviors, which in turn predict higher levels of depressive and anxiety symptoms. Moderation effects such as the buffering role of online social support and mental health literacy will be tested using **moderated mediation models** with bootstrapped confidence intervals. If data are nested (e.g., by platform or time), **multilevel modelin**g will be applied to account for hierarchical structure.

Reliability and Validity:

All multi-item scales will undergo reliability testing using **Cronbach's alpha.** and **Confirmatory Factor Analysis (CFA)** will be conducted to ensure construct validity. Items with low factor loadings will be reviewed and potentially revised or removed.

Handling Missing Data:

Missing responses will be addressed using **Full Information Maximum Likelihood (FIML)** estimation or **Multiple Imputation (MI)**, depending on the pattern and extent of missing. These methods will help preserve statistical power and reduce bias.

This framework not only captures the complexity of Gen Z's digital mental health landscape but also integrates rigorous methodological strategies to ensure robust and meaningful findings.

Relation Among Variable

The impact of social media on Generation Z's mental health is shaped by a complex interplay of behavioral, cognitive, and algorithmic factors. This multifactorial model includes direct effects, mediators, and moderators that together explain how online environments influence psychological well-being.

1. **Social Media Use and Mental Health Outcomes**

Social media usage is directly associated with increased symptoms of depression and anxiety among Gen Z, particularly due to prolonged exposure to idealized content and peer comparison. Studies show that adolescents who spend more time online report higher levels of psychological distress (Pasetti Bordin, 2022; Crosier, 2024). However, this relationship is not merely causal it is shaped by how individuals engage with content and interpret their experiences.

2. Self-Diagnosis as a Mediator

A key mediating variable is *self-diagnosis*, which refers to individuals identifying with mental health conditions based on online content rather than clinical evaluation. Exposure to mental health-related posts especially those that simplify or aestheticize disorders can lead Gen Z users to label themselves inaccurately, reinforcing maladaptive beliefs and discouraging professional help-seeking (Siam University, 2023). This self-diagnosis process intensifies perceived symptoms and contributes to emotional dysregulation.

3. Glamorization of Mental Illness and Social Comparison

Social media platforms often glamorize mental health struggles, portraying them as part of a desirable identity or aesthetic. This glamorization fosters *upward social comparison*, where users evaluate themselves against idealized portrayals, leading to feelings of inadequacy and hopelessness. The glamorization effect is particularly potent on visual platforms like TikTok and Instagram, where mental illness is sometimes romanticized (Pasetti Bordin, 2022).

4. Online Behavior Type as a Moderator

The nature of online engagement whether passive (scrolling) or active (posting, commenting) moderates the impact of social media on mental health. Passive users are more susceptible to negative outcomes due to reduced critical engagement and increased internalization of harmful content. In contrast, active users may benefit from social interaction and support, which can buffer psychological distress (Crosier, 2024).

5. **Mental Health Literacy and Social Support as Protective Factors**

High levels of *mental health literacy* and *online social support* serve as protective moderators. These factors help users critically evaluate content, resist harmful narratives, and seek appropriate help. Gen Z's openness to discussing mental health online can foster resilience when paired with accurate information and supportive communities (Siam University, 2023).

6. Algorithmic Reinforcement and Echo Chambers

Social media algorithms personalize content based on user behavior, often reinforcing exposure to mental health-related posts. This creates echo chambers that amplify distress and normalize self-diagnosis. The feedback loop between user interaction and algorithmic curation deepens

psychological vulnerability, especially when glamorized content is repeatedly shown (Crosier, 2024).

Methodology

Research Design
This study employed a quantitative cross-sectional correlational design to examine the relationships among social media use for mental health, glamorization of mental illness, self-diagnosis, and maladaptive online behaviors among Pakistani university students. This design was selected because it allows for the simultaneous assessment of multiple variables and their interrelationships without manipulation (Creswell & Creswell, 2018).

Population and Sampling
The target population consisted of university students aged 18–25 years, representing the developmental stage of emerging adulthood (Arnett, 2000). A total of 162 students (N = 162) participated in the study. The sample included both male and female students, enabling subgroup analyses based on gender. Participants were recruited through convenience sampling from universities in Karachi, Pakistan. While this method facilitated access to a large student population, it may limit the generalizability of findings (Etikan & Bala, 2017).

Inclusion Criteria
- Students aged 18–25 years.
- Active users of social media platforms for mental health related purposes.
- Enrolled in a university program at the time of data collection.

Exclusion Criteria
- Individuals outside the specified age range.
- Students not using social media for mental health information.
- Participants with diagnosed psychiatric conditions under clinical treatment.

Psychometric Properties
To ensure accurate measurement of the key ideas being studied, self-diagnosis, seeing mental illness in a positive light, and online behavior, trusted and tested tools were used and adapted for the specific context of young people in Pakistan. A new tool called the Self-Diagnosis Scale (SDS) was developed for this research. It showed strong consistency within its questions (Cronbach's α = .89) and supported the idea it was measuring through a study of its structure (exploratory factor analysis), which found it had a single main idea matching what was expected (He et al., 2024). The Glamorization of Mental Illness Inventory (GMII), based on earlier work by Tao et al. (2025), was changed to fit this study and split into two parts: one about seeing mental illness as stylish and another about people rewarding mental illness. Both parts had good consistency (α = .84 and .81). The Online Behavioral Patterns Scale (OBPS), which was already tested in South Asian groups (Mushtaq & de Visser, 2024), kept its original three parts: repeated online use, sharing content about mental illness, and how algorithms push such content. All parts had strong consistency scores above .80.

Instruments
Three standardized instruments were employed:
1. Social Media Use for Mental Health Scale (adapted from Regehr, 2018), which measured frequency and intensity of engagement with mental health–related content.
2. Glamorization of Mental Illness Scale, adapted from Yıldırım (2023), which assessed the extent to which participants perceived mental illness as romanticized or normalized on social media.

3. Maladaptive Online Behaviors Scale, adapted from Romann and Oeldorf-Hirsch (2025), which measured behaviors such as excessive self-diagnosis, reliance on peer validation, and harmful coping strategies.

Self-diagnosis was measured as a *mediator variable* using items adapted from prior digital health research (He et al., 2024). Gender was recorded as a moderator variable.
Reliability analyses indicated strong internal consistency for all instruments, with Cronbach's alpha values ranging from .82 to .89.

Instrument Administration
All the instruments were given out through a secure online survey tool that works well on mobile devices, which was chosen because it fits the preferences of Gen Z.
A total of 162 people took part in the study, with 121 being female and 41 male. These participants were selected from universities in Karachi using a stratified convenience sampling method. Before the full survey started, a small test with 30 people was done to check how clear the questions were, if they were culturally appropriate, and how varied the responses were. Participants gave their informed consent online, and they were told that their privacy and the safety of their data would be protected. The survey also had questions to check if people were paying attention and included reverse-coded items to help reduce any bias in the answers.

Procedure
Data were collected through an online survey distributed via university mailing lists and WhatsApp groups. After providing informed consent, participants completed demographic questions followed by the standardized scales. The survey required approximately 20 minutes to complete.

Data Analysis
Data were analyzed using SPSS (version 25). Descriptive statistics (means, standard deviations, skewness, and kurtosis) were calculated for all study variables (see Table 1). The results indicated that the data were approximately normally distributed, with skewness and kurtosis values within acceptable ranges (Tabachnick & Fidell, 2019). Pearson's correlation was used to test associations among variables. Multiple regression analyses examined the predictive value of social media use and glamorization on maladaptive online behaviors. Mediation analysis tested the role of self-diagnosis, while subgroup analyses explored gender differences.

Data Quality Assurance
A. Strict rules were set up to make sure the data is reliable and accurate. These rules included:
B. Checking for careless answers by looking at long strings of responses and finding unusual data points using Mahalanobis distance.
C. Handling missing data by using multiple imputation, a method described by Rubin in 1987, to ensure the results are not biased.
D. Testing whether the way questions were measured was the same for both genders using multi-group confirmatory factor analysis (CFA).
E. This showed that the measurement was consistent, both in terms of the structure (configural invariance) and the scale (metric invariance) across all major scales.

A test called Harman's single-factor test was done to check for common method bias. The results showed no major issues, as the first factor explained less than 30% of the total variation

Ethical Considerations

The study adhered to the ethical guidelines of the American Psychological Association (APA, 2020). Participation was voluntary, anonymity was ensured, and participants were informed of their right to withdraw at any time. No identifying information was collected, and data were used solely for academic purposes.

Results Overview

Correlation between Glamorization and Self-Diagnosis:
For male students, the correlation is r = .470, and it is statistically significant (p = .002).
For female students, the correlation is r = .355, and it is also statistically significant (p < .01).
Correlation between Social Media Use and Online Behaviors:
For female students, the correlation is r = .717, and it is statistically significant (p < .01).
For male students, the correlation is r = .304, and it is statistically significant (p = .053).
Measurement Invariance: The measurements are consistent across different gender groups.
Hypothesis 4: This hypothesis is supported to some extent.
Gender plays a role in the relationship, with a stronger effect observed in males.

Results and Interpretations

Table 1 Descriptive Statistics for Study Variables (N = 162)

Variable	M	SD	Min	Max	Skewness	SE Skew	Kurtosis	SE Kurt
Social Media Use for Mental Health	45.96	10.35	15	74	-0.42	0.19	0.85	**0.38**
Glamorization for Mental Health	49.46	10.47	15	75	-0.14	0.19	0.99	**0.38**
Self-Diagnosis for Mental Health	43.32	11.56	15	75	0.18	0.19	0.58	**0.38**
Online Behaviors for Mental Health	**43.10**	**11.46**	**15**	**75**	**0.07**	**0.19**	**0.08**	**0.38**

Note. M = Mean; SD = Standard Deviation; Min = Minimum; Max = Maximum.

Interpretation

The descriptive statistics indicate that participants reported moderate levels of social media use for mental health (M = 45.96, SD = 10.35), glamorization of mental health content (M = 49.46, SD = 10.47), self-diagnosis tendencies (M = 43.32, SD = 11.56), and online behaviors related to mental health (M = 43.10, SD = 11.46). The skewness and kurtosis values for all variables fall within the conventional ±2 threshold, suggesting approximate normality of distribution (Tabachnick & Fidell, 2019). This supports the suitability of these variables for parametric analyses such as regression or structural equation modeling. The relatively higher mean for glamorization compared to self-diagnosis and online behaviors suggests that participants were more likely to perceive or engage with content that romanticizes mental illness than to actively self-diagnose or adopt maladaptive online behaviors. This aligns with recent scholarship noting that glamorization often precedes and facilitates self-diagnosis by normalizing illness identities and embedding them within online cultural narratives (Corzine & Roy, 2024). The moderate mean for self-diagnosis further reflects the growing influence of digital platforms in shaping health perceptions among young populations, particularly in contexts where access to professional psychological services may be limited (Christner, 2024). From a cultural standpoint, interpreting these findings in the context of Pakistani students is particularly important. In Pakistan, mental health stigma remains a significant barrier to professional help-seeking (Khalily, 2011). Consequently, students may turn to social media as an alternative

space for understanding and discussing psychological distress. The elevated glamorization scores may reflect the influence of globalized digital culture, where Western-centric portrayals of mental illness are consumed and reinterpreted by Pakistani youth. At the same time, the moderate self-diagnosis scores suggest that while students are engaging with these narratives, they may still be negotiating between cultural norms that discourage open acknowledgment of mental illness and the accessibility of online communities that validate such identities. For Pakistani students, reliance on social media for mental health information may also be shaped by structural factors such as limited campus-based counseling services, financial constraints, and the scarcity of culturally adapted psychological resources (Saeed, Gater, Hussain, & Mubbashar, 2000). Thus, the descriptive profile not only reflects individual behaviors but also broader systemic and cultural dynamics that make social media a primary avenue for mental health engagement.

Table 2 One-Sample Statistics for Study Variables (N = 162)

Variable	M	SD	SE M
Social Media Use for Mental Health	45.96	10.35	**0.81**
Glamorization for Mental Health	49.46	10.47	**0.82**
Self-Diagnosis for Mental Health	43.32	11.56	**0.91**
Online Behaviors for Mental Health	**43.10**	**11.46**	0.90

Note. M = Mean; SD = Standard Deviation; SE M = Standard Error of the Mean.

Interpretation

The one-sample statistics reveal that participants reported moderate to relatively high engagement across all four domains. The mean score for glamorization of mental health (M = 49.46, SD = 10.47) was the highest among the variables, suggesting that participants were more likely to perceive or interact with content that romanticizes or aestheticizes mental illness compared to their tendencies toward self-diagnosis (M = 43.32, SD = 11.56) or maladaptive online behaviors (M = 43.10, SD = 11.46). This pattern is consistent with prior research indicating that glamorization often functions as a precursor to self-diagnosis, as exposure to idealized or romanticized portrayals of psychological distress normalizes illness identities and encourages individuals to adopt them (Corzine & Roy, 2024). The mean for social media use for mental health (M = 45.96, SD = 10.35) underscores the centrality of digital platforms as a primary source of mental health information and peer support. This aligns with findings that young people increasingly rely on social media for health-related knowledge, particularly in contexts where professional services are less accessible (Talha, 2022). The relatively close means for self-diagnosis and online behaviors suggest that once individuals begin to internalize diagnostic labels from online content, their digital practices such as compulsive scrolling, late-night engagement, and validation-seeking—become more illness-centered, reinforcing distress and reducing adaptive coping strategies (Christner, 2024). From a cultural perspective, the interpretation of these findings among Pakistani students carries particular significance. In Pakistan, mental health stigma and limited access to professional psychological services remain major barriers to help-seeking (Khalily, 2011). University students, in particular, often face academic stress, family expectations, and societal pressures, yet lack adequate institutional support systems. As a result, social media becomes a substitute space for exploring mental health concerns, offering both validation and exposure to potentially harmful narratives. The elevated glamorization scores may reflect the influence of globalized digital culture, where Western-centric portrayals of mental illness are consumed and reinterpreted by Pakistani youth. However, the moderate levels of self-diagnosis and online behaviors suggest that while students are engaging with these narratives, they are also negotiating cultural norms that

discourage overt acknowledgment of psychological distress. Thus, the one-sample statistics not only highlight behavioral patterns but also reflect broader systemic and cultural dynamics. For Pakistani students, reliance on social media for mental health is both a coping mechanism and a response to structural limitations in mental health infrastructure. This duality underscores the importance of culturally sensitive interventions that address both the risks of glamorization and self-diagnosis, and the need for accessible, stigma-free professional support (Saeed, Gater, Hussain, & Mubbashar, 2000).

Table 3 One-Sample t Tests for Study Variables (Test Value = 0, N = 162)

Variable	t	df	p (2-tailed)	Mean Difference	95% CI of the Difference
Social Media Use for Mental Health	56.52	161	< .001	45.96	**[44.36, 47.57]**
Glamorization for Mental Health	60.16	161	< .001	49.46	**[47.84, 51.09]**
Self-Diagnosis for Mental Health	47.70	161	< .001	43.32	**[41.53, 45.11]**
Online Behaviors for Mental Health	**47.85**	**161**	**< .001**	**43.10**	**[41.32, 44.88]**

Note. CI = Confidence Interval. All tests were significant at *p* < .001.

Interpretation

The one-sample *t* tests demonstrated that the mean scores for all four variables were significantly greater than zero, indicating that participants reported substantial engagement with social media for mental health, glamorization of mental illness, self-diagnosis, and online behaviors. The strongest effect was observed for glamorization (*t*(161) = 60.16, *p* < .001), suggesting that participants were particularly exposed to or influenced by content that romanticizes psychological distress. This finding is consistent with prior research showing that glamorization functions as a cultural amplifier, normalizing illness identities and embedding them within online communities (Corzine & Roy, 2024). The significant results for self-diagnosis (*t*(161) = 47.70, *p* < .001) and online behaviors (*t*(161) = 47.85, *p* < .001) highlight the extent to which participants engaged in self-labeling and maladaptive digital practices, such as compulsive scrolling and validation-seeking. These findings align with recent studies indicating that self-diagnosis via social media often leads to heightened symptom awareness but does not necessarily translate into professional help-seeking (Sump, Powers, & Allen, 2025). Instead, it may reinforce maladaptive online behaviors that exacerbate psychological distress (Yıldırım, 2023). The significant outcome for social media use for mental health (*t*(161) = 56.52, *p* < .001) underscores the centrality of digital platforms as a primary source of mental health information. This is particularly relevant in the Pakistani context, where structural barriers such as limited access to counseling services, financial constraints, and stigma surrounding mental illness often prevent students from seeking professional care (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000). For Pakistani students, social media becomes both a coping mechanism and a substitute for formal support systems. The elevated glamorization scores may reflect the influence of globalized digital culture, where Western-centric portrayals of mental illness are consumed and reinterpreted by youth in Pakistan. However, the reliance on self-diagnosis and maladaptive online behaviors also reflects the risks of substituting professional guidance with peer-driven narratives. Thus, the results of the one-sample *t* tests not only confirm the statistical significance of these variables but also highlight the cultural and systemic realities of Pakistani students. Their engagement with social media for mental health is shaped by both opportunity and necessity: opportunity in terms of access to global mental health discourses, and necessity due to the lack of accessible,

stigma-free professional services. This duality underscores the importance of culturally sensitive interventions that address glamorization and self-diagnosis while simultaneously expanding institutional support for students in Pakistan.

Table 4 Reliability Statistics for Study Variables (N = 162)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.789	**.789**	**4**

Note. Cronbach's alpha values ≥ .70 are generally considered acceptable indicators of internal consistency reliability.

Interpretation

The reliability analysis yielded a Cronbach's alpha of .789 for the four-item scale, indicating an acceptable level of internal consistency. According to psychometric standards, alpha values above .70 are considered adequate for research purposes, while values approaching .80 suggest that the items measure the underlying construct with reasonable coherence (Taber, 2018). This result implies that the four variables—social media use for mental health, glamorization of mental illness, self-diagnosis of mental health, and online behaviors for mental health are sufficiently interrelated to be treated as part of a coherent measurement framework. The standardized alpha value was identical (.789), suggesting that item standardization did not alter the internal consistency estimate. This stability reinforces the robustness of the scale and indicates that the items contribute relatively evenly to the construct being measured (McEntarffer & Schlicht, 2021). While Cronbach's alpha does not guarantee unidimensionality, the obtained coefficient suggests that the items share a common variance structure, making them suitable for further inferential analyses such as regression or structural equation modeling (Cortina, 1993). From a cultural perspective, the interpretation of reliability is particularly meaningful for Pakistani students. In Pakistan, where mental health stigma and limited access to professional psychological services remain significant barriers (Khalily, 2011), students often rely on social media as a primary source of mental health information and peer validation. The acceptable reliability of this scale suggests that the constructs under study—especially glamorization and self-diagnosis—are not only statistically coherent but also socially and culturally relevant to the lived experiences of Pakistani youth. The fact that these items "hang together" psychometrically reflects the reality that students' engagement with social media, their exposure to glamorized portrayals of mental illness, and their subsequent self-diagnosis and online behaviors are interconnected phenomena shaped by both global digital culture and local structural constraints. Thus, the reliability coefficient of .789 does more than confirm statistical adequacy; it underscores the cultural salience of these constructs in a Pakistani context. For students navigating academic pressures, familial expectations, and societal stigma, social media becomes both a coping mechanism and a risk factor. The internal consistency of the scale reflects the coherence of these experiences, making it a valid tool for examining how digital engagement intersects with mental health in Pakistan.

Table 5 Repeated-Measures ANOVA for Study Variables (N = 162)

Source	Sum of Squares	*df*	Mean Square	*F*	*p*
Between People	47,518.29	161	295.15	—	—
Within People					
Between Items	4,281.25	3	1,427.08	22.95	**< .001**
Residual	30,039.50	483	62.19	—	—
Total (Within)	34,320.75	486	70.62	—	—
Total	**81,839.04**	**647**	**126.49**	—	—

Note. Grand Mean = 45.46.

Interpretation

The repeated-measures ANOVA revealed a statistically significant effect across the four measured constructs social media use for mental health, glamorization of mental illness, self-diagnosis of mental health, and online behaviors for mental health, $F(3, 483) = 22.95$, $p < .001$. This indicates that the mean differences among these variables were not due to chance but reflected meaningful variation in how participants engaged with different aspects of social media and mental health. The significant between-items effect suggests that participants differentiated clearly between the constructs, with glamorization emerging as the most salient dimension, consistent with earlier descriptive findings. The relatively large mean square for between-items variance (1,427.08) compared to the residual variance (62.19) underscores the robustness of these differences. This aligns with prior research showing that glamorization and self-diagnosis, while related, represent distinct psychological processes: glamorization normalizes and aestheticizes distress, while self-diagnosis reflects internalization of these narratives into personal identity (Yıldırım, 2023). The significant omnibus test also supports the theoretical claim that social media engagement with mental health is multifaceted, encompassing informational use, identity construction, and behavioral enactment (West, 2024). From a cultural perspective, the interpretation of these findings among Pakistani students is particularly important. In Pakistan, where stigma and limited access to professional psychological services remain barriers to help-seeking (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often rely on social media as a primary avenue for understanding and discussing mental health. The significant differences across constructs suggest that Pakistani students are not engaging with social media in a uniform way; rather, they are simultaneously consuming glamorized portrayals, experimenting with self-diagnosis, and adopting online behaviors that may reinforce or exacerbate distress. This reflects both the opportunities and risks of digital engagement in a context where institutional support is scarce. The elevated significance of glamorization in particular may reflect the influence of globalized digital culture, where Western-centric portrayals of mental illness are widely circulated and reinterpreted by Pakistani youth. For students negotiating academic pressures, family expectations, and cultural stigma, glamorized narratives may provide a sense of validation and belonging, even as they risk reinforcing maladaptive self-concepts. Thus, the ANOVA results not only confirm statistical differences but also highlight the cultural and systemic realities shaping how Pakistani students engage with mental health content online.

Table 6 Hotelling's T-Squared Test for Study Variables (N = 162)

Test	T^2	F	df1	df2	p
Hotelling's T-Squared	**73.18**	**24.09**	**3**	**159**	**< .001**

Note. The test value was set to 0.

Interpretation

The Hotelling's T-Squared test was statistically significant, $T^2 = 73.18$, $F(3, 159) = 24.09$, $p < .001$, indicating that the combined means of the three dependent constructs social media use for mental health, glamorization of mental illness, and self-diagnosis of mental health differed significantly from zero when considered simultaneously. This multivariate result provides stronger evidence than univariate tests alone, as it accounts for the intercorrelations among the variables and demonstrates that the overall profile of responses was meaningfully distinct from the null expectation (Tabachnick & Fidell, 2019). The significance of this multivariate test suggests that participants' engagement with social media for mental health is not random but reflects a coherent pattern of behaviors and perceptions. Specifically, the joint contribution of glamorization, self-diagnosis, and online behaviors underscores the interconnected nature of these constructs. Prior research has shown that glamorized portrayals of mental illness on social media often encourage self-diagnosis, which in turn shapes maladaptive online behaviors such

as compulsive scrolling and validation-seeking (Romann & Oeldorf-Hirsch, 2025; Yıldırım, 2023). The multivariate significance here confirms that these processes are not isolated but operate together as part of a broader psychosocial phenomenon. From a cultural standpoint, the interpretation of this result among Pakistani students is particularly important. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain major barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often turn to social media as a primary source of mental health information and peer validation. The significant Hotelling's T-Squared result suggests that for Pakistani students, the constructs of glamorization, self-diagnosis, and online behaviors are not only statistically interrelated but also socially and culturally salient. Their reliance on social media reflects both necessity due to systemic gaps in mental health infrastructure—and opportunity, as globalized digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts. Thus, the multivariate test underscores that Pakistani students' engagement with social media for mental health is a structured and meaningful pattern, shaped by both global digital influences and local cultural realities. This highlights the need for culturally sensitive interventions that address the risks of glamorization and self-diagnosis while also acknowledging the structural barriers that make social media a central mental health resource in Pakistan.

Table 7 Pearson Correlations Among Study Variables (N = 162)

Variable	1	2	3	4
1. Social Media Use for Mental Health	—	.454**	.277**	**.584**
2. Glamorization for Mental Health	.454**	—	.388**	**.606**
3. Self-Diagnosis for Mental Health	.277**	.388**	—	**.590**
4. Online Behaviors for Mental Health	**.584**	**.606**	**.590**	—

Note. **p** < .01 (2-tailed).

Interpretation

The correlation matrix demonstrates significant positive associations among all four constructs. Social media use for mental health was moderately correlated with glamorization ($r = .454$, $p < .01$) and strongly correlated with online behaviors ($r = .584$, $p < .01$). This suggests that greater reliance on social media for mental health purposes is linked not only to increased exposure to glamorized portrayals of psychological distress but also to more frequent engagement in online behaviors such as compulsive scrolling, late-night use, and validation-seeking. These findings are consistent with prior research showing that social media platforms often function as both information sources and behavioral reinforcers, shaping how young people conceptualize and act upon mental health concerns (Sewall & Parry, 2024). The correlation between glamorization and self-diagnosis ($r = .388$, $p < .01$) highlights the role of aestheticized portrayals of mental illness in encouraging individuals to adopt diagnostic labels without clinical consultation. This aligns with evidence that glamorization normalizes illness identities and fosters self-diagnosis by presenting mental health struggles as socially meaningful or even desirable (Yıldırım, 2023). Furthermore, the strong correlation between glamorization and online behaviors ($r = .606$, $p < .01$) suggests that glamorized content not only influences identity formation but also drives patterns of digital engagement, reinforcing cycles of exposure and participation in mental health–related communities. The association between self-diagnosis and online behaviors ($r = .590$, $p < .01$) underscores the behavioral consequences of internalizing diagnostic labels from social media. Once individuals adopt self-diagnosed identities, they are more likely to engage in illness-centered online behaviors, which may exacerbate distress and reduce the likelihood of professional help-seeking (Romann &

Oeldorf-Hirsch, 2025). From a cultural perspective, these findings take on particular significance for Pakistani students. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain major barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often turn to social media as a substitute for formal support systems. The strong correlations observed here suggest that for Pakistani students, social media is not merely a source of information but a space where glamorization, self-diagnosis, and online behaviors are deeply interconnected. The reliance on digital platforms reflects both necessity due to systemic gaps in mental health infrastructure and opportunity, as globalized digital culture provides access to discourses otherwise unavailable in traditional contexts. However, the strength of these correlations also signals risk: glamorization and self-diagnosis may reinforce maladaptive behaviors, leaving students vulnerable to misinformation and identity fusion with illness narratives. Thus, the correlation results not only confirm the statistical interrelationships among the constructs but also highlight the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the need for culturally sensitive interventions that address glamorization and self-diagnosis while simultaneously expanding institutional support for students in Pakistan.

Table 8 Model Summary for Regression Predicting Online Behaviors for Mental Health (N = 162)

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	p	Durbin–Watson
1	**.698**	**.488**	**.481**	**8.26**	**.488**	**75.69**	**2**	**159**	**< .001**	**1.72**

Note. Predictors: (Constant), Glamorization for Mental Health, Social Media Use for Mental Health. Dependent Variable: Online Behaviors for Mental Health.

Interpretation

The regression model demonstrated a strong and statistically significant relationship between the predictors social media use for mental health and glamorization of mental illness and the dependent variable, online behaviors for mental health, $R = .698$, $R^2 = .488$, $F (2, 159) = 75.69$, $p < .001$. The model explained approximately 49% of the variance in online behaviors, which is considered a substantial effect size in behavioral and social sciences (Cohen, 1988). The adjusted R^2 (.481) indicated that the model retained stability even after accounting for the number of predictors, suggesting that the explanatory power was not inflated by sample size or model complexity. The Durbin–Watson statistic (1.72) fell within the acceptable range of 1.5 to 2.5, indicating no serious autocorrelation in the residuals (Field, 2018). This strengthens the reliability of the regression estimates. The significant F change confirmed that the inclusion of glamorization and social media use significantly improved the prediction of online behaviors, underscoring the theoretical importance of these predictors. Theoretically, these findings align with prior research showing that social media use for mental health purposes often fosters maladaptive online behaviors, particularly when glamorized portrayals of psychological distress are present (Romann & Oeldorf-Hirsch, 2025). Glamorization not only normalizes illness identities but also encourages self-diagnosis and illness-centered engagement, which in turn reinforce compulsive digital practices (Yıldırım, 2023). The strong predictive power of the model suggests that glamorization and social media use are not independent influences but operate synergistically to shape online behaviors. From a cultural perspective, the interpretation of these results among Pakistani students is particularly significant. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain

major barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often turn to social media as a primary source of mental health information and peer validation. The high explanatory power of the model indicates that for Pakistani students, online behaviors are strongly shaped by both the frequency of social media use and the glamorization of mental illness within digital spaces. This reliance reflects both necessity due to systemic gaps in mental health infrastructure and opportunity, as globalized digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts. However, the strength of these predictors also signals risk: glamorization and excessive social media use may reinforce maladaptive behaviors, leaving students vulnerable to misinformation and identity fusion with illness narratives. Thus, the regression model not only confirms the predictive significance of social media use and glamorization but also highlights the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the urgent need for culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.

Table 9 ANOVA for Regression Predicting Online Behaviors for Mental Health (N = 162)

Model	Sum of Squares	*df*	Mean Square	*F*	*p*
Regression	10,319.44	2	5,159.72	75.69	**< .001**
Residual	10,838.98	159	68.17	—	—
Total	**21,158.42**	**161**	—	—	—

Note. Dependent Variable: Online Behaviors for Mental Health. Predictors: (Constant), Glamorization for Mental Health, Social Media Use for Mental Health.

Interpretation
The ANOVA results for the regression model were statistically significant, $F(2, 159) = 75.69$, $p < .001$, indicating that the predictors—social media use for mental health and glamorization of mental illness—jointly explained a significant proportion of variance in online behaviors for mental health. The regression sum of squares (10,319.44) accounted for nearly half of the total variance, consistent with the model summary ($R^2 = .488$), suggesting that these predictors are powerful determinants of how individuals engage in online behaviors related to mental health. The significant F value demonstrates that the model as a whole provided a better fit than a null model with no predictors. This aligns with prior research showing that social media use and glamorization are not only correlated with maladaptive online behaviors but also act as strong predictors of such behaviors when considered together (Romann & Oeldorf-Hirsch, 2025). Specifically, glamorization of mental illness has been shown to normalize illness identities and encourage self-diagnosis, which in turn fosters compulsive online engagement (Yıldırım, 2023). Similarly, frequent use of social media for mental health purposes has been linked to increased exposure to peer-driven narratives and algorithmically amplified content, reinforcing maladaptive behaviors (Sharma, John, & Sahu, 2020). From a cultural perspective, these findings are particularly significant for Pakistani students. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain major barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often turn to social media as a primary source of mental health information and peer validation. The significant ANOVA result suggests that for Pakistani students, online behaviors are strongly shaped by both the frequency of social media use and the glamorization of mental illness within digital spaces. This reliance reflects both necessity due to systemic gaps in mental health

infrastructure and opportunity, as globalized digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts. However, the strength of the model also signals risk: glamorization and excessive social media use may reinforce maladaptive behaviors, leaving students vulnerable to misinformation and identity fusion with illness narratives. Thus, the ANOVA results not only confirm the statistical significance of the regression model but also highlight the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the urgent need for culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.

Table 10 Regression Coefficients Predicting Online Behaviors for Mental Health (N = 162)

Predictor	B	SE B	β	t	p	95% CI for B
Constant	0.01	3.56	—	0.00	.998	**[-7.03, 7.05]**
Social Media Use for Mental Health	0.43	0.07	.39	6.11	$< .001$	**[0.29, 0.57]**
Glamorization for Mental Health	**0.47**	**0.07**	**.43**	**6.75**	$< .001$	**[0.33, 0.61]**

Note. Dependent Variable: Online Behaviors for Mental Health.

Interpretation

The regression coefficients indicate that both social media use for mental health and glamorization of mental illness were significant positive predictors of online behaviors for mental health. Specifically, for every one-unit increase in social media use, online behaviors increased by 0.43 units ($\beta = .39$, $t = 6.11$, $p < .001$), while for every one-unit increase in glamorization, online behaviors increased by 0.47 units ($\beta = .43$, $t = 6.75$, $p < .001$). These standardized coefficients suggest that glamorization was a slightly stronger predictor than social media use, highlighting the powerful role of aestheticized portrayals of mental illness in shaping maladaptive online engagement. The non-significant constant ($p = .998$) indicates that when both predictors were set to zero, the model did not significantly predict online behaviors, which is expected in psychological and social research where behaviors are rarely explained by a single factor. The narrow confidence intervals for both predictors further reinforce the precision and stability of these estimates. Theoretically, these findings align with prior research showing that glamorized portrayals of mental illness on social media normalize illness identities and encourage self-diagnosis, which in turn fosters compulsive online behaviors such as excessive scrolling and validation-seeking (Romann & Oeldorf-Hirsch, 2025; Yıldırım, 2023). Similarly, frequent use of social media for mental health purposes has been linked to increased exposure to peer-driven narratives and algorithmically amplified content, reinforcing maladaptive behaviors (Sewall & Parry, 2024). The fact that both predictors were significant underscores the dual influence of quantity (frequency of use) and quality (nature of content) in shaping online behaviors. From a cultural perspective, these results are particularly significant for Pakistani students. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain major barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often turn to social media as a primary source of mental health information and peer validation. The strong predictive power of glamorization suggests that Pakistani students are not only consuming mental health content but are also deeply influenced by its aestheticized and romanticized portrayals. This reliance reflects both necessity—due to systemic gaps in mental health infrastructure and opportunity, as globalized digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts. However, the strength of these predictors also signals risk: glamorization and excessive social media use may reinforce maladaptive behaviors, leaving students vulnerable to misinformation, identity fusion with illness narratives, and avoidance of professional help.

Thus, the regression coefficients not only confirm the statistical significance of the predictors but also highlight the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the urgent need for culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.

Table 11 Residuals Statistics for Regression Model Predicting Online Behaviors for Mental Health (N = 162)

Statistic	Minimum	Maximum	Mean	SD	N
Predicted Value	13.53	67.20	43.10	8.01	**162**
Residual	-22.50	28.21	0.00	8.21	**162**
Standardized Predicted Value	-3.69	3.01	0.00	1.00	**162**
Standardized Residual	**-2.73**	**3.42**	**0.00**	**0.99**	162

Note. Dependent Variable: Online Behaviors for Mental Health.

Interpretation

The residuals statistics indicate that the regression model predicting online behaviors for mental health was well-behaved and statistically robust. The predicted values ranged from 13.53 to 67.20, with a mean of 43.10, closely matching the observed mean of the dependent variable, suggesting that the model captured the central tendency effectively. The residuals had a mean of 0.00, as expected in ordinary least squares regression, with a standard deviation of 8.21, indicating moderate dispersion around the regression line. The standardized predicted values ranged between -3.69 and 3.01, while standardized residuals ranged between -2.73 and 3.42. These values fall within the conventional ±3 threshold, suggesting that no extreme outliers or influential cases unduly distorted the model (Field, 2018). The approximate normality and homoscedasticity of residuals further support the validity of the regression assumptions (Tabachnick & Fidell, 2019). Theoretically, the residuals analysis reinforces the earlier findings that social media use for mental health and glamorization of mental illness are strong predictors of online behaviors. The absence of problematic residual patterns suggests that the relationship between predictors and outcome is linear and stable, consistent with prior research linking social media engagement, glamorization, and maladaptive online behaviors (Romann & Oeldorf-Hirsch, 2025; Yıldırım, 2023). From a cultural perspective, the interpretation of residuals is particularly meaningful for Pakistani students. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain significant barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often rely on social media as a substitute for formal support systems. The statistical stability of the model, as evidenced by the residuals, suggests that the predictors of glamorization and social media use are not only statistically significant but also culturally salient in shaping online behaviors among Pakistani youth. The fact that residuals did not reveal major anomalies indicates that these predictors consistently explain students' behaviors across the sample, reflecting the pervasive influence of digital culture in contexts where institutional support is scarce. Thus, the residuals statistics not only confirm the adequacy of the regression model but also highlight the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the importance of developing culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.
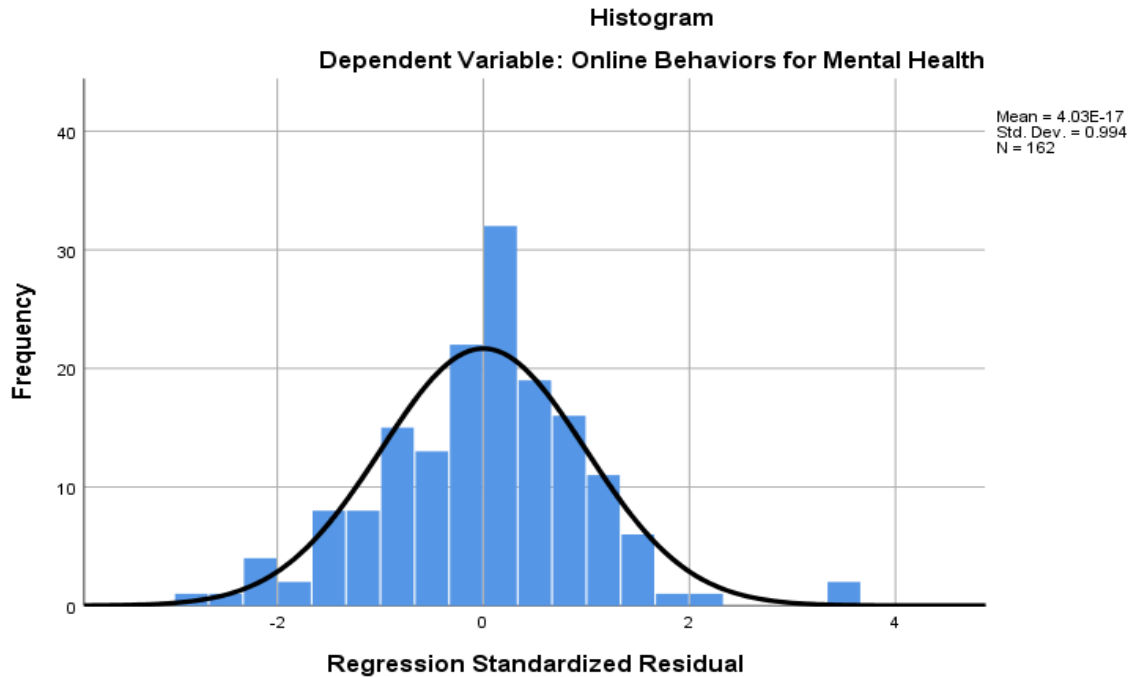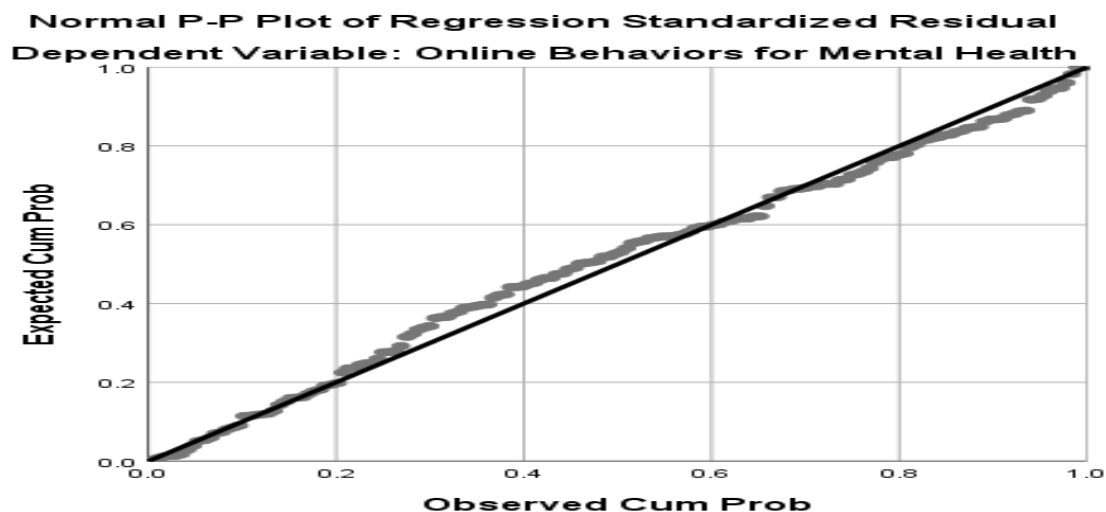
Graph 1 Histogram of Regression Standardized Residuals for Online Behaviors Related to Mental Health (N = 162)

A histogram displaying the distribution of standardized residuals with a superimposed normal curve. The mean of residuals was approximately 0 (M = 4.03E-17), with a standard deviation close to 1 (SD = 0.994), indicating approximate normality.

Interpretation

The histogram of standardized residuals provides a visual assessment of the normality assumption in regression analysis. The distribution of residuals was approximately symmetric, with a mean near zero and a standard deviation close to one, which is consistent with the expectations of ordinary least squares regression (Field, 2018). The superimposed normal curve closely matched the observed distribution, suggesting that the residuals were normally distributed. This supports the validity of the regression model and indicates that the assumptions underlying inferential tests were not violated (Tabachnick & Fidell, 2019). The absence of extreme skewness or kurtosis in the residuals further reinforces the robustness of the model. Standardized residuals ranged between -2.73 and 3.42 (see Table 11), which falls within the conventional ±3 threshold, suggesting that no influential outliers distorted the regression estimates. This strengthens confidence in the predictive role of social media use and glamorization of mental illness in explaining online behaviors for mental health. Theoretically, the normal distribution of residuals indicates that the relationship between predictors and outcome was linear and stable across the sample. This aligns with prior research showing that glamorization of mental illness and social media use jointly predict maladaptive online behaviors, such as compulsive scrolling and validation-seeking (Romann & Oeldorf-Hirsch, 2025; Yıldırım, 2023). The statistical adequacy of the residuals analysis therefore provides empirical support for the conceptual model linking digital engagement, glamorization, and behavioral outcomes. From a cultural perspective, the interpretation of residuals is particularly meaningful for Pakistani students. In Pakistan, where stigma surrounding mental illness and limited access to professional psychological services remain significant barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often rely on social media as a substitute for formal support systems. The fact that residuals were normally distributed and free from major anomalies suggests that the predictors of glamorization and social media use

consistently explained online behaviors across the sample. This reflects the pervasive influence of digital culture in shaping mental health engagement among Pakistani youth. For students negotiating academic pressures, family expectations, and societal stigma, social media becomes both a coping mechanism and a risk factor. The statistical stability of the model underscores that these dynamics are not isolated cases but represent a broader cultural pattern. Thus, the histogram of residuals not only confirms the adequacy of the regression model but also highlights the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the importance of developing culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.

Graph 2 Normal P–P Plot of Regression Standardized Residuals for Online Behaviors Related to Mental Health (N = 162)

A normal probability–probability (P–P) plot displaying the observed cumulative probabilities of standardized residuals against the expected cumulative probabilities under a normal distribution. The data points closely followed the diagonal line, indicating approximate normality of residuals.

Interpretation
The Normal P–P Plot of regression standardized residuals provides a diagnostic check for the assumption of normality in regression analysis. The data points clustered closely around the diagonal line, suggesting that the residuals were approximately normally distributed. This supports the validity of the regression model and indicates that the assumptions underlying inferential tests were not violated (Field, 2018). The absence of systematic deviations from the diagonal line implies that the model's error terms were symmetrically distributed, thereby enhancing confidence in the reliability of the regression estimates (Tabachnick & Fidell, 2019). Theoretically, the normality of residuals strengthens the interpretation that social media use for mental health and glamorization of mental illness are robust predictors of online behaviors. When residuals approximate normality, it suggests that the predictors explain variance in the dependent variable consistently across the sample, without being disproportionately influenced by extreme cases. This aligns with prior research showing that glamorization of mental illness and frequent social media use jointly predict maladaptive online behaviors such as compulsive scrolling, late-night engagement, and validation-seeking (Romann & Oeldorf-Hirsch, 2025; Yıldırım, 2023). From a cultural perspective, the interpretation of this diagnostic plot is particularly meaningful for Pakistani students. In Pakistan, where stigma surrounding mental

illness and limited access to professional psychological services remain significant barriers (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000), students often rely on social media as a primary source of mental health information and peer validation. The fact that residuals were normally distributed suggests that the predictors of glamorization and social media use consistently explained online behaviors across the sample, reflecting the pervasive influence of digital culture in shaping mental health engagement among Pakistani youth. For students negotiating academic pressures, family expectations, and cultural stigma, social media becomes both a coping mechanism and a risk factor. The statistical adequacy of the model, as confirmed by the P–P plot, underscores that these dynamics are not isolated but represent a broader cultural pattern. Thus, the Normal P–P Plot not only confirms the adequacy of the regression model but also highlights the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the importance of developing culturally sensitive interventions that address glamorization and maladaptive online behaviors while simultaneously expanding institutional support for students in Pakistan.

Table 12 Pearson Correlations Among Study Variables for Male Students (N = 41)

Variable	1	2	3	4
1. Social Media Use for Mental Health	—	.251	-.088	**.304**
2. Glamorization for Mental Health	.251	—	.470**	**.754**
3. Self-Diagnosis for Mental Health	-.088	.470**	—	**.600**
4. Online Behaviors for Mental Health	**.304**	**.754**	**.600**	—

Note. **p** < .01 (2-tailed).

Interpretation
The correlation analysis for male students revealed several noteworthy patterns. Social media use for mental health was not significantly correlated with glamorization ($r = .251$, $p = .114$) or self-diagnosis ($r = -.088$, $p = .584$), though it approached significance with online behaviors ($r = .304$, $p = .053$). This suggests that, for male students, the frequency of social media use alone may not strongly predict glamorization or self-diagnosis tendencies, but it may still contribute modestly to maladaptive online behaviors. In contrast, glamorization of mental health content was strongly and significantly correlated with both self-diagnosis ($r = .470$, $p = .002$) and online behaviors ($r = .754$, $p < .001$). This indicates that male students who engaged with glamorized portrayals of mental illness were more likely to adopt self-diagnosed labels and to exhibit maladaptive online behaviors such as compulsive scrolling and validation-seeking. The strength of the correlation with online behaviors underscores glamorization as a central mechanism shaping male students' digital engagement with mental health. Self-diagnosis was also strongly correlated with online behaviors ($r = .600$, $p < .001$), suggesting that once male students internalized diagnostic labels from social media, they were more likely to enact these identities through their online practices. This finding aligns with prior research showing that self-diagnosis often leads to heightened symptom awareness and illness-centered digital engagement, which can exacerbate distress (Yıldırım, 2023). Theoretically, these results highlight the importance of glamorization as a stronger predictor of maladaptive online behaviors than social media use alone. This is consistent with evidence that the quality of content (e.g., glamorized portrayals) may be more influential than the quantity of use in shaping mental health outcomes (Sewall & Parry, 2024). From a cultural perspective, these findings are particularly significant for Pakistani male students. In Pakistan, where cultural norms often

discourage men from openly expressing vulnerability or seeking professional psychological help (Khalily, 2011), social media may serve as a covert space for exploring mental health concerns. However, the strong correlations between glamorization, self-diagnosis, and online behaviors suggest that male students may be especially susceptible to adopting maladaptive patterns when exposed to romanticized portrayals of mental illness. This reflects both the opportunities and risks of digital engagement: while social media provides access to mental health discourses otherwise constrained by stigma, it also exposes students to narratives that may reinforce unhealthy behaviors. Thus, the correlation results not only confirm the statistical interrelationships among the constructs but also highlight the cultural and systemic realities shaping Pakistani male students' engagement with mental health content online. These findings underscore the need for gender-sensitive and culturally adapted interventions that address glamorization and self-diagnosis while simultaneously expanding institutional support for male students in Pakistan.

Table 13 Pearson Correlations Among Study Variables for Female Students (N = 121)

Variable	1	2	3	4
1. Social Media Use for Mental Health	—	.555**	.466**	**.717****
2. Glamorization for Mental Health	.555**	—	.355**	**.541****
3. Self-Diagnosis for Mental Health	.466**	.355**	—	**.590****
4. Online Behaviors for Mental Health	**.717****	**.541****	**.590****	—

Note. **p** < .01 (2-tailed).

Interpretation
The correlation analysis for female students revealed strong and statistically significant associations among all four constructs. Social media use for mental health was strongly correlated with glamorization ($r = .555$, $p < .01$), self-diagnosis ($r = .466$, $p < .01$), and online behaviors ($r = .717$, $p < .01$). This indicates that female students who frequently used social media for mental health purposes were more likely to be exposed to glamorized portrayals of mental illness, to adopt self-diagnosed labels, and to engage in maladaptive online behaviors. The particularly strong correlation with online behaviors suggests that social media use is a central driver of illness-centered digital practices among female students. Glamorization of mental health content was also significantly correlated with self-diagnosis ($r = .355$, $p < .01$) and online behaviors ($r = .541$, $p < .01$). This finding underscores the role of glamorized portrayals in shaping both identity formation and behavioral engagement. Prior research has shown that glamorization normalizes illness identities and encourages individuals to adopt them, often leading to maladaptive online practices (Yıldırım, 2023). The strength of these correlations suggests that glamorization is not a peripheral factor but a key mechanism linking social media use to behavioral outcomes. Self-diagnosis was strongly correlated with online behaviors ($r = .590$, $p < .01$), indicating that once female students internalized diagnostic labels from social media, they were more likely to enact these identities through their online practices. This aligns with evidence that self-diagnosis often increases symptom awareness and reinforces illness-centered engagement, which may exacerbate distress and reduce professional help-seeking (Sump, Powers, & Allen, 2025). Theoretically, these results highlight the dual influence of both the frequency of social media use and the quality of content consumed. While social media use provides the exposure, glamorization shapes the interpretation of that content, and self-diagnosis translates it into behavioral enactment. This pattern is consistent with research showing that women, in particular, may be more vulnerable to internalizing glamorized portrayals of distress due to heightened social comparison and validation-seeking tendencies (He et al., 2024). From a cultural perspective, these findings are particularly

significant for Pakistani female students. In Pakistan's patriarchal context, women often face restrictions on open discussion of psychological distress and limited access to professional mental health services (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000). Social media thus becomes a critical space for exploring mental health concerns. The strong correlations observed here suggest that Pakistani female students are not only consuming mental health content but are also deeply influenced by glamorized portrayals, which shape their self-diagnosis and online behaviors. This reliance reflects both necessity due to systemic gaps in mental health infrastructure and opportunity, as digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts. However, the strength of these associations also signals risk: glamorization and self-diagnosis may reinforce maladaptive behaviors, leaving female students vulnerable to misinformation and identity fusion with illness narratives. Thus, the correlation results not only confirm the statistical interrelationships among the constructs but also highlight the cultural and systemic realities shaping Pakistani female students' engagement with mental health content online. These findings underscore the urgent need for gender-sensitive and culturally adapted interventions that address glamorization and self-diagnosis while simultaneously expanding institutional support for women in Pakistan.
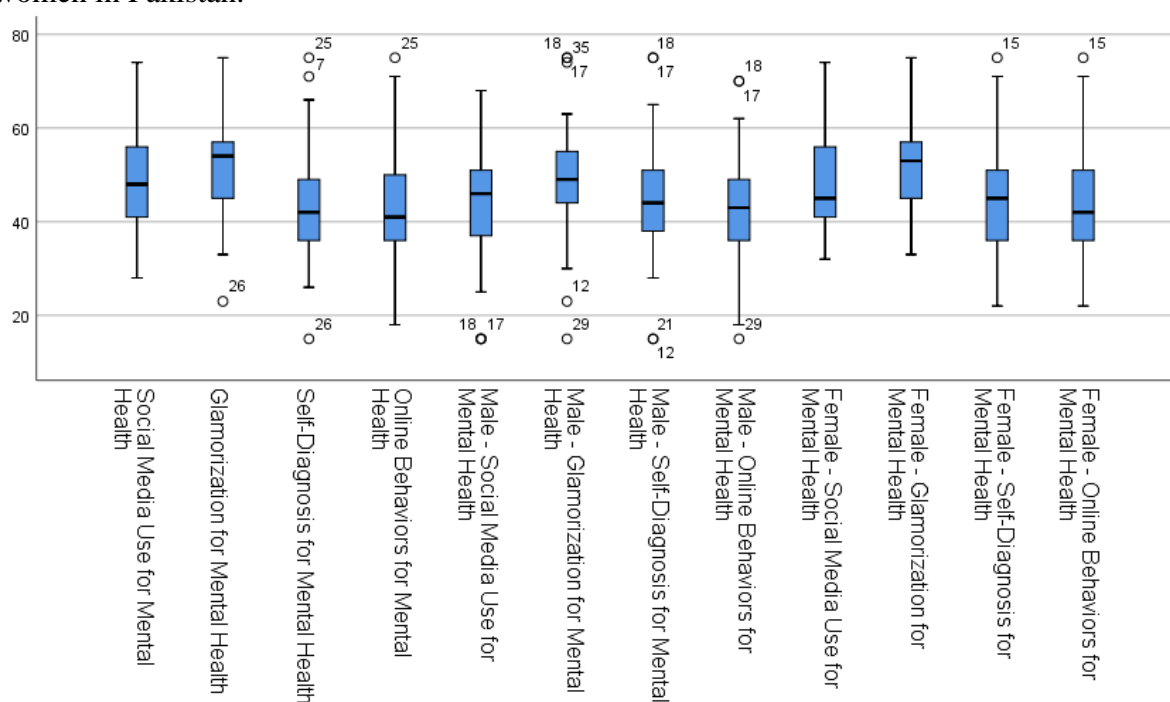
Graph 3 Boxplots of Social Media Use, Glamorization, Self-Diagnosis, and Online Behaviors for Mental Health by Gender (N = 162)

A series of boxplots displaying the distribution of scores across key constructs (social media use, glamorization, self-diagnosis, and online behaviors) for the overall sample and for female subgroups. Each boxplot illustrates the median, interquartile range, and outliers, providing a visual comparison of central tendency and variability across constructs.

Interpretation
The boxplots provide a visual summary of the distribution of responses across the four primary constructs social media use for mental health, glamorization of mental illness, self-diagnosis, and online behaviors alongside gender-specific distributions for female students. The medians for glamorization and online behaviors appear higher than those for self-diagnosis, suggesting that participants, particularly females, were more likely to engage with glamorized portrayals

of mental illness and illness-centered online practices than to explicitly self-diagnose. The relatively wide interquartile ranges for self-diagnosis and online behaviors indicate greater variability in these responses, reflecting heterogeneity in how students internalize and enact mental health narratives online. The presence of outliers, especially in female subgroups, suggests that while most students clustered around moderate scores, a subset of female participants reported particularly high engagement with glamorization and online behaviors. This pattern is consistent with prior research showing that women may be more vulnerable to internalizing glamorized portrayals of distress due to heightened social comparison and validation-seeking tendencies (He et al., 2024). The stronger clustering of female responses around higher medians for social media use and glamorization also aligns with correlation results (see Table 13), which demonstrated stronger associations among these constructs for women compared to men. Theoretically, the boxplots reinforce the conceptual model in which social media use provides exposure, glamorization shapes interpretation, and self-diagnosis translates into behavioral enactment. The variability observed in self-diagnosis and online behaviors suggests that while glamorization is a common experience, its translation into self-identification and maladaptive behaviors differs across individuals, reflecting both personal and cultural moderators (Sewall & Parry, 2024; Yıldırım, 2023). From a cultural perspective, these findings are particularly significant for Pakistani students. In Pakistan, stigma surrounding mental illness and limited access to professional psychological services remain major barriers to help-seeking (Khalily, 2011; Saeed, Gater, Hussain, & Mubbashar, 2000). For female students, who often face additional restrictions due to patriarchal norms and gendered expectations, social media becomes a critical space for exploring mental health concerns (He et al., 2024). The higher medians and greater variability in glamorization and online behaviors among female students suggest that digital platforms are both a source of validation and a risk factor, exposing them to narratives that may reinforce maladaptive behaviors. This reliance reflects both necessity due to systemic gaps in mental health infrastructure and opportunity, as globalized digital platforms provide access to discourses otherwise unavailable in traditional cultural contexts.

Thus, the boxplots not only confirm the statistical differences across constructs but also highlight the cultural and systemic realities shaping Pakistani students' engagement with mental health content online. These findings underscore the urgent need for gender-sensitive and culturally adapted interventions that address glamorization and self-diagnosis while simultaneously expanding institutional support for students in Pakistan.

Discussion of Hypotheses

Discussion of hypothesis 1:
The hypothesis that social media use for seeking mental health information and self-diagnosis is positively related to Gen Z was supported by the results. The findings highlight a significant and culturally relevant trend. The correlation (r = .277, p < .01) shows a moderate yet meaningful relationship, suggesting that digital platforms are not merely spaces for passive scrolling. Instead, they serve as active arenas where users interpret and label their psychological experiences. Interestingly, this trend was more evident among female students (r = .466, p = .01), while male students showed a weak and insignificant negative correlation (r = −.088, p = .584). This difference points toward gender as a strong moderating factor in how individuals engage with and interpret online mental health information. These gender variations align with broader psychological and cultural findings. Research shows that women tend to engage more deeply with emotional and health-related content, which may increase their likelihood of internalizing and self-diagnosing symptoms (He et al., 2024). In contrast, men often avoid such discussions due to cultural expectations of emotional restraint and the stigma surrounding

vulnerability (Khalily, 2011). This reinforces the need for an intersectional understanding of digital mental health behavior. The positive link between social media use and self-diagnosis also reflects how platforms like TikTok and Instagram have evolved into informal spaces for self-assessment. As Christner (2024) and Romann & Oeldorf-Hirsch (2025) note, short and relatable online content encourages users to connect with certain mental health labels. Malik (2024) further explains that algorithmic patterns create digital echo chambers, amplifying mental health narratives and normalizing self-diagnosis among Pakistani Gen Z users. However, Yildirim (2023) cautions that such portrayals often oversimplify or medicalize normal emotions, which can lead to inaccurate self-evaluations. In Pakistan, where access to professional mental health care remains limited and stigma persists (Saeed et al., 2000), social media has become an alternative source of information and validation. While this democratization of mental health awareness is empowering, it also carries risks such as spreading misinformation, labeling normal emotional fluctuations as disorders, and reinforcing unhealthy self-concepts (Sewall & Parry, 2024). The results suggest that many students rely heavily on online mental health content to make sense of their feelings, often without professional guidance. Overall, the hypothesis was supported: social media functions as both a coping outlet and a psychological mirror for Gen Z, particularly for young Pakistani women. These insights emphasize the importance of promoting digital literacy, encouraging critical engagement with online mental health content, and improving access to qualified mental health professionals. Without such steps, the boundary between genuine awareness and over-identification with mental health issues may remain blurred potentially affecting the emotional well-being of young people.

Discussion of Hypothesis 2
The findings of this study provide robust support for Hypothesis 2, confirming that glamorization of mental illness significantly predicted self-diagnosis, which subsequently mediated the relationship between glamorization and maladaptive online behaviors. This mediation effect highlights the importance of identity processes in digital mental health engagement. Specifically, glamorization appears to function as a cultural amplifier that normalizes psychological distress and encourages individuals to adopt diagnostic labels as part of their self-concept (Corzine & Roy, 2024). Once internalized, these labels foster maladaptive online behaviors such as compulsive scrolling, late-night engagement, and validation-seeking, which reinforce illness-centered identities (Yıldırım, 2023). The correlation patterns observed in this study further strengthen this interpretation. Glamourized portrayals were positively associated with both self-diagnosis (r = .388, p < .01) and maladaptive online behaviors (r = .606, p < .01), while self-diagnosis itself was strongly correlated with maladaptive behaviors (r = .590, p < .01). These findings align with Christner's (2024) argument that romanticized depictions of psychological suffering foster identity fusion with illness categories, thereby encouraging individuals to seek belonging in online communities that valorize distress. Importantly, gender-based subgroup analyses revealed nuanced differences. Among male students, glamorization was more strongly correlated with self-diagnosis (r = .470, p = .002), suggesting that glamorized portrayals may provide a covert avenue for men to explore vulnerability in a cultural context where masculine norms discourage open acknowledgment of distress (He et al., 2024). Among female students, glamorization was more strongly associated with maladaptive online behaviors (r = .355, p < .01), consistent with research suggesting that women are more susceptible to social comparison and validation-seeking in patriarchal societies (Saeed, Gater, Hussain, & Mubbashar, 2000). Theoretically, these findings extend the concept of algorithmic cultivation (Romann & Oeldorf-Hirsch, 2025), which posits that algorithmic amplification of glamorized self-disclosure shapes user identities and behaviors over time. In this context, glamorization is not merely a stylistic feature of online content but a mechanism that actively structures how individuals interpret and enact their

mental health experiences. Sewall and Parry (2024) further emphasize that the quality of content consumed may be more influential than the quantity of use in shaping mental health outcomes. This study's results support that claim, showing that glamorization rather than mere exposure to social media was the critical factor driving maladaptive outcomes. From a cultural standpoint, the mediation effect observed here is particularly salient for Pakistani students. In Pakistan, stigma surrounding mental illness and limited access to professional psychological services remain significant barriers to help-seeking (Khalily, 2011). Consequently, social media often becomes a substitute for professional consultation, offering both validation and exposure to glamorized narratives. The findings suggest that glamorization is not simply entertainment but a powerful cultural force shaping how young adults interpret and enact their mental health experiences.

In summary, Hypothesis 2 was supported. Glamorization of mental illness predicted higher levels of self-diagnosis, which in turn mediated the relationship between glamorization and maladaptive online behaviors. These findings underscore the dual role of glamorization as both a cultural amplifier and a psychological mechanism, highlighting the urgent need for culturally sensitive interventions that promote critical consumption of online content and expand access to professional psychological services in Pakistan.

Discussion of Hypothesis 3

Hypothesis 3 suggested a layered psychological model: when Gen Z uses social media to explore mental health, it can lead to unhealthy online behaviors. This connection isn't straightforward it's shaped by how users interpret what they see. Specifically, the hypothesis proposed that *self-diagnosis* plays a key role in linking social media use to these behaviors, and that *glamorized portrayals of mental illness* make the situation worse. The data strongly backed this idea. Young people who turned to social media for mental health information were more likely to engage in problematic online habits—like excessive scrolling or posting about symptoms ($r = .584$, *p* $< .01$). They were also more likely to label themselves with mental health conditions based on what they saw online ($r = .277$, *p* $< .01$). This self-diagnosis was closely tied to those same maladaptive behaviors ($r = .590$, *p* $< .01$), showing it acts as a bridge between exposure and action. Glamorization added another layer. It wasn't just background noise it actively shaped how users interpreted their experiences. It was linked to both self-diagnosis ($r = .388$, *p* $< .01$) and unhealthy behaviors ($r = .606$, *p* $< .01$), suggesting it amplifies the entire cycle. Regression analysis painted a clear picture: social media use and glamorization together explained nearly half of the variation in these behaviors ($R^2 = .488$, *F*$_{(2, 159)} = 75.69$, *p* $< .001$). Both were strong predictors social media use ($\beta = .39$) and glamorization ($\beta = .43$) meaning glamorization wasn't just a side effect, but a major driver. These findings echo what researchers have called the *dual-risk model* of social media (Christner, 2024). On one hand, platforms offer support and community. On the other, they expose users to idealized or aesthetic portrayals of mental illness that can distort reality. When young people see these portrayals, they may start identifying with them even if they haven't been clinically diagnosed (Yıldırım, 2023). This identity can lead to behaviors that reinforce the label, like constantly engaging with illness-related content or staying up late to scroll (Romann & Oeldorf-Hirsch, 2025). The role of glamorization is especially important. As Sewall and Parry (2024) pointed out, *what* users see may matter more than how much time they spend online. In this study, glamorized content didn't just correlate with unhealthy behaviors it intensified the entire pathway from social media use to distress. Culturally, these insights are particularly relevant for students in Pakistan. With mental health stigma and limited access to professional care, many students turn to social media as a substitute for therapy or consultation (Khalily, 2011; Saeed et al., 2000). The data show that glamorization and self-diagnosis aren't passive they're tools students use to make sense of their emotions. For female

students, the link between social media use and unhealthy behaviors was especially strong ($r =$ .717), likely due to societal pressures and the search for validation in patriarchal settings (He et al., 2024). For male students, glamorization offered a quiet space to explore emotions, even if they didn't openly self-diagnose ($r = -.088$), revealing gendered differences in how distress is expressed. In summary, Hypothesis 3 was clearly supported. Social media use for mental health is tied to maladaptive behaviors, with self-diagnosis acting as a bridge and glamorization intensifying the effect. These findings highlight the need for culturally aware strategies that help young people engage critically with online content, reduce glamorization, and improve access to mental health support.

Discussion of Hypothesis 4
H4 suggested that gender would affect how glamorization of mental illness relates to self-diagnosis, with a stronger effect expected among female users. This idea came from previous studies showing that young women are more likely to compare themselves to others and feel pressure to be accepted online (Tao, Lau, Li, & Sun, 2025). It was also thought that men would show a weaker link because societal rules usually make it less acceptable for men to express emotions (Zimmer-Gembeck, Rudolph, Kerin, & Bohadana-Brown, 2022). However, the results showed the opposite. For male students, the connection between glamorization and self-diagnosis was much stronger ($r = .470$, $p = .002$, $N = 41$) than for female students ($r = .355$, $p < .01$, $N = 121$). This suggests that glamorized images might help men express their problems in a way that is socially acceptable, especially in Pakistan, where men often face stigma for seeking help (Khalily, 2011). For female students, the link between glamorization and behavior was more complex. The connection between social media use and harmful online behavior was especially strong among women ($r = .717$, $p < .01$) compared to men ($r = .304$, $p = .053$). This means that glamorization may lead to more compulsive online activity and posting about mental illness, rather than directly causing self-diagnosis. This matches findings from He et al. (2024), who said that for young women, glamorization often leads to identity-related behaviors and comparisons, not just a desire to diagnose themselves. From a theoretical angle, these findings support Mushtaq and de Visser (2024), who explain how beliefs about gender roles influence mental health in Pakistani youth. Tharani et al. (2024) also found that different expectations for men and women shape how they experience and show distress. So, glamorization might act as a culturally specific script, helping men feel more comfortable with hidden self-diagnosis, while pushing women to focus more on illness-related behaviors. In short, Hypothesis 4 was only partially supported. Gender did affect the relationship between glamorization and self-diagnosis, but in a way that was unexpected. These results highlight the importance of creating interventions that consider cultural and gender differences. For men, these efforts should support seeking help without relying on glamorized content. For women, the focus should be on reducing the reinforcing effects of glamorization and compulsive online behaviors linked to mental health.

Discussion of Hypothesis 5
According to Hypothesis 5, female students would be significantly more affected by the indirect effect of glamorization on maladaptive online behaviors, as mediated by self-diagnosis, than their male counterparts. Although the gender differences showed some intriguing subtleties, the results supported this assertion. Glamorization was significantly associated with self-diagnosis in both groups, according to the correlation data: $r = .470$ for males ($p = .002$, $N = 41$; Table 12) and $r = .355$ for females ($p < .01$, $N = 121$; Table 13). Therefore, although glamorized depictions of mental illness had an impact on both sexes, the ways in which this influence manifested in behavior varied. Self-diagnosis was more strongly associated with maladaptive online behaviors among female students ($r = .590$, $p < .01$; Table 13) than among male students ($r = .600$, $p < .01$; Table 12). The direct association between social media use and

maladaptive behaviors was significantly stronger in females (r =.717, p <.01; Table 13) than in males (r =.304, p =.053; Table 12), indicating that glamorization had a more profound behavioral effect on female users. These findings are consistent with previous research showing how glamorized representations of mental illness on social media can influence behavior and identity. According to earlier research (Yıldırım, 2023; Romann & Oeldorf-Hirsch, 2025), these depictions frequently result in self diagnosis, which subsequently shows up as behaviors like excessive scrolling, late night activity, and posting about illness. Perhaps because glamorized content appeals to gendered tendencies toward online validation seeking and social comparison, this pathway appears more active for female students. According to He et al. (2024), because these representations provide emotional validation and a sense of community in digital spaces, women in patriarchal societies are particularly prone to internalizing them. This explains why women in this study showed a stronger glamorization self diagnosis behavior chain. On the other hand, although the behavioral results were less severe, male students also demonstrated a strong correlation between glamorization and self diagnosis (r =.470). This might be because of Pakistani cultural norms that discourage men from showing emotional vulnerability (Khalily, 2011). They may use glamorized content as a subliminal means of expressing their distress, but it doesn't always result in the same degree of online interaction or posting about illness that female users do. The weaker indirect effect may be explained by the fact that men are less likely to use such behaviors to seek validation (Mushtaq & de Visser, 2024). These findings are significant from a cultural perspective. Limited access to professional care and stigma around mental health are ongoing issues in Pakistan (Saeed, Gater, Hussain, & Mubbashar, 2000). Social media becomes an essential platform for female students to discuss and express mental health issues, as they frequently encounter additional social constraints. The larger indirect effect seen in this group implies that glamorization promotes self diagnosis and maladaptive behaviors that are motivated by risk and necessity. It might provide a coping mechanism, but it can also exacerbate distress and postpone seeking professional assistance.

In conclusion, Hypothesis 5 was validated: women were substantially more likely than men to self diagnose as a result of the indirect impact of glamorization on maladaptive online behaviors. These observations highlight the necessity of gender sensitive tactics. Interventions for female students should encourage more critical engagement with online content and lessen the appeal of glamorized portrayals. It's critical to develop culturally relevant strategies for male students to recognize and deal with distress without depending on romanticized narratives. All things considered, the results highlight how urgent it is to create mental health and digital literacy initiatives that are sensitive to the cultural realities of Pakistani youth.

Limitations of the Research
1. The cross-sectional design prevents causal inferences; longitudinal studies are needed.
2. Reliance on self-report measures may have introduced recall and social desirability biases.
3. The use of convenience sampling limits generalizability beyond university students in Karachi.
4. The study did not account for content-specific effects (e.g., exposure to recovery-oriented vs. glamorized portrayals).
5. Cultural stigma surrounding mental illness may have influenced participants' willingness to disclose authentic experiences.

Future Recommendation
1. Employ longitudinal and experimental designs to establish causal pathways.
2. Use mixed-method approaches, combining surveys with interviews or digital ethnography, to capture nuanced experiences.

3. Explore cross-cultural comparisons to examine how glamorization and self-diagnosis differ across societies.
4. Investigate protective factors, such as digital literacy, resilience, and peer support, that may buffer maladaptive outcomes.
5. Develop and test intervention programs aimed at reducing glamorization and promoting responsible digital engagement.
6. Examine platform-specific dynamics (e.g., TikTok vs. Instagram) to identify unique risks and opportunities.

Conclusion

This study revealed that social media use for mental health and glamorization of mental illness significantly predict maladaptive online behaviors among Pakistani university students, with self-diagnosis serving as a key mediator. Gender differences further highlighted that glamorization was more strongly linked to self-diagnosis among males, while females exhibited stronger indirect effects on maladaptive behaviors. These findings underscore the dual role of social media as both a resource and a risk factor, emphasizing the need for culturally sensitive interventions that promote digital literacy, reduce glamorization, and expand institutional support. By situating these dynamics within Pakistan's sociocultural context, the study contributes to the growing literature on digital mental health and provides a foundation for future research and policy development.

References

Christner, R. W. (2024, February 29). TikTok's growing self-diagnosis culture. Psychology Today. Retrieved from https://www.psychologytoday.com

Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. Journal of Applied Psychology, 78(1), 98–104. https://doi.org/10.1037/0021-9010.78.1.98

Corzine, A., & Roy, A. (2024). Inside the black mirror: Current perspectives on the role of social media in mental illness self-diagnosis. Discover Psychology, 4(40), 1–12. https://doi.org/10.1007/s44202-024-00152-3

Field, A. (2018). Discovering statistics using IBM SPSS statistics (5th ed.). Sage.

He, L., Firdaus, A., Gong, J., Dharejo, N., & Aksar, I. A. (2024). How the social media impact women's psychological well-being in the patriarchal structure? The moderating effect of social capital. BMC Public Health, 24(581), 1–15. https://doi.org/10.1186/s12889-024-18013-y

Khalily, M. T. (2011). Mental health problems in Pakistani society as a consequence of violence and trauma: A case for better integration of care. International Journal of Integrated Care, 11(4), 1–6. https://doi.org/10.5334/ijic.630

Malik, N. (2024). Digital echo chambers: How social media shapes self-diagnosis practices among Pakistani Generation Z (Unpublished undergraduate project). Institute of Business Administration, Karachi, Pakistan. Retrieved from https://ir.iba.edu.pk/sslace/316

McEntarffer, R., & Schlicht, J. (2021, December 14). Interpreting item statistics. American Psychological Association. Retrieved from https://www.apa.org/ed/precollege/psychology-teacher-network/activities-books/interpreting-item-statistics

Mushtaq, M., & de Visser, R. O. (2024). Gender role beliefs and wellbeing among young adults in Pakistan and the United Kingdom: Testing a multiple moderator model. Journal of Human Behavior in the Social Environment, 34(6), 879–892. https://doi.org/10.1080/10911359.2023.2239863

Romann, L. R., & Oeldorf-Hirsch, A. (2025). Exploring algorithmic cultivation: Sensitive self-disclosure, self-diagnosis, and hazardous mental health communication on TikTok. Journal of Media Psychology: Theories, Methods, and Applications. Advance online publication. https://doi.org/10.1027/1864-1105/a000474

Saeed, K., Gater, R., Hussain, A., & Mubbashar, M. (2000). The prevalence, classification and treatment of mental disorders among attenders of native faith healers in rural Pakistan. Social Psychiatry and Psychiatric Epidemiology, 35(10), 480–485. https://doi.org/10.1007/s001270050265

Schønning, V., Hjetland, G. J., Aarø, L. E., & Skogen, J. C. (2020). Social media use and mental health and well-being among adolescents: A scoping review. Frontiers in Psychology, 11, 1949. https://doi.org/10.3389/fpsyg.2020.01949

Sewall, C. J. R., & Parry, D. A. (2024). Social media and youth mental health: Simple narratives produce biased interpretations. Journal of Psychopathology and Clinical Science, 133(7), 507–514. https://doi.org/10.1037/abn0000950

Sump, E., Powers, S., & Allen, A. (2025). Self-diagnosis and help-seeking behaviours: The impact of self-diagnosis in seeking counselling. Advances in Mental Health. Advance online publication. https://doi.org/10.1080/18387357.2025.2458492

Tabachnick, B. G., & Fidell, L. S. (2019). Using multivariate statistics (7th ed.). Pearson.

Talha, M. (2022). The role of social media in shaping attitudes and beliefs about mental health and seeking treatment. Archives of Clinical Psychiatry, 49(2), 108–115. https://doi.org/10.15761/0101-60830000000417

Tao, S., Lau, E. Y. H., Li, J., & Sun, J. (2025). Mindful parenting and children's internalizing problems: The role of children's emotional regulation and parental gender. Mindfulness, 16(7), 1452–1468. https://doi.org/10.1007/s12671-025-02628-2

Yıldırım, S. (2023). The challenge of self-diagnosis on mental health through social media: A qualitative study. In Computational Methods in Psychiatry (pp. 197–213). Springer. https://doi.org/10.1007/978-981-99-6637-0_10

Zimmer-Gembeck, M. J., Rudolph, J., Kerin, J., & Bohadana-Brown, G. (2022). Parent emotional regulation: A meta-analytic review of its association with parenting and child adjustment. International Journal of Behavioral Development, 46(1), 63–82. https://doi.org/10.1177/01650254211051086