The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 3, July- September, 2023
DIP: 18.01.052.20231103, DOI: 10.25215/1103.052
https://www.ijip.in

Research Paper

Self-Labeling as Having Mental Health Illness among Psychology Students

Aishwarya Balakrishnan[1]*, Dr. Akshaya I[2]

ABSTRACT

This study aimed to explore how and why psychology students label themselves as having a mental health disorder and how it impacts their lives using a qualitative approach with the help of thematic analysis. A sample of 10 students was taken and a semi-structured interview was administered to them. Thematic analysis was conducted on the data obtained which revealed 7 themes: Onset of self-labeling, effects of studying psychology, sources, effects of labeling, measures taken to manage symptoms, differences in labeling from the past, and labeling others. It was concluded that students tend to start labeling when formally exposed to the subject of abnormal psychology which becomes more concrete by the time, they are doing their Master's. Many sources are used to confirm the label and that studying psychology also sometimes leads students to label other individuals they come across.

Keywords: *Self- Labeling, Psychology, Students*

With an increase in awareness about mental health illnesses, the need for competent mental health practitioners has increased. Self-labeling involves inappropriate health-related fears based on bodily cues indicative of a serious mental health condition and designating oneself as having it.

Attending college can be stressful for many students as they might experience pressure in addition to their academic stressors. Some students may face anxiety due to individuation from family while others may have other factors such as working and studying simultaneously. Most mental health conditions have their onset and peak during young adulthood. Anxiety disorders are one of the most prevalent psychiatric disorders among students with social anxiety disorder having the lowest age of onset. Another common mental health concern prevalent among students is depression. There is an elevated risk for mood disorders among teenagers which increases with age in a linear fashion.

Counselor anxiety has been found to have an inverse relationship with performance (Friedlander et al., 1986). Apart from the academic challenges the students face, the actual content of their syllabus may significantly contribute to their stress. With the increasing

[1]Kristu Jayanti College, Bengaluru, India
[2]Kristu Jayanti College, Bengaluru, India
*Corresponding Author

Received: April 30, 2023; Revision Received: July 10, 2023; Accepted: July 14, 2023

knowledge of the symptomatology of pathological disorders, from texts as well as online sources, the tendency of a common individual is to relate to the said disorder.

The roots of self-labelling can be traced back to 4 processes as mentioned below:
Auto-suggestive Labelling leads to transformation due to an intrapsychic process that is not triggered by social labelling or reactions. People tend to label themselves according to their character features and how they know themselves to be. Here, the phenomenon of self-labelling is an independent variable while the resultant social labelling and reactions is the dependent variable.

Transformative Labelling takes place when the intra-psychic label is incongruent with the label assigned by others. In order to conform to this new label given by others, the old identity must first be destroyed and then the individual must involve himself in practices to fit into the new label given to him. The destruction of old identity is a prerequisite for acquiring a new categorical label followed by the valuators of the new label to be primary to the individual. After the significance of influence of other people, it is important for persons involvement in the new categorical label to be functional.

Transmutive Labelling refers to the process of acquiring a belief about oneself. Thus, if one behaves as the label says and if others react in congruence to the label, they believe to be having it. Thus, the process of naming in which the labeller believes the label has an inherent power can be equated with the self-fulfilling prophecy itself.

Indicative Labelling proposed that a self-fulfilling labelling process is possible if the labeller believes in a man's a priori categorization. Irrespective of whether the individual actually signifies the label that was given to him or not, the label does not have any transformative power but may be a good indication of the individual in the original category. The layperson's exposure to knowledge today is expansive and empowers them to find out more about their health. In this day and age of increased workload and decreased time, along with the convenience of using google for anything, the temptation to form our conclusions about disorders is very strong. However, self-diagnosing is not a new phenomenon.

Self-diagnosing and the associated feelings have caught the eye of many thinkers dating back to the early 1900s. There is a tendency among medical students to experience the symptoms of the diseases that they are currently studying. George Lincoln Walton (1908) noted that medical instructors were continually approached by their students with the worry of having the disease that they were studying. This phenomenon is known as Medical Student's Disease (or intern syndrome/second-year syndrome). A similar pattern can be seen in psychology students as well. When they are first exposed to an abnormal psychology paper, they start learning about psychopathology and develop a tendency to relate their feelings and behaviours to mental disorders.

Labeling theory (Becker, 1963) refers to the idea that the behavior of a human being is significantly affected by the way people around him label him. Thomas Scheff (1966) claimed that mental illness is manifested as a result of societal influence. According to him, society decides certain behaviors to be deviant and often places a label on people who perform these. This in turn places certain expectations on these individuals to behave in a certain way which in time, may be performed unconsciously.

Link et al. (1989) advanced a **'Modified Labeling Theory'** which hypothesizes that an individual labeled with mental illness is prone to a negative self-concept if they start to internalize stereotypes that they were socialized to accept before getting the label. The theory says that both internalized conceptions, as well as others' rejection based on deviant behavior, contribute to coping strategies used by individuals with mental illness. These strategies are supposed to be self-protective but end up defeating the purpose. Coping strategies such as withdrawal tend to further isolate individuals and generate self-fulfilling expectancy effects that reinforce a negative self-concept in the form of low self-esteem, demoralization, and vulnerability to repeat episodes.

Thoit's (1985) theory on self-labeling processes in mental illness claims that there are 3 conditions that facilitate the process of self-labeling. They include: (1) The person is well-socialized. (2) There are known norms about acceptable behaviour that can be applied by oneself or by other individuals. (3) The individual is motivated to conform to social expectations.

The common-sense model of illness representation (Levanthal, Meyer, & Nerenz; 1980) highlights the presence of emotional as well as cognitive components which guides an individual's attempt to cope with their health condition. This would affect health outcomes as well as have an impact on the psychological distress and overall well-being of the individual. The CSM proposes that 5 components influence the illness representation in people: 1. Identity 2. Timeline 3. Consequences 4. Cause 5. Control. The CSM can be used for describing and understanding the representations of mental health illnesses thus helping us understand how they respond to such situations.

Throughout the years, few studies have been conducted to understand self-labeling among psychology students. Thus, this study aims to study the impact of self-labeling among psychology students and their response to the self-assigned label.

EXISTING LITERATURE

There is a history of research on labeling and its effects on an individual. Theories of labeling give an understanding of how an individual responds to the label given to them and their overall well-being. Labeling theories mostly deal with the special roles that society gives an individual for deviant behavior. Though most theories are based on the expectation of others regarding the behavior of an individual, a few models help us understand how people label themselves. Baars (2001) writes that medical students who study frightening disorders for the first-time experience delusions of having contracted these disorders.

Wallace (2004) studied the changes in the attitudes toward mental health following exposure to psychopathology. 53 introductory psychology students and 45 students from a psychopathology course (45 toured a mental institution, 56 volunteered there, and 12 did neither) took part in this study. From the outset to the end of the year, benevolence, interpersonal etiology, and the aetiology of good mental hygiene all increased. Working turned out to be more significant than travelling or learning. Visitation exacerbated societal exclusion. As a result, even a brief exposure (a stay) can be harmful. These findings suggest that extended, intimate exposure on an equal footing might be preferable for modifying attitudes toward mental health patients.

Moses (2009) studied self-labeling among adolescents who have been diagnosed with mental illness. The study used a mixed-method approach. The sample consisted of 54

adolescents from the United States who were seeking mental health services in a mid-Western city. The study aimed to examine the extent to which adolescents self-labelled and the relationship between self-labelling and indicators of psychological well-being. Results revealed that most adolescents conceptualized their problems in non-pathological terms and demonstrated confusion about the nature of their problems. More perceived public stigma, younger age at initiation of treatment, and higher socio-economic status were related to self-labeling.

Likewise, label avoidance is seen as a reaction to stigma but was also found to be an intrapersonal phenomenon involving personal stigmatizing attitudes (Stolzenburg et al., 2017). The study aimed to study whether personal stigma leads to lower self-identification as having a mental health illness in people with untreated mental health conditions. The condition was confirmed using a structured diagnostic interview. Personal stigmatizing attitudes are more pronounced in people who labeled themselves as physically ill rather than mentally ill, and people who self-label are more likely to seek help from the appropriate professional (Horsfield et al., 2019).

Similarly, self-labeling has been found to have an impact on the self-concept of individuals (Pasman, 2011). Labeling was found to have negative self-stigma, nonadaptive coping responses, lowered self-esteem, and hence a lowered self-concept.

There has also been an increase in self-labeling due to the availability of information on the internet. There are both positive and negative effects of the availability of information online, as it can lead to increased anxiety, but on the other hand, help the individual become more aware of themselves. Giles & Newbold (2010) in their research studied the prevalence of diagnosis in online user-led communities. People were prone to relate to individuals already diagnosed in the forums. There were a high number of people who support getting professional help but there was also a trend of characterizing professionals in a negative light such as calling them 'dumb' or 'unreliable'. There was also a prevalence of labelling others in such forums.

Azuri et al. (2010) studied health-related anxiety among medical students. The aim of the study was to examine the appraisal of self-health state, the fear of morbidity, and the level of anxiety among medical students. Results showed a significant increase in emotional distress while entering the clinical years followed by a decrease in distress. It was concluded that medical student’s disease should be regarded as a phenomenon depending on the number of years of learning. One can better predict its onset by characterizing it into smaller components and guiding medical students to reduce their level of anxiety and distress.

Deo & Lymburner (2011) searched for the existence of Psychology Student Syndrome by examining the relationship between self-ratings of psychological health and the number of psychopathology courses taken. Participants rated their concerns about suffering from symptoms of psychological disorders as well as completed the Big Five Measure to determine their personality traits. Results showed that there was no evidence of Psychology Student Syndrome but there was a positive correlation between neuroticism and psychological health anxiety. Therefore, they recommend instructors to be aware that students high on neuroticism may experience higher levels of distress and therefore must provide them with information about campus counselling services and local mental health resources.

Ahmed & Stephen (2017) studied self-diagnosis among undergraduate psychology students. The global themes found in their responses were the causes, methods, and effects of self-diagnosis and academic maturity. A deeper understanding of self, easy learning of the diagnostic criteria, as well as increased empathy were found to be the positive effects experienced by the students.

Relief and self-justification for socially unacceptable behavior, getting access to the right treatment, engendering of understanding of the disorder, and advantages for policy are found to be the positive effects of self-labeling (Pasman, 2011).

METHODOLOGY

Problem Statement

There have been predominantly negative effects of self-labeling as having a mental illness and how it hinders appropriate help-seeking behaviors. This may pose to be dangerous as it may lead to inefficient strategies to respond to the situation and may lead to the worsening of the condition. Thus, it is essential to look into how an individual views their mental health and the process of "Self-labeling among Psychology Students".

Objectives of the study

- To examine the reasons that cause psychology students to self-label themselves.
- To examine the extent to which a student labels himself and the process of self-labeling.
- To examine the effect self-labeling has on the student and actions taken for the same.

Research Design

A qualitative research design is used in this study to gather information that explains how people experience a particular phenomenon and how they feel about it. This not only emphasizes individual differences but also helps to identify themes around the phenomenon. This qualitative study used thematic analysis to understand patterns in the dataset. The important themes that emerged from the data were then subjected to data analysis.

Population

The study comprised of individuals currently pursuing their Master's Degree in Psychology who self-label themselves as having a mental health illness. The sample size was 10 (N=10). It included students' currently pursuing their Master's in Psychology and who disclosed that they label themselves as having a mental health illness.

Sampling

The sample was chosen using a purposive sampling technique. Those participants who were willing to be a part of the present research on the condition of confidentiality, and were willing to share their personal experiences with the investigator were chosen for this study. An online informed consent was taken from each participant before data collection. Ethical guidelines for the research were adhered to. The participants were also permitted to quit the study at any point they wished. A data saturation technique was used to identify the sample size.

Inclusion Criteria

- Students pursuing Master's in Psychology
- Students who self-label themselves

Exclusion Criteria

- Students not pursuing a Master's in Psychology
- Students with a family background in Psychology

Data Collection

Data was collected using a semi-structured interview. This is a data collection method that relies on asking questions within a particular framework, but the questions are not set in a particular order. The interview included open-ended questions which allowed flexibility to the participants to elaborate on their answers as much as they wanted.

Procedure

Cases were screened to see whether they fit into the inclusion criteria. Potential respondents were explained about the purpose of the study and those who were willing to participate in the study were selected. The researcher narrowed down the dataset to 10 members through purposive sampling. Before the interview, informed consent was obtained from all participants. The purpose of the study was explained to the participants and they were assured about their rights and their freedom to articulate their views. The participants were informed that they are free to withdraw from the study at any point and can skip any questions that they choose not to answer. Doubts raised by the participants were clarified by the researcher.

After obtaining informed consent from the participants, a semi-structured interview was carried out with the participants. The researcher established rapport with the participants to make them feel comfortable to share their experiences. The participants were given time to reflect on their thoughts and give answers accordingly. This allowed the participants to elaborate their responses and with that provided more flexibility, range, and therefore the capacity to elicit more information from the participant. The semi-structured interview was coupled with open-ended questions in accordance with the responses given by the participants as well as the previous literature review. The interviews were conducted in English which were later transcribed by the researcher for data analysis.

Data Analysis

This study used qualitative methods for the analysis of data. Ten telephonic interviews were conducted, recorded, and transcribed verbatim by the researcher. Qualitative thematic analysis was used to elicit and analyze the major themes and sub-themes. The themes are identified and are given codes to represent the meanings and patterns emerging from the data. These patterns are then broken down into sub-themes which in turn give more precise distinction within the data obtained under the same domain.

A technique for analysing qualitative data called thematic analysis entails reading through a collection of data and searching for trends in the meaning of the data to identify themes. Making meaning of the data involves an active reflexive process where the researcher's personal experience is central. Thematic analysis of the dataset included the following steps: (a) Reading the transcripts, (b) Identifying recurring themes and patterns in the responses of participants, (c) Developing themes and sub-themes from the data, and (d) Reviewing of themes by cross-checking recordings and transcripts.

RESULTS

Table 4.1: Demographic details

Variable	Categories	N
Gender	Male	1
	Female	9
Education	First Year PG	1
	Second Year PG	9
Age	21	1
	22	8
	24	1

Table 4.2: Themes and Subthemes

THEMES	SUBTHEMES
Onset of Self Labeling	
Effect of studying Psychology	Awareness Acceptance
Sources	Textbooks Media Research Experiences of others
Effects of Labeling	Cognitive Effects Behavioural Effects
Measures taken to Manage Symptoms	Behavioural Measures Cognitive Measures
Difference in Labeling from Past	
Labeling Others	

1. Onset of Self-labeling

A common experience shared by the participants was that they started self-labeling themselves during their Undergraduate program. Most of the participants started self-labeling during the final year of their Bachelor's.

SN said, "So, I started it in UG when I first came across all the symptoms in UG. Like oh, this is very similar to what I am feeling. Like I did not properly self-diagnose but I was aware that these symptoms matches with what I am going through."

Another participant, OP, shared her experience: "I think my 3rd year of UG when I first started to study about abnormal psychology, I looked at the DSM criteria during the class. I noticed that I can see most of the symptoms or criteria matching with my own behaviour so I thought that I have that disorder or something."

It was observed that certain participants started labeling themselves before their UG program and continue to do so even today. SC said, "Ah, so in 11th std when we first learned about disorders and everything there were symptoms of um, ADHD and personality disorder or certain mood disorders that seemed very familiar. So, from then I started to, at times think maybe I have features of this, and maybe I have the features of that."

It was observed in this participant that she labelled herself less frequently as she studied more during her Bachelor's degree: "When I started going to my University, my Under-graduation University, there it became less because I was actually getting to know about the particular diseases and disorders and then it was more of 'there are certain things that I should actually be taking in consideration and maybe I should not think this much about it' but then I again started looking into the researches and kinds of whatever information that is available on the particular disorders." It was observed that this participant kept refining her label with more exposure to the subject. Finally, she concluded the diagnosis she gave herself and started to look for researches specifically for the symptoms she experienced.
There was another participant who reported that she started with self-labeling behaviour since she was a teenager. SA said, "So, I think… uh... It started... Uh… when I turned a teenager, maybe"

2. Effect of Studying Psychology

The transcripts show that the majority of participants reported being more aware of themselves and others after studying psychology. Two major sub-themes emerged in this category, viz. (a) Awareness, and (b) Acceptance.

2.1. Awareness

Conscious awareness of the situation of oneself and others was reported by the majority of the participants. APS said, "Stigma has completely decreased. It has gone to a zero. And I'm more aware…uh…. You know emotional intelligence has probably increased because I am more aware of other people's emotions and body language and a slight change, I know they're not in the right state of mind."

This has not only helped the participant be more aware but also has instilled the virtue of patience and being non-judgemental. Participant OP reported: "I think I am more aware and observant of other people and I am more patient now because now I understand that they can't help it at all. Like I am more compassionate than before."

Similarly, participant SC reported: "So I have become say, more, like, aware in general about what can be the issues that a normal person can go through and I have become very much less judgemental."

PN stated "I think it has helped me understand things better. I mean I have- I can tell you that I have become better, I have become more aware of my symptoms-a lot"

2.2. Acceptance

Two participants promoted the idea of self-acceptance when they realized that they were experiencing symptoms of a pathological disorder. In a study conducted by Chamberlain and Haaga (2001), they found that unconditional self-acceptance was inversely correlated with anxiety ad narcissism, and positively correlated with state mood after imaginary exposure to negative events.

ATA said, “In general I have been more open I guess, more open-minded. I have learned that no matter what it is you can live with it, you are adaptive and it is not something bad that you need to get rid of. You can do things to help you reduce your symptoms but it is nothing to be ashamed of.”

KR said, “In general I feel that there are some disorders that needs to be lightened and as a perception like one of the biggest learning I’ve learnt is it’s okay to not be okay.”

3. Sources

Participants spelled out what sources they used to confirm the labels they gave themselves. The two major sources cited were (a) Textbooks, and (b) Media. There was one participant who also mentioned her primary source of information to be Research papers.

3.1. Textbooks

Psychological literature refers to textbooks and manuals that students use on a regular basis to compare their symptoms with. Majority of the participants admit to using textbooks, especially the DSM-V to compare their symptoms with.

APS described her shift from using abnormal psychology textbook in the 3rd year to using the DSM-V now as follows “It is from abnormal psychology textbook. 3rd year, that’s when it started. And then now it is from DSM.”

SN stated, “So earlier when we were in Bachelor’s we used to read everything in the internet only but after coming to masters we were exposed to DSM and ICD and other proper psychiatry books that have the symptoms.”

3.2. Media

Participants also confessed to using the internet to check for their symptoms. This included health-related websites as well as social media applications such as Instagram. Escalations from common symptoms to mistaken diagnoses to incorrect treatment options have been posed as a threat by the internet.

Participant APS said, “The internet definitely plays a huge role. Instagram reels, we see reels of people and YouTube videos and stuff where people talk about anxiety and depression and stuff and when we see all those things it feels so relatable and that I actually think that maybe I have this, maybe I have that. So yeah, Instagram reels, YouTube videos, and then… yeah that’s it.”

Participant PN reported, “You do your research also so that’s mostly online, you have Instagram pages and you have websites where you can look into symptoms. I have not necessarily looked into research papers because again, I don't take it very seriously. I know that I am doing it intentionally so I don't dig deep into it. So mainly websites, Instagram also, you come across posts and you just look through the symptoms and feel like, ‘Oh! I have this’”

3.3. Research

Participant SC said that she primarily uses research articles to understand her symptoms better. She explained the process as follows:

“Ah…. textbook and researches. So, I would go to different researches and see researches about hyperfocus. So, I have the ability to sit and focus on one thing and I can suddenly read

much better and faster and I can go into a loophole. So, I was looking into a research about hyperfocus in children with ADHD but in general I cannot read a single novel until and unless I am really interested in it otherwise I will finish it in 2 minutes or it will be in the backburner I will read 2 pages and then leave it and never look back at it. Also, things about object permanence so if there is one thing that is not kept right in front of me, I will forget about its existence. So, this happens a lot with water bottles or this happens a lot with, say if I archive a person on WhatsApp, I will never talk to that person ever again. So, those kind of things, so. I was mainly looking into researches and looking into the already present guidelines and criterias."

3.4. Experiences of Others

Participant ATA mentioned that he talks to professionals and observes people with the disorder in order to learn more about it and categorize whether he matches the criteria or not: "Yeah, so I actually spoke to certain clinicians and professionals about actual people who have BPD. What are the symptoms and what are the treatment options? So there are people that I have met as well. So I have a very holistic view, it's not a very layman thing. It is very solid, researched-based information about the disorder."

4. Effects of Self-labeling

4.1. Cognitive Effects

There are various ways labeling oneself can impact an individual. Participant APS mentioned that she tends to doubt herself when she relates to a disorder: "My mind goes into a conflict of accepting if it is true or not at the same time denying it by thinking that I am overthinking. At the same time wondering if I should go get help. It's like a huge triangulation of conflicts of whether I should go get help, I should probably talk to someone about it, but at the same time thinking that I am overthinking and denying the whole thing while I also relate to all the symptoms and stuff and believe that this is what I have."

Participant AH said that she preferred it when she gave a label to her experience rather than being clueless about her situation: "I think it is an advantage that I am able to understand that I have this particular thing other than going clueless. But if you are asking me if this has ever helped me in seeking therapy or changing your lifestyle, then no. I couldn't do that. But I think I have an idea about what is happening inside my mind."

Participant OP said: "My first thought is that I need help and that I will try to find reasons behind those symptoms, like what really happened that I have developed these symptoms and what's going on and how should I deal with this and all those things."

4.2. Behavioural Effect

Some participants reported behaving a certain way in accordance to their feeling and how the label sometimes led them to overthrow their responsibilities in the name of a psychological disorder. SA stated, "Uh… overthinking, maybe... I start crying. Sometimes I get a little angry as well. So, I'm frustrated thinking why am I feeling this way? And it just triggers this kind of frustration or I even tend to eat something which I don't want to but I still eat."

SN said, "Affect as in when earlier I did not know about it for sure I felt like it was super weird. I did not know what to do when I feel that and that those are symptoms of something but now that I know, even if I don't have a disorder, I know that these are the symptoms of something and what I need to do to bring down the symptoms of those disorders. I usually

actively practice grounding techniques to calm myself down when I feel like I am panicking. So now I have an idea"

PN said, "Um, I think you get more rooted into the disorder. I think you just find yourself casually in every way trying to explain your behaviour, not even to others but yourself. Like, blaming it on to the disorder. So, like, for example, I am not a very social person so for a really long time I said that I am really anxious. So, one disorder that I used to connect a lot with is social anxiety disorder. Yeah, but I haven't been clinically diagnosed as such. But I once in a while I find myself explaining my behaviour in terms of the disorder. If I don't interact with people as much and if I don't do well in an interview or a presentation, I will just find myself explaining myself that 'oh it's not me, it's the disease'. So, I think you get more rooted in it and you find yourself making excuses for it."

5. Measures Taken to Manage Symptoms

5.1. Behavioural Measures

Participants undertook behavioural measures by practicing certain exercises and gaining more control over their cognition. PG said, "In order to relieve my tension I started doing yoga and reflexology." "Listening to music, talking to a friend, getting distracted and going out, something like that."

The participant who relates with the symptoms of ADHD, SC, said: "When I sit to study, I generally study the topics that I like then I use a sandwich method- so I will do the topic that I like then I will take the bad pill of just trying to go with the topic that I do not like, and as a reward I would again study the thing that I really really enjoy. Because when I like something, my concentration is way more high than when I don't like something and there are certain concepts that I hate and I will never never never sit through the entirety of the part and I will try to skim through the parts. So that is there. And I use the techniques to sort of gamify my life. So, giving myself different types of reinforcements. For example, if I finish studying one subject, I will give myself an hour of Valorant so things like that."

Participant OP said, "I have also started to speak up to others about my problems. Like earlier I would be very reserved but now I share a lot more with friends. I've also started journaling as well from time to time."

5.2. Cognitive Measures

Cognitive measures include processing the situation before taking any actions for it. Participant APS shared her experience with certain symptoms of BPD as: "There is one feature that is emotionally unstable in BPD and I feel like I am very emotionally unstable. But then I realized that it may be because of other things as well like there might be hormonal changes or situational changes. So, the way I am reacting, I am more aware. Am I really being unstable for no reason or because of a particular reason? I am always questioning myself. And there is another feature of impulsivity. So, there are times when I say or do things on an impulse and I hold myself back. So, I hold myself back from doing something that can possibly be dangerous or can bring harm to m or others. So, I am more aware of how I am, how I am with others when I relate to the symptoms."

A strategy used by PN includes 'Disputing of beliefs and 'Framing''. She explained the process as follows: "I have been to college counsellors so I know about the disputing of beliefs. That is something I would try once in a while. If you feel like I am being evaluated or being judged then you just dispute those beliefs like 'oh no one is thinking about you, no

one even really remembers it.' So maybe that and once in a while also 'framing'. I think that I read it somewhere else that framing your anxiousness or your fear as excitement so you tell yourself that you're not scared, you're not anxious, you are just excited about it. So, the framing thing also helps."

6. Difference in Labeling from the Past

The major difference that all participants quoted was that in the past they labeled themselves as well as others casually without considering the diagnostic criteria and other factors that influence a disorder. However, they admit that in their Master's program they have a deeper understanding of disorders and have better diagnostic clarity. Most participants also admit that they do not meet all the criteria for a clinical diagnosis of the disorder they relate with and are more aware of their symptoms now.

AH said, "About self-diagnosis, I wasn't very sure because we aren't professionals yet. And that worried me back then. But now that we are in PG, I have access to more knowledge and exposure and it gives me more clarity about everything. Now I wish more to get it resolved and sorted. Back then it wasn't like that, and I was very worried also."

SN stated, "So back in UG it wasn't that serious and I used to think that these are some of the symptoms and they were very new to me. We were only learning about the disorders then so it was very vague and I did not properly think about it but now I know that these things mean something. Sometimes when you have the symptoms you have to think about whether they are the symptoms of something and if they definitely describe the behaviour of some disorder or not. That proper thing I have learned throughout that to qualify a symptom properly we have to consider many other things."

KR said, "The main thing is, the first time you get to know, like you just diagnose then you realize what the teachers are explaining to you and then you get the practical exposure to what kind a disorder looks like. We have that kind of training right now. So yeah, there's a big difference in labelling myself and back then and in the current situation."

7. Labeling Others

An unexpected pattern noted in the responses of participants was their tendency to label other people around them. Though they admit that they do not overtly label people, they tend to unintentionally characterize people as having traits of certain disorders.

PN admitted, "I have caught myself doing that. For example, I and my friends were also talking about kids in general and she was talking about these kids and how we have certain notions. You just look at these kids and you're like some of these kids definitely have ADHD. So, I think yeah, that's there. Where you look around people and you try to understand what is wrong with them."

Participant SN stated that she tends to label others in a hospital setting more because of the certainty that they are undergoing problems in their lives: "It happens intentionally when I am in an OPD or something because people here have some kind of problem and you try to analyze what is the problem or what is the diagnosis, right? So, you are always trying to diagnose other people there."

Participant ATA explained that he feels that labeling oneself and others is not necessarily a bad thing and that it can help us come up with solutions to the problems an individual is

going through: “Yeah, I don’t think it is a bad thing to label, to actually identify things. We are not the only one to suffer with something. It is actually not a bad thing. So, you should not try to identify others and yourself with issues but also try to come up with solutions for them.”

However, there were also a few participants who disagree with labeling others until they themselves ask for help. Participant SC mentioned along the same lines:
“So, throughout all the internships that we have gone to and different exposures to the subject I have realized that you can never know on face value about anyone. So, I have stopped doing that. So, unless and until someone is coming to me and telling me that they require some sort of help I do not do it.”

DISCUSSION

The results reveal seven themes that give insight into the phenomenon of self-labeling among psychology students. The study found that though participants label themselves as having a mental health illness, they know they cannot confirm the diagnosis unless they consult a mental health professional.

The realization of relating to symptoms of certain disorders causes students distress and sometimes leads them to adopt maladaptive behaviors and cognitions to deal with them. On the other hand, there are instances where being able to point out what is wrong brings more comfort and may lead students to seek the required help. Wright et. al (2011) suggest that accurate psychiatric labels are rarely associated with stigma for young people, which may help young people reduce perceptions of weakness. Notwithstanding, education that advances the accurate naming of psychosis ought to tread carefully and address convictions about risk and uncertainty.

Self-labeling with a mental health illness can have both positive and negative effects on an individual's mental health and well-being. On the one hand, self-labeling can provide a sense of validation and understanding of one's experiences and feelings, which can be empowering and help reduce stigma. It can also encourage individuals to seek appropriate support and treatment. Anderrson et. al (2005) found that internet-based self-help with little or no interaction with a therapist appears to be a promising treatment option for panic disorder, according to recent and ongoing trials. There is no proof in the writing that Web mediation is hurtful, however, in all likelihood, a stepped-care approach would be plausible to deal with cases that fail to respond.

On the other hand, self-labeling can be problematic if it leads to self-stigma, a negative self-concept, and avoidance of seeking help. It is important to remember that mental health conditions are complex and that not all symptoms or experiences are indicative of a mental health disorder. It is important to seek professional guidance and assessment from a licensed healthcare provider to ensure accurate diagnosis and appropriate treatment. Ben-Zeev et al. (2010) found that public stigma, self-stigma, and label avoidance are the three types of negative outcomes that are discussed in detail. Through socio-cognitive processes of groupness, homogeneity, and stability, the article shows how a clinical diagnosis can exacerbate these forms of stigma.

Furthermore, self-diagnosing can perpetuate stigma and misinformation about mental health disorders. It can lead individuals to label themselves or others based on incomplete or

inaccurate information, which can be harmful and prevent them from seeking professional help.

It is also important to recognize that mental health is a continuum, and individuals may experience varying degrees of symptoms and distress at different points in their lives. Labels can be limiting and may not fully capture an individual's unique experiences and needs. It is important to focus on individualized care and support that considers the individual's unique needs, strengths, and challenges.

CONCLUSION

The study has shed light on the diverse experiences of students studying psychology and the phenomena of self-labeling among them. The study found that with increased exposure to abnormal psychology, the tendency to self-label decreases, and diagnostic clarity among students increases. The population sample of this study showed genuine concern for their mental health, for which they sought support from professionals as well as peers, and also used various techniques to help them relieve their symptoms. A majority of the students expressed their concerns in a positive way where they actively try to seek help. Another finding indicated that with the increase in the knowledge of psychology, students also tend to label people around them, either intentionally or unintentionally.

Studying self-labeling with mental health disorders among students can have several implications for their academic and personal lives, as well as for the wider education system. Self-labeling can serve as an early warning sign for mental health concerns among students. By studying self-labeling, educators and healthcare providers can identify students who may be struggling with mental health issues and provide early intervention and treatment. Self-labeling can be a way for students to learn more about mental health and how to manage their symptoms. By studying self-labeling, educators and healthcare providers can develop effective education and prevention programs that promote mental health awareness, reduce stigma, and provide students with the tools to manage their mental health. Self-labeling can be a way for students to seek support for their mental health concerns, especially if they are hesitant to seek professional help. By studying self-labeling, educators and healthcare providers can learn how to support students in seeking appropriate care while also respecting their autonomy and preferences. Self-labeling with mental health disorders can reinforce stigma and discrimination, both within the education system and society as a whole. By studying self-labeling among students, educators can learn how to create a more supportive and inclusive learning environment that promotes mental health and well-being.

Self-labeling with mental health disorders can impact academic performance, as it can lead to symptoms such as difficulty concentrating, low motivation, and decreased productivity. By studying self-labeling among students, educators can better understand how mental health concerns can affect academic performance and how to provide appropriate support.

Overall, studying self-labeling with mental health disorders among students can help improve academic outcomes, promote access to care, reduce stigma and discrimination, and support education and prevention efforts. However, it is important to approach self-labeling with caution and to ensure that students receive appropriate support and guidance in seeking care.

To the best of the researcher's knowledge, there was no bias on part of the researcher; however, there exists certain limitations to the study. The sample may not be representative

of a larger audience or may not be generalizable owing to the small sample size. This sample consisted of students specializing in different fields of psychology, which included students who study psychopathology in depth as well as students who study it in brief. Another limitation of the study is that the data was coded by a single author, which may not be as concrete as those generated by multiple coders. Also, the general life experiences of individuals were not taken into account which may affect their vulnerability to self-label.

The finding of this study may help construct better instructional guidelines for educational institutions before introducing students to abnormal psychology. Further researchers may study a larger sample to arrive at relevant generalizations.

In conclusion, studying self-labeling of mental health disorders has several implications for individuals, healthcare providers, and society as a whole. While self-labeling can be a way for individuals to seek help and take control of their mental health, it can also lead to misdiagnosis, delay in receiving appropriate care, and reinforce stigma and discrimination. By understanding the motivations and patterns of self-labeling, healthcare providers and educators can develop strategies to improve mental health literacy, promote access to care, and reduce stigma. It is important to approach self-labeling with caution and encourage individuals to seek professional diagnosis and treatment. By addressing the implications of self-labeling, we can promote a more accurate and effective mental health care system that supports individuals in managing their mental health concerns.

REFERENCES

Aaiz Ahmed, & Stephen S. (2017). Self-Diagnosis in Psychology Students. International Journal of Indian Psychology, 4(2). https://doi.org/10.25215/0402.035

Andersson, G., Bergström, J., Carlbring, P., & Lindefors, N. (2005). The use of the Internet in the treatment of anxiety disorders. Current Opinion in Psychiatry, 18(1), 73–77.

Azuri, J., Ackshota, N., & Vinker, S. (2010). Reassuring the medical students' disease – Health related anxiety among medical students. Medical Teacher, 32(7), e270–e275. https://doi.org/10.3109/0142159x.2010.490282

Ben-Zeev, D., Young, M., & Corrigan, P. W. (2010). DSM-V and the stigma of mental illness. Journal of Mental Health, 19(4), 318–327. https://doi.org/10.3109/09638237.2010.492484

Deo, M. S., & Lymburner, J. A. (2011). Personality Traits and Psychological Health Concerns. Teaching of Psychology, 38(3), 155–157. https://doi.org/10.1177/0098628311411781

Giles, D. C., & Newbold, J. (2010). Self- and Other-Diagnosis in User-Led Mental Health Online Communities. Qualitative Health Research, 21(3), 419–428. https://doi.org/10.1177/1049732310381388

Horsfield, P., Stolzenburg, S., Hahm, S., Tomczyk, S., Muehlan, H., Schmidt, S., & Schomerus, G. (2019). Self-labeling as having a mental or physical illness: the effects of stigma and implications for help-seeking. Social Psychiatry and Psychiatric Epidemiology, 55(7), 907–916. https://doi.org/10.1007/s00127-019-01787-7

Moses, T. (2009). Self-labeling and its effects among adolescents diagnosed with mental disorders. Social Science &Amp; Medicine, 68(3), 570–578. https://doi.org/10.1016/j.socscimed.2008.11.003

Pasman, J. A. (2011). The Consequences of Labeling Mental Illnesses on the Self-concept: A Review of the Literature and Future Directions. Social Cosmos, 2, 122–127.

Stolzenburg, S., Freitag, S., Evans-Lacko, S., Muehlan, H., Schmidt, S., & Schomerus, G. (2017). The Stigma of Mental Illness as a Barrier to Self Labeling as Having a

Mental Illness. Journal of Nervous &Amp; Mental Disease, 205(12), 903–909. https://doi.org/10.1097/nmd.0000000000000756

Wallach, H. S. (2004). Changes in Attitudes Towards Mental Illness Following Exposure. Community Mental Health Journal, 40(3), 235–248. https://doi.org/10.1023/b:comh.0000026997.92083.4d

Wright, A., Jorm, A. F., & Mackinnon, A. J. (2011). Labeling of mental disorders and stigma in young people. Social Science & Medicine, 73(4), 498–506. https://doi.org/10.1016/j.socscimed.2011.06.015

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Balakrishnan, A. & Akshaya, I. (2023). Self-Labeling as Having Mental Health Illness among Psychology Students. *International Journal of Indian Psychology, 11(3),* 554-569. DIP:18.01.052.20231103, DOI:10.25215/1103.052