

Between Helping and Misleading: The Phenomenon of Self-Diagnosis in the Use of the WYSA and Riliv Apps

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Abstract

Mental health challenges in Indonesia are intensified by limited access to professional services, shortages of mental health practitioners, and persistent social stigma. In this context, digital mental health applications such as Wysa and Riliv have emerged as accessible tools that provide story-listening, emotion-tracking, and individual chat-based support. However, these features may also be misinterpreted by users as confirmation of self-diagnosed mental health conditions. This study employed a qualitative structured literature review combined with comparative feature analysis. Scientific articles published between 2020 and 2026, official application documentation, and relevant theoretical literature were analyzed using the Stepped Care Model and Parasocial Relationship Theory. The comparison focused on feature design, potential user interpretation, self-diagnosis risk, and professional complementarity. The analysis suggests that Riliv may offer stronger safeguards against self-diagnosis because its counseling services directly involve licensed Indonesian psychologists. In contrast, Wysa's empathetic AI-generated responses may be interpreted by some users as validation of pre-existing diagnostic beliefs. Nevertheless, both applications can provide meaningful emotional support when positioned as complementary tools rather than substitutes for professional assessment and clinical intervention. Strengthening digital mental health literacy, providing clearer disclaimers, and establishing appropriate referral mechanisms are necessary to support the responsible use of digital mental health applications.

Keywords: artificial intelligence, digital mental health, emotion tracking, Riliv, self-diagnosis, Wysa

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1. Introduction

Mental health has become one of the most pressing public health challenges in the modern era. Globally, the World Health Organization (WHO, 2022) reports that nearly one billion people live with mental disorders, yet more than 70% of them lack access to adequate services. This situation is far more critical in Indonesia. Data from the Ministry of Health of the Republic of Indonesia indicate that a substantial proportion of the population experiences mental and emotional health problems. However, access to appropriate mental health services remains limited due to shortages of professionals, uneven distribution of services, financial barriers, and persistent social stigma. This situation is exacerbated by an extreme shortage of mental health professionals: Indonesia has only about 0.4 psychiatrists per 100,000 people, far below the WHO standard, with one psychiatrist serving an average of 250,000 people (Ministry of Health of the Republic of Indonesia, 2023). These structural barriers are compounded by persistent social stigma, which discourages many individuals from seeking professional help even when services are available. The Indonesia National Adolescent Mental Health Survey (I-NAMHS, 2022) found that while 1 in 3 Indonesian adolescents aged 10–17 have mental health issues, only 2.6% of them accessed professional services in the past 12 months.

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Amid this widening gap between need and service availability, digital technology offers an accessible alternative. Artificial intelligence (AI)-based mental health apps have grown rapidly, offering three key functions previously available only through face-to-face sessions with professionals: story listening (listening to users' emotional narratives), emotion tracking (recording and mapping emotional patterns), and one-on-one chat solutions (providing personalized solutions through direct conversation) (He et al., 2023).

Wysa is a United Kingdom-based digital mental health application that has received FDA Breakthrough Device Designation for a specific AI-supported therapeutic application. This designation does not necessarily indicate general FDA approval of all features available within the Wysa platform. Research by (Chang et al., 2024), published in *JMIR Formative Research*, found that 80.1% of the 527 healthcare professionals who used Wysa completed at least 2 sessions, with an average of 10.9 sessions per user, indicating high engagement. Meanwhile, Sinha et al. (2023) found that the use of Wysa during the pandemic resulted in a statistically significant reduction in symptoms of anxiety and depression.

However, behind these tangible benefits, a concerning social phenomenon has emerged: self-diagnosis. Self-diagnosis in the context of mental health is defined as an individual's attempt to diagnose themselves with a disorder based on sources not clinically verified, such as social media content, digital platforms, others' experiences, or apps not designed for diagnostic purposes (Corzine & Roy, 2024). Research by Wimbari et al. (2024), published in the *International Journal of Mental Health Nursing*, confirms that the use of AI-based tools for mental health self-diagnosis carries serious risks, including misidentification of conditions, delays in appropriate treatment, and increased anxiety due to cyberchondria. In Indonesia, this phenomenon has been academically documented: (Affandi & Dewi, 2024) found that self-diagnosis behavior among social media-using adolescents is significantly correlated with a decline in mental health, not an improvement. The Indonesia National Adolescent Mental Health Survey reported that approximately one in three Indonesian adolescents experienced mental health problems, while only a small proportion accessed professional mental health services during the previous 12 months (I-NAMHS, 2022). This substantial service gap may encourage adolescents to seek explanations for their psychological experiences through social media, online information, and digital mental health applications.

Here lies the unresolved paradox in the existing literature: Wysa and Riliv are designed to support emotional well-being, not to diagnose. However, their features, particularly story listening, emotion tracking, and one-on-one chat solutions, may be misinterpreted by users as confirmation of self-diagnoses they have already formed. (Carrière et al., 2024) in their study of user perceptions of Wysa, warn that the AI system within this app still requires significant refinement to ensure that responses do not inadvertently reinforce users' mistaken beliefs about their conditions. Furthermore, research published in *PMC* (2025) confirms that digital mental health apps have the potential to foster a false sense of security, misleading individuals into believing they have received adequate care, while their underlying conditions actually worsen due to the absence of timely professional intervention.

The research gap is clear: existing studies remain fragmented between those examining the clinical effectiveness of mental health apps in isolation and those critiquing the phenomenon of self-diagnosis on digital platforms without specifically linking it to the features of apps currently in widespread use. To the authors' knowledge, limited research has directly compared how the story-listening, emotion-tracking, and individual chat-based support features of Wysa and Riliv may either mitigate or reinforce self-diagnosis.

This study aims to compare the story-listening, emotion-tracking, and individual chat-based support features of Wysa and Riliv; analyze their potential to mitigate or reinforce self-diagnosis; and formulate interdisciplinary recommendations for the responsible use of digital mental health applications in Indonesia.

2. Research Method and Materials

This study was conducted from January 2026 and is a literature review (library research), not confined to a single geographic location, but conducted online through access to various international and national scientific databases. The sources used include journal articles indexed in Scopus, PubMed, Google Scholar, and SINTA, with the publication range limited to 2020–2026 to ensure the data's relevance and currency. Additionally, official technical documentation for the Wysa and Riliv applications was obtained from the developers' websites, publicly available clinical reports, and user reviews on the Google Play Store and Apple App Store as secondary data sources reflecting real-world user experiences (Snyder, 2019). This research analyzed the relationship between Wysa and Riliv in the intended user context, namely global users for Wysa and Indonesian users for Riliv, with 55 users aged 17–26 years.

This study employs a descriptive, qualitative approach, combining a systematic literature review with comparative feature analysis. The systematic literature review method was chosen because it allows for the structured, replicable

synthesis of existing evidence. At the same time, comparative feature analysis enables the side-by-side mapping of specific features of both applications along predefined dimensions. The literature selection process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) principles adaptively, whereby articles were included if they met the following criteria: specifically discussed the Wysa or Riliv apps, or AI-based mental health apps with similar features; addressed the phenomenon of self-diagnosis in the context of digital mental health; were published within the specified timeframe; and available in Indonesian or English. Articles were excluded if they were opinions lacking verifiable empirical or conceptual foundations, as well as if they discussed physical health applications unrelated to psychological dimensions.

The theoretical section of this study is based on two main frameworks that complement and expand upon the foundation laid out in the introduction. The first framework is the Stepped Care Model (Bower & Gilbody, 2005), a mental health service model that organizes interventions into a tiered hierarchy based on the intensity of the client's needs, ranging from low-level self-help interventions at the lowest tier to intensive specialist care at the highest tier. Within the Stepped Care Model, Wysa primarily occupies the low-intensity self-help level, while Riliv may operate across both low-intensity self-help and higher-intensity professional counseling levels, depending on the service selected by the user. Neither application, however, should be regarded as a substitute for psychiatric assessment or intensive specialist care when such services are required.

The second framework is the theory of Parasocial Relationships (Horton & Richard Wohl, 1956), contextualized within human-machine interactions. This theory explains why users can develop intense emotional closeness with entities that unilaterally respond to them, including AI chatbots. In the context of mental health applications, this parasocial relationship creates a situation where users interpret the empathetic responses provided by the AI system as personal validation, including validation of self-diagnoses that may be incorrect. These two theoretical frameworks are not repeated from the introduction but serve as an analytical foundation that will underpin the interpretations in the results and discussion sections.

As a practical extension of the theoretical basis above, this study establishes an analytical rubric, or evaluation matrix, to compare Wysa and Riliv consistently. This matrix consists of four evaluation columns applied to each dimension of analysis: first, design intent, which refers to the stated purpose of the feature by the app developer; second, actual user behavior, which refers to how users actually use the feature based on available reviews and literature; third, self-diagnosis risk level, categorized as low, moderate, or high based on the extent to which the feature allows users to draw diagnostic conclusions without professional verification; and fourth, professional complementarity, that is, the extent to which the feature can function as a productive complement to coaching practices, counseling, education, and formal psychological services. Assessments for each cell in the matrix were conducted through triangulation among the application's technical documentation, empirical findings from the systematic literature review, and conceptual analysis grounded in the two established theoretical frameworks. The results of this analytical matrix then served as the basis for drawing findings and recommendations in the results and discussion section, as well as the conclusions of this study.

3. Results and Discussion

The results of the comparative analysis of Wysa and Riliv reveal consistent yet contrasting patterns across the three main dimensions established in this study's analytical matrix. Findings are presented sequentially from primary results to supporting results, followed by a discussion that integrates the Stepped Care Model and Parasocial Relationship theory established in the methods section.

3.1. PRISMA Literature Selection Process

The PRISMA procedure in this study was implemented through four sequential stages. The first stage was Identification, in which a total of 312 records were identified through database searches across Scopus, PubMed, Google Scholar, and SINTA, supplemented by 18 additional records retrieved from official application documentation and secondary sources such as app store reviews and developer websites. The second stage was Screening, in which 330 records underwent title and abstract screening, resulting in the removal of 241 records that did not meet the thematic focus or publication timeframe criteria. The third stage was Eligibility, in which the remaining 89 records underwent full-text assessment; of these, 34 were excluded because they addressed physical health applications unrelated to psychological dimensions, lacked empirical or conceptual foundations, or fell outside the 2020–2026 publication range. The fourth stage was Inclusion, in which 55 records were ultimately included in the final synthesis, comprising peer-reviewed journal articles, official technical documentation, and credible secondary data sources. This staged selection process ensured that only

directly relevant, methodologically sound, and contextually appropriate sources informed the comparative analysis of Wysa and Riliv.

The PRISMA flow diagram below presents the complete literature selection process from initial identification through final inclusion.

Table 1. PRISMA Flow Description and Record Count

Stage	Description and Record Count
IDENTIFICATION	Records identified through database searching (Scopus, PubMed, Google Scholar, SINTA): n = 312 Additional records from official documentation and secondary sources: n = 18 Total records: n = 330
SCREENING	Records screened by title and abstract: n = 330 Records excluded (off-topic, outside 2020–2026 range, or duplicate): n = 241 Records retained for full-text review: n = 89
ELIGIBILITY	Full-text articles assessed for eligibility: n = 89 Full-text excluded (physical health apps unrelated to psychology, no empirical basis, or outside publication range): n = 34
INCLUDED	Studies included in the final synthesis: n = 55 (Peer-reviewed articles, official app documentation, and credible secondary sources)

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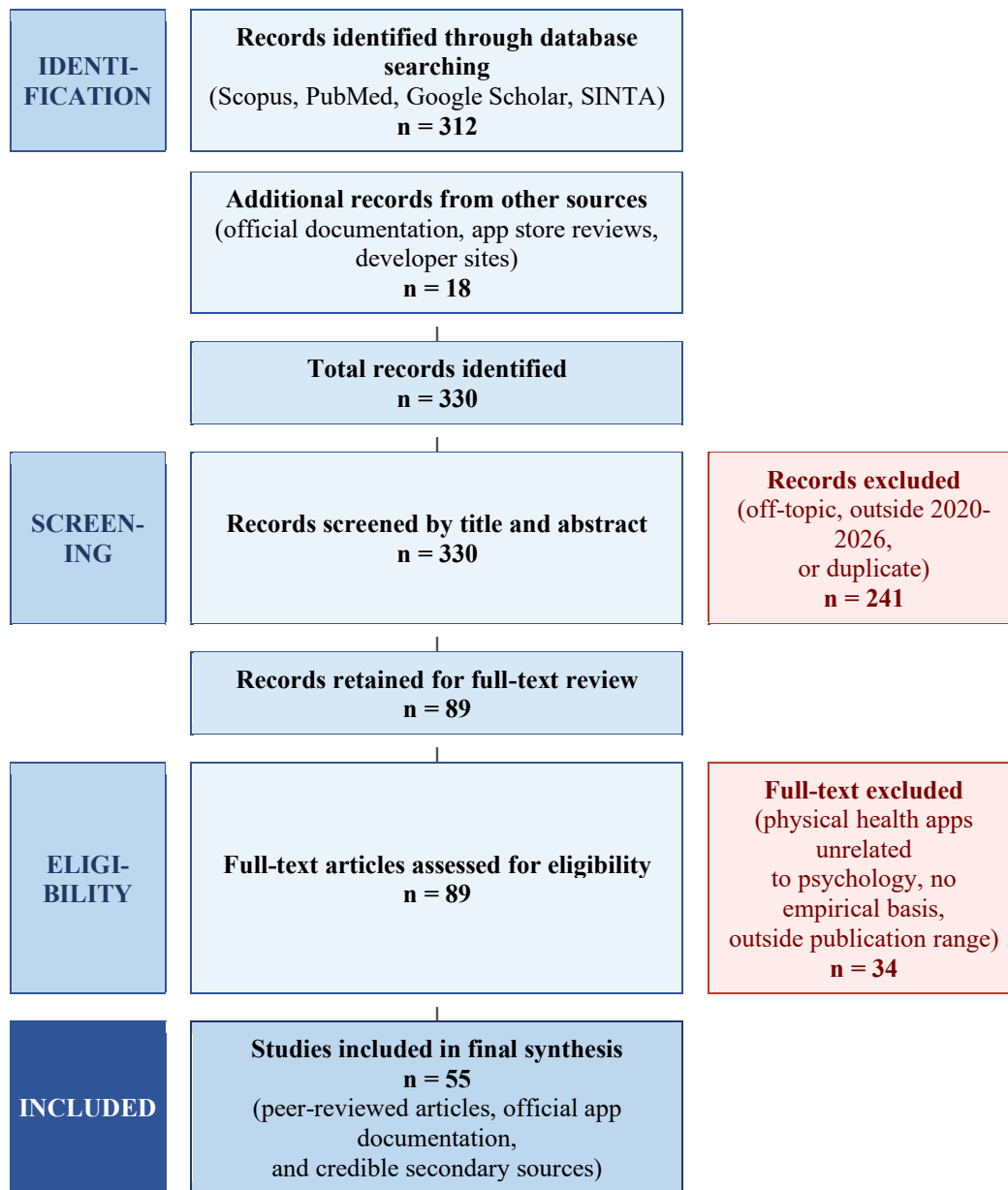


Figure 1. PRISMA Flow Diagram of Literature Selection Process

3.2. Comparison of Wysa and Riliv Features

In the story listening dimension, Wysa operates through a 24/7 text-based conversation system that requires no identity registration, utilizing over 120 natural language understanding (NLU) models to detect emotions from user text input (Emhic Global, 2023). This system guides users through two sequential stages: the listening stage, where Wysa asks open-ended questions to encourage users to reflect on their thoughts and feelings, and the therapeutic stage, where the system identifies relevant CBT techniques based on the analysis of the narrative. Riliv, on the other hand, positions story listening not merely as an algorithmic process, but as a gateway to counseling sessions with licensed Indonesian psychologists in real life. Users begin by anonymously writing their stories or concerns, which can then be forwarded to a counseling session via text, voice call, or video call with a selected psychologist (Indoaktual, 2026). This fundamental difference positions Wysa as a fully machine-mediated story listening system, while Riliv uses user narratives as a bridge to human-led intervention.

In the dimension of emotion tracking, the two apps demonstrate architecturally distinct approaches. Wysa tracks emotions through longitudinal analysis of conversation patterns, generating insights into users' emotional states based on the accumulating interactions over time, reinforced by a daily mood check-in feature using a categorical scale (Wysa, n.d.). Riliv provides a mood-tracking feature that users complete independently every day, displays visualizations of mood changes in calendar format, and uniquely integrates these mood-tracking results with meditation session recommendations tailored to the reported emotional state (Tempo, 2020; Indoaktual, 2026). Thus, emotion tracking in Wysa is inferential and conversation-based, while in Riliv it is declarative and based on user self-reports. Table 1 systematically summarizes the features of the two apps.

Table 2. Comparison of Wysa and Riliv Features Based on Three Dimensions of Analysis

Dimension	Wysa	Riliv
Story Listening	24/7 AI chatbot, anonymous, text-based, no registration required; 120+ NLU models (Wysa, n.d.).	Anonymous written narrative; can be forwarded to a licensed Indonesian psychologist
Listening Mechanism	Algorithmic: NLP-based open-ended questions, two-stage (listening-therapeutic)	Human-mediated: a psychologist reads and responds to the user's narrative directly
Emotion Tracking	Inferred from conversation patterns + daily mood check-ins based on a scale	Declarative: daily self-reported mood tracker, calendar visualization, meditation recommendations
One-on-One Chat Solution	AI-based CBT/DBT/ACT solutions; paid option: sessions with a human coach	Live counseling with a licensed psychologist: text, voice call, video call
Language	English (limited multilingual support)	Indonesian
Clinical Validation	FDA Breakthrough Device (2025); published RCT	User satisfaction-based; no published RCT
Base Cost	Free (core features); premium USD 74.99/year (Wysa, n.d.).	Paid per counseling session; meditation partially free
User Context	Global	Indonesia

Sources: (Wysa, n.d.; Indoaktual, 2026; (Chang et al., 2024)

Wysa adopts a freemium model, with core features available for free and a premium subscription priced at USD 74.99 per year; however, this information should be interpreted with caution, as pricing may vary by platform and region (Wysa, n.d.).

In the one-on-one chat solution dimension, the most significant difference between the two apps lies in who provides the solution. Wysa provides solutions through an AI system programmed with CBT, Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT) techniques, with a paid option to access asynchronous sessions with a human coach (Wysa, n.d.). Sinha et al. (2023) demonstrated that using Wysa during the pandemic resulted in a significant reduction in anxiety and depression symptoms, particularly among users with mild to moderate symptoms. Riliv places the solution entirely in the hands of licensed Indonesian psychologists who actively read clients' narratives, ask clarifying questions, and provide responses contextualized to the user's culture and language (Saphira, 2022). Riliv's strength in this dimension lies in the presence of authentic psychological contact that cannot be replicated by algorithmic systems, a condition that Rogers (1957) considered the first of six therapeutic conditions necessary for personality change.

3.3. The Phenomenon of Self-Diagnosis: A Risk Point in the Second Feature of the Application

Critical analysis reveals that the three features above, although designed to support emotional well-being, have vulnerabilities that can reinforce erroneous self-diagnosis behavior in users who lack adequate mental health literacy. A mapping of the self-diagnosis risk levels for each feature is presented in Table 2.

The findings in Table 2 indicate that Wysa's "story listening" and "one-on-one chat" features pose the highest risk of self-diagnosis. This is not because Wysa is designed to diagnose, but rather due to the high quality of its empathetic responses. (Carrière et al., 2024) found that Wysa users reported feeling understood and emotionally connected to the app. This condition theoretically aligns with the dynamics of parasocial relationships described by (Horton & Richard

Wohl, 1956). When users develop an emotional closeness with an entity that consistently responds to them empathetically, those responses tend to be interpreted as validation, including validation of diagnostic labels they may have already held before opening the app. This phenomenon is particularly concerning in Indonesia, where Pratiwi (2024) reported a substantial tendency toward self-diagnosis among adolescents and young adults, while (Deyanti et al., 2025) explained that exposure to unverified information on digital platforms can encourage individuals to interpret and label their own psychological symptoms. The self-diagnosis statistics cited from (Yanti & Rahmawati, 2024) refer specifically to Indonesian adolescent and young adult populations, while the present analysis compares Wysa and Riliv within their intended user contexts rather than reporting primary sample data.

Table 3. Mapping of Self-Diagnosis Risks in Wysa and Riliv Features

Feature	Design Intent	Actual User Behavior	Self-Diagnosis Risk Level	Professional Complementarity
Story Listening (Wysa)	Guided emotional reflection	Tell a story and then interpret the AI's response as confirmation of the condition	High	Moderate: useful as a pre-session reflection
Story Listening (Riliv)	Entry point to professional counseling	Telling a story to a psychologist; includes human correction	Low	High: connects directly to a professional
Emotion Tracking (Wysa)	Awareness of daily emotional patterns	Reading emotional patterns and drawing your own conclusions	Medium	High: data can be shared with therapists
Emotion Tracking (Riliv)	Selecting meditation based on mood	Interpreting mood data as an indicator of disorders	Moderate	High: encourages active emotion regulation
One-on-One Chat (Wysa)	CBT-based emotional support	Receiving AI responses as a diagnosis or validation of self-labels	High	Moderate: only when accompanied by a human coach
One-on-One Chat (Riliv)	Clinical counseling with a psychologist	In-person consultation; a psychologist can correct self-diagnoses	Low	Very High: licensed psychologist involved

Note: Risk levels are categorized based on the triangulation of the app's technical documentation, empirical literature, and the Stepped Care Model framework (Bower & Gilbody, 2005)

These findings are reinforced by (Babu & Joseph, 2025), who argued that excessive dependence on digital mental health applications may create a false sense of security and delay appropriate professional intervention. (Rawis & Sitorus, 2023) add that self-diagnosis without adequate knowledge risks leading to misinterpretation of symptoms, increased anxiety, mislabeling, and significant delays in seeking professional help. Within the context of the Stepped Care Model, users who actually require services at the third or fourth tier (intensive counseling or psychiatry) but feel satisfied with first-tier app-based services experience what this study terms "level misplacement", a treatment gap that is, paradoxically, exacerbated by the very ease of access to the technology it self.

3.4. Riliv as a Better Risk Mitigation Model in the Indonesian Context

A comparison of the two apps across the entire analytical matrix shows that Riliv consistently yields lower self-diagnosis risk levels than Wysa, primarily because of the active involvement of licensed Indonesian psychologists in its story-listening and one-on-one chat solution layers. This human involvement creates a corrective mechanism that AI systems lack: psychologists can actively challenge, clarify, and, if necessary, correct the self-diagnosis beliefs that clients bring into counseling sessions. Riliv's contextual advantage also lies in its use of the Indonesian language and sensitivity to local culture, which, according to (Anindyajati et al., 2022), is a crucial factor in the effectiveness of mental health services in Indonesia, as many concepts of mental disorders in English lack direct equivalents that are intuitively understood by the general Indonesian public.

However, Riliv is not without limitations. The per-session fee model restricts accessibility for segments of the population with limited financial means, whereas Wysa offers its core features for free with no limits. (Kerber et al., 2023), in their randomized controlled trial (RCT), confirmed that self-guided mental health apps that do not involve

professional staff can still improve mental health literacy and encourage help-seeking behavior among users with mild to moderate symptoms, provided they are accompanied by clear usage guidelines and a clinically unambiguous interface design. This indicates that Wysa still holds significant value as a first-line access tool, particularly for individuals who are not yet ready or unable to access paid services like Riliv, provided users clearly understand that AI responses do not constitute clinical assessments.

3.5. Interdisciplinary Implications

From a coaching and organizational consulting standpoint, both applications can serve effectively as pre-coaching tools, helping clients improve self-awareness and express their emotions before formal sessions. Nonetheless, coaches should be wary of clients who arrive with self-diagnoses reinforced by these apps, as such labels can narrow their view of their own abilities and growth potential. From a counseling perspective, this study underscores that AI systems cannot replace professional counselors in assessment and intervention tasks that require clinical judgment.

In education, the gap between easy app access and low mental health literacy among users calls for the immediate inclusion of mental health digital literacy modules in secondary and higher education counseling curricula.

From a humanities perspective, the findings confirm that true “listening” involves more than just responding verbally; it entails being fully present with empathy rooted in human experience. While apps like Wysa can simulate this with increasing sophistication, it remains irreducible by algorithms.

Technically, NLP systems currently have limitations in distinguishing conditions with overlapping symptoms, such as depression, bipolar disorder, ADHD, and generalized anxiety disorder. This represents the strongest technical reason why users should not use these applications for self-diagnosis confirmation without professional oversight.

4. Conclusion

Wysa and Riliv demonstrate that digital mental health applications can provide meaningful support for users who need accessible spaces for emotional expression, mood reflection, and initial psychological assistance. Through story listening, emotion tracking, and one-on-one chat features, both applications help users recognize emotional patterns, articulate personal concerns, and seek support more easily. However, the findings of this study emphasize that these applications must be understood as complementary tools rather than replacements for professional diagnosis or clinical intervention. Wysa offers strong accessibility, anonymity, continuous availability, and international clinical validation, making it useful for users who need immediate emotional support. Nevertheless, its empathetic AI responses may unintentionally strengthen users’ self-diagnostic assumptions, especially when users already believe that they have certain mental health conditions before using the application.

In contrast, Riliv presents a safer model for Indonesian users because it involves licensed psychologists who can clarify, challenge, and correct inaccurate self-diagnosis beliefs. The presence of human professionals allows Riliv to reduce the risk of users interpreting app-based responses as clinical confirmation. The phenomenon of self-diagnosis becomes problematic when users treat digital responses as valid diagnostic evidence. Within the Stepped Care Model, this reflects level misplacement, where users who may require professional counseling or psychiatric care remain at the self-help level because they feel sufficiently supported by the application. This condition may delay proper treatment and worsen psychological problems if not addressed carefully.

Therefore, responsible use of Wysa and Riliv requires stronger mental health digital literacy, clearer disclaimers, culturally relevant guidance, and ethical integration into coaching, counseling, and educational practices. Users should be encouraged to treat app-based feedback as emotional support and preliminary reflection, not as diagnostic evidence. Future studies should empirically examine how usage intensity, mental health literacy, self-diagnosis tendencies, and help-seeking behavior interact among Indonesian users. Such evidence is needed to support clearer regulations and safer digital mental health ecosystems in Indonesia.

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