

Self-Diagnosis and Teaching Methods: A Preliminary Qualitative Analysis

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ABSTRACT

Self-diagnosis is the appropriation of behavior as symptoms and labelling oneself with a disorder without consulting a professional. Teaching methods refer to frameworks through which the teacher organizes meaningful academic interactions with students and orients themselves and the class to the psychopathology paper. This study sought to explore both these ideas to see various elements of teaching and identified specific teaching methods and their relative contribution to self-diagnosis. It is a follow-up study to Ahmed and Stephen (2017) and used the same sample, which consisted of six psychology students. Thematic network analysis was used on the data obtained from semi-structured retrospective interviews. The results identified two specific teaching methods: 1) subjective-relational method, which refers to relating symptoms of pathology to real life experiences and 2) objective-systematic, which refers to a scientific, systematic disorder focused approach. The objective-systematic method was shown to be better at instilling academic maturity and reducing the distress associated to self-diagnosis. Briefing, which is orienting students to the potential pitfalls of self-diagnosis beforehand, and the practice of psychometric tests were identified as key elements of teaching that played a pivotal role in self-diagnosis. In-depth exploration of these specific teaching methods and its relationship to self-diagnosis is a key avenue for future research.

Keywords: *Self-Diagnosis, Academic Maturity, Teaching Methods, Briefing, Psychology Students*

Psychology students, as part of their regular coursework constantly interact with psychopathology, and are trained to clinically evaluate symptoms and fit them within diagnostic criteria. This training inevitably manifests itself in their personal lives as well, when the students don't have the academic maturity to compartmentalize the categorical and affective elements of this experience. This experience of discrepancy is discussed by Ahmed and Stephen (2017) who looked at self-diagnosis among psychology students.

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One of the most crucial stakeholder of a student's academic life is the teacher. The teacher plays an important role in both the academic development of the student as well as the overall development of the person. (Chetty, Friedman, & Rockoff, 2011; Jennings & Greenberg, 2009) Ahmed and Stephen (2017) found out that teaching methods also have a role to play when it comes to self-diagnosis, but did not give any indication as to which teaching methods are more conducive to self-diagnosis. Therefore, this study seeks to identify what the different teaching methods are, and explore the extent to these methods could influence self-diagnosis.

Conceptual Framework

1. **Self-Diagnosis.** It is defined as “the process wherein individuals observe within themselves, symptoms of pathology and identify a disease or disorder on the basis of it without medical consultation,” (Ahmed & Stephen, 2017, p. 121). Individuals misperceive temporary behaviors or situation induced temperament as a symptom of pathology.
2. **Teaching methods.** This refers to the framework through which the teacher organizes meaningful academic interactions with the students and orients themselves and the class to the psychopathology paper. These are the characteristic patterns of student-teacher interactions, resources used during and prescribed outside class, the manner of addressing doubts and redressal of concerns, etc.
3. **Debriefing.** A discussion that takes place between the teacher and the students before the course commences in order to orient the students about the possibility of self-diagnosis and warn them about the pitfalls of the same. This space can be used for the teacher to impress upon the students the gravity of self-diagnosis as well as understand any preliminary concerns students may have about the process.

Research Paradigm

A social constructivist research paradigm has been chosen for this study. Social constructivism looks at how human participants make subjective meaning of their experience through interaction with others, with socio-cultural and historical forces at the backdrop. (Creswell, 2007) Self-diagnosis is a process where individuals make meaning of their perceived symptoms through interaction with various sources such as literature, other people, influenced by cultural forces as well. This study is attempting to look at how students' interaction with teachers allows them to construct their self-diagnosis, through exploration of teaching methods.

Statement of the Problem

Ahmed and Stephen (2017) suggested that the different methods of teaching may have a role to play in Self-diagnosis. The current study aims to explore student's subjective perception of what the different teaching methods are in this context, and their relative contribution to self-diagnosis. This preliminary identification of teaching methods has strong implications for further research that can look at exploring in-depth the relationship between these teaching methods and self-diagnosis.

Rationale of the Study

The existing literature on self-diagnosis and medical students' disease is quantitative in nature and even the qualitative explorations are descriptive at best. Significant attempts have not been made to explore in-depth the various causes of self-diagnosis. Self-diagnosis is not a theoretical problem. It is a practical problem that has dangerous consequences to real people. (Ahmed & Stephen, 2017; Gutema et al., 2011) Hence, it has become necessary to identify and explore the causes of self-diagnosis. Ahmed and Stephen (2017) began this process, by suggesting that teaching methods may influence self-diagnosis.

However, before the relationship between teaching methods or methods and self-diagnosis can be explored, it is important to (a) operationally define what teaching methods are in the context of self-diagnosis, (b) identify various elements associated to teaching that may have a role to play in self-diagnosis, and (c) highlight different teaching methods that may influence the self-diagnostic tendencies at different intensities. Hence, this follow-up study to Ahmed and Stephen (2017) looks to clarify and make specific the relationship between self-diagnosis and teaching methods, using the same sample.

Significance of the Study

The relationship between teaching method and self-diagnosis would be difficult to study without highlighting various elements in the teaching method itself. The results of this study would make it possible to explore the relationship between self-diagnosis and teaching methods, by specifying the methods themselves, as well as teacher-specific variables and the teaching-learning process, and their role in self-diagnosis. It would contribute to existing literature about self-diagnosis and generate further lines of inquiry.

This would allow for formation of policies in academic settings targeted at taking preemptive measures to prevent self-diagnosis or to curb the harmful effects of it.

Major Research Objective

To explore various teaching-related elements that contribute to students' self-diagnosis and to identify specific teaching methods that influences students' self-diagnostic tendencies.

Specific Research Objectives

1. To explore specific elements of the teaching-learning process that influence students' self-diagnostic tendency
2. To identify specific teaching methods that influence students' self-diagnostic tendency

REVIEW OF LITERATURE

There is a sparse amount of literature when it comes to self-diagnosis and close to none that looks at self-diagnosis with relationship to teaching methods. When it comes to self-diagnosis literature, Moss-Morris and Petrie(2001)'s study was one of the first papers to dissect the process of self-diagnosis and explore the cognitive and affective components associated, separately. This revealed that with progressing years of education, students are able to look at

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disorders at a more perceptual level without feeling emotional distress. This discrepancy between cognition and affect implies that students attain a sense of academic maturity with progressing years.

When Azuri, Ackshota and Vinker(2010) studied academic maturity longitudinally among medical students, they noticed a steep increase in emotional distress, health anxiety and the fear and preoccupation with illness and death, during the initial clinical years and a gradual decline of the same in the later years. There was no significant change in the thought processes associated to the diagnosis.

Supplementing this knowledge Ahmed and Stephen (2017) sought to look at the concept of Self-Diagnosis exclusively in a psychology student's context. They examined the causes, methods and effects of self-diagnosis. They discovered that preexisting vulnerabilities could trigger the process of self-diagnosis and its consequences in students when they are exposed to the psychopathology paper. . Though they don't focus on teaching methods as one of these factors, they suggest that teaching may have a role to play in self-diagnosis, making it an avenue for future research.

While there is a lack of literature exploring the relation between teaching methods and self-diagnosis, there has been a lot of research on different teaching methods and their role in a student's life, whether it is in the academic, personal, or interpersonal domains.

Ganyaupfu (2013), looked at different teaching methods and their relative efficacy on the academic achievement of students. The results showed that teaching methods have a role to play in students' academic achievement. Some methods (teacher-student interactive method) were clearly shown to be more efficacious than others (student-centered method) and others were seen to be the least effective (teacher centered method).

Khandaghi and Farasat (2011)'s work revealed that teaching methods have also been found to have a role to play in the adjustment level of students. Some teaching methods such as teacher-oriented teaching method was found to correlate more positively with the three domains of adjustment studied than a learner-oriented teaching method, and differences were found within the three domains (educational, emotional, social) with respect to the different teaching methods.

Knoell (2012) found that the student's perception of the student-teacher relationships have strong implications on their lives. While the student-teacher relationship didn't affect all aspects of student life, the influence can be identified when students perceived that teachers talked with and expressed positive emotions and behavior such as caring for the students and different aspects of their lives.

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Hence, teaching does have a significant influence on the thoughts and behavior of students, and further exploration could have several academic and practical benefits, with regard to self-diagnosis.

However, difficulties with this idea lie in the fact that teaching methods have been theorized, defined and studied differently across studies. Thus, this study sought to operationally define, and identify specific teaching methods, and their relationship with self-diagnosis

METHODOLOGY

Participants

A sample of six psychology students was taken for this study. A purposive sampling technique was used to select students who self-diagnosed, as evidenced by the Socio-Demographic Sheet which was used as a self-report measure. Ahmed and Stephen(2017)'s participants list was used as a sampling frame. The sample consisted of four female and two male Indian students. The age of the sample group ranged from 21 to 24. All six participants were graduates with a bachelor of arts in psychology.

Data Collection Method

Semi-structured interviews were chosen because the focus of the paper is the subjective evaluations of the students of the various teaching methods that has a role to play in self-diagnosis. The research questions of the study and the review of literature was used to generate interview questions along the lines of enquiries, and probing questions were included.

Process

The participants from Ahmed and Stephen (2017)'s study on Self-Diagnosis in Psychology students were contacted and asked for informed consent to take part in a follow up study. The interview protocol and interview schedule was subsequently developed. The interviewees were given the instructions and informed consent was taken.

Interview dates were fixed with the participants and the interviews were conducted. After the interview process was done, the interviewees were debriefed about the purpose of the interview and a general feedback session was held. The data was then subsequently transcribed and analyzed.

Data Analysis

Inductive and deductive thematic analysis was employed to describe the themes that arise in the participant's perceptions of the process of self-diagnosis with respect to teaching methods to help understand and a) operationally define what the different methods of teaching are and b) to gain a preliminary understanding of the relative efficacy of debriefing in order to conceptualize the research questions for the main study which is investigating a relationship between self-diagnosis and teaching methods(Braun & Clarke, 2006). The data analysis was

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both data-driven as well as based on the exist in literature: both latent and semantic themes was explored.

The process of data analysis began with the transcription of the data and an initial reading and rereading of the data by the researcher. During this process, preliminary ideas were noted down and basic data codes were developed. After this, systematic data codes developed across the entire set was used to organize the basic data codes and the quotes. Finally, global themes were identified and the organized data was appropriated to the specific themes. The themes were then checked against the data extracts as well as the entire data set and a thematic map was produced. Finally, each theme was fine-tuned, refined and defined in order to conceptualize different teaching methods and student's subjective perception of the relationship between these methods to self-diagnosis.

The validity of the analysis was checked primarily through self-validation methods such as member check and the results were also subjected to competing claims and interpretations and the researcher provided justifications for the current findings.

Ethical Consideration

1. Informed consent was obtained from the participants, and privacy and confidentiality respected.
2. A clinical psychologist was at hand to help clients in case of distress during or after the interview but no such need arose.
3. The data was kept in a password protected laptop.
4. The interview guide and the interview itself were conducted with respect to the clients' sentiments and were not demeaning to any individual or group.

DISCUSSION

Table 1 showing the themes that emerged from the study

Global Themes	Organizing Themes	Basic Themes
1. Briefing	1.1. Consistent on-going briefing process	1.1.1. Resolution Space 1.1.2. Supervision 1.1.3. Minimal Benefit
	1.2. Effects on the self-diagnostic process	1.2.1. Stress 1.2.2. Self-Image Issues 1.2.3. Introspection
	1.3. View-points resulting from Briefing	1.3.1. Insight 1.3.2. Professional Judgement 1.3.3. Diagnostic Clarity 1.3.4. Lack of Absolutist Thinking 1.3.5. Self-diagnosing is okay
2. Practical Classes	2.1. Affects Diagnostic Process	2.1.1. Validation 2.1.2. Distress
	2.2. Doesn't Affect Diagnostic Process.	2.2.1. Purely reflective 2.2.2. Tests not conducive to self diagnosis 2.2.3. Lack of faith in just psychometrics

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Global Themes	Organizing Themes	Basic Themes
3. Teaching Method	3.1. Method Independent	3.1.1. Complementary and Necessary 3.1.2. Subjective Factors 3.1.3. Irrelevance of Method to Self-diagnosis
	3.2. Elements of Teaching	3.2.1. Clarity 3.2.2. Disorder Focused 3.2.3. Comparison to Self 3.2.4. Relatable Material
	3.3. Student Responses	3.3.1. Modelling 3.3.2. Distress

The data gathered from the semi-structured interviews were coded to form basic data-driven themes which were then organized into clusters and structured along the lines of enquiry. Two of the three global themes were derived from these clusters along the lines of enquiry: 1) Briefing and 3) Method. One of the global themes was almost purely data driven: 2) Practical Classes. The thematic network analysis is discussed as follows

Briefing

The research question aimed to look at elements related to teaching which may have a role to play in Self-Diagnosis. A lot of data derived along this line from the interview can be understood in terms of briefing, which is a dialogue between the teacher and student, where the teacher provides psycho education for the student with respect to the potential of self-diagnosis and the various drawbacks of it. The first theme is the idea of a consistent ongoing briefing process and the perceived necessity of it or the lack thereof.

The need for a Resolution Space was highlighted. Some of the participants felt they needed a space where they can address their concerns related to self-diagnosis with an expert and resolve significant doubts that they have and get an expert opinion about the possibility of having a diagnosis.

R.G describes this in terms of a vulnerability that students have with the ample information present about abnormality and the different ways in which one maybe abnormal. She claims that with such a strong potential of self-diagnosis, not only should the students be properly briefed and mentored in “a few ways to avoid it” but she also felt the need for “a few one-on-one sessions where we are able to disclose our anxieties of maybe having one of those disorders, so that you know it can help us and say it's not so and so and guide us.”

According to C.J., when it comes to practical classes, if the class dealt with how to analyze results, there should also be a space where students could discuss with a mentor what their results are and what it could mean. She reported a similar feeling of confusion which is there in the absence of this space.

A similar basic theme that came up was Supervision, which refers to the role that a careful teacher can play in negotiating the amount of distress felt by students, by providing guidance.

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C.J contrasts the lack of resolution she felt in practical class to another teacher who she describes to have asked them to try out a few tools as well but “was very careful” and made sure that it happened with “his supervision” which negotiated the level of distress felt. N.G also highlighted that a careful teacher who briefed the students made him more aware of his self-diagnosis but also remarked that this didn’t stop him from self-diagnosing or negotiate the distress he felt.

This was a viewpoint was supported by some of the other participants as well who emphasized that briefing didn’t or wouldn’t have really stopped their self-diagnostic process. For instance, V.K reported, “I would be more aware of the consequences of self-diagnosis, but it wouldn't have stopped me from doing it.” C.J added to this idea and proposed that the novelty of the course would have caused them to self-diagnose irrespective of the briefing but does add that in hindsight she wishes that “she was better prepared.”

There is however a lot of contradictory opinions to this view. The second organizing theme incorporated the different viewpoints that arose as part of the briefing process. The idea of insight, which is an awareness about one’s own self-diagnostic tendency and it’s discrepancy to an actual diagnosis, is a significant theme that came up from the data. A.C talked about how he was self-diagnosing throughout his first year of studying Abnormal Psychology, but after the debriefing of Ahmed and Stephen (2017) study, he has attained a level of insight about the process of self-diagnosis. He describes the idea of insight as such:

Before typifying myself into any category or thinking that I have X disorder or Y disorder or anything like that I am conscious that I am self-diagnosing and that may not be correct. So even if I am anxious at a point of time and I am saying, okay I might have some disorder, I am conscious of the fact that it may not be true and even if it were true, that there is no way of knowing by self-diagnosis that how, to what extent I have the disorder

There is also an idea of belief in only professional, clinical judgement of experts that comes from being debriefed. A.C describes that due to his newfound insight, he would want to “have a second, a third or a fourth professional opinion” about his diagnosis even if he falls into a self-diagnosing tendency before he accepts the diagnosis.

The idea that this sort of belief comes due to briefing is given further weightage as R.G,(who has not been debriefed) states that the fact that her professor showed a video of a girl self-diagnosing to explain a pathology without a debriefing made her think “that you don’t need the diagnosis of a clinician.”

There is also a level of diagnostic clarity and a reduction in absolutist thinking towards a diagnosis that comes with briefing. Learning about the concept of self-diagnosis gave participants appreciation for the complexity of the diagnostic process and realized that diagnosis could not happen in such an arbitrary way. The appropriation of contextual

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behavior to symptoms that Ahmed and Stephen (2017) talks about seems to have reduced due to the debriefing.

On the other hand, it is seen among participants who were not briefed that it brought about a belief that self-diagnosis is okay, particularly when it was perceived to be reinforced at different stages in class. R.G narrates such an instance as, “he would refer to certain uh, situation where he would draw instances from his personal life, so it seem like maybe even he was self-diagnosing.”

These viewpoints that were created because of briefing seem to have had a significant impact on the participants. The third organizing theme looks at the various effects of briefing, or the lack of it, and the viewpoints that resulted has had on the self-diagnostic process and student’s mental state and behavior. A lot of the participants talked about feelings such as stress and uncertainty. R.G also brought about the idea that the lack of a briefing created self-image issues. When asked, whether she thinks she would have benefited from a briefing she said:

Yes I think it would've helped. That way I would've known when I did it. If I could've avoided that, it would've saved me from a lot of stress, wasted time over thinking, I would've had maybe a better self-image knowing I do not have a mental disorder as such.

This idea is given more weight age by the fact that one of the participants, O.M., who has been briefed, talks about how it allowed for introspection. However, it is important to note that despite the participant talking about this in a positive manner, introspection was a method of self-diagnosis identified by Ahmed and Stephen (2017).

Overall, the data revealed a mixed opinion about briefing. There were participants who believed that briefing played a positive role in mediating the distress associated to self-diagnosis as well and providing insight. However, there were others who believed that subjective factors among the individuals meant that self-diagnosis would have occurred irrespective of briefing. It was important to know however, that all the students who spoke about the irrelevance of briefing had not been briefed and all the students who had been briefed at some point of time, talked about the beneficial role of briefing in changing the way they looked at self-diagnosis as well as mediating the effects of it. Also, there was a necessity which was seen for briefing to not be a one-time event but rather a consistent process which involves an element of feedback from students as well.

Practical Classes

This global theme rose purely from the data. After the initial couple of interviews, the interview schedule was modified to incorporate a line of questioning about practical classes, because of its significance as a teaching method. Practical classes refer to psychometric labs where students are asked to carry out various tests and experiments on themselves and each other for practice. The data under this theme has been organized purely on the basis of the likelihood of practical classes affecting self-diagnosis.

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The first organizing theme suggests that practical classes do affect one's self-diagnostic tendency. The key basic theme that explains how practical classes affect student's tendency to self-diagnose is validation. Validation is defined here as, the process by which a person's self-diagnosis is given weight age or is perceived to be confirmed by a third person. Data suggests that the practice of making students do tests on themselves act as a measure of validation for their tentative self-diagnosis. RG brought about this idea as she talks about how using practical tools on herself "reinforced my self-diagnosis with evidence on paper." This notion was brought by others like NG:

*At the beginning self-diagnosis was just me looking at the symptoms given, in the DSM criteria and going, hey I have those. But does that mean I have the disorder? And then we go to the practical part of it and this one kind of cemented the fact that I am slightly neurotic, introvert, emotionally unstable *nervous laugh* and probably psychotic. So the practical tests didn't help with the fact that I may be prone to all of this. Just cemented it.*

A.C also seemed to agree with this idea but he emphasized that he took tools as a sense of validation before he was briefed properly and now in his current course due to the proper briefing he has received, psychometrics don't bother him anymore.

The next stage of the validation that comes from these self-administered tests seems to be distress. Many of the participants discussed the distress associated with both the confusion that comes from results of tests as well as on occasions where their diagnosis had been validated. N.G, R.G and A.C discussed this distress and sense of despair as well as self-image issues that result from a self-diagnosis in similar ways. C.J very strongly highlighted the state of confusion associated to this particular method of taking psychometric lab classes.

She talked about a lack of precautions that were taken against self-diagnosis in practical classes, and was highly critical of the fact that they focused a lot of time on writing reports but not understanding what the results of the test could mean. She described this:

I don't think they took precautions to help us through that and I believe that during the practical course at least our focus was more on like writing the practical guide as opposed to learning about the scales or any of that so that kind of irritates me even now cause I feel that a lot of times I was put in a position where I used to get confused by my results but instead of discussing that we would be focusing on aspects that don't really matter.

It is also interesting to note however, that none of the participants had an issue with psychometrics itself. In fact, A.C talks about his new found interest in psychometrics and C.J highlighted how understanding certain tools and trying them could be academic and beneficial under the supervision of a careful teacher.

The second organizing theme incorporates data that suggests practical classes didn't affect student's self-diagnosis. The data that supports this viewpoint is rather weak in consistency across the dataset. V.K and O.M however, take a stand that self-administered psychometrics

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was a purely reflective exercise and didn't cause them to self-diagnose. V.K described this as getting to know oneself and forming a "clear picture what our personality was like."

Another idea under this theme is that practical tests didn't bring about self-diagnosis because they weren't conducive to it. The idea is that the tools themselves that were selected by the teachers were not tools that can be used comparatively to find a symptomatic presentation and hence didn't bring about self-diagnosis. V.K says, "I self-diagnosed myself with OCD, but we didn't have any practical tool or questionnaire for that criteria, specifically." She goes on to say that they self-administered a "depression scale" and a "personality scale" but that the experience "wasn't self-diagnostic in nature"

Thus, the idea seems to be that self-diagnosis occurs because of practical classes, only when the instrument is related to the particular disorder the student has a tentative self-diagnosis associated to. Further, when V.K talks about the psychometrics not being conducive to her self-diagnosis, it is a very subjective statement because the rest of the sample followed the same syllabus and participants like C.J talked about how self-administered BDI could be conducive to self-diagnosis and NG talked about how the psychometrics gave him certain disorder labels that were highly distressing.

However, if there is a lack of faith in psychometrics, there is a lesser tendency to self-diagnose based on it. Despite a self-proclaimed interest in working with psychometrics A.C describes testing as:

There are times when I feel that at least psychologists can tamper with test results depending on what they are thinking, the state of mind they are in, what their recent experiences have been, so there are many variables that can influence the test results

This is however, an idea that A.C was able to form after he was briefed.

Thus, evidence suggests that there is strength to the notion that practical classes can affect the self-diagnostic process in a negative way, but only if the students are not properly debriefed. In this case, practical classes cause student's tentative self-diagnosis to be validated, causing them confusion and distress. However, the test itself must have some sort of relationship with the tentative self-diagnosis for such a validation to occur.

Teaching Methods

The key objective of the study was to identify different teaching methods and their relative tendency to construct and moderate students' self-diagnostic tendencies. There were primarily two different methods that were identified- a subjective-relational method, and a systematic-objective method.

However, there were also a number of ideas that came up that suggests a belief that self-diagnosis is not dependent on the method of teaching. This information that has been organized under a theme, titled "Method Independent," and attributes the construction of

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diagnosis to the general sociocultural background of the individual and not specific teaching variables.

One such idea was the understanding that both the systematic-objective and subjective-relational methods were complementary, and a combination of both the methods are necessary in studying psychopathology. C.J highlighted, “I think they (the teachers) kind of complemented each other very well because we got two different perspectives and I feel both perspectives are equally important.” N.G also brings across this idea as he talked about how a lot of the subject matter was clear to him only because of their complementary ways of teaching.

Moreover, some of the participants emphasized subjective factors which allows for self-diagnosis, which had nothing to do with a teaching method. This was done in varying degrees, both directly and indirectly.

C.J is one of the participants who directly talks about this. She explains her self-diagnosis in relation to the novelty of the course itself. She stated, “... first time I was studying something like this and in such detail so I couldn't help it.” She goes on to attribute her self-diagnostic tendency to the level of stress associated to the course- “The course I did was strenuous, but I do believe I am better equipped now, better than last year at least,” She also considered the self-diagnostic process to be “natural curiosity” and spoke about a sense of stability that she attained after the course was over.

N.G put this idea across in different ways- in terms of personal attributes and behavior such as his “suggestible nature” and the fact that he chose to ‘zone the teacher out’ because of his stress due to self-diagnosis. The latter, paradoxically, resulted in him not getting clear enough information, thus self-diagnosing. He also attributes the self-diagnosis that occurred to subjective factors about the class itself, implying that self-diagnosis happened as a form of group process.

When talking about this, he was vague and made comments such as “the class was made up of special people.” When further probed, he claimed that the students made their self-diagnosis seem like a joke, which is why the teachers never took it seriously enough to intervene or clarify. He says, “I think they giggled it off because all of us had these laughing smiley faces going ohhhahaha I have this, but I'm pretty sure on the inside they were going, panicky..”

The presence of these subjective factors and their role in the self-diagnosis can also be inferred from R.G even though she doesn't state this, directly. She refers to a family history of certain disorders and when there was material shown by the teacher about those disorders, she claimed to have self-diagnosed or diagnosed others in her mind. This seems to imply that her self-diagnosis, at least in part, was due to her own past experiences.

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There were also a few participants who were clear that their teacher's method did not affect the self-diagnosis. O.M stated, "Teacher used an objective method. No, this didn't affect my self-diagnosis." C.J emphasizes that idea saying, "Teaching methods didn't directly contribute to me diagnosing myself," after which she reemphasized how the novelty of the subject contributed to her self-diagnosis, thus providing an alternative explanation.

There were also certain elements of the teaching method that either aided or helped minimize the construction of students' self-diagnosis. These themes are organized under the broader theme, Elements of Teaching. The idea of clarity when it came to the clinical picture of a particular disorder emerged from the data and seems to play a role in self-diagnosis.

A.C, who claimed to have been self-diagnosing in his undergraduate degree at the time of Ahmed and Stephen (2017) study and not anymore, said that because of some teachers now in his postgraduate degree, he doesn't engage in self-diagnosis anymore and even if he does, it does not bother him because he does not really believe in the "diagnosis." The difference was that he is more clear about the concepts now; clarity which he didn't have in undergraduate level. He says that this may be because his doubts were not cleared then, by the teacher. Here we see an element of teaching contribute to academic maturity rather than the direct cessation of self-diagnosis.

N.G also talks about how the method of teaching has a role to play in finding some clarity.

I think teacher two cleared it more than teacher one did. Because teacher one had a tendency to stray a lot, because as I said, as I previously mentioned she related it to most of the characters she's met in her life.. And it helped..itkinda, how do I put it? It brought color to the whole image. But teacher two... gave proper objective answers to the doubts and that cleared most of them

N.G was hence of the idea that an objective teaching method was more conducive to finding clarity about the disorder but still felt that both methods were complementary and necessary and didn't particularly believe that clarity helped with his self-diagnosis. Other participants including V.K and R.G talked about a lack of clarity when it comes to the clinical picture. C.J spoke about how both her teachers, one who followed a relational method and one who followed a systematic method, cleared her doubts effectively and at first claimed that, "this didn't affect my self-diagnosis." But later she goes on to talk about how in the practical classes, her doubts were not clarified and that increased her self-diagnosis. Hence, it can be derived that clarity did have a role to play in her self-diagnosis as it was for the others.

Another idea that came up is the concept of disorder-focused teaching method. R.G talks about how her teacher was focusing on situational aspects that she was familiar with and relating it to individuals and how that contributed to self-diagnosis. Similarly, C.J talks about having two different teachers: one who followed a relational method and another who was disorder focused. She comments on the benefits of the disorder-focused method when she says, "I think he was super objective and for me at least I was less anxious in his classes

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compared to (name omitted) maybe because he used to focus more on the disorder than any person.”

The next theme looks at the relational method where symptoms were compared to the teacher's own self, other people or students themselves. According to R.G, her teacher “would refer to a certain uh, situation where he would draw instances from his personal life, so it seem like maybe even he was self-diagnosing.” This increased her self-diagnostic tendency.

N.G elaborately describes the two types of teaching methods as follows:

Teacher one, the lady taught along the lines of a relational style of teaching. So she basically connected it to most of her own life stories. And kinda made us realize we may have some of those symptoms as well, but not in the extremities and when it's in the extremities, you become diagnosed with these disorders. Teachers two, the male taught along the lines of objectivity. He was pretty scientific in what he said. He taught with PPTs usually, he was very scientific in manner.

He then goes on to say, that the relational method made him more prone to self-diagnose.

*The first one, the relational one. It didn't help that she said that all of us would have the symptoms which I agree with..all of us would have something or the other.. But..But *nervous laughter* it didn't help my case.. Thinking I got the whole deal*

These two themes suggest two things. First, it suggests that teaching methods can be differentiated along the lines of whether they are disorder-focused (objective) or person-focused (subjective). Second, it seems to suggest that the objective method is less conducive than the subjective method for self-diagnosis.

Another theme that came up under elements of teaching was the material used and their reliability to students. Some of the participants felt that the material which was used also was conducive to self-diagnosis. C.J briefly mentions that one of her teacher used a relational method but only by relating the disorder to cases she has experienced, after which she talked about how the objective method was less anxiety provoking. While other participants also mentions this idea in passing, R.G talks about in detail, of case studies that were shown in class where the person was self-diagnosing without a clinical diagnosis and how that being taken as a case study by the teacher made her think “that you don't need the diagnosis of a clinician.”

Social constructivism suggests that people are the active constructors of their own reality. Thus, students actively construct their self-diagnosis and it is not just a simple by-product of teaching methods. This theme organizes data about student responses to teaching methods wherein they construct their self-diagnosis from what they have perceived of the teaching methods.

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R.G attributes her self-diagnosis to case studies of people self-diagnosing and her teacher taking this as examples of cases of a particular disorder. Moreover, she talks about how her professor seemed to be self-diagnosing as well. Hence, it is seen that her response to this information was a form of modeling where she is observing this behavior and repeating it, constructing her own reality of self-diagnosis.

There is obviously a lot of distress associated to this which forms the last theme. This distress is manifest in different ways for different participants. As mentioned earlier in this discussion, for R.G it was manifest in the form of stress, self-image issues, over thinking etc. C.J describes it in terms of confusion and stress, whereas N.G talks about it in terms of severe anxiety.

CONCLUSION

The research aimed to explore various teaching-related elements that contribute to students' self-diagnosis. One of the key elements which have been identified is briefing. For the most part, the data suggests the idea that briefing can play a role in curbing students' self-diagnostic tendencies. It suggests that this can be achieved by changing the students' perspective on what diagnosis is. Moreover, there was an emphasis on moving away from a one-time briefing system and to have a consistent ongoing briefing process which would entail a two-way communication between students and teachers.

Practical classes and psychometric tests seem to be a major source of self-diagnosis for students, if the tests under question are congruent with pre-existing tentative diagnosis that students have for themselves. However, proper briefing and the supervisory role of a careful teacher was found to play a role in building a healthy attitude in students towards psychometrics which has its basis in diagnostic clarity.

The results revealed that there are two key teaching methods and their role in self-diagnosis: a subjective-relational method and an objective-systematic method. The results of this study also seem to indicate that the objective, systematic method plays a superior role in curbing students' self-diagnostic tendencies.

It was revealed that teaching methods in themselves don't directly cause self-diagnosis but the process is a constructive one, where students, influenced by their perception of the teaching methods, construct their self-diagnosis, giving students a sense of agency in the process.

The study also revealed that briefing or practical classes, other elements of teaching or even the methods don't influence self-diagnostic tendency in themselves. The students were prone to self-diagnosis, irrespective of these factors. However, these elements and methods had a role to play in instilling and moderating academic maturity in students which in turn had a role to play in the manifestation of students' self-diagnosis; whether it is affective or purely

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categorical. Hence, it can be concluded that teaching methods just instill academic maturity in the students so they can be more responsible constructors of their own reality.

There were several limitations to this study. Firstly, small samples of six students were taken up. Moreover, this study is a follow up to Ahmed and Stephen (2017), hence the same sample was used. Having used the same sample, this study inherited the limitations of its predecessor; the sample consisted of students from different levels of exposure to the abnormal psychology course. Moreover, the study is largely retrospective and has been conducted months after these students have finished their course and is subject to errors due to decay in memory. Also a significant flaw of both this study and Ahmed and Stephen (2017) is that the level of self-diagnosis at baseline (before the course starts) has not been assessed.

This study is however purely just a preliminary research conducted to identify specific elements of teaching and methods that can be explored in-depth and it has managed to achieve that end. Further research can aim to study the relationship between self-diagnosis, academic maturity and these teaching methods in-depth with a larger sample and from different perspectives. A quantitative assessment of students' self-diagnostic tendency before and after exposure to abnormal psychology also seems imperative. This study can be the foundation stone for extensive investigations into academic maturity, how it can be developed, and the role it plays in self-diagnosis.

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