

## Self-Diagnosis in Psychology Students

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### ABSTRACT

This study aimed to describe how, why and to what extent psychology students self-diagnose and what impact this has on their lives, using an in-depth qualitative exploration. A sample of 8 students were taken and interviews were administered on them. Inductive thematic analysis was conducted on the results, revealing four global themes. These were: Causes of Self-Diagnosis, Methods of Self-Diagnosis, Effects of Self-Diagnosis and Academic Maturity. It was concluded that students self-diagnose based on earlier experiences as well as psychological information they learn in an academic setting and introspection methods. Factors such as schematic thinking played a role in self-diagnosis and it had positive and negative effects, which can be classified as cognitive, affective and behavioural effects. Academic Maturity was seen to be a protective factor against the negative effects of self-diagnosis.

**Keywords:** *Self-diagnosis, Psychological Education, Early Experiences, Schemas, Positive Effects, Negative Effects, Academic Maturity*

The stressors of a typical college student's academic life are quite high. Not very common among these stresses, is for all students to be stressed about the actual content of their lessons in relation to their personal life. This is a phenomenon more easily observed in students of the behavioural and social sciences (the exception being medical students). This paper would thereby at large examine the concept of illness anxiety among psychology students and specifically study the intricacies of the process of self-diagnosis among psychology students.

### **Contextual Background of the Study**

The layperson's tremendous exposure to knowledge about health issues has given people the empowerment to find out about their ailments within a matter of minutes, merely by inputting the symptoms they are facing and getting a vast and extensive output of information which they use to diagnose themselves. This extensive knowledge tends to create within people anxiety about contracting these diseases or developing disorders.

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There is a tendency among medical students, particularly those in their second year to begin diagnosing themselves with the pathologies that they are currently dealing with in class. This phenomenon is popularly known as the medical students' disorder (or interns' syndrome), which can be seen among psychology students as well. When they are first exposed to the abnormal behaviour paper and they start learning about various aspects of psychopathology, psychology students also develop a similar tendency to appropriate the personality traits they may possess or mood related habits that they may display to pathology and subsequently diagnose themselves with mental disorders.

The cultural context in which the current research is being conducted is an Indian context. There have been little to no empirical or qualitative studies done within the Indian population when it comes to this concept of medical students' disease or self-diagnosis; be it in a mental health care context or a regular health care context. Further, as psychology is an infant discipline in India, the sudden onset of information regarding abnormal behaviour, is even more overwhelming, predisposing them further to the process of self-diagnosis. The students of psychology in the population being studied are usually exposed to abnormal behaviour in their third year of study and hence, this condition can be seen in third-year psychology students.

### *Conceptual Framework*

**Illness anxiety disorder.** Earlier known as Hypochondriasis, the DSM5 defines IAD as “preoccupation with fears of having, or the idea that one has, a serious disease based on the person’s misinterpretation of bodily symptoms.”(APA, 2013).

**Cyberchondriasis.** Defined as, “unfounded escalation of concerns about common symptomology based on a view of search results and literature online.” (White & Horvitz, 2009), this refers to a tendency of individuals to use information available online to diagnose themselves.

**Self-Diagnosis.** Self-Diagnosis is the process where individuals observe within themselves, symptoms of pathology and identify a disease or disorder on the basis of it without medical consultation. Here, an individual might appropriate contextually determined behaviour or dispositional traits, to symptoms. Self-Diagnosis has variously been studied as a cognitive-behavioural or an emotion induced behavioural process, differentiated by the presence of emotional distress.

**Academic maturity.** Academic Maturity as a concept is defined by this researcher as a level of intellectual understanding or perceptual or schematic structuring of disorders that occurs instead of engaging with the condition in an affective manner when a student reaches a certain point of his/her education. The emotional distress associated with self-diagnosis does not occur at this level because the student manages to evaluate his likelihood of having a certain disorder and has the professional understanding when it comes to these concepts.

**Schema.** This is a concept in cognitive psychology that “describes an organised pattern of thought or behaviour that organises categories of information and the relationships among them.”

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(DiMaggio, 1997). The concept of schema plays an important role when it comes to the cognitive-behavioural element of self-diagnosis and would further be explained in subsequent sections of this paper.

**Emotional distress.** As defined by this author, emotional distress refers to an emotionally charged state, characterised by stress and anxiety, which causes a personal considerable level of suffering and/or maladaptive behaviour which influences the person's day to day functioning. This state of emotional distress is brought about due to self-diagnosis and is one of the two components associated with hypochondriasis as categorised by Moss-Morris and Petrie (2001)

**Psychopathology.** Sometimes, alternatively referred to as Abnormal Psychology or Abnormal Behaviour, Psychopathology is the scientific study of mental disorders. This is the branch of psychology, once exposed to, that students develop the tendency to self-diagnose themselves. In a clinical setting, theories and concepts of psychopathology are applied in treating mental disorders.

### EXISTING LITERATURE

Self-diagnosis and the fear or anxiety of disease or disorder that is associated with it is a problem that has caught the eye of many thinkers from as early 1900s when George Lincoln Walton (1908) wrote about medical students interpreting sensations as more dangerous predicaments due to their knowledge of the existence of said predicaments. Baars (2001) considered Medical Students disease to be a temporary form of hypochondriasis but that notion has been recently challenged by thinkers who would rather associate this anxiety to Nosophobia, an irrational fear of disease.

Clinical psychiatrist and Director of the Mood Disorders Program at Thomas Jefferson University Hospital, Rajnish Mago (n.d) describes the process in a more optimistic fashion. While talking about the internet and self-diagnosis Mago claims that The Internet is a tool and can be used for good or bad. According to Mago, The Internet should be used not for self-diagnosis but for a better understanding of the symptoms so educated questions can be posed to doctors to make them more responsible.

Moss-Morris and Petrie (2001) has been able to provide the most systematic understanding of the process of self-diagnosis. Their groundbreaking quantitative research on the phenomena showed that while medical students did have a higher tendency to self-diagnose as compared to the control group, medical students with a certain level of academic maturity managed to do the self-diagnostic procedure at a pure academic level, opting for a perceptual understanding of the symptomology rather than undergoing emotional distress in relation to it while those who are new to pathology, faced significant emotional distress.

In a psychopathology setting, clinical and abnormal psychologists have been writing about self-diagnosis but there is a severe lack of studies conducted to examine the phenomena exclusively

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in a psychology setting and has been loosely clubbed under medical students' disease.

### ***Research Paradigm***

A pragmatic research paradigm would be adhered to in this research. The purpose of this study is to gain an understanding of specific research questions and the focus of the researcher is the actions, situations and consequences of inquiry rather than existing theoretical paradigms such as post-positivism or constructivism. Hence, given the nature of this study and its inapplicability to any one particular paradigm, the pragmatic paradigm is the most applicable.

### ***Statement of the Problem***

To describe how, why and to what extent psychology students self-diagnose and what impact this has on their lives

### ***Rationale of the Study***

Self-diagnosis affects the lives of students in various ways, as some individuals begin to take up measures that are unnecessary for a person without any pathology to take up; some of these students even end up prescribing themselves with medication without professional consultation. Some students unwittingly create schemas regarding the disorder in question and appropriate different traits they have or situational experiences as schematic and this anxiety about the condition they have diagnosed themselves with interferes with the lives of these students at a major level. They may even end up developing behavioural maladjustments and conditions purely because of their anxiety. This causes in many cases, the students to develop a moderate to severe case of Illness Anxiety Disorder.

And in the scenario where these students do finally seek help, they may end up confusing the medical professionals in their self-report by either exaggerating or minimising or not reporting symptoms according to the schema that they already have because of their self-diagnosis. Therefore, this act of self-diagnosis is quite problematic to the psyche of the students and it is vital that the problem is studied qualitatively so that certain solutions may come out of it.

### ***Significance of the Study***

The purpose of this study is to qualitatively explore the various themes that underlie the process of self-diagnosis among psychology students. Despite several research studies having been conducted on quantifying medical students' disease, there is an epistemological gap in understanding what, how and why a student, particularly a psychology student self-diagnoses. So this would be a significant contribution to the existing literature.

Apart from that, with the existing literature focused on quantifying the phenomenon, not much basis is there on finding solutions to the medical students' disease', particularly in a mental health setting. The existing literature on this topic of study has digressed to a dialogical debate

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on whether or not medical students' disease occurs or not and is in no way useful to the students who do suffer from the condition. Thereby by alienating this study from this debate, the researcher hopes to understand how and why a psychological student self-diagnoses and the effect it has on their lives. This would provide ample opportunity to open up discussion on how this can be avoided. And this avenue of study is necessary, as medical students' disease is a hindrance to the academic progress and personal lives of many a student.

The existing literature has also not many exclusive studies conducted on these phenomena in a purely psychological context. Mental health has until now been casually clubbed under health in general and self-diagnosis in a mental health setting has been only studied as a subset of self-diagnosis in a medical health setting.

Finally, this concept has not been examined in an Indian context and western studies have been loosely applied, so this study focuses on studying the concept in an Indian setting.

### *Research Questions*

- 1) To describe the different reasons that cause a psychology student to self-diagnose
- 2) To describe the ways in which and to which extent a psychology student self-diagnoses
- 3) To describe the effect self-diagnosis has on the life of the psychology student.

## **METHOD**

### *Participants*

A sample of five to eight psychology students was taken. A purposive sampling technique was used with the population of interest being psychology students who self-diagnoses themselves. The students were all taken from the final year of undergraduate studies.

### *Inclusion Criteria:*

- Students in III year of BA
- Psychology students who self-diagnoses themselves
- Indian nationality

### *Exclusion Criteria:*

- Individuals who are not currently students in III year of BA
- Non-Indian nationals
- Students with family members/friends with clinical background

### *Data Collection*

An In-depth interview method was conducted for data collection in the research. The interview guide that was developed to conduct this interview consisted of ten to fifteen questions, based on the available literature, and validated by experts.

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### *Data Analysis*

Inductive Thematic analysis was employed to describe the themes that arise in the process of self-diagnosis that would pave the way for an understanding of how, why and to what extent a psychology student self-diagnoses and the effect this has on their life. Semantic themes were given preference over latent themes.

The data was first transcribed and initial data codes were then generated and organised into potential themes. The themes were then checked against the data extracts as well as the entire data set and a thematic map was produced. Each theme was refined and specified in relation to the overall research questions and themes were then subsequently defined. The report was then produced, analysing the themes with examples from data extracts and the analysis was related to the review of literature and more importantly, the research questions.

The validity of the analysis was checked primarily through self-validation methods such as subjecting the findings to competing claims and interpretations and then providing strong arguments for the findings. Another method that was used is communicative validity, where a dialogue was maintained with some of the participants after the research is over as a give and take process, to understand their view of the findings.

### *Ethical Consideration*

- Informed consent was obtained from the participants.
- The privacy of the sample was respected and confidentiality would be maintained.
- The interview was conducted with respect to the clients' sentiments and was not demeaning to any individual or group.
- The interview guide consisted of questions that did not violate any sentiments of individuals or groups.
- A psychotherapist was contacted and subjects who appeared to need professional help were directed to him.

### *Data Analysis*

The data was collected by the researcher in the form of eight audio interviews and was subsequently transcribed manually. After this, the transcripts were checked against the audio a few times for any possible human errors in transcription. Then, the Audacity software was used to blur out the personal identification marks of the subject in the interview. The researcher then read and reread the transcripts to familiarize with the data and to obtain clarity about the information with regard to the research questions predetermined. While the reading was going on, initial data codes were derived on the basis of the researcher's judgement on the elements of the data which held significance to the research questions. During this process, the whole data set was scanned extensively to obtain codes which were relevant to the research questions.

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A qualitative similarity amongst the codes was then observed and hence the codes were collated along four recurring patterns of information: A) Causes of Self-Diagnosis, B) Methods of Self-Diagnosis, C) Effect of Self-Diagnosis and D) Academic Maturity. The first three patterns were in direct relationship to the research question but the last pattern emerged anew from the repetitive nature of its appearance amongst the answers that were given, by the research subjects on some of the questions which were posed. Then data extracts or quotes were taken to justify each code and were documented under it. Based on the present codes as well as the research questions, the four patterns of information highlighted above were then identified as the four overarching themes with significant subthemes, having been specified under each of those themes.

After this, a further sweeping analysis of the data was done to scan for any pertinent codes which might have been missed out. The themes and subthemes were then refined and restructured, irrelevant codes were weeded out and certain subthemes were clubbed together to form a single subtheme based on indistinguishable similarities. The emerging themes after this process are discussed.

### Discussion

*Table 1, Themes that emerged from the study*

Global Themes	Organizing Themes	Basic Themes
1. Causes	1.1. Clinical Knowledge  1.2. Prior Life Experiences  1.3. Other Sources	1.1.1. Self-Diagnosis Based on Psychological Knowledge 1.1.2. Family Background of Mental Illness 1.1.3. Family Background of Clinical Experience 1.1.4. Medical Self-Diagnosis/Disease Anxiety Patterns 1.2.1. Prior Life Events 1.2.2. Prior Disorder/Anxiety Patterns 1.3.1. Knowledge from other Sources.

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2. Methods and Extent	2.1. Intrinsic Sources/Factors  2.2. Extrinsic Sources/Factors	2.1.1. Schematic Thinking 2.1.2. Self-fulfilling Prophecy 2.1.3. Introspection 2.1.4. Role of Personality Variables 2.2.1. Psychological Literature 2.2.2. Online Sources 2.2.3. Real life cases of disorder
3. Effects	3.1. Cognitive Effects  3.2. Affective Effects  3.3. Behavioural Effects  3.4. Positive Effects	3.1.1. Confusion 3.1.2. Hyper-vigilance 3.1.3. Inability to focus on studying 3.1.4. Feeling of Morbidity 3.1.5. Feeling of Abnormality 3.2.1. Future Oriented Distress 3.2.2. Physical and/or Emotional Distress 3.2.3. Inability to enjoy certain tasks 3.3.1. Social Maladjustments 3.3.2. Sleep Disturbances 3.3.3. Unhealthy Habits 3.3.4. Self-medication 3.3.5. Bing eating 3.4.1. Academic Benefits 3.4.2. Personal Benefits 3.4.3. Interpersonal Benefits 3.4.4. Clinical Diagnosis Sought 3.4.5. Empathy
4. Academic Maturity	4.1. Academic Maturity	4.1.1. Lack of Belief in Online Tests 4.1.2. Diagnostic Clarity 4.1.3. Categorical Outlook 4.1.4. Lack of Perceived Morbidity 4.1.5. Academic Investigation/Curiosity 4.1.6. Emotional Apathy

#### *Causes of Self-Diagnosis*

One of the key areas that the research aimed to look at was what causes a psychology student to self-diagnose. The three most pertinent causal patterns that were observed were: **Clinical background.** This refers to the presence of a certain level of knowledge or exposure to various pathologies and the process of diagnosis, either at a theoretical academic level or at a practical level. In this research apart from academic or professional exposure, clinical background also



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entails early history or a parallel presence of a tendency to self-diagnose with medical diseases as well, as it hints at a tendency to diagnose oneself with disorders irrespective of its relevance to physiological or mental health.

It is observed across all eight interviews that studying abnormal psychology has a definitive role in causing the student to diagnose himself/herself with mental illness. All the eight subjects agreed to have compared the diagnostic criteria to their behavioural patterns in order to see if a relationship exists.

For A.C it is, “Okay so let’s say I’m reading about a disorder... I’ll be creating a list and then to what extent does it match and a balance of how matches and how many doesn’t matches.”

Most of the subjects claimed that the diagnostic criteria they learnt in class helped affirm their preliminary diagnosis and some even claimed that studying about the disorders agitated their distress about the possibility of having the disorders.

A practical exposure to pathology at a personal level also seems to play a role in causing self-diagnosis. This was seen among the subjects in either the presence of family members with clinical experience/attitudes or family members with a history of pathology. In the latter case, the fact that the family member has the disorder seems to instil in the client a sense of hypervigilance about being predisposed to it.

In terms of clinical attitudes, N.S describes:

*My mom what she does is that even as a kid it’s not that if I fall sick the first thing I do is go to a doctor. She would be like, okay what’s happening and listen to the thing and based on that she would give me medicine. So I think that I’ve picked up that habit from her only.*

Hence, N.S seems to be applying the method used by his mother to his own self-diagnosis in a psychopathology setting.

The subject C.J describes an instance of her disease anxiety in a medical setting as follows:

*... and it’s horrible. Like that time I had fever and cold and stuff. Cold and fever are the initial symptoms and then like you start bleeding and this and that and I was like oh wow sure I’m gonna die. I was so positive that I called my mom and stuff and was like listen mom I think I’m gonna come back home I’m not going to college... think I’m gonna die.*

Hence it is noticed that a tendency to diagnose oneself, or have anxiety about physiological disorders seems to cause the person to diagnose himself/herself with mental health problems as well.

**Prior life experiences.** Primarily when it comes to early life experiences, the data reveals a role played by certain life events that have taken place in the student’s past to cause him to self-diagnose in the present.

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For instance, A.C, who diagnoses himself with Illness Anxiety Disorder implicates his father's bypass surgery to have been the distal factor which set off a chain of events which currently leads him to be anxious about heart diseases and consequently, to self-diagnose.

It can be observed that whatever negative event that had occurred in their lives has brought about certain maladaptive ways of thinking or acting which once exposed to psychopathology, they start to see as symptomatic and hence they use these 'symptoms' to diagnose themselves with certain disorders.

This can be demonstrated from the words of R.G who says:

*I went to depression when um... like starting before my 10<sup>th</sup> board exams and went on pretty much till the end of my 2<sup>nd</sup> PUC... er... I, I just kept having really negative thoughts most of the time, and also had to do with the, an event at home, and, and, it was so bad that I ended up... um... inflicting harm to myself, I cut my wrists.*

The subject V.K and O.M describe this in terms of existing patterns which might have been given a name after their exposure to Abnormal Psychology.

The subject V.K says, "...I already knew that this is what causes me to get irritated. But then when I learned about OCD and, I had a name to what I was feeling,"

**Other sources.** In the sample that was interviewed for this study, they were asked about various sources that caused them to self-diagnose, but, however, the responses largely revolved around media. N.S mentioned documentaries on Discovery channel, while R.G spoke of TV shows.

This indicates that the knowledge about psychological disorders that these students get is still what is causing them to self-diagnose. However, the difference is that the knowledge, can also come from media sources and not just an academic setting.

## METHODS OF SELF-DIAGNOSIS

Under this theme, two main sets of concepts would be explored; the factors innate, and external to the individuals which facilitate self-diagnosis.

**Intrinsic sources/factors.** One of the most commonly appearing intrinsic factors is schematic thinking. This refers to organizing any new information and responding to said information in a manner which fits a particular pattern of thinking. Any aschematic information (information that does not fit into the schema) is either discarded or changed to fit the schema.

For instance, the subject R.G when asked why she has not consulted her teachers about the validity of her diagnosis says, "obviously going to be nice enough to tell you, 'no no dear, you don't have, I know that.'" Here she considers any possible negation of her diagnosis by her teachers, to be them being 'nice' because it doesn't fit into her schema of self-diagnosis.

Schematic thinking comes closely related to another concept which can be derived from the data; self-fulfilling prophecies. N.G, for instance, says:

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*So I will read the symptoms and I would think that I might actually have this. I think I do and then I would keep thinking about them again and again and again, I guess that's where obsession comes. I obsess about these disorders and I start to believe I have the symptoms – I induce these symptoms within me.*

Introspection is another commonly used intrinsic method of self-diagnosis. The subject A.C described the process as follows:

*Okay so let's say I'm reading about a disorder. Let's say narcissism. First I would read about narcissism, would go through every line....Probably I'll be creating a list and then to what extent does it match and a balance of how matches and how many doesn't matches.*

Subjects N.S and V.K also admit to following a similar process of introspection. N.S goes as far as to describe self-diagnosis in terms of an attitude of introspection and correction which has been adopted.

**Extrinsic sources/factors.** The three key sources which were seen throughout the data was psychological literature, online sources and real life cases of psychopathology.

In this study, psychological literature primarily refers to textbooks and the diagnostic manuals that students use to compare their perceived symptoms with. All eight subjects in the study admit to having used the textbook to compare the information present to their perceived symptoms in order to find a relationship.

C.J described the process as such, “you go back home and you're like reading up about it. So the more you read, the more you try to correlate.” The subject M.B talks about how she gets a “self-realization” when she reads the textbook with respect to her own behavioural patterns and N.G feels like he can “connect with these disorders,” when he reads the books.

Another external source that is seen to repeat throughout the data set is online sources. Online Self-Diagnosis is the process by which online sources are used by students to diagnose themselves with a disorder. All the subjects seem to be in consensus about having used online sources in the process of self-diagnosis. For V.K, O.M and M.B it is just a supplement to an already existing suspicion about having a particular disorder.

C.J is the only subject who actively browses for disorders which she can relate to. This is the process which can be termed ‘disorder shopping.’ She claims to feel no distress from the process and finds it educational.

The last extrinsic source is the real life case of disorders which is observed in their daily lives. The subject then compares his perceived symptoms to the key features which can be seen in those particular cases.

According to C.J, “...when you read up about people who you know are very similar to you, it also kind of makes you wonder...”

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Another key point to keep in mind is the diversity of the individual differences that exist among the students as compared to the relative commonality found in causes. This can be understood and generalized as representative of the individual differences typically seen in psychology students when it comes to self-diagnosis. The process of self-diagnosis also happens in a group setting (C.J refers to them as ‘self-diagnosers’) where the group sits together and discusses how their traits match the diagnostic criteria.

The method which is employed in self-diagnosis becomes important in identifying the external factors as well as the intrinsic processes which seem to facilitate self-diagnosis. It gives an academic insight on the patterns of thinking which students are using as well as the types of resources which may provoke a student to self-diagnose.

### EFFECTS OF SELF-DIAGNOSIS

The effects of self-diagnosis were broadly divided into positive and negative effects (further divided into cognitive, affective and behavioural effects).

**Cognitive effects.** One of the primary effects within this category is that it creates a state of confusion where the subject is not sure whether he/she actually has the disorder. As R.G reports it:

*... I don't have all the necessary conditions that need to be met for the diagnosis criteria, so I'm thinking, 'am I doing something wrong? Or am I just reading into things a lot? Or is it OK to not have few of the criteria for the diagnosis? Must I see a doctor? Mustn't I?'*

Also, when prolonged, this creates a state of hyper-vigilance individuals start to make that extra effort so they don't behave in a ‘symptomatic’ manner.

Another predominant cognitive effect of self-diagnosis is an inability to focus or concentrate. In this case, the subjects who felt this problem described an inability to focus on studies which were in turn, affecting their academic life. O.M says, “I can't concentrate on my studies anymore...affects my academic life”

R.G goes on to say that she is no longer able to sit down and study without evaluating her possibilities of developing the disorder and feeling a level of resulting anxiety because of that. It is interesting however to note that none of the subjects reported feeling any disinterest towards the subject, just an inability to focus on it.

Another important cognitive effect is a self-perception of abnormality. This becomes particularly distressing as they start thinking of themselves as abnormal and worry about it. N.G says, “I would believe I'm not a normally functioning human being and that would increase my anxiety.”

The last cognitive effect which was derived was a perception of morbidity. This refers to the subject's perception that he/she has a disorder and it cannot be cured, which brings feelings of doom and hopelessness.

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Reasons for this perception of morbidity may vary but for the subject N.G, it is because, "...I know I have these disorders and I don't know if I can do much about it because part of my illness is obsession." He goes on to say that this 'terribly depresses' him.

**Affective effects.** The most obvious and easily derived effect from the data is the physical and emotional distress that accompanies self-diagnosis. Half the subjects who were interviewed admit to being distressed because of the process. N.G, for instance, claims that "... it would physically drain me and emotionally drain me out as well." For O.M, it causes a certain level of anxiety accompanied with distress.

Another related element which is seen is distress as a result of the self-diagnosis process which is highly oriented towards the future. O.M talks about her worry about how her future would be if she has a mental illness or is affected by a psychological condition.

N.G and R.G are very specific about which aspects of their future they are worried that the disorders they believe they have might affect, that is their future academic prospects.

As far as individual differences go, the subject R.G also reported an apparent inability to focus on activities that she used to enjoy before such as watching psychological thrillers. According to her, this inability to enjoy it stems from her tendency to "dissect it, and deconstruct it and... relate it to" herself.

**Behavioural effects.** As far as behavioural negative effects go, there is only one effect which has been seen throughout nearly the entire sample and that is social maladaptation.

R.G, for instance, describes a social situation where everyone is stressing out about exam results and she is wary to let herself join in this group behaviour because it might lead to negative patterns of thinking on her part. So in order to prevent herself from doing that, she makes a conscious effort to display the opposite reaction, which is "forced optimism" and according to her, it has social repercussions such as her friends being annoyed with her and also causing her to "...come off as a fake person"

O.M finds that the social maladaptation that she faces is highly specific to her family life- "it also affects my family life at time because I get very angry at myself and start saying things at the other person, towards another person."

The subject A.C describes his misgivings about a social interaction he has because of his self-diagnosis in such a manner, "I wouldn't like to meet people in those times because... the outcome of the interaction would not be very positive..."

A very important and potentially dangerous behavioural effect of self-diagnosis for N.G was the development of unhealthy habits which primarily revolved around the use and abuse of substance such as nicotine and alcohol. N.G reports this in the following manner, "To reduce

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those thoughts I would develop these negative habits of smoking, drinking or abusing the anti-allergy medicines to sleep or I would avoid situations. “

Binge eating is another behavioural effect that N.G reports as a result of self-diagnosis-“In order to reduce the distress I would feel like the comfort food will help.” Self-medicating and sleep disturbances are also negative behavioural effects that he has reported but it is not clear whether this is an effect of the self-diagnosis or an actual condition he has since the subject has been clinically diagnosed as well.

**Positive effects.** Typically self-diagnosis is associated with a very negative outlook but the findings of this research showed that it can have certain positive effects as well.

Under cognitive effects, a factor was found which revealed that a few subjects found that self-diagnosis hindered their ability to focus on studies. In contrast, more than half of the subjects talk about certain academic benefits that come out of self-diagnosis.

C.J, for instance, talks about how learning the diagnostic criteria for disorders become easier once you evaluate where you stand with respect to the symptoms.

M.B reports using a similar technique to learn about the disorders. She talks about how she and her classmates all do the process of comparing the symptoms to their behavioural traits. She says, “that’s how you can learn also.” N.G, on the other hand, finds self-diagnosis motivates him to study the subject more. When asked whether it causes him to lose any interest in the subject he answers as such, “No, not at all. It makes me more curious, a lot about myself. To know more about this disorder. It provokes me to learn further.”

A.C, on the other hand, reports that it neither interests him further nor disinterests him. But he seems to hint that it boosts memory just like C.J and M.B describe as he mentions that he can remember the disorders that he diagnoses himself with better than the others. This variation in the dataset where some find it beneficial and others detrimental to academics can be understood in terms of what C.J says when asked whether it’s a good thing that psychology students have a platform to investigate these mental disorders as well as their own mental health. She says, “Depends on how you look at it. It helped me study it. But at the end of the day if it’s causing me more distress, no.” Hence, the role of personal variables in this process is further highlighted.

Apart from strictly academic benefits, some subjects report a certain level of personal benefits that are incurred due to the process of self-diagnosis as well. According to M.B, if you have already understood the symptoms of a particular disorder and compared your perceived symptoms to those diagnostic criteria, if you actually develop such a disorder it won’t cause as much distress to you as would to someone who didn’t have that kind of reflective knowledge. So for M.B the academic knowledge about these disorders and the self-diagnostic process itself is beneficial.

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For N.S on the other hand, the process of self-diagnosis facilitates a deeper understanding of self and helps one evaluate how he adjusted or maladjusted he is and thereby provide a solid platform for therapeutic endeavours as well. Apart from these personal benefits, N.S also reports certain benefits to his interpersonal relationships because of self-diagnosis. According to him, his awareness of how adaptive or maladaptive his behaviour ensures that he knows how to behave with others. He goes as far as to say “I think it makes my relationships more stable which I believe if it wasn’t for self-diagnosis I would go out of hand.”

Empathy is an emotive element which is improved for some students because of self-diagnosis. Self-diagnosis according to the results helps students empathize with those suffering from mental illness. As the population under study here is psychology students, this may provide them with good prospects as clinicians or mental health workers in the future.

N.G confirms this sort of idea when he says, “...In the previous mental institute, I worked at, I like could connect to certain people and so I spoke to them and the way it increased empathy,” So in this way it may be an occupational as well as personal benefits as N.G reports that increased empathy benefits him personally as well.

Lastly, this process of self-diagnosis seemed to have the positive effect of provoking one of the subjects to seek clinical help. So in the case of N.G, his understanding of psychology and his self-diagnosis proved to be an essential screening capacity for an actual case of psychopathology. Hence, as long as students who feel like they may actually be suffering from mental illness instead of remaining distressed about it, seeks the opinion of a professional, self-diagnosis could be a vital tool to better improve one’s mental health.

Individual differences were remarkably high when it came to the various effects of self-diagnosis which was not unexpected. Since the subjects under study here are humans with diverse socioeconomic and cultural contexts and various personality variables, the way they are affected by and the way they respond to the process of self-diagnosis vary largely as well.

### **ACADEMIC MATURITY**

This last theme is purely data driven. It was found throughout the data set when different questions were asked that the subjects were protected from the more distressing effects of self-diagnosis due to several factors which all add up to one phenomenon; Academic Maturity. Their knowledge of psychology seemed to be acting as a protective cushion as well as seem to be assuming a guiding role when it came to the way they approached their self-diagnosis and the level to which it affected them. This academic maturity was seen in a very diverse manner throughout the data, but certain commonalities were present amongst the subjects.

The first factor which was derived which denoted academic maturity was a refusal to accept the results of certain online psychological tests purely because an understanding was present among the subjects that the online tests did not possess the proper diagnostic capacity. Online tests were included in the questionnaire because it seemed to be a tool most laymen frequently used to test

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their propensity to have a certain mental illness. But according to this research, apart from one subject, all others did not take the results of the online tests seriously.

Another very important factor which was seen throughout the data set is a sense of diagnostic clarity among the subjects. Despite engaging in the process of self-diagnosing themselves by comparing their characteristics to symptoms of disorders, they were well versed enough with the proper diagnostic process enough to understand that their ‘symptoms’ were not enough to warrant for a proper clinical diagnosis.

Both V.K and O.M described the process in a similar manner with V.K having talked about how the symptoms that she perceives are not strong enough to warrant treatment or even diagnosis. However, what’s most interesting from the dataset when it comes to diagnostic clarity is how the subject N.S approaches it. While for the rest of the subjects, diagnostic clarity meant they realized they don’t have enough of the symptoms to warrant a diagnosis, for N.S, he is so clear about the diagnostic criteria that he knows he can’t fall into any of the existing psychopathologies but he still believed he had a disorder. Hence, he came to the conclusion that the disorder he has is a completely new one which has not been discovered till now.

In a related manner to diagnostic clarity, another factor which was found among the students who were interviewed was a sort of categorical outlook towards their perceived symptoms. They seem to feel no particular distress about their perceived symptoms but rather chose to look at it in a matter-of-fact manner. In fact, half the subjects in the interview seem to have this emotional apathy and categorical outlook towards the process. “It is what it is... It doesn’t really affect me,” says V.K about the entire thing.

The categorical outlook plays a role in ensuring that the students are able to understand what they are currently feeling rather than succumbing to distress and worrying about their faulty self-perceptions born out of distress. A.C, for instance, states this, “Yeah! So now when I’m panicking too much or something like that I kind of regulate myself... ‘It’s just the anxiety I’m not having a heart attack.’”

As mentioned under negative effects, a perception of morbidity is what caused a few of the subjects to feel distressed. So alternatively, it was found that subjects who had a lack of perceived morbidity felt better about the entire self-diagnostic procedure. After having just described her feelings of distress with respect to her self-diagnosis, O.M goes on to say “...But then again when I read about the treatment and when there is a specific treatment and the disease can be cured, I’m looking for that.”

This demonstrates that the fact that she doesn’t perceive a kind of morbidity with respect to these disorders and her academic awareness about treatment options act as a safety



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A final factor of Academic Investigation or curiosity is seen throughout the data set. This means that the student's main motivation and outlook towards the process of self-diagnosis is purely that of an academic investigation of various disorders as well as a curiosity as to how much of the disorders is relatable to himself. The variable of distress is completely absent in this equation making it a very categorical outlook.

N.S explains this through the analogy of how a programmer debugs software. He said that is the attitude with which he approaches self-diagnosis. He says, "...I have a problem, I sit and think about it. Introspect or whatever. Find out which are the problems and try to correct it."

### CONCLUSION

These themes provided insight upon the research question through its aspects. It was revealed that both the distal factor of prior experience and the proximal factor of clinical knowledge cause the student to self-diagnose. Both intrinsic and extrinsic factors were implicated as methods by which psychology students self-diagnose and the process of self-diagnosis was seen to have several effects: both positive and negative, which can be seen in cognitive, affective and behavioural components. The concept of academic maturity was studied in-depth.

The study had several limitations. Firstly, since it was a qualitative research and was conducted only for explorative reasons, it cannot be deemed to have generalizability, moreover, the researcher's judgment was freely used at different stages and may have affected the study to some extent. The study was conducted on third-year undergraduate students, which included both students studying abnormal psychology in depth and those studying a condensed version of it, so exactly how much the academic setting itself seems to be influencing the subject was not seen. This is to say, the level to which the subject has actually been exposed to psychopathology could not be gauged. The sample used was highly homogeneous and belonged to averagely the same socio-economic status and ethnic backgrounds. This study focused on a group which the researcher is a part of and hence, bias could have crept into the research findings.

There are various avenues which can be taken up by further research. To study a more direct cause-effect relationship between exposure to psychology in an academic setting and the process of self-diagnosis, the level of knowledge the person has about the disorders can be understood before conducting the study, through the means of a test or the like. The role of teaching styles in either propelling or stopping the student from self-diagnosing or instilling academic maturity in the student can be studied. Several subjects hinted at this element during the interviews. This study opens up scope for various quantitative research questions such as the extent to which the prior life experiences causes a psychology student to self-diagnose or the relationship between academic maturity and emotional distress when it comes to self-diagnose and so on.

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There are several applications of this study. For instance, the knowledge derived from this study can help various stakeholders in an academic setting, to better tailor make the programs and the style of teaching in a way that academic maturity is instilled in students and distress is reduced. Another important application is that it brings clarity about different kinds of people with certain specific life experiences that are more vulnerable to the negative effects of self-diagnosis.

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