

**An investigation into the effects of psychopathological self-diagnosis
on psychology students in South Africa.**

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ABSTRACT

South African psychology students undergo a module in psychopathology, which utilises the DSM-V as the nucleus of the subject, here students learn about mental disorders and the criteria that go along with it. The students are then equipped with the information needed to diagnose others and themselves.

This study aimed to determine the effects of self-diagnosis on psychology students well-being, aiming to assess if having knowledge of mental disorders allowed susceptible students to inherit the symptomologies of the disorder being studied at the time.

A sample of 8 students who completed the psychopathology module in South Africa were utilised in order to collect data, this was done by answering a questionnaire, adhering to a qualitative and explorative study. The data was analysed in an inductive manner, employing thematic analysis in order to reveal themes.

Findings concluded students do partake in self-diagnosis however, students with a strong sense of identity did not take their diagnosis seriously whereas students who questioned themselves ended up displaying symptoms, leading them to believe they had the disorder. A second conclusion was that majority of the students believed they either had GAD or MDD, revealing that students were overwhelmed and burnt-out, leading them to that diagnosis.

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SECTION 1

1.1. INTRODUCTION

Ahmed and Stephen (2017) define self-diagnosis as a process where individuals make decisions about their well-being based on certain pathological traits they may have. They state that an individual will make an observation about a disease or a disorder without seeking professional help. Pillay (2010) further states that self-diagnosis in a psychological sense is a decision an individual makes about oneself with pathological knowledge, due to the fact that they meet the criteria. He warns about the dangers of self-diagnosing as the diagnosis could be incorrect or a severe problem may be left unattended to as the individual feels they have acquired enough information to treat the diagnosis themselves.

There is a paucity of literature examining the effects of students who self-diagnose in terms of mental well-being, as stated by Ahmed and Stephen (2017) and Leao, Martins, Menezes and Bellodi (2011). Further exploration into the effects of self-diagnosis is fundamental as it pertains to the ability and objectivity of a future psychologist. Lest the effects are made clear, psychology students may continue to self-diagnose with no knowledge of possible ramifications (Deo & Lymburner, 2011). Through the exploration of previous studies, it has become clear that there have been multiple studies conducted on “medical students’ disease” (Azuri, Ackshota, & Vinker, 2020) but not enough on psychology students. Making use of Vygotsky’s social learning theory and Leventhal’s self-regulatory model of health and illness (Hofmann, Schmeichel & Baddeley, 2012) this study aims to investigate how psychology students in South Africa self-diagnose in a psychological manner.

Through a qualitative approach, the study aims to gain an insight into the effects of self-diagnosing on the mental and emotional well-being of psychology students in South African who have completed a psychopathology module. An interpretive paradigm will be followed, making use of questionnaires that consist of open-ended questions with the intention of answering the research questions. The existing literature on this subject does not incorporate South Africa, therefore this study aims to bring attention and awareness to psychology students and the potential harmful factors that self-diagnosing could have on their mental health and well-being. “[I]n our lack of awareness we can become mere pawns of dominance, perpetuating the legitimising myths” (Howard, 2006, p. 51). This

study aims to investigate the effects of self-diagnosis and bring attention to the importance of this topic in the hopes that an awareness is created and there is more of a focus on psychology students and their mental health and wellness.

1.2. RATIONALE

There is a need to explore this topic and obtain a deeper understanding into the effects of psychology students self-diagnosing. It is important for psychology students to be mindful of the fact that there is a potential debilitating factor when self-diagnosing and the impact of this needs a further level of exploration (Aboujaoude & Starcevic, 2015). In South Africa, there have been no studies conducted in terms of the effects of self-diagnosis with regards to mental well-being. The closest study found was conducted by Kayitesi and Mwaba (2014) on life satisfaction among South African students. Knowledge of the effects of self-diagnosis could contribute to a greater understanding and assist in developing preventative measures.

1.3. PROBLEM STATEMENT

South African psychology students undergo a psychopathology module during their studies in becoming a psychologist. Pathological topics are learnt about and discussed, these topics utilise the DSM-V for reference (American Psychological Association, 2013) which result in students have the handbook of diagnosing mental health disorders. The effects of the knowledge of these topics on a student's mental and emotional well-being is scarce in research, as stated earlier by Ahmed and Stephen (2017). There is a need to conduct research into the effects of self-diagnosis by South African psychology students and the potential harm it may have on their overall well-being.

1.4. PURPOSE OF THIS STUDY

The purpose of this study is to obtain more knowledge about the effects that self-diagnosis has on psychology students in South Africa, in order to make these students aware of the impact of self-diagnosing. This study also aims to contribute to the field of psychological knowledge by creating an awareness around this topic. Through the reviewing academic

articles and other sources, it is evident that there is a lack of data showing the impact that self-diagnosing has. It is important for psychology students to be made aware of the implications that their knowledge of pathological topics could have on their mental and emotional well-being. A misdiagnosis of a mental disorder could have a debilitating outcome (Robertson, Polonsky & McQuilken, 2014). “Medical students’ disease is a hindrance to the academic progress and personal lives of many students” (Ahmed & Stephen, 2017, p.124). As stated earlier, previous studies have not been inclusive of psychology students, let alone in a South African context, this study aims to rectify that and contribute to the body of knowledge and the psychological field.

1.5. RESEARCH QUESTION

1.5.1. Main research question

What are the effects of psychopathological self-diagnosis on psychology students who have completed a psychopathology module in South Africa, in terms of their well-being and objectivity?

1.5.2. Sub-questions

1. How does self-diagnosis prohibit or inhibit a psychology student’s ability to remain objective?
2. In what ways does having knowledge of mental illness have an impact on your well-being in terms of susceptibility?

1.5.3. Objectives

1. To evaluate to what extent medical students’ disease can be applied to psychology students.
2. Establishing whether there is a need for intervention methodologies for psychology students during the psychopathology module.
3. Identify if students employ an unintentional “self-fulfilling prophecy” with regards to pathologies.

SECTION 2

2.1. INTRODUCTION

The focus of the study now turns to the literature and theoretical theorists that will provide this study with the relevant information and approaches. The core concept of this study is focused on psychology students and their understanding and interpretation of knowledge acquired during their studies. The theoretical framework of this study will make use of two theories. The first theory will be the seminal work of Vygotsky and this theory of social interactionism (Ullah, Tabassum & Kaleem, 2018) alongside the work of Leventhal and his common sense model (CSM) of self-regulation (Leventhal, Phillips & Burns, 2016). Both theories focus on the acquisition of new knowledge and each provide their own take on how the new knowledge is interpreted, solidified and applied. The theories are mutually beneficial, however additional literature will be examined in order to gain a well-rounded understanding of the theoretical framework and their employment to this study.

In order to fully grasp the workings and explanations of this study, a breakdown of the concepts is needed in order to avoid any confusion and ambiguity, this will be followed by an extensive examination of the theoretical framework as well as the analysis of additional literature.

2.2. CONCEPTUALISATION

The concepts will be defined in terms of how they will be utilised in this study, in order to ensure minimal confusion or ambiguity throughout the study.

2.2.1. Self-diagnosis

“Self-diagnosis is the process where individuals observe within themselves, symptoms of pathology and identify a disease or a disorder on the basis without medical consultation” (Ahmed & Stephen, 2017, p. 121). In this study, self-diagnosis will refer to South African psychology students who diagnose themselves in terms of mental and emotional well-being.

2.2.2. Mental disorder

According to the Diagnostic and statistical manual of mental disorders, fifth edition (DSM-V) a mental disorder can be defined as, “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.” (American Psychological Association, 2013, p.20). It is not a specification that participants present with a mental disorder, however a clarification of the term is necessary in the context of this study. Another term that is used interchangeably with mental disorder is pathology, according to Oltmanns, Smith, Oltmanns and Widiger (2018).

2.2.3. Psychopathology

Ahmed and Stephen (2017) state that psychopathology is the scientific examination of mental health disorders, they add that other terms are Abnormal Psychology or Clinical Psychology. Psychopathology concerns itself with the mental diagnoses via the DSM-V criteria (Oltmanns, Smith, Oltmanns & Widiger, 2018). The relevance to this study is that psychopathology is a module that psychology students take, this is the module that is crucial to understanding mental disorders and it is the module students utilise when self-diagnosing.

2.2.4. Well-being

“Well-being is associated with a broad range of positive outcomes, including strong work engagement, performance, creativity, strong social connections, effective coping and problem-solving strategies, physical health, and life longevity” (Goodman, Doorley & Kashdan, 2017, p.1). Well-being pertains to this study as the overall mental and emotional state of the student is important. It is the factor that is being examined when deducing the effects that self-diagnosis has on the student.

2.2.5. Students

The South African Oxford dictionary defines a student as, “a person studying at a university or college” (Soanes, 2004, p.903). In the context of this study, participants are psychology students in South Africa who have completed a psychopathological module at

a tertiary institution. It is imperative that the student has completed a psychopathology module as the information fuels the ability to self-diagnose in a psychological manner.

2.3. THEORETICAL FRAMEWORK

2.3.1. Social Interactionism

Vygotsky's theory of social interactionism assumes that individuals learn and grow through social interaction (Ullah, Tabassum & Kaleem, 2018). According to Clara (2016) social interactionism is the basis of how individuals learn, meaning that social interaction is a major contributor to cognitive development. "Social interactions, communication and guidance are prerequisites for learning (Ullah, Tabassum & Kaleem, 2018, p.3). This premise of Vygotsky's theory reinforces the idea that students learn from one another, especially when engaging with new information. Watts, Cockcroft and Duncan (2017) posit that his theory explains how it is the social world that paves a way for thinking and development. Vygotsky believed that social interactionism could lead to independent thinking and he explained this through his "Zone of Proximal Development" (ZPD), he created this term for tasks that were too challenging for the individual to grasp without the assistance of someone with more experience or a better understanding (Eun, 2017). On the basis of this theory, it states that individuals learn through observing and understanding others (Clara, 2016). Students therefore learn to perceive the world and their realities based on their own knowledge which has been solidified based on interactions with lecturers and peers.

In the instance of this study, psychology students will learn from their lecturers; who play a significant role in their understanding of the psychological world. The peers of these students can be viewed as equally as important as lecturers, as Vygotsky stipulated that students learn best from their peers (Daneshfar & Moharami, 2018). He argued that students have the ability to compliment each other's learning, that they are able to internalize more when they interact socially, providing a more transparent meaning and understanding for themselves (Marginson & Dang, 2016). The theory of social interaction falls under cognitive development, Vygotsky believed that in order for individuals to create meaning around a certain aspect they had to be in a community that allowed this (Watts, Cockcroft & Duncan, 2017). This is true of the environment that psychology students find themselves in, they are in an environment that has been specifically developed for growth

and learning. There is value in idea that peers are influenced by each other, in the same way that new content can influence thinking. New knowledge is exciting and when this knowledge is acquired, students want to utilise it, in the case of psychopathology, students can take the knowledge further than merely speaking about it and they can put it to use. This study lends itself to provide insight as to how South African psychology students learn, internalize and apply this new exciting knowledge of pathological disorders.

2.3.2. Common sense model of self-regulation.

Leventhal's common sense model is a theoretical framework of self-management in terms of an individual's health and illness (McAndrew Martin, Shaffer & Breland 2018). This model of self-regulation can be viewed as more than a mere description of self-regulation, it is a model that explains the framework an individual use in order to navigate their way through health threats (Leventhal, Phillips & Burns, 2016). Benyamini and Karademas (2019) elaborate on this by stating that the CSM explicates how individuals become alert to a potential health threat, formulate the best possible response based on the tools they have and then create a plan and address the threat, in the hopes of making sense and eliminating the potential threat, and this is done so on a continuous loop, leading to self-regulation. Leventhal developed this CSM model that aids in understanding how people are active problem solvers. This model sets out to explain how an individual becomes aware of a health threat, they then seek to find an effective and appropriate response, they then articulate their perceptions of the specific threat and apply a treatment that could potentially reduce or eliminate the threat (Leventhal, Phillips & Burns, 2016). Hagger, Koch, Chatzisarantis & Orbell (2017) take this explanation further and state that individuals do not only use this model to eliminate threats, they state that individuals who are diagnosed with a clinical disorder or disease tend to develop specific ideas and viewpoints about their diagnosis in order to create coping mechanisms for their symptoms and new reality.

Leventhal, Phillips and Burns (2016) posit that the common sense model of self-regulation is linked to an individual's cognitive processing, similarly to Vygotsky's theory of social interactionism. In basic terms, it explains how an individual are confronted with an issue, use their knowledge and resources to determine a solution and apply it. In the context of this study, this model helps understand how individuals monitor their mental well-being in terms of mental illness as well as manage it. It provides a way to understand how

psychology students are introduced to the information in the psychopathology module and deduce an explanation for how they are feeling or for possible symptomologies they are experiencing.

2.3.3. Review of previous literature

Ahmed and Stephen (2017) conducted a study where they examined self-diagnosis performed by psychology students in India, they stated that there were not enough studies conducted in terms of psychology students. They postulated that there was an abundance of studies conducted on the topic of “medical students’ disease” (Azuri, Ackshota, & Vinker, 2020). Hardy and Calhoun (2009) conducted a study where they conducted a study on abnormal psychology students, where they applied ‘medical student syndrome’ on them in order to investigate the ‘distress’ that students went under. They were forced to utilise the medical student’s disease as there is little research around psychology students and the effects of the clinical information they obtained.

This study aims to rectify the gap in knowledge and provide more insight in to how the knowledge of mental disorders, mood disorders and other factors that could potentially alter the student’s well-being. Along with Ahmed and Stephen (2017) and Hardy and Calhoun (2009), Deo and Lymburner (2011) conducted a study where they observed psychology students and examined their relationship with symptoms of psychological disorders that they were studying. The results were similar to the other two studies conducted, there is a correlational relationship with students and their studying of psychological disorders.

The main focus of this study is to look at self-diagnosis and the potential dangers that surround it. Robertson, Polonsky and McQuilken (2014) state that one issue that may occur is the possibility that a psychology student who has self-diagnosed themselves could mislead a professional as they have the knowledge needed to downplay symptoms. He also states that students could enhance symptoms based on their knowledge. This study sets out to contribute to the field that the other three studies have opened up. There is a lack of research around this necessary topic, the study will examine more closely, students and self-diagnosing and the threat of this. The studies that have been conducted do not delve into this topic with enough detail, they merely skim the surface. Van der Westhuizen and Dramowski (2017) speak about the dangers of medical students who adopt the symptoms of the patients being studied, this should be a cause of concern for psychology students with as high of an importance. The knowledge of the impacts of self-diagnosing

or worsening an underlying disorder that is already present needs to be identified and made aware of, before the psychology student goes further into their career. Ahmed and Stephen (2017) explain that psychology students tend to “appropriate the personality traits they may possess or mood related habits that may display to pathology and subsequently diagnose themselves with mental disorders” (p. 121). Their study was conducted in an Indian context, there have been no recent studies conducted in a South African context, enhancing the need for more studies to be conducted.

There is a severe lack of research on this topic and through further exploration in this study, it aims to contribute to the understanding of psychology and aid in further research as well as ensure psychology students are aware and fully understand the implications of potentially self-diagnosing and carrying this forward into their practice. It will also explore whether a potential intervention programme would be beneficial for students studying the pathological module.

SECTION 3

3.1. INTRODUCTION

This section provides details of the information pertaining to the methodology and the research design that will be implemented in order to conduct this study. “Methodology is a theory of how inquiry should proceed” (Berryman, 2019, p.273). This section will explain the paradigm used for this study, along with the research design and an in-depth breakdown of information pertaining to the population and sample chosen for this study. An overview of data collection methods will be examined and as well as the techniques used to analyse the data collected in this study.

3.2. A QUALITATIVE APPROACH

A qualitative approach has been chosen for this study as it allows for a more humanistic view, as the experiences and feelings of the participants are far too complex to assign to variables (du Plooy-Cilliers, Davis & Bezuidenhout, 2017). A study conducted by Hardy & Calhoun (2009) made use of a qualitative approach, where they conducted questionnaires and interviews which allowed them to gain an abundance of in-depth data where participants were able to express themselves fully. Almalki (2016) explains that qualitative research puts emphasis on understanding experiences, meaning and opinion of its participants. In a study where the understanding, feelings and perceptions of participants are required, a qualitative approach is best suited. Qualitative research does not have a simple linear definition, however; across multiple definitions there are similar characteristics (Creswell & Poth, 2016). Kim, Sefcik and Bradway (2017), describe some of these characteristics as dynamic, holistic, inductive and naturalistic. According to du Plooy-Cilliers, Davis and Bezuidenhout (2017) these researchers place focus on “the human experience” as opposed to reducing observations and findings to a numerical form.

A qualitative research approach is conducted in a manner that views individuals in their natural environment (Guest, Namey, & Mitchell, 2013). Azungh (2018) defines this further by stating that qualitative research follows a multimethod in focus which employs an interpretive approach. This approach will be best suited for this study as it will provide a more complex understanding of the participants and their perceptions of their environment.

This approach allows the participants to be examined in-depth in a non-analytical form, meaning that a comprehensive exploration into their well-being and understandings of the psychopathology module can be examined.

Soiferman (2010) states that qualitative research is usually conducted inductively as a researcher will make observations based on separate events and this will lead to “broader generalisations and theories” (p. 7). This study will comply with Soiferman’s (2010) explanations of a qualitative study and it will make use of semi-structured interviews where participants will answer open-ended questions related to self-diagnosis and their well-being. The data collected from these interviews will provide information that will either prove or disprove a theory. Qualitative research allows an in-depth understanding on the subjective experiences of the participants in the study (du Plooy-Cilliers, Davis & Bezuidenhout, 2017). This study will follow a qualitative methodology by employing an interpretive paradigm and it will make use of empirical research methods in order to gain insight from the participants and either prove or disprove a theory.

3.3. INTERPRETIVE PARADIGM

“[An] interpretivist researcher sees the world differently and looks for multiple truths... looking for explication, understanding, and meaning rather than cause and effect” (Berryman, 2019, p.273). The interpretive paradigm focuses on more of the social sciences and aims to understand how individuals construct meaning, it aims to gather “in-depth understanding” in order to see the world through the eyes of participants (du Plooy-Cilliers, Davis & Bezuidenhout 2017). The main premise of interpretivism is subjectivity, it focuses on understanding participants and their socially constructed reality (Ryan, 2018).

“Epistemology is used to describe ways of knowing, how we know what we know, and who can be a knower” (Berryman, 2019, p. 272). According to O’Donoghue (2007) epistemology can be explained as the “theory of knowledge”. Epistemology deals with what we know and how we know it deals knowledge and all the unique ways of knowing (du Plooy-Cilliers, Davis & Bezuidenhout, 2017).

In the context of this study, an interpretive paradigm will be used and applied in regards to epistemology as it is important to grasp how the psychology students are interpreting and understanding the pathological subjects but it is also important to gain an insight into the knowledge that the participant holds, therefore questions such as, “what is your

understanding of this topic” will be asked, employing the interpretive paradigm as well as sticking to a qualitative nature (Soiferman, 2010). Palmer, Larkin, de Visser and Fadden (2014) explain interpretivism in an epistemologist manner, stating that if a researcher strives to gain insight from its participants, the researcher must look at its participants in their natural environments in order to understand their realities. Interpretivists view facts as fluid, they believe that an individual’s knowledge about the world is subjective as this knowledge is dependent on how the individual interprets it (Creswell & Poth, 2016). In the context of this study, that approach will be beneficial when answering the research questions and objective posed as the study will lend itself and be inclusive of the individual’s perception of their unique understandings of topics. Participants are students that have all come from different backgrounds, schools and cultures, therefore employing their own understanding to the same topics being learnt, this approach ensures that the study adheres to that variety and utilises it in the findings. An epistemologist approach examines how the individual has obtained this knowledge and used it to construct meaning and understanding of their own realities (Luttrell, 2014).

The participants in this study will answer questions based on the knowledge they have obtained through their studies on pathological topics, class discussions with peers and discussions with lecturers as well as their own research, focusing on their interpretations and constructed realities of topics learned. The questions that will be asked will focus on their opinion and their understanding of pathology topics in order to grasp their unique frame of reference, it will also aid in understanding the similarities or differences among university students in South Africa who have all completed a psychopathology module.

3.4. INDUCTIVE APPROACH

An inductive approach will be employed in this study as the methodology moves from “specific to general”, as stated earlier by Soiferman (2010). Creswell and Poth (2016) state that inductive researchers gather data in order to develop a new theory or hypothesis and achieve this by working predominately from experiences of participants in their study.

This study will adhere to inductive methodology as it will be working with a specific target group; psychology students in South Africa who have completed a psychopathology module, with the DSM-V being the nucleus of this module. The study will then move to a generalised conclusion, which will answer whether there are effects of self-diagnosis on

the emotional and mental well-being of psychology students as well as what these effects are. Neeley and Dumas (2015) argue that an inductive approach is beneficial, as it allows for flexibility and leads to the creation of a new theory and in turn, allows for growth once the new theory is generated. The data presented from an inductive approach is raw and does not result from prior anticipations or expectations (Azungh, 2018).

3.5. EXPLORATORY RESEARCH

Empirical research is research that has been obtained by experimentation, observation or experience (Inkinen, 2016). Exploratory research is a type of empirical research and will be followed in this study. Vermaas (2016) states that exploratory research is both purposive and systematic, it is broad and ranges from far and wide, this is done so in order to reach generalizations that hopefully lead to a new area of understanding social as well as psychological life. Creswell and Poth (2017) contributes to this definition by explaining exploratory research as “a study of a new phenomenon”, they further state that this type of research is used when a problem is broad and not necessarily defined.

This approach is best suited for this study as it correlates with the aims and methodologies of exploratory research. du Plooy-Cilliers, Davis and Bezuidenhout (2017) state that exploratory research aims to point out key concepts, identify social needs and gain a better understanding of situations and behaviours that are not well known. This study aims to identify key concepts around South African psychology students who self-diagnose and the effects of this, therefore aiming to prioritise social needs as well as develop a hypothesis.

Questionnaires consisting of open-ended questions will be utilised in this study.

Participants will be asked a series of open-ended questions with the hopes in answering the research questions and objectives that have been postulated. The questionnaires will be open-ended as this upholds the undertone of qualitative research and a grounded theory approach (Evans & Lewis, 2018). By allowing participants to add their own contribution to the questions in a section labelled, “additional comments”, it could potentially lead to the emergence of new themes or concepts, aiding in ensuring the study covers a vast majority of avenues to ensure that the research collected is both valid and reliable (du Plooy-Cilliers, Davis & Bezuidenhout, 2017). Utilising questionnaires ensures that reachability is not an issue and participants have time to process and think thoroughly

before they have to answer as time is not a constraint, therefore allowing the participant freedom to answer when they feel it please them.

3.6. CROSS-SECTIONAL APPROACH

“Cross-sectional study design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time” (Setia, 2016, p. 261). Bowden (2011) highlights multiple positive aspects of a cross-sectional design, emphasising that different population demographics can be compared at a single time, population demographics such as age, gender, race; he also claims that this type of design is useful in conducting research in a fast, inexpensive manner.

A cross-sectional approach will be utilised as the study needs to be conducted in a certain period of time. The study will follow a grounded theory approach where questionnaires will be conducted and a series of open-ended questions will be asked to the participants, the data from these questionnaires will be analysed and observations will begin and be made while analysing the data and concluding the outcomes of the data, thus, following a cross sectional design approach. By adhering to a cross-sectional study, participants can be analysed across all demographics and because this study is being conducted in a South African context, it is important to incorporate this. Students come from different cultural backgrounds, meaning that their interpretation and understandings of pathological topics will not be the same as that of their peers.

A cross sectional study, according to Setia (2016) examines the prevalence as well as the determinants of health, therefore this approach is beneficial for this study as the aim is to determine the health outcomes of the students with regards to pathologies, which is health related. The goal is to answer the research questions posed at the start of this study, which are all related to the overall well-being of the psychology students. A cross sectional study allows that to occur as the participants will complete a questionnaire and the results will be analysed, all within a limited period of time.

3.7. CONTEXT OF THE STUDY

3.7.1. Unit of analysis

Trochim, Donnelly and Kanika (2016) emphasise that the unit of analysis is the most important aspect of the study, explaining that it is the entity that will be analysed throughout the study. There are multiple examples, individuals, geographical locations, social interactions such as divorce or arrest and many more (Khoshnood, Dehghan, Iranmanesh, & Rayyani, 2019). In simple terms, the unit of analysis is the entity that the study will be analysing. In terms of this study, the unit of analysis will be South African psychology students who have completed an abnormal psychology module, they are the entities that will be analysed inductively in order to answer the research questions that have been posed.

Shaw (2016) mentions that it is the unit of analysis that is exceptionally important as it is the factor that ultimately determines the development of data. South African psychology students have been chosen as the unit of analysis as this is the key entity in order to develop a theory and fully gain an insight into the effects of self-diagnosis. The psychology participants are a primary source which allows for an enriched study as they can speak on their experiences and understanding of pathological topics, their perceptions of well-being and their experiences on self-diagnosis if they have done so. South African psychology students as the unit of analysis for this study are best suited, data will be collected in the form of questionnaires and this data will be analysed using thematic analysis.

3.7.2. Participants

Berryman (2019) demonstrates that the population refers to an average of entities and artefacts, however; should share at least one characteristic that links back to the research or study at hand. The shared characteristic among the participants chosen for this study is the completion of a psychopathological module, which covers the identification and diagnosis of mental health disorders, using the DSM-V in order to do so (American Psychological Association, 2013). Seven of the eight psychology students have obtained their degrees, majoring in psychology. Participant six is still currently completing her undergraduate in psychology but completed the psychopathology module during semester one of 2020. Participants one and two are no longer studying psychology and have begun working in other areas, participant eight is currently completing her master's in psychology

in order to become a qualified clinical psychologist. The other participants are currently completing their honours in psychology or have completed their honours year in psychology. Only one male participated in the study, four male participants were contacted via electronic means, however only one replied.

Due to the nature of this study as well as the time constraints, the number of participants utilised were small, a total of eight South African psychology students took part in this study. Participants in this study fall under an accessible population category, which is the section of a population that can be included in the study due to limitations or accessibility issues (Creswell & Poth, 2016). Due to the accessibility factors and time constraints, the study placed its focus on South African students, which is not a negative factor, as mentioned before, there is a gap in knowledge with regards to South African psychology students and the effects of self-diagnosing therefore it was more practical to focus on South African students.

Table 1: Information of participants.

PARTICIPANT	AGE	GENDER	INSTITUTE	QUALIFICATION
Participant 1	25	Female	Varsity College	Bachelor of Arts in Psychology and English
Participant 2	22	Female	Varsity College	Bachelor of Arts in Psychology and English
Participant 3	25	Female	Varsity College	Bachelor of Arts in Psychology and English
Participant 4	23	Female	Varsity College	Bachelor of Arts in Psychology and English
Participant 5	22	Male	Varsity College	Bachelor of Arts in Psychology
Participant 6	20	Female	University of Cape Town	Currently an undergraduate
Participant 7	25	Female	University of Pretoria	BA in Human Movement Sciences and Psychology
Participant 8	27	Female	Pearson Institute of Higher Education	Bachelor of Psychology

Table 1 provides a breakdown of the participants that have been used in this study, along with details of their qualifications, age, gender and institute the qualification as obtained at which is also where the psychopathological module was completed. The variation in institutes allows for a more rounded approach to data collection as tertiary institutions will teach the modules in different manners. The way the module is taught and the interpretation from the students will differ, providing variation and avoiding a linear analysis.

3.7.3. Sample

A sample in terms of a research study can be introduced as a representative of the population, this is used when the entirety of the population cannot be reached. In terms of this study, lack of resources and other limitations resulted in the need to make use of a sample. Non-probability sampling was employed in this study as it was not realistic to aim for an entire population and as a current psychology student, participants were current and past peers. This type of sampling goes hand in hand with the interpretive paradigm followed in this study, as both place emphasis on gaining a deeper insight into human understanding (Azungh, 2018).

Purposive sampling is conducted when, “[the] researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience” (Etikan, Musa, & Alkassim, 2016, p.3). The reason purposive sampling has been chosen for this study is due to the need for participants to have a certain knowledge and understanding of psychopathology, they had to meet the basic criterion in order to answer the psychopathology related questions in the questionnaire.

As the nature of the participants were of an acquaintance nature, the sampling method used to recruit the individuals was snowball sampling. Naderifar, Goli & Fereshteh (2017), state that the snowball method uses little time which is beneficial in a study with time constraints but also allows for data collection to flow easily as there is already a history between the participant and the researcher.

3.8. DATA COLLECTION METHODS

The data collected for this study was done so utilising questionnaires that consisted of open-ended questions based on a pathological nature, thus adhering to the interpretive paradigm (Evans & Lewis, 2018). The structure was flexible and participants were able to answer as much as they felt they wanted to, there was also an section in the questionnaire labelled, “additional comments” which left room for participants to speak freely and add anything they felt they needed to. Qualitative data collection in this manner allows for participants to provide their own input and interpretations.

Participants were contacted via WhatsApp or email, followed by an explanation of the study and what would be required from them, should they choose to participate. It was emphasized that there was no pressure to say yes to participation and that they were free to leave the study at whatever stage and their data would not be included in the study. The message was sent out to fifteen participants, which consisted of peers during undergraduate studies as well as peers from current studies in honours. Ten psychology students responded, eight of them actually completing the questionnaire. Consent forms were sent to participants via email and were sent back via email, they were then printed and stored in a safe location to protect the candidate’s identities. Participants were labelled “participant 1” or “participant 5” etc. based on the order they responded to the email.

The questionnaires were sent out to the participants once they had completed the consent forms and their information along with their responses were stored in a Dropbox account, this was utilised as it is an online, password protected platform that can be accessed from any device. These can be seen Addendum C.

The questionnaires were beneficial when it came to time, as there was no need to schedule meetings or ensure that the student had access to WIFI that could handle a video call, as well as a microphone and camera however, it did remove the personal aspect to the study. It would have been preferable to have conducted face-to-face interviews as this provides a less robotic, personal aspect to the data collection but due to Covid-19 regulations, this was not possible

The participants that responded provided lengthily answers to the questions and majority of the participants added to the “additional comments” section. This methodology allowed for an exploration of ideas and themes. The cross-sectional approach meant that the only specification was the completion of a psychopathological module, meaning that candidates

from different backgrounds and ethnicities employed their understanding. The questionnaires lead to well-rounded responses that will be useful in answering the research questions and objectives posed.

3.9. DATA ANALYSIS METHODS

Qualitative data analysis, according to DeVos, Strydom, Fouche and Delport (2013) is a process of refining and theorising textual data in an inductive reasoning procedure. Bazeley (2013) states that qualitative data analysis places its focus on the interpretation of words rather than that of statistical data. She adds that this type of analysis aims to seek themes, patterns, relationship and understanding. The data collected from the questionnaires were analysed in thematic analysis. Thematic analysis was utilised to interpret the data collected as it was best suited for the context of this study. "Thematic analysis allows for categories to emerge from the data" (Ezzy, 2002, p. 83). For this study, thematic analysis was used to analyse the data collected from findings in an inductive manner. Braun and Clarke (2019) state that qualitative approaches to research are diverse, creative and reflexive, therefore thematic analysis should be utilised as the foundational method.

Vaismoradi and Snelgrove (2019) stipulate that analysing data in a qualitative manner, using thematic analysis, the researcher is ultimately looking to identify themes, or concepts and the data should be analysed continuously until no new themes emerge. In the context of this study, that is the overall aim. The objective is to identify themes that could explain if students self-diagnose, why they do and the effects that accompany this; which should in theory, emerge in the themes of the questionnaires. Once the data has been analysed and there are no longer new themes or concepts that appear, the study can be concluded.

Thematic analysis, according to Marks and Yardley (2004) involves coding, looks at themes and aims to develop theories, therefore working in conjunction with an inductive approach. They further posit that the aim of coding is to categorise data and develop an understanding. The nature of this study is that of a qualitative one, and as stated earlier, one that makes use of textual data. Coding was deemed unnecessary in the context of this study as categories were used to unpack and interpret the data. A model constructed by Bazeley (2013) was employed and adapted to fit the nature of this study, the model is a codes-to-theory model created for qualitative data analysis, this can be seen in figure one.

The model begins with codes which provide categories and or subcategories and this leads to themes which will then lead to the theory and answering of the research question. Coding was not utilised and therefore the adapted model excludes Bazeley's first step.

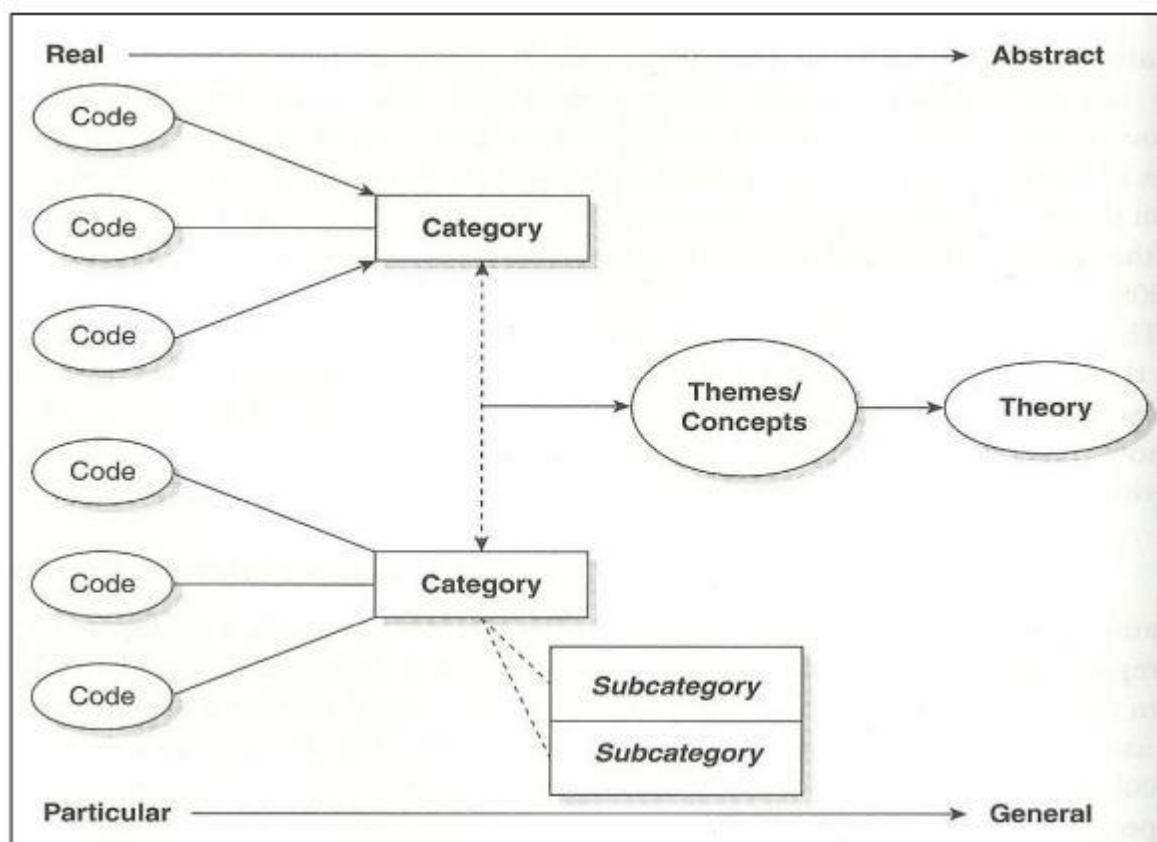


Diagram 1 (Bazeley, 2013, Figure 7.2, p 192).

To interpret and decode the data obtained from the open-ended questionnaires, the study was split into nine questions, these questions were then placed into five different categories. Once the questions were split into the different categories, three themes emerged from the data. "Personal opinion" was the first theme, which consisted of questions that were based on the individuals own personal understanding of the topic at hand. Next was "experiences", the participants experiences during the psychopathology lectures, their experiences with the information and overall impression and lastly, "knowledge of subject" which pertains to how well they understood and incorporated the knowledge from the psychopathology module. Once this was completed, a summary was then written, pertaining to each theme, in conjunction with existing literature. These summaries were then utilised to address the sub-questions and main research question and the objectives of the study. The breakdown of this model can be seen in figure two. For the duration of the data analysis participants will be referred to as participant and their assigned number written out or a shortened version, "P2", meaning participant 2.

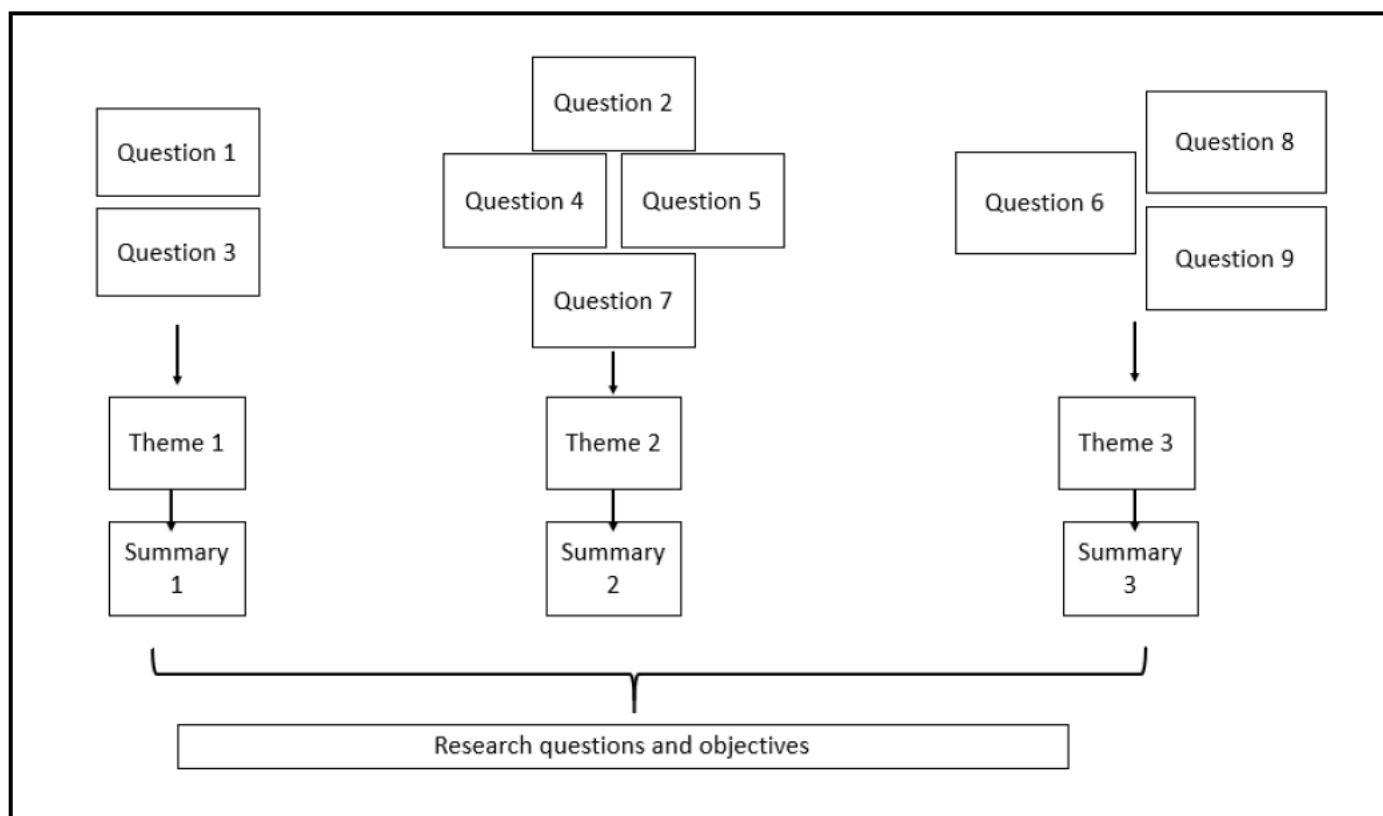


Diagram 2 Visual representation of data interpretation breakdown utilised in the context of this study.

SECTION 4

4.1. FINDINGS

4.1.1. Theme 1: Personal opinion and interpretation.

The first theme consists of questions one and three from the interview, this category lead to theme one, the participants personal opinion. Each participant answered these two questions based on their own interpretation and understanding of pathological topics. Participants were asked to define psychopathology in the first question, to which all answered similarly, linking it to the studying of “mental illness” or “mental disorders”, however, participants four, five and seven stated that psychopathology was examining behaviour that deviated from the norm. The next question in this category was question three, where participants were asked what self-diagnosis meant to them, this question was the catalyst for the study, every participant answered in full, providing rich answers which kept the study in line with qualitative methodologies. All participants stated in some way that self-diagnosis is an "assumption" made based on evidence without consulting a professional. Participant seven stated that it is "ticking boxes" to identify your disorder. From the answers provided by the students, it is clear that self-diagnosis is not a taboo topic in their opinions, it is something that they are very much aware of and have a thorough understanding of the dangers of it. This theme works alongside Leventhal's common sense model of self-regulation of health and illness (Benyamini & Karademas, 2019), which stipulates that patients utilise their “common sense” to deal with matters of health and illness, meaning that they go through a regulation process and try understand what is happening and then find ways to deal and cope, this works in conjunction with self-diagnosis and the question posed as it looks at the personal understanding that participants have of self-diagnosis and how they “regulate” this understanding and diagnosis.

4.1.2. Theme 2: Experiences and participation.

This category consists of questions two, four, five and seven which all pertain to the participants experiences during their psychopathological module. These questions asked about the participants feelings during lectures, if they self-diagnosed and if they did self-diagnose, what they found their presenting problem was. When asked about experiences

in class, participants one and two do not have positive associations with regards to their experiences in class, both participants mentioned that the module was interesting yet overwhelming. P2 stated that they tried to apply the newfound knowledge on themselves and their family. This was an interesting find as it was a new theme that emerged, the idea that self-diagnosis stemmed further than the psychology student learning about it. P6 did not attend face to face lectures as they completed the module in semester one during Covid-19, therefore the module was online. The participant stated that this module had very little impact for them. This is the only participant out of 8 that stated this, meaning that face to face lectures play an important role in the understanding and interest in this module. P3, P4, P5, P7 and P8 all show a positive regard during their experiences of these lectures, stating that it was both interesting and eye-opening to understand how people function and why. P3 stated that it was useful in understanding themselves and participant 5 stated that they found it to be useful in understanding people who have been diagnosed with a psychopathology. Overall, there is a positive regard towards these lectures and participants found it useful in deepening their understanding of others and themselves and why they may behave the way they do.

The findings of this theme lead to the belief that medical student's disease is an eminent threat among psychology students and students that did not have a strong sense of self suffered when it came to self-diagnosis. Participant eight was the only participant to say that they had not self-diagnosed as they did not resonate with anything that was taught during the course of the module however, the participant did state that they observed family members and began to diagnose them. P2 stated that they did self-diagnose but also began to analyse and diagnose their family and their friends which brought up a factor that was not previously considered that students were not only self-diagnosing but also diagnosing family and friends. This theme is linked to Vygotsky's theory of social interactionism, where Watts, Cockcroft and Duncan (2017) state that social interactions is part of a big driving force behind cognitive functioning, basically stating that interaction with peers and lecturers aid in confirming and denying certain aspects as well as enlightening on others. It is for this reason that question two was asked; about experiences in the lectures, as speaking to peers and other classmates definitely has an impact on a person in terms of cognitive functioning with regards to psychopathology.

Another interesting emergence was that the diagnosis all of the participants stated that they self-diagnosed with was generalized anxiety disorder (GAD), four of the participants stated that they received a diagnosis post the module, of GAD however the others did not

seek professional help or they feel they “outgrew” the diagnosis. The second highest diagnosis, again by almost all participants was that of major depressive disorder (MDD), which is a serious diagnosis. This theme utilizes Vygotsky’s theory of social interactionism (Hagger, Koch, Chatzisarantis & Orbell, 2017), the participants learn a new disorder and examine the diagnostic criteria and they then employ it, making use of Leventhal’s CSM (Eun, 2017) to solidify the newly learnt knowledge and apply it to themselves. This is a potential risk factor as students may be employing a self-fulfilling prophecy unintentionally.

4.1.3. Theme 3: Knowledge of subject.

Questions six, eight and nine all pertain to the participants knowledge of the psychopathology module.

Question six focused on the knowledge of factors such as being aware of disclaimers at the start of the pathology module, warning individuals about the dangers of self-diagnosing and to seek professional help if they feel they are experiencing the symptoms. Most of the participants stated that they were aware as they either had a lecturer point it out or they stumbled upon it by mistake. Participant 8 was the only participant who was asked if she was identifying of any of the disorders in class and stated that they had the benefit of compulsory psychotherapy as well as supervision, so there was a safe space to speak about the diagnosis and possible pathological disorders that they were identifying with.

Question eight, was an important question, directly asking participants if they felt that having the knowledge of pathological disorders made them more vulnerable to developing and displaying symptomologies of the disorder. Participants one and two stated that they did feel susceptible at times but were able to remind themselves that they did not have the current disorder. Participant four made an interesting statement, explaining that she was susceptible at times, but the knowledge of the disorders also aided in her understanding why she did not have her previously diagnosed disorders. Participant five explained that prior to the module he had a lack of insight into pathological topics and disorders such as GAD were empty words, therefore your association with it is meaningless. He further explained that the more he spent time learning about the disorders, it him with the information and after finding similarities in your own pathology, it’s easy to ‘tick boxes’ relating it to yourself. P6 explained that once she learnt about the disorders and diagnostic criteria, she started to overanalyse her mental state, behaviour and actions as well as her

friends and family. Associating everything she did with a psychopathology. P7, the only participant to state she did not self-diagnose, believed that it is very easy to become susceptible, especially as a stressed, overworked student, she stated that she understands how individuals, "fall victim to the DSM-V". This question was an important contributing question to the study as participants elaborated greatly on their viewpoints of susceptibility and the fact that the DSM-V is both a blessing and a curse and that vulnerable students are likely to diagnose themselves with a disorder as the information is new and intriguing and therefore the urge to apply it is great. Question nine had to do with witnessing peers diagnosing, to which participants all said yes. They stated that some peers did it in a joking manner, some did not take it seriously and some did. The overall consensus in participant answers was that the peers of the participants self-diagnosed, just as they did but they would speak to each other about it and either highlight a potential issue or put it down to a "bad day" or a momentary feeling, meaning that the potential diagnosis was nothing serious.

Theme three is not a standalone theme and works in conjunction with theme 1, highlighting the importance of knowledge and interpretation of knowledge acquired and linking with the theory of Vygotsky. This theme highlights how peer interaction can aid in learning and understanding new concepts and ideas.

4.2. TRUSTWORTHINESS

The trustworthiness of a qualitative study is imperative, and this term is divided into four sub-sections; credibility, transferability, dependability and confirmability (du Plooy-Cilliers, Davis & Bezuidenhout, 2017).

The credibility of a qualitative study looks at the truth of the finding (Amankwaa, 2016). This sub-section puts emphasis on the accuracy of a qualitative study. This study remains credible as the answers were not warped when analysing data, the nature of the study remained true to an interpretive paradigm, placing emphasis in the participants standpoint and understandings. The questions did not lead participants and remained as objective as possible. According to Connelly (2016) transferability is the ability of the research study and findings to be applied to a different context and deliver results not far from the original. This study will uphold transferability as it will be applicable to any population of psychology students as the population and sample are specifically chosen but not specific enough that

the study could not be applied in a different context. The questionnaire can be given to students undergoing pathological modules at whatever stage of their studies and in any context. "Dependability showing that the findings are consistent and could be repeated" (Amankwaa, 2016, p.121). Confirmability examines the data and links it back to how well the data collected adheres findings as well as the interpretations of the researcher (du Plooy-Cilliers, Davis & Bezuidenhout, 2017). One questionnaire was given to each participant, with the same format and question being asked, the data was interpreted by the same individual for each participant, ensuring that the application and interpretation remained the same for each set of data provided by the participants. The confirmability in this study was upheld as researcher bias was made aware of and removed at every possible point by collecting and analysing data in an objective manner (Etikan, Musa & Alkassim, 2016).

SECTION 5

5.1. RESEARCH QUESTIONS

This study and the research conducted was driven by the aim of answering the following questions. The main research question: What are the effects of psychopathological self-diagnosis on psychology students who have completed a psychopathology module in South Africa, in terms of their well-being and objectivity? In order to answer this main question, sub-questions and objectives were posed.

5.1.1. Sub-question 1.

Does self-diagnosis prohibit or inhibit a psychology student's ability to remain objective?

The answer to this can be taken from the data that emerged via thematic analysis in theme three, where participants stated that they began to become aware of a “trap” that they could potentially fall into. The participants stated that they were aware of the dangers and would weigh up positives and negatives with regards to self-diagnosing. Learning from the experiences in lectures and among peers, self-diagnosis and the experiences that accompany it aid in teaching the psychology student to become objective.

5.1.2. Sub-question 2.

In what ways does having knowledge of mental illness have an impact on your well-being in terms of susceptibility?

Utilising the data that emerged from themes 1 and 3, it became clear that the participants with a strong sense of identity acknowledged the potential to diagnose, some did self-diagnose but they did not take it further as they knew it was not a true reflection of their overall well-being. Students who did not have a strong sense of self did fall into the self-diagnosis trap and ended up getting further help such as counselling. Ahmed and Stephen (2017) stated in their study that it was students with “weak academic maturity” that fell victim to self-diagnosis however the data found in this study does not align itself with that mentality, sticking to the understanding that it is students have a weaker sense of identity that are susceptible to the knowledge of mental illness and therefore has a negative impact on their well-being.

5.1.3. Objectives.

1. To evaluate to what extent medical students' disease can be applied to psychology students.

Medical students disease can be applied to psychology students, it is evident through theme 2, where students stated that they actively engaged in self-diagnosis and once the disorder was finished being examined, they were able to clarify that they no longer identified with the disorder being studied. Azuri, Ackshota and Vinker (2020) conducted a study in which they examined medical students conducting almost identical behaviour as the psychology students in this study, therefore highlighting that it is applicable to psychology students.

2. Establishing whether there is a need for intervention methodologies for psychology students during the psychopathology module.

Utilising the findings of the data, almost every participant stated that they felt that their institutions should have done more to prevent and protect the students, just as participant eight's institution did for their students. Intervention means are imperative as prevention is better than cure.

3. Identify if students employ an unintentional "self-fulfilling prophecy" with regards to pathologies.

All three themes aided in answering this objective. The students with the stronger sense of self obtained the ability to remove themselves from the situation to gain perspective on the fact that they were self-diagnosing or beginning to display symptomologies of the disorder being studied. Students with the lessor sense of self did engage in "self-fulfilling prophecies" unintentionally as started to develop the symptoms of the disorders being examined, emphasizing to themselves that they clearly had the disorder, when this was not the case.

All this was conducted in order to answer the main research question posed. The answer to this question, utilising the qualitative data that was analysed thematically states that knowledge of mental health disorders does have a positive impact on a psychology students' objectivity, ensuring that they are careful when diagnosing and making claims, this become evident in theme 2. In terms of mental well-being, if the student displayed a

strong sense of self, there was minimal impact on their well-being, however, if the student did not have a strong sense of self, they proved to be more susceptible and self-diagnosed, either developing a diagnosis or believing that there was one.

5.2. RECOMMENDATION FOR FUTURE RESEARCH

This study was applied to a small sample group from a specific population group; however, the findings have made it clear that future research on the topic is very much needed. This study, along with the study conducted by Ahmed and Stephen (2017) are evidence that not enough attention is being focused on psychology students and the implications of self-diagnosis.

The most important contribution this study will make to the overall body of knowledge is the knowledge of the effects self-diagnosis has on a South African psychology student. The recommendation going forward is that more studies need to be conducted and applied to a larger scale with a wider population and a sample group with more variety.

5.3. LIMITATIONS OF THE STUDY

The limitations of this study were time constraints and lack of resources. As this study was being conducted alongside core modules during an honours programme, attention was split amongst all subjects.

Time constraint was a major factor as the study needed to be concluded before the end of the academic year. Had there been more time, more participants would have been recruited to take part in the study but data collection, analysis and interpretation in a qualitative nature is a time-consuming entity (Braun & Clarke, 2019).

Due to Covid-19, the study could not be done in a face to face manner, therefore resorting to questionnaires as not every participant had access to WIFI that was strong enough for a video call, or devices that had a decent camera or microphone. Covid-19 and lockdown made it challenging to complete this module as meetings with my supervisor were conducted online and due to my microphone on my laptop not working, or faulty internet connections, it added hindrance to asking questions and receiving feedback.

5.4. ETHICAL CONSIDERATIONS

This study followed to the rules set out by the IIE's ethical standards and guidelines. Written consent was required as well as voluntary participation.

Participants were only contacted once the ethical clearance letter for this study was received and permission was granted by supervisors. Participants were given a breakdown of what the study was for and what it was about, they were given an explanation of the procedure and what the questions in the questionnaire would entail. They were told that they may leave the study at whatever point they did not feel comfortable, without any implications, It was emphasized to participants that their participation was not expected and they should only continue if they felt they were comfortable and they wanted to.

Consent forms were issued to participants along with an explanation of what the study entailed, to ensure they did not miss anything. To ensure anonymity, the participants were named based on the order they sent back the consent forms. Consent forms along with the questionnaires were stored in a Dropbox account, which is an online platform that is password protected. The reason for this was to ensure that the data could only be accessed by the password holder and not left on a device.

As some participants may include past students from the IIE's Varsity College, there was a specific request which they approved, before the data collection began.

5.5. CONCLUSION

This study has merely skimmed the surface of the topic, there is a need for further studies to be conducted. Psychology students are important contributors to the world of health and well-being and not enough emphasis is put on this. This study has highlighted the power of the DSM-V and the power that an institution has. There is a need for intervention programmes to be put in place for psychology students and the findings of this study can confirm that. It is the workings of Ahmed and Stephen (2017) as well as Vygotsky's theory of social interactionism (Ullah, Tabassum & Kaleem, 2018) and Leventhal's model of health and illness (Leventhal, Phillips & Burns, 2016) that allowed this study to conclude that there is both a negative and positive effect on the well-being of psychology students in terms of their overall well-being.

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ADDENDUM A

Research Purpose/ Objective	Primary Research Question	Research Rationale	Seminal Authors/ Sources	Literature Review – Conceptual Framework	Paradigm	Approach	Data Collection Method(s)	Ethics	Key Findings	Recommendations
To determine of self-diagnosis had an effect on the well-being of psychology students	What are the effects of psychopathological self-diagnosis on psychology students who have completed a psychopathology module in South Africa, in terms of their well-being and objectivity?	is important for psychology students to be mindful of the fact that there is a potential debilitating factor when self-diagnosing and the impact of this needs a further level of exploration	<i>Lev Vygotsky's theory of social interactionism</i>	Theme 1: Theory of social interactionism Theme 2: Common sense model Theme 3: Review of previous Literature	Paradigm <i>Interpretivism</i> Epistemology	<i>Qualitative</i>	Questionnaires that were sent online, via email.	<i>Could not ask questions that were too intense about mental health. I asked as general questions as possible.</i>	<i>Majority of student self-diagnose. There are effects on their well-being. They diagnose their family too</i>	<i>A study with psychology students with applying medical students disease to them is important. There are not enough studies on psychology students in this regard.</i>
						Population				
						Population Parameters <i>South African psychology students</i>				
Research Problem	Secondary Questions/ Hypotheses/ Objectives	Key Concepts	Key Theories			Sampling	Data Analysis Method(s)	Limitations	Key Contribution	
<i>To determine if self-diagnosis</i>	<i>What were the smaller objectives you used to solve the problem?</i>	1. <i>Self-diagnosis</i> 2. <i>Mental disorders</i> 3. <i>Abnormal psychology</i> 4. <i>Well-being</i> 5. <i>students</i>	6. Medical students disease. 7. Common sense model			Non-probability sampling Using Snowball sampling method Size 8 participants	People, students in SA. Data Analysis Method(s) Thematic analysis	<i>Time constraints and lack of resources. Time was the biggest limitation.</i>	<i>Bringing awareness to psychology students, especially in South Africa.</i>	

ADDENDUM B



Participant Consent Form:

Explanatory information sheet and consent form for participants
To whom it may concern, My name is Jessica Burger and I am a student at Varsity College, Cape Town. I am currently conducting research under the supervision of Dr Serhani Symington about the effects of self-diagnosis on psychology students in South Africa. I hope that this research will enhance our understanding of these effects in order to gain an insight into the potential harm of self-diagnosis. I would like to invite you to participate in my study. In order to explain to you what your participation in my study will involve, I have formulated questions that I will try to fully answer so that you can make an informed decision about whether or not to participate. If you have any additional questions that you feel are not addressed or explained in this information sheet, please do not hesitate to ask me for more information. Once you have read and understood all the information contained in this sheet and are willing to participate, please complete and sign the consent form below.
What will I be doing if I participate in your study?
I would like to invite you to participate in this research because you have completed an abnormal psychology module. If you decide to participate in this research, I would like to use the data from the questionnaire you will fill in to create an awareness around psychology students and the mental taxing topics they discuss during an exceptionally crucial part of their lives. You can decide whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time or to decide not to answer particular interview questions.
Are there any risks/ or discomforts involved in participating in this study?
Whether or not you decide to participate in this research, there will be no negative impact on you. There are no direct risks or benefits to you if you participate in this study. You might, however, indirectly find that it is helpful to talk about self-diagnosis and your well-being. If you find at any stage that you are not comfortable with the line of questioning, you may withdraw or refrain from participating.
Do I have to participate in the study?
• Your inclusion in this study is completely voluntary; • If you do not wish to participate in this study, you have every right not to do so; • Even if you agree to participate in this study, you may withdraw at any time without having to provide an explanation for your decision.
Will my identity be protected?
I promise to protect your identity. I will not use your name in any research summaries to come out of this research and I will also make sure that any other details are disguised so that nobody will be able to identify you. I would like to ask your permission to record the interviews, but only my supervisor will have access to these recordings. Nobody else, including anybody at Varsity College will have access to your interview information. I would like to use quotes when I discuss the findings

of the research, but I will not use any recognisable information in these quotes that can be linked to you.	
What will happen to the information that participants provide?	
Once I have finished all interviews, I will write summaries to be included in my research report, which is a requirement to complete my Bachelor of Honours in Psychology. You may ask me to send you a summary of the research if you are interested in the final outcome of the study.	
What happens if I have more questions about the study?	
Please feel free to contact me or my supervisor should you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.	
You should not agree to participate unless you are completely comfortable with the procedures followed.	
My contact details are as follows: Jessica Burger	
The contact details of my supervisor are as follows: Dr. Serhani Symington	

Consent form for participants	
I, _____, agree to participate in the research conducted by Jessica Burger about investigating the effects that self-diagnosing has on psychology students in South Africa	
This research has been explained to me and I understand what participation in this research will involve. I understand that:	
• I agree to be interviewed for this research. • My confidentiality will be ensured. My name and personal details will be kept private. • My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research. • I may choose not to answer any of the questions that are asked during the research interview. • I may be quoted directly when the research is published, but my identity will be protected.	
Signature	Date

ADDENDUM C

This is an adapted version of the questionnaire, in order for it to fit into this document.

Please answer the questions below to the fullest extent possible.

1. How would you define abnormal psychology or psychopathology?
2. What were your experiences like in class when learning about abnormal psychology?
3. In your opinion, what does self-diagnosis mean?
4. Did you find that you yourself were self-diagnosing during the course of the module?
5. If you answered yes to question 4, what was the pathological disorder you diagnosed yourself with?
If you answered no, did you begin to diagnose, did you not display any symptoms or characteristics of the disorders being examined? Please elaborate on this.
6. Were you aware of the disclaimer, warning of the dangers of self-diagnosing in the course breakdown (module guide)?
7. If you answered yes to self-diagnosing, what did you do with this information?
8. Do you feel that having knowledge of the pathological disorders enabled individuals to "tick boxes" of topics studied?
9. Did you ever experience your peers self-diagnosing? Did they ever come to you for advice about a potential disorder?

ADDENDUM D

ETHICAL CLEARANCE LETTER



30 June 2020

Student name: Jessica Burger
Student number: 16013699
Campus: Varsity College Cape Town

Re: Approval of Honours in Psychology Proposal and Ethics Clearance

HONOURS ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

Your research proposal posed no significant ethical concerns and your supporting documents and instruments are in order to proceed. We hereby provide you with permission to proceed with your research.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.