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Q. Camilla's father is told by his doctor that he needs to take pills every day. Camilla does not know if her father is adhering to his doctor's advice.

Suggest two ways in which Camilla could check whether her father has been taking his pills every day [4]

Ans.

One way in which Camilla could check her father's adherence is by using pill counting. She could count the number of pills leftover in her father's bottle at the end of the week or month and cross-check against the doctor's prescription to check whether how many pills are consumed matches with the prescription.

Another way in which she could check is by making use of medical dispensers. She could place her father's medicines in a special box with days and times of the week listed on slots and then check every day whether the medicines for the given date and time have been consumed.

Q. a) There are two practitioner styles: doctor-centred (directed) and patient-centred (sharing).

Outline *one* of these practitioner styles in relation to an individual explanation. [2]

Ans.

As outlined in the study by Savage and Armstrong, sharing style of consultation is the one in which the patient is fully involved in every stage of consultation via a dialogue between the doctor and patient regarding diagnosis, treatment plans, appointments to be scheduled, etc. In terms of an individual explanation, a patient with good medical knowledge would prefer a sharing style to have their doubts addressed about their condition over and above what they already understand about it. '

b) Outline one weakness of an individual explanation, using an example from practitioner styles. [2]

Ans.

One weakness is that the individual explanation is reductionist as many times, situational factors can override individual explanations. For example, as stated in (a), even if a patient has medical knowledge, when it comes to a critical diagnosis for which treatment must begin immediately, they might prefer a directed style as there is no scope for dialogue in such emergencies.

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Q. Hanif visits his doctor and reports that he has pains in his chest. When his doctor examines him, she notices that Hanif has a number of abdominal scars from previous surgery. The doctor cannot find anything physically wrong with Hanif and she thinks that Hanif may have Munchausen syndrome.

(a) Suggest why the doctor may think that Hanif has Munchausen syndrome. [4]

Ans.

One reason why the doctor might think Hanif has Munchausen syndrome is <u>falsification</u> of symptoms. The doctor notices that Hanif has a number of abdominal scars but that there is nothing physically wrong with him, indicating that there is a strong chance that he is pretending to have symptoms.

Another reason is that Hanif is <u>eager to consult</u> the doctor and undergo medical procedures. It appears that Hanif has undergone several procedures before, including a surgery for abdominal scars and has again visited the doctor for pains in his chest, suggesting that he has no hesitation in undergoing these procedures.

(b) Explain one weakness of the diagnostic features of Munchausen syndrome. [2]

Ans.

One weakness of the <u>falsification</u> feature is that the doctor might misinterpret that the patient is falsifying symptoms whereas in reality, they might actually have the symptoms. e.g. it is known that even very scientific medical procedures can on occasion, result in erroneous diagnosis. So, it is possible that the patient has a symptom but the diagnosis has failed to detect it. This can reduce validity of the Munchausen's syndrome diagnosis.

Q. Describe psychological measures of stress:
• a test of Friedman and Rosenman's Type A personality, and
• Holmes and Rahe's life events questionnaire. [6]

Ans.

Friedman and Rosenhan initially developed a <u>structured interview</u> to measure type A personality and link it with risk for heart disease. They had 25 questions in which they asked respondents about everyday pressures resulting in stressful responses like hostility, competitiveness, anger, etc. The interview would be scored by two independent raters who would analyse its audiorecording and cross-check their interpretations of whether the respondent had a type A personality with each other. Based on this interview, later, a survey was prepared by Jenkins et al. called the <u>Jenkins Activity Survey (JAS).</u> It was a paper pencil adaptation of the interview consisting of 50 questions which could identify type A personality. It had similar questions relating to hostility, dominance, competitiveness, etc. The scoring of the survey could help interpret whether the respondent had type A personality or type B, which is less predisposed towards developing heart disease as it involves better coping with stress.

Holmes and Rahe developed a questionnaire called the <u>Social Readjustment Rating Scale (SRRS)</u> to measure life events that could have occurred in a respondent's life and contributed to stress. 43 life events are listed on the questionnaire based on research conducted with participants who had fallen ill based on some life events that they had experienced. Respondents have to think back to the past 12 months in their life as they answer this questionnaire adn report how many of the life events listed they have experienced in this period. <u>Life change units</u> (LCUs) are allotted as scores to respondents according to the degree of stressfulness of the events that they have experienced. If the respondent scores 150 or less LCUs, they are assumed to have a 30% chance of developing stress, if they score upto 299 LCUs, the likelihood is assumed to be 50% and scoring 300 LCUs or above translates to having an 80% chance of developing stress.

Q. Evaluate psychological measures of stress:
• a test of Friedman and Rosenman's Type A personality, and
• Holmes and Rahe's life events questionnaire, including a discussion about questionnaires.

Evaluation in your answer can include strengths, weaknesses and a discussion of issues and debates. [10]

Ans.

One weakness of the use of questionnaires is that recall bias can occur in answering the SRRS. Participants have to report events that have occurred from the past 12 months of their lives and it can be difficult to remember over such a long period. For example, one item on the SRRS asks about stressful workplace conflicts. It can happen that at the time of answering the questionnaire an issue that took place in a respondent's workplace is long resolved and they are so busy in their current work that they have forgotten all about it. This can distort the overall stress score and lead to inaccurate predictions about possible illnesses that they might develop. In the given example, since the respondent does not recall the event, it would be not factored in into their stress score, reducing the predictive validity of the SRRS. However, the use of questionnaires can also be a strength as is the case with measuring type A and type B personality. These personality types are based on perceptions and attitudes of individuals. For example, type A individuals tend to perceive others with hostility, doubting their motives and feeling insecure. It is difficult to measure these perceptions using objective measures like saliva tests or physiological measures as they are based on subjective interpretations. So, the self-report method of questionnaire can help investigate these internal tendencies of participants.

Another weakness of the Holmes and Rahe SRRS is the cultural bias inherent in it. There is an assumption that the LCUs allotted to different events on the questionnaire are universally applicable whereas this might not be the case. For example, an event like 'retirement' can be a matter of celebration rather than stress in more collectivist cultures where it is seen as a milestone in a person's life indicating their achievements and an opportunity to give time to their families, especially their grandchildren. However, in more individualist cultures, it is usually seen as a stressful occasion indicating an oncoming period of financial difficulties or excessive time with no pursuits. So, measuring this event as being highly stressful and predictive of stress may not be applicable to all cultures, reducing the validity of the SRRS.

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A <u>weakness</u> of the measures of type A personality is that the theory itself <u>lacks construct validity</u> which can make its measures also lack validity. The theory assumes that people can be classified exclusively into type A or B personality types which is not necessarily the case. For example, it is often observed that at the workplace an individual competitive, overly driven, etc. which is type A pattern. However, at home or in informal social interaction, they are relaxed, easy-going and cooperative. So, the same individual can have traits of either type of personality. So, the reductionist view of exclusively classifying people limits the applicability of the test as it will not be able to correctly predict the health outcomes of an individual who does not neatly fall into a type A or type B. However, the Holmes and Rahe SRRS has comparatively good construct validity. It measures life events that have objectively occurred in an individual's life rather than classifying individuals into categories of having or having not experienced stressful life events. This avoids the problem of reductionistically assuming whether or not people will undergo illnesses by looking into a larger picture of multiple stressful outcomes that may be contributing to their health. So in comparison with the type A measures, SRRS might be a more comprehensive approach at measuring stress.

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Finding the answers too long?

Unsure of how many of the points need to be actually covered?

Not sure of why the answer has been organised as it has?

Other doubts?

Visit the supplementary video for this lesson below -

https://youtu.be/v-jlqOQR9KU?si=Qcm5TF7s7Abbx9mG

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