

Option 2: Schizophrenia

Reliability and Validity

Example Essay

OUTLINE AND EVALUATE ISSUES WITH THE DIAGNOSIS OF SCHIZOPHRENIA (16 MARKS)

Receiving a formal diagnosis of schizophrenia requires the patient's symptoms to be assessed using the DSM, a manual intended to be a standardised method of classification and diagnosis.

The reliability of schizophrenia diagnosis has been questioned, which is in part due to the DSM, originating from the US but being routinely used by clinicians worldwide. Through interviewing adults diagnosed with schizophrenia from Ghana, India as well as the US, Lurhmann et al (2015) highlighted the inconsistencies caused by using 'westernised' diagnostic criteria in non-western countries. A positive symptom of schizophrenia is auditory hallucinations, the interviews revealed that many of the Ghanaian and Indian schizophrenics reported positive relationships with the voices that they hear in their heads, whereas the American schizophrenics reported negative experiences, seen as indication of them being 'sick'. Lurhmann stated that the 'harsh' auditory hallucinations associated with schizophrenia, may not actually be a reliable method of classifying schizophrenia, due to differences in cultural perception of this symptom. **AO1**

Lurhmann's conclusion echoes an earlier one made in 1995 by Mojabi and Nicholson, who when evaluating issues with the classification of schizophrenia, asked psychiatrists to differentiate between 'bizarre' and 'non-bizarre' hallucinations. After collating the results, they calculated a Kappa score- a means of determining inter-rater reliability. Kappa scores of 1 indicate perfect reliability, whereas scores of 0 indicate no agreement, scores of 0.7 are seen to be good, however, the psychiatrists achieved a Kappa score of 0.4. In fact, Reiger et al, (2015) found that the diagnosis of schizophrenia only had a Kappa score of 0.46. **AO3**

In Rosenhan's 1973 study, 'normal' individuals were admitted to psychiatric wards with schizophrenia diagnosis after claiming to be presenting the expected symptoms. Despite the diagnosis given to them not being valid, they were all consistently given the same, incorrect diagnosis- an indication of reliability. After the premise of the study was revealed, Rosenhan sent out more pseudo-patients, who despite presenting the same symptoms as their predecessors were not given a diagnosis of schizophrenia. This could be seen as an experimental error, rather than an issue with reliability, as the clinicians would have been aware of the earlier 'pseudo-patients'. **AO3**

Aside from cultural bias, the accuracy of schizophrenia diagnosis can also be seen to be dependent on the gender of an individual. Broverman (1970) argued that the DSM criteria tends to pathologise the female gender, with American clinicians deeming healthy adult behaviour as being healthy male behaviour', which is why women tend to be seen as less mentally healthy and more prone to receiving a diagnosis of schizophrenia. **AO1** This is supported by Loring and Powell, who gave 290 male and female psychiatrists case studies of patients, the psychiatrists were asked to give the patient a diagnosis. 56% of female case studies were given a diagnosis by the clinicians, in comparison to only 20% of males- it was also found that this was a tendency of male clinicians and female psychiatrists did not display this same gender bias. **AO3**

Co-morbidities in schizophrenic patients are another issue with the validity of the disorders classification, with 50% of schizophrenics concurrently suffering from depression as just one example. This presents an issue with symptom overlap, as it is difficult to ascertain whether an

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individual is schizophrenic, depressed or suffering from schizophrenia with co-morbid depression.

AO1 The cause of this is schizophrenia sharing several symptoms with other disorders, such as anhedonia with depression and delusions of grandeur with bipolar disorder. Reed (2004) found that most schizophrenics present sufficient symptoms of other disorders, so much so that they could receive another diagnosis, indicating that the initial schizophrenia diagnosis, may not be valid. **AO3**

Marks: 14

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