Do the different historical and cultural diagnostic criteria of schizophrenia have social and treatment implications?

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Abstract

The aim of this paper is to critically discuss whether different historical and cultural diagnostic criteria of schizophrenia have social and treatment implications. This paper also discusses what it means to have the diagnosis of schizophrenia and to what psychologists may gain from individuals having these diagnoses; the essay in particular discusses monetary gain for the National Health Service and government or power. Possible faults of diagnosing schizophrenia using just biological and psychological precursors due to reliability are also critically debated in an attempt to discuss the implications of this diagnosis. Furthermore, this piece of work discusses that over time as the diagnostic criteria for schizophrenia changes, more people could be diagnosed. It also highlights how culture can affect diagnostic criteria; such as the fact you can be diagnosed with the condition in one culture and not have that diagnosis in another culture. After looking at the literature it appeared that the changes to the criteria does in fact have serious implications for individuals. A conclusion was drawn before suggestions for further research was made in terms ways to get a better insight into the implications when diagnosed with a condition such as schizophrenia.

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The aim of this paper is to critically debate the implications of a diagnosis of schizophrenia and how this diagnosis can have social and treatment concerns, it further delves into the history of schizophrenia diagnosis as the diagnostic criteria changes across time. Furthermore, cultural differences are discussed within the paper in an attempt to understand the differences within different societies such as how a person is more likely to be diagnosed as schizophrenic in the United States (US) than the United Kingdom (UK). As the diagnostic criteria for schizophrenia changes throughout time and differs for different cultures, there are many implications for treatment (Rogler, 1997). To gain understanding in how the treatment and social implications change due to the suggestions of psychologists and how contemporary research can still have weaknesses in the process of diagnosing individuals research is needed to be reviewed and critically analyzed.

It is critical to gain an understanding of schizophrenia and its symptoms to be able to understand how these changes and differences can affect the treatment. Schizophrenia is defined as a severe, chronic and disabling brain disorder that affects between one and four percent of the general population (World Health Organization, [WHO] 2013). There are many symptoms which an individual with schizophrenia may experience. Positive symptoms include visual and/or auditory hallucinations, delusions, as well as thought and movement disorders. Negative symptoms can affect the individual's ability to seek pleasure in everyday life as well as being able to engage with planned activities. There could also be problems with cognitions for example focusing and paying attention as well as memory issues. These common symptoms must be apparent for at least six months. These symptoms can have damaging social implications on an individual who suffers from schizophrenia as they can become socially withdrawn and isolated (WHO, 2013).

In terms of historical changes within the diagnostic criteria, Rubin, Springer and Trawver (2010) found that in the 1980's and 1990's individuals who reported more extreme symptoms of manic depression (bipolar disorder) were more likely to be diagnosed with schizophrenia than in the year 2000 onwards. The decrease in this misdiagnosis could be due advances in which biological markers can be detected in those who have been found to have schizophrenia however, when biological markers cannot be found, psychologists have to rely on psychological markers which have also become more specific in terms of the criteria for diagnosis (Tarrant & Jones, 1999).

Tarrant and Jones (1999) found that simply using biological markers as a way to diagnose schizophrenia is unreliable and not very successful. They found that individuals

diagnosed with bipolar have very similar biological precursors found through computerised tomography (CT) scan and magnetic resonance imaging (MRI) scans, therefore a diagnosis based on these results may not be accurate. Furthermore, some individuals with schizophrenia showed no biological markers at all therefore using this alone as a form of diagnosis is found to be unreliable.

The psychological markers which are used as a part of the diagnostic criteria for schizophrenia are gained through psychiatric hospital statistics and information. Despite a census of individuals within different countries, there seems to be a lack of reliability with the markers as each individual has different symptoms and perspectives of their illness. A consequence of this is that they report different symptoms and behaviours so there are limits to what type of interventions can take place; different therapies cannot be generalised to every individual who receives a diagnosis. This is due to the fact that for some, the symptoms are more severe or they react differently to the different types of medication and therapy (Tarrant & Jones, 1999).

When the diagnostic criteria changes over time it can affect the individuals' treatment. For example when diagnosed with schizophrenia in the late 1980's, many individuals were institutionalised. In more recent times, however, these individuals are less likely to be institutionalised due to the fact psychologists have identified the different subtypes of schizophrenia and the different positive and negative symptoms. Different treatments have become available to combat these symptoms, for example medication and psychosocial therapies such as Cognitive Behavioural Therapy (CBT; Newton-Howes & Wood, 2013). An issue with these therapies is that there is a gap in the knowledge in terms of the individuals' experiences with the disorder (Allebeck, 1989).

The social implications of diagnosis have also changed over time. In the early 20th century an individual with such a diagnosis could become ostracised from society and suffer from great stigmatization, their families may also endure this stigmatization (Shibre et al. 2001). As the times change slowly the stigmatization is starting to decrease. There is now legislation in place which can help eliminate the discrimination of people with mental illnesses such as schizophrenia, for example, in previous years individuals with mental illnesses could not take part in jury duty whereas now new laws are being introduced to stop this discrimination. The stigma of a diagnosis however can have other repercussions including social issues regarding family, friends and peers (Putman, 2008).

The social implications of these types of diagnoses are found throughout different cultures. Yang et al. (2012) found that in China, individuals would be more likely to create a

social distance between themselves and an individual diagnosed with a mental illness. This trend was also found within the UK and USA (Scior, 2013) and even in the traditional rural societies such as in Ethiopia (Shibre et al. 2001); Ethiopia has found that in many cases where diagnosis has occurred the families have also suffered from a form of stigmatization such as being ostracised from their communities.

The global prevalence of schizophrenia is found to be 1.1% in over adults over 18 and the symptomology has been found to be similar in diverse cultures. Schizophrenia has a strict diagnostic criteria that is used when establishing diagnoses of individuals. Research such as Brenner, Hodel, Roder and Corrigan (1992) found that there are culture differences which also affect the social and treatment implication when diagnosed with a severe mental illness such as schizophrenia. Culture differences can influence diagnoses of schizophrenia, for example, if a Caucasian British individual presents to a British psychologist information of hallucinations of their ancestors and they may use their resources to explore if the individual may be suffering from schizophrenia. However, if the individual was from the Republic of Congo and presented this information to a native from that country then Congolese culture is taken into account such as their values and beliefs (Shalhoub, 2012). Therefore a lot of information needs to be taken into account before diagnosing an individual due to the severity of the implications.

In terms of the treatment implications and cultural differences, Cooper (1972) found a large cultural difference between the USA and UK. There was a large difference in the diagnosis of schizophrenia; for individuals in New York it was found to be much more frequent to diagnose schizophrenia than London. This could be due to the fact in the USA, patients are required to pay for their medical treatment; psychologists such as Walker (2010) argue that they are more likely to be diagnosed with a severe mental illness which could mean many hours of therapy or drug treatments. With this severe mental illness diagnosis, the patient pays for their therapy and the psychologist gains financially, which puts the psychologist in a position of power potentially disempowering the patient. With this power imbalance, the patient is more likely to continue to pay more money to get medical care that the psychologist states they need. Cooper (1972) also found African-American males within the USA are the group most likely to receive the diagnosis of schizophrenia.

With this in mind, in the UK more recently, a new system has been implemented known as Payment by Results. This politically based system, which has been used in places such as New Zealand (Fairbairn, 2007), is used in an attempt to increase efficacy of the National Health Service (NHS) whilst being cost effective. This system contains different

clusters in which mental health patients can be classed under and each cluster has different financial implications. For example a diagnosis such as dementia (organic diagnosis) or schizophrenia (psychosis diagnosis) will mean the NHS staff will receive more financial incentives than a diagnosis of depression or anxiety.

This system has many weaknesses; for example Parsonage (2004) highlighted that this could have a risk of hospitals attempting to manipulate patient coding to place cases into higher-priced groups. There are further issues such as the high comorbidity levels with other disorders such as anxiety and obsessive compulsive disorders. The NHS benefits the most from this system and the patients lose out as the system feels under pressure. It could become more difficult to get the treatment needed with increasing patient numbers, coupled with shortages in staff and financial cuts within the NHS, it could create longer waiting lists to receive see consultants. By using this system within the UK, the government, psychologists and NHS are empowered rather than the patients within the system; they are in a position to gain more over the diagnosis of individuals especially in terms of monetary gain (Fairbairn, 2007).

In conclusion, as diagnostic criteria changes over time it can lead to different implications for individuals that have a diagnosis of schizophrenia. These include social implications such as stigmatization and personal implications including becoming withdrawn from people such as peers and family which can further deteriorate the individual's mental health. There are treatment implications once an individual has been diagnosed with schizophrenia as there are various treatment avenues for this disorder however, they cannot be generalised to every individual with schizophrenia due to individual differences. Culture differences also have implications as you can be diagnosed with schizophrenia in one country and perhaps not have that diagnosis in other country as for example you may be diagnosed with schizophrenia in the USA but not in the UK or ethnicity may play a part within this diagnosis especially within the USA. Psychologists therefore are constantly being empowered as more individuals with mental illness are being diagnosed with different disorders. With the system within the UK becoming a payment by results system, this means more people are going to be given diagnoses from their symptomatology in an attempt to make the system more efficient and therefore the psychologists are once again becoming empowered with the systems in place.

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