Discuss issues of bias in diagnostic systems. (25 marks)

There are various issues of bias in diagnostic systems such as the DSM-IV, including cultural and gender issues.

An example of ‘within country’ cultural bias is the issue of bias against homosexuals. In the UK in 1968 homosexuality was in the DSM-II, an earlier version of the DSM as a ‘sexual deviation’ and as such was ‘treated’ with various aversion therapies such as Electro-Convulsive therapy, in the following DSM this was ‘amended’. This clearly showed a diagnosis-bias against the ‘minority sexual community’ of gay people and the reinforcement of a belief that they were mentally unwell and needed treatment by ‘the well’ – the heterosexual majority. Also, some of the therapies offered (forced on) to gay people (electric shocks in some cases) were ethically questionable as there was protection from harm issues.

The majority of psychologists can be classed as mainly white, male, middle class, Western and have limited understanding of those from different social and cultural backgrounds. One of the major limitations of such a situation is that disorders recognised in a particular diagnostic system are culture-specific e.g. the DSM was published in the USA, so Western culture will be represented but other cultures won’t be. This may mean that we come to think the disorders recognised in ‘our culture’ are real and recognised in other countries as ‘invented’. It may also mean that behaviour that is acceptable or understood in one group of people at one point in history may be unacceptable to others, e.g. in some Asian cultures not showing emotion is praised however in Arabic countries emotions are encouraged.

Culture bound syndromes are psychological disorders which appear to be limited to a particular culture. One example of these are Koro – a disorder generally found in China where a sufferer has an acute fear of their penis retracting into their body. A study by Karasz (2005) highlighted this difference when a group of South Asians and a group European Americans were asked to read symptoms and forms a diagnosis (it was in fact depression). It was found that South Asians saw it as a social problem, whereas the Americans saw it as a biological problem.

Part of the diagnostic process often involves the use of personality or intelligence tests, devised by Western psychologists based on Western ideas about personality and intelligence and these are standardised on Western populations, meaning that non-Western individuals are likely to be less accurately assessed on such tests. E.g. the MMPI (Minnesota Multiphasic Personality Inventory) test has highly ‘westernised’ questions such as: “I have often wished I were a girl. (Or if you are a girl) I have never been sorry that I am a girl” which obviously would vary in cultures where women are oppressed.

Certain cultural and subcultural groups are also treated differently, as Cochrane and Sashidharan (1995) found that black Afro-Caribbean immigrants in the UK are up to seven times more likely to be diagnosed with schizophrenia than white people. A possible explanation for the high diagnosis rates in the UK may be that members of ethnic minority groups have more stressful lives in Britain, making them more likely to develop schizophrenia so the difference is due to social/environmental