hospital when in reality, no pseudo patients arrived. 41 genuine patients were judged as pseudo patients and 19 were suspected as frauds. This shows that there is no definite guidelines to follow when diagnosing schizophrenia and therefore there is an issue with subjectivity between clinicians. This shows that there is reliability issues between clinicians when diagnosing schizophrenia.

However it has been argued that this is not a normal occurrence for sane people to gain admittance to a psychiatric hospital and therefore the study lacks ecological validity. This means that reliability between clinicians may not necessarily be an issue. A second issue with this is that “schizophrenia in remission” is rarely used and therefore suggests the clinicians didn't believe the participants had schizophrenia and therefore would go against the idea that there is a problem with reliability when diagnosing schizophrenia.

A problem with classification of schizophrenia is that there are two classification systems. The DCM (diagnostic and statistical manual) and the ICD (International classification system). This causes problems as they differ from one another for example, DCM has 5 subtypes which look after 6 months of symptoms and is used primarily in the UK whilst ICD has 7 subtypes which looks after 1 month of symptoms and is used worldwide. This causes problems with diagnosis if two clinicians are using different classification system because the categories the patient can be placed into differ between the two systems. For example, one patient may be diagnosed as having catatonic schizophrenia whilst another is diagnosed with a completely different type of schizophrenia. This can then lead to problems with treatment if the diagnosis is incorrect as it may be ineffective or make symptoms worse.