

differently. This inconsistent application and understanding of symptoms that are comprised under schizophrenia among cultures and different countries is so varied that it lacks any real, credible validity.

The ecological implications are that the prognosis of members of ethnic minority groups may actually be more positive than the majority group, like stress. Brekke and Barrio (1997) found white ASmericans to be more symptomatic than. The ethnici9c culture hypothesis could help protect ethnici minority groups from prejudice.

An implication is that some of the results that are available to the public regarding the diagnosis rates may favour some cultures than others, and so there could be some racially influenced prejudice involved, this has negative implications for psychology.

Also, the classification systems are all suited to western cultures so are not a universally applicable standard and so some cultures won't be suited to the diagnosis classification and would be overlooked.

One further issue associated with the classification and diagnosis of schizophrenia is gender bias. A gender bias is the differential treatment and/or representation of males and females, based on stereotypes and not on real differences. Gender bias is an issue in relation to the validity of diagnosis essentially because it suggests that schizophrenia is, once again, not a single disorder which can be seen equally in both genders hence it becomes the basis of an issue for validity. It is an issue for two reasons, primarily because there is a diagnosis problem. This means that the diagnostic criteria stated in the classification systems such as DSM-11 and ICD, is being applied differently for males and females. So, effectively what this means for the diagnosis of schizophrenia is that psychiatrists are around applying the symptoms for the same condition in a different manner, depending on the gender of the patient, therefore the gender of the patient has an influence on their diagnosis rate and thus leaves psychology with the problem of being biased or favouring one gender more than the other.

A study from the 1980s presented us with rates of higher diagnosis incidences which made males more likely to be given a diagnosis of schizophrenia. Broverman et al (1970) found that clinicians in the US equated mentally 'healthy' adult behaviour with mentally healthy 'male' behaviour and as a result there's a noticeable tendency to perceive women as less mentally healthy. Broverman's findings highlights the issue of Androcentrism within a clinical setting whereby male behaviors are the centralised focus and are controlled by a male perspective and so this doesn't often include a female perspective, the importance of female health and wellbeing is therefore compromised and overlooked.

Loring and Powell (1988) further cemented this idea of an androcentric male bias when they found 290 male and female psychiatrists who were provided with the exact same case study of a patient, however there was a gender difference in the patient. 56% of the male psychiatrists