ANSWER BOOKLET
LIVRET DE RÉPONSES
CUADERNILLO DE RESPUESTAS

4 PAGES / PÁGINAS

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In clinical diagnosis, specifically the diagnosis of mental disorders, clinicians use diagnostic systems (such as the DSM-5 or the ICD-10) to compare symptoms, duration and severity of potential disorders to the condition of a patient. The patient is interviewed in a semi-structured way by the clinician in order to get an idea of the patient's symptoms and their duration with the aim of diagnosis said patient. Whether a diagnosis is reliable depends on the consistency of the diagnosis (if a diagnosis is very reliable this means that every time the same patient is diagnosed the same diagnosis will be given. A diagnosis is valid if the diagnosis is correct and truthful and this should therefore lead to appropriate treatment of the disorder. It is of paramount importance that diagnosis of mental disorders is valid and reliable so that appropriate treatment takes place and so that there is no false stigma and no ~~self~~ self-fulfilling prophecy. As diagnostic systems are regularly being revised

so that they are made objective to increase reliability due to a standardisation of procedures, this raises the question, does increased reliability come at a cost for validity as a diagnosis of a mental disorder requires a clinician to interpret and understand a ~~person~~ patient's position. This essay will discuss different issues regarding validity and reliability of diagnosis.

There are two types of reliability: test re-test and inter-rater, and two types of validity: concurrent and predictive. Test re-test reliability is ~~the~~ when a patient is interviewed and diagnosed and then this is done again a week later, the degree of reliability is how similar these two diagnoses are. Inter-rater reliability is the extent to which two different clinicians have the same diagnosis when they hear this diagnosis off of the same clinical interview. Concurrent validity is the extent to which two different diagnostic ~~systems~~ systems (such as the DSM-5 and ICD-10) come up with the same diagnosis. Predictive ~~diagnosis~~ validity is the ability of a diagnosis to predict future behaviour.

Nichols et al carried out a study into the inter-rater reliability of emic diagnostic system in comparison to universal (etic) diagnostic systems. There were 81 participants aged 7 to 16 years old who were videotaped and then diagnosed for child eating disorders with

The Great Ormond Street Hospital's (GOSH) specialised child eating disorders system, the DSM-4 or the ICD-10. These different systems' inter-rater reliability was also measured. The DSM-4 had an inter-rater reliability of 0.64 (however this was artificially high as half of the participants could not be diagnosed with this system. The reliability of the ICD-10 was 0.36 while the reliability of the GOSH system was 0.88 which is much higher than both universal classification systems.

This study suggests that if reliability, and most probably validity of diagnosis, wants to be improved that different areas with specific cultures should have specific emic approaches to diagnosing disorders. This is as the GOSH system is highly reliable due to its system being adapted to the typical characteristics of the type of people who come to the hospital for diagnosis. These characteristics include age and culture. These findings are supported by Bolton's research who found that post-genocidal Rwandan's had symptoms for PTSD and depression that were not on universal classification systems. However, an emic approach would be a lot more costly and it is unrealistic to think it possible to have an emic approach to diagnosis across the globe for validity and reliability to be improved.

Before the DSM-5 was published it was found to have high reliability as it underwent field trials before publication. However, certain studies suggested that this was not true and that the DSM-4 actually had higher reliability. Chmielewski suggested that this was because of the way reliability was measured as before the DSM-5, inter-rater reliability was used, however after the DSM-5 was introduced test re-test reliability was predominantly used. 339 patients were diagnosed with the DSM-4, the inter-rater reliability was high at 0.8, however the test re-test reliability was much lower at 0.47. This study showed how it is very important to use the same measure of reliability when comparing the reliability of the diagnosis using classification systems or the diagnosis of different types of disorders.

Overall, studies into the DSM-5 have suggested that it has moderate to high reliability, is more than half its mental clinical disorders. However, the diagnosis of mental disorders will keep on being slightly unreliable, and therefore invalid, due to patients suffering from a "cluster of symptoms" which overlap into different disorders,

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patients sometimes suffering from two or more disorders, the inability to quantitively measure symptoms and therefore relying on subjective interpretation, and due to different clinician's differing in opinion and experience. Overall, diagnosis will never be 100% reliable and valid when diagnosing mental disorders.

One very famous study into validity is the covert participant observation carried out by Rosenhan in 1973. Rosenhan aimed to find out if American clinicians using the DSM-II could tell the difference between a sane and an insane person. He sent 8 pseudo-patients, including himself, to 12 different psychiatric hospitals in 5 different states. The confederates made an appointment and complained about hearing the voices "hollow", "thud", and "empty". This was the only symptom they displayed and once they were admitted they acted completely normal. All of them were admitted, 7 out of the 8 diagnosed with schizophrenia. They stayed/

were kept in the hospitals for an average of 19 days (7–52 days). They observed that clinicians pathologised normal behaviour (eg writing notes was interpreted as "writing behaviour") and depersonalised patients (they gave little eye contact). ~~In psychiatric~~ All pseudo-patients were eventually released with the label of "schizophrenia in remission". A psychiatric hospital doubted their findings so Rosenhan told them that in the next 3 months he would send that one or more pseudo-patients. 41 out of 193 patients were judged by at least one of the hospitals staff to be a pseudo-patient. In reality Rosenhan sent no ~~of~~ pseudo-patients. From these findings Rosenhan concluded that clinicians and the DSM2 could not tell the differences between a sane and an insane person. He also commented on the "stickiness of a diagnostic label" as once someone is diagnosed all their behaviour is interpreted through that label, this can be linked to confirmation bias. He also noted on the powerful effects of schema formation which can lead to self-fulfilling prophecy if diagnosis is incorrect.

This study is representative of real diagnosis procedures in America in the early 1970s as this study has high ecological

validity due to the hospitals not being aware that the patients were fake. The study also had huge implications for diagnosis of mental disorders as the DSM-2 was revised so that patients cannot be diagnosed on only one symptom. Since then there have been frequent revisions to the DSM to improve its validity and reliability of ~~the~~ the DSM-4 changed it from the DSM-3 so that hearing voices had to be a symptom for more than one month for diagnosis of schizophrenia. However, there are doubts regarding the truthfulness of these findings as it is argued that the pseudo-patients did not only exhibit one symptom as ~~the~~ they asked for an appointment, and once admitted they said that they were normal and asked to be released which could have led to clinicians keeping them in for longer. Also, Spitzer doubts the findings, as he says that the label of "schizophrenia in remission" is very rare and that this suggests that the clinicians knew that the pseudo-patients were not real patients. Overall, Rosenhan's findings may have exaggerated how clueless the clinicians were regarding the pseudo-patients sanity. However, Rosenhan's study still shows that there ~~are~~ were significant

problems regarding validity of diagnosis in 1973 (DSM-2). This study also demonstrates how confirmation bias can negatively affect the validity of diagnosis.

Overall, the latest version of the DSM, the DSM-5, has a section 3 where it asks clinicians to consider different methods of assessment and to consider factors that may affect how patients express symptoms. For example, there is a tendency for people from an Asian culture to somatise the symptoms of depression. These measures help clinicians better subjectively interpret different patient's experiences which leads to a more reliable diagnosis.

In conclusion, in clinical diagnosis, classification systems can be made more standardised and objective to increase reliability. However, this may mean that clinicians have less room to interpret a patient's unique experience and to give an accurate (valid) and helpful/meaningful diagnosis. Finally, there is a suggestion that in clinical diagnosis the focus should be less on diagnosing as this often leads to long therapy, and the focus should be more on what can be done to help the individual cope.

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10

The sociocultural approach looks at how human social interaction and interaction with one's culture can affect behaviour. There is a lot of sociocultural research into attraction, and the differences between what is found attractive in different cultures, to see to what extent sociocultural approach accounts for what determines attraction. Attraction is the feeling of liking or being sexually attracted to someone. Mutual attraction can lead to the formation of romantic relationships and therefore by understanding what determines attraction we can better understand when ~~people~~ relationships are likely to form and end. This has implications in ~~therapy~~ couples' therapy. In this essay I will be looking at the sociocultural ~~approaches~~ theories and studies of attraction and relationship formation: ~~the Filter Model~~, Gupta and Singh, Buss, Ve et al, Li et al. I will be comparing them to the cognitive and biological determinants of attraction to determine the extent to which

The cross-cultural approach contributes to the understanding of personal relationships.

A major cultural difference which affects romantic relationships is individualism and collectivism. In individualistic cultures love marriages are the norm while in many collectivistic cultures arranged marriages are the norm. This is as individualism focuses on what benefits the individual while collectivism is more oriented towards what benefits the group to which a person belongs to, such as their family. Matsumoto quoted: "you Americans marry the person you love, we love the person we marry." Gupta and Singh's study support this cultural difference of relationship formation and attraction as they studied 50 Indian couples who were either in a love marriage or an arranged marriage. They found that people in love marriages reported diminished feelings of love after 5 years while people in arranged marriages reported increased feelings of love after five years.

However, the reports of the arranged marriage couples may be slightly victim to social desirability out of fear that their families will find out about their lack of love for their partner which will consequently disrupt the

relationship between both partners' families. However, this study still demonstrates how one's culture can affect how personal relationships unfold: either love leads to marriage (love marriage) or marriage leads to love (arranged marriage).

Buss carried out a huge study on differences in mate ~~selection~~ selection/preference in men and women across various cultures. These findings support both evolutionary (biological) and sociocultural factors of attraction. Buss gave questionnaires to over 10,000 participants (pps) from 37 samples in ~~India~~ 33 different countries located in 6 continents. Firstly, pps were asked to list their biographical information (such as their gender, where they live, age, sexual preference). The second section asked about their desired age of marriage and age difference. The third section asked them to rank 18 characteristics in order of most to least important when choosing a mate. Buss found that in 36 out of 37 samples women ranked financial capacity as more important than men, women ranked ambition and industrious more important than men in 29 out of 37 samples. Also, all men preferred younger women while all women preferred older men. All men though physical attractiveness was more important than women.

These findings have links to the biological and evolutionary explanations of attraction due to men preferring younger women due to this increasing the chances that they are fertile while women want men who are older and have financial resources due to this providing them with security and resources for them and the baby.

However, Buss also found findings that are good at supporting a sociocultural influence in what is found attractive. This is as there were differences in what order different cultures ranked different traits. For example, USA ranked love first while China ranked love sixth with chastity, good health and good domestic skills all being ranked as very important.

Overall, this study's findings can be trusted due to the very large sample of over 10,000 ppts which suggests generalisability. Also, due to the fact the ppts answered an anonymous questionnaire makes them almost certain that no one will find out about their identity therefore removing social desirability which could improve decreases the truthfulness of their answers. Overall, Buss's study, while it mainly suggests biological explanations to explain attraction and consequently the likeliness

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In relationship formation, there is also evidence for different mate preferences which vary due to cultural factors. This suggests that sociocultural factors do contribute to relationships understanding but other types of factors are also required to gain a fuller understanding.

Ye et al carried out a study where he compared Chinese and American ~~dating~~ online dating personal ads. It was found that in Chinese personal ads emphasis was put on physical appearance, health, education, and financial status. However, in American ads emphasis was put on personality and hobbies. The same was found when Ye et al asked pps about their mate preferences. This again, in accompaniment with Buss's findings, suggests that people from different cultures prioritise different traits when looking for a romantic ~~partner~~ partner and this in turn suggests that people from

different cultures find different traits attractive.

Ye et al's findings can also be linked to collectivism and individualism. This is as it seems logical that the individualistic American would mention his traits that would benefit his romantic partner personally, such as having similar personality and hobbies. In contrast, the collectivistic Chinese person focus more on his traits that would be appreciated by his potential partner's family, such as his high financial status, his good looks (good genes), and his high education. Overall, Ye et al's findings provide solid evidence for sociocultural factors, such as the cultural dimension of individualism and collectivism, being a significant influence on ~~determining~~ determining mutual attraction and a following personal relationships.

However, the sociocultural approach does not act alone in explaining personal relationships, as on top of biological factors, there are various cognitive factors that can explain attraction and relationships. One of these such factors is the role of misrepresentation. Winston et al carried out a study on prairie voles who are monogamous, like humans, and have similar

social characteristics, brain structure, and neurochemical make up to humans. Winslow et al found that when prairie voles where injected with a substance that blocks vasopressin they lost their devotion to their mate.

This suggests that the hormone vasopressin may play a key role in keeping human couples together. Hence, this biological factor can also help contribute to explaining and understanding personal relationships.

In conclusion, from the research ~~I~~ have discussed it is clear that sociocultural factors do play a significant role in explaining attraction and romantic relationship dysfunction. The main sociocultural factor that seems to affect romantic relationships is the cultural dimension of individualism and collectivism. However, to fully understand personal relationships a more holistic view is needed as biological and cognitive factors need to be considered. Finally, as globalisation increases sociocultural factors will play less of a role in relationships while biological and cognitive factors will proportionately

increase.

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