

CHAPTER I

INTRODUCTION TO PSYCHIATRIC TERMINOLOGY

Psychiatry

Psychology

Psychopathology

Psychosis

Neurosis

INTRODUCTION TO PSYCHIATRIC TERMINOLOGY

To explain Psychiatric disorders in a logical manner one has to go through a number of humoral, demonic, astrological and physical theories ranging from Psychoanalytic theory to organic basis of Psychiatry.

The term Psychiatry in contradistinction to Psychology is derived from the Greek word «Psyche» - which means the mind and «iatry» - which means medical treatment. Thus the term, Psychiatry means treatment of mental illness. Psychology is derived from the same Latin origin which has been defined as = the Science which deals with the studies of the behaviour of man and other animals. This short definition includes a wide variety of subjects such as educational, industrial, experimental, social, statistical, comparative and medical Psychology.

The two terms are thus complementary to each other. It is difficult to form a good basic knowledge of Psychiatry without studying Psychology and it is even more difficult to deal with the patients from the Psychological point of view without a proper knowledge of Psychiatry, especially for the purpose of Psychopathology.

Psychopathology has been defined as the study of abnormal Psychic phenomena (Phenomenology or descriptive Psychopathology). It is thus concerned with observations on the form that the phenomena take in contrast with dynamic psychopathology which deals with the significance of the content of the experience. Until recently phenomenology was of interest mainly to continental Psychiatrists but the translation into English of Schneider's «clinical Psychopathology (1959)» and Jaspers' general Psychopathology (1963) has brought

this subject to the attention of the English-speaking world, Taylor (1966) and Fish (1967) have produced text books, Anderson and Tretowan (1967) have prepared a useful summary, while Taylor (1967) and Jaspers (1968) have written on the role of Phenomenology in Psychiatry.

INTRODUCTION:

Psychiatry is that part of medicine which is primarily concerned with disorders of:

1. Thought
2. Feeling
3. Behaviour

Psychiatric disorders could be primary or secondary to other illness or structural damage. Primary disorders are in the areas of communication and understanding of subjective experience or objective behaviour of the person in his environment, or the subtle physiological and bio-chemical changes in the body affecting these areas.

Secondary disorders often called Psychosomatic, vary from the normal reaction of the individual to illness to the abnormal effect of excessive emotional changes in the bodily function or structure. Thus Psychiatry has made one of its greatest contributions to clinical knowledge and understanding in the field of surgery, obstetric, general medicine as well as paediatric practice. The term organic means any brain insult or failure of function or development of nervous system due to injury or diseases. The term «functional» refers to illnesses arising from abnormalities of behaviour, failure of development or adaptation to physical or mental stress or some unknown causes whether hereditary or constitutional. Functional mental disorders can be divided into two groups:

1. Neurosis
2. Psychosis

Neurosis are generally the disorders of emotional and intellectual functioning which do not deprive the patient of contact with reality. Thus the depressed patient is often aware of his plight and can describe his sufferings in his own way in the context of his general malfunctioning in the environment. Psychosis are essentially disturbances in the patient's awareness and appreciation of his environment and his res-

ponse to it. Thus the depressed patient is not aware of what is going on inside him or his environment and can thus contribute his illness to various external powers. The difference between the two groups is often not that obvious and they can merge into each other.

In practical work this distinction is not that obvious and can often be misleading unless we exercise the greatest caution in categorizing the various groups. Every doctor in his general practice is bound to come across disorders of this kind in his patient and must be prepared to distinguish between the real and genuine complaint, and the one which reflects the inner emotional conflict of the complaining individual. This distinction should be drawn out after a careful and lengthy history, sympathetic handling and with good understanding for the patient. The patient's intelligence and verbal ability can greatly influence his presentation of his symptoms and his culture can equally determine the colour of his expression. It is the duty of the treating doctor to find out the discrepancy between the apparent distress and the real depth of the symptoms.

The role of understanding and treating psychiatric patient is difficult partly because of the gap between our ability to disentangle our own feelings from those of others, and partly because of our failure to free ourselves from preconceived ideas or previous personal experience which might influence our decision. The key to proper approach to such understanding of problems lies in the concept of the wholeness of the individual, Psyche and Soma or the mind and body, and the way in which the illness is affecting the patient's relationship with others and his ability to convey this experience to us. Thus Hippocrates in 400 BC evolved the concept of the man as a whole. He repeatedly emphasized that the physician's task was to study the diseased individual rather than to deal with the symptoms or disease as an abstract entity. The symptom is the expression of the individual in describing the alleged (diseased organ). Whether false or true this statement needs careful assessment rather than dispelling as imaginary or unreal. Psychiatric illnesses are becoming, generally speaking, increasingly common and a very important part of medicine as a whole. According to World Health Organization the following figures give only few guidelines of the dimension of the problem. At a conservative estimate about 35% of the complaints which take a patient to the general practitioner have prominent Psychological basis. Of the patients referred for consultation at Hospital or out-patient clinics or departments the percentage is still higher. Mental Hospitals are on an average over-crowded by 4%.

Present facility for residential care is less than half the minimum requirement of those who are currently under Psychiatric care. About 1/4th to 1/3rd of absence from work due to sick leave are caused by illness having primarily emotional component. Psychiatry presents a great challenge in the modern times and the degree of its proper understanding in medicine as a whole is the ultimate responsibility of the doctor and at the same time the precise distinction in calibre between only two practicing physicians. It lies in the impossibility of the treating the mind without the body and vice versa.