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Psychiatric euphemisms

When faced with difficult and frightening matters, people employ a jargon tending to minimise these aspects. A recent example is the toy-like term "scud" missile applied to a weapon of awesome destructiveness. The effects of using certain terms on the attitudes of those using them has been high-lighted by feminists, who have drawn attention to the covert sexism of much of everyday speech. In a similar way examples of psychiatric phraseology can minimise or disguise some unpalatable truths.

A patient admitted under compulsion or detained against his wishes is described in a polite, well-mannered fashion as a "formal patient". The term "informal" is applied to the more relaxed and casual arrangement for voluntary patients. If a "formal patient" objects enough to his status it may be necessary to transfer him to an "intensive care unit" (or locked ward).

The word "patient" has been widely criticised as burdened with connotations of patronising paternalism. The term "client" is becoming increasingly fashionable and different terms may suit different therapeutic situations. "Consumer" perhaps best describes clients on regular oral medication, while "user" may be more appropriate for those being served by the addiction services. A more generally applicable label could be developed from the word "care". We have care managers and carers so why not describe recipients of care as "carees" (pronounced as in dental caries).

To return to our formal client, once he has settled down and begun to take an active part in ward-based activities (watching television and washing up), he can be moved to a more open environment (unlocked ward). Once there, a combination of judicious psycho-pharmacology (drugs) and the "talking cure" (listening) will hopefully consolidate his improvement. It will then be necessary to develop an individualised therapeutic package (treatment plan) through multiprofessional discussion at the multidisciplinary meeting (ward round). Such a package may include input from occupational therapy (basket weaving) and psychology (waiting list). In these days of redirecting the focus of care and prioritising need (closing hospitals), discharging our client must be our earliest consideration. A supportive system of community care will need to be established (out-patient clinic) and sheltered accomodation (somewhere with a roof) located.

The client may be disappointed later when, to avoid problematic side effects, a "drug holiday" is suggested as this is not as much fun as it may sound.

As years go by and our client celebrates his 65th birthday, things change. He has now, or soon will be (depending on geography), entering the phase of life covered by the psychogeriatricians or the mental health care of the not-as-young-as-they-once-were service. It is then only a matter of time until he is admitted to ward 13 (dies).