

The Delphic nature of the language of psychiatry

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In this perspective piece, the language used in psychiatric classification is considered from a linguistic and anthropological perspective. It is important for psychiatrists to consider how ambiguous language can impact on their view of clinical presentations and the delivery of treatments. Ultimately, delivering care using an empathic and humane approach should always be a primary consideration when treating mental illness.

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'Facts are not science – as the dictionary is not literature.'
Martin Henri Fischer

In linguistics, the term 'Delphic' refers to the answers of the Greek Delphic oracle, the answers of which were always ambiguous and often contained hidden meanings.

In medicine and science words should have an exact meaning to avoid risk of ambiguity. The language of general medicine consists of specialist terms, each of which has an objectively defined meaning. The language of specialists is called *cryptic* (gr. *Kryptos* 'hidden') in linguistics, because the meaning of cryptic words remains obscure to laymen. The words in standard language differ from the cryptic languages of natural sciences, as their literal meaning includes many other potential hidden meanings and situational images.

Psychiatry is a branch of medicine but, as in anthropology and other social sciences, the focus of psychiatry is a person (not for instance an organ) and a person's behaviour which is regulated by their emotions and situation at any given time. Therefore, in the classification of psychiatric diagnoses many ambiguous words from standard language are used. The nature of the language of psychiatry and social sciences is thus *Delphic*.

In its Delphic nature, the language of psychiatry may be misunderstood by laymen and other doctors, because the seemingly colloquial words may have a more exact terminological meaning for psychiatrists. The word 'depressed' is used by laypeople to describe generally a low mood but to psychiatrists it describes a mental disorder that is listed in psychiatric diagnostic manuals. 'Psychiatric' words in newspaper articles are often not the same words as those that are used in psychiatric journals and practice. This

confusion is augmented by the fact that many psychiatric terms do not have an exact meaning even within psychiatry.

Psychiatrists themselves can differ in the views of the meaning of the word 'depression'. Depending on the psychiatric school of thought or ideology one psychiatrist can see depression as a neurobiological state in which antidepressants are the treatment of choice. Another psychiatrist perceives depression as a consequence of childhood traumas that requires long-term trauma focused or psychodynamic therapy. A third psychiatrist may consider short-term cognitive or solution-focused psychotherapy as the best approach to treat the reaction to a painful loss, while a fourth psychiatrist may view depression as a symptom of marital conflict requiring relationship counselling. Another psychiatrist may consider a presentation of depression as an existential loss of the meaning of life, while other psychiatrists may view depression as a biological condition. In its 'Delphicity', the relationship of psychiatric terms with true meaning is often highly complicated.

The language and terminology of the natural sciences needs to be objectively both precise and neutral. In psychiatry, this requirement is more difficult to fulfil. It is often a matter of perspective which level of distress or which form of thinking is considered 'normal' and which form of behaviour might be a symptom of mental illness. For example, is the use of narcotic drugs a punishable crime or a symptom of treatable psychiatric disorder or both? Some of the habits or beliefs of foreign cultures (such a belief in the supernatural) can be considered psychotic symptoms in the Western world. The terminology and the language of psychiatry are often bound to the prevailing culture and social values within society.

The nature of progress in the fields of science and general medicine requires that their scientific terms are constant and do not change over time. In psychiatry,

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this is not possible because, in the absence of objective signs, psychiatric diagnoses are essentially contractual compromises, the meaning of which can change over the years as diagnostic systems are revised. For example, the diagnostic criteria of schizophrenia have changed considerably over a period of decades. Many of the states that were diagnosed in the 1960s as schizophrenia in the US would no longer fulfil the current diagnostic criteria of 'schizophrenia'. This Delphic conversion of psychiatric diagnoses has continued over several decades.

It is important that psychiatrists understand the importance of anthropological approaches to their field and the 'Delphic' nature of diagnoses and terms within psychiatry. Those who seek to rebrand psychiatry solely as neuroscience should not forget the multilayered humanity of their patients.

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Ethical standards

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