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Editor-in-Chief

Let's transcend the contemptible 'C' word of a caustic contemporary 'culture' and consider the congenial 'C' words of psychiatric practice

Psychiatry's 'C' words

Recently, contemporary "culture" has capriciously confounded and confused our national community with a cringeworthy "C" word. Unfortunately, this was followed by only transient public consternation, reflecting the coarsening of our social communication and discourse and the cant of many. But the ripple effects continue.

As a psychiatrist who closely observes the human condition, I contemplated the current confrontational tone in the media, and wondered how corrosive language can confuse and cloud our sensibilities.

Then it occurred to me that there are many commendable clinical "C" words that describe what we psychiatrists do in daily practice. We stay calm while facing crises, and help our patients achieve certainty when stress makes them confused. We compassionately comfort and care for our suffering patients. We strive to engender courage and confidence when fragile patients are confronted with continuous criticism by callous and condescending people. We remain composed when we counsel patients with confrontational and crabby moods and help correct their confusing conflicts. We coordinate their care with courtesy, always aspiring for a cure for their corroded emotional condition.

But then I felt compelled to go further and call on my creativity to consider "C" words that describe severe psychiatric

clinical disorders. I came up with the following cogent cascade of common characteristics of serious mental disorders:

- Cerebral pathology
- Circuit disruptions of neural connections
- Chemical imbalance
- Cytokine inflammatory conflagration
- Cognitive impairment
- Chronic course
- Crippled functioning.

My compulsion continued. I decided to contemplate more "C" words that capture our therapeutic course of action to correct a patient whose cortico-limbic circuitry is being threatened with considerable, even calamitous collapse. My consideration led to clarity, and I came up with the following list of what we psychiatrists conform to in our clinical practice:

- Connect with patients
- Correct diagnosis
- Course-specific intervention
- Choose the appropriate medication
- Combine cognitive-behavioral therapy with medication
- Cognitive assessment at baseline
- Compliance/concordance with treatment
- Continuity of care
- Comorbidities, physical and psychiatric
- Collaborative care with other medical specialists
- Comprehensive treatment plan with other mental health professionals.

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A book about dirty words written by a psychoanalyst called the “C” expletive the worst of all cuss words.¹ Its recent emergence in the national media compromised our civility and created a cesspool of contemptible conversations. Let’s transcend the contemptible “C” word of a caustic contemporary “culture” (which had its 15 minutes of infamy), and consider the many coherent and congenial “C” words of psychiatric practice that bring peace of mind and contentment to those who suffer

from psychiatric brain conditions. As for the compulsive or involuntary use of curse words that begin with a “C,” or any other letter, psychiatry has a clinical term for it: coprolalia.

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Reference

1. Arango AC. Dirty words: psychoanalytic insights. Lanham, MD: Jason Aronson, Inc.; 1989:122.