



Perspectives in Early Intervention

Naming psychosis: the Hong Kong experience

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Abstract

Aim: Schizophrenia translates in Chinese as 'Mind Split Disease' which is heavily stigmatizing. The narrow conceptualization for schizophrenia alone was insufficient, in the context of early detection and intervention for psychosis. The need for an effective Chinese translation for psychotic disorders was imminent upon the launch of the Early Assessment Service for Young People with Psychosis in Hong Kong, where public awareness strategies had to be built upon effective communication of the disorder.

Methods: 'Si Jue Shi Tiao', the new term for psychosis, described 'thought and perceptual dysregulation'. This new terminology and concept was strategically introduced to the local community.

Results: The term 'Si Jue Shi Tiao' was taken up well locally and had demonstrated interactions within the Chinese and East Asian communities. The public has taken in the broader concept of psychosis, in contrary to the previous concept of schizophrenia per se.

Conclusions: In Hong Kong, the restrictive view of perceiving psychotic disorders as schizophrenia was broadened upon the introduction of a more embracing, less stigmatizing term 'Si Jue Shi Tiao'. Effective establishment of this term to the local vocabulary allowed a basis for communication as well as public education work. Further evaluation is necessary to determine the effectiveness of the naming and to guide further public awareness strategies.

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INTRODUCTION

Mental illness was historically conceptualized in the Chinese culture as a form of aberration from the norm, be it psychiatric, physical, social, behavioural and even political in nature when regarded from modern perspectives. Terms such as *dian* 癲, *xian* 癲, *kuang* 狂 and *feng* 瘋 were often used,¹ which were more descriptive on presentation than specific for aetiology. It was not until in the recent centuries where biological explanations of mental illnesses gained ground with the influence of western medicine. However, the description of 'mind-split' also became readily visualized as a 'split brain' or 'broken brain', with both bearing connotations of severity and irreversibility. In the Chinese language, the conceptualization of psychotic disorders had been conventionally restricted rather narrowly to schizo-

phrenia. Schizophrenia translates as 'Splitting of the Mind' although psychosis translates as 'Serious Mental Illness', neither of which is informative nor useful. Together with limited efficacious treatments back then, and the association with chronicity,² functional deterioration,³ psychopathy and criminal activity,⁴ the public perception was rather grim. In those days, services for psychotic disorders were mainly institutional,^{5,6} discrimination and stigma was immense.^{7,8}

Increasing evidence advocated the benefits of early intervention for schizophrenia.^{9–13} In 2001, the Early Assessment Service for Young People (EASY) commenced territory-wide in Hong Kong, providing comprehensive case management for young people aged 15–25 who were suffering from first-episode nonaffective psychosis. The EASY service also targeted at raising public awareness, enhancing public

education and ultimately destigmatization. The urge for adequate local nomenclature becomes more pressing, on top of the obvious need to conceptualize psychotic disorders in a broader perspective. One basic requirement would be a useful and culturally appropriate Chinese term for effective discourse among professionals and lay public regarding early psychosis and its timely intervention.

Perspectives in conceptualizing psychosis

One widely adopted view considers schizophrenia-spectrum disorders as a continuum, regarding schizophrenia and other nonaffective psychoses collectively due to the lack of consistent evidence for discontinuity and distinctiveness across diagnostic categories.^{14,15} Continuation of psychotic experience has been demonstrated in the normal population,^{16,17} which further supports the continuum approach and to conceptualize psychosis from a wider perspective.

One key purpose of early intervention programs is to detect individuals early in the course of their illnesses so that timely treatment may be effectively delivered.^{18,19} While some individuals would have been diagnosed to be suffering from schizophrenia, which is diagnostically more narrow,^{20,21} others might have been given other diagnoses just because they were seen at an earlier stage of an otherwise similar presentation. Such an evolving course of the psychotic illness often warrants a change in the working diagnosis, for example, a patient who initially fulfils the diagnostic criteria for unspecified psychosis may subsequently be revised to schizophrenia as the illness unfolds. It has been found that up to 50% of those diagnosed with acute and transient psychotic disorder eventually becomes subsequently diagnosed to be suffering from schizophrenia.^{22,23} Despite evidence about the construct of acute and transient psychosis as a stable phenomenon,^{24,25} diagnostic instability is still commonplace in the early course of the psychotic illness.^{26–28} Hence there is a practical need to be able to consider, communicate and manage first-episode psychoses instead of first-episode schizophrenia in isolation. Although clinicians may be aware of such changes being attributable to diagnostic instability, it is often confusing and potentially stigmatizing for some patients who may have associated notions of becoming more seriously ill, running an inevitably deteriorating course or even suffering from multiple illnesses.

It is therefore more practical to adopt the continuum concept of psychosis, which is, for example, akin to blood cholesterol levels. While it is desirable

to have cholesterol levels lower than 5.2 mmol L⁻¹, raised levels between 5.2 and 6.2 mmol L⁻¹ are still accepted as borderline, and levels 6.2 or above will be considered as clinically pathological where treatment necessitates. Contextual information such as family history, body weight and other metabolic parameters will be useful, especially for those within the borderline as these will put them at an even higher risk of developing hypercholesterolaemia. Likewise, there are individuals with subclinical psychotic symptoms in the community whose symptoms are not up to that diagnosable as a clinical disorder. In those with at-risk-mental state, where symptoms become more persistent and prominent, the presence of other risk factors for psychosis would be an imperative for close monitoring and appropriate early intervention. For clinical cases of psychosis, timely diagnosis followed by effective treatment would be crucial to facilitate better clinical outcome and recovery.

Growing need for a Chinese term

An imminent need for a Chinese term to enable communication thus arises. For any local early psychosis service to take place, there ought to be a meaningful and impactful term for the public to adopt and utilize²⁹ so that further efforts in public awareness, early detection and implementation of the new clinical service may then smoothly occur.

The Chinese translation for schizophrenia is ‘精神分裂症 *Jing Shen Fen Lie Zheng*’ which literally means ‘Mind Split Disease’. Such translated description carries a rather negative connotation, as one can be easily led to visualize the mind being no longer intact but irreversibly split and in shambles. In Japanese, the translation for schizophrenia *Seishin Bunretsu Byo* has suffered a similar effect by also reading as ‘Mind Split Disease’ and associated with strong stigma.^{30,31} It has then been officially replaced by *Togo Shitchō Sho* meaning ‘Loss of Coordination Disorder’.³² Because the mind is being viewed as the highest of all bodily functions, individuals whose minds are ‘split’ may consequently be subject to diminution and discrimination.

Sì Jue Shì Tiao, the Chinese term for psychosis, emphasized on thought and perceptual disturbance, namely delusions, hallucinations and thought disorder, and also dysregulation, which implies reversible neurotransmitter imbalance. Here, nomenclatural description of the psychotic illness is largely limited to positive symptoms rather than negative symptoms or other behavioural and/or personality changes, for the aim at this stage is to highlight the importance of early detection

through relatively well-defined symptomatology for ready recognition by health professionals and lay persons alike.

Despite this, focusing on positive symptoms is not the only view to describe psychosis. Kraepelin, for example, based his clinical descriptions on the illness course, although Bleuler deliberated on the fundamental symptoms, association, core symptoms and only considered psychotic symptoms as secondary. Jaspers' view shared some similarity with Bleuler's concept, suggesting an integration disorder based on the latter's construct and association problem. In this respect, we focused not entirely on schizophrenia per se nor speculated its course, but rather, like Schneider, on the presenting symptoms of positive symptoms.

With the early intervention movement, more individuals are expected to be detected at an earlier stage of the illness than in the conventional psychiatric service, where some individuals may be in prodrome or at-risk-mental-state. Development of rating instruments such as the Comprehensive Assessment of At Risk Mental State Scale,³³ Structured Interview for Prodromal Syndromes and Scale of Prodromal Symptoms^{34,35} illustrated the need to capture such symptoms in the context of their relation to frank psychosis. These extensive clinical presentations call for an umbrella term to embrace these related conditions within the spectrum.

Although development of the Chinese term *Si Jue Shi Tiao* was primarily intended for local communication in Hong Kong, it was not surprising to see it interacting dynamically within other Chinese and East Asian communities. In Taiwan, 思覺障礙 *Si Jue Zhang Ai* (meaning thought and perceptual impairment) or 思覺功能障礙 *Si Jue Gong Neng Zhang Ai* (meaning thought-perceptual functional impairment) are commonly used terms in recent years to describe schizophrenia and psychotic disorders.

Naming psychosis – the process

The naming process was part of the EASY program in Hong Kong.³⁶ Prior to the program launch in 2001, there emerged an imminent need for an effective communication tool to be used by the lay public as well as professionals to talk about psychosis. A working group comprising of health professionals from several regional hospitals in Hong Kong came up with over 50 suggestions, some of which were road-tested at the group members' respective clinical units to pilot their potential acceptability.³⁶ The process took over 6 months and eventually the term *Si Jue Shi Tiao* emerged – *Si* meaning thought,

Jue meaning perception and *Shi Tiao* meaning dysregulation.

Semantically, *Si* and *Jue* have not previously been used in conjunction as a term on its own. With the Chinese naming of psychosis as *Si Jue Shi Tiao*, the term *Si Jue* gradually gained popular usage as a description of thought and perceptual processes in contexts both within and beyond the disordered state. *Shi Tiao*, on the other hand, is a well-used term often used to describe dysregulation, disturbance or imbalance in medical conditions, as in hormonal dysregulation and menstrual disturbance. Hence, the term *Si Jue Shi Tiao* incorporated thought and perceptual disturbances (the positive symptoms of psychosis), and also dysregulation (implying reversibility of the situation upon pharmacological treatment). The biological sense of neurotransmitter imbalance or dysregulation was less stigmatizing than the traditional descriptions of mind-splitting or serious mental illness. Being a four-syllabled phrase, the phonetic complexity has the advantage over shorter, for example two-syllabled names for being less readily taken up as colloquium often with negative connotations.

The term was introduced to the public under a well-structured media program. Initial media introduction of the term *Si Jue Shi Tiao* was paired with a brief yet consistent message emphasizing on delusions and hallucinations, and the need to seek timely intervention via the EASY hotline. Despite the paucity of evaluative data, these early attempts were suggestive of better acceptability than the traditional terms within the public, as illustrated by the subsequent publication of a book titled '我的思覺失調 *Wo De Si Jue Shi Tiao* (My Psychosis)', an autobiographical account under the author's real name.³⁷ Such readiness to use one's own name in personal accounts would have been quite unlikely in earlier times when 'Mind Split Disease' or 'Serious Mental Illness' were common descriptions.

For media workers such as reporters in the health columns, regular lunch meetings were set up to encourage direct communication and discussion with members of the EASY working group. The latter also contributed to health sections in newspapers. The Public Administration of the Hospital Authority actively monitored the use of the term in the media, where feedback and clarifications were promptly provided to minimize misuse. There had been instances where psychosis was being equated to schizophrenia by some, or being connected to stress or other psychiatric presentations, but with the feedback system, such notion did not perpetuate within the media. Other observable impact on the local vocabulary was evident by its use in daily communi-

cation among lay public. Entering the term 思覺失調 *Si Jue Shi Tiao* in Internet search engines would yield prompts of related terms such as 思覺失調病徵 (psychosis-symptoms), 思覺失調熱線 (psychosis-hotline, directing to EASY homepage as well as early psychosis resource pages), 思覺失調維基百科 (psychosis-wikipedia), 思覺失調歌詞 (psychosis-lyrics; from a Chinese popular song titled *Si Jue Shi Tiao*) etc. The public distinguished psychosis from schizophrenia not merely as a renaming of the latter, but by conceptualizing schizophrenia to be one of the many diagnoses within psychosis evident through views from public discussion and Internet groups.

Conclusion and future directions

With the advocacy of early detection and intervention in psychotic disorders, public education and a broader view on psychotic disorders, the lack of a satisfactory Chinese term necessitated proper Chinese naming of psychosis. Ever since its introduction in 2001, the term *Si Jue Shi Tiao* has been reasonably well adopted, widely used in the locality and seemed to act dynamically within Chinese-speaking and East Asian communities. Despite initial promise in public acceptance and possible stigma reduction, formal evaluation is crucial to determine further directions in raising public awareness. With improved individual readiness to seek help through an accessible comprehensive early intervention service, it is hoped that early detection and treatment of individuals may be effectively carried out, ultimately improving clinical and functional outcomes.

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