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## Psychoeducation: Need for an Alternative Generic, Destigmatized, and Patient-Friendly Term in Clinical Practice

Change is the only constant in the world  
 —Geetha

“Psychoeducation” is a very commonly used term by mental health professions in their day-to-day practice. Psychoeducation is the most widely used intervention in mental illness.<sup>1</sup> This word was first used in mental health intervention by Brian E. Tomlinson in his book *The Psychoeducational Clinic* in 1941.<sup>2</sup> The term got much recognition after the proposal for family intervention in schizophrenia by Anderson et al. in 1980.<sup>3</sup> It refers to education provided to people who have or have to deal with psychological disturbances. The word comprises psycho + education. The word “psycho” is derived from “psykho,” a Greek word that means “mental.” Initially, this term was used in a short form to mean “psychological” (1927). The word “psychoeducation” was probably proposed based on the contemporary understanding and availability of knowledge resources. However, later, the term “psycho” turned to be pejorative as a short form for a psychopath (1942) or psychotic,<sup>4</sup> both considered slightly offensive or derogatory. The word gained further notoriety after the 1960

release of Alfred Hitchcock’s thriller, *Psycho*. Despite the word’s derogatory nature, it has been prefixed to terms commonly used in mental health, such as psychoeducation, psychotherapy, and psychopharmacology. Nowadays, this word is used by laypeople, media, and politicians to stigmatize people with mental illness.<sup>5,6</sup> “Psychoeducation” may be a friendly term among the mental health professionals, especially for the ease of communication and research, but it may not be so from the patient’s perspective. No systematic studies have looked at the term “psychoeducation” from the patients’ perspective.

Given that stigma and negative attitudes toward mental illness are so prevalent in society, the pejorative term could further enhance it.<sup>7</sup> This pejorative, patient-unfriendly prefix “psycho” in psychoeducation may prevent those with mental illness and their families from seeking pharmacological and nonpharmacological help.<sup>6</sup> Over the years, there has been an effort from mental health professional bodies and journals to stop using such terms and come up with guidelines.<sup>8</sup> Because of their derogatory nature, words such as “addiction,” “schizophrenic,” “committed suicide,” “compliance,” and “mentally ill patient” are being used less frequently.<sup>9</sup>

From the inception of the term in 1941, the field of psychiatry as a branch of medicine has traveled significantly, especially in the area of pharmacological interventions. The term psychoeducation does not



appear to serve its purpose. There is no such word specific to any other medical discipline (e.g., surgical education, pediatric education, etc.). It does not pinpoint the specific nature of illness that it is indicated for (e.g., psychotic or nonpsychotic). Often the same term “psychoeducation” is used for psychiatric and nonpsychiatric illnesses and even for secondary (organic) psychiatric illnesses. The term “psychoeducation” that began with schizophrenia is extended to all common mental illnesses such as depression and anxiety disorders. Psychiatry is moving from mental hospital to general hospital psychiatry. There is a need to change terminology in this background, to a term that better fits in a

contemporary world, the one that would not stigmatize and is patient-friendly.

Moreover, the current practice of using the term “psychoeducation” is now a professional-friendly or proprofessional orientation. Further, there is a need to update as a propatient orientation that would be more acceptable to patients, their families, mental health professionals, the general public, and policymakers. We are suggesting changing the term, not the content of psychoeducation, to use a term that would be more patient-centric and patient-friendly. Using any prefix denoting mental illness will invariably be associated with a certain degree of stigma, in our view. Thus, the word “psycho” may be replaced with “patient.” The term “patient education” has been adopted by the American Association of Family Physicians for such intervention and appears appropriate.<sup>9</sup> It is defined as the process of influencing patient behavior and producing changes in knowledge, attitudes, and skills necessary to maintain or improve health. The Latin word “docere,” a phrase for the English word “doctor,” means “to teach.” This term appears neutral, devoid of stigma, denotes the intervention appropriately, applies to other medical disciplines, and serves the purpose adequately. Based on who this service is provided to, it may be referred to as patient education, family education, public education, physician education, etc. Another alternative could be “patient teaching,” which implies providing information accompanied by a behavior change.<sup>10</sup> However, the concern that remains is mimicking the didactic format of that for school children.

Given the stigma associated with the prefix term “psycho” in psychoeducation, we urge the psychiatric community to avoid using the prefix “psycho” and instead use

simple patient-friendly words such as “patient education” and “family education,” in their day-to-day clinical practice. This update also synchronizes with other medical specialties for the same purpose.

One can always argue whether such change is warranted, as it is well accepted in all disciplines of mental health, and it may be ramified to other similar terms such as “psychosocial intervention,” “psychopharmacology,” and “psychotherapy.”

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