phenomena. Many expressions used in psychiatry, especially those of German origin, reflect nuanced descriptions of patient behaviors, cognitive impairments, and emotional states that are not easily captured by modern terms. These linguistic tools provide a window into the intricate dynamics between the mind and body, helping clinicians interpret and navigate the subtleties of neuropsychiatric conditions.

Objectives: This review aims to explore how specific expressions in neuropsychiatry, derived from clinical German terminology, contribute to a deeper understanding of patient experiences and enhance the precision of clinical assessment. By examining these linguistic elements, the paper seeks to illustrate their relevance in diagnosing and treating neuropsychiatric disorders, particularly where conventional language falls short.

Methods: Through a conceptual analysis, this review delves into the historical development and clinical application of several key terms originating in German psychiatry. Terms such as "Gegenhalten," which describes paradoxical resistance in catatonia, and "Weltschmerz," a term encapsulating existential despair, are examined within clinical contexts. The review also discusses other terms such as "Mitgehen," referring to automatic obedience, and "Vorbeireden," which highlights disorganized speech patterns. The review draws upon classical psychiatric literature and modern clinical observations to demonstrate how these terms inform diagnosis and treatment strategies.

Results: The use of these specific linguistic constructs offers neuropsychiatrists valuable insights into the subjective experiences of patients, often highlighting behaviors and emotional states that would be otherwise overlooked. For example, "Gegenhalten" allows for the differentiation of motor dysfunction in catatonia, while "Weltschmerz" provides a unique framework for understanding a type of depression that transcends typical diagnostic boundaries. Similarly, "Vobeirreden" aids in the recognition of cognitive disorganization, and "Mitgehen" underscores deficits in volitional control. These terms provide clinicians with greater clarity and precision in diagnosis and therapeutic approaches, bridging the gap between patient experiences and clinical evaluation.

Conclusions: This review underscores the importance of language in the accurate interpretation of neuropsychiatric disorders. It demonstrates how these terms enrich the diagnostic process and offer deeper clinical insights into patient behaviors and symptoms. The nuanced language of neuropsychiatry not only enhances understanding but also serves as a tool for more targeted and effective interventions. Ultimately, this approach encourages clinicians to consider the broader impact of linguistic precision in both diagnosis and treatment planning.

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Pain

EPP230

Validation of the Korean Version of the Brief Pain Catastrophizing Scale in Patients with Chronic Pain

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Introduction: The Pain Catastrophizing Scale (PCS) is a widely used self-report tool for evaluating pain-related catastrophizing. In response to the need for more efficient diagnostic tools in clinical environments, the PCS has been shortened from 13 to 4 items in developing the brief version.

Objectives: The objectives of this study were: (1) to examine the factor structure of a Korean-language version of the brief K-PCS and (2) to assess the reliability and validity of the brief K-PCS.

Methods: A total of 131 patients seeking treatment at a tertiary pain center in Daejeon, Korea, participated. Confirmatory factor analysis (CFA) with maximum-likelihood estimation was performed to evaluate the adequacy of the one-factor model. Cronbach's alpha coefficients and Pearson correlations were calculated to investigate internal consistency and 2-week test-retest stability of the brief K-PCS, respectively. For concurrent validity, Pearson correlations were also calculated to examine the relationships between the brief K-PCS and various outcome measures.

Results: The confirmatory factor analysis confirmed the adequacy of the brief K-PCS's unifactor structure, indicated by excellent fit indices (CFI = .999, TLI = .996, SRMR = .039). The brief K-PCS exhibited high internal consistency (Cronbach's α = .83). Test-retest correlations over a 2-week interval was .744 (p < .001), indicating high stability. For concurrent validity, the brief K-PCS showed significant positive correlations with measures of depression, fearful thinking, physical response, avoidance, and pain-related anxiety (p < .001), and significant negative correlations with quality of life measures, including physical, psychological, social relationships, environmental, and general quality of life (p < .001).

Conclusions: The brief K-PCS is a reliable and valid tool for assessing pain catastrophizing in a Korean patient sample with chronic pain.