

MENTAL STATE TERMINOLOGY WITHIN THE MEDICAL TERMINOLOGICAL SYSTEM: A THEORETICAL AND PRACTICAL ANALYSIS

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Abstract. This article investigates the conceptualization, classification, and clinical relevance of mental state terminology within the medical field. Mental state terminology is indispensable for understanding human cognition, emotion, behavior, and related psychopathology. The complex relationship between mental health, mental illness, and diagnostic systems underscores the need for precise and standardized terms. Drawing on international research in psychiatry, including Russian, European, and Uzbek studies, this article discusses how terminology affects diagnosis, treatment planning, and interdisciplinary communication.

Keywords: mental state, medical terminology, psychiatry, diagnostic classification, semantic analysis, mental health concepts

Mental state terminology is central to medicine, particularly in psychiatry and clinical psychology. It refers to the range of cognitive, emotional, and behavioral conditions affecting an individual’s psychological functioning. While philosophical perspectives consider mental states as encompassing beliefs, desires, and emotions, clinical contexts require precise, operationalized definitions for diagnosis and treatment planning. Historical evolution of psychiatric terminology shows shifts in emphasis on how clinicians describe mental phenomena. Major classification systems such as DSM 5 and ICD provide standardized criteria, improving reliability in diagnosis and research. Nonetheless, semantic ambiguities persist, as noted in Russian studies highlighting “semantic emptiness” in certain diagnostic terms. European research also traces how terms evolved over time, reflecting changes in scientific understanding. Understanding mental state terminology requires differentiating clinical and non-clinical contexts. WHO defines mental health broadly, including well-being and coping capacity, not just absence of illness. Contemporary literature emphasizes positive functioning alongside symptom management. Empirical studies show variability in patient interpretation of terms like paranoia, anxiety, and depression. The dual continua theory proposes mental health and illness as related but distinct constructs.

1. Mental State Terminology Hierarchy Table

Category	Example Terms	Clinical Relevance	Notes
Cognitive States	Memory, Attention, Perception	Assessment of cognitive functions in neuropsychiatric patients	DSM-5 emphasizes structured cognitive evaluation
Emotional States	Anxiety, Depression, Mood Disorders	Guides psychopharmacological and	Important for severity assessment

Category	Example Terms	Clinical Relevance	Notes
Behavioral States	Impulsivity, Social Withdrawal, Compulsions	psychotherapeutic interventions Behavioral management strategies, risk assessment	Often combined with emotional assessment ⁴

Example: A student showing “social withdrawal + anxiety” may be assessed for an anxiety disorder requiring therapeutic intervention.

2. Uzbek Researchers’ Contributions Table

Scholar	Focus Area	Key Findings / Publications	Contribution
A.R. Hamroyev	Social/Psychological Factors	45 publications on mental health determinants	Highlighted social environment impact on mental state
D.R. Rahmonova	Student Psychological Adaptation	21 studies on student stress and coping	Provided empirical data on stress-related mental states
N. Qiyomidinova	Language & Mental State	33 studies on speech and cognition	Linked linguistic factors with emotional and cognitive states
M. Xatamkulov	AI Applications in Mental State	60 studies on AI detection methods	Proposed AI-assisted mental state monitoring tools

Example: AI-based assessment in Xatamkulov’s study enabled faster detection of depressive patterns in students compared to traditional questionnaires.⁵

⁴ American Psychiatric Association. (2013). *DSM-5-TR*.

European historical studies on psychiatric terminology evolution. (sciup.org)

WHO. Key terms and definitions in mental health. (who.int)

Contemporary literature on positive functioning in mental health. (pmc.ncbi.nlm.nih.gov)

⁵ Hamroyev A.R. *Social and Psychological Factors Affecting Mental Health*. – Tashkent: Mental Health Journal, 2015–2022. 45 publications.

· Rahmonova D.R. *Student Stress and Coping Mechanisms*. – Tashkent: Psychology Studies, 2016–2021. 21 studies.

· Qiyomidinova N. *Language and Cognitive-Emotional States*. – Tashkent: Linguistic Psychology, 2014–2020. 33 studies.

· Xatamkulov M. *AI Applications in Mental Health Monitoring*. – Tashkent: AI & Mental Health, 2018–2023. 60 studies.

3. Mental State Continuum Diagram (Textual Representation)

Mental Health ↔ Neutral State ↔ Mental Illness

- **Positive Well-being:** Resilience, cognitive clarity, emotional balance
- **Neutral State:** Mild stress, transient mood fluctuations
- **Mental Disorder:** Clinical depression, anxiety disorders, psychosis

Example: A patient with mild anxiety may lie in the “Neutral State” range, requiring preventive interventions, whereas severe anxiety with functional impairment falls into “Mental Disorder.”

In conclusion, mental state terminology is a core component of medical language in psychiatry and clinical psychology. Standardized definitions facilitate accurate diagnosis, treatment planning, interdisciplinary communication, and research. By integrating Russian, European, and Uzbek studies, this article highlights the global and local relevance of precise mental state terminology. The addition of visual tables and continuum models enhances understanding and application in clinical and educational contexts.

References

- 1.American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5-TR)*. American Psychiatric Publishing.
- 2.Brentano, F. (1874). *Psychology from an Empirical Standpoint*.
- 3.Mendelevich, V. D. (2023). Semantic emptiness of psychiatric terms in schizophrenia diagnostics. *Neurologicheskiy Vestnik*.
- 4.World Health Organization. (1992). *ICD-10 Classification of Mental and Behavioural Disorders: Clinical descriptions and diagnostic guidelines*.
- 5.World Health Organization. (n.d.). Key terms and definitions in mental health.