

The suicidal mind

By: *Schneidman E*

Oxford University Press, 18/F Warwick House East, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong US\$12.95, pp 187, ISBN 0 19 51180 4

The author of the paperback *The Suicidal Mind* has a background in psychology and has apparently had many years of experience working as a consultant in thanatology and psychological autopsy. The premise propounded by the author is that 'psych-ache', or extreme psychological pain, culminates in suicide and is in turn caused by many years of unhappy experiences since childhood and of unfulfilled psychological needs and demands. To illustrate his views on unfulfilled needs, he gives vignettes of three individuals—one of whom was treated by the author—who presented suicidal acts. Unfortunately, one ultimately committed suicide, another died from complications from the previous suicide attempt, and the third relapsed into chronic anorexic posture despite receiving psychotherapy.

The prevention of suicide, according to Dr Schneidman, must begin by studying the emotional feelings of suicidal individuals and their psychological needs. Otherwise, as he boldly proclaims, the study of brain structure, social statistics, or even mental diseases are not as helpful. While agreeing with him about the plight of the suicidal mind, I disagree with his latter view for the following reasons.

Firstly, as Dr Schneidman points out in his book, predicting who in the general population is going to take their own life is difficult; one can only try to identify risk factors of suicide. These factors can currently be obtained from socio-medical statistics, which are clinically very helpful, because they include people with mental diseases, males, divorcees, elderly with chronic physical or mental sufferings, and distressed and lonely singles.

Secondly, of the three patients described by Dr Schneidman, one was an anorexic and the other two were likely to have had dysthymic disorder, chronic neurosis, or personality disorder. Such people do have a tendency to attempt suicide, and around 1% of those who do so eventually kill themselves within the year that follows the attempt. The possibility of committing suicide is not as common among patients with other mental diseases, however. Major depressive disorder is at the top of the list in most countries, followed by schizophrenia, bipolar affective disorder, alcoholism, substance abuse, and personality disorder. Yet, suicide in Hong Kong is more common among schizophrenics

than among depressives. This peculiarity could be due to a delay in the detection and/or treatment of schizophrenia in Hong Kong, as the primary care sector is neither motivated nor equipped well enough to meet clinical needs. It is also possible that the prevalence of major depressive disorder among the Chinese population is not as high as it is in the West—a research finding that has been replicated recently.^{1,2}

There is one paradox that is not addressed in the book: why is it that more women suffer from mood or neurotic disorders, but more men commit suicide? My view is that men tend to act out precariously but women are culturally prohibited from doing so in our patriarchal society. It would seem that suicide is another of the acting-out behaviours, such as alcoholism, substance abuse, pathological gambling, or personality disorder, which are more common among men. In contrast, introspective or 'acting-in' problems such as mood and anxiety disorders or phobias are more common among women.

Finally, it has been shown in Pittsburgh that long-term antidepressant medication can prevent further depressive episodes.³ Future biological advancements may help to relieve depressive symptoms and hence prevent suicidal behaviour. It has recently also been found that long-term treatment with antidepressants may upregulate neuronal signal transduction in the hippocampus through an increase in the expression of the cyclic-AMP response element-binding (CREB) transcription factor.⁴ The regulation of gene expression in the neuronal nucleus may in the future prove to be important in the understanding and prevention of depressive disorder and suicide. In fact, the anorexic patient described in the book responded well to treatment with fluoxetine for 1 year, thus demonstrating the usefulness of combined treatment with drugs and psychotherapy. This patient should have consulted a psychiatrist for pharmacological treatment rather than relied on psychotherapy alone.

The chapter about psychotherapy is somewhat disappointing. What readers wish to learn from the book is the wisdom to understand and save the suicidal mind. Reading some successful cases in which suicidal risks were transformed by psychotherapy would have

been more encouraging. Unfortunately, the author only offered a lecture on what psychotherapy is; yet, the examples from the three vignettes indicated nothing but a failure of it.

On the whole, *The Suicidal Mind* is interesting and easy to read. In the context of a retrospective insight into why some people commit suicide, this book is useful for bedtime reading by both clinicians and the general public. However, the contents should not be taken as the whole story about suicide. Despite all the care and precautions taken, suicide occurs occasionally even in the hospital setting. Suicide is indeed one of the most unpredictable clinical problems for practising clinicians. What we, clinicians and family members alike, should do is enhance our awareness and sensitivity, and try to detect the implicit behavioural cues, as illustrated in this book, from suicidal victims before their unfortunate final act.

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A handbook of practical medical terms (English/Chinese), third edition

By: Ng A, Wei WI

Hong Kong University Press, 14/F Hing Wai Industrial Centre, 7 Tin Wan Praya Road, Aberdeen, Hong Kong
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This is the third edition of the handbook that was first published 14 years ago. The authors use the different biological systems and human anatomy as a classification for its contents. As the handbook is not meant to be a comprehensive dictionary, the terms contained in it are not exhaustive. However, most of the commonly used terms have been included.

The aim of the handbook is to improve communication skills of doctors; one can broadly distinguish two target groups: (1) doctors interacting with their patients and relatives; and (2) medical professionals who want to improve their use of Chinese as the major medium of communication to other doctors (eg from mainland China or Taiwan). Another aim is to improve communication between doctors and the public in Hong Kong. However, many translations in the book are very technical in Chinese; thus, the public may still have the problem of understanding certain Chinese terms quoted. This problem is more related to the unfamiliarity of the general public in Hong Kong about medical terms in Chinese and, in particular, in Cantonese (the local dialect). Nevertheless, for

the more common diseases encountered in clinical practice, the translations seem to be adequate.

As exchanges between doctors from the Hong Kong Special Administrative Region and mainland China become more frequent, more presentations will be made in Chinese and supplemented by English. The handbook will provide doctors with Chinese medical terms that are accurate and presented in a user-friendly way. As the handbook is easy to carry, it will be a convenient reference source during travel. The various chapters are well classified apart from chapter 5, which combines skin and breast terms together. One subject that is worth considering in the next edition as a single chapter is oncology, as cancer is now one of the leading causes of mortality in Hong Kong. Although many cancers are already listed under individual biological systems, a separate chapter would be helpful to clinical oncologists and radiotherapists.

Each chapter of a particular system or organ usually consists of less than 10 pages and should be quite readable for the doctors interested in that field. There