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Reading about . . .

Suicide

As it is a special interest of mine, I read about suicide regularly. Most often this is because of the need to prepare a talk of some kind. I also read frequently in search of help in dealing with a clinical problem concerning a patient at risk. Less commonly, when I am not pressed for time, I am able to indulge in the luxury of reading for its own sake, out of sheer interest and curiosity, following up themes wherever they take me. Each of these approaches complements the others in an attempt to understand the complex phenomenon of suicide.

I am not an encyclopaedic reader, tending to return to certain books and papers which have helped me most. The clinical literature on suicide is vast, a variety of different theoretical approaches offering as many explanations and guides on management. I am an enthusiast of review articles, which provide an up-to-date summary (even in one's own field of special interest it can be difficult to keep abreast of developments), as well as lists of references for more detailed reading as required. How would I advise a newcomer to proceed?

First of all, there is the day-to-day task of recognising, coping with, and trying to prevent suicide. Keeping up to date about social and individual correlates helps in the difficult task of picking out individuals at risk from the majority who are not. Here it is necessary to marry the mass data of national suicide statistics with studies involving individuals or groups of patients. For a lucid evaluation of suicide statistics I return to Sainsbury's paper 'Suicide: opinions and facts' (1973), which should be prescribed reading for those who are developing a special interest in this field. By reading McClure's useful recent papers we are also kept informed about trends into the 1980s (McClure, 1984*a,b*). Adelstein & Mardon (1975) are also worth consulting on how to interpret suicide statistics.

Next, there is the difficult task of detecting individuals who are at increased risk of suicide. Begin reading about this by going back to the early paper by Robins *et al* (1959), then look up the one by Barraclough *et al* (1974) in which a representative sample of suicides in one geographical area is described in rewarding detail. A somewhat differing approach is found in the well-written and useful booklet by Buie & Maltzberger (1983), which points out that the manifest mental state can be an unreliable index of suicide risk. It is still worth going back to Menninger's *Man Against Himself* (1938), which is written in a fresh, engaging style; even though the net is thrown rather widely, this book should be a regular reference. Stengel & Cook's *Suicide and Attempted Suicide* (1958) is in the same category. I have also gained much help from such multiauthored books as *The Prediction of Suicide* (Beck *et al,* 1974), *Suicidology: Contemporary Developments* (Shneidman, 1976), *The Cry for Help* (Faberow & Shneidman, 1961), *Suicide: Theory and Clinical Aspects* (Hankoff & Einsidler, 1979), and *Suicide* (Roy, 1986). The paper by Ovenstone & Kreitman (1974) helped me to realise that there is more than one clinical stereotype of suicide. Flood & Seager (1968) have shown how difficult it can be to manage suicidal individuals in hospital. The development of clinical scales for assessing suicide risk has been a subject of several recent original papers (Pallis *et al,* 1984).

Many will undoubtedly, like me, find it difficult to get to grips with the social and environmental factors which may contribute to suicide, and certainly Durkheim's (1951) classic study is not an easy read. I must confess that I am still not certain that I understand all the ramifications of his theory of anomie. The best recent exposition of it in my view is Taylor's *Durkheim and the Study of Suicide* (1982). Sainsbury's (1955) epidemiological study of suicide in London provides a different kind of perspective on environmental correlates of suicide, and is rightly regarded as a landmark in this field.

Reminding oneself about the history of ideas is just as important as keeping up with the latest of them, and nowhere is this more important than in the study of suicide; one then realises how attitudes to it have changed over the centuries, reflecting social and cultural factors relevant at the time. Overweaning enthusiasm for one's own favourite theories is cut down to size as a result. Choron (1972), Dublin (1963), and Rosen (1971) have all written eloquently about the history of suicide and are worth consulting.

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Non-prescribed wide reading for the sheer enjoyment of it is an essential anodyne for the busy clinician, and it so happens that suicide is a common theme throughout literature. The suicides of Madame Bovary and Anna Karenina are fictional only in one sense, because the vivid portrayal of the relentless pathways to despair followed by these two very different personalities is also a commentary on everyday life. Who would have guessed that reading Lewis's beautiful translation of Virgil's *Aeneid* would reveal that Dante's medieval vision of the fate of suicides had been a result of his own reading of Virgil (Lewis, 1952)? And by reading Leonard Woolf's autobiography *The Journey Not the Arrival Matters* (1969), I was surprised to find related in moving detail the circumstances which led up to Virginia Woolf's suicide. A very fine summary of suicide in literature is contained in Alvarez's *The Savage God* (1971), which is easily obtained and most rewarding to read.

The final strand to be picked up in any systematic reading about suicide is the problem of prevention, and the ethical dilemmas which may surround it. My own approach is based on the premise that life is more than mere ash on an old man's sleeve. For my inspiration I turn to Varah, who has shown us the immense value of simply befriending and listening to those who have lost hope and are suicidal. Read *The Samaritans in the Eighties* (Varah, 1980) to find out what I mean.

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