GLOBAL ECHOES

When suicide language travels

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Translating suicide-related terminology reveals how psychiatric language carries moral, historical and cultural meanings that shape clinical practice and public understanding. While translating a recent book written in an earlier psychiatric idiom, I encountered tensions between fidelity to the author's generational discourse and contemporary efforts to reduce stigma. Examples from Taiwan show how translation choices also interact with family ethics, professional guidance, media practice and public policy. Translation therefore acts as a form of care and a site at which the politics of psychiatric knowledge become visible.

When I began translating *Half in Love with Death* into Traditional Chinese in 2024, I noticed something that felt out of step with contemporary suicide discourse.[1] Although the book is relatively recent, it was written by a senior psychiatrist whose professional formation reflects an earlier generation of psychiatric discourse. Certain expressions appeared repeatedly, terms that were once standard in clinical and academic writing but have since fallen out of use within contemporary suicide prevention frameworks.[2] Over the past two decades, many professional organisations have actively encouraged shifts towards neutral and non-stigmatising language in discussions of suicide.[2–4] These efforts aim to avoid moral judgement, criminal connotations or evaluative undertones that may inadvertently reinforce shame or silence. The linguistic shift reflects broader ethical commitments within psychiatry and public health, including recognition of suicide as a complex, multifactorial phenomenon shaped by biological, psychological, social and structural conditions.

Encountering earlier terminology in a contemporary publication raised questions that extended beyond word choice. How does psychiatric language change across generations? What happens when conceptual frameworks that once structured clinical thinking persist within newer texts? And how are these terms received when translated into another language and cultural context? Translation, in this sense, became a site where historical layers of psychiatric discourse surfaced and demanded ethical reflection.

The moral, political and ethical weight of suicide terminology

Suicide-related terminology has long carried moral, legal and cultural weight. Expressions such as 'commit suicide' retain associations with sin and crime, whereas terms such as 'completed' or 'successful' suicide organise death through metaphors of achievement.[3,4] These expressions may sound clinically descriptive to one generation and ethically charged to another. Their persistence in the work of senior clinicians reflects how professional language is transmitted across training, institutions and time.

The stigma involved also has several forms. Public stigma can portray people as selfish, weak, sinful or irresponsible; perceived stigma can create expectations of blame or rejection; self-stigma can internalise these judgements as shame; and stigma can extend to families and people bereaved by suicide. These processes may discourage disclosure and help-seeking and can complicate grief.[5,6] They also show why dictionary equivalence is insufficient. Umberto Eco's *The Name of the Rose* offers a literary illustration of a central semiotic insight: signs acquire meaning through cultural and institutional systems of interpretation. The novel's struggle over who may interpret and control knowledge parallels the ways in which professional and political institutions shape the moral force of suicide terminology.[7] Suicide terminology similarly gains legitimacy through diagnostic classifications, statutes, professional guidelines, public health campaigns and media conventions. Political and institutional discourse helps make a death intelligible as sin, crime, personal failure, symptom, tragedy or preventable public health event.

The uneven evolution of suicide terminology across time and institutions underscores the importance of reading language historically. Older expressions should not be dismissed simply as outdated. Rather, they offer insight into earlier ethical norms, institutional logics and clinical worlds. Translation brings these layers into direct confrontation with present-day sensibilities, making visible tensions that often remain implicit within monolingual contexts.

The clinician–translator's dilemma

My unease with earlier suicide terminology emerged from clinical experience rather than stylistic preference. As a psychiatrist, I was trained to avoid language that implies blame, success or failure. Expressions such as 'commit suicide' or 'completed suicide,' when used in clinical settings, can unintentionally reinforce shame or suggest that non-fatal attempts represent inadequacy.[4] Over time, adoption of more neutral language

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became integral to my ethical orientation towards patient care.

As a translator, I was also responsible for preserving the author's voice and the conceptual texture of his professional era. Two recurrent expressions made this dilemma concrete. The book frequently uses the term 'commit suicide.' In Chinese, I rendered this simply as *zìshā* (自殺, 'suicide'), as the ordinary Mandarin verb requires no counterpart to 'commit.' This preserved the reference to the act while allowing the possible associations with crime or sin carried by 'commit' in English to fall away.[2,3] A more active choice arose when the source used 'completed suicide.' A literal rendering, *wánchéng zìshā* (完成自殺, 'completed suicide'), would preserve the source expression's metaphor of completion. I instead chose *zìshā shēnwáng* (自殺身亡, 'died by suicide'), which conveyed the fatal outcome without suggesting that suicide was a task or achievement brought to completion. These examples show how translation can alter the moral force of psychiatric language through both grammatical difference and deliberate lexical choice.

These examples reveal an asymmetry: psychiatric language evolves at different rates across cultures, generations and professional communities. Clinician–translators occupy a dual position between languages, disciplines and temporal frameworks. Their task involves both semantic fidelity and responsibility for the meanings a term may activate in a new setting.

Translation, culture and care in Taiwan

Translating suicide terminology into Chinese involves culturally available alternatives as well as semantic equivalents. The term *qīngshēng* (輕生, literally 'taking life lightly') has a historical genealogy connected to moral distinctions between 'heavy' deaths of duty and 'light' deaths of passion.[8] Historically, it could imply a failure of filial responsibility and disregard for a body received from one's parents.[9] Contemporary Taiwanese usage, however, remains under-studied. *Qīngshēng* continues to appear in media and public discourse and may function as an indirect or euphemistic alternative to *zìshā*, in part because it avoids the explicit verb *shā* (殺, 'kill'). How strongly its older filial and moral associations are activated is likely to vary across speakers, audiences and settings.

Taiwan's 2019 Suicide Prevention Act established an institutional framework for suicide prevention and responsible media reporting.[10] With respect to media reporting, the Act regulates potentially harmful content and reporting practices rather than prescribing particular terminology. The Ministry of Health and Welfare's 2026 practical handbook explains that whether a media report violates the Act is assessed on the basis of its overall content and meaning rather than any particular word or phrase.[11] The handbook also offers more specific lexical recommendations; it recommends *zìshā* (自殺, 'suicide') or *yīn zìshā shēnwáng* (因自殺身亡, 'death by suicide') when referring to a fatal outcome and advises against expressions such as *zìshā chénggōng* (自殺成功, 'successful suicide') and *zìshā wánchéng* (自殺完成, 'completed suicide').[11] Legislation, implementation standards and professional guidance thus operate at different levels in shaping how suicide is represented in public discourse. Translation consequently participates in the governance and circulation of psychiatric knowledge. The language used to describe suicide shapes how risk is conceptualised, how responsibility is distributed and how prevention is communicated across clinical and public domains.

Similar dynamics appear in other areas of psychiatry. In substance use care, for example, describing an individual as a 'substance abuser' rather than as 'having a substance use disorder' increased clinicians' judgements of personal culpability and support for punitive measures.[12] When such reforms travel across languages, translators must consider how local terms connect with criminal law, morality, family obligation and systems of treatment. A responsible translation therefore asks two linked questions: what is the closest semantic equivalent; and what social action will this term perform here, for whom and under whose authority? Attending to translation as a situated ethical practice reveals how psychiatric concepts travel, settle and acquire local force. Translating suicide discourse becomes a form of care: it preserves historical voice, signals changing norms and considers the consequences words may have in clinical encounters and public life.

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Declaration of interest

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