



# Beneath the Glitter

By Dr Aw Soh Choo and Dr Alvin Liew

A senior clinician of our fraternity buzzed us one evening around 6 pm, inviting us to contemplate the commonalities of Psychiatry and gemmology. One of us was thankful it was not a call to ponder Psychiatry and Joint Commission International (JCI), otherwise, the other co-writer would ask the caller: "Sorry, what is JCI?"

Since historical times, gemstones and Psychiatry have been closely intertwined. In his book, *Gemstones of the World*, Walter Schumann notes that Abbess Hildegard von Bingen (1098-1179) wrote in *Physica*, a text on the natural sciences, that licking a sapphire may help someone, who would like to be clever, attain a good intellect. And on a sombre note, legend says that consuming diamond dust has been used as a way of committing suicide!

As psychiatrists, we are glad that parents have not informed us that they have rushed to "T\*\*\*\*\* & C\*" to purchase sapphires just before their children's Primary School Leaving Examination. We also need not routinely ask our patients, who have depression: "By the way, what do you keep in your pepper bottle?" Having said that, this question might just change their mental state examination from having no eye contact to having one (but with a "Huh?" look in their eyes).

Like most medical illnesses, early and appropriate assessment, diagnosis and intervention are critical in managing psychiatric disorders, despite criticism that psychiatric disorders often lack specific or clear-cut

identifiable aetiologies and biomarkers. A thorough history taking, astute mental state examination and appropriate investigations (especially in excluding organic causes) are critical in reaching the correct diagnoses. Psychiatrists regularly take reference to internationally accepted diagnostic criteria (eg, from the DSM-IV-TR or ICD-10) and clinical practice guidelines (eg, from the American Psychiatric Association, UK's National Institute for Clinical Excellence, or Singapore's Ministry of Health) in their daily practice. With early and appropriate evidence-based interventions (finely balancing pharmacological and/or psychosocial treatments), most patients with psychiatric disorders can be well managed and lead fulfilling lives.

Hopefully by now, you are already convinced that we psychiatrists do not routinely sit on a couch for hours, analysing why our patients have just said "good morning" to us. (Read: "do not routinely", not "never".)

Similarly, in gemmology, it is critical that gemstones are correctly identified and appraised from the start, in order to prevent untrained consumers or even experts from being misled. Gemstones are frequently classified according to their mineral classes (eg, rubies and sapphires are made of the same mineral, corundum) and identified using strict diagnostic criteria (eg, diamonds are a 10 on the Mohs scale of mineral hardness, and have a unique level of thermal resistance/electric conductance).

A gemstone will then need to be "intervened"

appropriately to avoid having significant blemishes or poor cut grading on the polished stone, and also to prevent too much of its original valuable weight (also known as “carat”) from being cleaved away. This is an important fine balancing decision to make and attain!

Thereafter, gemstones will be appraised for their values using well-known parameters, like the 4Cs for diamonds, or transparency and geographical origins for rubies, emeralds and sapphires. Centres, such as the Gemological Institute of America (GIA) and Gubelin Gem Lab Ltd, research these various parameters and provide evidence-based evaluation reports.

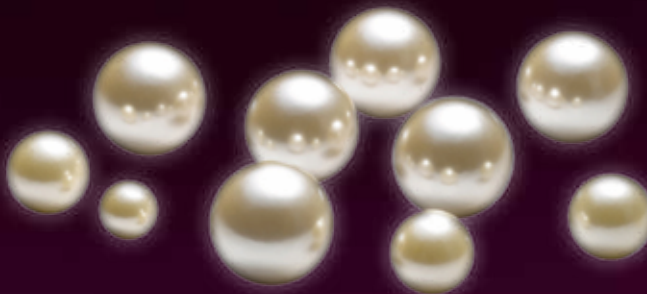
It was reported that the famous red gem on the British Imperial State Crown had been mistaken as a precious ruby (called the Black Prince’s Ruby) for years, just like making a wrong diagnosis. It is instead a spinel, which is less valuable! Just imagine how unhappy your loved ones (and yourself) will be if you have paid a high price for a strand of Tahitian peacock-coloured pearl necklace, only to realise that you had purchased a set of faux pearls instead!

If you conclude that appreciating gems is only for the well-heeled, it is not true at all! We strongly believe and advocate that one need not pay high prices to appreciate a gem; it can be found, appreciated and within reach for all, irrespective of whether one is rich or poor. Likewise, quality healthcare can, should and must be affordable and within reach for all! Paying a lot definitely does not guarantee a good gem and you can complete the analogous sentence for Medicine yourself.

As psychiatrists, we are often approached to give advice on stress management (in addition to whether we believe in seeing ghosts). In our daily lives, we are often faced with “intruders” into our comfort zone. These intruders are akin to stressors, ie irritants, which we hope to get rid of. For example, imagine a male trainee doctor who becomes stressed because he learnt that a colleague, who is from a different training programme, works less and possibly draws a comparable salary. This trainee doctor (not the one who works less) goes home, keeps feeling irritated over his situation and ruminates on how to get rid of his stressor (not his slacking colleagues – we psychiatrists take thoughts of getting rid of a person very seriously!).

For the above scenario, let’s take reference to the pearl. Natural pearls are produced by some molluscs, such as oysters. When a little intruder, like a grain of sand or a parasite happens to enter the oyster’s shell, the oyster tries to “push” this irritant out, failing which, something amazing begins to happen. Instead, it tries to soothe away this irritant by coating it repeatedly with layers of conchiolin and nacre to eventually form a pearl! The more “patience” the oyster has in coating it with more layers of nacre, the more likely the pearl will display the spectacular iridescent orient (soft, prismatic rainbow-like effect on its surface).

Please, don’t get us wrong, we are not suggesting that



the trainee doctor repeatedly smears his fellow colleague with sweat and blood from his heavy workload. Rather, like the oyster, he may want to progressively and patiently soothe away his stressful state. He can try to reframe his negative thoughts by “coating” them with positive thoughts. For instance, he can think: “I can use my heavy workload as an opportunity to learn to work smarter and not just harder. I can also gain much more clinical experience and develop excellent bedside skills during my training.” The Chinese classic text, *Three Character Classic* (三字经), states that a jade will not become a gem or tool without going through the process of being carved and polished, which holds true for a person’s learning as well...

The trainee doctor can also learn to hold and view his stressful thoughts from a distance in a state of “mindfulness”. Of course, before he reaches the state of “mindfulness”, he might still swear at his Head of Department (HOD) (but silently only, since he has not cleared his exit examination), whenever his HOD expounds how more alert-looking his other colleague appears during grand ward rounds.

Lastly, in Psychiatry, for those disorders that cannot be cured per se, it is critical for our patients, their caregivers and us to appreciate that even without a curative treatment being available, our patients can embark on the road of recovery. Residual symptoms can be well tolerated, relapse can be minimised and level of functioning can be sustained, if not restored. Look way beyond the symptoms that unjustly mark our patients and their illnesses, like how the highly sought emerald is so treasured perhaps only because it always has flaws and imperfections beneath its glitter. Gemologists call these flaws the *jardin* (French for “garden”) of the emerald. **SMA**



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