

Review of "*Night Falls Fast: Understanding Suicide*," by Kay Redfield Jamison
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Suicide is a subject that inspires grand soliloquy. Shakespeare understood that when he had his melancholy Dane utter the ten famous words that introduce what is both a brilliant contemplative essay on the problem of human existence and the most eloquent suicide note in history. Four hundred years after Hamlet spoke his mind on this matter, we are told by some that all maladies of the heart and mind can be reduced to the disordered interconnections of a vast web of brain chemicals or to some kink in the twisted double helix of our DNA. Suicide is a subject that has not escaped the scalpel of such scientific dissection. In "*Night Falls Fast: Understanding Suicide*," Kay Redfield Jamison has done an impressive job of presenting suicide from both of these perspectives: as a human and existential tragedy of unparalleled proportions, and as a common outcome of the various biological and psychiatric phenomena that predispose to its occurrence. Jamison can speak with authority on both accounts. She is a psychologist who is an internationally respected expert on manic-depression. She also suffers from that illness herself. In "*An Unquiet Mind: A Memoir of Moods and Madness*," published in 1995, she gave us a patient/doctor's-eye-view of her nightmarish journey into and out of madness and suicidal despair and in so doing raised public awareness about manic depression. In "*Night Falls Fast*," she sets out to do the same for suicide. She is clear about her goals in writing this book: "...[to understand] why people kill themselves and [to determine] what doctors, psychologists, schools, universities, parents and society can do to stop it."

We are all familiar with the legendary suicides: Marilyn Monroe, Ernest Hemingway, Sylvia Plath, to name only a few. These individuals' lives and deaths have become part of our cultural history and collective psychic mythos. Kay Jamison, however, is not primarily interested in celebrity suicides, although she quotes many pieces of writing from famous individuals. Instead, her focus is on ordinary people. One of them, Drew Soporak, a young man suffering from manic depression, turned a .38 caliber revolver on himself not long after he graduated from the U.S. Air Force Academy, ending an existence that had spiraled into an unremitting hell of psychosis and depression. We also meet Margaret Davis King, a woman with paranoid schizophrenia who literally threw herself to the lions at the National Zoo in Washington to meet a gruesome end. Jamison is at her best when chronicling the stories of ordinary people like Drew and Margaret. Jamison is also clearly in her element and speaks with considerable expertise when reviewing the scientific underpinnings of suicide. She provides a lucid summary of current thinking about the neurobiology, genetics, and psychopathology of suicide and the illnesses that predispose one to it, as well as the pharmacological treatment of these conditions, in a manner that should be quite accessible to a lay audience.

Jamison's discussion of the psychology of suicide, however, is less compelling. She writes as if our primary source of data to help us unravel the workings of the suicidal mind is what the deceased suicide victim has left behind. "We are left with little," she writes, "as friends or family, as clinicians or scientists: only last bits of conversations; memories of perfectly normal and now suspect behaviors; an occasional note or journal entry..." After she acknowledges that "suicide notes—an obvious beginning point—often promise more than they deliver," she fills most of the rest of her chapter on the psychology of suicide with examples and analyses of such notes. She uses them as a beginning point, but she stops at the beginning and doesn't really move beyond them.

Actually, we have a great deal of “living” data about what people who contemplate suicide feel and think about. This data comes from the accumulated experience of mental health clinicians who have worked psychotherapeutically with suicidal patients. While the final minutes or hours before a completed suicide may be a horrifically private and lonely experience, a significant number of suicidal people spend many hours talking to psychotherapists about their most private feelings before they take the final step into that lonely abyss. Many lives are saved in the process; many others are not. It can be argued, and it often is, that the “data” that comes out of psychotherapy is not of the same scientific stature as the genetic, psychopharmacological, biochemical and statistical data that Jamison presents so thoroughly. This may be true, but it is valuable information nevertheless. In the hundreds of bibliographic references for the chapter on psychology (and this is a book that is voluminously referenced), there is not a single one to an article or book about psychotherapy. The essay on Drew Soporak is moving largely because of the loving reminiscences of the family and friends who knew him. But the information Jamison gleaned from Drew’s psychiatrists is sterile. Drew’s psychotherapist, (if indeed he ever had one), is conspicuous by his or her absence. Even if confidentiality issues prevented Jamison from having access to therapists, there is a vast literature on the psychotherapy and psychodynamics of the conditions Jamison discusses, which she essentially chose to ignore.

My own experience working with suicidal patients suggests that when we explore their thinking and feelings in depth, it becomes clear that suicide is an intensely interpersonal act, a point that Jamison downplays as well. I have rarely encountered a suicidal patient who does not have elaborate ideas about how other people will react to his death. Who will be the one to find me? How will that person feel upon discovering my corpse? Who will grieve and who will celebrate my demise? Who will attend my funeral? What will be said in the eulogies? Will my psychiatrist miss me or will he feel guilty that he didn’t save me? Or will he worry that my family will sue him for malpractice? These are only some of the questions I’ve heard patients wrestle with as they think about killing themselves. If Jamison elected not to talk to psychotherapists, she had an opportunity to deepen her exposition by talking to members of that considerable population of patients seen by psychiatrists and other mental health professionals who are “chronically suicidal.” Many of these individuals spend much of their time thinking about killing themselves, sometimes over many years. Surely these people have a great deal to tell us about the states of mind that lead to suicide. Suicidality, like most psychiatric conditions, exists on a continuum. Many psychological states exist between the fleeting thought “maybe I’d be better off dead” and the final reflections of a man before he pulls the trigger of the gun pointed at his head, and we have much to learn from studying all of them.

Notwithstanding my criticisms about the paucity of in-depth exploration of the psychological dynamics of suicide, I believe Kay Jamison has made an important contribution. She has delivered a powerful and impassioned plea for us to look suicide squarely in the eye and she challenges us as a society to do something about it. She makes one thing very clear: suicide and suicidal thinking is not the province of an insignificant minority of deranged individuals. Here is one statistic that may serve to persuade skeptics on this point: worldwide, suicide is the fourth highest cause of death in males ages 15-44 and the second highest for females in the same age group. We would all be well advised to get an education about this deadly problem, and Jamison’s book is a good place to start.