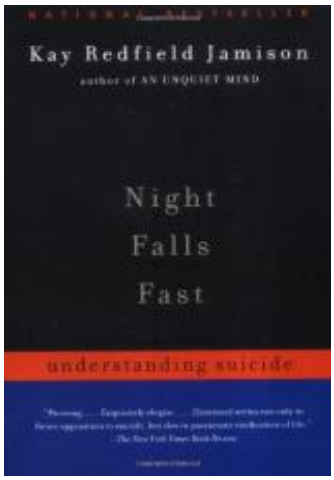
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Night Falls Fast

by Kay Redfield Jamison



About the Book

From the author of the best-selling memoir **An Unquiet Mind**, comes the first major book in a quarter century on suicide, and its terrible pull on the young in particular. **Night Falls Fast** is tragically timely: suicide has become one of the most common killers of Americans between the ages of fifteen and forty-five.

An internationally acknowledged authority on depressive illnesses, Dr. Jamison has also known suicide firsthand: after years of struggling with manic-depression, she tried at age twenty-eight to kill herself. Weaving together a historical and scientific exploration of the subject with personal essays on individual suicides, she brings not only her remarkable compassion and literary skill but also all of her knowledge and research to bear on this devastating problem. This is a book that helps us to understand the suicidal mind, to recognize and come to the aid of those at risk, and to comprehend the profound effects on those left behind. It is critical reading for parents, educators, and anyone wanting to understand this tragic epidemic.

Discussion Guide

1. Jamison writes, "My hope was to maintain an individual perspective--through an emphasis on the psychology of suicide and an extensive use of the words and experiences of those who seriously attempted to, or eventually did, kill themselves" [p. 20]. In other words, she attempts to write about her subject with an intimacy and immediacy that will engage the reader, despite the painful nature of her topic. How well does she succeed in what she sets out to do? How does this book change your thinking about those who kill themselves?

2. Jamison reports that the rate of suicide has tripled among young people in the past forty years, and that suicide is now the second leading cause of death among American college students. What are some of the forces in our society, according to studies Jamison cites, that might be causing this alarming trend? What point is Jamison making about the variety of styles and feelings expressed in suicide notes? Only one in four people who kill themselves, she says, is likely

to leave a note. What in the state of a suicidal mind would account for this unwillingness to communicate their intentions?

3. In his suicide note, British painter Benjamin Haydon left a quote from Shakespeare's King Lear: "Stretch me no longer on this rough world" [p. 83]. If this is a feeling shared by most people who commit suicide, doesn't it seem entirely understandable, and forgivable, that they should end their lives? Why then have most societies been so insistent that suicide be considered a crime and a grave sin, involving forfeiture of property, exclusion from hallowed graveyards, etc.?

4. What is the cumulative effect upon you, as a reader, of the use of statistics throughout the book? Are you surprised, for instance, that while 30,000 Americans die from suicide each year, 500,000 make suicide attempts? How does Jamison bridge the gap between scientific studies and the emotion surrounding the issue of suicide?

5. Jamison tells with care and great empathy the tragic stories of Dawn Befano, Drew Sopirak, and Meriwether Lewis, among others. Do these stories successfully provide a window into the tumultuous and shattered minds of those who suffer from mood disorders? What makes them so compelling? Do you believe that these deaths were avoidable?

6. Jamison uses the story of the unknown woman who climbed into the lions' enclosure at the Washington Zoo to point out the urgent problems of the homeless mentally ill. She writes, "They make us uncomfortable, but not so uncomfortable that we protect or house, insure or tend or heal them" [p. 158]. Do you agree with Jamison that American society is irresponsible and cruel in its policies regarding the homeless mentally ill?

7. Jamison uses the examples of the Japanese volcano Mount Mihara, San Francisco's Golden Gate Bridge, and other popular sites for those who choose to end their lives, to illustrate the odd fact that suicide sometimes has a dramatic allure that can be contagious. Why do you suppose this is so? Do you think that young people are especially vulnerable to a "copycat" phenomenon in suicide?

8. How do you feel about the poem on pages 90-91, written by a fifteen-year-old boy who killed himself two years later? Does it seem predictive of his fate? Do you think this was a masked cry for help?

9. The story of Washington political figure John Wilson shows that the social stigma surrounding mental illness is still strong enough to put an end to political hopes. Is this bias justified? Should the public demand that those who hold public office be free of mental instability? Or is this a lingering prejudice that will eventually be outgrown?

10. Surgeon General David Sacher has said, "As a society, we do not like to talk about suicide" [p. 264]. Why, in a society which is so permissive and so open, should suicide, depression and related forms of mental illness be hard to talk about? To what degree does a sense of shame prevent the suicidal individual from seeking help? Do you agree with Jamison when she argues that educating the public about mental illness will bring about a change in thinking, treatment, and public policy regarding suicide?

11. Until the publication of **An Unquiet Mind**, Jamison had kept her own illness a secret. Had it been known, do you think she could have had a successful career as a professor of psychiatry, or that she would have been chosen to write an important standard textbook on the subject of manic depression? Would you consider the sacrifice of Jamison's own privacy ultimately worth the exposure, considering that she wants to save lives? Do you think that her books will have a definite effect in reducing the suffering of the mentally ill and the toll of suicide in this country?

12. Jamison points out that the field of psychiatry is turning ever more strongly towards pharmacological management and away from psychotherapy, and that "there remains a pervasive belief in many psychiatric and research quarters that medication by itself is sufficient to deal with serious mental illness" [p. 252]. What is the danger of trying to manage mood disorders solely through medication? What does Jamison suggest is the ideal approach to the treatment of these illnesses?

13. What do you think of psychiatrist Thomas Szasz's views on mental illness and suicide [pp. 253-54]? Was the court correct in making him pay damages to the wife of a patient of his who killed himself after Szasz instructed him to stop taking lithium? Should someone who holds such views be made to stop practicing medicine?

14. Jamison quotes the writer Joseph Conrad, who suffered from major depression and survived a suicide attempt, as saying: "Suicide, I suspect, is very often the outcome of mere mental weariness--not an act of savage energy but the final symptom of complete collapse" [p. 198]. Yet, as she points out, most people are able to survive the stresses of life without "complete collapse," and others are not. Why is this so? How important a role does the biochemistry of the brain play in our response to life's troubles?

15. Josephine Pesaresi's description [pp. 301Ð302] of the response to her husband's suicide underscores the lack of real empathy that people often have for the survivors of people who kill themselves. Do you think that her family's sense of isolation was unusual? Do the immediate survivors of a person who kills himself or herself need a different kind of concern and care from the people around them than, say, the survivors of a death by cancer?

16. What does Jamison mean when she writes, in her epilogue: "I am by temperament an optimist, and I thought from the beginning that there was much to be written about suicide that was strangely heartening" [p. 309]?

17. Reflecting on the emotional toll it took to write this book, Jamison writes ruefully, "Mostly, I have been impressed by how little value our society puts on saving the lives of those who are in such despair as to want to end them. It is a societal illusion that suicide is rare. It is not" [p. 310]. The staggering fact is that "every seventeen minutes in America, someone commits suicide" [p. 309]. Does this book leave you with a new sense of what an urgent and tragic public health issue suicide is? Do you come away with some ideas about what can be done to save the lives of potential suicides?

Author Bio

Kay Redfield Jamison is the daughter of an Air Force officer and was brought up in the Washington, D.C. area and in Los Angeles. She attended UCLA as an undergraduate and as a graduate student in psychology, and she joined the faculty there in 1974. She later founded the UCLA Affective Disorders Clinic, which became a large teaching and

research facility.

Dr. Jamison is now Professor of Psychiatry at the Johns Hopkins University School of Medicine. The textbook on manic-depressive illness that she wrote in association with Frederick Goodwin was chosen in 1990 as the Most Outstanding Book in Biomedical Sciences by the Association of American Publishers. She is also the author of a trade book, **Touched with Fire: Manic-Depressive Illness and the Artistic Temperament** (1993), and has produced three public television specials on the subject: one on manic-depressive composers, one on van Gogh, and one on Lord Byron. The recipient of numerous national and international scientific awards, Dr. Jamison was a member of the first National Advisory Council for Human Genome Research, as well as the clinical director for the Dana Consortium on the Genetic Basis of Manic-Depressive Illness. She lives in Washington, D.C., with her husband, Dr. Richard Wyatt, a physician and scientist at the National Institutes of Health.

Critical Praise

"Jamison brings us face to face with the suicidal mind in a manner so intense and penetrating that, paradoxically, the immersion in despair she offers is a source of great pleasure."

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