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## Contemporary French Fictions of Suicide: A Medical Humanities Approach

### Abstract

This paper compares Catherine Cusset's *L'autre qu'on adorait* (2016) and Régis Jauffret's *Lacrimosa* (2008), as examples of 21<sup>st</sup>-century novels in which suicide is the central focus. Recent texts tend to move away from earlier portrayals of suicide as a philosophical or aesthetic gesture towards a deeper engagement with the causes and consequences of suicide. Placing these highly literary autofictions within a wider context of cultural interest in suicide extending to popular genres, I suggest that their formal complexity allows them to engage critically with stereotypes, and represent the unknowability of the suicidal mind. I also argue that literary representation of mental illness should be seen as part of a broader public discourse that influences social attitudes.

### Keywords:

Suicide; Jauffret; Cusset; autofiction; medical humanities

Suicide is self-evidently not a new motif in French literature. However, the first two decades of the twenty-first century have seen a proliferation in works of literature that take suicide and its aftermath as a central focus, spanning a range of publishing houses and genres. Examples range from popular genre fiction such as

Thierry Cohen's psychological thriller *J'aurais préféré vivre* (2007), Nina Tong Cuong's young adult novel *L'ardoise magique* (2010), and Sophie de Villenoisy's chick lit romance *Joyeux suicide et bonne année* (2016), to non-fiction  *récits-témoignages* bearing witness to the experience of bereavement.<sup>1</sup> Finally, suicide and bereavement provide the central focus of a number of highly literary fictions and autofictions,<sup>2</sup> including the two case studies I have selected for this analysis: Régis Jauffret's *Lacrimosa* (2008) and Catherine Cusset's *L'autre qu'on adorait* (2016). Typically, these recent texts place suicide in the foreground by narrating the act itself – or the character's suicidal intention – in the opening pages; the remainder of the text then either explores the aftermath and consequences of the act, or analeptically returns to an earlier point to narrate the circumstances leading to it. References to death, suicide, or bereavement often appear in the titles, overtly or implicitly.<sup>3</sup>

This recent interest in suicide is not limited to the literary sphere; in addition to recent academic publications on suicide in a range of fields, as well as a re-edition of Durkheim's classic study, suicide can also be observed as the central focus of recent films and television series.<sup>4</sup> In the latter category, the French edition of the American teen series *Thirteen Reasons Why*, broadcast in 2017 with a 16+ rating in France, is noteworthy for its popular reception, attracting criticism in the mainstream media as well as lively debate online about its potential for glamorisation and oversimplification of suicide.<sup>5</sup> Within this broader context of a contemporary moment of widespread academic and popular interest in suicide, I suggest that it is worthwhile to reconsider French literary fiction, not just for its specifically literary qualities, but also as part of a social discourse on suicide and bereavement in which the cultural sphere both responds to and informs public opinion. In what follows, I make a case for the particular contribution my case-study texts offer to articulating key issues in the representation of suicide via the complexity of their literary form. Following Skelton's claim

in favour of the “difficult” nature of literature as a path to new “ways of understanding” death and dying (Skelton, 88), I argue that the indeterminacy built into Jauffret’s and Cusset’s texts offers a productive way of understanding suicide. However, my insistence on first placing these texts in the context of popular literature and culture stems from a desire to recognize the continuities between the questions and concerns raised by representations of suicide in all genres: (how) can we make sense of suicide? How do we reconcile medical discourses with lived experience?

Jauffret’s *Lacrimosa* is structured as an epistolary novel whose unnamed male protagonist exchanges letters with a lover who has recently committed suicide.<sup>6</sup> The lover, whose name is overtly fictionalized as “Charlotte”, writes back from beyond the grave, challenging the protagonist’s account, in a series of replies that gradually reveal themselves to be projections produced by the bereaved writer himself.<sup>7</sup> Similarly, Cusset’s *L’autre qu’on adorait* takes the form of a second-person narrative addressed to a former lover who has taken his own life. Both novels draw attention to their autofictional status, including identifiable details of their narrators’ real-world status as writers within the fictional framework.<sup>8</sup> Both also emphasize their literary credentials via frequent intertextual allusions to key canonical texts and writers, situating themselves within French literary traditions of writing about memory, mourning, and the self.<sup>9</sup> Finally, in common with several other recent suicide novels, both borrow elements of the *roman à énigme* genre, opening with a proleptic account of the suicide itself before recommencing the protagonist’s life story at an earlier point, thereby inviting the reader to seek out ‘clues’ that will explain the suicide.

Despite these formal and thematic parallels, the two novels have rarely been discussed in connection with each other.<sup>10</sup> A detailed comparison will reveal the potentially productive space both texts create in the representation of suicide, via the duality of their autofictional narration, and their inclusion of multiple perspectives

and discourses. According to Gasparini, the defining feature of autofiction is its ambiguity: the reader must simultaneously negotiate two sets of generic codes, that of autobiography and that of fiction (Gasparini, 347). The reader of these novels, as I shall demonstrate, is also invited to negotiate between the fantastic and realist modes (Jauffret), and competing discourses ranging from literary and pop-cultural intertexts, to everyday reality in the world of work and social life, to the medicalised vocabulary of psychiatry. Literature thus appears both as a specific type of representation, formally different from clinical accounts of illness,<sup>11</sup> and as an intervention in a broader social discourse about how illness can or should be understood.

### **Régis Jauffret, *Lacrimosa* (2008)**

As I have argued elsewhere (Jones: 2014), the conceit of an epistolary novel in which the dead lover writes back may be read as a riposte to the contemporary trend of  *récits-témoignages*  written in the second-person voice, which seek to speak in place of the lost child, lover or friend. In what follows, I shall focus rather on the ways in which Jauffret's overtly fictionalized narrative of bereavement diverges from this tendency, via the use of jarring imagery and the structuring of narrative time to highlight the unknowability of the suicidal mind. I shall also draw attention to the complexity of perspectives from which Charlotte's story may be read: the account of her suicide is embedded into both literary and social contexts, the former via frequent intertextual references and switching between literary modes, and the latter via thematic engagement with the doctor-patient relationship and the contemporary workplace.

*Lacrimosa* begins in the mode of magic realism, evident from the moment the deceased Charlotte replies to the first letter written by the male protagonist. However, the fantasy of correspondence with the dead becomes increasingly implausible as the novel progresses. Charlotte begins her second letter by pointing out the futility of trying to communicate with her: "Je ne t'entends

pas, tu comprends, je n'entends plus rien" (Jauffret, 51). By the third letter, after speculating on how she might respond to his letters "si j'existais" (71), she is overtly critical of her writer-lover's entire project: "Non seulement je me tais, mais en plus tu parles à ma place en imitant ma voix" (72). The fantastic mode here begins to give way to personal fantasy, as the first-person response from the suicidal lover is gradually revealed as a fiction invented by the original narrator. The effect of alienation is twofold: not only is the inaccessibility of the deceased Charlotte's suffering highlighted, but so too is the bereaved protagonist's inability to communicate his own suffering.

This failure in communication is further emphasized in the novel by a pattern of reproduction and subsequent rejection of common clichés in the portrayal of death. Acknowledging Charlotte's criticism of his initial account, the protagonist concedes that he has "beaucoup exagéré" her youth in his romanticized account of her death, but excuses himself by claiming that "vous paraissiez si jeune" (61). Elsewhere, jarringly unappealing imagery is used to puncture sentimental ideas about bereavement. For instance, the protagonist's romantic conceit of the Orpheus-like writer recreating his dead lover in prose is comically undermined by a vulgar simile from Charlotte: "Tu voudrais peut-être m'arracher à la tombe, comme un bourgeois une putain au trottoir" (139). Similarly, the narrative juxtaposes the grotesque and the lyrical when a detailed description of Charlotte's fantasy of disordered eating, culminating in her vomiting "[un] estomac gros comme le monde dans le trou sans fond des toilettes" (189), is immediately followed by a paragraph of sentimental clichés. The narrator presents Charlotte in fatalistic terms as the delicate and childlike female victim – "femme, fillette, pétale humain arraché à l'espèce, plus attaché à la fleur" – of a "tragédie potentielle" waiting to happen (189). In this example, the grotesque physicality of the first image undermines the sentimentality of the second.

By accumulating and juxtaposing received ideas about (female) death in this way, Jauffret calls into question the feasibility

of expressing the experience of suffering in the available language. He also exposes a key tension within the medical humanities regarding the role of literature: the existence of the novel itself, and its protagonist's repeated attempts to tell the story of Charlotte's life and death, bear witness to the writer's need to testify. However, the frequent contradictions and critical presentation of both literary tropes and commonplace images of (female) death suggest that literary representations can be misleading and inaccurate. Even as literary representation of suffering is presented as ultimately *worthwhile*, it is shown to be inadequate to convey *what it is like* to be suicidal or to experience bereavement.

Indeed Jauffret's text can be read as a literary illustration of Angela Woods's "dangers of narrative", as outlined in her influential essay. While her discussion centres in large part on notions of narrative medicine, and models in which the patient constructs his or her own narrative to make sense of the experience of illness, Woods stresses the importance of genre, and notes that master narratives can be limiting as well as helpful. The first two "dangers" she identifies – that the "truth-value" of illness narratives cannot be determined, and that narrative coherence may sometimes be harmful rather than beneficial (Woods, 74) – could apply equally to patient testimonies and to fiction. Whereas in traditional literary criticism, texts are seldom read for their real-world accuracy, medical humanities approaches to fiction have often privileged realist depictions for the insights they may offer into the illness experience.<sup>12</sup> Jauffret's critical engagement with the received ideas and images that shape the discourse of bereavement, as well as his use of the fantastic mode to emphasize the *fiction* in his autofiction both undermine any simple expectation that the kinds of insights gleaned from literature can be accessed directly.

A similar ambivalence appears in the depiction of the doctor-patient relationship, another key concern within the field of medical humanities.<sup>13</sup> Echoing the novel's gradual move from

fantasy to more prosaic realism, the representation of healthcare shifts from extravagant cliché in the characterisation of Charlotte's family doctor in the opening chapters, to impersonal mentions of prescriptions and *arrêts maladie* later in the text. In particular, the male narrator's second letter focuses on the interventions of docteur Dupré, whom Charlotte's family had been in the habit of calling in for every minor physical ailment, or "vague à l'âme" (37). Dupré's arrogant refusal to listen, and to take mental health problems seriously, are exaggerated to the point of caricature when he first refuses to believe Charlotte is dead – "C'est vite dit" (37) – then insists on attempting to administer an adrenaline shot despite the onset of rigor mortis (38), before finally conceding that the only remaining course of action is to request her internment in a mental institution (39). Here, the hyperbolic portrayal of Dupré's lack of professional empathy serves to highlight the pathos of the family's grief, as Charlotte's father, unable to speak by contrast with the doctor's inane comments, can only respond by physically removing him from the room. However, the end of the narrative in this second letter at least partially redeems the doctor: unable to sleep at the thought of losing a patient, Dupré enlists the help of a metaphysician friend in a desperate attempt to turn back the clock by physically pushing the family house back into the previous day, and "tirer cette idiote de ce mauvais pas" (50). This attempt to turn back time is revealed in the male protagonist's next letter to be merely an extravagant fantasy he has invented. Nonetheless, the image of the family doctor who cares deeply about each patient as an individual is an appealing one, which contrasts with the later impersonal references to anonymous doctors and "le corps médical" (158).

The use of comic exaggeration, especially in the fantastic mode, thus enables Jauffret to explore both positive and negative stereotypes around medical care, in ways that usefully emphasize the emotional impact of doctor-patient relationships on suffering

individuals and their families. Turning more specifically to the portrayal of suicide, a similar strategy may be observed in Jauffret's adoption of generic conventions associated with the *roman à énigme*. According to Tzvetan Todorov, this genre of crime fiction is characterized primarily by a narrative structure composed of two separate "histoires": "l'histoire du crime, et l'histoire de l'enquête" (Todorov, 57). He goes on to argue that:

Ce n'est pas un hasard si [cette second histoire] est souvent racontée par un ami du détective, qui reconnaît explicitement qu'il est en train d'écrire un livre: elle consiste, en fait, à expliquer comment ce récit même peut avoir lieu, comment ce livre même est écrit. (58)

As noted above, a comparable narrative structure may be identified in a range of contemporary fictional and testimonial accounts of suicide, in which the act of suicide or its discovery forms the first "histoire", with the rest of the text constructed as a retrospective investigation. Although the writer-narrator in these suicide narratives also takes on the role of detective, both Jauffret's and Cusset's narrators insist on the act of writing as a way of making sense of the suicide; in this way the act of writing becomes the act of investigating.

However, the combination of *roman à énigme* conventions with the ambiguity of autofiction and – for Jauffret – the fantastic, serves to undermine the assumptions implicit in the adoption of a crime-investigation structure in narratives of suicide. The reader of a *roman à énigme* can reasonably expect that, by the end of the second narrative, the crime will have been satisfactorily solved, providing a sense of closure. Structuring suicide narratives in this way invites a similar expectation that, by investigating the events leading up to the suicide in enough detail, a coherent explanation will be found – or even that blame can be assigned. In the case of *récits-témoignages*, which tend to be explicitly positioned as therapeutic exercises for

their authors, and potentially for similarly affected readers, the quest for coherence and closure takes centre-stage. By contrast, Jauffret's autofictional approach is more ambivalent in its effects. While the bereaved protagonist shares the desire for understanding, the contradictions, exaggeration and extravagant use of the fantastic mode, as discussed above, all serve to undermine any expectation that this can be achieved. As the narrative gradually gives way to a more realistic portrayal of a woman suffering from depression within an alienating social and workplace context, details that might otherwise be read teleologically as leading directly to Charlotte's death instead invite more nuanced interpretation in the light of the text's earlier ambiguous framing. Jauffret's participation in the use of *roman à énigme* conventions in suicide writing serves ultimately to highlight that the enigma of suicide cannot be solved by writing.

**Catherine Cusset, *L'autre qu'on adorait* (2016)**

Although written in the realist mode from the outset, by contrast with Jauffret's extravagant use of magical realism to create aesthetic distance, Cusset's 2016 novel has much in common structurally and conceptually with *Lacrimosa*. As in Jauffret's first letter, Cusset's prologue, dated "22 avril 2008" (13), establishes the fact of the protagonist Thomas's suicide via a narrative in the second person, addressed to the deceased character and recounting the discovery of the body, before returning to 1986 in the first chapter and proceeding chronologically. Neither Jauffret's nor Cusset's narrator is present to witness the events they are narrating; rather, they tell a story at second hand that they have learnt from other characters, who have in turn not witnessed the act of suicide itself. Uncertainty is thus built into the narrative from the start. Furthermore, the narrative perspective simultaneously invites the reader in, yet is designed to be alienating: the action begins *in medias res*, at an awards ceremony for Thomas's girlfriend Nora. Key characters are named but not introduced; the names would obviously be familiar to Thomas as the narratee – "tu"

– but are not explained to the reader until much later in the novel. As Nora and her friend Evelyn return to Thomas’s apartment, it becomes clear that the narrator is not present to witness the events narrated. However, although much of the detail could plausibly have been reconstructed at second hand, the effect of realism is undermined by the use of literary devices such as the use of free indirect discourse to adopt individual characters’ perspectives, and the inclusion of description which would not plausibly have been reported by Evelyn and Nora.

This tension between the confidential tone of the narrative – including the use of the familiar “tu” throughout, and of the *passé composé* and later the present tense – and the more stylized literary features of Cusset’s prose is also echoed in the novel’s Proustian intertext. Thomas is a Proust scholar and intertextual allusions recur throughout the novel. The use of a Proustian epigraph, taken from *Le Côté de Guermantes*, is particularly noteworthy, however:

Une personne n’est pas, comme je l’avais cru, claire et immobile devant nous avec ses qualités, ses défauts, ses projets, ses intentions à notre égard [...], mais est une ombre où nous ne pouvons jamais pénétrer, pour laquelle il n’est pas de connaissance directe [...]. (Cusset, 11)

Coming just before the discovery of Thomas’s body in the prologue, this insistence on the unknowability of the other serves as a warning to the reader. Although the adoption of the *roman à énigme* structure invites readers to expect that the “deuxième histoire”, in Todorov’s terms, will provide an explanation for the “première histoire” of the death, Cusset’s choice of epigraph warns against any easy assumption that we can discover Thomas’s motivation. Rather, the role of the writer – and the reader – is to “imaginer” on the basis of “renseignements insuffisants et d’ailleurs contradictoires” (Proust, cited in Cusset, 11).

Indeed, other features of Thomas’s portrayal throughout the novel

point to the danger of reading in terms of received narratives. For example, while the initial characterisation of Thomas at the start of the novel might be seen to participate in a stereotypical portrayal of the lost lover as an exceptional, but doomed, individual, this presentation is gradually undermined. Although the young Thomas is presented as intelligent, popular, and successful with women – for instance, he confidently seduces Cusset's narrator, his best friend's older sister, early in the text (34-37) – the opening chapters also introduce early hints of failure and disappointment which multiply as the novel progresses. Thomas's recurring disappointments are both romantic, with the repeated failure of his relationships, and academic, in his inability to develop the brilliant academic career that should be within his grasp. As in Jauffret's novel, though, the ambiguous narrative perspective Cusset adopts disrupts any simple interpretation, inviting dual readings in which Thomas may be seen either as a victim of circumstances beyond his control, or as the self-sabotaging agent of his own downfall.

The complexity of possible interpretations arises from the duality of the narrative voice, which maintains a variable level of distance via the use of the second person, but consistently imagines the events reported through Thomas's eyes. The second-person narration is initially closely aligned with Thomas's own self-perception, such that his repeated failure to pass the *concours* (57) appears as an unfortunate youthful setback to be overcome, and his exclusion from his friends' study group as an unfair betrayal (27). However, the narrative perspective gradually becomes more critical, including other characters' negative responses to his behaviour, which is frequently presented unsympathetically. In particular, his behaviour towards women in a series of failed relationships paints the character in an increasingly unflattering light. In one such episode, Thomas's treatment of a girlfriend, Olga, is reported in a matter-of-fact tone that contains no judgment, since he does not consider himself to be at fault. When he hits her, this is narrated in

the second person as “[t]a colère finit par exploser” (162). However, the reader is unlikely to be as surprised as Thomas when Olga’s subsequent e-mail does not contain the apology he confidently expects.

By contrast with the idealized portrayal of the lost loved one found in non-fiction suicide testimonies written in the second person, Cusset, like Jauffret, uses her second-person narration to create an ambiguous effect that combines intimacy and critical distance. In the account of Thomas’s professional life, too, the exclusive narrative focus on his perspective ends by simply highlighting the extent to which other interpretations have been excluded. Thomas’s professional decline culminates in despair at a final “trahison” (235) by a close friend who does not help him obtain an interview for a prestigious academic post at NYU, albeit one for which the reader is aware that he is manifestly unqualified. His reaction is reported ironically, in a free indirect discourse that both emphasizes his self-delusion, and evokes pathos: “Ça n’a aucun sens. [C’est u]n coup personnel dirigé contre toi” (234-35).

This increasing gap between Thomas’s potential and his personal and professional failures – or between his self-image and the reality we read between the lines – could be read as leading up to a suicide that seems inevitable due to our prior knowledge. However, like Jauffret in *Lacrimosa*, Cusset undermines definitive interpretations by allowing her protagonist a right of reply. Around halfway through the novel, her narrator invites Thomas to read a chapter devoted to his biography in an autofictional novel she has just completed. He is both wounded by and highly critical of her writing, accusing her of diminishing her subjects – “Comment peux-tu réduire la relation à ça, Catherine?” (191) – and of arrogance. Unsure whether she has fully understood his criticisms, he concludes with, “Tu sais, Catherine, les gens ont quand même une vie intérieure” (191). This comment, repeated by the narrator in the closing pages of the novel, after Thomas’s death, recalls the Proustian epigraph

on the unknowability of the other, framing the whole narrative with a warning of its unreliability. Cusset here arguably goes further than Jauffret, whose Charlotte ultimately endorses his writing project while still disputing its content: Cusset's narrator is left to justify her own decision to write.

A further parallel with Jauffret's novel is Cusset's engagement with medical discourses, including the interaction between practitioner and patient. In Cusset's text, however, the medical encounter occurs later in the narrative; although aspects of mental health and illness are mentioned intermittently throughout the novel, they are given far less prominence than interpersonal relationships between characters. It is thus not until fairly late in the novel, when, as noted above, Thomas's interpretation of his romantic and career setbacks appears increasingly at odds with reality, that the narrative thread concerning his episodes of mental illness culminates in a diagnosis of bipolar disorder. The narration of this episode marks a return to the conventions of the *roman à énigme*: the psychiatrist here plays the role of detective who re-tells the events of the narrative so far, identifying a pattern that leads to the proposed solution:

Tu apprends qu'il s'agit d'une vraie maladie, mentale mais pas psychologique. Ce dont tu souffres depuis des années est un déséquilibre chimique. [...] Pour les bipolaires [...], [il] faut souvent un élément déclencheur pour que le mal, latent, explose. Dans ton cas les éléments ne manquent pas: les ruptures amoureuses; la mort de ta mère il y a huit ans, qui a ravivé le traumatisme de l'abandon quand tu as passé un an à l'hôpital à l'âge de six ans. (249).

While it would be tempting to view this diagnosis as the 'solution' to the mystery of Thomas's suicide, with earlier manic and depressive episodes now interpreted as 'clues', however, other narrative elements mean that Thomas's condition –and the novel as a whole–

defy easy classification.

Thomas now takes on the role of detective himself, researching his condition and matching its symptoms and progression to the experiences already narrated in the novel (250-52). But the investigation raises questions that cannot be explained by a simple “déséquilibre chimique.” The diagnosis initially seems comforting, an opportunity to identify his experience in that of many artists, writers and musicians he admires, and to evade personal responsibility for his failures. But Thomas ultimately faces an identity crisis: “Que reste-t-il de toi derrière la maladie si même le goût des jeux de mots et des allitérations, lis-tu dans le livre d’un psychanalyste, pourrait être une des marques du cerveau bipolaire dans la phase d’hyperactivité?” (252). Psychiatric and psychoanalytic discourses thus prove insufficient to explain Thomas’s “vie intérieure”. For the reader, too, the late introduction of clinical diagnosis into the narrative de-emphasizes diagnosis in favour of a more holistic account of Thomas’s life experience. The question of who Thomas is can only be answered by the novel as a whole.

## Conclusion

The comparison of Cusset’s and Jauffret’s novels demonstrates that complex literary autofictions show continuities with popular literary and cultural representations of suicide, as well as with some of the key concerns of the medical humanities. This is particularly evident in their thematic engagement with the clinical encounter, and with the experience of bereavement after suicide. However, I have suggested that it is their formal features – especially the engagement they demand of their readers with multiple discourses and generic codes – that make them particularly well-suited to represent the complexity of suicide and bereavement, and the unknowability of the suicidal mind. In addition to the ambiguity inherent to autofiction, both novels adopt elements of the *roman à énigme* dual narrative structure, but ultimately use it to call into question stereotypes in the popular

representation of suicide,<sup>14</sup> especially relating to causality, and both place their characters' suicides within a broader social and cultural context.

As well as the complex intradiegetic social worlds inhabited by their suicidal characters, I have suggested that the broader cultural discourses in which the texts participate are also crucial to framing an analysis in terms of medical humanities. As Oyebode argues, literature is both a specific kind of discourse, distinct from medicine and from the empirical effects of illness, and a form of real-world intervention: "Whether psychiatrists read them or not, [...] fictional accounts will undoubtedly influence how wider society perceives mental illness, how they react to it and, ultimately, how governments respond by way of policy" (Oyebode, "Fictional Narrative", 53). A reading of these autofictional texts in terms of their specifically literary formal features contributes to recent medical humanities approaches to literature that de-emphasize realism in favour of attention to the aspects that make literature literary<sup>15</sup> At the same time, taking into account their embeddedness within a wider social understanding of suicide suggests a way for medical humanities researchers to bridge the gap between instrumental approaches to the utility of literature as a source of knowledge about mental illness, and literary-aesthetic approaches to literature as a way of knowing.

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<sup>1</sup> See Jones (2014) for further discussion of *récit-témoignage*.

<sup>2</sup> See Bacholle (2018) for a detailed analysis of literary representations of bereavement after suicide.

<sup>3</sup> Further examples include direct mention of suicide, as in Edouard Levé's autofictional *récit* *Suicide* (2008), and more coded references to bereavement as in Ariane Bois's novel *et le jour pour eux sera comme la nuit* (2009), which cites Hugo's well-known poem of mourning.

<sup>4</sup> French productions include Nicolas Silhol's *Corporate* (2017), and Patrice Leconte's adaptation of Teulé's *Le Magasin des suicides* (2012).

<sup>5</sup> See Leloup (2017); Garçon (2018).

<sup>6</sup> See Jones (2014) for a discussion of Jauffret's use of the epistolary form to engage critically with the contemporary trend for non-fiction responses to bereavement after suicide, notably by Poivre-d'Arvor (1993).

<sup>7</sup> The protagonist's choice to name his lover after "un gâteau" (Jauffret, 27) is one of the elements of his account she explicitly challenges; thus, even the identity of the lover is rendered ambiguous early in the text.

<sup>8</sup> For example, Cusset's narrator is identified as an academic at Yale University during the 1990s (Cusset, 33, 66), and is addressed by name as Catherine (Cusset, 191); Jauffret's narrator makes specific reference to the author's own publications, including *Univers, univers* (2003) (Jauffret, 79).

<sup>9</sup> Both novels make repeated reference to Proust; other key literary allusions include Dostoevsky, originator of the term 'autofiction' (Cusset, 211), and Hugo's poem 'Demain dès l'aube' (Jauffret, 214).

<sup>10</sup> An exception is Bacholle (265), who includes both texts in her "Liste non exhaustive de récits et romans autobiographiques d'endeuillés après suicide contemporains", though they are not directly compared.

<sup>11</sup> See Skelton (2009) and Oyebo, ("Preface", 2009) for accounts of this difference from a psychiatric perspective.

<sup>12</sup> Woods and Whitehead (2016, 4) associate this tendency with what they identify as the "first wave" of Medical Humanities.

<sup>13</sup> See Woods & Whitehead (2016, 2-3) for a discussion of this encounter as the defining story of first-wave medical humanities.

<sup>14</sup> Although I have argued that a close reading of these novels contributes helpfully to the dismantling of stereotypes in the representation of suicide, it should be acknowledged that their participation in a literary trend that foregrounds the act of suicide, including detailed descriptions of it, may also contribute to an undesirable effect of valorising suicide. Empirical research on the so-called 'Werther' and 'Papageno' effects of suicide representation in television series (see Arendt and Romer, 2020) and journalism (see Niederkrotenthaler et al., 2010) has already been carried out, but this has not yet been extended to the field of literature.

<sup>15</sup> See Whitehead (2014).

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