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# In the Margins: Louis Wolfson, Language, Literature and a Dying Mother

**Abstract**
This article considers whether Louis Wolfson's *Le Schizo et les langues* (1970) constitutes a literary or a clinical document. Focusing on Gilles Deleuze's reaction to Wolfson's book, I analyse the ways in which Deleuze's reading of Wolfson underwent significant changes from the time of his writing the preface to *Le Schizo et les langues* until he wrote about Wolfson again as part of *Critique et Clinique* (1993). I propose that Wolfson's work and Deleuze's shifting readings of it, destabilize hegemonic discourses within the Medical Humanities.

**Key words**
autobiography, schizophrenia, language, illness narrative, Deleuze, Critical Medical Humanities, Louis Wolfson

In November 1963 a manuscript entitled *Le Schizo et les langues* arrived at the publishing house Gallimard. In it, Louis Wolfson, its unknown American author, a 32-year old man from New York, explains that he has schizophrenia and given that he cannot endure English, his mother tongue, has decided to write in a different language. Seemingly written in French, the manuscript contains a new language, which relies on a complex system of phonetic borrowings from German,

Hebrew and Russian. The text is passed to Raymond Queneau, review editor at Gallimard at the time, who judges that the book is "d'un intérêt exceptionnel" (Pontalis, 2009, 13). What followed this judgement has aptly been called "l'affaire du *Schizo et les langues*," as Wolfson soon caught the attention of the cream of the crop of French intelligentsia. Gilles Deleuze and Michel Foucault took an interest in Wolfson, and Jean-Paul Sartre and Simone de Beauvoir published a longer excerpt of the manuscript in *Les Temps Modernes* in 1964. The text in its entirety – though substantially edited in a long and tedious process by Jean-Bertrand Pontalis - was published with an introduction from Deleuze in 1970 in Gallimard's "Chemins de l'inconscient" series. After that, Wolfson seemingly vanished into the background. His second book, published in 1984 after the death of his mother and entitled *Ma mère, musicienne, est morte de maladie maligne à minuit, mardi à mercredi, au milieu du mois de mai mille977 au mouroir Memorial à Manhattan* sparked little interest compared to its predecessor – even if it picked up on many of Wolfson's earlier themes.

As its starting point, this article takes the central questions raised by *Le Schizo et les langues* and its reception in the 1960s and 70s, namely what kind of text it constitutes. On the one hand, it is an autobiographical text written in the third person about the lived experience of schizophrenia, comprising episodes of repeated internment, qualms with Wolfson's mother and his physicians with regard to his condition. On the other hand, it contains a complex linguistic theory of translation, on top of which it comprises what Queneau described as "petits tableaux de la vie new-yorkaise" that appear as vignettes distinct in style and form from the rest of the text (Pontalis, 2009, 13). Is this multiformity merely confirming that *Le Schizo et les langues* is a text about the experience of schizophrenia from the inside or is it, instead, an autobiography by someone who also happens to have been diagnosed with schizophrenia? Is Wolfson's writing the documentation of a clinical case or a *literary* illness narrative?





Historically, *Le Schizo et les langues* and the discussions it sparked with regard to the distinction between a literary and clinical text can be situated alongside Georges Canguilhelm's questioning of the distinction between the normal and the pathological, as well as Michel Foucault's unveiling of madness as a versatile and ever-changing concept. This key moment in the history of philosophy of science and medicine was also accompanied by discussions with regard to much-needed reforms in medicine in the wake of the Second World War. Canguilhem argued for the need to change French medical education by making more space for the relationship between patient and physician (Canguilhem, 1965 [1959], 390), and, in the United States, a similar sentiment that sought to recover the patient voice in the clinical encounter led to the establishment of the first Medical Humanities teaching programs. Even if scholarship in the critical Medical Humanities has offered more nuanced views of the opposition between the biomedical and experiential model of illness (Carel, 2016), in the course of which the fragility of narrative form itself has been exposed, patient narratives remain a focal point of mainstream Medical Humanities (Evans, 2016, 339).

*Le Schizo et les langues* and its reception, in particular Deleuze's continued engagement with it from 1968 to 1993, I want to argue, already complicated this view in the 1970s - the very moment when the field of the Medical Humanities gained formal recognition. By exploring the ways in which *Le Schizo et les langues* and Wolfson's subsequent text is written in the margins of language, of literature and of genre, I seek to destabilize some of the central conceptual categories on which scholarship on the intersection of literature and medicine relies. The article's focus is therefore less on reading Wolfson as another first-person account of schizophrenia or on analyzing the system of translation he develops. Rather, I want to illustrate that the text's resistance to language, its questioning of what constitutes literature and its defiance of genre, raises risky questions for the categories on which the Medical Humanities relies as a field of critical inquiry. I propose that Wolfson's work allows the

field to resist the instrumentalization of literature that critiques of first-wave medical humanities have protested. Through an attack on readability, narrative coherence and subversion of thematic content and tone, Wolfson confronts the reader with questions about the conceptual basis of literature and language itself.

**Margins of Language**

Louis Wolfson opens his book by introducing the protagonist as an "étudiant des langues schizophrènes," a "malade mental," a "psychotique" (Wolfson, 1970, 36-37). Writing in the third person, Wolfson dissociates himself from the manifestations of the very self that he is proposing to investigate. He provides a brief biography that introduces the protagonist as the son of divorced Jewish immigrant parents from Central Europe, who, following their son's diagnosis caused him to spend the majority of his life in different mental hospitals. This seemingly linear (auto)biographical thread is, however, already disrupted in the first pages of the book, as the French sentence structure is frequently at odds with a traditional use of French.

Paul Auster has therefore poignantly described *Le Schizo et les langues* as a book about translation that is untranslatable. It is a book that is

> totally unlike anything that has come before it. To say that it is a work written in the margins of literature is not enough: its place, properly speaking, is in the margins of language itself. […] It hovers somewhere in the limbo between the two languages, and nothing will ever be able to rescue it from this precarious existence. For what we are presented with here is not simply the case of a writer who has chosen to write in a foreign language. The author of this book has written in French precisely because he had no choice. It is the result of brute necessity, and the book itself has the urgency of an act of survival. (Auster, 1975)





English is the mother tongue of the protagonist, but his "horreur accoutumée de la langue anglaise" leads him to compare its words to poisoned food that he is made to digest against his will (Wolfson, 1970, 51). Wolfson takes refuge from English by stuffing his fingers into his ears as soon as his mother talks to him; he resorts to putting on headphones and switching on one of New York's foreign language radio stations. By learning a number of foreign languages, his translations enable him to undertake a metaphorical murder of English. Wolfson's translations are not straight-forward but are "prismatic", as Alexandra Lukes has called the idiosyncratic system whereby Wolfson divides words according to their sounds, cuts them into syllables and reduces them to consonants and only then goes on to attempt a translation into one of the foreign languages he masters (Lukes, 2019, 324). Situating this in the literary historical context of Georges Perec's *La Disparition* and other language experiments undertaken by Oulipo, Emily Apter has described Wolfson's translation apparatus as producing "multilingual magma, [which] instead of sorting itself into discreet target languages, reunites all languages *against* the mother tongue" (Apter, 2006, 121).

*Le Schizo et les langues* has frequently been read as a psychoanalytic tale. Wolfson's feeling tortured by his mother tongue thereby turns into a rejection of the mother who is seen to conspire with the physicians who are responsible for his repeated interment. His attempt at freeing himself from the seemingly unbreakable constraints of his mother tongue gestures toward a kind of manifesto for multilingualism, and, perhaps, even an attack against the hegemony of the English language itself. At the same time however, Wolfson's aim seems more radical, and the language he uses more violent than to be framed in constructive and definitive terms. This is what Deleuze picked up on when he first mentions Wolfson in a text devoted to Antonin Artaud and Lewis Caroll in 1968. With regard to Wolfson, Deleuze writes :

> le mot a cessé d'exprimer un attribut d'état de choses,

> ses morceaux se confondent avec des qualités sonores insupportables, font effraction dans le corps où ils forment un mélange, un nouvel état de choses, comme s'ils étaient eux-mêmes des nourritures vénéneuses bruyantes et des excréments emboîtés. (1968, 740)

In Deleuze's view *Le Schizo et les langues* is the expression of a pathology, but already in this first engagement with Wolfson, Deleuze hints at the fact that his undoing of a linguistic system of references also ignites a debate on the role of narrativity in the illness experience. This is important in the context of questions with regard to narrative coherence or even narrativity itself that have defined critical approaches to literature and illness in recent years (Woods 2011; Wasson, 2018). Wolfson is not only breaking with narrativity and the limitations of any one language, but he undoes the very elements – words, syllables, sounds – on which narrativity relies. His text does not only question the centrality of language in its reliability to represent experience, but in what recalls the Wittgensteinian private language argument, he urges his readers to reflect on how it is that words come to refer to the world they seek to depict. This leads to discontinuity and disruption, an undoing of any road map that would enable meaning-making, in the course of which it is not even clear whether the representation of experience is what gave rise to Wolfson's writing in the first place. This may be seen as a symptom of Wolfson's specific mental condition, as Deleuze set out to explore later. And yet, Wolfson's dissection of language into phonetic particles also comes as a powerful reminder that just when educational programs in the Medical Humanities sought to expose physicians to patient narratives in the 1970s, Wolfson's text pointed towards an "unbecoming" of narrative, to subvert the Deleuzian term. More radical than the fragmentary or poetic, *Le Schizo et les langues* is a text into which Wolfson encodes its own destruction; he thereby exposes not only meaning-makes processes, but language as the component of these processes, as inherently unreliable.





**Margins of Literature**

In Deleuze's first engagement with *Le Schizo et les langues*, Wolfson's name is only mentioned in a footnote. His writing is cited to illustrate how others, namely Artaud, managed to creatively transcend a condition in which Wolfson remains entrapped. In a similar vein, "Schizologie," Deleuze's preface to *Le Schizo et les langues,* summarizes all the things that Wolfson's text is not. He judges that "le livre de Wolfson n'est pas du genre des œuvres littéraires ou œuvres d'art, et ne prétend pas l'être" (Deleuze, 1970, 8). Unlike the schizophrenic poet Raymond Roussel, to whom Deleuze compares *Le Schizo et les langues*, Wolfson's condition shines through his work like an "un écart, vécu comme pathogène" (Deleuze, 1970, 8). At the same time, "le livre de Wolfson n'est pas davantage une œuvre scientifique, malgré l'intention réellement scientifique des transformations phonétiques opérées" (Deleuze, 1970, 9). What Wolfson's book is, as Deleuze writes, is "un livre extraordinaire, illuminé de la joie spéciale et du soleil propre aux simulations, où l'on sent germer cette santé particulière du fond de la maladie" (Deleuze, 10). Wolfson's work is the fruit of his being schizophrenic in the clinical sense, unlike Artaud, who, as Deleuze and Guattari later controversially put it in *L'Anti-Œdipe*, is "l'accomplissement de la littérature, précisément parce qu'il est schizophrène et non parce qu'il ne l'est pas" (Deleuze and Guattari, 1972-1973, 160).

Deleuze's description of Wolfson has to be contextualized with regard to the development of Deleuze's own thought on schizophrenia. His language, the binary opposition of illness and health, is imbued in a redemptive reading of madness, which borrows from the celebratory language connected to Foucault's reading of madness; it is expressive of a romantic, anti-psychiatric and avant-garde discourse that celebrates schizophrenia. Yet, as Angela Woods has remarked, it is important to note that in Deleuze's, as well as Deleuze and Guattari's collaborative engagement with schizophrenia, the concept becomes detached from the clinical condition on which it is based. Their aim is a depathologization of schizophrenia, which,

as Woods shows based on Deleuze's 1975 article "Schizophrénie et Société" "puts an end to many of the misconceptions surrounding their attitude towards the term" (Woods, 2011, 147, fn2). Deleuze there gestures towards the fact that schizophrenia should not be described in terms of lack, but in positive terms, highlighting that clinical depictions of the condition have failed to give an accurate depiction of the lived experience of the condition.

Deleuze's shifting thought on schizophrenia coincided with the concept of "littérature mineure", which he developed with Félix Guattari in *Kafka: Pour une littérature mineure* (1975). Drawing on Walter Benjamin's essay on Kafka in *Illuminations,* "littérature mineure" describes an act of dismantling of forms and categories that categorize "great" literature. These include the deterritorialization of language, whereby familiar meanings are displaced, thereby unravelling political and societal structures. "Littérature mineure" is conceived as a form of collective resistance to meaning and encourages a breaking with criticism's varying emphases on dualisms, binaries, as well as psychoanalytic and epistemological rifts. Its aim is a radical rupture with traditions that moves dissonant and marginal practices to the center of what is understood as literature. Despite obvious overlaps with *Le Schizo et les langues*, Deleuze (and Guattari) never explicitly drew parallels between Wolfson and the concept of "littérature mineure", or for that matter considered the role that illness may play in it. And yet, this broader rupture with literature as a system which developed alongside Deleuze's thought on schizophrenia might have also shaped his reading of Wolfson.

What testifies to this is that Deleuze includes the preface written for Wolfson's text in his 1993 collection of essays *Critique et Clinique*. "Schizologie" is given a new title, "Louis Wolfson, ou le procédé", which gestures toward a move away from reading Wolfson as exemplifying Deleuze's view on schizophrenia and toward an engagement with Wolfson as an author. Wolfson's work is no longer cast as "un écart", but as "un protocol" (Deleuze, 1993, 22). The philosopher Judith Revel has picked up on the small, but important





changes Deleuze has included in this edited version of the preface. According to her, Deleuze liberates Wolfson in this new version from his "illness", because, as she argues, it is only by freeing him from that condition that Deleuze can read his writing in the larger political vision he develops in *Mille Plateaux*. As Revel writes,

> Le drôle de langage combatif de Wolfson ne peut nous apprendre quelque chose qu'à la condition que nous puissions nous y reconnaître: il ne doit plus être une machine de guerre contre la langue de la mère, mais l'instrument d'un combat contre toutes les totalités enfermantes, contre tous les systèmes d'assujettissement, contre toutes les clôtures identitaires. (Revel, 1995)

Wolfson's positioning as schizophrenic in the clinical, and in Deleuze's view thereby limiting sense, seems indeed less certain, when one considers that Deleuze added the following sentence to the preface in its re-edited version:

> Peut-être Wolfson reste-t-il sur le bord, prisonnier de la folie, prisonnier presque raisonnable de la folie, sans pouvoir arracher à son procédé les figures qu'il ne fait qu'entrevoir à peine. Car le problème n'est pas de dépasser les frontières de la raison, c'est de traverser vainqueur celle de la déraison: alors on peut parler de "bonne santé mentale", même si tout finit mal. (Deleuze, 1993, 32-33)

Deleuze situates Wofson "sur le bord", a figure on the border of health and illness, his "peut-être," "presque," "à peine," pointing toward less stable borderlines than the ones he delineates in his previous writing on *Le Schizo et les langues*. In line with Revel, this can be understood as stemming from a shift in Deleuze's thought on schizophrenia. Yet, I want to argue that what also contributes to this is that the relation Deleuze sets up between *Le Schizo et les langues* and what he calls "littérature" becomes more important and

less stable in *Critique et Clinique*. This is significant for scholarship on illness narratives more generally, as it raises the question of what distinguishes an illness narrative from a *literary* illness narrative. It is by undoing the concept of "littérature" itself in *Critique et Clinique* that Deleuze's perspective on Wolfson shifts. While this dismantling is already present in the concept of "littérature mineure", "littérature" is further destabilized by being confronted with health and illness in *Critique et Clinique*. In his initial preface to Wolfson, "littérature" still functioned as an unquestioned anchor point; the reworked preface's new positioning outlines a less stable view.

*Critique et Clinique* starts with an essay entitled "La littérature et la vie", and unlike some of the other essays contained in the book, this one is not an edited version of previous work. It engages with the question of what literature and its relationship to the lived experience of illness is; importantly, it is precisely this essay which precedes Deleuze's edited Wolfson preface. Writing, as Deleuze highlights there, is "une affaire de devenir, toujours inachevé, toujours en train de se faire, et qui déborde toute matière vivable et vécue. C'est un processus, c'est-à-dire un passage de Vie qui traverse le vivable et le vécu" (Deleuze, 1993, 11). This processual quality of writing, its state of continuous becoming reflective of a life that cannot be contained within it, is specifically connected to health and illness in a general sense, but also related to mental health and illness in particular. Deleuze writes,

> On n'écrit pas avec ses névroses. La névrose, la psychose ne sont pas des passages de vie, mais des états dans lesquels on tombe quand le processus est interrompu, empêché, colmaté. […] Aussi l'écrivain comme tel n'est-il pas malade, mais plutôt médecin, médecin de soi-même et du monde. Le monde est l'ensemble des symptômes dont la maladie se confond avec l'homme. La littérature apparaît alors comme une entreprise de santé (Deleuze, 1993, 13-14)





There indubitably remains a vision of creative madness, highlighted, for example, when Deleuze states that "la littérature est délire", only to conclude that "le délire est une maladie" (Deleuze, 1993, 15). Yet, ambiguities are pronounced further - literature is a state of both health and illness, a form of health in illness and at the same time a process essentially unscathed by illness even if necessarily framed by it. Deleuze uses both "écrire" and "littérature" interchangeably and goes as far as to destabilize the concept of writing itself, conceiving of it as a process of becoming, closing with the remark that "écrire, c'est aussi devenir autre chose qu'écrivain" (Deleuze, 1993, 17). This outlines a more flexible understanding of literature that both is and can accommodate life writing, and as part of which a clear-cut distinction between literature and non-literature becomes blurred. If this is not enough to push Wolfson further into the realm of "littérature", then the fact that Deleuze views the rejection of the mother tongue as a key step toward "littérature" clearly points toward a parallel with Wolfson: "Pour écrire, peut-être faut-il que la langue maternelle soit odieuse, mais de telle façon qu'une création syntaxique y trace une sorte de langue étrangère, et que le langage tout entier révèle son dehors, au-delà de toute syntaxe" (Deleuze, 1993, 16-17).

Wolfson, it needs to be said, is never mentioned in "La littérature et la vie", and in closing his subsequent chapter on Wolfson in *Critique et Clinique,* Deleuze adds the following words which essentially reiterate his position in "Schizologie": "les nouvelles figures de la vie et du savoir restent encore prisonnières dans le procédé psychotique de Wolfson" – Wolfson's work thereby ultimately remains "improductif" (Deleuze, 1993, 33). Yet, the distance between Wolfson and "littérature" has become shorter because the difference between a literary and a clinical text is, even if not entirely undone, then certainly put into question, both thematically, but also because the text on Wolfson now appears in a volume on literature. It was Paul Auster who deplored the fact that

Gallimard had published *Le Schizo et les langues* as part of a series on mental illness, thereby, as he argued, never allowing the text to transcend its status as a medical case. At the same time, however, Auster also highlighted that holding the text to any literary standard or comparing it to other writing was never a viable alternative, because "Louis Wolfson stands outside literature as we know it, and to do him justice we must read him on his own terms. For it is only in this way that we will be able to discover his book for what it is: one of those rare works that can change our perception of the world" (Auster, 1975).

Auster's call for an outside of "literature as we know it" and Deleuze's continued engagement with Wolfson, which turned its focus from an interest in schizophrenia to the wider question of how illness, health and writing are related, highlights an important point for a critical engagement with illness narratives. Whereas first-wave Medical Humanities approaches of literature and/or autobiographical writing have often focused on texts as providing insights into the experience of a particular condition, the field has paid less attention to acknowledging how these texts question what it is that literature does and is and whether (auto)biographical writing on illness as a form of life-writing can be contained in a definition of literature. Wolfson's text can be read as providing insights into the experience of schizophrenia to the extent that experience undoes narrative form. What it also does, however, and what leads to a question that critical approaches must take seriously is whether any concept of literature that can accommodate Wolfson, still contains something. If, instead, we follow Deleuze and Auster and deny Wolfson entry to "littérature", then how are we to understand the genre of illness memoirs which have steadily proliferated since the middle of the twentieth century? The difference between a physical and a mental condition may play a role, and yet, Wolfson is not just questioning our use of narrative in writing on specific conditions. His work is raising the question of whether literary scholarship in the Medical Humanities has reified narrative coherence as a condition





for literature. *Le Schizo et les langues* comes as a reminder that criticism on illness narratives should analyse not only the relationship between narrative and experience, but needs to engage discussions on how that relationship shapes or undoes an understanding of literature. Texts about the experience of any illness always do more than provide insights into a particular condition, and next to being shaped by social and cultural categories, they also actively undo the relationship between literature and life, as well as ultimately renewing the question of what it is that literature does and is and whether we can distinguish it from other forms of writing.

**Margins of Genre**

Wolfson's more recent writing has taken the questioning of categories on which literary criticism in the Medical Humanities relies further. The title of his second book, published in 1984 and substantially revised in 2011, *Ma mère, musicienne, est morte de maladie maligne à minuit, mardi à mercredi, au milieu du mois de mai mille977 au mouroir Memorial à Manhattan* seemingly sets out as an illness and/or end-of-life memoir. The book engages with the illness and death of Wolfson's mother due to ovarian cancer, but it is difficult to accommodate this text in the categories of the "pathography" or the "illness narrative" - if it is the mother's illness that is at stake (Antolin, 2015, 62-63). The text shares a number of features with these genres – Wolfson, for example, readily criticizes the medical establishment, but almost half of the text is not concerned with the mother, and instead concentrates on Wolfson's passion for horse racing. When Wolfson does turn to the mother's final days, then he does so without concern or emotion, focusing solely on the description of events. As such, the text is only supposedly about the mother's illness, but is in fact another engagement with Wolfson's own condition.

Wolfson further subverts the genre of the illness narrative by including in his book diary entries by his mother testifying to her own experience of illness and her impending death (set apart

from the main text in italics). Given the similarity of style, the fact that they are as unemotional and also presented in French, Pascale Antolin assumes that these vignettes are written by Wolfson himself. They thereby present but another symptom of the several "clivages" she exposes as running through the text and testifying to it being primarily a text about Wolfson's schizophrenia (Antolin, 2015, 58). Yet, these diary entries also function as a complex *mise-en-abyme* of the genre of the illness narrative, as part of which the question of whose pathology is at stake moves into the background. An author with a mental condition writes about the illness and death of his mother, as part of which he cites fragments of a supposed diary that his mother kept on her illness, and which possibly, is itself testament to his rather than her illness experience. Wolfson's including of the mother's diary leads to a self-reflexive repetition and perhaps even a sense of regression, because what the narrator sets out to narrate can never be fully accessed given that his narration cannot transcend the world he inhabits. This creates "a feeling of disarray, a kind of anxiety or vertigo" in the text - as Dorrit Cohn and Lewis Gleich have poignantly called one of the effects of the *mise-en-abyme* (Cohn & Gleich, 2012, 110). The mother's supposed diary introduces a mirroring effect between truth and fiction, which questions the very foundations of the illness narrative by blurring the boundaries between the thematic matter of the text and the pathology it is invested in exploring.

In his second book, Wolfson is using the "je" and self-identifies as an author throughout the text. This sheds a new light on the Deleuzian question of whether Wolfson's work can be categorized as "littérature", and, in turn, Wolfson as "écrivain". Yet, this self that relates his experiences resists all emotional and formal expectations, thereby laying open the limiting meaning-making processes at work in illness/ the end-of-life writing. Just as *Le Schizo et les langues, Ma mère, musicienne, est morte de maladie maligne à minuit, mardi à mercredi, au milieu du mois de mai mille977 au mouroir Memorial à Manhattan* accentuates the boundaries of literary scholarship in





the Medical Humanities and challenges the closures that this field operates with. Wolfson's writing seemingly fights against itself through its resistance to language, to narrative coherence, to literary genre. This allows Wolfson to create space for the multiformity, complexity and non-linearity that characterizes the borderlands between literature and medicine. Of course, his work can and has been read in the context of its author's schizophrenia. In a wider context, however, Wolfson is a marginal figure whose attention to the margins of the relationship between writing, illness and literature destabilizes hegemonic discourses. His work thereby comes as a Derridean reminder that the undoing of categories and identities, and the investment in thinking about contradictions, limits and difference is at the heart of both literary as well as critical Medical Humanities scholarship.

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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 21st-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