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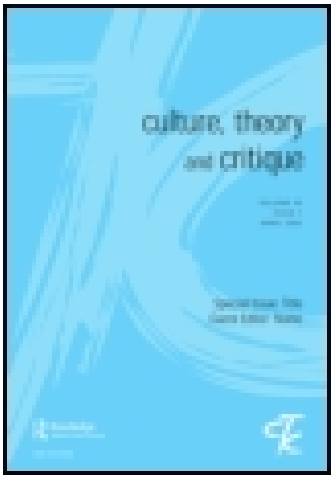


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# Birth of the Suicidal Subject: Nelly Arcan, Michel Foucault, and Voluntary Death

Chloë Taylor

**Abstract** *Michel Foucault argues that it is not sex but death that is the true taboo in the modern, biopolitical era. The result is that regular death has been privatised and institutionalised, wars are waged in the name of life, capital punishment has become a scandal, and suicide has become a problem for sociological and psychiatric analysis rather than law. In contrast to the dominant view, Foucault portrays suicide not as a mark of pathology but as a form of resistance (tragic or pleasurable) to disciplinary power, and argues for an aestheticisation of voluntary death as part of a beautiful life. Through a reading of the writings of Québecoise author Nelly Arcan, this essay presents but also critiques and expands upon Foucault's accounts of suicide, exploring the thesis that the pathological model of suicide produces the subjects that it intends to treat.*

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In September 2009, Québecoise writer Isabelle Fortier – whose pen name was Nelly Arcan – committed suicide by hanging herself in her Montréal apartment. Arcan, who had attempted suicide on previous occasions, reflected upon suicide in many of her writings: her first book, *Putain* (2001), is a semi-fictionalised account of the author's experiences as a prostitute in Montréal, and treats her suicidal thoughts repeatedly; her second book, *Folle* (2004), is presented as a long suicide letter to her pornography-consuming ex-lover; Arcan's final, posthumously published book, *Paradis, clef en main* (2009), is narrated by a woman rendered paraplegic by a suicide attempt by guillotine. While the suicidal subject survives in this last book, her mother, who loves life, dies as a result of the toxic anti-aging products she has consumed. As this sub-plot attests, besides death, the theme that runs through all of Arcan's books is gender, and particularly the self-destructive obsession of many women with beauty, youth and being objects of desire for men. In her life, this fixation on appearance, sustaining youth, and receiving sexual affirmation from men led Arcan into the worlds of pornography, prostitution, and cosmetic surgery.

Each of these themes is treated critically in Arcan's writings, and yet, as was often pointed out to her in interviews, Arcan remained deeply complicit in them. During her final appearance on the Québecois celebrity talk show *Tout*

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*le monde en parle* on 16 September 2007, Arcan – the only female guest on the platform – was relentlessly mocked by the two male hosts and another guest as they pointed out her hypocrisy for critiquing the practices of feminisation in which she nevertheless engaged. At one point during the interview, the openly gay co-host joked that even *he* was having trouble keeping his eyes on her face, causing laughter from the guests, host, and audience. The same co-host criticised Arcan for the negative influence she could be having on girls watching the show, who would want to have a dress like hers. In a feeble attempt to defend herself, Arcan noted that it is was 'classic black dress', causing the men to burst into raucous laughter. Failing to take Arcan seriously as a writer, the talk show host instead attempted to make her French kiss another woman and arm wrestle with a male guest, both of which she refused to do.

This television appearance left Arcan suicidally depressed, as she described in her posthumously published 'La Honte' (2007).[1] 'La Honte' recounts the days following the interview, during which Arcan would not leave her apartment or take off her 'classic black dress'. When a friend convinces her to remove the dress in order to shower, and then leaves with it, Arcan returns to Holt Renfrew and buys an identical dress. Arcan recounts how two women friends blamed her for the 'humiliation' of the television appearance, telling her that she had 'lacked judgment' by wearing a dress that revealed so many centimeters of cleavage, and by having so many centimeters (through cosmetic surgery) to begin with (Arcan 2007). While one friend, blaming the dress, urges Arcan to consult a stylist before future media appearances, the other friend insists that it was not the dress but Arcan's 'body [that] is the problem': the same dress would have been perfectly decent on a woman with smaller breasts (Arcan 2007). It was particularly shameful, Arcan notes, to have her body deemed blameworthy for the humiliation, given that it was not the body she had been born with, but one that she had spent money to obtain. Whether the body or the dress was to blame, in either case she had shown poor judgment in purchasing it. And yet, Arcan writes, 'It was in fact an honest dress, an evening dress, a dress that all women should be able to wear without danger' (Arcan 2007). 'What had she done to deserve this treatment?' she asks, describing the questions of the talk show host as motivated by 'hatred' and the 'intention to crush'. She could not defend herself against this hatred, Arcan writes, because all she knew how to do was write, and outside of her writing she was 'worth nothing'. In the final sections of 'La Honte', Arcan describes her friends forming a suicide watch as she becomes 'a coffin that was slowly closing' (Arcan 2007).

[1]'La Honte ' was published posthumously on Nelly Arcan's website: http://www.nellyarcan.com/pdf/Nelly-Arcan-La-honte.pdf. To watch the September 2007 interview on *Tout le monde en parle*, and to read host Guy A. LePage's response to having been 'demonised' by Arcan in 'La Honte,' visit: http://www.radio-canada.ca/emissions/tout_le_monde_en_parle/saison8/document.asp?idDoc=173106. All translations of 'La Honte' and of other works by and about Arcan in this essay are my own.

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Reading Arcan and seeing her interviewed, gender and sexual oppression seem clearly to have been the source of the author's misery. Nevertheless the themes of suicide and gender that run in parallel through Arcan's books are never causally related. On the contrary, while gender relations are historicised and politicised by Arcan, being suicidal is described as an essence, or rather as the lack of an essence that enables a person to live. What I argue in this essay is that Arcan's view of the suicidal subject as an aberrant subject position or abnormal identity is a product of the biomedicalisation of suicide – a recent and contingent event in the history of voluntary death. However embellished by her writer's imagination such that she writes of souls rather than neurochemical brains, Arcan's essentialising of the suicidal subject is significant to examine since it reflects, in a particularly evocative manner, the dominant view of suicide today. In the next section, I consider the theme of suicide as essence in Arcan's writings. Drawing on Foucault as well as historians of suicide, I argue in the following three sections that the essentialisation of suicidal subjectivity is the result of the biopoliticisation of death and of biopolitical expert discourses which produce the subjects about which they purport to provide knowledge. In the final section, I consider some of the ways in which we might resist the biopoliticisation of death, and how, for Foucault, some instances of suicide might themselves be a form of such resistance.

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## I. Suicide as essence

Suicidal subjectivity is continually invoked in Arcan's books as a lack of soul, or an ability to live that suicidal subjects are born without. The tragedy of having been born without a future, pre-determined for suicide, is conveyed throughout the pages of *Folle*. Arcan writes of her relationship with her lover: 'between us, there was the injustice of your future' (2004a: 7). When her aunt reads her tarot cards, she sees nothing. Even when gender relations and ideas about suicide are directly juxtaposed, the relation is only incidental. Arcan writes:

> The reasons for dying have varied depending on the men who entered my life . . . In your case, I will kill myself to show that you were right, to fold before your superiority, I will kill myself as well to silence you and to impose respect. No one can strike out at a dead person since the dead take your breath away, before them one walks on eggs. On a wall in my apartment I planted an enormous nail to hang myself from. To hang myself I will mix alcohol with sedatives and to be sure not to fall asleep before hanging myself, I'll get drunk standing on a chair, I'll get drunk with the rope around my neck until I lose consciousness. When death comes, I don't want to be there.
>
> I will also die because to be loved by others it would have been necessary for me to smile. I will die to show that smiling, like sleep, is a way of conserving oneself. You loved me but you hated the sadness on my closed lips which endured in the happy moments like the body's smell under that of lavender. Of course it happened

> that I would smile, but the smile of sad people always has something laborious about it, it takes some time to come, it resembles colts who have barely come out of their mothers' stomachs who try to stand; to manage, they need to make several attempts, and they stagger and fall down before their disconcerted mothers. One birthday when I had a new doll in my arms, my mother hit me because she had had enough of waiting for the joy. Very early I learned that in life it is necessary to be happy, since then I live under pressure. (2004a: 144–45)

Although current relationships give Arcan's autobiographical character new motives to die, the desire for death is continually presented as a constant pre-existing any particular encounter. It dates to childhood and is experienced as a fundamental inability to live.

In Arcan's final book, sex and gender recede and we are left with the primary theme of death. The two female characters, mother and daughter, have both renounced sex, without, apparently, ever having had it. The suicidal daughter, Antoinette, is the product of her mother's artificial insemination. The only male characters in the book are Antoinette's suicidal uncle and her psychiatrist, who is also suicidal and eventually kills his wife and daughter before taking his own life. Antoinette is presented as having inherited her disposition towards death genetically, with both her maternal grandfather and uncle having died by their own hands. She describes her state as follows:

> All my life resembled a grey brick wall, a view onto an absence of an opening, a lack of a horizon. I never knew why. No one has ever been able to tell me why.
>
> Léon, my uncle, often told me that there exist people like that, who were not made for life, for whom life was an error. That God, or whatever the Cause of life, the Bing Bang or other starters, in any case Those Responsible for the worst bad move in the history of the universe, that of the choice between being and nothingness, caused non-viable people to be born, human beings who would have deserved to stay in limbo. (2009: 73)

After unsuccessful suicide attempts on his own part and that of his niece, Léon resorts to the services of a suicide company to arrange for his own suicide and that of his niece when she comes of age.

The suicide company, Paradis, clef en main, was founded by an anesthesiologist, M. Paradis, whose son had committed a particularly gruesome suicide after his father refused to help him die painlessly. Remorseful for the hideous death that he had inadvertently inflicted on his son, M. Paradis created a company that would provide carefully-screened clients with luxury suicides according to their fantasies of death: thus Léon asks to fly an airplane into an active volcano, while Antoinette chooses to be guillotined like her namesake. The company accordingly provides Léon with flying lessons and, for his niece, constructs a castle in the Cantons de l'Est of Québec for an execution à la Marie-Antoinette.

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The purpose of the company's screening process is to show that the client is not just a garden-variety depressive, but one of those humans who 'would have deserved to stay in limbo', whose very essence is to not exist. Potential clients must go through a series of trials to prove their dedication to death, as well as medical and psychiatric examinations. During Antoinette's psychiatric examination, the company's psychiatrist tells her: 'What the son [of M. Paradis] lacked, what you lack, at least I fear, is a vital force, a force of will, that of wanting, of discovering, of loving, of believing. A force of propulsion. The fundamental fuel. It is the essential without which life has no meaning' (2009: 99–100). Later he says:

> This illness is one of energy, will, faith. Or rather the lack of them. It's a primordial absence of what is necessary to live, to want to live, a shortage of vital strength that is anterior to all experience of life, permanent, unbearable. Without this energy, the world has no meaning. And this energy cannot be forced, it cannot be medicated, no pill will substitute for it, or only temporarily, it isn't injectable. It cannot be invented.
>
> ... The more I look at you the more I see in you something of your uncle Léon. You have his soul. Or his lack of soul. (2009: 109–10)

Hearing this, Antoinette narrates, 'I didn't know what to say. No one had ever put into words what I lacked, rather they spoke of what I had: a depression, difficulties, fear of others, problems socializing. Something that is missing is hard to see, it's hard to say' (2009: 99–100). Again emphasising the theme of suicidal subjectivity as innate, Antoinette writes in her suicide letter to her mother:

> In the future, perhaps technology will permit the measurement of the desire to live in children before their birth. Perhaps it will be able to repair anomalies in the soul as it repairs severe handicaps that spoil the lives of everyone. Perhaps by killing them in time, before they are born, mothers of the future will save lives. (2009: 197)

Using the language of disability or 'handicap', Arcan remains within a strictly medical model of suicide, one that medicalises suicides whether it sanctions them or not: either the patient is deemed rational in her will to die, in which case her death might be physician-assisted, or she is deemed irrational in her desire for death, in which case she is pathologised and her suicide will be medically prevented if possible. In the medical model, the rational cases of suicide are those in which a patient is terminally ill from physical causes, while the irrational cases are those in which a patient does not have a terminal physical illness and thus must be mentally ill to want to die. One way or another, suicide is made to be about illness, and is thus individualised and de-politicised. Antoinette, although not evading the model of illness, is collapsing the distinction between the physically and mentally ill by suggesting that the permanently suicidal subject is just as rational to want to end her life as the individual with 'severe' physical 'handicaps'. Indeed, she

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suggests that the 'handicap' of the 'soul' may in fact be physical, or may be the kind of thing that will eventually be detectable through ultrasounds. Were this day to come, Antoinette argues troublingly for a eugenic society that would eliminate these (as with other 'handicapped') existences at that fetal stage. In the meantime, for Antoinette, essentially suicidal subjects ought to be assisted in dying in order to avoid the kinds of botched suicide attempts that marked the lives of Antoinette, her uncle, and Arcan herself – and which, as in the case of Antoinette, might result in *further* disabling the suicidal subject.

At the end of *Paradis, clef en main*, Arcan's character fluctuates on her conviction that her desire to die is a medical issue, or that it is physiological and innate: Antoinette finds a new will to live, and questions whether it was her uncle who planted ideas of suicide in her mind. While she had initially deemed her life as a paraplegic unworthy of living and had thus refused the wheelchair her mother had bought her, at the end of the book she accepts the wheelchair and embraces her new life. Nevertheless, while *Paradis, clef en main* was in press, Arcan herself chose not to live with the disability of what she perceived as a suicidal subjectivity, and, at her memorial, Arcan's friends expressed views that echoed those of Arcan's fictional psychiatrist, saying, 'Peut-être n'étais-tu pas faite pour ce monde' ['Maybe you weren't made for this world'] (Guy 2009).

In what follows, I present Foucault's account of death in the modern West; as I argue, it is the specifically modern and Western relation to death that makes possible the essentialising view of suicidal subjectivity that we see reflected in Arcan's works and in the memorialisation of her life. As has been done in critical disability studies, I challenge the medical model of disability and suicide itself, rather than, with Arcan, only challenging the distinctions between the physical and the mental that are made within it.

## II. From spectacles of death to the management of morbidity

In writings such as *Discipline and Punish*, *Psychiatric Power*, *The History of Sexuality*, and *'Society Must Be Defended'*, Foucault argues that the modern occidental world is characterised by forms of power that differ significantly from the workings of power in earlier ages and elsewhere. Foucault calls these new forms of power 'biopower', and divides them into two types: disciplinary power and regulatory power. The former is a power that targets individual bodies, while the latter regulates populations; Foucault argues that historical shifts in the human species' relation to death instigated these changes in power's forms (1978a; 2003).

Throughout the Middle Ages and the Renaissance, death was an omnipresent, random and virtually uncontrollable feature of day-to-day life. Twenty percent of women died in childbirth, five percent of children died during birth and, in wealthy families, another ten to twelve percent died the following year, with infant mortality rates as high as fifty percent among the poor and in foundling homes. Famines, epidemics and plagues ravaged the population. The Great Famine of the early fourteenth century reduced the European population by ten percent, while the Black Death killed another thirty to sixty percent of the European population a few decades later. The

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constant threat of death and the helplessness of human beings in the face of death is reflected in the morbidity of medieval art – its *Triumphs of Death*, *Dances of Death*, and *vanitas* – and in medieval literature – the *Decameron* opens with a description of the Bubonic plague, which its characters have fled and await. Throughout the long Middle Ages and the Renaissance, almost no tactics existed for resisting death besides such flight, which often only spread the epidemic. Death could not be managed and was viewed as God's will.

Just as death by plague, epidemics, famines and childbirth could only be understood prior to the modern era as the irresistible workings of a divine power, so did secular power express itself through the threat and spectacle of death. Executions were public and drew crowds, and executed bodies were displayed for their exemplary value. 'Lawes are of no power', Thomas Hobbes tells us, 'Without a Sword in the hands of a man, or men, to cause those laws to be put in execution' (1981: 264). Only by killing, and by making one's ability to kill be seen, could power exert itself. While Hobbes understands the sovereign's right to kill disobedient subjects as an expression of the universal right to self-defense, Foucault resists this reading: sovereigns could kill with impunity and other people could not (1978a: 135). Anyone besides a sovereign who temporarily usurped the sovereign's power to kill, through suicide or homicide, risked being put in her place by the true sovereign, punished with execution or damnation for her unlawful seizure of the right to shed blood. Sovereign power was thus not a power that most people exercised, and was not a power that one ever escaped: death itself was understood as a transition from one kind of sovereign power (that of the king) to another (that of God alone). As a moment of transition from one power to the next, even the least dramatic of deaths was a semi-public affair and was ritualised with 'last words, last recommendations, last wills and testaments' (Foucault 2003: 248). A crucially public and visible death was thus central to both power and life itself prior to the modern era.

All this would change in the 18th century. Foucault writes:

> through a circular process, the economic – and primarily agricultural – development of the eighteenth century, and an increase in productivity and resources even more rapid than the demographic growth it encouraged, allowed a measure of relief from these profound threats: despite some renewed outbreaks, the period of great ravages from starvation and plague had come to a close before the French Revolution; death was ceasing to torment life so directly. But at the same time, the development of the different fields of knowledge concerned with life in general, the improvement of agricultural techniques, and the observations and measures relative to man's life and survival contributed to this relaxation: a relative control over life averted some of the imminent risks of death. (1978a: 142)

Foucault describes one impact of this shift as the 'disqualification of death':

> the great public rituals of death gradually began to disappear, or at least to fade away, in the late eighteenth century and . . . it is still

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> doing so today. So much so that death – which has ceased to be one of those spectacular ceremonies in which individuals, the family, the group, and practically the whole of society took part – has become, in contrast, something to be hidden away. It has become the most private and shameful thing of all (and ultimately, it is now not so much sex as death that is the object of a taboo). (2003: 247)

Earlier, in the *History of Sexuality*, Foucault argues that repression is not the most important way that power interacts with sex, and indeed we are not silent about sex but talk about it more than ever before, although it is new people (doctors, experts) who are doing the talking and they are talking about sex in new ways (medicalised and academic). In this passage, however, he suggests that repression *is* the way that power interacts with death, and death *is* something about which we are silent, that is censored or taboo. Similar observations are made by Arcan, who would say: 'I never saw any scandal in prostitution . . . sex is not a taboo anymore, but a collective obsession' (Nadeau 2009). In contrast, she writes in *Folle* that the use of life-risking drugs 'wasn't like sex, it was a more personal matter' (Arcan 2004a: 56). In an article from the same year, she criticises instructions given to the media to not cover suicides for fear that such deaths should become exemplary (Arcan 2004b: 45).

This apparent disqualification of death, its move from the centre to the margins of life, from our lens on the world to repression, censorship and taboo, is explained, for Foucault, by the prior move of death from the centre to the margins of power, its exchanging of positions with sex. New historical conditions had allowed for a new form of power: when death ceased to be omnipresent and random, life became a stable enough phenomenon that power could think to manage it. In *The Order of Things*, Foucault argues that the conception of life changed in each historical period that he considered. In the modern era, life did not simply become a more stable phenomenon, but was conceptualised differently: biology temporalises life and a life curve is theorised (1994a). Now that we can assume life as a relatively stable and temporally ordered phenomenon, we are concerned with controlling the form that such life takes. As Foucault writes:

> Western man was gradually learning what it meant to be a living species in a living world, to have a body, conditions of existence, probabilities of life, an individual and collective welfare, forces that could be modified, and a space in which they could be distributed in an optimal manner. For the first time in history, no doubt, biological existence was reflected in political existence; the fact of living was no longer an inaccessible substrate that only emerged from time to time, amid the randomness of death and its fatality; part of it passed into knowledge's field of control and power's sphere of intervention. Power would no longer be dealing simply with legal subjects over whom the ultimate dominion was death, but with living beings and the mastery it would be able to exercise over them would have to be applied at the level of life itself . . . (1978a: 142–43)

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A receding relation to death thus allowed power to take hold of life rather than simply threatening to take it away. In the opening pages of *Discipline and Punish*, Foucault famously contrasts the execution of the regicide Damiens with the schedule of prisoners in a modern prison (1977: 3–7). This example serves to contrast the exercises of sovereign and disciplinary power. Most notably, while the punishment of Damiens is a very public and spectacular death, death is not involved in the punishment of prisoners in the modern prison at all. Rather, every minute of the prisoner's life is regulated. As this example shows, in an age of biopower, death is no longer the paradigmatic expression of power; it is elided in favour of a total management of life.

Although the biopolitical state manages mortality rates, Foucault argues that it no longer deals in death directly. On the contrary, since the function of biopower is to manage life, for the biopolitical state to kill is 'scandalous' or 'grotesque' (1978a: 138; 2004: 11–12). The consequence, however, is not that biopolitical states do not kill, but that when they kill they justify their killings as 'vital' (Foucault 1978a: 137). Though executions have become rare in the Western world, when they do occur, they are no longer conceived as attempts to re-assert the authority of the ruler through bloodshed. It is no longer political opponents and everyday law-breakers who can be killed, therefore, but only those who can conceivably be seen as a threat to the life of the population. The death penalty once 'constituted the reply of the sovereign to those who attacked his will, his law, or his person. Those who died on the scaffold became fewer and fewer', Foucault writes, for

> How could power exercise its highest prerogatives by putting people to death, when its main role was to ensure, sustain, and multiply life, to put this life in order? For such a power, execution was at the same time a limit, a scandal, and a contradiction. Hence capital punishment could not be maintained except by invoking less the enormity of the crime itself than the monstrosity of the criminal, his incorrigibility, and the safeguard of society. One had the right to kill those who represented a kind of biological danger to others. (1978a: 138)

Likewise, leaders of nations no longer ostensibly take their people to war for personal glory, to expand their borders, or to loot and pillage, but because the life of the population is threatened. Like the criminal who goes to his death, the enemy is not just someone who has land or resources that one wants, but is construed as a monster, an incorrigible threat to the nation, to the West, to the values one holds dear: 'Wars are no longer waged in the name of a sovereign who must be defended;' rather, 'they are waged on behalf of the existence of everyone; entire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity: massacres have become vital' (Foucault 1978a: 137). Thus we invade foreign countries, kill soldiers and civilians, and immediately secure the oil fields; however we must claim to do so because our existences are threatened by enemies whom it is crucial that we dehumanise. We kill preemptively, because the enemy is a killing machine. If it is not plausibly *our* lives that are at risk (if, say, we have found no weapons of mass destruction), we say that it is our way of

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life, or the lives of innocent people in the country invaded. Whatever the ruses, killing can only be demanded in the name of life; protecting society is the condition under which biopower kills.

## III. The battle for suicide

If biopower has changed the way states kill, I turn now to the question of how biopower has changed the way we kill ourselves. Unlike executions and wars, suicide has long been a scandal in Western societies, a scandal of power; however it was once a scandal of power of a different sort. Saint Augustine's *The City of God* includes a chapter descriptively titled: 'That Christians Have No Authority for Committing Suicide in Any Circumstances Whatever' (1950: 65). As Augustine's title makes clear, what was once at stake with suicide as with other killings was who had the right of life and death. Under sovereign power, it is the sovereign alone – whether king or God – who has this authority. Subjects of the sovereign do not have the right to shed blood, not even their own. Throughout the Christian era, the bodies of suicides were posthumously punished – dragged through the streets face down and then hung by their feet, their property confiscated – and were not granted Christian burials (Minois 1999; Tierney 2010). This was because they had unlawfully seized the power to kill. Suicide was called self-murder and was worse than murders of other sorts.

Under biopower the problem would be different. If power is no longer the right to kill but, rather, aims to manage every instant and aspect of life, then, Foucault argues, death is the moment that one escapes power rather than the moment of transition to another power. Suicide is thus a withdrawal of one's life from the tactics of biopower. It is perhaps the *only* way to escape biopolitical regulation through one's own agency. Suicide is hence a problem for power today, but it is a problem of evasion rather than seizure. Suicide is now a problem for sociologists and psychiatrists, not for the law. Foucault writes in the *History of Sexuality*:

> It is not surprising that suicide . . . became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. This determination to die, strange and yet so persistent and constant in its manifestations . . . was one of the first astonishments of a society in which political power had assigned itself the task of administering life. (1978a: 139)

Taking up this observation from Foucault, Thomas Tierney (2010) has shown that suicide was in fact *the* social problem on which the discipline of sociology contended with psychiatry and staked its precarious claim to be a protector of society. Tierney provides a genealogy of sociology, tracing it back to the police science (*Polizeiwissenschaft*) of eighteenth- and early nineteenth-century Prussia, which used statistics to study social problems. One offshoot of police science was medical police (*medizinische Polizei*), and an important figure in this science was Johann Peter Frank (1745–1821). Frank

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was the author of a six volume work titled *A System of Complete Medical Police* (1779–1819), which offered 'a complete system of public and private hygiene from the cradle to the grave' (Tierney 2010: 369). Frank argued against the punishing of suicides, insisting instead that 'authorities should take all the more care . . . to counter the causes of suicide', which included 'the cesspool of masturbation' and 'irreligiousness, debauchery, and idleness, lavishness . . . but especially the reading of poisonous novels' such as Goethe's *The Sorrows of Young Werther* (Tierney 2010: 369–70). Frank argued that the state should take measures to prevent individuals from engaging in these behaviours: for instance, novels glorifying suicide should be banned and celibacy should be discouraged since it led to masturbation. The state should simultaneously promote more virtuous alternatives such as, presumably, marriage.

The next proto-sociologist whom Tierney discusses is Jacques Peuchet, a high-ranking police administrator under Napoleon who was responsible for suicides. Peuchet includes statistical tables on suicide in his *Mémoires tirés des archives de la police de Paris: pour server à l'histoire de la morale* (1838), presenting data relating to the sex, civil status, profession, marital status, parental status, and means of death of the suicide. Although Peuchet believed that some rate of suicide was normal in society, he considered the suicide rate in nineteenth-century France to be exceptionally high, and argued that the current '*toll* of suicides' was 'a symptom of the deficient organization of our society' (Tierney 2010: 372). Suicide thus had social causes according to Peuchet, chief among which were poverty, the oppression of the poor, and '*the evil which . . . exists in families*' (Tierney 2010: 374), or what we would now call domestic violence, child abuse, molestation, and battery. Thus, like Frank, Peuchet presented his statistical study of suicide as providing information that might indicate corrective measures that could be taken by the state to prevent suicides, or at least to lower their annual rate to a 'normal' level. Notably, for Peuchet, madness is not the cause of suicide. Rather, the causes of suicide are most often social and familial oppression.

It is in this context that Tierney situates the work of Émile Durkheim and the founding of the discipline of sociology in a study of suicide. Durkheim would write in the Preface to *Le Suicide* that sociology must 'have an object of its own. It must take cognizance of a reality which is not in the domain of other sciences' (Durkheim 1951: 38). For Durkheim, this object was the suicide rate of given populations, on which he had worked for a decade. As Tierney notes, however:

> Sociology was not the only human science concerned with this still troubling form of death. As the sin and crime of self-killing were transformed into a pitiable form of insanity, those disciplines that dealt with mental illness – psychiatry and psychology – displaced the traditional religious and moral discourse about suicide with medical claims. Indeed, one of the main objectives of Durkheim's study was to establish sociology's own unique knowledge about suicide, thereby elevating the discipline's status among the many other sciences that were crucial for the governmental administration of life . . . But before he could stake sociology's superior claim to this

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> crucial issue he first had to challenge the prevalent view of suicide as mental illness . . . (2010: 377)

Rejecting the psychiatric view of suicide, Durkheim offered what he considered to be a more 'scientific' and less moralising definition of the phenomenon, one that encompassed *all* voluntary renunciations of life, including those of the heroic soldier and the religious martyr. Self-inflicted deaths that resulted from insanity were thus, for Durkheim, only a small subcategory of suicides, and most suicides resulted from social causes which sociology could identify and indicate ways to address. Since suicide was a social problem, only few of which entailed pathology, Durkheim argued that sociology was 'better able [than psychiatry] to state precisely. . . the means that can be used to counteract it' (Durkheim 1951: 52; Tierney 2010: 380). Suicide thus had for nineteenth-century sociology the status of homicidal monomania for nineteenth-century psychiatry (Foucault 1975; 1978b): it was the phenomenon on which the experts in question chose to stake their claim to be valuable biopolitical agents, and thus to be authoritative.

Although sociologists still write on suicide, and these studies surely continue to have some authority, I show in the next section that psychiatry won the battle for suicide. As a result of sociology's relative defeat, suicide is more widely understood as a problem of individuals than of societies, suicide is perceived as an abnormal behavior – no 'normal' rate of suicide is accepted – and, contra Durkheim, martyrdoms and heroic behaviour in times of war are not considered suicides, except, interestingly, in cases such as 'suicide bombings' which are pathologised and widely considered irrational by Western commentators. The new discipline of terrorist studies argues that suicide bombers are acting on psychological issues such as 'inconsistent mothering' and 'fantasies of cleanliness' (Puar and Rai 2002: 122) – thus showing the persistence of the depoliticising medical model of suicide.

Would things have been better if sociology had won the battle for suicide? On the one hand, sociological approaches to suicide could be just as normalising (and normalising in the same ways) as psychiatry. On the other hand, if we saw suicide as a problem of societies rather than of individuals, we might be better able to address the need for social change, as Peuchet did in identifying poverty, oppression, and abuse in families as primary causes of suicide. What is clear is that it is helpful *just to know* that suicide is a phenomenon over which a battle was fought, since this – like the battles between law and psychiatry described by Foucault (1975; 1978b) – reminds us of the contingency of the current state of affairs. That there was a battle means that the battle could have gone otherwise, and that there could be future battles. Thus, what a genealogy of social scientific discourses on suicide tells us is that the word of psychiatry need not be the final word on voluntary death.

## IV. Voluntary death in biopolitical times

What Foucault surprisingly fails to do in his writings on suicide is to examine the ways in which suicide, like sexuality, has become an identity, or an anomalous kind of soul. I suggest, however, that if suicide has become an identity, this is due to the fact that it is psychiatry, not sociology, that won the battle to

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be the authority *par excellence* on suicide, just as medicine is the authority *par excellence* on sex. In this section, I argue that whether or not repression is the way that power interacts with death in general, the relation between power and suicide is productive rather than repressive – or is characteristic rather than anomalous of biopower – and this explains the birth of the suicidal subject.

Foucault has argued that subject positions such as the mentally ill, the delinquent, and the sexual pervert are not static objects that were discovered by the human and psychological sciences; rather, they were and are actively constituted by those authoritative discourses and the disciplinary practices associated with them. For instance, describing power struggles between patients and doctors in early nineteenth-century asylums, Foucault claims that doctors took themselves to be patriarchal figures and patients were understood as recalcitrant children; doctors, representing society and Reason, treated madness as a child's rebellion against the Father (Foucault 2009). In this way madness was reduced to a family drama, an indicator of the need for more and sterner discipline. Mental illness as familial drama was thus created in asylums. Psychoanalysis would later 'discover' Oedipal complexes as its key to mental illness, however the psychological sciences would then intervene upon and claim knowledge about a subject which they had themselves created.

Similarly, in *Discipline and Punish*, Foucault argues that power struggles in the prison and the discourses of criminal psychiatrists have not so much provided knowledge about and treated delinquents, as produced those subjects. Crime was once understood as an act: the law needed to discover what had happened, who did it, and punish the agent of the crime. Now, however, the legal system is at least as interested in the criminal as his act, and the prison purportedly detains the criminal's body in order to transform his soul. Disciplinary tactics for treating criminal souls have, however, long been known to produce them. Prisons are factories for recidivating subjects and prison abolitionists have argued that to fight crime it would be better to do nothing than to incarcerate. Again, what is important for my purposes is that, for Foucault, disciplinary practices and psychologising discourses that claim to know about and to treat a certain kind of subject in fact produce the subjects upon which they intervene.

Finally, in the first volume of the *History of Sexuality*, Foucault would make an argument about the sexual subject that resembles the arguments he had previously made about delinquents. Sex, like crime, was traditionally understood as an act. Now, however, and as the result of the discourses of sexual scientists, we are less interested in sexual acts than in sexual subjectivities or 'sexualities'. Sexual science has invented the concept of sexualities and it is through this lens that we have come to experience our desires. Sex is no longer an act we engage in but a desire that expresses the inherent truths of our souls, a way of being, an identity, an object of scientific knowledge and of medical intervention. Again, however, Foucault insists that disciplinary practices and discourses such as psychiatry, psychology, and sexology do not so much know about and treat the sexual subjects in question as constitute them.

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Ian Marsh has recently made a similar argument about the suicidal subject. Like crime and sex, suicide was once understood as an act. In earlier times and in non-Western cultures, suicide was perceived as an act through which a dishonoured subject could find atonement. Lucretia, raped, is understood by ancient Roman culture to be dishonoured. More importantly for the Romans, Lucretia's father and husband were also dishonoured by her rape. Lucretia salvages the reputations of her family members through suicide. Like other Romans, she performs her suicide in public, with witnesses and proclamations about the reasons for her act. Lucretia's suicide is not understood as a reflection of her mental instability. She is not depressed. The cause of death is not inherent to her soul: she is not suicid*al*. Suicide is not an adjective for her. Hers is not a private and personal act, one responding to a psychological state, but is public and political.

As early as Augustine – that inventor of the inner self – we begin to see Lucretia's psychological motives for suicide being brought into play: was she in fact ashamed, or did she not feel guilty? 'What if – only she could know – notwithstanding the young villain's violent advances, she was lured by her own lust to acquiesce and, stung with self-reproach, chose death as the way of atonement?' (Augustine 1958: 54). Sixteen hundred years after Augustine, it is hard for us to understand suicide as an act of agency, except in the 'rational' cases that might result in physician-assisted suicides. In these cases, however, we do not call the patients 'suicidal'. This indicates that in cases of physician-assisted suicide, suicide is not perceived to be an expression of the subject's being, but is merely a reasonable choice made in tragic circumstances. In all other cases, we understand suicide as a response to internal and unhealthy states of mind or, more recently, to chemical imbalances in the brain. Suicide is pathologised, a symptom of mental illness. The cause of suicide is psychiatrised and indeed neurologised and the suicidal subject is viewed as – and views herself as – a passive victim of her own unhealthy mental state. She kills herself most often in private, covertly, as a reflection of the inwardness and shame of mental illness. Any external causes of the suicide are secondary, merely instigating something that the suicidal subject was prone to due to her disordered soul. Even in the absence of any other indications of mental illness, the person who commits suicide is taken to have been mentally ill in ways that were previously imperceptible: suicide itself is an indicator of mental illness, even if it is the first as well as last symptom of disease. Ian Marsh discusses the case of a teenage girl, Alice McGovern, who committed suicide in 2005 for no apparent reason and with no history or apparent signs of mental illness of any sort (on the contrary, she was optimistic, 'upbeat', and 'cheery'), who was nevertheless pathologised in the coverage of her case, with the suggestions that she must have been depressive, obsessional or schizotypal (Marsh 2010: 47–51). What are called 'psychological autopsies' seek the psychopathological causes of suicide, dismissing external causes as well as the view of the suicide as an agent of her act (Marsh 2010: 38–43).

In 'The Looping Effect of Human Kinds,' Ian Hacking writes:

> A body of knowledge about suicide changed beliefs about what kind of deed it was, and hence its moral evaluation: 'an attempted suicide

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> is a cry for help'. Your attitude to a friend who attempts suicide will be different from that which your great-grandparents would have had. Suicides in novels today are not what they were at the time of young Werther or Heinrich Kleist, partly because science has made suicide into a human kind. (1995: 355)

Hacking describes a human kind as the object of one or more of the human sciences and as a social problem: the human sciences are particularly interested in the deviant because it is their claim to be able to contribute to knowledge about the deviant that justifies their existence. Thus human kinds are kinds of humans that, some people think, need to be intervened upon; Hacking's examples include homosexuality, alcoholism, teenage pregnancies, autism, Multiple Personality Disorder and, very briefly, suicide. We believe that we need knowledge about these deviant individuals in order to know how to intervene upon and transform them, to assist or apprehend them, and thus these sciences can claim to be useful as they may advise us on how to normalise the population. In fact, however, for Hacking these disciplines are contributing to the production of the human kinds about which they purport to provide knowledge.

As Foucault argues about sexuality, I suggest that suicidal subjectivity was constituted through the cacophony of 'expert' discourses on this subject throughout the last two centuries. Contra Foucault, it is not the case that while we discuss sex endlessly, death has become a taboo. At least one kind of death, suicide, has followed the same trajectory as sex in that it has not so much been silenced and repressed as it is spoken about more than ever before, but with new people doing the talking and with those people speaking in new ways; as with sexuality, these people are predominantly doctors, and psychiatrists in particular, although – for reasons discussed above – there has also been considerable sociological ink spilled over suicide.

In his *History of Suicide*, Georges Minois writes:

> 'To be or not to be?' The question that had been posed as the Renaissance declined and that was discussed endlessly in the salons and the intellectual circles of the seventeenth century became a topic of public debate in the eighteenth century. The question emerged from Latin treatises and muted controversy to blossom in the light of day, despite governmental efforts to stifle it. Never before had people talked so much about voluntary death, never before had so much been written about it: Many thinkers hastened to take a stand on it, and entire treatises were written, pro or con. The question had become a social reality, and it finally had a name of its own, *suicide* ... In London in the 1780s public debates were organized on the subject: The *Times* of 27 February 1786 announced a debate on the topic, 'Is suicide an act of courage?' It cost sixpence to attend. In 1789 the same newspaper declared that suicide was 'at present a general subject of conversation among all ranks of people'. Another debate was organized following the suicide of a Frenchman in Greenwich Park: So many people attended and such a great stir was caused that it ran far overtime. (1999: 210)

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All of the *philosophes* of the eighteenth century wrote on suicide. With neoclassical art, 'an entire generation took Cato, Lucretia, Brutus and Arria for its models' (1999: 247). The romantic literature of the period was littered with the bodies of those who took their lives. Horror for the ongoing punishment of the corpses of suicides, along with the punishment of the bereaved in the form of confiscated property and public shaming, led eighteenth-century thinkers to argue that suicides were mad and should thus not be punished. Melancholy and hypochondria, as well as factors such as damp climates, were theorised as having a causal relation to suicide. In their study of suicide in England between the years 1500 and 1660, Michael MacDonald and Terence Murphy show that juries deemed suicides to be *non compos mentis* (not of sound mind) rather than *felo de se* (felony of oneself) in ten percent of cases (1990: 290). In *A Dialogue Between a Philosopher and a Student of the Common Laws of England* (written between 1662 and 1675), Hobbes argued that *all* suicides should be deemed *non compos mentis*, for

> I conceive not how any Man can bear *Animum felleum*, or so much Malice towards himself, as to hurt himself voluntarily, much less to kill himself; . . . therefore, methinks, if he kill himself, it is to be presumed that he is *non compos mentis*, but by some inward torment or Apprehension of somewhat worse than Death, Distracted. (Hobbes 1971: 116–17)

Over a century later, in 1788, William Rowley would agree with Hobbes that 'Everyone who commits suicide is indubitably *non compos mentis*, and therefore suicide should ever be considered an act of insanity' (Minois 1999: 246). Slowly but surely, suicide, like sex, was shifting from the domain of morality and law to that of medicine and psychiatry. The result of this shift, according to Minois, was a silencing of 'free debate' on suicide.

Another historian of suicide, John C. Weaver, also notes that far from suicide being a subject about which we are silent, in fact we are inundated with expert discourses on this phenomenon, and these discourses have been increasingly medical. Taking the example of the French literature on suicide, for instance, he notes that:

> In mid-2006 the Bibliothèque nationale held 265 publications with suicide in the title that had appeared in print between 1730 and 1950 . . . By topic, the books and pamphlets . . . included 55 of a literary nature, 23 pertaining to legislation or the criminal code, 18 in the form of true stories or sensational court cases, and 18 treating methods and forensic issues. Several more dealt with miscellaneous subjects, such as consoling survivors. Medical, psychiatric, or sociological publications accounted for 102 titles. The first of these, an essay on suicide as an expression of mental illness, was printed in 1816; a second study in 1822 considered the interplay of mental illness and social phenomena. From 1830 onward, books and articles with medical connotations regularly appeared in print. Research had advanced to such a degree of sophistication that in 1844 Gustave-François Étoc-Demazy (1806–93) suggested the time had come to

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> break from the tradition of studying suicide in Paris and other great capital cities and look at a rural area. For his monograph, he selected Sarthe, where he was medical director at an asylum. (Weaver 2009: 29–30)

If it is true that some discourses on voluntary death are now silenced, this is thus not indicative of a total silence on the matter, but rather of the monopoly that the medical profession has on what can and cannot be said of suicide. As Minois notes, suicide is no longer a matter for philosophical debate, however suicide is spoken of in new ways and no less loquaciously. While Arcan describes media blackouts on suicide, in fact this censoring is not a silencing, but a dictation of what can – and must – be said. Media guidelines recommend that when covering suicide journalists should 'Encourage discussion by health experts on the possible contributory causes of suicide'. They should also not 'romanticize or glorify suicide', or 'overemphasize the "positive" results of a person's suicide. A dangerous message from the media is that suicide achieves results; it makes people sorry or it makes people eulogize you' (Marsh 2010: 46).

Marsh's study of suicide also shows that by far the dominant voice in the current proliferation of discourses on suicide is the voice of psychiatry: in anthologies on suicide, the vast majority of contributions are from psychiatrists with the remainder being from psychologists and other medical practitioners. A popularised but medicalised account of suicide, *Night Falls Fast*, was a *New York Times* bestseller, while a number of journals are devoted to the psychiatric study of suicide (Marsh 2010: 43–44). Marsh divides psychiatric accounts of suicide into two groups: those attributing suicide to biological causes such as abnormalities in the brain, and those attributing suicide to mental illness (2010: 43). In either case, the cause of suicide is taken to be universal and independent of culture. The medical view of suicide has spread to Eastern cultures such as Japan, so that today Japanese subjects who commit suicide for traditional reasons, such as professional failure or disgrace, are likely to be deemed mentally ill. As Marsh notes, and although no causal connection can be demonstrated, this shift has corresponded with a 'precipitous' rise in the annual number of suicides in Japan (42).

In *Paradis, clef en main*, a psychiatrist tells Antoinette that her inability to live is innate, and this is a belief which Arcan repeats again and again in her writings. Rather than considering the possible relation between her consistent critiques of gender, her experiences of sexual oppression, and her sense that she could not live in the world, Arcan accepted that she was not made to live and that her problem was medical and primordial. That is, she was convinced that something was wrong with her and not with the world, and that something could not be changed because it was innate. Although not oblivious to social factors, psychiatry privileges medical, biological, or neurochemical rather than contextual and politicisable causes for the desire to die. The medical model is the one that predominates what media discussions of suicide we have; for instance, a recent article in a Canadian university student newspaper informs us that 12–18% of university students have a diagnosable mental illness, and notes higher rates of depression and suicidal ideation among students than the general population, but does not question what

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it is about the university that could explain these figures (Veilleux 2011: 3). While we might legitimately ask how it is that the university makes students depressed, or why antidepressants are so highly prescribed at university health clinics, this article merely concludes by stating that depression is caused by chemical imbalances in the brain (2011: 3). Although depression is a condition that psychiatry claims to be able to treat, it is approached as a condition of subjects rather than as an effect of societies, situations or institutions. Insisting to patients that suicide is a condition of their souls or brains, even if a treatable one, makes suicide into an identity, and thus an inevitability for certain subjects.

What this shows is that there is today what Marsh calls a 'compulsory ontology of pathology' with respect to suicide (2010: 28). As Foucault scholar Johanna Oksala writes, however, 'ontology is politics that has forgotten itself' (2010: 445). Without wanting to replace a compulsory ontology of pathology with a compulsory ontology of oppression, a Foucauldian approach to suicide suggests that the suicidal subject, similar to the mentally ill subject, the delinquent, and the sexual subject, is not so much an object of scientific knowledge as a product of it. The psychological sciences have not so much come to understand the truth of suicide – or the fact that Lucretia, Cato, and all those samurai were insane – as they have constituted a new reality, making of suicide a subject position, a human kind, or an identity. Troublingly, this means that the discourses and practices that we draw upon to understand and to prevent suicide may in fact contribute to creating subjects bound to kill themselves, or at least to contemplate suicide throughout their lives.

## V. Resisting the medical model of voluntary death

Foucault occasionally mentions suicide as a form of resistance to power, or at least as a minimum requirement for a relation of power to exist. Power necessarily entails the possibility for resistance, even if the only available act of resistance is suicide. If one is so dominated that one cannot even escape into death, there is, for Foucault, no power relation at all. He writes: 'Even though the relation of power may be completely unbalanced . . . a power can only be exercised over another to the extent that the latter still has the possibility of committing suicide, of jumping out of the window or of killing the other' (1987: 12). Foucault's publication of two memoirs of subjects who took their lives, Pierre Rivière and Herculine Barbin, might be read as illustrative of such resistance: Rivière kills himself after psychiatrists deem that he must live the remainder of his life in prison, and Barbin kills hirself after doctors decide that ze must live the remainder of hir life as a man. Both Rivière and Barbin were intensively targeted by medical power, and escaped submission to this power through death.

Unfortunately, Foucault's comments on these memoirs are brief and say little about the suicides. Although two of Foucault's students read the parricide's suicide as an act of resistance to medical power, Foucault himself declines to discuss Rivière's memoir out of 'reverence and perhaps, too, terror for a text which was to carry off four corpses along with it' (1975: xiii). Of Barbin, Foucault merely writes: 'Obliged to make a legal change of sex after judicial proceedings and a modification of his civil status, [Barbin]

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was incapable of adapting himself to a new identity and ultimately committed suicide. I would be tempted to call the story banal . . . ' (1980: xi). In contrast to hir own narrative of hir life and death, the retelling of Barbin's story by a mad German psychiatrist, Oscar Panizza, is deemed by Foucault 'remarkable' (1980: xv), primarily because rather than having Alexina commit suicide, Panizza has hir 'vanish at the end of the narrative leaving no trace. He did not even choose to fix her with a suicide, whereby she would have become a corpse, like Abel Barbin, to which curious doctors in the end assigned the reality of an inadequate sex' (xvi). While Rivière's suicide defied a medical power that had forbidden the death he desired, Barbin's death only provided curious doctors with a corpse to examine, a canvas for their theories. Rather than seeing Barbin as having killed hirself in defiance of medical power, Foucault sees hir driven to death by doctors, and in death becoming an even more passive victim of their medical gaze. Thus suicide is not always a way to evade biopower: in some cases it may give biopower just what it was looking for.

Two other texts by Foucault discuss suicide as a possible strategy of resistance to the medicalisation of death – or at least as an alternative to the banality and ugliness of our current hospitalised deaths and funeral parlours. In 'The Simplest of Pleasures' – a short, perhaps tongue-in-cheek piece written between the first and the final volumes of *The History of Sexuality* – Foucault describes suicide both as a pleasure and as a matter of style. The reference to pleasure situates suicide as a form of resistance in terms of the first volume of *The History of Sexuality*, where Foucault famously writes of 'bodies and pleasures' as a 'rallying point for the counterattack against the deployment of sexuality' (1978a: 157). At the same time, the discussion of suicide as a means of stylising one's death situates the discussion within the intellectual trajectory of Foucault's final writings: rather than leaving one's death up to the randomness of chance or to the ugliness of disease, to be managed by others, suicide allows the subject to fashion a beautiful death as the final aspect of a beautiful life (Foucault 1994b). This is an idea that Foucault also mentions briefly in an interview titled 'Social Security', in which he imagines creating a suicide 'institute' and urges us to 'try rather to give beauty and meaning to death-obliteration' (1988: 176). In 'The Simplest of Pleasures', Foucault also imagines the creation of places that would facilitate suicides, but this time he speaks of commercial establishments much like Arcan's fictional company, Paradis, clef en main: there would be salespeople who would customise suicides according to the client's wishes and 'style', and there would be a screening process such that 'only those potential suicides which are committed with forethought, quietly and without wavering' would be supported (Foucault 1994b: 778–79). Once more linking suicide to the resistance tactics of bodies and pleasures, Foucault goes on to suggest that this 'commerce' in suicide might resemble Japanese brothels, or 'love hotels' in Tokyo, and notes that the Japanese 'know a lot more about suicide than we do' (1994b: 779). This resonates with Foucault's comparison of the sexual sciences with the *ars erotica* of the East in the *History of Sexuality*, and his occasional efforts to look eastwards rather than backwards in Western history for counterpoints to our political present.

As in the case of sexuality, I think it is useful to think about an aesthetics of death (or of sexuality) as part of an aesthetics of life more generally; such an exercise casts into question the apparent inevitability of the medical approach

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to these phenomena. Nevertheless, in lieu of a psychiatric response to suicide, my first recourse would not be to propose, with Foucault, an aestheticisation of death or its hastening, but rather its historicisation and politicisation. This would be more consistent with Foucault's treatment of phenomena such as sexuality, madness, and delinquency during his genealogical period. As with Foucault's discussion of the medical constitution of sexualities, a genealogical approach to suicide would mean insisting on the contingency of suicidal (like sexual) desire, and the political nature of our current ontology of suicide as pathology. Rather than seeking the biological or psychopathological sources of suicide within the subject, we should seek a political recognition of and response to the reasons that lead some people to take their lives. In the case of Arcan, the desire for death was likely produced through practices of gender and sexual oppression. In the case of many people experiencing disability, some of whom choose physician-assisted suicide, the desire for death may be constituted by structural forms of oppression that view the physically disabled as killable and deem their will to die to be 'rational' – and this, unfortunately, is a view in which Nelly Arcan's writings on suicide were complicit.

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**Chloë Taylor** is Assistant Professor of Philosophy and Women's Studies at the University of Alberta. She has a Ph.D. in Philosophy from the University of Toronto and was a Social Science and Research Council of Canada and Tomlinson postdoctoral fellow in Philosophy at McGill University. Her research interests include twentieth-century French philosophy, philosophy of sexuality, feminist philosophy, and animal ethics. She is the author of *The Culture of Confession from Augustine to Foucault* (Routledge 2009, 2010) and the co-editor of *Asian Perspectives on Animal Ethics* (Routledge 2014).

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