

While of Unsound Mind? Narratives of Responsibility in Suicide Notes from the Twentieth Century

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Between 1892 and 1960, most suicide verdicts rendered during coroners' inquests labelled death by a person's own hand as "suicide while of unsound mind." During this period, psychiatrists increasingly determined the degree to which individuals who attempted to kill themselves could be considered criminally responsible for their actions or not responsible by reason of mental illness. To elucidate this gradual transition from state to medical authority over suicide in Canada, we analyse narratives of responsibility found in "suicide notes" appended to coroners' inquests, particularly ways in which the act of suicide was construed by individuals who committed suicide as a rational decision or an individual right and not as a moment of madness or a criminal act.

Entre 1892 et 1960, la plupart des verdicts de suicide attribués à la fin d'une enquête du coroner nomment le fait de se donner la mort comme « un suicide dans un moment de folie ». Au cours de cette même période, les psychiatres vont être amenés à déterminer de plus en plus le niveau de responsabilité de personnes qui ont attenté à leur vie, à savoir si ces dernières peuvent être tenues criminellement responsable de leur geste ou au contraire déresponsabilisé pour cause de troubles mentaux. Pour tenter de réfléchir plus en avant sur cette transition graduelle de la gestion pénale à la gestion médicale du suicide au Canada, nous avons analysé les récits de responsabilité dans les « lettres de suicide » jointes au dossier de l'enquête du coroner; particulièrement la manière dont le geste suicidaire a été construit comme un acte rationnel ou basé sur la base de droits individuels par les personnes qui se sont enlevées la vie en opposition à un moment de folie ou un acte criminel.

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ON DECEMBER 28, 1932, a man living in Montreal addressed the following instructions to the coroner who, as this man was aware, investigated and passed judgement on every death that occurred in the city:

Dear Sir: If you are called on to investigate my remains and the causes that would from a living being be a deceased, I hereby warn you that no one should be accused of my death.

It is freely and voluntarily, with full knowledge of my actions that I take my life.... As a representative of a so-called human justice, the law authorizes you to consider this act of freeing myself as a criminal offense. ... To you, I say simply this. Humans take refuge in death with or without reason. If a man commits suicide without reason, it is because he is deranged, and the penalty is unjust and ineffective in cases of madness. If a man frees himself from life with reasons that motivate his act, these reasons are mainly threefold: illness, poverty, and finally sorrow stemming from a broken heart and a broken spirit. ... If the justice system has rights over the individual I am obliged to tell you that it goes beyond those rights in many cases.¹

Even though it is not accurate to believe that suicide was considered as a crime in 1932 in Canada, attempted suicide was a punishable crime under the *Criminal Code of Canada* until 1972.² During the first half of the twentieth century, people who committed suicide expressed awareness of the offensive nature of their actions, some believing that they were committing a crime. As illustrated in the above excerpt from a so-called “suicide note,” such individuals emphasized their desire, free will, or right to end their lives for reasons unconnected to the state’s laws and criminal justice system. Writers of suicide notes in early twentieth-century Canada, moreover, also routinely challenged the notion that suicide could be considered an act of madness.

This dual reference to suicide and attempted suicide as both a criminal and insane act emerged from developments during the second half of the nineteenth century, during which religious discourses that had influenced state policies and legal decisions regarding suicidal behaviour were progressively displaced by psychiatric discourses in the twentieth century.³ Whereas within religious

1 Quebec National Archives [hereafter QNA], Coroner’s Inquests, Court of General Sessions of the Peace Archive, Quebec City District, 1908-1986, Fund TP 12, S 1, SS 26, SSS1, 1932, File no. 2082, man, 43 years old.

2 Punishable under common law before the passage of section 238 of the first *Criminal Code of Canada* (CCC) of 1892, attempted suicide was punished under section 213 of the CCC from 1954 until its decriminalization in 1972. Suicide was not included in this first CCC, even though this behaviour was considered as a crime under the British law in force until then.

3 For Alvaro Pires, the notion of discourse (or a discursive formation) refers to a cognitive structure or to a discursive system having the following characteristics: 1) it has an historical-cultural dimension, that is to say, it represents a strong concentration of meaning; 2) it continues in time; 3) it is macrosocial; 4) it can contain internal tensions, options, and bifurcations; 5) it is institutionalized by a system of communications and practices; 6) it tightly binds facts and social values; 7) it sees itself as knowledgeable; 8) it is socially available and more or less understood according to the period under consideration. These characteristics also apply in relation to other forms of behaviour defined as deviant, notably homosexuality. See Alvaro Pires, “La recherche qualitative et le système pénal. Peut-on interroger les systèmes sociaux” in Dan Kaminski and Michel Kokoreff, eds., *Sociologie pénale : système et expérience* (Ramonville Saint-

discourses the belief in the sanctity of life originally legitimated the criminalization of suicide during the ancient regime (and its decriminalization *de facto* in the late eighteenth century⁴), voluntary death was gradually medicalized, redefined as the result of temporary madness or chronic insanity according to psychiatric experts and their medical discourses on mental illness.⁵ An abundant literature testifies to the growing importance of alienism, as psychiatry was then called, in the explanation and management of certain so-called “deviant” behaviours.⁶ Suicide and attempted suicide were such behaviours. By the end of the nineteenth century, the terms and concepts used to describe suicidal behaviours were increasingly derived from the language of psychiatry. The first *Criminal Code of the Dominion of Canada*, adopted in 1892, codified this psychiatric exemption for attempted suicide. It stated that a person accused of attempted suicide was to be declared “not guilty” in cases of insanity (section 11) and detained under medical supervision until further notice by the governor of the province.⁷ From the perspective of authoritative discourses – in this case legal and psychiatric – this new code constituted an important shift in social reactions to voluntary death and the suicidal individual. The act was no longer straightforwardly immoral or criminal, and was now conceptualized as a pathological state that required medical evaluation and intervention to understand and prevent it.⁸

This paper focuses on the testimony and self-expression of individuals who committed suicide and, especially, on those who refused to have their final act “distorted” by institutional authorities represented by coroners, physicians, or police. Many of these individuals were fully aware of the self-murder they were about to commit and wanted to claim full responsibility for their actions. Before

Agne: Éditions Érès, 2004), p.188. On process of decriminalization and medicalization, see also Patrice Corriveau, “Religious and Medical Discourses at the Core of the Legitimization Process of Penal Law. The Management of Homoerotic Mores in Quebec (1892-1969),” *Champ pénal / Penal Field*, vol. 4 (2007) and *Judging Homosexuals: A History of Gay Persecution in Quebec and France* (Vancouver: University of British Columbia Press, 2011).

4 A paper focusing on the verdicts in the Montreal coroners’ inquests between 1767 and 1886 is forthcoming from the authors. The preliminary data from an analysis of the archives from the Montreal Coroner’s Office for this period show that verdicts of felony – for example, “being thereunto seduced by the Devil on the Morning ... feloniously ... voluntarily of his malice brought himself killed” (QNA, 1768, B.118) – were replaced by verdicts in which suicide was attributed to mental illness such as “non compos mentis – being sound of mind, memory and understanding but lunatic and distracted ... did kill himself” (QNA, 1816, no. 112) and “suicide in a moment of insanity” (QNA, 1842, no. 594).

5 See John Weaver, *Sorrows of a Century: Interpreting Suicide in New Zealand* (Montreal and Kingston: McGill-Queen’s University Press, 2014) and *A Sadly Troubled History: The Meanings of Suicide in the Modern Age* (Montreal and Kingston: McGill-Queen’s University Press, 2009).

6 See, for example, Michel Foucault, *Histoire de la sexualité. La volonté de savoir* (Paris: Gallimard, 1976); Ian Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley: University of California Press, 1991); Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (New York: Cambridge University Press, 1987); Arnold Davidson, *The Emergence of Sexuality: Historical Epistemology and the Formation of Concepts* (Cambridge, MA: Harvard University Press, 2001).

7 *Criminal Code of Canada as Amended in 1893* (Toronto: Carswell Co., 1893), section 736: 860.

8 See, for example, the field of suicidology founded in 1968 by Edwin S. Shneidman, PhD. The American Association of Suicidology (AAS) promotes research, public awareness programmes, public education, and training for professionals and volunteers. See Edwin Shneidman, ed., *Suicidology: Contemporary Developments* (New York: Grune and Stratton, 1976). In addition, AAS serves as a national clearinghouse for information on suicide. See <http://www.suicidology.org/home>.

committing suicide, they prepared written statements in which they expressed their views or wishes explicitly. These texts, commonly called suicide notes, were often rendered in political, provocative, or deeply personal terms. Whereas some penned simple suicide notes to absolve friends and family of any responsibility and to assuage their grief, others exploited the opportunity of producing a suicide note to object to the labelling of suicide as evidence of insanity – as an act committed “while of unsound mind.” The legal designation of “unsound mind” likely emerged from efforts by law-makers to alleviate the moral shame traditionally cast on those who committed suicide. Nevertheless, this study shows that the label was sometimes rejected by those who planned to commit suicide and did not wish to endure the equally shameful stigma that accompanied a diagnosis of insanity, maybe because it implied moral and genetic defects in the family tree. Indeed, in written testimonies many took pains to emphasize that they were of *sound mind* when they decided to end their lives, carefully describing their rationale and mental state immediately before they acted. Whether abjuring criminal or psychiatric explanations of their intentions to die voluntarily, these individuals claimed full responsibility before proceeding, a significant consequence of the rising influence of psychiatric discourses within twentieth-century policy discussions of suicide.

This study relies on 3,856 records from the Montreal Coroner’s Office in the province of Quebec dated 1892 to 1960, in which the coroner’s inquest led to “death by suicide.” Since the British conquest of New France in 1760, a coroner’s inquest has been convened to rule on suspicious or violent deaths in the province, including cases of reported suicide. These legal reports contained all available evidence by which the coroner conducted the investigation (the verdict of suicide was made by a jury until 1968), which could include written testimony prepared by the deceased individual. From these records, we have located, catalogued, and analysed 482 suicide notes.⁹ A majority of the authors of these texts apologized for the trouble caused by their actions; some blamed specific individuals; many simply wished to say a final goodbye to loved ones. In this study, we examine 24 suicide notes, written between 1892 and 1960, in which the writer wished to take full responsibility for his or her actions, denying any supposed state of mental unsoundness that implied lack of rationality or personal accountability.¹⁰ Given the nature of our sampling, it is difficult to come to conclusions with respect to socio-demographic information. In the interest of full transparency and diligence, we share these details in Table 1.

9 We have catalogued almost 500 letters and notes, located in 4.8 per cent of all coroner records. This proportion may seem small, but its size can be explained in many ways, for example the high rate of illiteracy during the time period in question and the fact that some notes mentioned in the record cannot be found (because they were lost, stolen, or given back to the family).

10 Again, 24 letters out of 482 may seem negligible. Yet is it truly surprising that few individuals address “regimes of truth” before ending their lives? See Michel Foucault, “Nietzsche, la généalogie et l’histoire” in S. Bachelard *et al.*, eds., *Hommage à Jean Hyppolite* (Paris: Presses Universitaires de France, 1971). A discursive analysis of these catalogued letters is forthcoming, but what interests us here are the letters that demonstrated an opposition to institutional discourses.

Table 1: Socio-demographic Details of Sample of 24 Writers of Suicide Notes

	Year-Record number	Sex	Age	Race	Marital status	Profession
1	1932-2082	Man	43	White	Single	Notary
2	1913-599	Man	40	White	Single	
3	1921-1178	Man	Young	Black	Single	
4	1930-313	Man	35	White	Single	Taxi driver (Unemployed)
5	1931-615	Man	60	White	Widower	
6	1932-316	Woman	24	White	Single	
7	1954-834	Woman	25	White	Married (separated)	Waitress
8	1937-105	Man	61	White	Married	Daily worker CPR
9	1934-369	Man	68	White	Married	Works at “Maritimes”
10	1916-717	Man	Elderly	White		
11	1927-1107	Man	50	White		
12	1914-211	Man	Young	White	Married	
13	1928-533	Man	62	White	Married	
14	1953-2425	Man	30	White	Single	Unemployed
15	1921-484	Man	78	White		
16	1942-514	Woman	33	White	Widowed	
17	1951-1172	Man	48	White	Married (?)	Barber
18	1900-863	Man	29	White	Separated	
19	1925-813	Man	33	White	Separated	
20	1928-126	Woman	38	White	Married	
21	1931-997	Man	42	White	Married	
22	1933-1739	Man	24	White		Farmer
23	1958-2281	Man	60	White	Married	Lawyer
24	1959-4306	Man	47	White		

As the sociologists Howard Becker – in his study on deviancy – and Erving Goffman – in his research on psychiatric institutions – have demonstrated, it is important that our analyses extend beyond the “hierarchy of credibility” by lending a voice to those not in positions of power and authority, disrupting the elite’s monopoly on truth.¹¹ As researchers, we must revive the “voiceless,” that is, those who are marginalized, committed to an institution, incarcerated, or considered deviant, the very individuals who are defined and labelled as such by dominant discourses, in this case those who commit suicide.¹² Our approach is

11 Howard Becker, *Outsiders: Studies in the Sociology of Deviance* (New York: Free Press, 1963); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Doubleday, 1961).

12 Michel Foucault, “La vie des hommes infâmes” in Foucault, *Dits et Écrits III* (1976-1979) (Paris:

based on a comprehensive paradigm in which the meanings given to suicide take shape through the words and actions of social actors, rather than being attributed solely by the institutions of social control.¹³ Like the social scientist Katrina Jaworski, we feel it is necessary to “understand suicide as relational, and thereby as never outside discourse and power relations.”¹⁴ It is all the more important, then, to account for the voices of those who are about to take their own lives and to call attention to a discourse that stands apart from that of authority figures whose social roles include identifying the act as a suicide.

The Psychiatric Explanation: Denying Criminal Responsibility

The emergence of psychiatry as a new dominant discourse in European thinking in the nineteenth and early twentieth centuries brought about a progressive change in attitudes toward suicide: a new connection between voluntary death and madness. In Great Britain after 1843, the McNaughton Rules – a set of legal guidelines for adjudicating the criminal liability of defendants deemed insane – denied both criminal intent and responsibility of those who were seen as mad, for example people who committed suicide.¹⁵ Though formally under British jurisdiction, French Canadian psychiatrists espoused then-dominant theories on suicide popular in continental Europe, in particular the ideas of French alienists Étienne Esquirol (1838) and Jules Falret (1822).¹⁶ To highlight the strong views of these expert alienists, let us consider Esquirol’s own words, written in 1838: “Suicide being an act consecutive to the delirium of the passions or insanity, I ought to have little to say respecting the treatment of a symptom; a treatment which belongs to the therapeutics of mental diseases...”¹⁷ Not only did Esquirol and many of his European peers consider self-harm a symptom of mental disease and therefore potentially amenable to therapeutic intervention, they also condemned

Gallimard, 1994 [1977]).

- 13 Jack Douglas, *The Social Meanings of Suicide* (Princeton: Princeton University Press, 1967); Jean Baechler, *Les suicides* (Paris: Calmann-Lévy, 1975); Francine Gratton with the collaboration of Jacques Lazure, *Les suicides d'être de jeunes québécois* (Québec: Presses de l'Université du Québec, 1996); Francine Gratton, “La théorisation ancrée pour proposer une explication du suicide des jeunes” in Henri Dorvil and Robert Mayer, eds., *Problèmes sociaux*, vol. 1 (Québec: Presses de l'Université du Québec, 2001), pp. 305-334; Weaver, *Sorrows of a Century and A Sadly Troubled History*; Jean-Louis Pan Ké Shon, “Enfermement et suicides au début du 21e siècle. Approche compréhensive à partir de la dernière lettre des suicidés en prison,” *Sociologie*, vol. 4, no. 2 (2013), pp. 139-162.
- 14 Katrina Jaworski, “The Author, Agency and Suicide.” *Social Identities – Special Issue: Foucault, 25 Years On*, vol. 16, no. 5 (2010), p. 684. The study of the coroners’ reports sometimes reveals differences between a coroner’s official verdict and that of the jury, or of the witnesses interviewed during the coroner’s investigation.
- 15 Re Daniel M’Naghten, 8 ER 718, House of Lords, 1843.
- 16 Étienne Esquirol, *Des maladies mentales considérées sous les rapports médical, hygiénique et médico-légal* (Paris: J.-B. Baillière, 1838); Étienne Esquirol, *Mental Maladies: A Treatise on Insanity*, trans., with additions by E. K. Hunt, MD (Philadelphia: Lea and Blanchard, 1845); Jean-Pierre Falret, *De l’hypocondrie et du suicide. Considérations sur les causes, sur le siège et le traitement de ces maladies, sur les moyens d’en arrêter les progrès et d’en prévenir le développement* (Paris: Croullebois, 1822). Until the inter-war period, French-Canadian psychiatrists tended to espouse the dominant French theories. See Isabelle Perreault, “Psychiatrie et ordre social. Analyse des causes d’internement et des diagnostics donnés à Saint-Jean-de-Dieu dans une perspective de genre, 1920-1950” (PhD dissertation, Department of History, University of Ottawa, 2009).
- 17 Esquirol, *Mental Maladies*, p. 307.

the incarceration of individuals who attempted suicide.¹⁸ Based on the notion that it was an act committed while of unsound mind, they utilized their influence to advocate the decriminalization of people who attempted to take their own lives. This new foray of psychiatric expertise into the legal domain in the early part of the nineteenth century had lasting effects not only in Britain and Europe, but also within many provinces of the new Canadian state.¹⁹ Almost a century after Esquirol and the McNaughton Rules, for example, a Quebec psychiatrist named Georges Villeneuve recommended to the province's Attorney-General in 1913 that legal proceedings against his patient who had attempted suicide be stayed because he was of unsound mind:

This young man had attempted suicide. As he was of unsound mind at the time, he must not be considered criminally responsible for the act he committed. As his return to prison and his appearance in court could have a detrimental effect on his mental health, I would be very pleased if the Honourable Attorney-General were to accept to file a brief *nolle prosequi* allowing the young [Michel] to be sent directly back [to] the asylum.²⁰

Villeneuve's assistant, Eugene Devlin, offered a similar argument when he wrote in 1921 about another young man accused of attempted suicide who "was of unsound mind at the time of the offense for which he is charged, and he cannot, consequently, be held responsible."²¹ Once strictly criminal offences, during the second half of the nineteenth century suicide and attempted suicide were increasingly defined and managed in terms of psychiatric, rather than legal, discourse.

This transition from religious and legal to psychiatric discourses on the will to end one's own life, however, was far from consistent. At the beginning of the twentieth century, some Quebec doctors refused to intervene in cases of attempted suicide, as the following example taken from the record of a 1925 coroner's inquest suggests. Summoned to a Montreal hotel where a man had been found in his room with his throat cut, a doctor refused to tend to the wound or even enter the room. "I was told that a man had attempted suicide," he testified to the coroner. "I didn't go straight up immediately, I told myself I'll call the chief of police." The doctor waited to accompany the police chief to the room, at which time he saw "the accused, on a chair with a gash in his throat." Having been told by those who discovered the bleeding man that it was a suicide attempt, this doctor labelled the situation a crime scene that fell, firstly, within the jurisdiction of the police regardless of whether immediate medical intervention might have

18 Laurence Guignard, *Juger la folie. La folie criminelle aux Assises* (Paris: Presses universitaires de France, 2010).

19 Kimberley White, *Negotiating Responsibility: Law, Murder, and States of Mind* (Vancouver: University of British Columbia Press, 2008).

20 Mental Health Institute of Montreal Archives [hereafter MHIMA], Clinical Record, Record no. 18347. *Nolle prosequi*, or the stay of proceedings, is also a discretionary act, the exercise of which is a right given to the crown prosecutor by the legislator (*Criminal Code of Canada*, section 579).

21 MHIMA, Record no. 15290.

prevented death.²² The doctor's decision resonated with opinions expressed by Wilfrid Derôme (1919), a physician and professor of medical jurisprudence, for whom suicide remained "a murder against oneself" – even if madness was, according to Derôme, the primary factor that led an individual to carry out the act.²³

The transfer of the practical management of attempted suicide cases from legal to medical authorities occurred progressively, intensifying during the inter-war period. An analysis of Quebec court cases dealing with attempted suicide at the turn of the twentieth century shows that judges relied very little on medical expertise when delivering a verdict or a sentence. In the management of "suicidal deviants," the involvement of city authorities, family members, or even the Catholic Church – which played a fundamental role in Quebec's social cohesion at the time – figured more importantly in legal decisions.²⁴ Historian André Cellard and criminologists Élise Chapdelaine and Patrice Corriveau observe that, until the 1930s, judges did not utilize psychiatric evaluations of defendants to make rulings. They write that "the idea of 'temporary madness' at the time the act was carried out was certainly present, but it served mainly as a legal argument to determine the sentence, [not as an argument to drop the charges]. What is more, the label was attributed by the jury and/or the coroner, rather than following an in-depth psychiatric examination."²⁵

Not until the inter-war period, and even after the Second World War, were mental health experts increasingly called upon by the Quebec justice system to subject defendants to psychiatric evaluations to determine the degree of personal culpability for suicidal behaviour or, by contrast, to recommend that an individual be excused from criminal responsibility because of an impaired mental condition. Based on these evaluations from psychiatrists, an individual who had attempted suicide could be subject to medical rather than punitive intervention. The transcript of a letter sent by a prison psychiatrist named Adrien Plouffe in 1926 to the police magistrate is indicative of the increasing number of medical experts who believed that responsibility for those accused of attempted suicide should fall to physicians working in psychiatric institutions. "I found her to be of unsound mind, suffering from paranoid ideation, dangerous to herself and to society," Plouffe testified. "[I]n my opinion, it is urgent that she be committed to an asylum."²⁶

Psychiatrists routinely lobbied the courts to reduce prison sentences for those arrested for self-harm, minimizing the responsibility of the accused based on psychiatric explanations of the behaviour. They also considered that those who attempted or committed suicide were not in full possession of their mental faculties at the time of their actions. Since the mid-nineteenth century, this interpretation

22 QNA, 1925, no. 1427.

23 Wilfrid Derôme, "Étude sur le suicide," *L'Union médicale du Canada*, vol. 48, no. 11 (1919), pp. 565-566.

24 Jean Hamelin and Nicole Gagnon, *Histoire du catholicisme québécois. Le XX^e siècle*, vol. 1 (Montréal: Boréal, 1984), pp. 1898-1940.

25 André Cellard, Élise Chapdelaine, and Patrice Corriveau, "'Des menottes sur des pansements' : la décriminalisation de la tentative de suicide dans les tribunaux du Québec entre 1892 et 1972," *Revue canadienne droit et société*, vol. 28, no. 1 (2013), p. 87.

26 MHIMA, Record no. 18322, 1926.

of reasons leading individuals to take their own lives was, in fact, widespread in the verdicts found in Quebec's coroners' inquiries to determine cause of death.²⁷ Indeed, even when individuals who committed suicide invoked external reasons to explain their mental distress (for example, marital problems or financial troubles) and who generally appeared to be of sound mind, coroners, juries, and those close to the defendant typically alleged that he or she had exhibited "a moment of madness or insanity," however temporary. As the twentieth century progressed, suicidal behaviour was increasingly explained in terms of psychiatric illness by both legal and medical authorities.²⁸

The emergence and consolidation of psychiatric discourses as a paradigm for explaining suicide, as well as for determining who should assume responsibility in cases of attempted suicide, was, therefore, progressive at the time. Excerpts taken from the 1930s medical records of Montreal's Saint-Jean-de-Dieu psychiatric hospital show that many social actors continued to view suicide and attempted suicide as problematic behaviours. For example, in many cases individuals accused of attempted suicide were imprisoned before being transferred to this psychiatric institution: "The patient seeks to take her own life to escape the abuse to which she was subjected. In prison, she talks to herself continuously. . . . She is accused of attempted suicide, but police authorities did not see fit to provide me with further information."²⁹ Throughout the twentieth century, social reactions to suicidal behaviour nevertheless shifted from the legal to the psychiatric domain within courts of law, with psychiatrists increasingly called upon to evaluate cases of attempted suicide. This shift led to a *de facto* decriminalization well before suicide was removed from Canada's criminal code in 1972.³⁰ In this respect, the language and actions of French Canadian psychiatrists in the inter-war period and immediately thereafter evinced the growing demand for medical treatment and management of people attempting to commit self-murder. What remains to be seen is how, in final written testimonies, individuals who successfully ended their own lives variously interpreted their actions in light of both legal and psychiatric institutional discourses.

Accepting Responsibility for Suicide

Among the examples taken from our empirical data, we find letters in which individuals who committed suicide expressed awareness of their "self-murder." When it came to interpreting and reacting to people who wanted to end their own lives during the eighteenth and nineteenth centuries, criminal punishment—rooted as it was in morality and religious discourses—predominated. Indeed,

27 The verdicts found in coroners' inquiries vary depending on the particular views of the person who was chief coroner of the Montreal district at any given time. The earliest verdicts that systematically mention "suicide while of unsound mind" were delivered in the inquiries conducted by a medical examiner named Wyatt Johnston after 1892. During the first half of the twentieth century, various verdicts referring to madness or insanity were found in the coroner files, with one exception: those made by Lorenzo Prince, an attorney by trade who held the position in the 1920s and 1930s. In his files, the suicides' verdicts by the jury were almost always named "personal or voluntary destruction."

28 Ian Marsh, *Suicide: Foucault, History and Truth* (Cambridge, UK: Cambridge University Press, 2010).

29 MHIMA, Record no. 22655, 1931.

30 Cellard, Chapdelaine, and Corriveau, "'Des menottes sur des pansements'."

suicide earned legal and moral condemnation in French Canadian society and was thus a source of disgrace. Suicidal behaviour could be viewed as *non compos mentis* (unsound mind) in the early 1800s, but it remained primarily associated with *felo de se* (felony) until the mid-nineteenth century.³¹ In several suicide notes, writers expressed the hope that authorities investigating their deaths would rapidly conclude that the “violent death”—as opposed to “natural death”—in question was voluntary so that no third party need be accused. Knowing their actions could cause problems for people around them, these individuals provided explicit written testimony with the hope of protecting others from criminal liability. The following are a few examples:

No one other than myself must be held responsible for my death.³²

Inform the *chief of Police* that G... Calloway is “*Dead by is own hand.*”³³

This is to certify that there is no one but me who is responsible in this affair. The reason for my crime is this. It is that I am a poor unfortunate man who has no luck wherever I am.³⁴

If an accident should happen to me do not blame anybody for it. I did it myself. [name]. There is nobody to notify. No relatives at all.³⁵

It is a suicide. No one is to be blame [*sic*]. I am responsible.³⁶

In case of an accident I alone am responsible.³⁷

With regard to claiming sole personal responsibility, the following suicide note is especially instructive:

I insist on making this declaration so that nobody has even a shadow of a doubt that there is one or some people that committed this act it is myself and *myself* alone that did it with my full knowledge and a sound mind. Blame must not be cast on any other than myself and myself alone....³⁸

Some addressed the coroner directly, while others addressed the police, knowing their act could have serious financial and social consequences for the people around them.³⁹ Interestingly, these writers were aware of the investigation that

31 In the Montreal coroner’s records, we find verdicts of *felo de se* until 1860. Though criminal law still considered suicide a crime, it seems that the actors within the justice system interpreted this type of offence differently and were quick to explain the act in psychiatric terms, thus anticipating future legislation on the issue.

32 QNA, 1913, no. 599, man, 40 years old.

33 QNA, 1921, no. 1178, man, young.

34 QNA, 1930, no. 313, man, 35 years old.

35 QNA, 1931, no. 615, man, 60 years old.

36 QNA, 1932, no. 316, woman, 24 years old.

37 QNA, 1954, no. 834, woman, 25 years old.

38 QNA, 1937, no. 105, man, 61 years old.

39 A.-R. Gagné, “Le suicide et l’assurance-vie,” *Assurances*, vol. 8, no. 2 (1940), pp. 61-65.

would follow their deaths, showing they were not indifferent to the social reaction of public authorities. One individual wrote to both the coroner and chief of police in separate suicide notes, with distinctive content and instructions for each addressee. To the coroner, for example, he said nothing concerning the act he was about to commit and wrote simply to ask a favour: “To Mr. Coroner Prince. Please deliver a verdict with the least possible publicity.” To the chief of police, on the other hand, he requested that he himself be held responsible for his actions: “To the Chief of Police. I, myself is [*sic*] to blame for this I would ask you as a favor to keep the whole affair as quiet as possible and with the less [*sic*] publicity possibly and you will greatly oblige.”⁴⁰

These notes also suggest that writers of suicide notes contemplated the private and taboo nature of the act. The same is true of another man who requested that the coroner not make his actions public. He wrote: “An incurable disease has induced me to end my suffering. ... Out of pity for my only son, M.G.C. Mark who is married and a farmer in Rougemont that [*sic*], but that I no longer saw, because we did not get along, I would ask you to avoid all publicity but inform him of my passing.”⁴¹ Another individual left instructions to the person in charge of his remains: “To whom it may concern: Please give this discovery as little publicity as possible and have these remains sent to Wrays Mountain St.”⁴² Wishes regarding the disposition of the remains were also expressed by others. It is important to emphasize the realistic expectations of certain individuals who recognized that suicide was an infamous act and made the unusual request that his or her body be handed over to science or incinerated: “To the chief of Police. I am writing you this to ask you to take care of my wife. ... p.s. give my body to the faculty at McGill. I am sure I will make a good subject for study.”⁴³ Or: “Coroner, My body is to be handed over to the Cooperative Funeral Expense Society and my remains are to be cremated and no funeral held.”⁴⁴ Notably, dissection and cremation remained unpopular choices for dealing with bodily remains in a predominantly Catholic province.⁴⁵

In addition to appeals for privacy and other post-mortem requests, in some cases individuals asked authorities to disguise the nature of their death by declaring it, unofficially, an accident to circumvent the inevitable turmoil caused by a suicide in the family. Others made the same request of family members. One man wrote to his sister:

[I]t would be preferable seeing as I have heart trouble and to hide it all to everyone so the news doesn't come to dad, that the verdict of death be syncope, or the similar. Rose show the doctor this paper (turn). ... I took 75 medinal [*sic*]. Rose, if you don't

40 QNA, 1934, no. 369, man, 68 years old.

41 QNA, 1916, no. 717, man, elderly.

42 QNA, 1927, no. 1107, man, 50 years old.

43 QNA, 1914, no. 211, man, young.

44 QNA, 1928, no. 533, man, 62 years old.

45 Martin Robert, “Disposer de son cadavre. La naissance de la crémation au Québec (1874-1914)” (MA thesis, History, Université du Québec à Montréal, 2014).

like the way I fixed this, you know I can't prevent you from doing otherwise, but it's not bad, study it, you'll see.⁴⁶

For the most part, these notes were written before the Second World War. They suggest that many individuals viewed suicide as an act that defied normative values. The note written by a man named Laval (whose words we quoted as an epigraph) mentioned that he believed he was committing a crime, showing the degree to which taking one's own life was stigmatized at that time. "The law authorizes you to consider this act of freeing myself as a criminal offense," Laval told authorities before killing himself. "If the justice system has rights over the individual I am obliged to tell you that it goes beyond those rights in many cases."⁴⁷ While we can only speculate as to each writer's intentionality, we note that many took up their pens to write directly and explicitly to state authorities to claim full responsibility for their suicides. Notes may, as we said earlier, have been written to prevent prosecution of someone who helped or could have been suspected of helping. Our reading of the files left us with the impression that, in writing notes, those who committed suicide positioned themselves against the increasing medicalization/psychiatrization of suicide, which was aimed at relieving such individuals of all criminal responsibility in cases of failed attempts.

Of Sound Mind: Resistance to Psychiatric Explanations of Suicide

The analysis of the content of suicide notes over a 60-year period illuminates yet another element of the transition from criminal to psychiatric explanations of suicide behaviours: that the anticipated insinuation of supposed insanity or "unsound mind" bothered some individuals who intended to end their own lives. With origins in the many large public mental asylums built in North America throughout the nineteenth century, a new clinical discipline of psychiatry emerged in the opening decade of the twentieth century. Psychiatrists with specialized training in neurological conditions and mental illness represented a new brand of medical expertise and quickly acquired increased power among state authorities and the general public.⁴⁸ Adolf Meyer, the prominent Johns Hopkins psychiatrist whose views both reflected and shaped attitudes in the discipline throughout this period, including in Canadian provinces, defined suicide behaviour as a strictly medical condition.

In 1931, for example, he compared suicide to an infectious disease to make his point: "Nobody has a right to go where he pleases with diphtheria or small-pox. Nobody has a right to display himself in the street in a delirium. Nobody has a right to attempt or to commit suicide." The urge to commit suicide was a pathological state, an illness, and was under the domain of medicine. All decisions regarding suicide and attempted suicide, he proposed, were medical and could not be evaluated critically by clergy or a legal court. "Danger and threat of suicide

⁴⁶ QNA, 1953, no. 2425, man, 30 years old.

⁴⁷ QNA, 1932, no. 2082, man, 43 years old.

⁴⁸ William Menninger, *Psychiatry: Its Evolution and Present Status* (Ithaca, NY: Cornell University Press, 1948); Susan Lamb, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* (Baltimore: Johns Hopkins University Press, 2014).

can be foreseen by any experienced physician,” he wrote, “but a judge may want evidence of unmistakable threats and attempts made.”⁴⁹ Medical personnel were authorized by law to quarantine patients to prevent the spread of disease, and Meyer believed that physicians were also responsible for preventing self-harm, using involuntary hospitalization if necessary. The suicidal patient was not fit to make decisions about what to do about this pathological condition, according to the so-called Dean of American Psychiatry, any more than a patient who contracted diphtheria.⁵⁰

As the rhetoric of psychiatrists such as Adolf Meyer made clear, psychiatric explanations of suicidal behaviour were widely assumed to diminish the criminal responsibility and culpability of suicidal individuals and subsequently to dilute the social stigma that traditionally had accompanied the crime of ending one’s own life. Psychiatric conceptualizations of suicide did not, however, abolish moral views on suicide and, moreover, tended to eliminate the possibility of free will in the decision to act. Explanations began to shift from felony to pathology around the mid-nineteenth century. However, mentalities changed slowly, and we have seen that many individuals, mainly before the Second World War, claimed full responsibility for their actions. Occasionally, they emphasized their own sanity to challenge the fact that their suicide would be classified by both state and medical authorities as an act committed “while of unsound mind,” a verdict commonly found in the coroners’ inquiries.

Indeed, certain individuals declared that they fully understood what they were doing and were not mentally ill, as evidenced in the following excerpts of suicide notes: “I declare that I am dying with my full mental knowledge”⁵¹ and “The coroner, no doubt will pass the usual verdict – whilst of unsound mind etc. That will have to be queried as I wish it to be known that I have never been more sane then [*sic*] I am now....”⁵² Here, the writer’s claim to be of sound mind is explicit. Some individuals appeared insulted by the common perception that suicide was an uncontrollable compulsion resulting from an illness or abnormal mental state when they considered it a rational and decisive act. Others were less direct regarding their mental health and focused on trying to express clearly the possible causes of their actions. Some stated, among other things, that they felt disillusioned or “fed up” with life. By rationalizing their actions, they attempted to show that they knew what they were doing and why they were doing it, as the following examples show:

... please excuse my writing I am nervous. Don’t think I am crazy by doing this. I am intelligent to get rid of this kind of life a man that lives in this condition of life is really crazy....⁵³

49 Adolf Meyer, “The Problems of the Physician Concerning the Criminal Insane and Borderline Cases,” *Journal of American Medicine*, vol. 54 (1910), p. 1931.

50 Lamb, *Pathologist of the Mind*, pp. 114-115.

51 QNA, 1921, no. 484, man 78 years old.

52 QNA, 1942, no. 514, woman, 33 years old.

53 QNA, 1951, no. 1172, man, 48 years old.

The fates are against me in every way, it is no use fighting against fate, this is not through despondency, but disappointment, so I take this means to end my existence. You can dispose of my body as you wish, as I am only *A Suicide*....⁵⁴

“Insane?” “Yes!” No. Just because I see no outlook in life for me and seeing nothing in life I take refuge in death? Just because of that I am insane? No. I am not crazy.⁵⁵

The Coroner, ...
I am as sane as you get the police to act....
I am not insane
Disgusted.⁵⁶

I am not insane, my feelings are hurt.⁵⁷

I’m taking my life voluntary [*sic*] as I am sick of life.⁵⁸

I am tired of life and I’m taking the easiest way out of it and am the cause of my own death.⁵⁹

Despite efforts by suicidal individuals to express in writing, sometimes eloquently and sometimes crudely, sound rationales for their behaviour, their resistance to being placed in the category of “suicide while of unsound mind” was typically overlooked by authorities. In most cases, the authorities saw in suicide and attempted suicide evidence of insanity, showing the growing influence of the psychiatric discourses. In coroners’ inquiries the verdict “death by suicide” was consistently associated with a manifestation of lapsed reason, a temporary insanity, or a severe long-term mental illness. In this regard, it is interesting to note that in 2007 the World Health Organization continued to link 95 per cent of suicides to mental illness.⁶⁰ If we continue to view suicide solely from the psychiatric perspective, however, and to accept psychiatric explanations as an ultimate truth, we risk overlooking legitimate and important alternative readings of voluntary death.⁶¹

We conclude this point with an excerpt from the only suicide note under study in which the individual claimed to be “mad.” The year was 1959, and the writer of this particular suicide note had a legal background. He took responsibility for his physical and psychological states, explaining the reasons for his actions to those authorities he imagined would evaluate his death:

54 QNA, 1900, no. 863, man, 29 years old.

55 QNA, 1921, no. 1178, man, young.

56 QNA, 1925, no. 813, man, 33 years old.

57 QNA, 1928, no. 126, woman, 38 years old.

58 QNA, 1931, no. 997, man, 42 years old.

59 QNA, 1933, no. 1739, man, 24 years old.

60 World Health Organization (WHO), *Preventing Suicide: A Global Imperative* (2014).

61 Marsh, *Suicide: Foucault, History and Truth*, p. 66.

I have terminal cancer, and have been suffering from severe depression for two months. I can suffer no longer – I ask my dear wife, my parents and my friends to forgive me.

Farewell [name]

n.b. this weapon is loaded and must be handled with care.

No investigation is necessary. This is a case of madness.⁶²

Conclusion: The Unbearable Idea of Voluntary Death

When we focus only on institutional discourses (psychiatric, legal, religious) to understand changes in social reactions to suicide, we overlook discourses that are albeit less visible, just as revealing of the evolution of perceptions: that of the suicidal individuals themselves. Those who committed suicide left written testimonials to claim responsibility for their actions, to highlight taboos surrounding it, or to challenge the idea that they took their lives in a moment of madness, however temporary. Mental disorders, it has been said time and again, often serve to deny people's criminal and personal responsibility for the consequences of their actions. It seems that the stigma of madness, however, was equally inappropriate in the eyes of many individuals who ended their lives and demanded that authorities recognize their rationality and "free will." From the perspective of many of these individuals, they decided to free themselves from otherwise irresolvable difficulties of life by means of a profoundly personal, private, and wilful act.

The written testimonies produced by people who have succeeded in or attempted to end their own lives voluntarily are scant, incomplete, and unevenly distributed across diverse archival collections. Using these sources we cannot pinpoint precisely the intentions of those who endeavoured to take their own lives, nor has it been our aim to pursue such a quest for meaning. Rather, the goal was to give voice to historical actors who used their final words to claim personal responsibility for their suicides, to declare that rational thought and free will informed their decisions, and to insist that neither legal nor psychiatric authorities exercised ultimate power over their deaths. "Suicide," the Swedish writer Stig Dagerman suggested, "is the only proof of human freedom."⁶³ The narratives of responsibility that emerged from this analysis of suicide notes written by individuals in Montreal, Quebec, between 1892 and 1960 indicate that many suicidal individuals throughout the twentieth century intended to exercise that freedom. To emphasize this important point, we conclude with the final testimony of J. Thompson, who ended his life voluntarily in Montreal on November 13, 1959:

I believe that death need not be frightening. People who are not satisfied with life wish for death. Others, like myself, who feel that they have done what good they can, and who have happy memories of a full life and many friends, would like to move along and make room in a crowded world for ones who are just entering the

⁶² QNA, 1958, no. 2281, man, 60 years old.

⁶³ Stig Dagerman, *Notre besoin de consolation est impossible à rassasier* (Paris: Actes Sud, trans. Philippe Bouquet, 1993 [1952]).

new era. It is really too bad that a curse has been put on voluntary death. Perhaps, in the Bright new world, a loaded revolver or a simple pill in a special room will be available at all times for those who wish it.⁶⁴

⁶⁴ QNA, 1959, no. 4306, man, 47 years old.