

ORIGINAL RESEARCH ARTICLE

Caring for Suicide Loss Survivors: How Fiction May Help to Research, Teach, and Cope with Suicide-Related Bereavement

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Abstract

This paper addresses the hard-to-manage, work-related phenomenon of suicide. A qualitative, postventive, and protective approach explores how business researchers and teachers may care, inquire, and talk about suicide. The use of fiction and personal experience illustrates a potential affective approach to cope with suicide-related bereavement. Suicide raises ontological, epistemological, and existential questions that defy management as control (typical of prevention strategies), so this paper focuses on postvention, broadening the scope of organizational suicidology to include suicide loss survivors, while suggesting future paths for management-related teaching and research.

Keywords: *Organizational suicidology; Postvention; Fiction; Suicide loss survivors; Bereavement*

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Dedicated to:

Sophie, Quentin and Raphaël (Barrat), and work colleagues of Prof. Christophe Barrat

Friends of Massimo Moscaggiuri from the Plinio Fraccaro College at Pavia University

Beatrice and close friends of Patrice Thevenod

Work colleagues and students, who are suicide loss survivors (whether anyone knows it or not)

There is only one really serious philosophical problem: it is suicide. Judging whether life is worth being lived is to answer the most crucial question of philosophy¹

Albert Camus (1985[1942]) in *Le Mythe de Sisyphé. Essai sur l'Absurde*

Suicide is an important issue that, with a few exceptions (Clegg et al., 2016; Cullen, 2014), organizational research has ignored.² The topic remains taboo in business

¹ Throughout the paper, all English translations of original French texts are mine.

² This paper contains material of a sensitive nature on suicide. It may be emotionally triggering for some people, but the paper aims to care for

education, despite suicide being an ongoing cause of death that, as interdisciplinary research clearly demonstrates (Howard et al., 2022), is work-related, and affects organizations, workers, as well as their family, friends, and colleagues around the world (World Health Organization, 2024). Infamous corporate cases like Foxconn (Chan, 2013; Lucas et al., 2013; Xu & Li, 2013) and France Télécom (Chabrak et al., 2016; Clegg et al., 2016), show that the workplace can be a source of stress, harassment, death, and despair (Case & Deaton, 2020; Pfeffer, 2018). Suicide happens neither only, nor predominantly at work, but workers' health and wellbeing are profoundly affected by the widespread phenomenon of suicide (Causer et al., 2022). Whether suicides happen at the workplace or not, organizations, academic research, and management education could help all those affected to better cope with this emotionally overpowering event, which is hard to grasp, and harder to manage.

This paper addresses suicide at work and at school, exploring paths towards an organizational suicidology (Cullen, 2014) that uses qualitative research, fiction, and personal experience

suicide loss survivors and other people's emotions in cathartic, protective ways.

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to talk about suicide critically and reflexively (Cunliffe, 2016). Cullen (2014, p. 47) defines organizational suicidology as 'the study of suicide in the context of organizations and organized work [focusing on] the ways in which organizational members make sense of suicide among their group members, attribute meaning to it in the context of their work and support and protect other organizational/group members'. While the reasons people commit suicide remain a crucial subject for research, prevention is not the only issue. This paper tackles the less explored subject of bereavement, raising questions about what happens to suicide loss survivors, meaning people who, in their workplaces, schools, or families, lose a significant or loved person, and 'whose life is changed because of the loss' (Andriessen, 2009, p. 43). I start from my own emotional reactions to real cases of suicide, on which I reflect with the help of literary fiction to illustrate how fiction can facilitate class discussions of suicide. Rather than engaging in theoretical gap-spotting (Alvesson & Sandberg, 2013), this paper challenges the key assumption that prevention is the exclusive purpose of organizational suicidology by constructing empirical material that shows other practical concerns that organizations and academia could address better. Organizations 'are not prepared to address employees' mental health needs or the aftermath that results from an employee's suicide death (i.e., postvention)' (Howard et al., 2022, p. 1). Academia is no organizational exception, which means professors should care, not just to prevent suicide, but to prepare themselves, as well as their students as future employees and managers, to cope with the related bereavement, once it could not be prevented.

An enlarged agenda for organizational suicidology begs for the coherence of talking about suicide in our own workplaces, as well as with our students and colleagues, when these traumatic events occur. I start such dialogue by drawing qualitatively from both personal experience and fiction for two reasons: one is to critically counterbalance the predominant quantitative and positivistic approach to suicide found in research, prevention, and postvention policies (Andriessen, 2014; Cullen, 2014); the other is to recommend the self-reflexive (Cunliffe, 2016), protective approach that I used in my own classes to address this topic.

Suicide compels us to question the assumptions about what the field of organisation studies can teach us to manage and warns us against the limitations of viewing management as control. Thus, I explore ways to care for issues we cannot control. An affective approach, where personal emotions become critical tools, shows great methodological and theoretical potential for revealing the dark side of organizational life (Dashtipour et al., 2019; Fotaki et al., 2017). Part of such an affect-sensitive qualitative approach to research uses literary fiction to study organizations (De Cock, 2000; De Cock & Land, 2006). Novels are free to ignore empirical evidence, theoretical and

methodological prescriptions, but still allow us to see new things, and old things differently (Beyes et al., 2019; Barry & Meisiek, 2010). I use novels, at the intersection of teaching and reflexive research, as a protective screen for myself, readers, and students, since they allow for reflecting at a certain affect-mediated distance on the real and painful topic of suicide. Drawing from fiction and narratively reconstructing real stories, I critically consider work and management capabilities, hoping that popular fiction can start a conversation more easily than harsh reality, especially for suicide loss survivors, who may prefer participating at an emotional distance without publicizing their real stories. This (Aristotelian) form of catharsis allows audiences to relive bad memories and cope with emotions, due to their non-real presentation as drama (Meisiek, 2004).³

Moreover, the emotions of novels on complex work-related problems are less illusive than simplistic management myths, like the belief that whatever is measurable is also manageable. This paper opposes such simplifications by applying qualitative research and pedagogical attention to a complex human behaviour that is hard to manage, though not because we lack research attempting to measure and prevent it. Suicide eludes rational explanations, statistical predictors, and standard risk-management preventive strategies, calling instead for a poetic praxeology (Tsoukas, 2017, p. 132) that is more compatible with literary organisation studies (Beyes et al., 2019).

Emotions can turn anxiety into method (Devereux, 2014 [1967]). I have pursued a qualitative, reflexive understanding (Cunliffe, 2016) of the relatively new phenomenon of suicide at work (Dejours, 2005), offering pedagogical suggestions for approaching scarily unmanageable issues. Who, as a parent, child, friend, colleague, teacher, or student does not dread failing to recognize a fragility that may lead their child, parent, friend, colleague, student or teacher to take their lives? To consider suicide bereavement from a management scholarship perspective, I ask:

How can a postventive, qualitative, and affective organizational suicidology contribute to business research and education on how suicide loss survivors cope with occurred suicides?

To address this question, I first review selected literature on suicide and explain my methodological use of fictional and real stories. I then provide empirical vignettes of real suicides that took place at work or school, followed by fictional excerpts I used for personal reflection. Finally, I outline the paper's contributions, limitations, and paths for future research.

³ Suicide is not like any other conversation or research topic; it may inadvertently and unknowingly evoke strong emotions in listeners, who may secretly be suicide loss survivors. Discussing suicide with colleagues, friends, and students, I have learned to remain aware of the risk of painfully banalizing the subject. Dramatizing emotions through serious fiction is one way to avoid this.

Theoretical and methodological reflections

Personal affect and fiction enrich organizational analysis and teaching of complex issues

Business scholars rarely address suicide in teaching or research. We lack management knowledge on how professors or employers should talk to students and employees about this emotionally disturbing hazard, although ignoring already occurred suicides clearly seems insensitive. Suicidology is an interdisciplinary topic that business studies do not address in their journals and curricula. In some of my lessons, students have sometimes brought it up unprompted, just by answering the open question: What is the worst thing that can happen to you at work?

An affective, reflexive approach based on the qualitative analysis of individual cases (including fictional ones) conveys a sensitivity that statistics cannot, because numbers on anonymous cohorts background personal dimensions. Here I suggest the opposite: foregrounding emotions, backgrounding numbers. Qualitative research allows for contextualization and for grasping the situated nature of phenomena that includes not only rationality, but also emotions. We easily accept the fact that novelists draw upon their own emotions to create fictional representations of human affect that ring true to their readers. Yet it seems less legitimate for social scientists to draw from their lived experience to produce new knowledge, or lectures and classroom materials. Yet compelling, heartfelt autoethnographies (Ellis, 1999) show how the emotional involvement of scholars is not an obstacle to rigorous reasoning, and business scholars do self-reflexively and critically examine their emotions (Cunliffe, 2016; De Vaujany & Introna, 2024; Grey & Sinclair, 2006; Learmonth & Humphreys, 2012; Petani, 2019). A commonly held positivist view contends not only that affect in the researcher hinders objective distance from the study object, but that when affect itself is the object of study, any affect in the researcher becomes an intractable problem. In a methodological discussion of how to enrich organisation studies through the study of emotions, Sturdy (2003, p. 82) explained: 'The unknowable, private and/or unmanageable cultural characteristics of emotion [...] draw attention to more general methodological, epistemological and moral-political concerns'. This paper's core motivation to explore a personally engaged worldview is that suicide is clearly connected to emotions, not only for those who commit suicide, but also for those forced to cope with the losses it creates, as well as those who research the topic. Suicide researchers should reflexively account in their methodologies for how their anxiety and other emotions may have distorted or enriched their analyses (Dickson-Swift et al., 2009). The field of organisation studies has learned from anthropology and psychoanalysis about the risks and benefits of countertransference (Devereux, 2014 [1967]), which happens when

investigators unconsciously exclude anxiety-arousing data, interpret the behaviour of subjects in terms of their own repressed needs, or qualify as scientifically relevant only behavioural variables that are affectively neutral. Management research has recently suggested 'de-placing itself', from conventional expectations to affective processes resonating with feelings of existential ruptures like love, death, or illness (De Vaujany & Introna, 2024). Such reflexivity opens new critical possibilities (Cunliffe, 2018), placing management professors and their students along a path to become who they decide to be, instead of complying with what is expected of them.

Methodologically, one can use research-related emotions, and even one's own dreams, to make sense of emotionally intense fieldwork (De Rond & Tunçalp, 2017). It is also possible to apply a radical reflexivity informed by countertransference to one's qualitative analysis of organizations (Duncan & Elias, 2021; McMurray, 2022). For example, clinical practitioners of occupational psychology see value in qualitatively reconstructing the working conditions in effect at the time of workplace suicides in order to better grasp the relationships between employees' depression and oppressive management cultures (Dejours, 2005). Sociological imagination can proceed from personal experience to sound theorizing, as argued about the autobiographical nature of Erving Goffman's critique of mental illness institutions (Fine & Manning, 2003), which affected him at the intimate level through the treatment received by his wife, who committed suicide in 1964.

The epistemological potential of combining lived experience, theory, and fiction and applying them to the extreme case of suicide suggests three main methodological and practical advantages. Firstly, an affect-sensitive, protective approach to suicide has a long-term temporality. Because this approach does not focus on preventing suicide, it does not stop at its occurrence but instead accounts for the need for postvention and allows for historical analysis of management cultures and people's feelings. People cope with suicide long after the event itself. A postventive, affect-sensitive approach extends analysis and practice to suicide loss survivors who need care. Statistical, objective certainty on risk variables fuels 'what if' recollections in people who may unhealthily indulge in a post hoc indefinite sense of guilt, instead of achieving closure and carrying on. Suicide is not going to go away any time soon, and this is a painful truth for those who were (and remain) close to people who killed themselves. They are often left alone by their organizations to deal with this burdensome emotional aftermath. Suicide endures, by haunting the feelings of suicide loss survivors. As Shneidman (1969, p. 22) put it: 'The person who commits suicide puts his psychological skeleton in the survivor's emotional closet'. Instead of insisting on preventive narratives, shared stories of loss may help suicide loss survivors to cope with negative feelings, such as guilt or resentment.

Secondly, using an affective approach allows us to frame death as an emotionally charged yet everyday occurrence that requires critical concern (Fotaki et al., 2017), which fiction can foster. The phenomenon of suicide seems unmanaged, in that it resists cultures of prevention, control and management (Gabriel, 1995). However, organizational research can tackle suicide not just as a personal or private, individual behaviour, but also as a social, work-related hazard. Organizational suicidology should criticize unhealthy environments and toxic management cultures, including but also extending beyond the legal responsibilities of employers and employees. Where, when, and how people commit suicide communicate insights that, as we shall see, appear affectively unmistakable (see Dejours, 2005). These desperate cries of pain (O'Connor, 2003) demand us to critically question contemporary work ethics, since modern management cultures harm employees' health (Pfeffer, 2018) and suicide at the workplace is on the rise (Germain, 2014).

A third advantage of an affective approach is that those in need of postvention (whether known or unknown) can benefit from the use of fictional and personal stories, as these can help them to talk about emotions they might be either purposefully or unconsciously repressing. Commenting on the emotional states of other real or fictional people, or even just listening while others discuss these, allows suicide loss survivors to get off their chest, or cathartically cope with (Meisiek, 2004), thoughts and feelings they might be struggling with, without revealing or sharing their personal stories if they prefer not to. Professors, coworkers, and managers can also draw from personal and fictional stories of suicide, but not just as distractive diversions. We should not confuse fiction with escapism, or use it as a kind of abstract form of protection. Fiction is a serious tool for thinking through real problems and troubling emotions, however frightening or embarrassing they feel. We should not be afraid of using the word 'suicide' explicitly if we are worried that people in distress may be struggling with suicide ideation and therefore in danger. The word and topic are not dangerous. As lecturers, we can learn, then perhaps teach our students, not to be unnecessarily afraid of suicide, first starting with novels, then moving towards being able to talk about real problems at work, family, or school.⁴

What we do not talk about when avoiding organizational suicidology (in class and research)

Recent medical reviews inform us that suicide 'can occur at any point in the lifespan, and is the second most frequent,

⁴ Some suicide prevention counsellors clarify 'the importance of being direct', since 'using the word suicide does NOT put the thought into someone's head', nor makes its occurrence more likely, and saying the word avoids dangerous misunderstandings (see online training resource Suicide: Let's talk in Appendix 2; cp Appendix 1).

and in some countries the leading, cause of death among young people aged 15–24 years' (Zalsman et al., 2016, p. 646). High school and university students and young workers are particularly at risk, which means all education professionals, as well as employers and human resources managers, should care about the vulnerability of students and young employees. Business education may not prevent suicide—schools have mixed harmful and protective effects, as do social media (*The Economist*, 2022)—but if business scholars addressed suicide they would hardly harm the understanding of organizations, including academia. The institutions that sociology most often studies, to understand the high risk of suicide of its members, are the army, hospitals, and prisons. We know less about how schools, universities, and work environments either welcome or stress young students and employees. Personal accounts of survivors of toxic work environments are still unique (Chan, 2013). Management scholars should look reflexively (Cunliffe, 2016; Smith & Ulus, 2020), harder, and closer, talking to students, and especially PhD students (Hazell et al., 2020; Levecque et al., 2017; Quijada, 2021; Satinsky et al., 2021; Vidaillet et al., 2018), and middle-aged professors (Oswald, 2018), as particularly fragile academics.

Organizational research on suicide and positioning within ongoing debates

We support the view that 'that work can kill the will to live is a fundamental ethical problem' (Clegg et al., 2016, p. 409), which would benefit from sociological, cultural perspectives.

The few organizational papers that address suicide (Clegg et al., 2016; Cullen, 2014) have usefully revisited Durkheim (2005 [1897]), who proposed social integration and social regulation as explanatory dimensions for different types of suicide. An excessive social integration explains a form of personal disintegration whereby individuals sacrifice themselves for some higher-order common good through *altruistic suicide* (e.g., the deeply symbolic immolation for a cause). In contrast, lack of social integration may lead to *egoistic suicide*, wherein individuals lack a sense of organizational identity, as discussed in the cases of the financial professionals who disengaged from their firms and industries during the financial crisis (Cederstrom & Fleming, 2012). Those who perceive social regulation as excessively constraining may commit *fatalistic suicide*, such as in highly regulated firms like Foxconn (Chan, 2013; Lucas et al., 2013). At the opposite end of this regulation spectrum, such as when work and organizational rules change rapidly, employees who are unable to see a role for themselves within the new norms may engage in *anomic suicide*. The tragic wave of suicides that followed the privatization of France Télécom, whose workers suffered in the

transition from state regulation to the logic of the private sector (Clegg et al., 2016), can be seen as this type of suicide.

An organizational suicidology sensitive to emotions and affect could develop a cultural approach (Cullen, 2014), based in solidarity (Clegg et al., 2016), dignity (Lucas et al., 2013), care (Germain, 2014), and protection from work-related identity insecurity and fragility (Collinson 2003), rather than limit itself to the control-obsessed prevention strategies of human resource management (of which there is no want). Such an approach should take the call for creating postvention plans seriously (Causer et al., 2022) and may require the hard task of engaging with people's personal weaknesses (Chan, 2013), rather than just with anonymized cohorts of statistical trends. Cullen (2014, p. 43) suggests that since Durkheim, suicide has been 'greatly "psychologized" or "medicalized"'. This is ironic since Durkheim's statistical study of suicide, which contributed to the dominant quantitative approach, aimed to oppose precisely that—a reduction of suicide's causes to an individual's mental health or psychological problems, and instead sought more complex sociological explanations.

Cullen (2014, p. 43) called for an organizational suicidology that opposes the notion of culture 'as a variable, which can be managed or manipulated for strategic purposes'. Building on this central insight, I contend that an affective approach should go beyond prevention to include post-occurrence management and postvention care among its core concerns. This does not conflict with prevention, since postvention calls for 'activities developed by, with or for suicide survivors, in order to facilitate recovery after suicide and to *prevent* adverse outcomes, including suicidal behaviour' (Andriessen, 2009, p. 43, emphasis added). Postvention responses and activities also facilitate the grieving process (Berkowitz et al., 2011).

I question the unshakeable dogma, according to which suicidology is 'directed towards the scientific study and prevention of suicide' (Fitzpatrick et al., 2015, p. 317). An unquestioned or exclusive teleological focus on prevention may in fact be an obstacle to suicidology's pursuit of a holistic, affective comprehension of suicide.

A critical suicidology has emerged from outside the field of organisation studies and shifted the focus from individuals at risk to the cultural contexts of their workplaces, suggesting that postvention initiatives for bereaved colleagues is an underdeveloped area (Causer et al., 2022). Once accomplished, and even when unsuccessfully attempted, suicide is affectively irreversible and resists a collective sense making by conventional means. Suicide sends an unforgettable message, from which organizational analysis can learn more. Suicide is an extreme, embodied, organized practice of communication using one's body, as the following two case vignettes illustrate.

Empirical vignettes and fiction excerpts to think about suicide and bereavement

A top surgeon, university professor, father, husband, and friend jumped to his end at work

On Sunday 3 February 2019, a day he was not on call or supposed to be at work, professor and surgeon (and my wife's former boss) Christophe Barrat threw himself out of his fifth-floor office window at his hospital, dressed in his scrubs. At 57, this man, whom I had met for dinner at his home near Paris and later in Milan, left behind his two young sons Raphaël and Quentin, his loving wife Sophie, as well as many friends and colleagues. He had recently suffered from health problems (e.g., a tumour and heart attack), information which the hospital was quick to disclose in the brief announcement of his death, breaching his privacy rights in doing so. His colleagues denounced this disclosure as a simplistic explanation aimed at clearing the hospital of corporate responsibility. As I wrote to the police investigators, whose inquiry into this incident carries on, I hope the disclosure will still backfire, since admitting knowledge of Barrat's health problems revealed the hospital's irresponsible human resources management (HRM) practice of knowingly letting him work, at inhuman rhythms, while he was receiving important health treatments.

Christophe Barrat had been dealing with a severely disruptive professional transition that started with the 2015 merger of his excellent bariatric surgery unit with a general surgery ward, as well as the ensuing abuse that rival professionals made him and his staff suffer as part of their hostile reception of unwanted colleagues. My description of this professional transition is not based merely on the impression I formed from hearing deeply emotional stories on a daily basis over many years from my wife, as well as from discussions with many of her colleagues, or the rarer, explicit complaints Barrat voiced himself—the latter of which included text messages to close friends referring to his job as 'his major health risk factor'. The nature of this transition was also established by an external audit on the psychosocial risks of the newly merged surgery ward, which was cited by an administrative tribunal in July 2023 when it decided to recognize that Barrat's surgery ward was imputable for his suicide, an accountability claim his university had previously rejected. It would be tiresome to reconstruct the details of this unpleasant work environment, a job which is now in the hands of the family's lawyer (Piquet, 2021). However, counselling professionals take for granted the fact that suicide in medicine is a taboo subject, and relate Barrat's, as well as other suicides within the French healthcare sector (which they estimate at three a day!), to an inhuman management culture (Henry & Davido, 2021). Sophie, the widow, struggled to receive answers from her husband's two former employers: the Ministry of Health (who employed

him as a surgeon) and the Ministry of Education (who employed him as a university professor). I do not claim that Barrat's work environment constituted the definitive, exclusive, or objective cause of his suicide. I affirm, however, with subjective emotional certainty, that my wife and I felt that the Assistance publique-Hôpitaux de Paris⁵ (AP-HP) had become a toxic, unhealthy workplace, forcing her to leave Barrat's team, which suffered a high turnover after the merger. Setting aside the hostile atmosphere, which is difficult to prove (though the auditing report cited by the tribunal is clear), I critically ask: is the postventive decency of answering the letters of a widowed suicide loss survivor too much to ask (of any employer)?

Over the past 70 months, I have often asked myself what went on, not in Barrat's head, but in his heart, just before he took his life. I painfully remember conversations about how he was left alone to fight a battle he could not win. Before leaving this world, Barrat encouraged many of his colleagues to leave his unit for better positions, which was to their initial bewilderment, though today they retrospectively recognize that he might have done so to protect them. He scheduled his operations on patients in between his own cancer treatments. It is not merely rhetorical to say that Barrat literally gave his life to his job. That was wrong. His organisation should have protected him better. When Barrat decided he had endured enough, chronically overworked, understaffed, and unrecognized, he did not write to complain, apologize, or explain, but his symbolic, embodied gesture enacted an unmistakably organized communication. How many other less painful, less visible ways could a surgeon have chosen to end his days? Why jump from the window of his office dressed in his scrubs on a day he was not supposed to even be there? These questions remain unanswered. But life went on, and other matters related to his suicide occupied my mind. My wife and I often wondered how his widow was feeling and we remained in touch. Sophie and her sons continue to struggle to manage the aftermath, trying to make sense of what happened and asking questions about organizational responsibilities in relation to the loss of their dear one. It is hard for Sophie. She is all alone in a night of waking nightmares. As she has confirmed to me over the years, she would much rather turn the page but will not allow closure to come at the cost of not having fought for the truth, or of leaving the toxic system unchanged for others. Her sons encourage her determination. Sophie is legitimately pursuing her right to shield her family as much as possible from the harm they received. Of course, any financial compensation would inevitably be inappropriate and insufficient, without an explanation, but how carelessly harmful is it for his employers

⁵ For over a decade, this important organization of the French national healthcare system, serving Paris, has lost many human resources to suicide, as widely documented by the press (Favereau, 2016a, 2016b; Peillon, 2009).

to provide Barrat's family with neither one nor the other? I lack an intelligent reply.

Post-suicide emotional management should develop knowledge on suicide loss survivors. Management research can and should learn to care more about suicide-related themes of accountability, including survivors' right to postvention initiatives. Accountability cannot be limited to financial compensation of such 'workplace accidents', the labelling of which, in Barrat's case, was initially contested on the basis that he was not supposed to be at work. The lack of care and postvention response raises a critical doubt: are the emotions of suicide loss survivors perhaps, in practice, 'managed' by just ignoring them? Do employers wait for the bereaved survivors of suicide loss to settle, die out, and move on without helping them in any way? Is the fact that survivors are grieving perhaps used as a convenient justification for not caring, paradoxically under the excuse of not wanting to interfere and prolong their sorrow further? Without discounting responsibility for preventing toxic workplace environments, can we ask what is done *after* each suicide? Can entire ministries sidestep the task of answering even formal correspondence from those who have survived the suicide loss of their employees?⁶ Interacting with those who carry painful memories calls for a protective management research and teaching agenda that explores ways of listening and talking pedagogically about suicide to students, which leads me to the next story.

A young student's attempted suicide by immolation at the university

When the 22-year-old student Anas Kournif decided to immolate himself near his university on the 8th of November 2019, he acted with a precise, organized political statement in mind. Before attempting to take his life in a most painful and visible way, he wrote on Facebook, 'Today I am going to commit the irreparable'. He further explained:

if I target the CROUS⁷ building in Lyon, it is not by chance, I target a political place, the Ministry of Higher Education and Research and, by extension, the government. This year [after having to repeat my second year], I did not receive a grant, but even when I had one, are €450 a month enough to live on? [...] I accuse Macron, Hollande, Sarkozy and the EU of having killed me, creating uncertainties for everyone's future. I also accuse Le Pen and journalists for having created more than negligible fears. (Stromboni, 2019)

⁶ On a side note on the affective outcomes of silence: an official communication receiving no reply in the French juridical system becomes 'lettre morte' (dead letter); I trust most will see the painful injustice in this.

⁷ The Centre régional des œuvres universitaires et scolaires (CROUS), founded in 1955, is a regional organization providing university students with financial support and accommodation: basic room and board services, grants, halls of residence, cultural activities, reception of foreign students and student restaurants.

As in many suicide cases, no one saw it coming. Neither his girlfriend, nor his friends, family, professors, or the fellow student union members who worked closely with him just a few days before could sense this (Stromboni, 2019). When I learned of this incident, I felt sad for the student and his family and was concerned by the violent reactions of enraged students, who occupied and damaged some of the university's public facilities, disrupting public order for some days. I felt the urgent need to do something—anything that would not cause further harm. I decided to talk to my students more about suicide, as I had already been doing since February 2019. I asked my students how they felt about what had happened. There are no good or bad answers to open questions like 'How are you feeling?' I reckoned there could only be an awkward silence, with any conversation being better than carrying on as if nothing had happened, or no one cared. A student had set himself on fire, a most violent suicidal act. To offer to talk to students about it seemed the least I could do.

At the time, I was teaching master's courses in business ethics, corporate social responsibility, and strategy at public and private business schools in France and Tunisia. Before mentioning suicide in these classes, I collected practical information on where to refer students for professional counselling in cases of crisis and emergency (see Appendix 1). Wanting to help is good, but to act responsibly, it is necessary to recognize management's limits and one's own professional boundaries as a professor, which require never attempting to replace duly trained health professionals or social care services. Professors wishing to address these topics responsibly should prepare a crisis plan and be ready to refer students to qualified counsellors and medical staff. I also swiftly took specific crash courses, which trained to recognize and manage suicide ideation, and how to speak to people with suicidal thoughts (see Appendix 2). I later reviewed professional and academic literature, toolkits, and national guidelines on suicide management at work and at school (Appendix 3).

At the start of 2020, I was shocked to learn that Anas was still struggling to survive, surrounded by family and friends who were collecting funds to help him pay for the specialized medical treatment he needed. Despite all his problems, he claims on social media to have now returned to a happy life. And the fact that he survived means that no one has been left behind to grieve his absence in their life.

My desire to turn my anxiety into a method to care for suicide and its survivors (Devereux, 2014 [1967]) has led me over the years to discover some examples of quality media that provide personal, emotion-sensitive treatment of students' suicide, reconstructed by survivors of suicide loss who are desperate to make a difference to its aftermath. These have resonated with both me and my students. Although managerial critiques often hint at how emotions get in the way of sound judgment, suicide loss survivors, whose suffering does not

make them wrong, suggest that 'talking about it is perhaps not the ultimate fix, but it helps, it's the best start. And people just don't want to' (see Appendix 4, non-fiction sources: BBC Three, 2017). Suicide among adolescents happens even in cohesive communities (Mueller & Abrutyn, 2016) and since students are not becoming more inclined to share their problems, lecturers (of management and beyond) should care about their struggles. In my experience, references to popular fiction can help spark passionate conversations about suicide with master's students, perhaps because stories help us understand our feelings. When I mentioned the popular TV series *13 Reasons Why*⁸ (see Appendix 4) to my students, they quickly started talking. This led me, as well as others (Scalvini & Rigamonti, 2017), to see more opportunity than harm in a programme that addresses the theme of suicide in uncensored, although perhaps daring, ways we can criticize (Dhingra, 2017). In my classes, I would sometimes start discussions by asking, 'Would you allow *your* children to watch *13 Reasons Why*?' I like to think that such critical discussions on the roles and responsibilities of media and TV producers (Cullen, 2006; Scalvini, 2020) not only did no harm, but instead established a connection characterized by empathy. The vignettes I have discussed here provide examples of real suicides or suicide attempts in work and school contexts. But suicide invites a broader protective emotional approach, which I will now pursue with the use of literary fiction.

The weight of controlled, unleashed emotions and the need to leave behind haunting events

In the novel *Here I Am*, American author Jonathan Safran Foer (2017) portrays a contemporary Jewish family based in Washington DC, in which Jacob, the middle-aged protagonist, experiences various identity crises all at once. He feels to be failing as a son, as a father of three (boys), and as a husband, as well as being unfulfilled as a professional, inconclusive as a lover, an unhappy dog owner, a distant cousin, a less than fully committed member of the Jewish community, and an absent grandson. The strained relationship with his grandfather may appear less important given Jacob's impending divorce, which itself unfolds during the outbreak of an unexpected geopolitical calamity that threatens the existence of Israel. However, it addresses Jacob's sense of guilt for not caring enough for his grandfather, who miraculously survived Nazi persecution by

⁸ *13 Reasons Why* is a successful fiction TV series (4 seasons, for a total of 49 episodes of just under 1h each, aired between 2017 and 2020). It tells the story of a US high school girl committing suicide and leaving behind audio recordings to reconstruct her struggles and motives. The show represents the feelings and behaviour that young students cover up, at home, at school and with peers. The series caused concerns about the responsibility of the TV producer (Dhingra, 2017; Scalvini, 2020), but also academic defence of suicide in fiction (Proctor, 2017; Scalvini & Rigamonti, 2017); see Appendix 4.

hiding in the woods like a hunted animal, overcoming unimaginable hardship—only to finally hang himself to avoid moving to an old people's home. In fact, the fate of Jacob's grandfather Isaac sets the emotional rhythm of the novel, whose first words read: 'When the destruction of Israel commenced, Isaac Bloch was weighing whether to kill himself or move to the Jewish home'. (Foer, 2017, p. 3). Towards the end of the novel, after his grandfather's suicide, Jacob roams the burial ground, rationalizing the price of suicide according to Jewish religious prescriptions:

And then he found himself where two walls met, at the corner of the vast cemetery, at the corner of the vast everything. He turned to face the immensity, and only then did it occur to him, or only then was he forced to acknowledge what he'd forced himself not to: he was standing among suicides. He was in the ghetto for those unfit to be buried with the rest. [...] He had some vague awareness of the prohibition against taking one's life, and the price—beyond death—for having done so. The punishment wasn't for the criminal, but the victims: those left behind and now forced to bury their dead in the other-earth. (Foer, 2017, p. 359)

Jacob holds back his emotions throughout the novel (forcing himself 'not to acknowledge' sad truths). In the above cited excerpt, he continues to resist an emotional reckoning with his feelings though he is forced to face an overwhelming affective force he refuses to confront, 'the vast everything'. He keeps musing over the religious ethics prohibiting suicide, a social regulation Durkheim (2005 [1897]) famously showed to be ineffective. Eventually, Jacob learns to let go. He understands that present and past emotions, especially when kept in check by scientific knowledge, may weigh to the point of poisoning one's existence. Jacob not only overcomes his feeling of guilt towards his grandfather: he also healthily unleashes the silent pain holding his life back. This emotional healing is perhaps best symbolized by his long-resisted acceptance to letting his sick old dog Argus be put down by the veterinarian, who shows a deep affective caring not just for the pet, but also for its owner's troubled need to leave him behind. Jacob's letting go does not represent a giving up. It embodies a release of emotional energies, opening an exhaust valve that, instead of indifference or the faked denial of the inevitable sadness of life, achieves an affective discharge and closure, whose 'management' has nothing to do with control. The novel made me wonder how many people push their unresolved feelings of bereavement into the depths of their inner beings until those feelings froth to the brim. I do not think here of only the deeply sensitive and apparently unshakeable people, who instead of showing how stress is bending them just take it all in until they snap (sometimes committing suicide, as Barrat did). Many others are unable to get over their grief and remain haunted by the suicides of loved (or even of hated) ones, whether at work or elsewhere. The novel suggests a productive question for

management scholars, related to suicide, but also valid beyond: what is so wrong with admitting that life sometimes presents us with unmanageable problems? The question raises epistemological considerations about what we can know, which I develop further in the text.

The challenge of understanding (and caring for) people beyond biometric symptoms or labels

That suicidal people embody some societal and psychiatric inadaptability is a simple truism. The words of the late American novelist David Foster Wallace (1962–2008), who wrote about, and sadly also committed, suicide helped me to see suicide as the dramatic escape from something worse—something that defies simple comprehension and also questions simplistic epistemologies and rational explanations for apparently inexplicable behaviour. He explained how committing suicide has less to do with a hatred of one's destiny, or with an absurd attraction for death that only psychosis justifies, and more with an overwhelming *terror of life*. The pain of life's futility and precarity, as felt by those labelled and dismissed as hopeless or depressed, is an experience beyond the reach of those of us who have not been emotionally harmed in comparably scorching ways. Consider this excerpt from his novel *Infinite Jest*:

The so-called 'psychotically depressed' person who tries to kill herself doesn't do so out of quote 'hopelessness' or any abstract conviction that life's assets and debits do not square. And surely not because death seems suddenly appealing. The person in whom its invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window just checking out the view; i.e. the fear of falling remains a constant. The variable here is the other terror; the fire's flames: when the flames get close enough, falling to death becomes the slightly less terrible of two terrors. It's not desiring the fall; it's terror of the flames. And yet nobody down on the sidewalk, looking up and yelling 'Don't!' and 'Hang on!', can understand the jump. Not really. You'd have to have personally been trapped and felt flames to really understand a terror way beyond falling. (Wallace 1996, pp. 696–697)

The passage above is humbling and demands that we question one-size-fits-all social constructions of suicide as a complex, self-harming, violent behaviour. Barrat's behaviour, for example, would not neatly fit any of Durkheim's (2005 [1897]) categories of egoistic, altruistic, fatalistic, or anomic suicides, so I did not attempt to analyse it as such. Foster Wallace's (1996) passage haunted me but also helped me learn that I could not understand, and that that was okay. Foster Wallace's sympathetic effort to comprehend suicide cautions readers against accepting gross simplifications of this phenomenon. Comparing

the terror of life to the terror of fire helps us understand what some consider 'running away' from life as less irrational, or at least as not easily reduced to the standard explanations of mental illness (psychosis) or depression (see Haig, 2015). Foster Wallace's framing embodies a complex system of picturing and a poetic praxeology (Tsoukas, 2017), whereby the similitude imaginatively sees a human conduct as different from what it is, to compare the fear of fire with equally unbearable feelings of invisible, rationally inaccessible complex sufferings. When Foster Wallace committed suicide, I recall his translator, a colleague of mine in the publishing industry, telling me how funny and full of life he was when she met him, shortly before the act. My countertransference (Devereux, 2014 [1967]) frightens me about what any 'normal' human might do if their pain is so unsufferable that it makes them want to end it at all costs (Haig, 2015).

A widespread conviction considers all those who take their lives as plagued by some social, mental, or behavioural disturbance. Such a view is retrospective, a diagnosis assigned post-mortem on the exclusive base of the act itself: a circular argument, according to which the mental illness explains the suicide and the suicide explains the mental illness (O'Connor, 2003). Suicide is an unpleasant conversation topic and its taboo status in business education results perhaps from the reasonable, if unquestioned, view that it is an inappropriate issue to discuss in class and better left to qualified psychiatric professionals and researchers.⁹ This is the case even though the care relationship connecting doctors to patients stems from both moral and emotional sentiments, as well as from scientific knowledge, as the following fictional passage helps to show.

The novel *Sérotonine* by French novelist Michel Houellebecq (2019) revolves around an escalation of the perfectly rational and scarily normal, if unexpected, practice of suicide. The key protagonist and narrator, Florent-Claude, painfully takes stock of his existence, accounting for the meaningful relations with his parents (who take their lives together), with a close university friend (who willingly finds a violent death), and with few important women in his love life. Florent-Claude coldly plans and enacts a sort of social disappearance: he quits a well-paid, secure but uninspiring job, then progressively breaks his everyday ties with his despised girlfriend, after which he drifts into empty, lonely, deeply troubling days. His inner voice clearly qualifies the memorial weight of a killer past: 'it's not the future, it's the past that kills you, that comes back to drill and undermine you, and actually ends up killing you' (Houellebecq, 2019, p. 280). Eventually, Florent-Claude's only remaining social tie is with his physician, on whose prescriptions of antidepressants he depends. Here is how his doctor confronts Florent-Claude

regarding his risk of suicide, though Florent-Claude has never brought up the topic himself. The doctor demonstrates an empathetic, if brusquely direct, caring for his patient's unspoken emotions that extends beyond (though not independently of) his biophysically measured variables:

'I am not a fan of death. As a general rule, I don't love death. Then, of course, there are some cases ...' (his vague and impatient gesticulation seemed to be sweeping away a recurrent and stupid objection), 'there are certain cases where it is the best solution, some very rare cases, mind, rarer than is generally admitted, morphine works almost always, and in the rare cases of morphine intolerance, one has hypnosis, but you are not in that situation. Good God, you haven't turned fifty yet! Now, one thing is sure, if you were in Belgium or The Netherlands, and you asked for euthanasia, with the depression you have, they would give it to you without any problem. But as for me, I am a doctor. And if a guy comes to see me: 'I am depressed, I want to shoot myself', am I perhaps supposed to answer 'Fine, shoot yourself, I'll give you a hand, shall I ...'? I'm afraid not, sir: Sorry, but no. I did not study medicine for this. [...] Now, I know it might sound bizarre to qualify you as stressed, what with you doing practically nothing all day long, but the figures are there!', he vigorously tapped my test results, 'you are stressed, you are stressed in a frightening way, it's as if you were having a motionless burnout, as if you were consuming yourself from the inside'. (Houellebecq, 2019, pp. 319–320)

Houellebecq (2019) confronts the disruptive force of human emotions that transcend biological explanations. It is as if the longing for the past, which can neither come back, nor be fully left behind, gnaws at the main character's feelings, as the doctor suggests, consuming him from the inside. Stress and depression are not always rationally explainable (Haig, 2015). They do not come with one-size-fits-all causes or ready-made standard preventive solutions. Much as the doctor is blunt with Florent-Claude, he does not hide the real problem behind the test results. Instead, the doctor makes it a question of personal ethics. He smells the risk and talks directly about suicide.

Any individual experience with suicide (including the personal one of reading fiction¹⁰) remains both a doubted approach to the matter according to accepted 'scientific standards', as well as a most humanistic, emotionally true one. Reviewing statistics did not help me to approach suicide better, or more so than reading Foer, Wallace, and Houellebecq did. Fiction soothed my pain, offering ways to leave behind the real suicide cases and to move on to conversations with students about postvention and suicide loss survivors.

⁹ As specified above, healthcare qualified counselling is of course precious and should be the prioritized reference in critical situations. This should not, however, prevent social science from engaging with the topic.

¹⁰ A note on caring for students as (non)readers: it is of course affectively troubling to read fiction and non-fiction on suicide (e.g. Dejours, 2005). It may be helpful to balance the load of preparatory homework between heavy, though rewarding readings and entertaining TV series, both light and serious. This may motivate and attract class participation even from the less assiduous readers in the class.

Conclusion

A qualitative, affective, and reflexive research/pedagogy agenda could draw from personal experiences and fiction to critically complement current explanations of suicide. An obsession with *prediction, control, and prevention*, widespread in performance-driven and risk-management cultures, may hinder the broadening of organizational suicidology towards the *protection, care, and postvention* for all affected people (including coworkers and family). The phenomenon of suicide teaches management scholars and students to care for problems that remain largely out of their (or anyone else's) control. Reflexivity may help 'questioning what we, and others, might be taking for granted—what is being said and not said—and examining the impact this has or might have' (Cunliffe, 2016, p. 741, 2018), so I questioned suicidology's exclusive focus on prevention, arguing for the need to care for suicide loss survivors. I developed a first level of reflexivity by drawing on my own feelings about real cases (De Vaujany & Introna, 2024), and fostered a second level in students by offering them fictional cathartic representations of suicide-related issues, arguing for postvention initiatives. I criticized the silence on suicide in business education and specifically suggested that we should start caring for suicide loss survivors.

Taking a conservative estimate—that is, five suicide loss survivors (Andriessen, 2014) for each of the over 720,000 suicides that happen every year around the world (World Health Organization, 2024)—means the ranks of the suicide-bereaved grow at a global pace of 3.5 million per year. This estimate limits the count to close family (i.e., parents, spouses, and children). If we included work colleagues, the number of affected workers would be millions higher each year. We fear that someone we know well from work or school could commit suicide, without us noticing in time or being able to at least mitigate their pain. No prevention strategy enables us to eliminate suicide risks. In contrast, postvention does allow us to care for suicide loss survivors. There is no excuse for not trying to mitigate the negative impacts of suicide loss on workers and students' emotions.

Professors, students, and workers need to be able to cope with unavoidable tragedies and rather than trying to stop caring, should prepare for them (Howard et al., 2022). This paper's key contribution to organizational suicidology is to advocate for making those preparations by caring, in pedagogy and research, not just about prevention-driven antecedents, but also about the long-term, hidden, and neglected consequences of suicide on workers' wellbeing, including when those suicides are not work-related. I have also shown how postvention, using fiction as icebreaking examples to self-reflexively discuss real cases, can provide a cathartic way (Meisiek, 2004) of soothing the pain of teachers and researchers (Dickson-Swift et al., 2009), as well as of students, readers, and (known or hidden) suicide loss survivors.

The paper challenged the assumption that suicidology is all about prevention and reckoned with the limits of managerial cultures on hard-to-manage existential issues like suicide. The recognition that perhaps we cannot hope to fully understand behaviour like suicide (see Wallace, 1996), may do some good, even if not directly or exclusively for people at high risk of suicide. We cannot mend or undo the tragic past: ask suicide loss survivors. Poisonous memories risk eating them away from the inside (see Houellebecq, 2019). However, we can and should try to mitigate the consequences of the past in the present and the future.

These insights broaden the scope of existing research on organizational suicidology and call for consideration of suicide loss survivors as the forgotten 'victims of suicide' (see Foer, 2017).

Further, I suggested that sharing affect-sensitive accounts of suicides, including from fiction, may benefit listeners who are secretly struggling with their hidden pasts.

Society keeps suicide secret (Costas & Grey, 2016) and stigmatizes it (Pitman et al., 2018) for reasons I did not explore, but which future research may critically address. Management lecturers can approach suicide from their own personal experience, reflecting, with the help of students, selected fiction, and other resources (i.e., professional counselling), on the suffering and bereavement experienced in organizations.

It may be helpful to encourage small groups or entire classes to work towards the project of drafting suicide-postvention plans, putting students in the situation of researching, planning and leading change initiatives. For example, they could be tasked with addressing practical questions such as, *if you had to design and manage a suicide postvention plan for your organization, how would you organize it?*

Policy and decision-makers in public and private organizations struggle to prevent suicide, but prevention is not the only important subject of a debate on suicide. Suicide raises many unanswered, and probably unanswerable, questions about life and death, freewill and selfhood (see opening quote). It raises moral and political questions about how organizations and society should tackle hard-to-manage problems. Yet simply framing suicide as 'a problem', plants the seeds that seek only prevention. The intended targets of these well-meaning interventions may feel uncomfortable. Exclusively focusing on prevention hinders a holistic grasp of suicide, both before and after it happens.

I have also challenged the unquestioned dogma of suicidology: that suicide needs to be prevented at all costs. Having said that, postvention can also play a role in prevention, as suicide loss survivors are considered to be at a higher risk of suicide themselves (Andriessen, 2009, 2014; Causer et al., 2022; see Norton, 2014 in Appendix 4). I discussed how my experience of knowing someone who committed suicide troubled me emotionally. However, my experience bears no

comparison with the bereavement of suicide loss survivors, who struggle daily at work and in their private lives. I advocated that we care for suicide loss survivors of *known* cases but also suggested that talking about suicide cases—using fictional and existential reflections on how to cope with bereavement—may also offer precautionary protection and cathartic postvention. Many unknown tragedies hide behind silences: sharing personal stories about painful issues in class may work as postvention even when the lecturer is unaware of participants' troubles—providing that the lecturer is willing to let go of their urge to control, prevent, or know, and instead creates a space to talk, listen, and learn.

Students and workers are rapidly changing under the influence of social media and hybrid workplaces (Petani & Mengis, 2023), especially as remote interactions become more common. I did not address these issues here, but they merit future exploration. Professors and employers need to grasp how students and young workers suffer from digital bullying, harassment, and peer pressure, and create opportunities to talk and listen to their concerns about suicide, as well as about loneliness, precarity, insecurity, and lack of solidarity (see the suicide note of Anas). Beyond preventing suicide, better coping with such stressors is helpful for general wellbeing.

There are sound reasons why workplaces keep secrets (Costas & Grey, 2016), but ignoring the widespread phenomenon of work-related suicide is irresponsible. To compensate for the absence of suicide in most business studies curricula, we can start with simply talking about it. Anticipating the objection that business professors are underqualified to address the matter properly, I argue that lecturers should always direct students in distress towards qualified counsellors (see Appendix 1). Expressing themselves ineffectively, or being misinterpreted, could have unintended, incommensurable costs. But so does shutting up. Besides, nothing prevents professors from talking to students with the help of psychologists trained in work-related stress treatment, in class or elsewhere (see Appendix 2). Academics who want to be authentic about suicide can reflect on what they feel, using philosophical considerations (see the opening citation by Camus), but also drawing from literary fiction. Suicide plays a large part in both the plots of great novels and the real lives of great writers.¹¹ Professors should become more familiar with their students' vulnerabilities. I've shown how they can use fiction as valuable resources in a pedagogical and research approach that requires emotional investment.

¹¹ Literary fiction is crammed with characters who commit suicide: think of Tolstoy's Anna Karenina, Flaubert's Emma Bovary, or Holden's student, James Castle, in *The Catcher in the Rye*. World literature also lost important writers to suicide: Paul Celan, Romain Gary, Ernest Hemingway, Yasunari Kawabata, Arthur Koestler, Primo Levi, Jack London, Vladimir Mayakovsky, Osamu Dazai, Cesare Pavese, Sylvia Plath, Emilio Salgari, Anne Sexton, Virginia Woolf, David Foster Wallace and Stefan Zweig are just a few that come to mind.

My experience of bringing up suicide in class, including reading passages from the real and fictional vignettes presented here and discussing excerpts from other sources previously shared with the class (Appendix 4), was that students became curious and wanted to know more, often choosing to work on group presentations on suicide or related phenomena (e.g., euthanasia). I trust this made them more emotionally resilient rather than more anxious. While I restricted my focus to literary fiction here, other sources of fictional or non-fictional representations (e.g., TV series, films, documentaries, see Appendix 4), or other media (e.g., poetry, music, visual arts, virtual worlds) may inspire varied audiences of teachers, researchers, and students. A postvention-driven organizational suicidology could pursue other practically interesting questions: How do life insurance companies manage suicide loss survivors? How can corporate or public human resources policies include suicide postvention? How can managers address suicide with care through interventions labelled neither postventive nor preventive? What roles do commemorating and forgetting suicide at work play in building resilience and awareness, unburdened by either excessive anxiety or unproductive negative feelings?

The fact that statistics show suicide as a major risk for young adults (Zalsman et al., 2016) should not make us more anxious, but instead more vigilant. Parents and other professional or de facto role models (e.g., educators, coaches, pop stars, celebrity bloggers, youtubers, influencers, and religious leaders) should never forget how fragile young people are. On the other hand, a concern for younger generations should not subtract attention from the older ones. A statistical account of the US population between 1999 and 2016 shows suicide rates increasing more quickly in adults aged 45–64, a trend that affects both sexes, as well as all racial and ethnic groups and all urbanization levels. It is one of that country's few constantly increasing major causes of death (Stone et al., 2018). Business scholars should heed such insights, since the managers we teach and talk to—at bachelor's or master's levels, and later in their careers through executive courses or consulting—involve an increasingly older workforce with different and not negligible fragilities. Everyone runs the risk of stress and depression: not just the young, or people with mental health problems; also older, healthy individuals; not just students, professors as well. Whatever fragilities and resilience we have, toxic work or family environments can negatively affect us, filling our lives with bad feelings. The time has come to risk discussing these complex and hard-to-manage issues among ourselves and with our students.

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Appendices

Appendix I. Selected resources for getting professional counselling and help on suicide

Websites, blogs, and international suicide hotlines and webchats for immediate help on suicide-related issues

- #BeThe1To: <https://www.bethe1to.com>
 - 988: confidential and free number available 24/7/365, connection with trained counsellors accessible through every landline, mobile or voice-over Internet device in the USA
 - 988 Suicide & Crisis Lifeline (for USA residents): <https://suicidepreventionlifeline.org/>
 - Alliance of Hope (for suicide loss survivors): www.allianceofhope.org
 - American Foundation for Suicide Prevention: <https://afsp.org/suicide-prevention-resources>
 - Befrienders Worldwide (worldwide suicide prevention): <https://www.befrienders.org/>
 - Beyond Blue (Australian charity on suicide prevention): <https://www.beyondblue.org.au/>
 - Campaign Against Living Miserably (UK movement against male suicide): <https://www.thecalmzone.net/>
 - Crisis Text Line (borderless online counselling): www.crisistextline.org
 - Global Suicide Hotline Resources (WhatsApp): <https://faq.whatsapp.com/general/security-and-privacy/global-suicide-hotline-resources/?lang=en>
 - International Suicide Hotlines: <https://blog.opencounseling.com/suicide-hotlines/>
 - National Action Alliance for Suicide Prevention: <https://theactionalliance.org/resource-library>
 - National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/suicide-prevention>
 - Papyrus (prevention of young suicide): <https://www.papyrus-uk.org/>
 - Samaritans (helpline and chat): <https://www.samaritans.org/how-we-can-help/contact-samaritan/>
 - Society for the Prevention of Teen Suicide: <https://sptsusa.org/>
 - S.O.S Amitié: <https://www.sos-amitie.com/numeros-durgence/>, +33(0)9 72 39 40 50
 - Souffrance Prévention du suicide (French telephone number): 31 14
 - Suicide Call Back Service (for Australian residents): <https://www.suicidecallbackservice.org.au/legal/terms-of-service/>
 - Survivors of Bereavement by Suicide: <https://uksobs.org/>
 - The Trevor Project: <https://www.thetrevorproject.org/resources/category/talking-about-suicide/>
 - United Suicide Survivors International webinars: <https://www.unitesurvivors.com/webinars>
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Appendix 2. Selected resources to gain practical knowledge on suicide-related issues**Training webinars, professional guidelines and toolkits from suicide prevention or public health institutions to policy-makers, schools, and workplace managers**

- World Health Organization. (2021). *Live life: An implementation guide for suicide prevention in countries*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/341726/9789240026629-eng.pdf>
- World Health Organization. (2019). *Preventing suicide: A resource series*. Retrieved from <https://www.who.int/publications/i/item/preventing-suicide-a-resource-series>
- Business in the Community [in association with Public Health England]. (2020). *Reducing the risk of suicide: A toolkit for employers*. Retrieved from <https://www.bitc.org.uk/wp-content/uploads/2020/02/bitc-wellbeing-toolkit-PHESuicidePreventionToolkit-Feb2020.pdf>
- Zero Suicide Alliance [UK charity in partnership with Mersey Care/NHS Foundation Trust]. (n.d.). *Suicide: Let's talk* [online training simulating scenarios to provide practical skills to notice and talk to suicidal people: strangers, coworkers, family]. Retrieved from <https://zsa.frank-cdn.uk/scorm/gateway/story.html>
- United Survivors. (2022, 3 February). *Suicide loss in the workplace: What you need to know and how to help* [Video; with Dr Doreen Marshall, American Foundation for Suicide Prevention]. Youtube. Retrieved from https://www.youtube.com/watch?v=6PY9_Iii6_c
- Workplace Suicide Prevention. (2021). *Suicide prevention and postvention* [Video; panel held at the Annual American Association of Suicidology Conference, in Orlando, Florida, moderated by Dr Sally Spencer-Thomas, cochair of the Workplace Prevention and Postvention Committee]. Youtube. Retrieved from https://www.youtube.com/watch?v=5v5pRovn_uE
- Mental Health Professionals' Network. (2019). *Suicide prevention and postvention: An interdisciplinary approach* [Video; webinar from the General Practice Mental Health Standards Collaboration, an organisation that sets the standards and provide training on mental health to general practitioners in Australia]. Youtube. Retrieved from <https://www.youtube.com/watch?v=OnMRSr2IArY>
- Higher Education Mental Health Alliance [HEMA]. (2018). *Postvention: A guide for response to suicide on college campuses*. Retrieved from <https://hemha.org/wp-content/uploads/2018/06/jed-hemha-postvention-guide.pdf>
- Fleischmann, A. (2015). *How to build a comprehensive suicide prevention strategy: Dr Alexandra Fleischmann* [scientist at the World Health Organization]. Mental Health Innovation Network. Retrieved from <https://www.mhinnovation.net/how-build-comprehensive-suicide-prevention-strategy-dr-alexandra-fleischmann>
- The Workplace Postvention Task Force of the American Association of Suicidology and the Workplace Task Force of the National Action Alliance for Suicide Prevention. (2013). *A manager's guide to suicide postvention in the workplace*. Retrieved from <https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf>
- Suicide Prevention Resource Center [SPRC]. (n.d.). *Care Transitions* [virtual learning labs]. Retrieved from <https://sprc.org/>
- Suicide Prevention Resource Center. (2015). *Survivor outreach team training manual*. Retrieved from <https://web.archive.org/web/20230204093542/https://www.sprc.org/resources-programs/survivor-outreach-team-training-manual>
- Suicide Prevention Resource Center [SPRC]. (n.d.). *Webinars*. Retrieved from <https://web.archive.org/web/20220120091923/https://sprc.org/events-trainings>
- Marshall, D. S., Moutier, C., Rosenblum, L. B., Miara, C. & Posner, M. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Suicide Prevention Resource Center. Retrieved from <https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf>

Appendix 3. Selected material on suicide by national academic and professional experts**Podcasts, conferences, or talks by experts, academics and/or activists plus selected resources made publicly available to/by firms proactive in talking about suicide**

- Unierscience. (2021, November 11). *Le suicide au travail* [Video; lecture by Prof. Dominique Lhuilier in 2008]. Dailymotion. Retrieved from <https://www.dailymotion.com/video/x85aez5>
- Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma, and distress after suicide: U.S. national guidelines*. National Action Alliance for Suicide Prevention. Retrieved from <https://theactionalliance.org/resource/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>
- Taylor, L. (2011, September 21). Understanding suicide – Families, secrets and memories. In *Thinking Allowed*. BBC Radio 4. Retrieved from <https://www.bbc.co.uk/programmes/b014qndd>
- SPRC. (2014, December 15). *Ken Norton, LICSW, suicide postvention as suicide prevention* [Video; Ken Norton is executive director of the National Alliance for the Mentally Ill]. YouTube. Retrieved from <https://www.youtube.com/watch?v=M1aj5oAMdnE>
- Hawton, K. (2014, March 25). Suicide assessment [Audio podcast episode]. In *Psychiatry*. University of Oxford. Retrieved from <https://podcasts.ox.ac.uk/suicide-assessment>
- Center for Prolonged Grief [Columbia University School of Social Work]. (n.d.). *Resources*. Retrieved from <https://web.archive.org/web/20230616144500/https://prolongedgrief.columbia.edu/professionals/resources-pro/>
- Uniting for Suicide Postvention. (n.d.). *Podcasts*. U.S. Department of Veterans Affairs. Retrieved from <https://www.mirecc.va.gov/vision19/postvention/share.asp#Podcasts>
- U.S. Customs and Border Protection. (n.d.). *Suicide prevention podcasts*. Retrieved from <https://www.cbp.gov/employee-resources/health-wellness/suicide-prevention/podcasts>
- Netflix. (n.d.). *Wanna talk about it?* Retrieved from <https://www.wannatalkaboutit.com/>
- Howard, C. P. (n.d.). *Coffee over Suicide* [Audio podcast]. PodBean. Retrieved from <https://coffeeoversuicide.podbean.com/>
- *Letters to my kids: A suicide survivor's lessons and advice for life* [Audio podcast]. Podbay. Retrieved from <https://podbay.fm/p/letters-to-my-kids-a-suicide-survivors-lessons-and-advice-for-life>
- *Speaking of suicide* [Audio podcast]. Podbean. Retrieved from <https://www.podbean.com/podcast-detail/q73fa-2aaaf5/Speaking-of-Suicide-Podcast>
- Chhabria, A. (2017, November). *Suicide, a cry for help* [Video; by practicing psychiatrist Dr A. Chhabria, sharing 27-year experience and providing advice to help suicidal individuals]. TED. Retrieved from https://www.ted.com/talks/dr_anjali_chhabria_suicide_a_cry_for_help
- Spencer-Thomas, S. (2017, November). *Stopping suicide with story* [Video; by Dr S. Spencer-Thomas, clinical psychologist, mental health advocate, faculty member; researcher; suicide loss survivor]. TED. Retrieved from https://www.ted.com/talks/sally_spencer_thomas_stopping_suicide_with_story, <https://www.sallyspencerthomas.com/>
- Mamer, W. (2020, August). *Survivor of suicide loss: A title I never wanted* [Video; by Wendy Mamer, higher education admission professional]. TED. Retrieved from https://www.ted.com/talks/wendy_mamer_survivor_of_suicide_loss_a_title_i_never_wanted

Examples of public studies on national assessments and strategies on suicide

- Carrière, M. (2021). *Thématique du suicide* [Recueil numérique, Vol. 5]. Observatoire national du suicide. Retrieved from <https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-11/22%2011%202021%20Recueil%20Suicide%20Tome%205%202020-2021%20Monique%20Carri%C3%A8re.pdf>
- Office of the Surgeon General, National Action Alliance for Suicide Prevention. (2012). *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. U.S. Department of Health & Human Services. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/23136686/>
- Office of the Surgeon General, National Action Alliance for Suicide Prevention. (2021). *The surgeon general's call to action to implement the national strategy for suicide prevention*. U.S. Department of Health & Human Services. Retrieved from <https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf>

Appendix 4. Selected fiction/non-fiction sources to start class conversations on suicide**Popular fiction sources to incite engaged reasoning on suicide (diverse media sources)**

TV series

- American high school setting, top blockbuster to tune in with students: Yorkey, B. (Creator). (2017–2020). *13 Reasons Why* [TV series]. July Moon Productions; Kicked to the Curb Productions; Anonymous Content; Paramount Television Studios.
- English work setting, midlife grief-related, for students to enlarge horizons: Gervais, R. (Creator). (2019–2022). *After Life* [TV series]. Derek Productions.

Movies

(selected on suicide-related topics of interest: teacher-pupil/parents-children relationships; college life and adolescence crises; women's social identity midlife crisis; French HRM polluted corporate culture and practice)

- Weir, P. (Director). (1989). *Dead Poets' Society* [Film]. Touchstone Pictures; Silver Screen Partners IV; Steven Haft Production; Witt/Thomas Productions.
- Coppola, S. (Director). (1999). *The Virgin Suicides* [Film]. American Zoetrope; Eternity Pictures; Muse Productions; Virgin Suicides LLC.
- Daldry, S. (Director). (2002). *The Hours* [Film]. Paramount Pictures; Miramax Films; Scott Rudin Productions.
- Ford, T. (Director). (2009). *A Single Man* [Film]. Fade to Black Productions; Depth of Field; Artina Films.
- Kaye, T. (Director). (2011). *Detachment* [Film]. Paper Street Films; Appian Way; Kingsgate Films.
- Silhol, N. (Director). (2017). *Corporate* [Film]. Kazak Productions; Auvergne-Rhône-Alpes Cinéma.

Novels

(to search for suicide-related excerpts on friendship, family, love, work, grief, sense of guilt, struggle to cope, need and incapacity to move on, etc.)

- Goethe, J. W. (1774). *The Sorrows of Young Werther*. Weygand.
- Chopin, K. (1899). *The Awakening*. Herbert S. Stone.
- Camus, A. (1956). *La chute*. Gallimard.
- Wallace, D. (1996). *Infinite Jest*. Little, Brown.
- Hornby, N. (2005). *A Long Way Down*. Penguin Books.
- LaCour, N. (2009). *Hold Still*. Dutton Children's Books.
- Barnes, J. (2011). *The Sense of an Ending*. J. Cape.
- Foer, J. S. (2017). *Here I Am*. Penguin.
- Bourdeaut, O. (2016). *En attendant Bojangles*. Finitude.
- Houellebecq, M. (2019). *Sérotonine*. Flammarion.
- Houellebecq, M. (2022). *Anéantir*. Flammarion.
- Pavone, L. (2025). *Babies*. SEM.

Memoirs

(on depression, anxiety and struggling with mental illness and suicidal ideation at a young age)

- Haig, M. (2015). *Reasons to Stay Alive*. Canongate.

Non-fiction sources to incite engaged reasoning on suicide (diverse media sources)

Documentaries

- Monami, E., Lejeune, A. (Directors) (1999). La chaîne du silence [Documentary; on a worker's suicide at a Volkswagen factory].
- Batard, B. (Director). (2013). *Suicides. Un silence de mort* [Documentary]. Pulsations. In Frédéric M. (2013, September 4). *Le suicide un silence de mort* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=LovJqNWaNB8>
- Klein, L. J. (2017). *The S Word* [Documentary]. MadPix.
- BBC Three. (2017, November 12). *Student Suicide | Real Stories* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=wJ4BMrxflLA>
- BBC Stories. (2018, October 13). *I lost my three sons to suicide - BBC Stories* [Video]. YouTube. Retrieved from https://www.youtube.com/watch?v=bmgW_LzFrE0

Written journalistic reportage

- Max, D. T. (2021, April 12). A mysterious suicide cluster [of U.S. university students]. *The New Yorker*. Retrieved from <https://www.newyorker.com/magazine/2021/04/19/a-mysterious-suicide-cluster>

On business infamous cases

Foxconn:

- Citilis. (2012, February 23). *[FR/EN] ABC usine Foxconn Apple – Full HQ – Documentary Nightline ABC iFactory Apple Foxconn* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=7cRBBRwBKIE>
- Conspirafied0. (2012, October 19). *APPLE IPHONE - FOXCONN factory workers commit SUICIDE???* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=MKnX2JWfNSM>

(Continued)

Appendix 4 (Continued). Selected fiction/non-fiction sources to start class conversations on suicide

France Télécom:

- Cazenave, J.-M. (Director). (2019). *Suicides à France Télécom. Le procès* [Documentary]. La petite BAO. In Union syndicale Solidaires. (2019, August 23). *Suicides à France Télécom : le procès* [Video]. YouTube. Retrieved from https://www.youtube.com/watch?v=_ROgFtN4CCg
 - Mediapart. (2019, April 18). *France Télécom : dix ans après les suicides, un procès « hors normes »* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=acbmXxL7yXA>
 - Nicolas, B. (Director). (2010). *France Télécom, malade à en mourir* [Documentary]. Impact Presse.
 - DW News. (2009, October 23). *European Journal | France: Suicides at France Telecom* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=dbg-fCtwBR8>
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Academic resources on controversies on TV fiction and suicide

- On broadcasters' responsibility for suicide-related content they publish: Dhingra, K. (2017, May 31). Popular Netflix drama *13 Reasons Why* sends out worrying messages about suicide. *The Conversation*. Retrieved from <https://theconversation.com/popular-netflix-drama-13-reasons-why-sends-out-worrying-messages-about-suicide-78008>
 - On psychologists interpreting the risk of the TV series *13 Reasons Why*: Proctor (2017)
 - On the opportunity/risk of suicide in fiction: (Scalvini, 2020; Scalvini & Rigamonti, 2017)
 - On discussing the film *Corporate* (2016): Janand et al. (2021)
-