

Delphine de Vigan's Pathographies: Writing as a Response to Trauma and Illness

Award-winning French writer Delphine de Vigan's career really took off in 2008 with her acclaimed novel *No et Moi*, but she is now better known for her 2011 offering, *Rien ne s'oppose à la nuit*, in which she attempted to 'écrire [sa] mère' [write [her] mother], to tell the story of her family and how they coped with her mother's bipolar disorder.¹ She had published her very first novel, *Jours sans faim*, in 2001 under the pseudonym Lou Delvig, an account of 19 year-old Laure's anorexia and her stay in hospital to overcome it.² It later emerged, however, that this account was inspired by Vigan's own experience.

Rien ne s'oppose à la nuit and *Jours sans faim* have respectively been labelled as a family novel and an autofiction and there is no denying that, in the case of Vigan as in that of many other writers, family is 'à l'origine du besoin d'écrire' [at the origin of the need to write].³ Nor is she the first to write about illness and/or trauma. Within contemporary literature in French, many famous names come to mind such as Annie Ernaux, Lydia Flem, Chloé Delaume or Lorette Nobécourt to mention but a few. Yet, the case of Vigan's writing is interesting to study, as a close reading of the two aforementioned texts reveals how both stories overlap and inform each other, and could almost form a single narrative. Indeed, *Rien ne s'oppose à la nuit* provides the reader of *Jours sans faim* with a fuller picture of her mother's illness and suicide aged 61, what led Vigan to become anorexic and how writing helped her come to terms with both experiences. One could almost insert *Jours sans faim* in the middle of *Rien ne s'oppose à la nuit* to expand it. Similarly, *Rien ne s'oppose à la nuit* provides further details to *Jours sans faim*, which, as Damlé points out, contains 'notable gaps and ellipses in Laure's story'.⁴

Along with illness, trauma links and permeates both narratives; as such, in this article, I would like to go beyond the family novel and the autofiction readings associated with these two texts and look at how family, transgression, trauma, illness and writing are intrinsically linked in Vigan's writing. This analysis will also show how *Rien ne s'oppose à la nuit* can be labelled a pathography - a comprehensive account of one's life including illness - and *Jours sans faim* an autopathofiction - referring to the combined genres of autofiction and autopathography⁵ - and how writing these accounts helped Vigan as a patient, and as a daughter. This is an approach which echoes Anne Hunsaker Hawkins' view that pathographies 'are as much autobiographical accounts of the author's experience as witness as they are biographical accounts of another's illness and death.'⁶

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Let us first focus on family and transgressions as roots for trauma and illness. Since, in the two narratives in question, the transgressions, both physical and mental, take place within the family sphere, it only seems appropriate to start this analysis with Vigan's view of her family:

Ma famille incarne ce que la joie a de plus bruyant, de plus spectaculaire, l'écho inlassable des morts, et le retentissement du désastre. Aujourd'hui je sais aussi qu'elle illustre, comme tant d'autres familles, le pouvoir de destruction du verbe, et celui du silence.

[My family embodies the noisiest, most spectacular kind of joy, the unrelenting echo of the dead, and the repercussions of disaster. Today I know that, like so many other families, it also illustrates the destructive power of words, and of silence.]⁷

This quotation features many aspects linked to trauma, with words such as 'désastre', 'pouvoir' and 'silence'. Indeed, in *Rien ne s'oppose à la nuit* the various transgressions - along with the traumas they caused - remain unspoken, and all the family members (at least before Vigan) abide by the omertà which is implicitly dictated by Vigan's apparently very open and progressive grandfather, Georges, whose behaviour was often dubious. Among other things, he was a collaborator during the Second World War, was often unfaithful, made ambiguous demands on women, sexually abused his daughters - one of them, Justine, disclosed to Vigan how 'il l'avait tripatouillée, mais pas violée' [he 'fiddled' with her but didn't rape her]⁸ - and he allegedly raped Lucile, Vigan's mother.⁹ Throughout her text, Vigan depicts power relations at play between George and the women surrounding him, reminding us that, as Hirsch and Smith point out, 'gender is an inescapable dimension of differential power relations.'¹⁰

Given the gravity of the grandfather's transgressions, it comes as no surprise that they could have led to so many 'disasters' - to use the same word as Vigan. She herself wonders:

Que s'est-il passé, en raison de quel désordre, de quel poison silencieux ? La mort des enfants suffit-elle à expliquer la faille, les failles ? Car les années qui ont suivi ne peuvent se raconter sans les mots drame, alcool, folie, suicide, qui composent notre lexique familial.

[What happened? What disorder or silent poison caused it? Is the death of the children enough to explain the fault line, or fault lines? Because the years that followed cannot be described without mentioning 'drama', 'alcohol', 'madness', and 'suicide', which make up our family lexicon.]¹¹

Actually, the impact of these multiple transgressions was such that Vigan's family was labelled 'une tribu polytraumatisée' [a polytraumatised tribe]¹² and the consequences, as mentioned in the last quotation, were varied. To a certain extent, Lucile and her siblings all got 'damaged' at a point in their lives and were victims of what Hinton and Good call 'complex trauma', that is to say 'experiencing prolonged trauma while in a state of vulnerability, such as when young or subject to multiple stress.'¹³ I would like to suggest that this trauma may well be what Vigan describes as 'Quelque chose qui les unissait en silence, qui sans doute ne portait pas de nom, et, loin de les rapprocher, les éloignait l'une de l'autre.' [Something they all silently shared, which probably has no name and far from bringing them closer together, actually drove them apart.'¹⁴

A lot could be said about the transgressions of Vigan's grandfather and the traumas they caused; about the death of Lucile's brothers, Antonin and Jean-Marc, as well as the several suicides in the family and their impact, such as the pathologies they triggered for family members throughout the narrative. However, for the purpose of this article, I will mainly focus on the impact of the alleged rape on Lucile, as it is likely to have triggered the trauma that led to the changes in her behaviour and her subsequent mental illness.

Lucile was Georges' favourite daughter: 'Quoi qu'il advînt, elle restait la préférée de son père, celle sur qui le regard de Georges se posait en premier, celle qui toujours bénéficiait de ses encouragements, de son sourire et de ses indulgences' [Whatever happened, she remained her father's favourite, the one he looked at first, the one who always benefited from his encouragement, his smiles and his indulgence].¹⁵ It seems however that this went further, and according to Lucile: 'Il m'a violée pendant mon sommeil, j'avais seize ans, je l'ai dit' [He raped me while I was asleep, I was sixteen, and I am saying it].¹⁶ However, no one reacted to the letter she sent to reveal this: 'Le texte était resté lettre morte et Lucile n'a reçu en retour qu'un silence pétrifié' [The text remained a dead letter and all Lucile received in return was frozen silence].¹⁷ So much so that a few months later: 'Lucile s'est rétractée. Elle parlait alors d'une relation incestuelle plutôt qu'incestueuse, réfutait le récit du passage à l'acte. Comme des milliers de familles, la mienne s'est accommodée du doute ou s'en est affranchie.' [Lucile retracted. Now she spoke of 'inappropriate' relationship rather than an incestuous one; she denied her account of the act itself. Like thousands of families, mine learned to live with doubt or simply sidestepped it.]¹⁸ Both the reactions from Lucile and from her family described in *Rien ne s'oppose à la nuit* are in line with typical behaviours that have been

observed in trauma studies. On the one hand, it is often the case that a victim of abuse, recovering from trauma, will 'write down her story in a state of altered consciousness and then disavow it.'¹⁹ On the other, according to Benjamin Keyes, 'when incest occurs within the family, the family is often a protective mechanism and attempts to hide the abuse from those within and outside of the family.'²⁰ So silence remained despite the tentative voicing of the transgression and this silence and underlying group pressure, for want of a better word, pushed Lucile to gradually withdraw and build a parallel life: 'Lucile se dérobait à son regard, cherchait les angles morts. Le silence n'offrait pas de prise. À mesure que le temps passait, elle semblait mener une vie parallèle et secrète.' [Lucile kept out of his way, avoided his eye. Silence gave him no purchase. As time went by, she seemed to be leading a secret parallel life to which he had no access].²¹ Silence, often perceived as a voice of trauma, is an interesting feature both from the perspective of trauma and from that of pathography and in 'writing her mother' and her silence, Vigan does what Hawkins considers as one of the benefits of pathography: placing the ill person at the very centre and giving that person a voice.²²

Following a series of traumatic events, Lucile married quite young, had two daughters, divorced and had several lovers, but her mental state gradually deteriorated. Indeed, the impact of the paternal transgressions and of family traumas remained such, even many years later, that Lucile was eventually diagnosed with bipolar disorder, of which Vigan says: 'il semblerait que l'inceste figure parmi les facteurs déclenchants de la maladie. Je n'ai pas trouvé d'études statistiques sur le sujet' [it seems that incest is one of the factors which may trigger the condition. I haven't found data on this].²³ Research does suggest there is indeed a link. In 2000, Hyun, Friedman and Dunner conducted a study seeking to show this correlation and found that 'a childhood history of abuse, in particular sexual abuse, was significantly more frequent in bipolar subjects.'²⁴ In addition, at different stages of her life described in the novel, Lucile displays all the symptoms associated with bipolar disorder, including poor judgement with regards to money and relationships, and risky and harmful behaviours linked to alcohol and drugs.

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Looking at Vigan's texts in parallel, the diagnosis of Lucile's bipolar disorder in *Rien ne s'oppose à la nuit* appears to be more or less the period when the two narratives start to overlap more in terms of references to Lucile's illness, to family anecdotes, and to Delphine / Laure's anorexia and its causes. In *Rien ne s'oppose à la nuit*, the reader witnesses how Lucile slowly drifts away and behaves a little more strangely

by the day, and anecdotes relating to the same events are found in both books. In her pathography and autopathofiction, Vigan attempts to go back to the root-s of the trauma – both hers and her mother’s – and follows the process whereby ‘reconstructing the trauma story also includes a systematic review of the meaning of the event, both for the patient and to the important people in her life.’²⁵

Thus, having retraced the origin of Lucile’s trauma to her family and her alleged rape by her father in *Rien ne s’oppose à la nuit*, Vigan also dwells on the other determining events in both her life and her mother’s, but in both narratives this time. These events include, for instance, the episode preceding Lucile’s first major crisis, during which she decided not only to serve them frozen raspberries for dinner, but also that her daughters no longer needed to attend school.²⁶

More importantly, Vigan traces her need to write back to Lucile’s first major episode, which in turn led to Lucile’s first internment and was a likely trigger for Vigan’s journey towards anorexia: ‘J’écris à cause du 31 janvier 1980. L’origine de l’écriture se situe là, je le sais de manière confuse, dans ces quelques heures qui ont fait basculer nos vies’ [I write because of 31 January 1980. Confusedly, I know the origin of my writing is there, in those few hours which caused our lives to fall apart].²⁷ During this episode, Lucile felt threatened, covered herself in white paint before nearly harming her youngest daughter with acupuncture needles.²⁸ If this episode is not directly alluded to in *Jours sans faim*, Laure nonetheless refers to the state her mother was in after she came out of hospital and how, because of her strong medication, she ‘marchait, bouffait, dormait comme un robot, un robot programmé aux neuroleptiques, bâillonné par un régulateur d’humeur’ [walked, ate, slept like a robot, a robot programmed with neuroleptics, silenced by mood stabilisers].²⁹ Both narratives thus appear to cover similar ground and, in a sense, to inform each other since *Rien ne s’oppose à la nuit* gives the reader more context to Laure’s illness described in *Jours sans faim*. And in turn, just as the family transgressions impacted on Lucile, the reader witnesses how her own transgressive behaviour, linked to her illness, impacts on her daughters who, faced with their mother’s illness, feel totally helpless and drained.

This powerlessness of the close family of people who are ill, and how exhausting looking after them can be, has been acknowledged in studies such as *Recovering Bodies*, in which Couser explains how ‘illness or disability may turn people so far inward that they become virtual black holes, absorbing energy rather than emitting illumination.’³⁰ This absorption of energy can in turn potentially affect the wellbeing of their relatives, even though this may not happen instantly. As such, in the case of Laure,

anorexia can be perceived as a (delayed) consequence of trauma and of the lack of control she experienced as a teenager (she was 13 at the time) in her difficult relationships with her divorced parents (described in both texts). It is also a reaction to her mother being so unwell and her powerlessness to help her as she refers to 'mon impuissance face au mal qui la submerge' [my powerlessness in the face of an overwhelming pain].³¹ Indeed, anorexia is a transgression of the physical norms and boundaries which can be linked to different factors and one of these, according to Kelly Bemis, is 'family interactional. As such, anorexia is seen as a power-strategy within a system of family relations.'³² It is therefore as though, since she could not control her family, Vigan 'decided' to counterbalance the powerlessness she felt, by extreme control of her body and, in *Jours sans faim*, there are several references to this need to be 'plus forte que la faim, plus forte que le besoin' [stronger than hunger, stronger than need].³³ To a certain extent, her anorexic behaviour and its consequences can be perceived as a way of giving her close family a taste of their own medicine; she actually states in *Jours sans faim* that, at that time, 'elle voulait leur faire mal' [she wanted to hurt them].³⁴ This posture echoes Susan Bordo's assessment that the anorexic body can be seen as a protesting body and is epitomising the opposite of weakness.³⁵

It has also been observed that the control achieved through anorexia also functions to produce identity³⁶ and, like many teenagers, Vigan explains how she wanted to distance herself from her family, and especially from her mother:

A partir de l'âge de quatorze ans, ne pas ressembler à ma mère a constitué pour moi une préoccupation majeure, un objectif prioritaire. Je ne voulais en rien être semblable à Lucile ni sur le plan physique, ni sur le plan psychologique, et recevais comme un insulte toute comparaison hâtive établie entre nous [...] je voulais être l'inverse d'elle, refusais de suivre ses traces.

[From the age of fourteen, not being like my mother was a major preoccupation, my main objective. I didn't want to be like Lucile in any way, physically or psychologically, and took any casual comparison between us as an insult [...] I wanted to be her opposite, refused to follow in her footsteps]³⁷

However, despite producing a distinct identity, anorexia did not quite differentiate her from her mother, as it led her on a similar path to Lucile's in a sense: she too went too far for her body to be able to cope on its own anymore, had to be hospitalised and had to accept that someone else was taking control of things to enable her to get better, thereby exemplifying how the process of recovery often involves 'relinquishing

control over one's body, and one's story.'³⁸ Furthermore, not only did Laure lose control, she also lost her identity in a way as, ironically, she ended up in the same hospital as her mother: 'Mais de cet hôpital elle connaissait déjà l'odeur. Elle y était venue pour voir sa mère [...]. Sa mère internée. Sur les traces de sa mère, ça jamais.' [But she was already familiar with the smell of this hospital. She came here to visit her mother [...]. Her mother was a mental health patient and she would never follow in her footsteps].³⁹

While dealing with similarities, it is interesting to note here how a conversation with her mother is part of both narratives. In *Rien ne s'oppose à la nuit* Vigan writes: 'Lucile, dont les mots tardifs, "mais alors tu vas mourir", et le ton d'impuissance sur lequel elle les prononça, me donnèrent à entendre l'impasse dans laquelle je me trouvais' [Lucile, whose tardy words, "But you're going to die!" and the tone of powerlessness with which she said them, revealed to me the impasse I was in].⁴⁰ This is echoed in *Jours sans faim* in which Laure states that her mother had said: 'il faut que tu ailles à l'hôpital. [...] Laure avait laissé le silence s'installer [...] Sa mère avait conclu d'un ton neutre: alors tu vas mourir.' [Her mother had said: you have to go to hospital. Laure had let the silence settle [...] Her mother had concluded in a neutral tone: then you will die].⁴¹ This repetition of the same conversation highlights the importance of Vigan's link to her mother through trauma and illness and shows how determining this moment was in the mother-daughter relationship. Even though *Rien ne s'oppose à la nuit* focuses more on her mother's story, in that novel Vigan mentions her anorexia, her stay in hospital and the publication of *Jours sans faim*,⁴² and through writing, she had to relive part of her own experience as a daughter and as an ill person in order to go further in her understanding of her own history.

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Another point worth mentioning in terms of connection between the different women in Vigan's family is that of intergenerational trauma. Already in *Jours sans faim*, Vigan refers to the link to other members of her family through illness, highlighting how 'elle est tombée malade, elle aussi, malade comme eux, malade dans sa tête' [she too fell sick, just like them, sick in her head].⁴³ Although this may not prove that, at the time she wrote the first narrative, Vigan was consciously reflecting on the notion of intergenerational trauma, to use the expression coined by Marianne Hirsch, the fact that she returns to this idea, ten years later, in *Rien ne s'oppose à la nuit* could well be significant: 'Comme s'il ne s'agissait que de ça, une folie héréditaire transmise de génération en génération par de complexes détours, une fatalité qui frappait les femmes

de la famille et contre laquelle on ne pouvait rien.' [As if it were as simple as that: hereditary madness passed from generation to generation by a complex route, a calamity which affected the women in the family and about which nothing could be done].⁴⁴

Interestingly, not only do both texts show the connection between Vigan and her mother through trauma, illness and writing, as if part of a repeated cycle, but this impression of intergenerational trauma and its impact on Vigan's family is further reinforced in *Rien ne s'oppose à la nuit* with the mention of other episodes going back several generations and involving women suffering from mental illness. Vigan reveals that, in researching background information on her family for her writing, she discovered that some of her grandmother's sisters were very probably sexually abused by their father when they were girls,⁴⁵ leading her to further reflect on the possible transmission of trauma from one generation to the other:

Je ne me suis jamais vraiment intéressée à la psychologie ni aux phénomènes de répétition transmis d'une génération à une autre qui passionnent certains de mes amis. J'ignore comment ces choses (l'inceste, les enfants morts, le suicide, la folie) se transmettent. Le fait est qu'elles traversent les familles de part en part, comme d'impitoyables malédictions, laissent des empreintes qui résistent au temps et au déni.

[I have never really been interested in psychogenealogy nor in phenomena transmitted from one generation to another, which fascinate some of my friends. I don't know how these things (incest, child mortality, suicide, madness) might be passed on. The fact is that they run all the way through families like pitiless curses, leaving imprints which resist time and denial].⁴⁶

Researching and writing *Rien ne s'oppose à la nuit* seems to have enabled Vigan to bridge the apparent distance she felt between herself and her mother and, simultaneously, to establish further connections with other female members of her family. However, the two narratives can also be perceived as attempts to break away from the family and to break the silence by voicing the traumas experienced by women in her family. As Anne Muxel points out, 'memory is often used to tell what one does not want to repeat, to claim one's difference'⁴⁷ and Vigan may have done precisely this in these two texts, seizing the opportunity to be different from the women in previous generations of her family by breaking the silence and aiming to end the cycle of intergenerational trauma.

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I now would like to turn my attention to pathography and the role of writing in recovering from trauma and illness. It is interesting to note that there are many parallels between recovery from trauma (if there is such a thing) and recovery from illness in medical and sociological discourses. Although Delphine de Vigan claims in both narratives that 'l'écriture ne peut rien [writing can do nothing] - 'L'écriture n'y peut rien' [writing can do nothing about this],⁴⁸ it is evident that writing does somehow help her, even if she is not keen to acknowledge it. Writing as a response to trauma is something that Vigan shares with her mother, both throughout her life and in particular during times of illness, for it emerges in the course of *Rien ne s'oppose à la nuit* that Lucile wrote many texts, and even tried to get some of them published. Furthermore, Vigan, from the onset of the text, identifies writing as a strong bond between them:

j'ai compris combien l'écriture, mon écriture, était liée à elle, à ses fictions, ses moments de délires où la vie lui était devenue si lourde qu'il lui avait fallu s'en échapper, où la douleur n'avait pu s'exprimer que par la fable.

[I realised how much writing, my writing, was linked to her, to her fictions, those moment of madness in which her life had become so burdensome that she had to escape it, moments in which her pain could only find expression in stories].⁴⁹

This is yet another parallel between the generations and a common way of dealing with trauma, even though it may not be perceived as such by the writers when they are actually putting pen to paper. In addition, it is interesting to note here that in *Rien ne s'oppose à la nuit*, Vigan alternates between chapters dedicated to her mother's life and chapters in which she reflects on the writing process, further reinforcing the link between trauma, illness and writing in her work in spite of the fact that she herself says the opposite, as explained above.

Delphine de Vigan needed to come to terms with her own trauma, and with the illness it triggered, and later on with her mother's illness, in order to be able to properly move on with her life, or to grow, to use Hunt's terminology.⁵⁰ She stated that however hard the act of writing about her mother was, '[...] il fallait que j'écrive, dussé-je m'attacher à ma chaise' [I had to write, even if I had to tie myself to my chair].⁵¹ In essence, in writing her autopathofiction and Lucile's pathography, Delphine de Vigan went on what Arthur Frank defines as a quest story:

Quest stories meet suffering head on; they accept illness and seek to use it. Illness is the occasion of a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is

defined by the ill person's belief that something is to be gained through the experience.⁵²

Vigan herself uses the word 'quête' when explaining her enterprise in *Rien ne s'oppose à la nuit*⁵³ and the structure of *Jours sans Faim* follows the stages described by Frank. These include passing a 'threshold', going through a phase of 'initiation' before making a 'return'.⁵⁴ The threshold is usually the hospitalisation that determines the extent of the illness and in the case of Laure it is summed up as a series of symptoms: '35 degrés de température, huit de tension, aménorrhée, [...] escarres, ralentissement du pouls et de la pression sanguine, nous avons là tous les signes de la dénutrition. [...] un squelette de trente-six kilos pour un mètre soixante-quinze.' [a temperature of 35, blood pressure at eight, amenorrhea, [...] pressure sores, slow pulse and blood pressure, we have here all the signs of malnutrition. [...] a skeleton of thirty-six kilos and 5 foot 7 inches].⁵⁵ The only solution is to keep her in hospital, to fit her with a feeding tube and start a feeding programme.

Then, once in hospital, the patient has to undergo a second stage called the 'initiation', that is to say 'the road of trials, easily identified in any illness story as the various sufferings that illness involves, not only physical but also emotional and social. This road leads through to other stages, such as temptation and atonement, until the ending or 'apotheosis'. The quest narrative tells self-consciously of being transformed; undergoing transformation is a significant dimension of the story teller's responsibility.'⁵⁶ *Jours sans Faim* explores the various stages from the urge to fight the transformation - lose control - leading Laure to experience panic and some emotional suffering that she sees as torture,⁵⁷ her willingness to 'garder le contrôle' [remain in control],⁵⁸ before agreeing to get better. So, just as Lucile in *Rien ne s'oppose à la nuit* had to learn again to take care of herself, Laure has to learn to eat again.

Finally, Frank explains how 'the teller returns as one who is no longer ill but remains marked by illness',⁵⁹ something that is also echoed in studies on trauma recovery. It is precisely because she remained marked by trauma and both her mother's and her own illness that Vigan probably felt compelled to write Lucile's pathography and this autopathofiction. This pattern of the quest is not found in *Rien ne s'oppose à la nuit*, as the descriptions mainly revolve around Lucile going into and leaving hospital, but the various steps of threshold, initiation and return can also be found in the text to a certain extent, through Vigan's explanations of the

several stays on psychiatric wards, the medication, the home visits and how Lucile tried to rebuild her life afterwards.

Other than a quest, trauma and illness recoveries are also sometimes compared to a journey enabling the ill person to get a sense of where they are in their lives and where they may be going by redrawing a map. This concept of writing one's trauma and illness as a way of redrawing a map and finding new destinations is an interesting way in which to look at both narratives and both women; both bipolar disorder and anorexia left mother and daughter damaged and with no sense of where they were in their lives. Vigan had lost her map and had to redraw it with a new destination. She wrote throughout her stay in hospital and the writing of *Jours sans faim* mirrors the map she redrew while recovering. It seems she then felt compelled, ten years later, to do something similar with *Rien ne s'oppose à la nuit*, remapping the family history, looking closely at the family, and deciding on the direction she wanted to take from there, effectively moving on.

But then, with *Rien ne s'oppose à la nuit*, the question of writing someone else's story and indeed, somebody else's trauma, brings questions of transgressions too. Indeed, the act of writing about her family 'joyeuse et dévastée' [our joyful but ravaged family]⁶⁰ and breaking the silence surrounding the family secrets is transgressive in itself and Vigan obviously wondered about her entitlement to write about these:

Ai-je le droit d'écrire que Georges a été un père nocif, destructeur et humiliant, qu'il a hissé ses enfants aux nues, les a encouragés, encensés, adulés et, dans le même temps, les a anéantis? Ai-je le droit de dire que son exigence à l'égard de ses fils n'avait d'égal que son intolérance, et qu'il entretenait avec certaines de ses filles des relations au minimum ambiguës?

[Am I entitled to write that Georges did them harm as a father, that he was destructive and humiliating, that he raised his children up to the skies, encouraged them, praised them, adulated them, and at the same time destroyed them? Do I have the right to say the demands he made of his sons were equalled only by his intolerance, and that his relationship with some of his daughters was ambiguous to say the least?]⁶¹

Here, Vigan touches on one of the key issues of biographical and autobiographical writing, namely 'the ethics of representing others with whom the writer has an intimate, trust-based relationship, but who are unable to give meaningful consent [...]. Arguing that the relationship between life-writer and their vulnerable subject is analogous to the doctor-patient relationship.'⁶² It would therefore might be said that one

has to transgress, by breaking the silence surrounding trauma and its impact to be able to move on to the stage of posttraumatic growth.⁶³

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In this article, I have aimed to demonstrate that the two narratives work hand in hand, and that in both, there is a link between family, transgressions, trauma, illness and writing. I contend that Delphine de Vigan's writing of *Rien ne s'oppose à la nuit* and *Jours sans faim* reflects how 'writing can disable the destructive connection between traumatic events, the psychic and physical diseases they produce'.⁶⁴ Furthermore, it is also clear that there is a link between the need to speak about trauma and the need to recount illness. Hence, it is possible to see both narratives as additionally fulfilling one of the aims of pathography, in so far as they represent, as Hawkins puts it, 'the final stage in the process of formulation, completing the bridge between the suffering self and the outside world by an overt communication. Moreover, in pathography, the need to tell others so often becomes the wish to help others'.⁶⁵ It is therefore likely that Vigan felt the need to tell both her story and her mother's not only for the sake of sharing their traumas and their experience of illness but also, no doubt, to help others to overcome similar afflictions.

I would like to conclude on one last reflection on Delphine de Vigan's pathographies. Both *Rien ne s'oppose à la nuit* and *Jours sans faim* can be seen as good examples of Joan Baranow's view that 'being cured is not the same as being healed'⁶⁶ and for many, if not most authors of pathography, 'the act of writing is experienced as part of their healing.'⁶⁷ Although Lucile on occasions got better, almost cured in a way (although this is of course oversimplifying things), she was never totally healed. In 'writing her mother', her trauma and her story the way she did, Delphine de Vigan was applying the healing layer to her mother's tormented life story. Similarly, and more evidently, writing her battle with anorexia, putting it into words, although through the prism of autopathofiction, was part of the healing process for the author and it was probably no coincidence that she switched from her pen name of Lou Delvig to her real name for her following publications.

¹ Delphine de Vigan, *Rien ne s'oppose à la nuit* (Paris: JCLattès, 2011), 19 - subsequently referred to as *Rien*; All translations from this text are from the English translation by George Miller, *Nothing Holds Back the Night*, (London: Bloomsbury, 2014), 8 - subsequently referred to as *Nothing*

² Delphine de Vigan, *Jours sans faim*, (Paris, J'ai lu, 2009 [2001]), subsequently referred to as *Jours*. All translations from this text are my own

³ Jan Baetens and Dominique Viart (eds.), 'Filiations littéraires', *Écritures Contemporaines 2: État du roman contemporain*, (Paris: Minard, 1999), 43-67

⁴ Amaleena Damlé, 'The Becoming of Anorexia and Text in Amélie Nothomb's *Robert des noms propres* and Delphine de Vigan's *Jours sans faim*', in Amaleena Damlé and Gill Rye (eds.), *Women's Writing in Twenty-first-century France: Life as Literature* (Cardiff: University of Wales Press, 2013), 113-26 (122)

⁵ The term 'autopathography', referring to the writing about the episode of one's illness was coined by G Thomas Couser in his acclaimed *Recovering Bodies: Illness, Disability, and Life Writing* (Madison: University of Wisconsin Press, 1997)

⁶ Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathographies*, 2nd edn. (West Lafayette: Purdue University Press, 1999), 3

⁷ Vigan, *Rien*, 47; *Nothing*, 31

⁸ Vigan, *Rien*, 243; *Nothing*, 189. Italics in the original. See also *Rien* page 111, 130 and 315 for further examples.

⁹ Vigan's mother's actual name was Priscille

¹⁰ Marianne Hirsch and Valerie Smith, 'Feminism and Cultural Memory: An Introduction', *Signs, Gender and Cultural Memory - Special Issue*, 28.1 (2002), 1-19 (6)

¹¹ Vigan, *Rien*, 179; *Nothing*, 137

¹² Sabrina Champenois, 'Solide poids plume', *Libération*, 31 October 2011, http://next.liberation.fr/culture/2011/10/31/solide-poids-plume_771416 [accessed 24 November 2016]. Our translation

¹³ Devon E. Hinton and Byron J. Good (eds.), *Culture and PTSD: Trauma in Global and Historical Perspective* (Philadelphia: University of Pennsylvania Press, 2016), 6

¹⁴ Vigan, *Rien*, 142; *Nothing*, 108

¹⁵ Vigan, *Rien*, 70; *Nothing*, 50

¹⁶ Vigan, *Rien*, 237; *Nothing*, 195

¹⁷ Vigan, *Rien*, 241; *Nothing*, 187

¹⁸ Vigan, *Rien*, 240; *Nothing*, 187

¹⁹ Judith Lewis Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror* (London: Pandora, 2001 [1992]), 177

²⁰ Benjamin B. Keyes, 'Incest', in Charles R. Figley, *Encyclopedia of Trauma: an interdisciplinary Guide* (London: SAGE, 2012), 326.

²¹ Vigan, *Rien*, 160; *Nothing*, 121-2

²² Hawkins, *Reconstructing Illness*, 12

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- ²³ Vigan, *Rien*, 250; *Nothing*, 194
- ²⁴ Mina Hyun, Seth D. Friedman and David L. Dunner, 'Relationship of childhood physical and sexual abuse to adult bipolar disorder', in *Bipolar Disorders* 2:2 (2000), 131-5 (131)
- ²⁵ Herman, *Trauma and Recovery*, 178
- ²⁶ Vigan, *Rien*, 260; *Nothing*, 201 and *Rien*, 71
- ²⁷ Vigan, *Rien*, 280; *Nothing*, 217
- ²⁸ Vigan, *Rien*, 276; *Nothing*, 214
- ²⁹ Vigan, *Jours*, 77
- ³⁰ Couser, *Recovering Bodies*, 5
- ³¹ Vigan, *Rien*, 189; *Nothing*, 146
- ³² Kelly M. Bemis, 'Current approaches to the etiology and treatment of anorexia nervosa', *Psychological Bulletin*, 85 (3), 1978, referred to in Morag MacSween, *Anorexic Bodies, a Feminist and Sociological Perspective on Anorexia Nervosa* (London and New York: Routledge, 1993), 24
- ³³ Vigan, *Jours*, 43
- ³⁴ Vigan, *Jours*, 21
- ³⁵ Susan Bordo, *The Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley: University of California Press, 2003 [1993])
- ³⁶ Helen Malson, *The Thin Woman: Feminism, post-structuralism and the social psychology of anorexia nervosa* (London: Routledge, 1998) 146
- ³⁷ Vigan, *Rien*, 368-9; *Nothing*, 288-9
- ³⁸ Couser, *Recovering Bodies*, 10
- ³⁹ Vigan, *Jours*, 31-2
- ⁴⁰ Vigan, *Rien*, 332; *Nothing*, 258
- ⁴¹ Vigan, *Jours*, 77
- ⁴² See Vigan, *Rien*, 327-38
- ⁴³ Vigan, *Jours*, 78
- ⁴⁴ Vigan, *Rien*, 280; *Nothing*, 217
- ⁴⁵ Vigan, *Rien*, 282-3; *Nothing*, 219
- ⁴⁶ Vigan, *Rien*, 283; *Nothing*, 219
- ⁴⁷ Anne Muxel, *Individu et mémoire familiale* (Paris: Hachette, 1996), 35
- ⁴⁸ Vigan, *Rien*, 47; *Nothing*, 31; *Jours* 39
- ⁴⁹ Vigan, *Rien*, 18-19; *Nothing*, 8
- ⁵⁰ Nigel C. Hunt, *Memory, War, and Trauma* (Cambridge: Cambridge University Press, 2010), 163
- ⁵¹ Vigan, *Rien*, 48; *Nothing*, 32
- ⁵² Arthur W. Frank, *The Wounded Story teller: Body, Illness, and Ethics* (Chicago: The University of Chicago Press, 2013 [1995]), quoted in Couser *Recovering Bodies*, 5. Hawkins also uses the image of the quest in *Reconstructing Illness*, 78

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- ⁵³ She mentions 'le récit de cette quête' in *Rien*, 48
- ⁵⁴ Frank, *The Wounded Storyteller*, 117-18
- ⁵⁵ Vigan, *Jours*, 17
- ⁵⁶ Frank, *The Wounded Storyteller*, 118
- ⁵⁷ Vigan, *Jours*, 19
- ⁵⁸ Vigan, *Jours*, 33
- ⁵⁹ Frank, *The Wounded Storyteller*, 118
- ⁶⁰ Vigan, *Rien*, 19; *Nothing*, 8
- ⁶¹ Vigan, *Rien*, 180; *Nothing*, 138
- ⁶² Martha Montello, referring to Couser's work in 'Confessions and Transgressions: Ethics and Life Writing', *The Hastings Center Report*, 36.2 (2006), 46-47 (47)
- ⁶³ Richard G. Tedeschi and Lawrence G. Calhoun, 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence', *Psychological Inquiry* 15(1), 2004, 1-18.
- ⁶⁴ David Watts, 'The Healing Art of Writing', in Joan Baranow, Brian Dolan and David Watts (eds.), *The Healing Art of Writing* (Berkeley, University of California Press, 2011), 5
- ⁶⁵ Hawkins, *Reconstructing Illness*, 25. Italics in the original
- ⁶⁶ Brian Dolan, 'Preface' to Baranow, Dolan and Watts, *The Healing Art of Writing*, xii. Italics in the original
- ⁶⁷ Hawkins, *Reconstructing Illness*, 167