

# Genomic Psychiatry

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## INNOVATORS & IDEAS: RESEARCH LEADER

### Philippe Courtet: "Hell is other people." How social pressure shapes suicidal thoughts

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**Philippe Courtet is a distinguished figure in psychiatry and suicidology who has significantly contributed to the field. As an influential PU-PH (Professeur des Universités-Praticien Hospitalier), he is a Professor of Psychiatry at the University of Montpellier, France, and head of Emergency Psychiatry at the University Hospital of Montpellier. Leading the Chair of Excellence in suicide prevention at the Fundamental Foundation and the 'biomarkers, environment and neuropsychiatry' research group at the National Institute of Health and Medical Research (Institut National de la Santé et de la Recherche Médicale, INSERM), Professor Courtet has focused on understanding the vulnerability to suicidal behaviour in mood disorders. His innovative work combines genomics, brain imaging, and social research. With over 500 peer-reviewed articles, an H-index of 82, and 27,000 citations, he stands as one of France's most productive psychiatrists and an international leader in suicidology. His role as Chair of the Suicidology and Suicide Prevention Section of the European Psychiatric Association further cements his influence in the field. Professor Courtet's groundbreaking research and dedication to improving care through the development of connected health tools for suicide risk assessment underscore his commitment to advancing treatment. We are pleased that Professor Courtet has participated in an exclusive Genomic Press Interview, which he entitled "Hell is other people."<sup>1</sup> How social pressure shapes suicidal thoughts, offering our readers unique insights into his life and vision for the future of psychiatry and suicide prevention.**

<sup>1</sup>In the title of his interview, Professor Courtet uses a line from the French philosopher Jean-Paul Sartre (1905–1980): "Hell is other people," which goes as follows in the original French – "L'enfer, c'est les autres" or "Hell is [the] other(s)." This comes from Sartre's famous one-act play *No Exit*. According to Kirk Woodward, the best-known English translation of the play, by Paul Bowles, actually renders the line "Hell is just – other people". We get a little more of the flavor of the line in English if we read it as "Hell is the Other." That's closer to the point, I believe. Sartre says that the Other – that which is not ourselves – is, or can be, a source of our distress. Sartre himself spelled out this meaning in a talk that preceded a recording of the play issued in 1965: "hell is other people" has always been misunderstood. It has been thought that what I meant by that was that our relations with other people are always poisoned, that they are invariably hellish relations. But what I really mean is something totally different. I mean that if relations with someone else are twisted, vitiated, then that other person can only be hell. Why? Because. . . when we think about ourselves, when we try to know ourselves, . . . we use the knowledge of us which other people already have. We judge ourselves with the means other people have and have given us for judging ourselves. Into whatever I say about myself someone else's judgment always enters. Into whatever I feel within myself someone else's judgment enters. . . . But that does not at all mean that one cannot have relations with other people. It simply brings out the capital importance of all other people for each one of us. Source: Rick on Theater's [blog](#).



**Figure 1.** Philippe Courtet, MD, PhD, University of Montpellier, France.

#### **Part 1: Philippe Courtet – Life and Career**

##### **Could you give us a glimpse into your personal history, emphasizing the pivotal moments that first kindled your passion for science?**

During my medical studies, I was passionate about Surrealism, its painters and writers, which steered my choice towards psychiatry because it was the most 'cultural' of the medical disciplines. At the end of my medical studies, as soon as I started my residency in psychiatry, I combined the desire to understand these illnesses better and not be satisfied with just learning the clinical side of the discipline. The time was ripe for the advent of molecular genetics in psychiatry and the possibility of conducting association studies, with which I embarked on learning neuroscientific research into bipolar disorder and suicidal behaviour. This first encounter with science, to see, was decisive and gave birth to a passion for clinical





research. I was also lucky enough to count on excellent mentors from a very early stage who played a decisive role in my professional development, instilling in me the necessary rigor in my clinical, scientific, and managerial activities. It soon became clear to me that rigor, curiosity (and a dose of rebelliousness necessary to challenge the obvious) were essential values in my career in academic medicine.

**We would like to know more about your career trajectory leading up to your most relevant leadership role. What defining moments channelled you toward that leadership responsibility?**

The decisive moment was the one described above when I enrolled in a master's program to do research during my residency. Then, my passion for research was born, and the rest was a straight line. Combining clinical and scientific work has been my constant priority for the last 30 years, and in France, the only way out if you want to do both at the same time is to embark on a career in a university hospital. So, publications, projects, competitions, publications, and related academic activities led me to become a Professor of Psychiatry and rapidly the Head of a hospital department where every member of staff knows that research is as much a priority as patient care. More than decisive moments, a decisive person led me to this responsibility. My mentor, a former boss who became a friend, involved me early in managing the clinical department and strongly supported me in developing research there. We then built up a genuine research culture in this hospital department, which ultimately gave me the most legitimacy and authority with the various nursing staff. Everyone is sharing in the same adventure: care and research.

**Please share with us what initially piqued your interest in your favourite research or professional focus area**

Mystery! What is it that in *ictu oculi*, an individual can commit an act that will change the course of his or her life, and that of others? Why do some people act so impulsively? What happens in their mind? Why some people and not others? Where does this behaviour come from? This is how I became interested in the vulnerability to psychiatric disorders in a general sense, in the mechanisms that intervene upstream of pathologies. In a kind of coincidence that probably was not a real one, I was seduced by my training period in a department for suicide attempters and by its team and by new types of care that are far removed from traditional psychiatry (see [Figure 2](#) for a symbolic view on teamwork). This led me to my profound interest in two aspects: (i) scientifically, the vulnerability to suicidal behaviour, initially from a genetic point of view and then from a cognitive, biological, or other point of view; (ii) clinically, reversing the way psychiatry provides care: not waiting for patients to seek care, but reaching out to them proactively.

**What impact do you hope to achieve in your field by focusing on specific research topics?**

My most outstanding achievement would be to contribute to suicide being more widely recognised as a medical issue and not just the consequence of a social problem, to have been able to help highlight some of the psychobiological mechanisms that are important for understanding suicide and that could perhaps lead to the development of effective interventions. My main concern remains that of the necessary evolution of psychiatric care, in a country that still has a strong tradition of psychiatric hospitalization. For example, demonstrating that suicidal patients have decision-making abnormalities that inherently prevent them from acting as psychiatrists would wish (asking for help, being compliant with care, doing as they are told...) should lead us to reverse the care proposals and go toward them where they are.

**Please tell us more about your current scholarly focal points within your chosen field of science**

Social and relational stress factors, which often precipitate suicidal acts, lead to social and psychological pain and cognitive impairments, and they are also potent inducers of inflammatory activity. More specifically, the aim is to understand this pathophysiology, which includes the question of the links between what is observed peripherally and centrally and the role of the blood-brain barrier. This research, which has the merit of combining



**Figure 2.** Team life, according to the Zen teachings of harmony in Japan. This image captures the essence of teamwork and harmony as understood in Japanese Zen philosophy. The stone basin, a *tsukubai*, represents the team's foundation. Just as the basin holds water for purification, a team should be a source of renewal and clarity. The surrounding forest showcases the interconnectedness of all elements, mirroring how team members rely on each other. The single purple flower on the basin's rim symbolizes the unique contribution of each individual to the team's success. Together, these elements illustrate how a well-functioning team, like a balanced ecosystem, thrives on diversity, mutual support, and a shared purpose. The weathered appearance of the basin reminds us that true harmony develops over time through shared experiences and challenges overcome together.

physiology, brain imaging, neuropsychology, immunopsychiatry, and genomics, is all the more exciting.

Because physiology is at the heart of medicine, the mechanisms of interoception are fascinating for understanding how psychological pain and emotional signals are transformed into the destruction of the body that is suicide, even if cognitive interpretations blur our understanding. This field, combined with measurements of the cardiovascular stress response, now represents a significant development for us. Because care methods need to support patients as closely as possible to their lives, we are also betting heavily on the possibilities offered by connected health. All this leads us to integrate our work into the model of precision suicidology, which we hope will finally lead to real medical progress in suicide prevention.

**What habits and values did you develop during your academic studies or subsequent postdoctoral experiences that you uphold within your research environment?**

Collaboration. Multidisciplinary approaches. Humility. To transform suffering into pleasure, like a marathon runner.



**At Genomic Press, we prioritize fostering research endeavors based solely on their inherent merit, uninfluenced by geography or the researchers' personal or demographic traits. Are there particular cultural facets within the scientific community that warrant transformative scrutiny, or is there a cause within science that deeply stirs your passions?**

It is dangerous to be trying to introduce the cognitive biases of the social sciences everywhere.

**What do you most enjoy in your capacity as an academic or research leader?**

To have the opportunity to meet and exchange ideas with international colleagues, to arouse the interest of young psychiatrists or researchers in these subjects, and to promote them at an academic level.

**Outside professional confines, how do you prefer to allocate your leisure moments, or conversely, in what manner would you envision spending these moments given a choice?**

People do not change; they evolve. My passions remain those of my youth: psychiatry and art. I dedicate most of my leisure time to art, and more specifically, contemporary art, which I am lucky to share with my partner. This involves traveling, visiting museums and galleries, and meeting artists, to finally ask ourselves a lot of questions about how each of us perceives art and beauty and how art heals us.

## Part 2: Philippe Courtet – Selected questions from the Proust Questionnaire<sup>2</sup>

**What is your idea of perfect happiness?**

Love and health.

**What is your greatest fear?**

Not achieving perfect happiness.

**Which living person do you most admire?**

Bullfighters who aim to create art by risking their lives.

**What is your greatest extravagance?**

Go to see a bullfight in Jerez de la Frontera on a whim.

**What are you most proud of?**

Putting psychiatry at the forefront of my institution's research teams and creating a collection of contemporary art.

**What is your greatest regret?**

Not being nice enough.

**What is the quality you most admire in people?**

Humility.

<sup>2</sup>In the late nineteenth century, various questionnaires were a popular diversion designed to discover new things about old friends. What is now known as the 35-question Proust Questionnaire became famous after Marcel Proust's answers to these questions were found and published posthumously. Proust answered the questions twice, at ages 14 and 20. In 2003 Proust's handwritten answers were auctioned off for \$130,000. Multiple other historical and contemporary figures have answered the Proust Questionnaire, including among others Karl Marx, Oscar Wilde, Arthur Conan Doyle, Fernando Pessoa, Stéphane Mallarmé, Paul Cézanne, Vladimir Nabokov, Kazuo Ishiguro, Catherine Deneuve, Sophia Loren, Gina Lollobrigida, Gloria Steinem, Pelé, Valentino, Yoko Ono, Elton John, Martin Scorsese, Pedro Almodóvar, Richard Branson, Jimmy Carter, David Chang, Spike Lee, Hugh Jackman, and Zendaya. The Proust Questionnaire is often used to interview celebrities: the idea is that by answering these questions, an individual will reveal his or her true nature. We have condensed the Proust Questionnaire by reducing the number of questions and slightly rewording some. These curated questions provide insights into the individual's inner world, ranging from notions of happiness and fear to aspirations and inspirations.

**What is the trait you most dislike in people?**

Narcissism.

**What do you consider the most overrated virtue?**

Benevolence, because the more we talk about it, the less we have it.

**What is your favourite occupation (or activity)?**

Visiting art fairs.

**Where would you most like to live?**

Latin European countries.

**What is your most treasured possession?**

My art collection.

**When and where were you happiest? And why were so happy then?**

With my partner and some very good friends sharing good wines.

**What is your current state of mind?**

Optimistic.

**What is your most marked characteristic?**

Demanding both of myself and of others.

**Among your talents, which one(s) give(s) you a competitive edge?**

Energy and curiosity.

**What do you consider your greatest achievement?**

I am proud to have succeeded in combining a career in psychiatry with my passion for collecting art, which I dreamed of doing when I was young.

**If you could change one thing about yourself, what would it be?**

Kinder.

**What do you most value in your friends?**

Freedom.

**Who are your favourite writers?**

Louis Ferdinand Celine, Charles Buckowski, Gabriele D'Annunzio, and Allen Ginsberg.

**Who are your heroes of fiction?**

Don Quixote.

**Who are your heroes in real life?**

Marcel Duchamp, bullfighters.

**What aphorism or motto best encapsulates your life philosophy?**

"Carpe Diem" – a Latin phrase meaning "Seize the day." It reminds us to make the most of the present moment rather than worrying about the future, encouraging us to embrace life's opportunities as they come and enjoy each day to the fullest.

**Philippe Courtet**<sup>1</sup>

<sup>1</sup>University & Academic Hospital of Montpellier, Hôpital Lapeyronie, CHU Montpellier, 34295 Cedex 5, France

✉ e-mail: [philippe.courtet@umontpellier.fr](mailto:philippe.courtet@umontpellier.fr)

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