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**NATURE OR NURTURE?: THE
INTERGENERATIONAL TRANSMISSION OF
TRAUMA AND SUICIDE IN CONTEMPORARY
ENGLISH DRAMA**

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NATURE OR NURTURE?: THE INTERGENERATIONAL TRANSMISSION OF TRAUMA AND
SUICIDE IN CONTEMPORARY ENGLISH DRAMA
(MA Thesis)

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ABSTRACT

Suicide has been a taboo subject since the beginning of human history. Likewise, it is thanks to Freud and other psychiatrists that trauma, a Greek word used to describe the damage caused by physical injury, has been recognized as a psychological injury. There are studies suggesting that psychological trauma can lead to suicide. Recent studies have also shown that these traumas can be transmitted among generations. This study investigates whether there is a causal relationship between the concepts of trauma and suicide, whether traumatic and suicidal behavior has the potential for intergenerational transmission, whether suicidal ideation is acquired by traumatic past experiences of family members and environmental factors, or whether it is transmitted by genes. Repeated trauma and suicide in a family is the main concern of this study since it can be caused by nature, nurture, or both. To better understand and concretely frame this, three contemporary plays have been selected: Bush Moukarzel's *"Lippy"* (2014), Duncan Macmillan's *"Every Brilliant Thing"* (2015), and Alice Birch's *"Anatomy of a Suicide"* (2017). In each of the selected plays, the characters who commit suicide as a result of their traumas are women in a family. Whether suicide can be attributed to any gender as a way of escape is also another subject of this study. For each play, a literary analysis and a speech act analysis were conducted to understand the recurring trauma and suicide in the intergenerational family atmosphere in terms of both gender and underlying causes and to understand the relationship between trauma and suicide and the discourse of trauma through the literary methods used. Psychoanalytic trauma and suicide theories were used in the literary analysis section of each play to understand the motives of the characters on the path to suicide, and speech acts theory was used to analyze the trauma discourse of each play. The analysis showed a strong correlation between trauma and suicidal ideation. It was concluded that the intergenerational transmission of trauma increases the risk of suicide in families. Besides that, it was concluded that suicide in families is not due to a single cause but to a combination of genetic predispositions and environmental influences such as social norms and personal trauma. Moreover, the traumas of the female characters in these plays usually stem from the traditional female roles imposed on them such as mother, wife, and housewife. Therefore, it can be concluded that the oppression of the female gender causes traumas in these plays and women take their own lives to be emancipated.

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DOĞA MI YETİŞTİRME Mİ?: ÇAĞDAŞ İNGİLİZ DRAMASINDA TRAVMA VE İNTİHARIN KUŞAKLAR ARASI AKTARIMI

(Yüksek Lisans Tezi)

Fatma AYDEMİR BEKLEVİŞ

ANKARA HACI BAYRAM VELİ ÜNİVERSİTESİ
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ÖZET

İntihar, insanlık tarihinin başlangıcından beri tabu bir konu olmuştur. Nitekim, Freud ve diğer psikiyatristler sayesinde, Yunanca bir kelime olan ve fiziksel yaralanmanın yol açtığı hasarı tanımlamak için kullanılan travma, psikolojik bir yaralanma olarak kabul edilmiştir. Psikolojik travmanın intihara yol açabildiğini gösteren çalışmalar vardır. Son çalışmalar bu travmaların kuşaklar arasında aktarılabilirliğini de göstermiştir. Bu çalışma, travma ve intihar kavramları arasında nedensel bir ilişki olup olmadığını, travmatik ve intihara meyilli davranışların kuşaklar arası aktarım potansiyeline sahip olup olmadığını ve intihar düşüncesinin aile üyelerinin travmatik geçmiş deneyimleri ve çevresel faktörler tarafından edinildiğini mi yoksa genler tarafından aktarıldığını mı araştırmaktadır. Bir ailede tekrarlanan travma ve intihar, doğa, yetiştirme veya her ikisinden de kaynaklanabileceği bu çalışmanın ana konusudur. Bunu daha iyi anlamak ve somut bir çerçeveye oturtmak için üç çağdaş oyun seçilmiştir: Bush Moukartzel'in *"Lippy"* (2014), Duncan Macmillan'ın *"Every Brilliant Thing"* (2015) ve Alice Birch'ün *"Anatomy of a Suicide"* (2017). Seçilen oyunların her birinde, yaşadıkları travmalar sonucunda intihar eden karakterler bir aile içinde var olan kadınlardır. İntiharın bir kaçış yolu olarak herhangi bir cinsiyete atfedilip atfedilemeyeceği de bu çalışmanın bir diğer konusudur. Her bir oyun için, kuşaklar arası aile atmosferinde tekrar eden travma ve intiharı hem cinsiyet hem de altında yatan nedenler açısından anlamak ve kullanılan edebi yöntemler aracılığıyla travma ve intihar arasındaki ilişkiyi ve travma söylemini anlamak için edebi analiz ve konuşma edimi analizi yapılmıştır. Psikanalitik travma ve intihar teorileri, karakterlerin intihara giden yoldaki güdülerini anlamak için her bir oyunun edebi analiz bölümünde kullanılmış, söz edimi teorisi ise her bir oyunun travma söylemini analiz etmek için kullanılmıştır. Analiz, travma ve intihar düşüncesi arasında güçlü bir korelasyon olduğunu göstermiştir. Travmanın kuşaklar arası aktarımının ailelerde intihar riskini artırdığı sonucuna varılmıştır. Bunun yanı sıra, ailelerdeki intiharın tek bir nedene bağlı olmadığı, genetik yatkınlıklar ile sosyal normlar ve kişisel travma gibi çevresel etkilerin bir kombinasyonundan kaynaklandığı sonucuna varılmıştır. Ayrıca, bu oyunlardaki kadın karakterlerin travmaları genellikle kendilerine dayatılan anne, eş ve ev kadını gibi geleneksel kadın rollerinden kaynaklanmaktadır. Dolayısıyla, kadın cinsiyetinin ezilmeliğinin bu oyunlarda travmalara neden olduğu ve kadınların özgürleşmek için kendi canlarına kıydıkları sonucuna varılabilir.

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1. INTRODUCTION

Suicide is a mysterious concept that cannot be limited to a specific period. The reason behind the very first suicide committed by a human being would be unknown. However, it can be accepted as a substantial reality since the beginning of human history. Throughout history, religion and morality have shaped society's opinions on ending one's life. Opinions on suicidal behaviors showed a great deal of difference among cultures and over time. According to Brown (2001, p. 438), in seventeenth-century England, with the marked increase in self-inflicted deaths, the term "suicide" was derived from the Latin words "suicida" and "suicidum". This term shifted the understanding from just one form of death to killing oneself specifically. However, recent developments show that it has been considered a matter of mental illness, depending on genetic and environmental reasons. Additionally, it has been an action that has repeatedly increased according to the results of surveys. According to research by the World Health Organization (2021), 703,000 people worldwide took their own lives in 2019, and "suicide is the fourth leading cause of death among young people aged 15-29". Besides that, the number of suicide attempters is too high to underestimate. Each suicide has a history in the background and also leaves a story with long-lasting effects for the families, communities, and countries.

Suicide and trauma are two highly related concepts. Krysinska, K., Lester, D., and Martin, G. (2009) suggest that traumatic events that happened to individuals and suicidal ideations of trauma survivors are highly correlated; that is to say, trauma can be a major threat causing suicidal tendencies in certain cases. In light of this information, it can be grasped that any kind of trauma may have the potential to trigger a specific suicide; however, it can naturally stem from any reason other than trauma. However, the psychological pain caused by traumatic events can be immense and suicide can be seen as a way to escape this pain. For instance, the loss of a loved one by suicide can cause severe trauma. "Issues such as perceived loss or separation of loved ones, poor family relationships, and family psychopathology are considered family risk factors for suicidal ideation in a family member" (Wagner, 1997). Traumatized individuals and their descendants may struggle with prolonged emotional pain, including guilt, blame, anger, and a range of complex emotions. When trauma and suicide come together, interpersonal relationships can make it difficult for

individuals to connect with others, and this social isolation can increase feelings of despair and suicidality. “It is also theorized that posttraumatic maladaptive coping such as alcohol use or substance use emerges as a form of experiential avoidance as a result of an inability to regulate emotions effectively” (Radomski & Read, 2016). Pfeffer, Normandin, and Kakuma (1998) concluded that family discord, maternal suicide attempts, and parental substance abuse were significantly associated with a “lifetime history of suicidal ideation” (p. 269). That is to say, to narrow the scope, traumas depending on familial issues in a gender specific context will be the main concern of this study. Suicide in families is an intriguing topic that has drawn the attention of researchers on whether suicidality is inherited from family members or varies among them in terms of transmission. Some studies show that there is a coherent relationship between suicide and family. According to research from Brent and Melhem (2008, p. 157), “suicide and suicidal behavior is highly familial, and appears to be familial transmitted independently from the familial transmission of psychiatric disorder”. According to studies on family, twins, and adoption, the reason behind the familial transmission of suicidal behavior is based on multiple aspects, partly genetic and possibly the transmission of intermediate phenotypes such as impulsive aggression. Research agrees that impulsivity is separately associated with both childhood trauma and suicidal behavior; however, recent results suggest that impulsivity also serves as a mediator of the relationship between childhood trauma and suicidal behavior (O'Connor et al., 2020). Moreover, individuals who have experienced trauma, especially in the form of abuse or neglect in childhood, may be more prone to suicidal thoughts and feelings. It can also contribute to depression which can be a risk factor for suicide. “Depression is a frequent consequence among people who have experienced trauma, specifically among those who have suffered post-traumatic distress” (Elhai, Contractor, Palmieri, Forbes, & Richardson, 2011; Putnam, 2003 as cited in Briere, J., Godbout, N., & Dias, C., 2015) and “is related to suicidal ideation and actions” (Panagioti, Gooding, & Tarrier, 2012 as cited in Briere, J., Godbout, N., & Dias, C., 2015). By the same token, environmental factors like imitation, and the intergenerational transmission of family adversity can have a significant role in the familial transmission of suicidal behavior (Brent & Melhem, 2008).

Charles Moore’s work, called “*A Full Enquiry into the Subject of Suicide*” (1790) is one of the earliest resources that touched upon the concept that suicidal behavior is

likely to have a hereditary component of suicide by focusing on the clustering in the families. Reports from the first twin case study on suicidality following Moore's study point to a possible genetic basis for suicidal behavior. Franz Kallmann and colleagues (1949) assert that suicide is predominantly a hereditary feature and compare it to accidental death, which they link to environmental factors. This is summarized in the following quote: "Suicide is likely to be conceded as the least disputable example of a trait determined largely by heredity" (Kallmann et al., 1949, p. 113). In the early 20th century, the idea that suicide has a neurobiological basis was put forward and Nolan Lewis emphasized the role of biology and "adaptation" in suicidal behavior in the light of demographic, social, and medical factors in his articles published in the 1930s (Lewis, 1933, 1934).

Later on, family studies on suicide supported the clustering effect. The permanent effect of clustering of suicide within the family can be observed across genders and age groups (Qin et al., 2002). Familial aggregation for the completed suicides was investigated by Eli Robins and colleagues in 1959 in large-scale research and was found that between 6% and 31% of relatives of suicide victims engaged in suicidal behavior and that the most important variable in this proportional distinction was the psychiatric diagnosis of the suicide victim (Nock, 2014, p. 156). The subsequent studies followed this view by focusing on the recurrence of suicidal behavior. Familial transmission of suicide may generally be related to a family trauma since people with a suicide history witness a suicide or suicide attempt. By virtue of this, they are likely to experience severe trauma.

Tsuang (1983) proposed that suicidal behavior appears to be transmitted independently of psychiatric disorders and, in an influential study, defied the hypothesis that familial clustering of suicide is induced solely by psychiatric disorders. In addition, Egeland and Susser (1985) presented substantial evidence of independent genetic factors associated with suicide, showed that familial clustering of mood disorders does not always coincide with suicide cases, and proposed different genetic predispositions in the Old Order Amish, an isolated religious community in Pennsylvania. In an attempt to understand the familial clustering of the correlation between psychopathology and suicide, Brent and colleagues' study on completed suicide acts during adolescence was the first meaningful study in this sense; more suicide acts were observed in the families

of these individuals and increased psychopathology in family members coincided with this situation (Brent, Bridge, Johnson, & Connolly, 1996). In a study using a three-group design to observe the effects of psychopathology, direct, blinded assessments were conducted on a total of 718 relatives, including 51 families of depressed suicide probands, 34 families of living depressed probands with no history of suicidal behavior, and 35 families of psychiatrically normal community controls; in light of this study, McGirr et al. (2009) provided clear evidence that familial transmission of suicide and major depression is different, with some degree of overlap, and recognized aggression and personality disorders as endophenotypes of suicide. These findings highlight the complex nature of the familial transmission of suicidal behavior and show that it is both independent of and interacts with psychiatric disorders. The results of these family studies underscore the importance of considering both genetic and environmental factors, in addition to individual characteristics, to understand and prevent suicidal behavior.

As observed in twin studies, monozygotic (MZ) twins share 100% of their genes, and dizygotic (DZ) twins share approximately 50% of their genes, allowing studies on suicidal behavior to distinguish between genetic and environmental effects. The first case study of suicidal adjustment among MZ twins was almost two centuries ago, and most subsequent studies have generally reported higher rates of adjustment to suicidal behavior in MZ twins in comparison to DZ twins (Turecki, 2001). Statham et al. (1998), with the help of an Australian twin sample, determined that a history of suicidal behavior in one twin seems to predict suicidal behavior in the MZ twin, but not in the DZ twin, and concluded that approximately 45% of the variability in these behaviors is due to genetic factors. Glowinski et al. (2001), centered on female adolescent twins in the United States, identified higher rates of suicide attempts in MZ twins and revealed that genetic influences accounted for 35%-75% of the variability in suicide risk. Fu et al. (2002), with the use of the Vietnam Era Twin Registry, calculated heritability rates of 36% for suicidal ideation and 17% for suicide attempts in individuals who are male after checking for psychiatric disorders. These findings from twin studies highlight the important role of genetic factors in underpinning susceptibility to suicidal behavior while acknowledging the intricate influence between genetic, environmental, and psychological factors.

Adoption studies offer a valuable perspective on genetic and environmental influences on suicidality by examining adoptees and their biological and adoptive relatives. These studies are crucial to improving an understanding of the heritability of suicidal behavior and how it differs from environmental factors. In a pioneering study, Schulsinger et al. (1979) conducted a comparison of familial suicide rates among 57 adoptees who committed suicide and 57 surviving adoptees and discovered a significant disparity in the prevalence of suicide among biological relatives. While there were 12 suicides among the biological relatives of the 269 suicide victims, there were 2 suicides among the biological relatives of the control adoptees. In both groups, the absence of suicide among adoptive families emphasizes genetic as opposed to environmental influences. In a larger sample obtained from Danish population registers, Wender et al. (1986) observed increased rates of both suicide attempts and completions among biological relatives of adoptees with emotional disorders compared to controls. Indicatively, suicide completion rates were 15 times higher among biological relatives of cases, whereas none were significantly different among adoptive relatives. This study stresses the considerable heritability of suicidality, but not the heritability of psychiatric disorders. Based on the National Swedish Register, von Borczyskowski et al. (2006) measured higher rates of suicidal behavior in adoptees compared to non-adopted controls and noted that psychiatric hospitalization in biological parents represented one-third of the estimated increased risk. This strongly favors the role of genetic factors in suicidality and points to an underlying hereditary element. These adoption studies consolidate the importance of genetic factors in the transmission of suicidal behavior and explain in considerable depth the relationship between genetic predispositions and environmental conditions. There can be some other reasons for trauma and suicide in families but the characters in the selected plays for this thesis commit suicide since they are affected by the trauma transmitted from the family. That is why the main focus will be on intergenerational trauma, familial transmitted suicide, and their reflections on the characters in the plays.

Intergenerational trauma refers to the trauma that is passed on from one generation to another. "Traumatic experiences in childhood or adulthood can profoundly affect children's well-being" (Yehuda & Bierer, 2008). That is, people who have experienced a severe traumatic event are likely to leave this legacy to their grandchildren. Psychological transmission is an important point to emphasize in this regard. When a

person is raised by a parent with unresolved trauma or poor coping mechanisms, some traits that have nothing to do with genetics can be passed on to their children. This transmission of severe trauma can lead to negative outcomes such as suicide because trauma affects people biologically, socially, mentally and emotionally. Dealing with all of this at the same time can often be almost impossible for traumatized individuals. This creates a vicious cycle for the next generation. This can pave the way for a new suicide for the person who witnessed the trauma, so that intergenerational suicidality can become a recurring motif in family suicide history, using both individual, genetic, and environmental factors. Trauma may be experienced by a single individual, but its consequences can affect many people around them.

Based on the Greek word “traumatízo”, which means to wound or hurt, Freud treats trauma in his text as a wound inflicted not on the body but on the mind (Caruth, 1996, p. 3). Freud (1920) argued in “*Beyond the Pleasure Principle*” that the wound of the mind, the rupture in the mind's experience of time, self, and world, is not a simple and treatable event like the wound of the body, but rather an event that occurs very early, unexpectedly and is therefore not fully known to consciousness until it reasserts itself in the nightmares and repetitive actions of the survivor. Trying to locate the trauma of a specific, violent case in a person's life can be futile since its very disintegrated nature makes it recursive and haunted in a non-linear time for this person (Caruth, 1996, p. 6). It is understood that the traumatic past cannot be fully known and; therefore, focusing on the unknown can be a key feature for understanding trauma. Besides that, the social environment of the individual can also help to comprehend the traumatic experience. Having a witness to the trauma is another crucial point since talking and sharing about the event can alleviate it. The mourning process after trauma should be handled successfully. In case of failure of this process, the trauma becomes intergenerational or transgenerational (Bakó & Zana, 2020, p. 14), affecting not only victims but also generations. In the selected plays for this thesis, there happens a failure in the mourning processes of the characters. Hence, it is not surprising for the characters to have a trauma transmitted by the previous generation. As aforementioned, although the researchers controlled for the presence of psychiatric problems (Brent et al., 1996; Gould et al., 1996; Kim et al., 2005) and family conflicts (Gould et al., 1996) in family members, they reported that suicidal behavior increased in family members after the suicide of a loved one. Families grieving the death of a

family member due to suicide go through a labeled grieving process. The phenomenon of deprived grief can be defined as the perception that society refuses to accept the bereaved person's grieving role and the family members' struggle with this perception (Moore & Freeman, 1995). Thus, the traumas experienced by individuals have created brand new traumas for the next generation, most of which resulted in suicide. Each character has a sociocultural background in the plays, which can influence the formation of trauma and determine the final decision whether it will result in suicide or vice versa.

Suicide has been a well-known subject in literary works throughout history. Despite being a very common topic for many of them, the distinctive feature among all the works from the classical times to modern times is their way of conveying the theme of suicide. The meaning ascribed to suicide is another issue that needs to be addressed. From this point of view, Deborah Gentry's book *"The Art of Dying"* (1992) focuses on literary depictions of suicide, widely represented in literary works but rarely analyzed specifically in the context of works by women authors, which have been categorized by Margaret Higonnet into "masculine" and "feminine" types. "Masculine" suicides are portrayed as heroic protests against injustices, while "feminine" suicides are typically associated with mental illness and reflect the feminization of literary suicide since the Romantic period. Moreover, Sandra Gilbert and Susan Gubar's *"Mad Woman in the Attic"* (1979) categorize 19th-century female literary figures as angels or monsters representing the perspective of the time on literary suicides. The literary works written by men generally depict suicide as an outcome of weakness, fragility, and inability to endure life's difficulties. In addition, femininity has a secondary position as opposed to masculinity in binary oppositions. If life belonged to men, death could belong to women when it was looked through the lens of society's eyes in the 19th century. From this point of view, femininity is associated with suicide in literary works at that time. Later, it will be expanded in the female suicide or gender of the suicide in the literature part. Not to mention, men can also commit suicide; however, the motives and methods for suicide are gender specific. Canetto (1992-93) draws attention to a myth prevalent in Western culture: the reasons for suicide are often gendered, with women stereotypically dying for love and men for glory. On the other hand, while mental illnesses such as madness can be a reason for women, the shame of war defeat can be a driving force for men in literary works. While women take pills,

men jump from a cliff to commit suicide. McIntosh and Santos (1982, p. 221) emphasize that traditional suicide methods differ significantly by gender, with men predominantly using firearms and women more often resorting to solid or liquid poisons. Canetto and Lester (1998, p. 178) observed that women's motives for suicide are often seen as irrational or merely attention-seeking behaviors, while men's motives for suicide are often seen as serious efforts to regain lost power and prestige.

In ancient Greek and Roman societies, the acceptability of suicide depended significantly on the method used, with hanging considered “a cowardly or effeminate death” and jumping criticized for being “desecrated the body and undignified”, in contrast, suicide by knife was heralded as heroic, embodying dignity and integrity (Brown, 2001, p. 438). Ancient sources demonstrate that although the Greeks were a vibrant, cheerful, and life-affirming society, they recognized the autonomy of the individual to decide between whether to live or die, while the writings of Plato and Aristotle show that their opposition to suicide was based on legal, not moral, grounds (Maricic and Šajin, 2020, pp. 65-66). For instance, in the Ancient Greek plays, honor and shame are the primary motives for the characters to commit suicide for both genders. To exemplify this, In Sophocles’ tragedies, Ajax, Haemon, Antigone, Jocasta, Eurydice, and Deianira are ended up with suicide since the society’s expectations for honorable life led them to this end (Maricic and Šajin, 2020, p. 67). Electra pleads with her household to kill her “for, death will bring me joy”, in opposition to this, in Euripides' tragedies Phaedra in *Hippolytus*, Evadne in “*The Suppliant Women*”, and Jocasta and Menoeceus in “*The Phoenician Women*” commit suicide while Euripides leaves the prevailing view of his time, Sophocles defends it; in the same vein, Euripides' Iphigenia utters these words: “To see this sunlight is for us all dearest love! / Below is nothing; and to wish for death, madness” (Maricic and Šajin, 2020, p. 67). “*Divina Commedia*” (1307) is an epitome of the ideas of suicide at its time. Dante described suicide as one of the serious sins since the seventh floor of Hell belonged to people who committed suicide, which means suicide is described as a sin worse than blasphemy in his work.

Shakespeare is one of the most important figures of the Renaissance in England. According to an article on suicide in his plays, suicide was seen in the Bible and by the rulers of Shakespeare's time, Queen Elizabeth I and King James I, as a “self-

murder” and a deeply sinful act (Suicide in Shakespeare's Plays, 2021). God's commandment “Thou shalt not kill” (Exodus, 20:1-20 (NIV), n.d.) summarizes the attitude towards suicide at that time. Shakespeare was, therefore, influenced by this teaching of his time. Since the Roman view of suicide was about victory and the Christian view of suicide as a sin, his characters were to some extent in conflict. For example, Juliet's suicide by stabbing herself could be seen as a rebellion against her father from a Roman point of view, and therefore against the patriarchal system from a modern point of view, whereas it would be seen as a sin by Christians. Besides that, Shakespeare's characters show a variety of reasons for suicide, shaped by personal, ethical, or strategic motives. For example, Othello's suicide represents the honorable determination of a soldier, while Romeo and Juliet see their joint suicide as a union in death, an escape from a life they cannot be together. In contrast, characters such as Goneril and Lady Macbeth end their lives out of despair when their manipulative schemes collapse, emphasizing a theme allegedly uttered by the Roman leader Julius Caesar in his “Death Before Dishonor” and echoed in many of Shakespeare's plays, including Hamlet's contemplations and Ophelia's melancholic death. As another example that covers the hereditary nature of suicide, *“For Whom the Bell Tolls”* (1940) has a suicide theme as a recurring motif both in the character's life and the writer's life; the protagonist reflects on the potential for self-destruction, particularly influenced by the suicide of his father, a detail that reflects the life of the writer Ernest Hemingway, whose father also committed suicide. This aspect of the character's contemplation probably reflects Hemingway's struggle with this concept, which continued throughout his life and until his death, some twenty years after the publication of the novel.

Three different plays that involve suicidal thoughts and behaviors will be examined in this thesis. Three different stories consist of people who see suicide as a solution as a result of the trauma they have experienced. These are Bush Moukarzel's *“Lippy”* (2014), Duncan Macmillan's *“Every Brilliant Thing”* (2015), and Alice Birch's *“Anatomy of a Suicide”* (2017), respectively. All three plays have different and independent universes from each other, and they are all very experimental plays in their own right. What unites these plays at a common point is the suicide of some characters as a result of their own traumas in the beginning but later, when the suicide of family members creates new traumas for the next generations it becomes

intergenerational. To start with the first play, *“Lippy”* (2014) by Bush Moukarzel (1983) progresses in a completely different structure. In 2000 in Leixlip, co. Kildare, a small town outside Dublin, a real suicide case that involved an aunt and three sisters has given the inspiration for this play. The play has many aspects to be inspected. One of them is the role of the author in the process of writing since he was not there while the event had been happening. In a nutshell, an aunt and three sisters locked themselves in their home and initiated a 40-day suicide pact. The interviewer and lip reader try to decode their story in the play since nobody was there to tell the story directly. This brings up another aspect of the play, namely that the women's place, their voices, are silenced and what they say to each other is deciphered from the movement of their lips. It is a far-fetched example of reported speech. The use of lips without a voice can be intended to metaphorically show the place of women in society. Women's suicides and traumas have occurred throughout their lives, framed by the invisible rules of patriarchy. In the play, the “Lip reader” who uses a different technique while acting reads people's lips and instantly transfers them to the other party and uses it to solve some incidents. Lip Reader attempts to shed light on the suicides of three nieces and an aunt who starved to death by looking at silent footage of the women's last conversations in a shopping mall. As the play progresses, the women's dialogues begin to emerge and it can be observed that the suicide is carried out with herd psychology. Towards the end of the play, only one character's lips “Cathrine” appear and traumas are implicitly revealed. , there are women whose right to life is taken away and silenced both metaphorically and actually, who are trapped in the patriarchal system, and who find death as a way of escape in this narrative.

The second play *“Every Brilliant Thing”* (2015) by Duncan Macmillan (1980) is a play about suicide, and family relationships play an important role. This play is quite experimental in its own way. There is one character called Narrator who plays the crucial element in the play and any gender is not attributed to this character. However, in this thesis, the Narrator will be accepted as a woman. She randomly picks up someone from the audience and enacts with them what was important and traumatizing in her life. *“Every Brilliant Thing”* (2015), a highly interactive play, continues with a child making a list of 1001 brilliant things in life after she is affected by her mother's suicide. Although there are brilliant things in her life, she cannot get over the trauma of her mother's suicide attempts for the rest of her life. There is an ongoing suicide

history originating from the family in this play. That is why this play is a sound example both to show an intergenerational transmitted trauma and to understand the relationship between suicide and trauma.

Thirdly, Alice Birch (1986) touches upon female suicide in the play “*Anatomy of a Suicide*” (2017). It allows the reader to see the processes of suicides belonging to three generations simultaneously on the same page using the three-layout structure method. The predecessor of the family, Carol, affects the successors in the family. The first character's reasons for suicide include sexual abuse, failure to conform to the stereotypical role of mother or wife imposed by society, pressure from other people, and inappropriate and reactive treatment of psychological disorders. Therefore, her suicide can be seen as a new trauma for subsequent generations, for example, her daughter Anna and granddaughter Bonnie are also suicidal because they were exposed to the suicide of a family member. As mentioned earlier, this can also lead to familial transmission of trauma, which in turn can affect the next generation. If there is a history of suicide in a family, as in this play, the trauma can be passed on to other family members, and this can become a vicious cycle that can last for several generations. However, each character's experience is unique, so it is necessary to examine them individually. Another distinctive point is that they are all women. Then, the traumas that patriarchal society inflicts on women and the suicides that occur as a result of these traumas are another point that needs to be mentioned.

“Suicide, the act of intentionally ending one’s own life, is one of the most concerning health concerns that affect the world today. Completed suicide acts and non-fatal suicidal attempts result in substantial costs to society including institutionalization, sudden loss of life, and emotional suffering experienced by the individuals and their loved ones” (Han et al., 2016, pp. 125–133).

Anything can be taken into consideration to understand the causes of a suicidal act, but the scope of the selected plays will mainly be the aspect and influence of family history. The familial transmission of suicide and trauma will be examined in the light of various theories through the three selected plays. In the context of the selected plays, trauma, and suicide are two closely interrelated concepts, as the characters in these three plays are either driven to suicide by the traumas they have experienced or traumatized by witnessing a suicide. As is known, the way society perceives suicide has also changed over time. The reflection of suicide, which in the past was condemned, condemned, and considered a sin, in literary works as a way out of the

struggle for life in today's society, appears more frequently as a recurring motif. Since the characters in each of the selected plays are suicidal, have a history of suicide in their families or have been forced to see suicide as a solution, it may be useful to closely examine these concepts through a literary work to shed light on modern social psychology, albeit on a small scale. In this respect, the selected plays are good options to observe the change in the perception of suicide throughout time. For example, *Anatomy of a Suicide* (2017) is a play that includes the 1970s, 1990s and 2030s, showing the different periods simultaneously and shedding light on the perception of suicide in different decades. It shows both whether the trauma can be transmitted among generations and whether there can be an emulation of suicide in these generations. It shows not only the perception of suicide in different decades but the change in psychological treatments applied to suicidal individuals. Likewise, “*Every Brilliant Thing*” (2015) tells the story of a person affected by her mother's suicide. The narrator in the play cannot get rid of the traumas she acquired, even if she grows up and leads her own life. “*Lippy*” (2014), on the other hand, describes the story of four traumatic women who found a suicide solution through an interviewer and a lip reader. Having a narrator from a different decade since the suicides of those women happened in 2000 also indirectly shows the change in society's perspective on suicide. Another point to be touched on as an aim of the thesis is to analyze the stories of women who have remained in a relatively secondary position in society. Likewise, the fact that the gender of the people who committed suicide in the selected plays are women figuratively accentuates the inevitable catastrophe, stemming from their place in society. The role of women and the mother mission imposed on them are some phenomena to be examined in this thesis. As stated in one of the selected plays “*Lippy*”:

“Lip Reader. We did it anyway. Because we realized that what’s interesting isn’t putting fake words in the mouths of the powerful, but listening to the true words of the powerless” (Moukarzel et al., 2014, pp. 22).

There are also commonalities and divergences in how the selected plays deal with suicide. The most important common point is the family. Suicide in the families causes trauma, and traumas cause new suicides in the selected plays. Another common point is that the characters are female. Women in the plays experience difficulties adapting to the role of women offered by society and choose suicide as a way out.

Distinguishing points may be how the plays are written and their specific structures. Each play is quite innovative so their particular narrative styles add a new perspective to suicide and provide a multidimensional evaluation opportunity to the reader. Therefore, the relationship between trauma and suicide, the effects of witnessing suicide, the effects of intergenerational trauma on suicide, the effects of individual trauma on subsequent generations, the history of suicide in the family, the reflections of individual and intergenerational traumas on society will be examined with the help of selected plays. These plays were specifically selected as they are capable of answering these questions in terms of their subject matter; therefore, the study touches upon the issue of suicide as a result of trauma, including concepts such as family, gender, and environmental variables, and to clarify this issue from a different perspective. To conclude, this thesis, entitled “Nature or Nurture?: The Intergenerational Transmission of Trauma and Suicide in Contemporary English Drama” aims to examine delicately the complex narratives of trauma and suicide in contemporary British plays. Specifically, through a detailed analysis of Bush Moukarzel's *“Lippy”* (2014), Duncan Macmillan's *“Every Brilliant Thing”* (2015), and Alice Birch's *“Anatomy of a Suicide”* (2017), it seeks to decipher the complexities surrounding the intergenerational transmission of trauma and suicide. Addressing the long-standing nature versus nurture debate, primary research has focused on determining whether these patterns of mental distress and self-destructive behavior are primarily influenced by genetic predispositions or shaped by environmental and familial dynamics.

The thesis will consist of seven chapters: an introduction including the theoretical framework and literature review, methodology, a literary analysis and speech act analysis for each of the three selected plays, a comparative analysis, and a conclusion. In the introduction, background information on the familial clustering of suicide, trauma in general, and the history of suicide in literary works will be given. Besides, the significance of the selected plays and the route of the thesis will be explained. In the theoretical framework part, trauma theories, theories of suicide, the concept of intergenerational trauma, female suicide, speech act theory, and literature review will be presented by citing some important figures, theories, and sources. This will be followed by a brief overview of the methodology of the thesis. To better understand the plays, each episode will have two sections: literary analysis and speech act analysis

respectively. In the literary analysis sections of each play, there will first be a textual analysis, which will include an examination of the characters, plot and key scenes, thematic components, narrative structure and storytelling techniques in relation to traumatic experiences, suicide and intergenerational aspects of these issues. Theories will be used to understand why the characters commit suicide. The gender of the characters will be discussed as a factor for suicide. In the speech act analysis sections of each play, the discourse of trauma will be analyzed using illocutionary acts and the role of language and communication in conveying traumatic experiences and expressing trauma-related emotions will be examined. The reflections of suicide on language will be also scrutinized. In this context, word choice, tone, and narrative structure will be taken into account. Furthermore, the speech of the characters, i.e. the way traumatized people speak, the impact of trauma on their speech, and the repetition or frequency of the words they use will also be discussed. As this thesis examines intergenerational trauma, the language change used in an intergenerational context will also be explored. It will continue with a comparison part featuring the three dramas at the same time. Finally, the conclusion will include a discussion of the most important findings from the analysis and an analysis of their relevance, an interpretation and contextualization of the findings in the context of the original research question, a discussion of the implications of the findings for the field of drama studies and a broader understanding of trauma and suicide, and a restatement of the research topic with conclusions that can be drawn from the research.

1.1. THEORETICAL FRAMEWORK

1.1.1. Trauma Theories

Auerbach, Salick, Fine (2006) alleged that trauma theory started with the theories of Pierre Janet, Sigmund Freud and Joseph Breuer. In *"Beyond the Pleasure Principle"* (1920), traumatic neurosis was explained by Freud as "a result of an extensive breach being made in the protective shield against stimuli" (1984, p. 303). Janet's contributions to the trauma field would not be disregarded. According to him, trauma experience causes dissociation and fragmentation in mind and thus person loses the ability to integrate multiple experiences altogether (Auerbach et al., 2006). In addition to these, after two World Wars, soldiers' shell shock experience which refers to soldiers' recurring dreams about the war aroused an interest on trauma studies. The American Psychiatric Association broke new ground by approving the concept of

trauma in 1980. Symptoms of trauma led the illness to be called “Post-Traumatic Stress Disorder” (PTSD). The reaction against a specific condition “outside the range of usual human experience” (1980, p. 236) has been diagnosed as PTSD. The patients with PTSD have been observed with severe somatic and psychosomatic disorders as result of fearful, shocking hopeless events. Trauma studies seem mainly to be developed in the 1990s and afterward (Balaev, 2014, p. 364). These theories’ starting points can be generally accepted as Freud and his theories. In this regard, the pioneering figures who analyses the relationship between trauma and literature were mainly Cathy Caruth, Shoshana Felman, and Geoffrey Hartman. The conceptual background for contemporary trauma critics relies on Freud’s books, especially *Beyond the Pleasure Principle* (1920). For instance, in *Moses and Monotheism* (1939) the repetitive nature of the trauma and traumatic memory's latency period were combined by Freud under the umbrella term “historical trauma”. He related “traumatic experience” of Jews with historical trauma since, according to him, their loss of the original father “Moses” created a historical trauma, with its delayed effects and the return of the repressed, for them (Freud, 1939, p. 65). This view towards traumatic theory was later developed as a classic model for trauma by Cathy Caruth’s seminal book “*Unclaimed Experience: Trauma, Narrative and History*” (1996) due to seeing trauma as a contagious phenomenon. As Caruth suggests in her “*Unclaimed Experience: Trauma, Narrative and History*” (1996), this is not also surprising since Freud’s book was written just beginning the Second World War. On top of that, Freud is also a Jew. He associates the state of not belonging to a place where Jews live with an event from the past. In a way, he focuses on his own trauma and tries to find the original event.

As Balaev states in his book, the field of trauma studies in literary criticism received great attention in 1996 with the appearance of Cathy Caruth's “*Unclaimed Experience: Trauma, Narrative and History*” (1996) and Kali Tal's “*Worlds of Hurt: Reading the Literatures of Trauma*” (2014, p. 1). In research from Mambrol (2020), “trauma studies explore the impact of trauma in literature and society by analyzing its psychological, rhetorical, and cultural significance”. They matter the identities of people on a linguistic, psychological, cultural, and memorial level. The representation of the language in traumatic events, its impacts and limits for the individuals were aimed to be observed by the critics. Freud (1895) suggests that traumatic hysteria is derived from a repressed sexual assault in his early trauma theories. According to

Freud and Breuer in "*Studies in Hysteria*" (1895), what makes the event traumatic is recurrent recall, not itself. While the very first event goes to haunt to the person, the talking cure or abreaction would be needed to be applied to discover the effects of the past and get rid of what causes the symptom. Specifically, deferred action needs a latency period to be comprehended since Nachträglichkeit or deferred action postpone the impacts of the past event (Breuer and Freud, 1955, p. 192). The concepts of "hysteria" and "amnesia" are the results of the traumatic repression in the shape of defense mechanism against the traumatic repetition of the event in the unconscious. The remembrance of the event and splitting of ego causes unusual states of consciousness, and "double conscience" stemming from dissociation in Janet's work on dissociation (1955).

Freud in his later work "*Beyond the Pleasure Principle*" (1920), changed his point of view for the original event causing trauma instead of repressed sexual assault and for the defense mechanisms. He emphasizes how trauma causes dissociation or an emptiness in the mind, the latency period between the event and its effects, and the infectious or disastrous nature of trauma. The conflicts of the ego with death drive gave a new direction in his theories. Dreams were taken into consideration to understand conflicts which "split off" the ego and cause repression by Freud (1920, p. 8). According to Freud, there are external and internal layers of the brain. The conflicts against "the protective shield" which is placed in the external layer for self-protection against unexpected dangerous "stimuli" cause traumatic neurosis (1920, p. 35). Anxiety, while serving as protection mechanism against traumatic neurosis cannot do anything for the "fright" which is "the state a person gets into when he has run into danger without being prepared for it" so the stimuli break through the barrier and go into the internal psyche without efficient internal guard (1920, pp. 11-32-36). According to him, "We describe as traumatic any excitations from outside which are powerful enough to break through the protective shield with a breach in an otherwise efficacious barrier against stimuli" (1920, p. 33).

That is to say, traumatic event is not only an external clash with its shocking effects for the brain but also internal protection mechanism because of its stimulating effects. Freud also touches upon "compulsion to repeat" which is another outcome of the traumatic event. It is realized with repetition of memory of the shocking original event

with the expectation of overcoming traumatic neurosis (1920, p. 19). The repetition of the traumatic event happens to “master the stimulus retrospectively, by developing the anxiety whose omission was the cause of the traumatic neurosis” in the patients' dreams (1920, p. 37). Freud indicates that since the traumatized person “cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it”. This person “is obliged to repeat the repressed material as a contemporary event instead of ... remembering it as something belonging to the past” (1920, pp. 18-19). While healing necessitates narrative of the event, the traumatized people must be content themselves with “reproductions” of the traumatic practice. Despite the fact that Freud did not make an exact comment on wholly remembering or permanent healing without any effect in brain, aforementioned, talking cure would be beneficial (1955-73, p. 150; 1959, p. 19-20). Freud's theories on traumatic neurosis focus on the compulsion of repetition of the traumatic event, the splitting of the psyche, its unique effect on memory compared to the ordinary events, the impossibility of full narration but only by reproducing the event. These ideas helped to evolve the very beginning of trauma studies in literary theory. Memory and identity became the key words for these studies since personal experience of a traumatic event would be unmatched in the memory of an individual. However, the specific attention in these early trauma theories was the effect of collective trauma on the individual. Thus, an experience on a political level, cultural level or individual level has been tried to be observed in an integrated way. Psychological pain suffered by people was examined in the literary texts by means of psychoanalytic theories, with a special interest in the language of “loss, disruption, and fragmentation” (Balaev, 2014, p. 364).

In the first wave of trauma studies, critics focused on the unrepresentable nature of trauma. Specifically, trauma's relationship with language and experience influenced Cathy Caruth's ideas. She, as a prominent figure in the classic model of the trauma studies, defined the trauma as an event that shatters consciousness and hinders direct linguistic representation. This model draws attention the fierce harm given by the traumatic experience to the psyche. It suggests this cannot be recovered retrospectively. Trauma, as an “unassimilated event”, leaves the external layer of the brain. It cannot be digested as an ordinary memory so it cannot be performed/represented linguistically like a normal one. Since the dissociation, as a

main reason for trauma, interrupts the brain's process of understanding and enciphering the linguistic knowledge. At this point, critics of this model supported that collective and individual trauma experiences can be related in terms of their universal effects on consciousness and narrative recall. Thus, the inherent nature of trauma helped to introduce the concept of trans-historical trauma. According to Caruth, traumatic experiences and collective historical extreme events are alike since knowing them in an exact way is not far probable, as Freud said, it can only be possible via a limited referential knowledge of the reproduction of the traumatic event (1996, p. 11).

This model sees the traumatic memory as a wound that never heals. This wound does not enable the individual to fully leave the past behind, as it figuratively continues to bleed. Since the traumatic event cannot be fully represented and the brain cannot fully internalize the event, it is likely to leave adverse impacts on memory, consciousness, and identity. Since the meaning and truth of the trauma cannot be found in normal memory, the traumatic event continues to cause pain by following the individual like a ghost. In addition, the most important factor that causes trauma's unspeakability is the fact that the trauma demands the necessary expressions to be represented through language and consciousness and that the event is not included in the memory. Caruth points out the relation between trauma in literature and "traumatic nature of history" by analyzing the "rhetorical potential" repetitions in the literary works with the aim of finding shattered referentiality that directs "knowing and not knowing" of the traumatic past (1996, pp. 4-18). In *"Unclaimed Experience"*, Caruth (1996, p. 7) argues that literature can offer voice to trauma because it resists conventional narrative structures and linear temporalities through its capacity to make wounds recognizable and silences heard, and thus such representations of traumatic memory are "double telling"; "oscillating between the crisis of death and the associated crisis of life: between the story of the unbearable nature of an event and the story of the unbearable nature of survival".

In the psychoanalytic framework, ideas about trauma gather around the return of the repressed. In this respect, Caruth claims that trauma is "not locatable in the simple violent or original event in the individual's past"; however, can be defined in "the way it is precisely not known in the first instance—returns to haunt the survivor later on" (Caruth, 1996, p. 17). She also touches upon the paradox created by the trauma,

“traumatic experience, beyond the psychological dimension of suffering it involves, suggests a certain paradox: the most direct seeing of a violent event may occur as an absolute inability to know it; that immediacy, paradoxically, may take the form of belatedness” (1996, pp. 91-92). Caruth tried to put her theory on a neurobiological basis to express consciousness and memory concepts. Drawing on the work “*Trauma: Explorations in Memory*” of psychiatrist Bessel van der Kolk, who describes trauma as “speechless terror” as a universal reaction, she supported her theory with his idea that the narrative of events cannot be “organized at the linguistic level” (Van der Kolk and Van der Hart 1996, p. 172).

On cultural and collective trauma, Caruth indicates that “history, like trauma, is never simply one’s own, that history is precisely the way we were implicated in each other’s traumas,” while analysing Freud’s approach in “*Moses and Monotheism*” (Caruth, 1996, p. 24). This quote can be seen as an example of how people and their trauma experiences are universally connected in their psyche. According to Balaev (2018), this point of view reveals that trauma may have the inherent potential to be transmitted transhistorically or intergenerationally in time. The contagious feature of trauma cannot match with any specific time for the violent traumatic event since memory cannot assimilate the narrative of the event. This situation can be interpreted that any historical traumatic event that happened in a cultural environment can have the power to affect an individual in the modern world from the same cultural background (Balaev, 2018, p. 365). Unspeakability and unrepresentability of trauma caused from the dissociation of consciousness make it easier to understand the relationship between identity and memory in the context of merging individual and collective experiences of trauma. As trauma’s intrinsic belatedness and fragmentation create an emptiness or a break in mind in terms of meaning of the event, in terms of the location of the event, in terms of the time of the event; in short, in terms of narration of the event, the unidentified traumatic event keeps to haunt the individual and brings endless emotional torture. Since history as a kind of fictional work stays inadequate to narrate the traumatic events as it happened, an individual’s psyche affected by an unrepresentable traumatic event can be a way to represent for the collective traumatic experiences such as genocide or war, especially with an emotional glance (Caruth, 1996, pp. 15-49-76).

In much of her inspiring work over more than two decades, Cathy Caruth has foregrounded the unrepresentable nature of trauma, and as a result has influenced feminist, race, and postcolonial theories as she has focused on individual and collective identities and revealed the dissociative and silencing aspects of trauma (Balaev, 2018, p. 36). Scholars such as J. Brooks Bouson, Michael Rothberg and Laurie Vickroy have used and contributed to the development of the Freudian-Caruthian classical model trauma theory by linking individual and cultural traumatic experiences with the deferred impact of trauma (Balaev, 2018, p. 36). Working on dissociative effects and their place in narrative transmission, these scholars, especially Bouson and Vickroy, have brought together the consequences of traumatic experiences with the socio-cultural context. In “Quiet as It's Kept” (2000), Bouson examines the trauma stemming from racist communities in the works of Toni Morrison. In “*Trauma and Survival in Contemporary Fiction*” Vickroy combines postcolonial and trauma theories to examine how narratives of collective poignancy operate. In “*Traumatic Realism*”, Rothberg combines classical trauma theory and cultural studies theories to examine the Holocaust, arguing that traumatic experience creates “a reflection on the formal limits of representation” and activates social discourse (Rothberg, 2000, p. 7). Traumatic realism can be seen as a narrative and social response that combines the ordinary and extraordinary aspects of a traumatic extreme event in his works. As an example of this, Rothberg's analysis on Ruth Kluger's concentration camp memoir, “*Living on: A Youth*” (1994), explains the complex relationship between extreme and everyday experiences of trauma in the narrative by saying that “in a dialectical synthesis the extreme and the everyday are neither confronted, nor collapsed, nor transcended, but simultaneously held together and forever kept apart” (Rothberg 2000: 130).

Over the years, trauma studies have moved away from Caruth's unspeakability towards a more pluralistic approach that argues that psychological and cultural elements can influence each other. This turn, supported by scholars such as Ann Cvetkovich, Greg Forster, Amy Hungerford, and Naomi Mandel and influenced by the ideas of Laurence Kirmayer, examines trauma in terms of identity, memory, and social norms, and challenges the notion of trauma as merely a pathological fragmentation. “This approach often relies more heavily on the external stressor to show that trauma occurs in specific bodies, time periods, cultures, and places, each informing the meaning and

representation of traumatic experience” (Balaev, 2018, p. 366). This “Pluralist Model” recognizes the power of traumatic experiences to shape narratives and memories in cultural and historical contexts and embraces the ability of trauma to transform at individual and societal levels. Challenging the binary oppositions of the traditional model, it defends the specificity of trauma and the diversity of representation. It therefore allows for a multifaceted and expansive discourse by considering trauma in terms of its intrinsic causes, effects, and the meanings attributed to it.

Psychiatrist Laurence Kirmayer, in particular, asserts that the recall of traumatic events is “governed by social contexts and cultural models of memories, narratives and life stories” (Kirmayer 1996: 191). Kirmayer draws attention to the impact of social contexts and cultural narratives on memory and trauma recollection and emphasizes that memory is not a static concept, but a fluid and reconstructive one. This paradigm argues that traumatic memory is shaped and rendered meaningful by the actions of the present by leaving behind its unspeakable nature. Contrary to the traditional view, the pluralist approach to trauma studies argues that language can represent the multifaceted nature of traumatic experiences. “Traumatic memory thus creates different claims to the past since multiple determinacies of value arise which are not bound to the concept of a speechless absence” (Balaev, 2018, 367). This perspective focuses on the impact of the origins of trauma on the shaping of individual and collective identity formation processes. Rather than treating traumatic experiences as a monolithic interpretation, it seeks to recognize their dynamic and variable characteristics and places great emphasis on narrative to grasp the meaning and value of trauma. As it recognizes the specificity of trauma and aligns with cultural studies, it supports a delicate study of the complex interconnections between personal and collective experiences of violence and suffering. Through this approach, it aims to advance the impact and representation of trauma in textual forms and to promote a broader understanding of the psychological and social effects of trauma.

“Examining the cultural context of an individual or collective group’s experience of trauma enables greater attention to representations of extreme experience such as rape, war, the Holocaust, the Gulag, American slavery, colonial oppression, and racism” (Balaev, 2018, p. 367). Scholars such as Ann Cvetkovich, Naomi Mandel and Greg Forter, focusing on the concept of trauma in various historical and cultural contexts

such as Holocaust studies, feminist criticism and postcolonial criticism, develop a theory that goes beyond the Freudian-Caruthian theory that trauma is taken as unspeakable and aims to understand the dimension of cultural narratives in the representation of trauma. Naomi Mandel, in *“Against the Unspeakable: Complicity, the Holocaust, and Slavery in America”* (2006), opposes the unspeakable nature of trauma by saying it is a “discursive production” and she views that this approach, which prioritizes “problems inherent in speech”, does not pay attention to the “ethical obligations involved in such representations” of depicting brutality (Mandel, 2006, pp. 4-5). Mandel analyzes Toni Morrison's *“Beloved”* and concludes that “silence and forgetting are as much a strategic and self-conscious gesture”, emphasizing the complex interaction between memory, trauma, and cultural demands. (2006, p. 172). Ann Cvetkovich, in *“An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures”* (2003), examines trauma from a perspective that distinguishes it from the classical pathological perspective and foregrounds the specificities and diversities of trauma in butch-femme discourses and public culture. Cvetkovich, who often examines trauma through the lens of sexual trauma and lesbian culture, alleges that “affect, including the affects associated with trauma, serves as the foundation for the formation of public cultures” (Cvetkovich 2003: 10). In particular, Greg Forter's *“Gender, Race, and Mourning in American Modernism”* (2011) explores the differences between "punctual", that is, one-off trauma, and "non-punctual", that is, continuous and everyday trauma in modernist and postcolonial literary fiction (Forter, 2011, p. 98). Claiming that the transformative potential of trauma is embedded in social and political contexts, Forter uses the term “signification trauma” (2011, p. 116). Forter's analysis of the postcolonial novel clarifies how trauma constructed by colonial institutions accentuates the idiosyncrasies of pain and suffering under certain regimes of power. These scholars bring a refined understanding of trauma, emphasizing its representability and the ethical tensions in narrating experiences of oppression and resilience. Their work emphasizes the significance of considerations of the socio-cultural and political dimensions of trauma and enriches the field with reflections from postcolonialism, feminist theory, and beyond. This ongoing evolution in trauma criticism demonstrates the field's dynamic capacity for adaptation and its essential critical engagement with literary theory and cultural analysis.

Gabriele Schwab, in *“Haunting Legacies: Violent Histories and Transgenerational Trauma”* (2010), which covers both previous and current trauma literature, advocates the idea of placing trauma in a sociocultural and historically comprehensive field. Schwab, who does not see narratives of violence and historical processes as separate from each other, thinks that the manifestations or symptoms reflected upon the generations of both the traumatized and the traumatizers should be effectively and critically examined in the context of transgenerational transmission of trauma. In a way, this autobiographical work aims to be the voice of the silenced, since Schwab, who grew up in post-war Germany, describes the feeling left in her by the stories told to her by her family and of which she herself was a silent witness:

“As a child, I thus became the silent witness to these war stories, the one not allowed to ask questions or interrupt the flow of words. Yet I became much more. I became an empty vessel to hold a deeper terror that remained untold, a silence covered by words, a history condemned to secrecy, a deadly guilt and mute shame handed down as shards of splintered affect” (2010, p. 43).

Marianne Hirsch in *“Family Frames: Photography, Narrative, and Postmemory”* (1997) and Gabriele Schwab in *“Haunting Legacies”* (2010) explore the complex issue of intergenerational haunting, arguing that trauma is transmitted between generations through inheritance, family secrets, and silence. Hirsch questions how the children of people with violent pasts “remember” events they did not directly experience, and she introduces the concept of “postmemory” to describe this secondary transmission of memory, defining it as follows: “Postmemory-often obsessive and relentless-need not be absent or evacuated: it is as full and as empty, certainly as constructed, as memory itself” (1997, p. 22). Children of traumatized individuals are highly susceptible to grief-stricken facial expressions, forced smiles, outbursts of anger, or chronic depression; these are conditions that are learned through exposure rather than being talked about. For this reason, Schwab argues that traumatized individuals of the second generation inherit not only the stories told or the brutal experiences lived – what Hirsch calls “postmemory” - but also the unresolved and difficult-to-assimilate emotions from the previous generation (2010, p. 14).

In some ways, Schab mentions the influence of Cathy Caruth's *“Unclaimed Experience: Trauma, Narrative, and History”* (1996), Dominick LaCapra's *“Writing History, Writing Trauma”* (2001), Shoshana Felman, Dori Laub, Renate Lachmann and Aleida and Jan Assmann's pioneering work on trauma and memory culture in her

work (2010, p. 9). In their foreword to *“Witnessing: Literature, Psychoanalysis, and Crises of Witnessing in History”* (1992), Shoshana Felman and Dori Laub underscore the role of art in witnessing unknown dimensions of historical experience. In other words, she brings together literary criticism, anthropology, and psychoanalysis, and examines intergenerational haunting and the transmission of trauma, employing literature and art to capture unknown experiences and traumas in *“Haunting Legacies”* (2010).

This study argues that despite the pressure and limitation of trauma on memory, memory recovery, and the grieving process are necessary for trauma to be transformed and healed for trauma to be overcome. Therefore, unlike theorists such as Cathy Caruth who argue for the “unrepresentability” of trauma, Schba emphasizes the impact of the delayed impulse that can occur generations later to recover memory and representation when working through an event, even if not literally, on creative and integrative trauma writing, citing the literature on histories of violence she mentions throughout the work and her own work as examples of such writing (Schba, 2010, pp. 25-26). In line with this thinking, Schwab draws on Nicolas Abraham and Maria Torok's theories of psychic haunting, intergenerational trauma, and the crypt in *“The Shell and the Kernel: Renewals of Psychoanalysis”* (1994), as well as the concept of cryptonym from Jacques Derrida's *“Fors”* (1977), which is a developed version of the three concepts mentioned above as a traumatic design of language to escape unbearable pain (2010, p. 4).

Derrida argues that traumatic language functions as a crypt full of “words buried alive” (1977, p. 99), unable to fulfill its communicative tasks, containing traumatic silences and gaps between speeches in an attempt to conceal the truth or sabotage meaning. According to Derrida (1977, p. 78), such cryptographic writings are fragmentary writings that “mark an effect of an impossible or refused mourning”, aiming to capture the essence of the intergenerational memory of traumas not directly experienced but inherited. Schwab borrows Christopher Bollas' concept of “unthought knowledge” from his book *“The Shadow of the Object: Psychoanalysis of the Unthought Known”* (1988) to understand the unconscious activity of trauma and to describe experiences that are experienced but not fully assimilated. She argues that the function of cryptographic writing as an intergenerational transmission of trauma functions at the

level of such unthought knowledge (2010, p. 7). Thus, she in “*Haunting Legacies*”, develops the theory that cryptographic writing serves as a transformative tool to uncover unconsciously buried experiences, transcending silences and cryptic barriers, thus revealing the crypt as a repository for both the ghosts of lost beings and unrenewed memories.

In conclusion, it can be argued that the field of trauma studies continues to evolve and expand beyond its core post-structural approach to embrace insights from postcolonialism, feminist theory, ethnic studies, and ecocriticism, and to develop its analysis of the role of trauma in literature and society.

1.1.2. Theories of Suicide

Suicide is defined by *The Cambridge Academic Content Dictionary* (2023) as the deliberate act of killing oneself. The difference from normal death is that a person makes a deliberate decision to end their own life. There can be many reasons underlying this final act, for instance, environmental, social, or psychological factors may play a role separately or altogether. As one of the leading health issues, suicide is a challenging topic to understand with its causal factors. It can be associated with emotional pain, mental health problems, and social difficulties. Many theories have been proposed to explain suicide, including Freud's theory of inward aggression (Freud, 1916), sociological theories on social integration (Durkheim, 1897), and biological theories on the role of hormones (Lester, 1988) and neurochemical processes such as low serotonin (Golomb, 1998) (as cited in, Vohs and Baumeister, 2002, pp. 33-41).

“Freud and others (Shneidman, 1980; Leenaars & Balance, 1981) have pointed out that the suicidal person usually identifies the primary motive for suicide as loss or denial”. Psychoanalysis suggests that individuals may have unresolved unconscious conflicts that may contribute to suicidal thoughts. These conflicts may stem from early childhood experiences, trauma, or repressed emotions. “Suicidal ideation, defined as suicidal plans, wishes, and ideas of suicidal behavior” (Beck et al., 1979) can be seen as a manifestation of these unresolved conflicts. Sigmund Freud (1920) introduced the concept of the death instinct, also known as Thanatos, as a fundamental part of human nature. According to this theory, individuals have an inner drive towards self-destruction, and this drive can manifest itself in suicidal tendencies. Freud (1920)

suggests that suicide goes against the instinct of human nature to live and survive, but is aligned with his concept of Thanatos as the death instinct. He recognized a connection between the Thanatos and individuals' traumatic experiences and emphasized the social context of suicide. Thanatos is the opposite of the life instinct, also known as Eros, which drives individuals to seek pleasure and engage in life-sustaining activities. Psychoanalytic theories emphasize the role of psychic pain, hopelessness, and emotional suffering as critical factors in suicide, such that suicidal individuals may experience unbearable psychological suffering, which may lead to a desire to escape or end suffering.

Suicide can be seen as a form of regression, where individuals return to earlier stages of psychological development in response to overwhelming distress. This regression may involve a return to childlike defense mechanisms and coping strategies. Freud (1909) described the unconscious motivation for suicide as “the self-punishment of wishing for the death of another” (p. 154). The psychoanalytic perspective recognizes the importance of loss and grief in understanding suicide. Thus, unresolved grief, whether caused by the loss of a loved one or the loss of an idealized self, can contribute to suicidal thoughts. In “*Mourning and Melancholia*” Freud (1917) spoke of the “retroflexed rage” inherent in suicidal behavior, i.e. the redirection of an aggressive impulse initially focused on a significant other (e.g. parent, lover) towards oneself, i.e. introverted hostile aggression”. Thus, suicide is suggested to be caused by unconscious impulses. Psychoanalysis underlines the ambiguity that often characterizes suicidal ideation. Individuals may have conflicting desires both to live and to die. Suicidal acts or behaviors can be symbolic expressions of these internal conflicts and ambivalence. Later, in *The Ego and the Id* (1923), Freud recognized the role of the superego in suicide as a serious renunciation of the self. Psychoanalytic considerations of suicidal individuals often involve exploring their unconscious thoughts, feelings, and fantasies, which can reveal hidden motivations and provide insights into the emotional landscape of the individual. Glucksman and Kramer (2017) found that the explicit content of dreams of patients with suicidal ideation and behavior can be distinguished by themes of death and/or dying, violence, injury, and/or homicide more frequently than depressed patients without suicidal tendencies. Psychoanalytic work on suicide continued throughout the twentieth century and increasingly emphasized the importance of being aware of and working with subjective inner experience, suicidal

fantasy, unconscious processes, and the therapist's transference reactions to their patients (Maltzberger and Goldblatt, 1996).

Biology-based theories developed on the causality of suicide argue that biological diathesis, which is a hereditary and psychological component, tends to lead to suicidal behavior when combined with stress caused by environmental factors (Mann, 2003; Mann, Waternaux, Haas, & Malone, 1999). Possible biological causes of suicide include dysregulation of the serotonergic system and problems in the ventromedial prefrontal cortex (Caspi et al., 2003; Mann, 2003; Oquendo & Mann, 2000). Polymorphisms of the serotonin transporter gene, which are usually associated with a familial history of suicidal behavior (Joiner, Johnson, & Soderstrom, 2002), and inherited impulsivity (Mann et al., 1999), a diathesis that causes suicide, are also factors that increase the suicidal potential of individuals (Joiner, Johnson, & Soderstrom, 2002). DeCatanzaro (1995), based on the idea that some individuals may burden future family members with their genes in a way that reduces the likelihood of survival and reproduction, put forward an integrative theory of suicide from an evolutionary perspective, including the biological and social aspects of suicide, which contradicts the natural selection and self-preservation characteristics that exist instinctively in animals.

In his work "*Le Suicide*" (1897), Emile Durkheim argues for the existence of social forces as the driving force of suicide and that the individual is shaped by society. Dividing social forces into social integration and moral regulation, Durkheim (1897) came up with four types of suicide that are likely to occur due to an excess of these forces: egoistic suicide due to a lack of social integration, altruistic suicide due to too much social integration, anomic suicide due to a lack of social meaning, and fatalistic suicide due to an excess of moral regulation. Although it has contributed much to the suicide literature, it has been criticized for having a gap in its theory regarding individual differences and for not adequately accounting for the fact that not all individuals in distressed social environments turn to suicide.

Psychodynamic theories attempt to make sense of the act of suicide by emphasizing the internal conflicts and unconscious motives that lead to suicide. Menninger (1938) draws attention to three motives that lead to suicide: the desire to kill oneself due to self-blame, the desire to destroy other people, and the choice of death to escape pain.

Findings based on this approach may facilitate the understanding of the murder-suicide concept, as it shows that self-blame (Brevard, Lester, & Yang, 1990), the potential for violence (Apter et al., 1990), and revenge (Rudd et al., 2006; Selby, Anestis, & Joiner, 2007) are closely related to suicidality. In addition to this theory, Hendin (1991) also associates suicide with both conscious and unconscious commitment, arguing that suicide is accepted by some people as either rebirth or self-punishment.

Beck and his colleagues (1985, 1990) produced a modern theory of suicide which suggests that the main motivation for suicidal ideation and action is hopelessness. They claimed that suicidal ideation occurs due to the belief in the impossibility of changing the current situation and mood, which in turn leads to feelings of hopelessness and failure. Building on this theory, in 1996 Beck developed modal processing that integrates personality into understanding the motivation for suicidality through five modes of cognitive schema: cognitive, affective, motivational/behavioral, physiological, and conscious control. Rudd, Joiner, and Rajab (2001) further developed this theory and showed how it contributes to the development and escalation of suicidal behavior through interconnected systems, and stated that hopelessness can drive suicidal tendencies by triggering a sequence of negative thoughts, emotions and physiological responses.

According to the suicide theory of Shneidman (1993), who devoted his life to establishing the field of suicidology, psychache is necessary for suicide to occur; depression and hopelessness are only of secondary importance in predicting suicide and are related to suicide only to the extent that they are related to psychache (1993, p.51). He states that psychological pain, known as “psychache”, is what leads to suicide in its most basic form and it includes emotional and mental anguish and torment which is a deep psychological state caused by extreme shame, guilt, humiliation, or similar feelings (Shneidman, 1993, p.51). When a person experiences this kind of psychological pain, s/he cannot deny its reality by introspectively examining their feelings. Psychological suffering occurs when an individual's survival needs are not met or are blocked. Shneidman (1993) believes that most suicides emerge from needs that are inhibited in the following four ways: “thwarted love, acceptance, or belonging; extreme helplessness or a feeling that one has no control; damaged self-image evokes feelings of exclusion, guilt, failure and inferiority; and damaged

relationships and subsequent feelings of grief". Suicide occurs when a person perceives his or her psychological distress as unbearable. It is emphasized that the capacity of different people to endure psychological distress also has an impact on suicide. In his theory, Shneidman (1993) proposes suicide as a way to relieve intolerable emotional pain instead of a desire to die.

"Suicide as an escape has been discussed by many psychoanalytic authors as a means or goal of suicide" (Maltsberger & Goldblatt, 1996). Some researchers have stated that "escape is the most prevalent goal of suicide" (Smith & Bloom, 1985). Baumeister (1990) offered "a six-step escape model" that contains much of the psychoanalytic perspective. The model suggests that "first, below-standard performance, second, internalization of self-blame, third, avoidant self-concept, the fourth, negative impact and/or negative consequences, fifth, cognitive narrowing, sixth, reckless behavior, lack of emotion and irrational thinking" (pp. 90-91) The theory is mostly based on "action-identification theory" (Vallacher & Wegner, 1985, 1987), "levels of thought" (Pennebaker, 1989), "self-awareness theory" (Carver & Scheier, 1981; "Duval & Wicklund, 1972; Wicklund, 1975), "self-discrepancy theory" (Higgins, 1987) and "attribution theory". It combines cognitive and motivational components. The central argument is that suicide is often an escape from the self, that is, from meaningful awareness of certain symbolic interpretations or inferences about the self.

Linehan (1993) argued that the underlying cause of suicide is emotional dysregulation. Although he focused on individuals suffering from borderline personality disorder (BPD) while developing this theory, it is possible to make inferences about suicide in general. Linehan identified biological vulnerabilities in BPD individuals: "experiencing emotions with extreme intensity, increased sensitivity to upsetting stimuli, and a slow return to emotional baseline when upset". According to Linehan, individuals with such traits often turn to erratic behaviors such as self-mutilation as a way of coping with negative emotions, and in addition to this, environmental emotional invalidation or seeing their emotions as unimportant takes the situation to an even more severe level. Linehan argues that the intense, unbearable emotional states created by the combination of emotional dysregulation and invalidation lead individuals to adopt extreme actions, including suicide, as a last remedy to end the volatility of their emotional state. "Death by suicide may be the ultimate way to change

one's emotional state” (1993, p. 60), underlining the despair that lies behind suicide attempts to evade overwhelming negative emotions.

Joiner (2005) in his “interpersonal theory of suicide” suggests that suicide may happen to an individual who suffers from the experience of thwarted belongingness, perceived burdensomeness, and acquired ability. Joiner's (2005) interpersonal-psychological theory of suicidal behavior proposes that engaging in serious suicidal behavior only emerges when an individual has both the suicidal desire and the suicidal capacity. This theory separates the desire to die from the capacity to take one's own life by identifying two crucial interpersonal situations that contribute to suicidal desire: thwarted belongingness, which arises from feeling alienated from social groups, and perceived burden, which arises from feeling like an obligation to others. Joiner stresses that the simultaneous experience of these conditions greatly enhances the likelihood of desiring death. However, suicidal desire is not enough for a fatal attempt; one must overcome one's natural self-protective instincts through multiple occurrences of harmful behaviors in order to acquire what Joiner named “acquired suicidal capability”. This notion emphasizes the necessary psychological process of moving from suicidal ideation to action and makes an essential contribution to explaining the intricate nature of suicidal behavior.

Suicide is a comprehensive issue influenced by biological, social, cultural, and environmental factors, therefore effective prevention often requires a multidisciplinary approach including psychotherapy, crisis intervention, and pharmacological treatments when necessary. Moreover, the discussion of the concept of suicide should always be approached with precision and caution, realizing the deep emotional effect on individuals and their families.

1.1.3. Intergenerational Trauma Theory

Intergenerational trauma, also known as historical trauma, ancestral trauma, multigenerational trauma, secondary traumatization, and transgenerational trauma, refers to trauma manifestations suffered by succeeding generations after their parents or grandparents were subjected to traumatization (Day and Shloim, 2021). The concept of intergenerational trauma has its roots in the study of historically traumatized communities, such as Holocaust survivors and indigenous peoples who survived colonialism, and thus the concept of historical trauma has been defined as a traumatic

experience that affects an entire group of people in society, such as a racial, ethnic or national group (O'Neill, Fraser, Kitchenham, & McDonald, 2016). As stated, initially, the theory of intergenerational transmission of trauma aimed to investigate the occurrence of PTSD, somatic symptomology, and other internalizing and externalizing behavioral problems (Dekel & Goldblatt, 2008) in families of Holocaust survivors; but later, it gained a broader scope to include different contexts with high levels of traumatic violence, such as natural disasters (Goodman & West-Olatunji, 2008), wars (Davidson & Mellor, 2001), and interpersonal traumas (Widom, Czaja, & DuMont, 2015). It is crucial to mention that this notion is still a topic of continuing discussion in psychology, sociology, and other related disciplines. However, it has been recognized as a way of understanding how historical or collective traumas can have permanent repercussions on both individuals and succeeding generations.

It is worth noting that individual trauma implies an upsetting or harmful event or series of events that an individual directly experiences, which could be physical abuse, sexual assault, natural disasters, war, or another event that challenges the individual's ability to cope and can lead to emotional, psychological, or physical suffering. "Intergenerational trauma studies show that parental posttraumatic symptomatology as well as trauma exposure affects the next generation" (Christie et al., 2019). That is to say, it can affect subsequent generations through various contingencies beyond the direct experience of the traumatic event. "The traumatic experience of the individual can only be fully understood by knowing the social environment surrounding the individual" (Virág, 1996, p. 5; Vikár, 1994, pp. 142-143). Teréz Virág, in his book *"The Memory of the Mulberry Tree"*, emphasizes that the essence of the therapeutic approach is that "the child's problems cannot be understood independently of his parents and the conditions in society" (Virág, 1996, p. 5). The child's symptoms often reflect the unspoken horrible past of the parents and grandparents. According to research on intergenerational trauma, the "cycle of violence" is an important phenomenon in the transmission of trauma symptoms; in other words, caregivers with a history of trauma and abuse perpetuate the cycle by mistreating their children (Karr-Morse & Wiley, 1997; Widom & Wilson, 2015). However, opposed to this perspective, another study suggests that only one-third of maltreated children grow up to become abusive caregivers (Belsky, 1993; Kaufman & Zigler, 1987), suggesting that trauma transmission may be explored more broadly than the "violence breeds

violence” perspective (Curtis, 1963). People who have experienced trauma may develop coping mechanisms or behaviors to deal with their pain and distress. These coping mechanisms can become an integral part of their reality, emotions, identity, and behavior. Therefore, traumatized parents may unwittingly pass on their survival mechanisms, emotional reactions, and behaviors to their children. This may affect family dynamics and contribute to the development of patterns of dysfunction, neglect or abuse.

“The natural distance between generations disappears, the life-world of several generations overlaps and merges, and members of the following generation are unable to shape their own boundaries, their own identity” (Faimberg, 2005; Prager, 2003; as cited in Mannheim, 2003, p. 175).

Some studies argue that trauma can appear to have epigenetic effects, meaning that it can alter gene expression without changing the underlying DNA sequencing. This could potentially affect how certain genes related to stress response and mental health are expressed in future generations. Individuals who inherit intergenerational trauma may exhibit symptoms or behaviors similar to those of their traumatized ancestors, even if they did not directly experience the original traumatic event. These may include increased stress responses, anxiety, depression, substance abuse, relationship difficulties, and more.

“The border between the life-world belonging to me and the one belonging to the other in the group sharing the experience becomes blurred: the me has the sense that the experience is generalized, and the me-experience thus becomes a group-level we-experience” (Bakó and Zana, p. 11).

Although studies on the intergenerational transmission of trauma have examined a variety of theoretical models over the past decade, Kellermann outlines four models that are widely accepted in the literature: psychodynamic, sociocultural, family systems, and biological models (2001, p. 260). The psychodynamic model claims that trauma transmission occurs from parents to children through “projective identification” and that parents' unresolved traumas are passed on to their children, leading them to unconsciously adopt these traumas as their own (Kellerman, 2001, p. 260). The family systems model suggests that trauma transmission can occur through intertwined relationships and implied communication within a closed and isolated family unit, resulting in attachment problems and trauma symptomology, in which

“parents live vicariously through their children, and the children live vicariously in the horrific past of their parents” (Kellerman, 2001, p. 260). The biological trauma transmission model argues that genetic and biochemical predispositions can be transmitted between generations in a similar way to hereditary diseases, and this model finds an important place in modern literature (Kellermann, 2013). The socio-cultural trauma transmission model, discussed by Kellermann (2001) based on the theories of Bowlby (1969) and Bandura (1977), argues that caregivers can influence the learning process through modeling and socialization in children's development. As a result, a caregiver with a history of abuse may compromise the capacity to provide effective and potentially adequate care and may lead to emotional and interpersonal problems in children. Fraiberg et al.'s (1975) study “*Ghosts in the Nursery*” mentions the power of past traumas to interfere with caregiving and emphasizes that such traumas can result in emotion regulation challenges, attachment problems, and a cycle of trauma transference.

1.1.4. Female Suicide or Gender of Suicide in Literature

Gender is not the only factor behind suicide. Besides, factors such as race, ethnicity, class, age, sexuality, occupation, labor force participation, and marital status have also been addressed in various dimensions in studies conducted by researchers (Jaworski, 2014, p. 21). Nevertheless, the concepts of suicide and femininity were brought closer together in 19th-century Victorian fiction than ever before. In the nineteenth century, the concept of suicide was feminized as women, perceived as the inferior gender, were closely associated with self-harm and mental illnesses such as hysteria, melancholia, and insanity (Showalter, 1985, p.7). This justification can be briefly summarized as follows:

“Woman is a lesser man, a weaker being, both physically and mentally [...] resisting suicide takes willpower and courage; therefore, women should fall victim to suicidal impulses far more readily than should men” (Gates, 1988, p. 125)

In classical tragedy, female deaths were partly masculine, considering “Antigone, Cleopatra, Hasdrubal's wife and Arria who stabs herself to encourage her husband and said Paete, nondolet” (Higonnet, 1985, p. 105). However, the approach to female suicide changed a lot in the 19th century. In Victorian fiction, Bertha Mason, also

known as Mrs. Rochester in *Jane Eyre* (1847), fully embodies nineteenth-century ideas about female suicide when she is described by Mr. Rochester as a victim of hereditary insanity, saying “she came from a mad family; idiots and maniacs through three generations!” (Brontë, 1847, p. 349). The depiction of suicide in Romantic Period works such as Johann Wolfgang Goethe's “*The Sorrows of Young Werther*” (1774) may have led to a more feminized perception of the meaning of the act of suicide. While looking at the actual suicide rates of both sexes, there is no major difference between them. Based on worldwide studies, men are 1.7 times in 2008 or 1.8 times in 2015 more likely to commit suicide and die (Värnik, 2012), while age is also a variable in this disproportionality, and suicide attempts are two to four times more common among women than men (Krug EG et al., eds, 2002, p. 191). Despite the statistics on what happened, the percentage of women who commit suicide is notably high in the literature. There are at least sixty-five female suicides in Greek mythology (Garrison, 2000). In addition to this, there are six female suicides in Shakespeare's plays: Juliet, Portia, Ophelia, Goneril, Lady Macbeth, and Cleopatra. In these plays, femininity and suicide are somehow linked. Psychologically overwhelming events lead women in particular to the inevitable conclusion: suicide. Along with these, in 19th-century literary works, the understanding of female suicide is interpreted in quite the opposite way from the actual rates. While Antigone hangs herself, Strindberg's Miss Julie kills herself because of society's dictates on women's behavior and the creator/author's belief in women's passivity. Strindberg claims that woman is a “stunted human form”, inferior to man in strength, emotion, and assertiveness (1974, pp. 566, 568, 564). Gustave Flaubert's “*Madame Bovary*” (1856), Lev Tolstoy's “*Anna Karenina*” (1878), Henrik Ibsen's “*Hedda Gabler*” (1890), Kate Chopin's “*The Awakening*” (1899) are examples of female suicides in 19th-century literature. Additionally, Virginia Woolf's *Mrs. Dalloway* (1925) is an example of a woman who kills herself as a result of a trauma that destroys her ability to fully assert her genuine identity. Also, Woolf herself, a well-known writer who explored the depths of human psychology, chose suicide. All these characters were women caught between their autonomy as individuals and society's expectations of them as women. Seeking a way out for free will and living the role that society assigns them leaves them in a dilemma. In some literary works, such as “*The Awakening*”, suicide is seen as gaining independence, while in others, such as “*Madame Bovary*”, it is defined as a selfish solution. The reason for this

dichotomy may be the gender of the author. The meanings attributed to female suicide by writers of different genders may differ in a male-dominated society. By the way, while the selected plays for this thesis can explore themes centered on female experiences, attributing bias based solely on the gender of the playwrights requires careful consideration. For example, in Bush Moukarzel and Mark O'Halloran's "*Lippy*", male playwrights tackle a female-centered story with a narrative distance that emphasizes the unknowability of motives and the interpretation of silence. Similarly, Macmillan's use of a gender-neutral narrator in "*Every Brilliant Thing*" allows for a narrative that combines external interactions with internal conflicts, allowing for a nuanced exploration of the search for meaning. Birch's focus on female perspectives in "*Anatomy of a Suicide*" may reflect a deeper or internal understanding influenced by her gender to examine certain themes through a gender-specific lens. In the selected plays, although there is not any negative connotation of female suicide in terms of the gender of the playwrights, the way they deal with the subject may differ according to gender. Given the frequency of occurrence and the similar metaphor that is often depicted, the academic Elizabeth Patnoe coined a term, called "female suicide master narrative", defined as:

"A typical pattern for the fictional story of a woman's suicide that arises... across the class of female suicide narratives from the last two centuries... The master narrative's protagonists are young adults who are detached from their children; financially secure, but dependent on men for that security; and heterosexually passionate. They rarely seek help, indicate their suicidal feelings or intentions, fear, resist, or plan their suicides; and they die after the inter-relational rupture with men, impulsively, during their first attempts, and almost always at the end of the narrative" (Patnoe, 1997, pp. 2-3).

In contemporary British Drama, several plays combine women and suicide such as Caryl Churchill's *The Skriker* (1994), Marina Carr's *Portia Coughlan* (1996), Sarah Kane's *4.48 Psychosis* (2000), Lisa Tierney-Keogh's *Four Last Things* (2009) (Fakhrkonandeh & Sümbül, 2021, p. 492). These plays have a higher potential to reflect the concept of suicide in modern society since they are more recent plays. Women and suicidality are somehow associated in these plays as in the previous examples. Melancholy, mental breakdowns, and stereotypical womanhood in the eyes of society are the main reasons for these women's suicides. The close relationship between femininity and suicide is one of the issues that this thesis addresses. In the selected plays, some women commit suicide as a result of their trauma. The reason

why these women see suicide as a solution and whether it can be related to the secondary position that society attributes to womanhood are some of the questions expected to be answered during the examination of plays for the thesis. Over time, suicides have been witnessed both in the real world and in the literary universe. The literary ones would be interpreted as a way of escaping from real life by reflecting the writer's inclinations toward the artworks in a way. The real ones might be the result of people's unending suffering for some reason. They could be based on a psychopathological disease or an outcome of witnessing a series of suicides in the family history. All reasons can be the focus of this thesis since characters in the selected plays follow the same path to suicide in their own lives.

1.1.5. Speech Acts Theory

Speech act is a concept introduced in the field of linguistics and philosophy of language by philosophers such as J.L. Austin and John Searle. Searle is the author of *Speech Acts: An Essay in the Philosophy of Language* (1969), where the idea of pragmatics was first popularized although the concept already existed in the pioneering work of Searle's teacher, John Austin's *How to Do Things with Words* (1962) (Lash, 2015). It expresses how language is used not only to convey information but also to perform various functions and actions in communication. As Sotillo (2017) notes, Speech Act Theory serves as a tool for analyzing utterances by relating grammatical structures to their function in specific contexts. In this theory, Searle (1969, p. 7) emphasizes that the essence of human communication is not just a sentence or a statement, but instead involves actions such as making statements, asking questions, giving orders, expressing gratitude, or apologizing. Speech acts go beyond the plain meaning of words and examine how language can be used to accomplish specific purposes in social exchanges. Levinson (1983) explains that Austin's idea of speech-act involves three types of simultaneous action: locutionary, illocutionary, and perlocutionary. As it is stated below, there are three main categories of speech acts according to Austin (1962):

Locutionary Act: This is the basic act of producing sounds, words and grammatical structures in speech or writing. It involves the physical production of language.

Illocutionary Act: This is the intended or implied meaning behind the words spoken or written. They convey the speaker's intention and can serve a variety of purposes,

such as making requests, giving orders, asking questions, making statements, giving opinions, or making promises.

Perlocutionary Act: This refers to the effect or impact that the speech act has on the listener or reader. It includes how the listener interprets, understands, and responds to the speaker's words. These acts encompass the emotional or behavioral responses generated by the communication.

In this analysis, it is preferred to focus on the “Illocutionary Act” since trauma discourse will be analyzed to look at the meanings behind the words rather than the meanings they directly express. Hancher, (1979) found

“...The philosopher J. L. Austin (1962) is best known for having identified the illocutionary as the central component of language use. An illocutionary act is an act performed in the uttering of a meaningful utterance; it is different both from the mere uttering (a locutionary act) and from the causing of any contingent consequence (a perlocutionary act)”.

Brown (2000, p. 223) notes that “illocutionary competence consists of the ability to manipulate the functions of language”. Searle (1969) proposed one of the most prominent and commonly recognized categories of illocutionary acts, consisting of five broad types:

Assertives: Speech acts that convey information, make statements or express beliefs (e.g. state, assert, inform).

Directives: Speech acts that attempt to influence or mobilize the listener (e.g. request, order, advice).

Imperatives: Speech acts in which the speaker commits to a future action (e.g. promise, swear, offer).

Expressives: Speech acts that convey the speaker's emotions, feelings or psychological states (e.g. apologize, congratulate, sympathize).

Declaratives: Speech acts that bring about a change in the external world through the speech act (e.g. announcing that someone is getting married, resigning from a job, christening a ship).

Comprehending speech acts is crucial for pragmatics, which is the branch of linguistics that studies the use of language in context. It helps to interpret the intended meaning of utterances and to recognize the social functions and consequences of language

beyond its actual content. In everyday communication, people use speech acts to communicate intentions, negotiate meanings, and participate effectively in a variety of social and cultural contexts. Speech acts such as storytelling and testimony are crucial for individuals to express and share their traumatic experiences. Analyzing how trauma survivors use language to create and convey their trauma narratives will provide a better insight into understanding the motivations of the characters. Trauma can often lead to speech impairment or silence. Survivors may struggle to find words to express their experiences, therefore focusing on the speech acts used in the selected plays can help to explore how trauma discourse addresses the challenges of breaking this silence and enabling survivors to talk about their trauma.

1.2. LITERATURE REVIEW

Trauma and suicide have been studied in many theses and their contribution to the field is undeniable. The concept of trauma has been studied both solely and in combination with suicide many times. Likewise, there are many studies in which pragmatic analysis is applied when examining literary works in which traumatized characters are the protagonists. A few of these are given below.

Shwana Qadir Perot (2019) has made another contribution to trauma studies in a thesis titled *“The Reflection of Trauma and Identity in Alice Walker’s Works”* by studying trauma and identity in Alice Walker’s works named *The Third Life of Grange Copeland* and *The Color Purple*. As an Afro-American writer, she is very good at reflecting on her society’s problems in her literary works. *The Third Life of Grange Copeland* and *The Color Purple* are two significant examples that show the miseries of black families. Walker sees gender and race as the main conducive reasons behind the trauma and displays how trauma affects an individual’s psychology and personality while forming an identity in the oppressed society. In her thesis, Perot brings together concepts of trauma and identity through Walker’s novels by delving into the source of the trauma with the help of the characters’ psychological analysis. She explains the characters’ self-realization processes by healing from the trauma.

Gülay Gülpınar Özoran (2019) in a PhD thesis titled *“Words as Carriers of History: Witnessing and Trauma in Seamus Heaney’s Early Poetry”*, takes a dual perspective on the therapeutic effects of witnessing trauma in Seamus Heaney’s early poetry collections *Wintering Out* (1972), *North* (1975) and *Field Work* (1979). She argues

that Heaney's poems acknowledge the healing potential of witnessing in understanding and integrating traumatic experiences linked to cultural traumas such as colonial conquest in Ireland and the Troubles, while at the same time contributing to the efficacy and safety of this questionable act. Some poems assist the therapeutic process by emphasizing testimony as a means of controlling and narrating traumatic memories. Others suggest that the expression of trauma can be impossible or harmful, exacerbating divisions and desires for revenge in intense environments such as Northern Ireland. This paper argues that these contradictory representations in Heaney's work reflect the complex and traumatic realities of the Troubles and illustrate the subtle challenges of resolving past trauma in a divided society.

In a study titled "*Memory, Irishness and Spectrality: A Hauntological Approach to Trauma in Marina Carr's The Mai, Portia Coughlan, By The Bog Of Cats...*", Sena Baltaoğlu (2020) focuses on the formation process of contemporary Irish female identity and the experiences of traumatized female characters in Marina Carr's *Midlands trilogy*. Drawing on the theories of Dominick LaCapra and Jacques Derrida, the study analyzes the selves of Carr's female characters shaped by individual, intergenerational and cultural memories from a hauntological perspective, and encompasses the discourse of cultural transformation in contemporary Irish culture. The plays bring together themes of memory, Irishness and ghosts with themes of displacement and alienation through Irish culture. This analysis is useful for interpreting Carr's work in terms of personal and cultural trauma, as well as the mnemonic and imaginary influences on the reformation of Irish women's identity.

Ayşegül Herdili (2022) in a study "*Memory and Trauma Narrative in Ali Smith's Like*" examines the role of memory and trauma in Ali Smith's *Like* and focuses these traumatic examinations on the experiences of two women whose paths cross in the novel. The study proposes a pluralist theory of trauma that argues that trauma is representable and criticizes classical trauma theory that argues that linguistic representation is not possible. This model argues that trauma survivors are aware of traumatic events and that forgetting is a coping mechanism. From this perspective, the study examines the experiences of the protagonists Ash and Amy, who are exposed to their traumatic pasts, in situations such as confrontation and overcoming. The analysis states that this novel demonstrates that traumatized individuals heal through

reappraisal and reinterpretation of traumatic events and defies ideas that place traumatized individuals in a passive position. This approach reinforces the importance of storytelling and narrative in healing and recognizes literature as an essential medium for understanding the complexity of trauma and exploring memory.

In a study titled “*Comparative Analysis of Death and Suicide within the Poetry of Sylvia Plath and Nilgün Marmara*” on a suicide, Neşe Şenel (2020) studies on two women poets, Sylvia Plath and Nilgün Marmara. As it is known, these two famous poets take their own lives in a tragic way. On this study, Şenel firstly shows whether Marmara can be influenced by Plath in her works although Plath has written her poems decades before Marmara, how their poems can be scrutinized by adopting psychoanalytical perspective with themes of death and self-destruction. Moreover, the study examines the similarities, differences, and parallels in their poetic strategies to death and suicide through a comparative analysis. Even though social and cultural contexts force them right into a female stereotype, they use poetry as their self-expression mechanism through the use of remoted and alienated personas.

Enas Alrudaini (2023), in a study “*Suicide Examination in the Novels of Jojo Moyes and Lois Lowry: From Taboo to Cause*”, analyzes the suicide acts in Jojo Moyes's *Me Before You* and Lois Lowry's *The Giver* by utilizing Sigmund Freud's Impulse Theory and examines the relationship between the instincts of life and death (Eros and Thanatos). Aiming to understand the psychological background of the characters in choosing Death from these two instincts, the study compares Moyes' portrayal of voluntary euthanasia, as a personal choice by questioning the quality of his life, with Lowry's portrayal of non-voluntary euthanasia in a dystopian context, emphasizing the attempts to restore human emotions and value in the character's community. Through these literary works, the study examines suicide from a psychological perspective, exploring the nature of suicide, which is difficult to understand and generally considered taboo, including its impact on individuality and civilization.

In a study titled “*Speech Act Analysis of Anton Chekhov's The Seagull*”, Mojgan Yarahmadi and Narges Olfati (2011) use Searle's Speech Act for the purpose of an analysis, shedding linguistic light on the complex nature of inter-character relationships. Unlike common literary approaches, the study brings together speech acts and dramatic discourse to examine their interplay, focusing on the illocutionary

and perlocutionary effects of dialogues between characters in the context of Russian social norms. The analysis of assertive, imperative, directive, expressive, and declarative speech acts, gives authenticity to the characters and emphasizes the difference between literal and implied meanings in the speeches in the play.

Sahar Farouq Altikriti (2011) in a study titled “*Speech Act Analysis to Short Stories*” focuses on pragmatics, especially the study of meaning in context, in the same vein as Sadock (1974) and Green (1975), discussing the difficulty of corresponding surface form with intended illocutionary force in direct speech acts. While literary texts are analyzed in terms of pragmatics, short stories have drawn relatively limited attention in similar studies. Therefore, this study conducts a pragmatic analysis of three short stories and aims to contribute to the understanding of pragmatics in literary contexts by exploring differences in the use and type of speech acts across different authors and topics.

Mulyanto Soetomo (2019), in a study titled “*Speech Act Theory in Arthur Miller's The Crucible*”, aims to analyze the speech acts, their uses and functions of the main characters in Arthur Miller's *The Crucible*. Moreover, the study also focuses on the features of illocutionary acts and their more specific roles. While analyzing the dialogues using speech acts, the study uses John Proctor's house and his prison cell as key scenes in Parts II and IV, where the characters make confessions, confirm confessions, and reject confessions respectively, to observe the impact of speech acts on narrative development and character interaction.

Many theses deal with suicide and trauma in the context of literary works. Despite this, no research has combined these two notions, identified one as the fundamental cause of the other, and examined literary works that incorporate this theme. In addition, it is a rare work that brings together the concepts of speech act theory and the concepts of trauma and suicide. In addition, the thesis will be both unique and creative, as the selected plays are highly contemporaneous and there are very few studies available on these plays already published. When it comes to the selected plays “*Lippy*” (2014) by Bush Moukarzel, “*Every Brilliant Thing*” (2015) by Duncan Macmillan, and “*Anatomy of a Suicide*” (2017) by Alice Birch, this study can be an illuminating and helpful resource in terms of understanding the context in which the plays will be examined to understand better and spread them to the academic circle, as well as a

resource for the general public. For this reason, this subtle structure of the texts also fits the chosen topic. This thesis aims to bring the concepts of suicide and trauma together and use them in a meaningful context.



2. METHODOLOGY

2.1. Methodology of Literary Analysis “Nature or Nurture?: Intergenerational Transmission of Trauma and Suicide in Contemporary British Drama”

The aim is to offer an in-depth literary analysis of how contemporary English Dramas represent themes of intergenerational transmission of trauma and suicide. Primary Texts are respectively Bush Moukarzel's “*Lippy*” (2014), Duncan Macmillan's “*Every Brilliant Thing*” (2015) and Alice Birch's “*Anatomy of a Suicide*” (2017). The theoretical Framework will be based on various literary theories, such as trauma theories, intergenerational trauma theory to focus on trauma, theories of suicide to investigate the reasons behind suicide and to analyze the underlying structures and themes, and postmodernism to look at fragmented narratives, non-linear structures, and multiple truths.

Research methods consists of close reading, thematic analysis, character analysis, narrative structure and style analysis, and comparative analysis. Each play will be subjected to a rigorous close reading to pinpoint and explicate dialogues and scenes directly or indirectly related to trauma, suicide, and intergenerational transmission. The chapters identified through close reading will be categorized through thematic analysis based on recurring themes such as the explicit or implicit depiction of trauma, the interplay between nature and nurture, and the characteristics or lack of intergenerational communication. Character analysis will include examining the development and evolution of characters throughout the play and exploring their interpersonal relationships, especially intergenerational ones, to understand how trauma and its consequences are portrayed and transmitted.

Narrative structure and style will be analyzed by assessing the structural elements of each play. This analysis will first examine the use of linear and non-linear timelines in the narration of trauma; explore the use of monologues, dialogues, silences, and other dramatic techniques about the main themes; and consider tone, pace, and other stylistic elements and how they contribute to the overall portrayal of trauma and suicide. To identify common patterns or differences in the representation of trauma and suicide and to understand each playwright's unique approach to the theme of intergenerational transmission, each play will first be analyzed separately and a comparative analysis will be conducted at the end of the thesis. There can be some limitations since literary

analysis, by its nature, is interpretative and subjective; different readers might derive different meanings from the same text. This analysis will primarily focus on the textual aspects and may not incorporate the full depth of live performance elements such as stagecraft, acting nuances, or directorial vision. Through the application of various literary analysis techniques, this methodology aims to delve deeply into the intricacies of how contemporary English dramas convey the profound themes of trauma, suicide, and their intergenerational transmission. This structured approach will provide rich insights into the artistic and thematic choices made by the playwrights in their exploration of these pressing issues.

2.2. Methodology of Speech Act Analysis on the Discourse of Trauma and Suicide in Contemporary British Drama

Using the lens of speech act theory, the aim is to rigorously analyze the discourse of trauma in the context of contemporary British plays with a particular emphasis on the intergenerational transmission of trauma and suicide. The texts of analysis are “*Lippy*” by Bush Moukarzel (2014), “*Every Brilliant Thing*” by Duncan Macmillan (2015), and “*Anatomy of a Suicide*” by Alice Birch (2017). The Theoretical Framework will be based on Speech Act Theory. Using the basic principles outlined by Austin (1962), speech act theory categorizes speech into the following: locutionary acts which are the surface meaning or act of saying something, illocutionary acts which are the underlying intention or purpose of saying something, and perlocutionary acts which are the effect on the listener or how the utterance is perceived. Later, Searle (1969) expanded the theory and identified five main types of illocutionary acts: assertives, which convey information or beliefs (e.g., state, assert); directives, which aim to influence or mobilize the listener (e.g., request, advise); commitments, where the speaker commits to future actions (e.g., promise, offer); expressives, which communicate emotional states (e.g., apologize, congratulate); and declaratives, which effect changes in reality through the act of speaking (e.g., resign, christen a ship).

This section will concentrate on illocutionary acts and how they reveal trauma discourse in plays. Research methods include text extraction, trauma discourse categorization, illocutionary act, and comparative analysis. The texts of the selected plays will be meticulously analyzed. Dialogues, monologues, and scenes related to trauma, suicide, or intergenerational transmission will be extracted for in-depth analysis. The extracted sections will be organized according to direct statements or

mentions of trauma or suicide; indirect, figurative, or symbolic representations of trauma or suicide; and examples of speech in which trauma has been transmitted or discussed across generations. Speech act analysis will be conducted in categorized sections and the following will be deciphered: identifying the intention behind each speech act (trauma narration, trauma avoidance, trauma transmission), analyzing the language and structures used to convey trauma, and understanding the illocutionary acts used in trauma discourse (expressive, assertive, declarative, commissive and directive).

After completing the individual analyses, a comparative analysis will be conducted at the end of the thesis. This analysis will include a play-by-play comparison to explore recurrent patterns or differences in trauma discourse, to understand differences in the depiction of trauma transmission across plays, and to highlight play-specific linguistic nuances in trauma narrative and their potential impact on intergenerational transmission. Limitations may result from the analysis focusing primarily on textual content, which may not capture the full dramatic essence, including performance, actor comments, or stage directions. Subjectivity in interpreting speech acts can lead to potential differences in findings. Consequently, through the application of speech act theory to trauma discourse, this methodology aims to uncover the complexities and subtleties of how trauma and its intergenerational transmission are communicated in contemporary English drama. Focusing on illocutionary speech acts will provide insights into the linguistic components that playwrights use to narrate and convey trauma narratives.



3. AN ANALYSIS OF “LIPPY” (2014)

3.1. Literary Analysis: Nature or Nurture?: the Intergenerational Transmission of Trauma and Suicide in “Lippy” (2014)

Based in Dublin, Bush Moukarzel (1983) is a dynamic performer and co-founder of Dead Centre, known for his contributions as a writer and actor in acclaimed productions such as “*Souvenir*” and “*Hamnet*”. Led by Moukarzel and director Ben Kidd, Dead Centre has emerged as one of the leading contemporary theater companies in Ireland and the UK, gaining international recognition for innovative plays such as “*Lippy*”, which uses real-life suicide narrative to push the boundaries of theater. The company's latest work is “*Chekhov's First Play*”. In addition to his pivotal role at the Dead Centre, he has collaborated extensively with other theater companies such as Pan Pan Theatre Company and Druid and has worked with media outlets such as RTÉ and the BBC.

“*Lippy*” is an experimental and abstract play that blurs the lines between empirical reality and fictional stories. The play is inspired by the suicide pact of an aunt and three starving nieces for unknown reasons in Leixlip, Ireland. Rather than examining the incident directly and in a causal relationship, the play, which is based on real events, presents themes of silence, trauma, and the impossibility of adequately understanding or representing the experience of others, thus forming a different view of the incident. The play begins with a post-show Q&A that subverts expectations. It then continues with non-linear storytelling and narrative with extraneous elements. The central theme of the play is lip reading, which is used metaphorically to represent the struggle between interpreting and vocalizing muted experiences and grief. The play does not naturally follow the rules of traditional acting, it focuses on traumas of individuals and limited interpersonal interactions. The play has a bold and innovative approach, adopting multimedia elements and elements of physical theatre in its title delivery.

The play is based on an event in Ireland where an aunt and her three nieces go on a hunger strike for 40 days. Although the action is interpreted as political by some and religious by others, the real reason remains unknown. According to Stagebuddy’s review, this quote from the play “This is not their story” is the straightforward message of this play (Tison, 2017). The play, which has an intriguing structure, begins as a question-and-answer event following the staging of another play. Then, as the play

progresses, it becomes a metaphysical journey of women on hunger strike. This transition is viewed by Tison (2017) as an exploration into the darker aspects of human life, where emotional violence is more common than physical violence. The play is praised for its sound design, which increases the emotional intensity and helps the audience to vary their emotions. The actors, who have few lines, stand out for the value they give to their roles and the questions the play raises. As Tison (2017) suggests in his review, "*Lippy*" can be considered as a metaphysical journey that first creates the "fifth wall" and then subverts emotions and expectations with its approach that breaks it down in a very touching way, even though it causes quite confusing emotions in the audience. Hunter and Lichtenfels (2005, p. 1) define the fifth wall as follows: If the "fourth wall", the boundary between the actors and the audience, is an unseen structure between the stage and the audience, the fifth wall can be conceived as the hidden wall between critics or readers and theater practitioners. In this respect, the play can be perceived as a very innovative and unconventional play.

Adopting an abstract storytelling approach, "*Lippy*" contains absurdist elements, i.e. nonsensical or surreal elements, existential themes, fragmented narrative, black humor, and characters in illogical situations (Esslin, 1961, pp. 3-15). There is also a defiant attitude and questions that remain unanswered. At the play's core, Bush Mourkazel reflects his awareness and thoughts by making guesses or assumptions about an event no one knows about. Visual storytelling helps effectively to convey the themes of the play. According to Marshall (2016), director Ben Kidd's ability to shift from words to images is admirable. The production's use of visual elements such as garbage bags, discarded identities, and bodies around a toppled table are examples. Regarding the portrayal of the Mulrooneys in the play, Marshall (2016) in her British Theatre Guide Review raises the issue of whether it is ethical to portray real people who are unlikely to get approval since they appear to be trying to eliminate their existence.

In an interview with The Upcoming magazine, when Maukarzel was asked to compare real-life stories to fiction, he said that no matter how strange or unusual the story, there are always unexpected and extraordinary stories in the world that are beyond imagination (Foulger, 2015). Moukarzel believes that a theater play, like Beckett's method, eliminates clear meanings and encourages speculation without a definitive

interpretation, and that theater as a medium can convey a profound message despite its being “silly” (Foulger, 2015). When asked about the ethical approach of a story based on real life, Moukarzel stressed that “*Lippy*” is not a straightforward biography, but aims to follow the consequences of events not depicted effectively in dealing with individuals living in society, independent of female individuals (Foulger, 2015). This attitude emphasizes that Mourkazel wrote the play not to explore individual biographies but to provide a broader overview of psychological and social productions of the subject.

Moukarzel cites an excerpt from Sarah Kane's interview with Sierz (2016) and he agrees with her about the possibility of creating beauty out of despair and suggests that there is something profoundly uplifting, not depressing, about this transformation (Foulger, 2015). In this case, Moukarzel states that he intends to combine two emotions simultaneously and shape their despair in his plays, which means that watching a play gives one a sense of being “miserable” and along with a feeling of “going on”, thus reflecting his artistic vision of creating and dealing with complex emotions (Foulger, 2015). He states that he appreciates an unreliable narrator not because they lack facts, but because they work in a context where certainty is impossible, so he finds it a parallel idea to the nature of lip-reading, which is inherently uncertain because of the multiple shapes a mouth can take (Foulger, 2015).

3.1.1. An In-depth Analysis of Bush Moukarzel's Play for Traumatic Experiences and Suicide in “*Lippy*” (2014)

Written by Bush Moukarzel and co-produced by Mark O'Halloran and Dead Centre, “*Lippy*” is a unique piece of experimental theatre that thematically foregrounds trauma and suicide and explores the vast diversity and ambiguity of human experience. As mentioned earlier, it is inspired by an incident in Leixlip where Frances Mulrooney and her three nieces committed suicide by locking themselves in a house and starving themselves to death. Their choice of this method of suicide can be interpreted as a rebellion against their position as women. This is a very intriguing topic for the play with its ambiguous nature and its unknown motive behind the action. It is also a useful tool to reveal the mysterious limits of human nature. In contrast to traditional theater, the play adopts a surreal and non-linear plot. This can be seen as a challenge based on subverting the audience's expectations, a meta-theatrical feature. In postmodernism, metatheatres often involve self-awareness within the narrative or performance;

characters or the narrative structure itself become aware of their fictional or performative nature, which can be manifested through surreal and non-linear plots, emphasizing the artificiality of the narrative or theatrical structure (McHale, 2004, p. 136). This can be seen in how Moukarzel opens the play with a question-and-answer session “I should introduce myself: my name's Bush Moukarzel. I didn't work on this show, but I've worked with the company before, and they asked me to step in and 'do' this Q&A” (Moukarzel, 2014, p. 15) at the beginning of the play. It, subsequently in part two, shifts to a completely different universe and continues with a fragmented and incoherent account of the final moments experienced by women, named Catherine, Josephine, Bridg-Ruth, and Frances, who commit suicide. With this kind of narration, Moukarzel stays faithful to the essence of the case and; therefore, he does not try to explain it. On the contrary, he leaves it unresolved in the same way, showing the audience the liminality of life and death with an authentic perspective. The play has a narrative structure blurring the fine line between reality and fantasy. The play begins with a post-show Q&A in a seemingly ordinary setting, but quickly shifts into surreal space as characters emerge from and interact with objects and spaces in reality-defying ways, such as the Lip Reader emerging from a garbage bag “A bin bag rustles in the space. Lip Reader tears his way out of it, staggers up into the room. He is slightly put out” (Moukarzel, 2014, p. 31). This challenges the viewer's perception of reality, setting the stage for a narrative that constantly shifts between the literal and the metaphorical. This generally allows the audience to understand the subjective aspects of trauma better, which can be explained by the “metaphysical turn” in contemporary British theatre (Angelaki, 2020, pp. 66-67) in which performances invoke moments that interrupt, break, or completely reconfigure the sequence of stage action, thereby unfolding new dimensions of experience that signal the likelihood of self-realization or transcendence in alternative worlds.

One of the most important aspects of “*Lippy*” is the way it deals with trauma and suicide. The play does not present the event as it happened, it does not give logical reasons for it, and it preserves the ambiguity of the event as in real life. Rather, it makes the trauma tangible on stage, that is, it reflects to the audience the state of mind and fragmented psyche that trauma creates in the brain. Giving the audience the chance to enter directly into this confused and ambiguous mindset, creates for them to have a completely different experience. With its surreal sequences and innovative

experimental structure, the play closely examines trauma and suicide. The fragmented state of mind caused by traumatic events is symbolized in the play through non-linear storytelling. Furthermore, the play addresses the difficulty of defining the path to suicide, its causes, and the act itself in a subjective and generalized way for each person. Through the psychopathological reflections of the characters, the play gives the audience the chance to observe how trauma and suicide are interconnected through chaotic and absurd states of mind. Moukarzel's direction and the way he conceived the play underline the themes of trauma and the unknown. The play's wealth of visual imagery not only points to the destructive nature of trauma on the mind and its negative impact on the continuity of the mind but also supports the fragmented plot that represents trauma itself. Image of a "leaking roof" and the use of "buckets" (Moukarzel, 2014, p. 40) as a symbol of the inevitable and uncontrollable nature of the trauma that permeates the characters' lives, the upturned table: "The table and chairs are removed from their position blocking the back entrance", (Moukarzel, 2014, p. 30), and dead bodies: "...Frances she keels over, lifeless, her body...", "Bridg-Ruth dies", "Catherine drags her lifeless body" (Moukarzel, 2014, pp. 38-43-45) are a case in point. The lack of dialog "Nothing. His mouth moves in silence" (Moukarzel, 2014, p. 21) can be interpreted as the play's emphasis on visuals rather than verbal language. This lack of dialogue and the abundance of visuals may be designed to emphasize the existence of trauma and suicide, which are complex and ambiguous in themselves, difficult to understand and articulate, and to create a more intense sense of pity. Moreover, Moukarzel reaffirms the ambiguity of trauma and suicide by opting for open-ended storytelling rather than an immediately comprehensible and continuous narrative.

Silence and lip-reading are two recurring motifs throughout the play and can be seen as two metaphors representing the attempt to make sense of traumatic experiences. The choice of lip-reading as a storytelling device points to the difficulty of grasping the reasons that drive the individual to suicide and describing the pain of what Scneidman (1993) describes as "psychache". The characters engage in actions and interactions that reflect their psychological conditions, symbolizing deep traumas that are unspoken and complex. The characters' internal conflicts arising from trauma are realized through surreal and abstract components rather than through a wide range of verbal expressions "Catherine removes a pair of scissors from her overcoat pocket and

cuts the wire. She takes hold of the bin bag- the paper trail of her existence - like a child holding a balloon” (Moukarzel, 2013, p. 29). Images such as a balloon and scissors can symbolize an emotional burden and the desire to get rid of it and indirect dialogue is used to convey the trauma and intense emotional pain the woman is experiencing. The characters in this play neither try to justify to the audience what they go through and what they do nor do they try to answer the audience's questions. Instead, they expect the audience to be exposed to the characters unconventionally, through elements in the play that evoke feelings of trauma and suicide, to understand their experience. The underlying motive may be to avoid definitive judgments about the trauma and suicide experienced by the characters, and instead to elicit complex emotions by showing the uncomfortable nature of what they are experiencing.

“*Lippy*” has a story that hypothesizes how traumatized characters can be driven to suicide. The fact that the individuals in this story are from the same family and the memories they recall from the past in some parts of the play may prove that they can carry a trauma that is passed down from generation to generation. Familial clustering, discussed in the introduction, can be observed here. The answer to the question of whether the reason behind this clustering is genetic predisposition or environmental factors is intertwined in this play since it cannot be considered independent of environmental factors since it is a collective action, and the fact that it is a collective decision of family members presents a genetic predisposition as a fact that cannot be ignored. It is possible to see how an aunt and three nieces influence each other on their journey to suicide and how they pass on the same trauma. In the subtext of the play, it is possible to read the message that individual traumas can create mass tragedies. Even though the characters are in an environment where they completely cut off communication with the outside world and are left on their own, the play is a good example of how there can be communication barriers between each other.

In short, “*Lippy*” is an experimental or, in other words, avant-garde play that explores the background of traumatic experiences and the elusive presence of suicide and presents it to the audience in an unconventional way. The avant-garde or experimental play is based on Wagner's Gesamtkunstwerk and emerged as a stance against commonly used methods of writing and creating plays (Styan, 1983). The play is characterized by its unique narrative structure, subversion of audience expectations,

and innovative theatrical features, including surreal elements. From a psychological point of view, it is a powerful work that opens another window to the uniqueness of the human experience by dealing with trauma and suicide in an intergenerational context. The play delves deep into human psychology through the unknowns of the Mulrooney case and shows the audience the difficulty of interpreting such events.

3.1.2. An In-depth Evaluation of the Unique Narrative Structure and Storytelling Techniques Employed in Bush Moukarzel 's Play “Lippy”

Postmodern theater embodies the pluralistic nature of contemporary society and encompasses a diversity of styles, narratives, and perspectives. This attitude is not only a thematic matter of interest but also reflects itself in the form and structure of postmodern works (McHale, 2004, p. 54). With its fragmented and non-linear narrative, “*Lippy*” provides the authentic tale of four women who condemn themselves to starvation, keeping the essence of the story, however, with an original interpretation. The play's first act is determined to find unknown meanings through a lip-reading section, but it does so in a comical way “Lip Reader considers. It's an unusual request, a little 'dance Monkey dance but the audience seem to be on-side and do seem excited by it. Lip Reader. I can do if it's helpful?” (Moukarzel, 2014, p. 25). For instance, for the lip reader to understand, when “the Interviewer says: I haven't really prepared anything. I suppose I could tell you about going out last night” (Moukarzel, 2014, p. 26), the lip reader wearing the headphones lip-reads differently: “I have a dream about a thing. I was watching this. Can we go outside? I'm winded. Because of I don't really know that much” (Moukarzel, 2014, p. 26). In the first part, the act of lip-reading could be compatible with humor and deeper inferences to understand and decipher the unknown behind the narratives and storytelling. However, the second part is rather dark, gloomy and apocalyptic. After the Lip Reader's narration, the very last days of the suicidal women's lives are supplied in an ambiguous and surreal manner “The voice recording builds into a cacophony, other sounds, voices and noises build on top” (Moukarzel, 2014, p. 27), bringing together what is assumed through the Lip reader and the inner turmoil of the characters, permitting the audience to question the storytelling itself.

These two poles above open up the possibility that storytelling based on real events can be speculative, manipulated, and present a fictional reality apart from real experiences. The play provokes the image of an existential reflection and does so

through the ethics of truth, interpretation, and storytelling. Therefore, "*Lippy*" presents the existing story in highly innovative ways, creating a moral questioning and paradox for the audience in terms of narrative construction and interpretation. The play is unique in contemporary British theater in that it breaks existing patterns and employs novel and more cutting-edge strategies, both in terms of storytelling and interpretation since contemporary British theatre aims for a more engaged and challenging audience through the use of different languages of representation - verbal, visual and sensory - focusing on the artificial dichotomy between drama and performance and how they can work together to achieve richer signification and deeper layers of meaning (Angelaki, 2020, p. 89). In this chapter, the specific narrative structure and storytelling techniques used in the play "*Lippy*" will be comprehensively evaluated in the light of the use of multimedia and sound design, nonlinear narrative, and fragmented storytelling.

Postmodern theatre, expanded to include movies, television, and other artistic media, creating the so-called "world-within-the-world", the ontological level that either rivals or supports the main generalized level on which the diegetic world is situated. In other words, the realization and maximize pluralism in the arts of the world make the audience reject the consensual belief that all people live in one unified reality due to reality being partially mediated and actualized by various artistic media (McHale, 2004., p. 143). "*Lippy*" combines multimedia and sound design with storytelling to produce a sensory-intensive spectacle for the audience. For example, multimedia elements such as video projections and "CCTV" footage create the complexity Moukarzel envisioned for the lip-reading segments.

"We hear the recording from Part One where Lip Reader described his role in the case. They are amused at this. "The last time any of them were seen in public was two of the sisters, Catherine and Josephine, on a shopping trip, to Stephen's Green shopping centre. They got them on the CCTV. I read their lips. I saw what they said." Lip Reader joins the women at the table and sits with them. Lip Reader. I'm sorry. I was under pressure. I might have been wrong. The word 'bear' is the same as 'pear' for instance" (Moukarzel, 2014, p. 34).

Through these strategies, the audience receives the message that the cases are subjective and cannot be fully recognized. "*Lippy*" also derives its progressive nature from the presence of a mess of visible and auditory factors. Moukarzel, who absorbs these factors into the storytelling, conveys the preferred meaning and emotion in this

way as there is a minimum of conversation in the play. In addition, given that "Adam the Technician" is a person who directly conjures up technology, the importance of generation and the use of multimedia within the play may be symbolized via the presence of this individual. In widespread, via this use of technological equipment, "*Lippy*" creates intensity and richness in the storytelling and audience reaction.

"...microphones. Interviewer sits in one chair. To one side, at a table, is Adam the Technician. His table is covered in wires, laptops, a sound mixer etc." (Moukarzel, 2014, p. 15), "Towards the end of the sequence, we hear a noise coming from Adam's equipment, a bum or a whine. It builds in intensity. We notice that Adam the Technician is gradually lowering the volume on stage microphones and headphones" (Moukarzel, 2014, p. 27), "An unexpected sound is heard from Adam the Technician's laptop. Adam the Technician. Sorry. Just sending an email" (Moukarzel, 2014, p. 17)

"*Lippy*" is a play with a non-linear narrative structure in which actions are presented in a jumble, not in the order in which they occur. This technique of the play, which adopts trauma and reminiscence as the primary theme, is quite symbolic since the traumatized brain recollects activities not in order but in various flashbacks as Freud and Caruth state in their theories. Hence, the audience is expected to assimilate the messages given by putting the play together like a puzzle and understand traumatized individuals more deeply. The intentionally selected fragmented and non-linear storytelling is discovered through disjointed scenes and dialogues, sudden jumps within the go with the flow of time, and abrupt scene changes. The end and the beginning of most scenes proceed independently of each other: for example, the "the vase" section ends with "tempest" (Moukarzel, 2014, p. 41), while the "interval" section begins with the lip reader telling "(To the audience.) It's a shame that we don't have intervals nowadays, they've fallen out of fashion" (Moukarzel, 2014, p. 42). This technique not only portrays the impact of trauma on memory and perception through the characters but also makes it tangible for the audience through unexpected changes. The fragmented narrative creates a sense of chaos among the characters, which is reinforced by the overlapping, incomplete sentences. The dialogue is not organized in any particular pattern, adding to the overall feeling of disorientation.

"Could I ask you to repeat it? She steps back into the Leixlip house and tries again. This time she is interrupted by a sudden cough by Frances. She tries again. Frances has a coughing fit. Everyone rushes to her aid. Including Bridg-Ruth. It is not worth trying to explain. She needs to be with her family" (Moukarzel, 2014, p. 35).

This fragmented narrative method, which is difficult to follow, draws the audience into the play and offers them the space to interpret and experience the plot and the emotions of the characters. This approach, which deepens the play thematically, prepares the ground for the audience to become more attached to the inner depressions of the characters. While the play intensely conveys the feelings of the characters because of the trauma to the audience with the help of sound and pictures, Moukarzel does not give a precise reason for the suicides of the characters and leaves the real cause for the suicides in the background due to the fact he ambitions to emphasize the unknowability of what is experienced. Although the dialogues among the characters are frequently surreal and short, some represent the inner realms, thoughts, and fluctuations of the characters such as Bridg-Ruth's last words: "No one should be on their own in this world. Everything passes. There is no happiness here on Earth. Do not grieve for me" (Moukarzel, 2014, p. 45). On occasion, non-speech narrative strategies also are used, therefore, physical theater and choreographic movements play a critical function in the play, which uses non-verbal strategies to convey emotions and experiences. One of the essential principles of physical theatre is the body-focused approach, prioritizing movement and the limits of performers' bodies (Keefe, & Murray, 2007, p. 54).

"The women are now the women in Leixlip. They sit at the table. The table is set, cutlery and empty plates. Waiting. Catherine pushes back her chair and stands up. She takes up her plate and cutlery and moves over to a bin bag, throws them out. Josephine does the same. Bridg-Ruth does the same" (Moukarzel, 2014, p. 33).

The play creates an evaluation by juxtaposing sound "Sound builds. A UV light shines at them. Silhouettes. UV light out" (Moukarzel, 2014, p. 29) and silence in scenes with minimum talking "A knock at the door. The forensic team do not react" (Moukarzel, 2014, p. 31). Since this evaluation refers to the inexpressible nature of trauma, it is far more feasible to peer Caruth's concept of trauma, "unspeakability", here. The play focuses in particular on the processing and transmission of trauma and melancholy. Silence and the difficulty in articulating trauma are important motifs that emphasize the inexpressibility of certain experiences. With its fragmented structure, the play challenges the notion of a single truth or a single narrative and emphasizes subjective misinterpretations through techniques such as lip-reading. Lip-reading is an effective metaphor for creating meaning in silence. The narrative perseveres interpretive analysis that seeks to ascribe meaning to events, instead reflecting broader themes.

“Lippy” explores silence as an alternative mode, both personal and symbolic, incapable of seeing the struggles of others. It explores how silence can be as influential as language and how it can shape how people and events are defined. Depicting loneliness and isolation, the play loudly emphasizes the need for human connection in a divided world and its harsh realities, with *“Lippy”* climbing from moments of everyday interaction to moments of deep introspection.

The characters in the text use a combination of poetic “Bridg-Ruth. (To Lip Reader.) There can never be real justice here and looking for justice will only be futile and heartbreaking” (Moukarzel, 2014, p. 37) and everyday language “Bridg-Ruth. (Male voice.) 'Jo's with a fella again. Will she ever learn?'" (Moukarzel, 2014, p. 37) to express their internal struggles and introduce subtexts and unspoken thoughts. The play resists an easy dissolution through its fragmented structure and its multidimensional characters. Nevertheless, the characters, at some point, can generally be analyzed via the traditional woman archetype, which can be understood with the words from Cathrine’s monologue “And a woman is a worthless thing. Cure. Death is difficult. It's filthy. Meaningless” (Moukarzel, 2014, p. 59). The characters inside the play may be related to an extensive variety of concepts represented by employing women in traditional societies such as melancholy, hope, and alienation: “My voice. This voice. That other. Begin. Black. I am alone” (Moukarzel, 2014, p. 46), “I try not to think of people. Too difficult to think of people. Though still. For company alone” (Moukarzel, 2014, p. 51), also being imprisoned at domestic, and not locating a place for themselves in the patriarchal social order: “Those carcasses. I will go mad. Or am mad already” (Moukarzel, 2014, p. 47), “He wasn't always the devil. Just a man” (Moukarzel, 2014, p. 53). The play gives a terrific deal of space to speechlessness through the entrapment of women in a domestic, whilst at the same time utilizing a dialogic environment that emphasizes polyphony by bringing together extraordinary perspectives at the beginning of the play as a post-modernist feature mentioned earlier. These surroundings facilitate the audience to discover exceptional aspects of the narrative, whilst at the same time adding a layered and opulent dimension to the play. As a result, *“Lippy”* stands proudly as a complex piece of theatre that questions the boundaries between fact and fiction and traditional forms of narrative. *“Lippy”* stands out with its bold narrative structure and innovative storytelling techniques.

Challenging traditional theatrical norms, this work invites the audience to an experience of deep introspection and intense interpretation. Exploring the challenges of trauma, memory, and communication, the play makes innovative use of narrative and performance techniques, making it an important and thought-provoking work in contemporary theater. *“Lippy”* boldly explores the limits of narrative and representation, especially in the context of unexplained and traumatic events. Moukazel's unconventional storytelling forces the audience to reflect and interact with the material in a non-traditional way, making the play a remarkable work in contemporary theater.

3.1.3. An In-depth Discussion of How Bush Mourkazel's Play *“Lippy”* Addresses the Intergenerational Aspects of Trauma and its Impact on Characters

“Lippy” can be explored through a lens that encompasses the theme of intergenerational trauma by examining the way the narrative interacts with past experiences, their interpretation, and representation within the work. The real-life tragic story of four women in *“Lippy”* explores spaces of shared familial experiences and collective choices that subtly reflect the components of intergenerational interactions and their possible consequences. Their act of collective self-destruction can be perceived as the manifestation of a shared and unexpressed trauma or psychological upheaval that transcends individual scrutiny and binds them to a common and tragic fate. This collective and enigmatic act of starvation suicide offers an exciting prospect to investigate the mental, emotional, and existential characteristics that may be present in their familial material, influencing their perceptions, actions, and, in the long run, their communal death. The characters' collective and unexplained actions raise questions about the familial, social, and mental elements that could have resulted in their tragic end. The way women share and enact their collective choice to end their lives in an isolated and intimate family space may be indicative of a shared mental and emotional space shaped by their collective histories, stories, and inherited traumas. The play invites the audience to hold up a mirror to family tensions as well as to unseen, unspoken subcurrents that can influence movements, choices, and destinies in ways that will always remain mysterious. Moreover, given how narrative is discovered and reconstructed through an external entity, the lip reader, the play additionally raises questions about how familial, intergenerational narratives and traumas may be interpreted, reconstructed, or misrepresented with the aid of external

observers. This adds another layer to the exploration of intergenerational trauma, permitting external perceptions and interpretations to be taken into account. *“Lippy”* explores the complicated subject of intergenerational trauma and its profound impact on characters. The play stands proud for exploring how trauma cannot solely affect a person but can resonate across generations and affect human beings in subtle approaches. The play discovers the timeless nature of trauma and its intergenerational impact via narrative structure and symbolism. Using non-linear storytelling, flashbacks, and surreal sequences, the play emphasizes that trauma is a phenomenon that can resurface in unexpected ways and affect future generations no longer directly involved in the event. The flashbacks and surreal scenes screen how the character’s past traumas continue to influence their present lives, perceptions, and behaviors. These scenes blur the boundaries between fact and reminiscence, displaying how trauma transcends time and space.

Common motifs in works dealing with intergenerational trauma include loss, memory, identification, and the battle for restoration or closure. The play examines these themes through different motifs, as well as through family memories “My father. At night. I'd hear him rise. Drink still in his legs” (Moukarzel, 2014, p. 52), flashbacks, “Once. As a child. When I was sick. Burning with a fever. He carried me upstairs” (Moukarzel, 2014, p. 52), or familiar stories “And barking like a dog. Terrifying us. But I forgave him. We forgave him. And then this. He said We'll have to put a bridle on you Catherine. Shouted it across” (Moukarzel, 2014, p. 52) that make corporeal or metaphorical connections between the past and the present. Moukarzel uses abstract and symbolic imagery in key scenes to convey the complexity of intergenerational trauma. For example, mundane symbols or motifs can reveal the enduring nature and intergenerational transmission of unsettling reflections. The use of “the image of the bin bags... filled with all their personal documents” (Moukarzel, 2014, p. 28) is a recurring motif that symbolizes an attempt to erase past identities, memories, and traumas. This image may imply that the characters not only desire to escape their current suffering but also attempt to break the bond of trauma that has bound them together for generations. Some scenes use physical space to reflect the psychological landscape of the characters. Closed spaces, for example, can create the sense of being trapped that characters feel due to inherited traumas. The form of these spaces and the movements within them often reflect the characters' internal struggles and the invisible

burden of their past. For example, in the forensic scene where characters wear forensic gear to examine their silhouettes:

“Catherine re-enters but we do not recognize her. She is in forensic gear-white overall, mask over mouth, and plastic gloves. She goes up to her silhouette and examines it. Josephine enters in forensic gear. She examines her silhouette. She goes to Catherine they mumble inaudibly. They look puzzled. (Josephine) points to the silhouette of the bin bag. (Catherine) shrugs her shoulders. Don't ask me (Frances) and (Bridg-Ruth) enter, also in forensic gear” (Moukarzel, 2014 p. 29),

abstract imagery is used to explore the concept of examining one's past and identity from the outside. However, this self-examination is complicated by the fading of the silhouettes, pointing to the difficulty of fully understanding or confronting one's trauma. Moreover, the act of tracing these fading silhouettes is an attempt to understand the fragmentary nature of identity and memory at the core of intergenerational trauma. Additionally, the scene when “the women...sit at the table” which “is set” with “cutlery and empty plates” (Moukarzel, 2014, p. 33) serves as an abstract representation of not only physical but also emotional and spiritual hunger. This symbolizes a rejection of the trauma that has been passed on to them, emphasizing the characters' disconnection from and refusal to participate in the continuation of life. This can be a symbol of the search for meaning and liberation from inherited cycles of suffering.

Character development plays an important role in “*Lippy*” as a projected image of character and collective struggles. Due to its structure, “*Lippy*” first introduces the characters from the point of view of an external “lip reader”. The primary characters - an aunt and three nieces - are portrayed as embodiments of intergenerational trauma. The interactions and dynamics between those characters come into focus in key scenes. These scenes point to a shared history of pain and unspoken suffering and reflect the traumatic and complex nature of the legacy of trauma transcended between households. Firstly, Catherine is seen as the one who leads the group towards starvation and eventual suicide: “Catherine pushes back her chair and stands up. She takes up her plate and cutlery and moves over to a bin bag, throws them out” (Moukarzel, 2014, p. 33). Her dialogues often reflect a deep desire to escape the pain of existence, which points to her role as the elder figure guiding the deal. For instance, Catherine's contemplations on death: “I was paper. I was death. A palsied maquette.

And landed where I am” (Moukarzel, 2014, p. 59), on existence: “Who knew there was worse than blood in us. Death is not an event. But a process. A small catastrophe. Private. Entirely. Personal. It can't be shared. Only witnessed” (Moukarzel, 2014, p. 58), and the decision to starve themselves is a vindication of her leadership and her deep disappointment with life. Then, Josephine's character is deeply enmeshed with that of Catherine, as she follows in Catherine's footsteps and struggles with the decision to end her life. For instance, in the scenes where they cut the wire and go on hunger strike, Catherine does the action first and then Josephine repeats it and the others: “Josephine does the same” (Moukarzel, 201, p. 29), “Josephine does the same” (Moukarzel, 2014, p. 33). Her dialogues present a character stuck between the fear of death and her loyalty to her family: “Josephine looks at the sandwich. She sits down. Lip Reader. It's tuna. It's good. Fish and bread. Josephine reaches for the coffee cup and picks it up. Lip Reader. A drink first? Good idea. Josephine holds the cup to her lips. She bites the cup. It cracks in her mouth. She chews the china. Blood runs down her face” (Moukarzel, 20, p. 37). Even though she is hungry and longing for a sandwich, she sticks to the pact by distracting herself with self-harm. Her participation in the suicide pact despite apparent apprehension and uncertainty “In her breast. A frightened bird” (Moukarzel, 2014, p. 60), reveals her traumatic struggle between family obligations and survival.

As another character, Bridg-Ruth has dialogues such as: “Bridg-Ruth. We must cast off these dense physical bodies which to me are like great overcoats which our soul inhabits and when worn out we cast them off and we ascend into the higher realms, in my opinion, our true home. This is, after all, what our Saviour Jesus, the Christ came to teach us” (Moukarzel, 2014, p. 35), and they present her as a character who tries to justify the pact through the glass of spiritual elevation, arguing that their deaths would allow them to escape the pains of the physical world. Her initiatives to engage with the audience: “Bridg-Ruth delivers her speech in the hope of communicating with the audience. Unlike the others, she feels the need to explain their pact. But when she steps out of the Leixlip house and into the area where the Q&A took place, the other women cover their ears” (Moukarzel, 2014, p. 35), and family members' decisions, emphasizing the need to find and give meaning to their actions, despite the inherent uncertainty and traumatic process of their slow death. Finally, Frances is portrayed as the most fragile member: “The bin bag is moved to Frances. Her cutlery and plate are

placed in her hands by Catherine and held over the bin bag. She is too weak to throw them in. They are dropped in for her, puppeteer-ed” (Moukarzel, 2014, p. 33), and she emphasizes the physical and emotional cost of the suicide pact through character development. Her silent suffering and eventual death underscore the tragic nature of the pact and the enduring impact of their collective trauma. Frances' character emphasizes the physical “She goes to Frances who tries to stand up to slap her. Frances struggles, is unable to get up” (Moukarzel, 2014, p. 34) and emotional agony “Catherine consoles Frances who has become distressed of” (Moukarzel, 2014, p. 32) of their chosen path. In this way, through the development of characters, “*Lippy*” explores how intergenerational trauma persists within their family unit and its impact on individuals' personal reflection and family relationships. The play presents a powerful story that informs about the legacy of trauma within the family and how this legacy is built up over generations.

The dialogues between characters can be a crucial detail in revealing intergenerational trauma. Conversations can illustrate how judgments of the past shape present perceptions and relationships. “Did you read about me in the papers? Those poor women. No response. Josephine looks at him. (Burst of anger.) Aren't you going to talk to your father? I am still your father, you know. I may not look the part...” (Moukarzel, 2014, p. 40). It has the potential to be exhilarating when the play uses the miscommunication or lack of awareness between generations to emphasize the gap created by unaddressed trauma. In scenes where characters interact without spoken words, the play highlights the communication constraints that regularly accompany intergenerational trauma. “Josephine does the same. Bridg-Ruth does the same. Frances does the same” (Moukarzel, 2014, p. 29). The silence between characters shows how trauma can create emotional distance and prevent understanding, even between close family members. The pervasive motif of lip-reading, especially in scenes where the lip-reader attempts to interpret silent images, symbolizes the effort to recognize and uncover the unspeakable elements of trauma. “Bridg-Ruth seems to be trying to say something but she has no voice. Lip Reader approaches. He takes the microphone and tries to lip-read her dying words” (Moukarzel, 2014, p. 45).

“*Lippy*” has a look at how trauma affects not only individual characters but also their collective identity as a circle of relatives or as a community. This can manifest in how

the characters relate to each other and their environment, in their shared beliefs or traditions, and in the way they remember or neglect past traumas together. The resolution of the play is vital to understanding the playwright's attitude to dealing with intergenerational trauma. It can provide a sense of catharsis or, conversely, it can leave some issues unresolved, reflecting the complex nature of such traumas in real life. Overall, using narrative, characters, and thematic factors, *Lippy* offers a nuanced exploration of how trauma, often unaddressed, can span generations and change the lives and relationships of those it touches. In *Lippy*, Moukarzel successfully uses a variety of dramatic strategies to explore the pervasive and lasting consequences of trauma across generations. The play demands situations that require the audience to keep in mind the immediate impact of trauma on individuals, as well as its lasting and often hidden impact on households over decades. Through its fragmented narrative structure and symbolic language, *Lippy* offers a profound observation of the cyclical nature of trauma and the challenges of recovering from its legacy.

3.2. Speech Act Analysis: Trauma Discourse in “Lippy” (2014)

In this section, the speech act analysis of “*Chapter Two*” in “*Lippy*” will be conducted.

3.2.1. Trauma Discourse Categorization:

3.2.1.1. Direct expressions or mentions of trauma or suicide:

1. “The radio plays a country and western song: 'Home is Where You're Happy' by Willie Nelson. The forensic team stand around the table. They gently sway to the music. A knock at the door. The forensic team do not react. Another knock. The forensic team do not move” (Moukarzel, 2014, pp. 30-31).
2. “Bridg-Ruth. We must cast off these dense physical bodies which to me are like great overcoats which our soul inhabits and when worn out we cast them off and we ascend into the higher realms, in my opinion, our true home. This is, after all, what our Saviour Jesus, the Christ came to teach us” (Moukarzel, 2014, p. 35).
3. “Bridg-Ruth. (To Lip Reader.) But if we do not do something now, we will not go peacefully into the night. None of us could have foreseen our deaths would be so cruel and slow... Please listen. I have thought long and hard about this. Let's think of exiting ourselves humanely” (Moukarzel, 2014, p. 37).
4. “Josephine holds the cup to her lips. She bites the cup. It cracks in her mouth. She chews the china. Blood runs down her face. Josephine collapses onto the table. Lip Reader tries to assist her” (Moukarzel, 2014, p. 36).
5. “Bridg-Ruth. (To Lip Reader.) There can never be real justice here and looking for justice will only be futile and heartbreaking. I believe we all of us, every single soul, has a karmic debt to pay off (me very much included) an individual cross to carry to learn through this intense suffering (not suffering for suffering's sake)” (Moukarzel, 2014, p. 36).

6. "When Adam the Technician reaches Frances she keels over, lifeless, her body moved by the force of the leaf-blower. He tries to move her as he did the paper. / Catherine. Why are you wearing a bandage? Josephine. I cut myself" (Moukarzel, 2014, p. 38).
7. "Bridg-Ruth. (Her voice is breaking as a symptom of her starvation.) "We have to act... I had hoped and prayed we would end peacefully with sleep but the evidence is quite different. We are almost 40 days not eat. The hunger strikers in H block died terribly painful excruciating death, Jo" (Moukarzel, 2014, p. 44).

3.2.1.2. Illocutionary act analysis:

1. The intent behind the speech act in this segment is trauma narration. Since there is minimal dialog in the play, trauma is expressed directly through the presence of music and physical movement. The illocutionary act used here seems to be more expressive and assertive. The forensic team's actions, such as swaying to the music, not reacting, and not moving, help to convey a sense of disconnection or emotional numbness that may be related to the trauma.
2. Bridg-Ruth's speech reflects her desire to convey her beliefs about the afterlife and the idea of getting rid of physical bodies. This speech can be seen as a kind of trauma narrative in which she explains her shared perspectives on death. Her speech aims to narrate and seek to be rationalized about her traumatic experiences. Assertive in expressing their beliefs; commissive in committing to a shared understanding of their destiny. Metaphorical language is used to describe the transition from life to death.
3. The intention behind Bridg-Ruth's speech is the direct expression of their trauma and their contemplation of suicide as a release from suffering. The illocutionary acts are assertive and commissive since they express the truth about their situation and they adhere to a particular point of view about their fate. Language and structure include direct and explicit language used to describe the brutal reality and choices of the characters.
4. In the scene where Josephine bites the cup and chews the porcelain, the speech act used is expressive since it is a shocking and self-destructive act that can be seen as a form of self-harm, reflecting the emotional distress and trauma of the characters.
5. Bridg-Ruth's speech act can be interpreted as commissive, as she discusses the idea of choosing to end her suffering through suicide and signals her willingness to take action to escape her torments.

6. The intention behind Frances' breakdown and Josephine's wrist slitting serves as a contribution to a narrative of their trauma and potential suicidal consequences. Besides that, these actions which are direct references to a physical injury as self-harm can be interpreted as a metaphor for succumbing to trauma resulting in suicide. The speech acts used are assertive and expressive as they depict a situation and convey emotional states. The language used to represent trauma directly includes physical actions and minimal dialog.
7. Bridg-Ruth's speech includes a commissive speech act since it discusses the need to act and the evidence of suffering.

3.2.2. Trauma Discourse Categorization:

3.2.2.1. Indirect, figurative, or symbolic representations of trauma or suicide:

1. "The four women stand in the room. Four bin bags are floating in the air, suspended around them. Nothing. Then: Catherine removes a pair of scissors from her overcoat pocket and cuts the wire. She takes hold of the bin bag- the paper trail of her existence - like a child holding a balloon" (Moukarzel, 2014, p. 29).
2. "The women are now the women in Leixlip. They sit at the table. The table is set, cutlery and empty plates. Waiting. Catherine pushes back her chair and stands up. She takes up her plate and cutlery and moves over to a bin bag, throws them out. Josephine does the same Bridg-Ruth does the same. The bin bag is moved to Frances. Her cutlery and plate are placed in her hands by Catherine and held over the bin bag. She is too weak to throw them in. They are dropped in for her, puppeteer-ed (Moukarzel, 2014, p. 33).
3. "Frances turns on the radio. It is a slowed down version of 'Home is Where You're Happy.' Frances nods in (slow) time" (Moukarzel, 2014, p. 33).
4. "Sound builds. A UV light shines at them. Silhouettes. UV light out. The women exit, and we are left with their silhouettes, marked out on the back wall by the UV light" (Moukarzel, 2014, p. 29).
5. "The forensic team attempt a reconstruction. The scene is reset as to how it would have been before the event of the Leixlip deaths. The table and chairs are removed from their position blocking the back entrance and they are reset" (Moukarzel, 2014, p. 30).
6. "Bridg-Ruth takes a chair to the door. She opens the door. Catherine and Joesphine exit. As soon as they're out of the door, Bridg-Ruth closes it, blocks it with the chair, and sits. (Moukarzel, 2014, p. 33).
7. "She tries again. Frances has a coughing fit. Everyone rushes to her aid. Including Bridg-Ruth. It is not worth trying to explain. She needs to be with her family" (Moukarzel, 2014, p. 35).
8. "The women seat Frances in front of the TV and prepare to watch a broadcast mass. They watch the Eucharist" (Moukarzel, 2014, p. 35).
9. "Catherine throws the shopping bag into a bin bag" (Moukarzel, 2014, p. 34), "Frances removes a Snickers bar. She looks round to the others for an explanation"

- (Moukarzel, 2014, p. 34), “But when she steps out of the Leixlip house and into the area where the Q&A took place, the other women cover their ears. This is accompanied by the sound of a signal failure, similar to the effect of bad reception when speaking on a telephone” (Moukarzel, 2014, p. 35).
10. “Catherine stops the action. She is confused. These are not her words. Perhaps this is not her story” (Moukarzel, 2014, p. 36).
 11. “Lip Reader sits at the table, gets his lunch box, and takes out a sandwich in foil. He puts half at one of the places and has half for himself. Bridg-Ruth talks to Catherine” (Moukarzel, 2014, p. 36).
 12. “As the two of them speak, their lips move and sync with the words that we hear. Their voices are male voices: Bridg-Ruth. (Male voice.) 'Jo's with a fella again. Will she ever learn?' Catherine. (Male voice.) 'Why is it... that the Devil... is always a man?'” (Moukarzel, 2014, p. 36).
 13. “Adam the Technician enters with a leaf blower on his back, wearing the headphones from Part One. The Angel of Death” (Moukarzel, 2014, p. 38).
 14. “Josephine. I was carrying that vase into the kitchen to throw the flowers out and the whole base fell out onto the floor and smashed to pieces. I cut my hand trying to clear up the glass”.
 15. “The roof is leaking. I've called the landlord. But he's away... Goes to get a bucket to catch the water. Puts it down under the leak” (Moukarzel, 2014, p. 40).
 16. “The rain stops. Sunshine. Lip Reader removes the bucket from his head. I'm nearly in heaven” (Moukarzel, 2014, p. 42).
 17. “Lip Reader raises the microphone to his lips. We hear Don McLean's 'Crying in the Chapel'- Lip Reader lip-synes the lyrics: You saw me crying in the chapel / The tears I shed were tears of joy / I know the meaning of contentment / Now I'm happy with The Lord” (Moukarzel, 2014, p. 42).
 18. “Bridg-Ruth breaks away. The other women watch her. She is in a state of delirium. Lip Reader notices that the picture has broken. We return to Leixlip” (Moukarzel, 2014, p. 43).
 19. “A sound. The roof starts to lower. She looks up. It stops just above her. The glow from the ceiling-light is bright. She touches it. Sound suddenly cuts. Catherine. I'm nearly in heaven. Sound floods back in. Catherine gathers bin bags into a pile and lowers herself to sit on them” (Moukarzel, 2014, p. 45).
 20. “At that moment, the gauze lowers and covers the world of Leixlip, closing it off from the audience. An image slowly appears on the gauze: a single mouth, huge, covering the whole screen. Catherine's mouth. She starts to speak: 1991. 45. Me. Here. My voice. This voice. That other. Begin. Black. I am alone. I am the last left. I wish I were dead. I want to be dead” (Moukarzel, 2014, p. 45).
 21. “Death is not an event But a process A small catastrophe Private Entirely Personal It can't be shared Only witnessed And even then Even that Is futile We go alone The same for all Hysterics Europeans Muhammedans And antichrists No one saved And me... Let me die And let me die And hope he knows my name” (Moukarzel, 2014, p. 62).

3.2.2.2. Illocutionary act analysis:

1. The image of garbage bags suspended above them like balloons may symbolize a burden or a hidden aspect of their lives. The floating garbage bags and their subsequent transportation may also be a representation of a symbolic and possibly

ritualistic act. They may symbolize the burden of trauma or a process of purification. In this sentence, the indirect dialog is used to convey the trauma and emotional distress experienced by the characters. The expressive act is used to reflect the characters' emotional reactions.

2. The intent behind the women sitting at the table with empty plates and cutlery suggests a ritual or symbolic act related to the hunger pact. This collective act may serve as a trauma transmission. Transmission is accomplished through the use of symbolism and indirect language to convey the trauma and provide a distraction from the direct experience. The language and structures used are metaphors, symbolism, and physical actions to convey deeper meanings. Catherine's action of throwing her plate and cutlery into the garbage bag symbolizes her participation in the group's agreement. Frances' inability to throw her cutlery and plate into the garbage bag is a symbol of her deteriorating physical and emotional state. "Directive" and "expressive" acts are used in these sentences because they are directed to clear the table to realize their agreement and this expresses their collectivity.
3. Frances' slow nodding of her head to the slow, melancholic music may symbolize a state of submission or surrender. The language used may be ironic here as the title of the song and the situation she finds herself in are contradictory. The expressive act can be observed as Frances' mood is expressed through a nostalgic song.
4. UV light reveals silhouettes, perhaps symbolizing hidden aspects or shadows of their past. In this passage, sound, UV light, and silhouettes are used to create a visually striking and dramatic moment in the play. The language is minimalist and focuses on describing the flow of events, while the expressive act is primarily used and aims to convey a certain mood or atmosphere to the audience.
5. The forensic team's act of reconstructing the scene probably symbolizes an attempt to bring together fragmented memories or experiences. In this way, the trauma narration is more concretely grounded. Reconstructing the crime scene through the assumption of fragmented memories and events resulting from the trauma supports the use of assertive acts.
6. This sentence symbolizes an indirect and symbolic expression of trauma. The fact that the women make a hunger pact and put the dead flowers in a garbage bag,

points to a kind of self-harming or self-destructive behavior that can be seen as a reaction to their traumatic experience. The illocutionary act in this sentence is primarily directive since Bridg-Ruth performs physical actions such as moving a chair and preparing to open the door to facilitate Catherine and Josephine's exit. In addition, Bridg-Ruth's actions, such as blocking the door and sitting down, emphasize her role in facilitating the group's deal.

7. When Bridg-Ruth tries to repeat her speech, her intention is still expressive. She wants to express her beliefs and her reasons, but Frances' coughing fit interrupts the communication, possibly mirroring her avoidance of discussing the trauma.
8. Women's decision to watch broadcast mass can be viewed as a way of avoiding discussing their trauma directly. This is likely a coping mechanism, a way of seeking comfort or solace in religious rituals.
9. The transformation of shopping bags into garbage bags may symbolize the discarding or repression of everyday life elements or memories. Frances' struggle to stand and Catherine's slap suggest physical and possibly emotional weakness resulting from trauma. The intention behind the act of throwing the shopping bags and Frances' inability to physically react implies trauma narration and avoidance. The sound of the signal interruption represents a communication breakdown, possibly symbolizing the inability to fully communicate or process traumatic experiences. Illocutionary acts are directive since they first guide the audience's perception of the trauma; then, they are expressive since they show emotional reactions to the trauma. Language and structure are fundamentally based on symbolic actions and physical struggles that convey the underlying emotional and psychological trauma.
10. The intention behind Catherine's confusion represents an internal struggle with identity and the reality of her experiences. The illocutionary acts used are expressive and declarative as they express emotional turmoil and defy the story being told.
11. The lip reader's action with the sandwich symbolizes an attempt to normalize a situation marked by trauma. The illocutionary act used is expressive since the Lip Reader encourages Josephine to eat and expresses concern for her health.
12. Symbolic language is used to convey deeper meanings or social commentary in the actions of characters, such as male voices.

13. Adam the Technician as the Angel of Death represents the inevitability and reality of death.
14. Josephine's story about the vase symbolizes the fragility and breakdown of their lives and can metaphorically represent denial or hidden trauma. The intention behind the symbolism used is to indirectly express the influence of trauma and the vulnerability of their mental state. The illocutionary act used to describe events in the vase scene is declarative.
15. The leaking roof and rain can symbolize overwhelming problems or emotional turmoil. The illocutionary act used is expressive as it shows emotional reactions to indirect representations of trauma. Symbolic actions and metaphors help to convey deeper emotional and psychological states.
16. The statement that the Lip Reader is "nearly in heaven" and the act of removing the bucket from his head can be considered an expressive act as they express a feeling of relief or satisfaction.
17. Lip Reader is lip-syncing to the song "Crying in the Chapel", which has lyrics that suggest finding peace and contentment, potentially representing a journey of trauma or grief. The illocutionary acts used are expressive and declarative as they convey emotional conditions with the music and actions and make a statement about the state of being through the song.
18. Bridg-Ruth's delirium reflects emotional disturbance and disorientation, so the illocutionary act used is expressive.
19. The use of shredded paper to cover the bodies and the lowering of the roof represent closure and the end of life. The phrase "I am almost in heaven" can be seen as an expressive speech act as it expresses the feeling of approaching the end.
20. The gauze that closes the world can be seen as a symbolic representation of the distinction between life and death. The single image of a mouth and the following monologue by Catherine are expressive acts that deliver her inner thoughts and feelings.
21. The description of death as a process and the plea to "Let me die" represent expressive speech acts, conveying Catherine's thoughts on the inevitability and futility of death.

3.2.3. Trauma Discourse Categorization:

3.2.3.1. Conversational instances where trauma is transmitted or discussed between generations:

1. “(Frances). Wheffddd yyuu ssaatt sekilll? Lip Reader. Cyber Plains. Heart of the Communications Industry. (Frances). Reesdddtty? Lip Reader. The Communications Industry. (Frances). Ssoooggfferrey? Lip Reader. This is the Eviction Notice” Catherine consoles Frances who has become distressed by the eviction notice and what it has done to her family. (Moukarzel, 2014, p. 31-32).
2. “Sar-title projected on the back wall above Josephine: 'Mammy's started repeating herself. She must be getting old.' Surttitle above Bridg-Ruth: 'She's probably just tired, everyone repeats themselves.' And again: 'She's probably just tired, everyone repeats themselves. She's probably just tired, everyone repeats themselves. She's probably just tired, everyone repeats themselves.' The words fill the back wall of the room. The women begin their starvation pact” (Moukarzel, 2014, p. 32).
3. “Bridg-Ruth delivers her speech in the hope of communicating with the audience. Unlike the others, she feels the need to explain their pact”.
4. “Lip Reader. I'm sorry. I was under pressure. I might have been wrong” (Moukarzel, 2014, p. 34). “Lip Reader. I'm sorry I didn't get all that. It could be a bad connection- I'm not sure if it's you or me. Could I ask you to repeat it?” (Moukarzel, 2014, p. 35), “There was this letter (Removes letter from his jacket.)... which one of you is Bridg-Ruth? It was found under her pillow after she died-” (Moukarzel, 2014, p. 35).
5. “Lip Reader. (To Josephine.) Eat with me. Nothing. You must. You must eat. Josephine then moves to the table. The women watch her. Lip Reader is hoping his pleas are working and that she will eat” (Moukarzel, 2014, p. 36).
6. “Catherine covers Bridg-Ruth's mouth. The dialogue continues but is pre-recorded, not spoken live. Catherine leads Bridg-Ruth away. No struggle. They sit at the table, resigned” (Moukarzel, 2014, p. 37).
7. “This is very grave. It will just get steadily worse. It would be cruel and neglectful not to intervene. Your condition is deteriorating. We will all soon be very incapacitated” (Moukarzel, 2014, p. 37).
8. “Lip Reader removes his headphones.” “Lip Reader. (To Josephine.) I'm sorry this place is a mess. I wasn't expecting you” (Moukarzel, 2014, p. 40).
9. “The Leixlip women barricade the entrance with the tables and chairs” (Moukarzel, 2014, p. 39).
10. “Your mother used to attend to this sort of thing. Now, if there's a leak in my roof, I just put out a pan and wait for the sun to shine” (Moukarzel, 2014, p. 40).
11. “Aren't you going to talk to your father? I am still your father, you know. I may not look the part...” (Moukarzel, 2014, p. 40).
12. “Josephine joins the Leixlip women” (Moukarzel, 2014, p. 40).
13. “(To the audience.) It's a shame that we don't have intervals nowadays, they've fallen out of fashion. It's a pity, as they're a good chance for the audience to meet themselves. A chance to talk to your neighbor, get to know your neighbor, get to dislike your neighbor. But at least you'll know they're there. Small measures to alleviate our social isolation. So, the best I can offer is an interval that happens during the show” (Moukarzel, 2014, p. 42).

14. "Bridg-Ruth seems to be trying to say something but she has no voice. Lip Reader approaches. He takes the microphone and tries to lip-read her dying words" (Moukarzel, 2014, p. 44).
15. "And Josephine, I saw her out, Her face grave, Grey, Sunken, In that room, I listened for her, Her breath, Sixteen per minute, Steady, Lessening, To twelve, Her shallow pan, Eight, Gravel, In her breast, A frightened bird, Then, Two, Nearly still, A final rise, And, Silence, I whispered her name, Josephine, Jo, Then, And then, The rattle began" (Moukarzel, 2014, p. 60).

3.2.3.2. Illocutionary act analysis

1. Catherine's comforting of Frances shows an empathetic response to the distress caused by the eviction notice and its impact on the family. The narration of trauma is realized through the expression of the impact of the eviction notice and the starvation pact. The non-verbal actions are primarily expressive and assertive, reflecting the emotional state of the characters and their reactions to their circumstances, while the use of inaudible language conveys the immediacy and severity of the trauma.
2. The repeated sur-title about the mother's fatigue highlights the idea of repetition, possibly pointing to a cycle of trauma or behavior that is passed down through generations. This is also a form of trauma transmission, as some aspects of the conversation reflect how trauma is transmitted and perceived across generations. It is a conversation about the deteriorating mental state of an older generation, possibly reflecting the burden transmitted through intergenerational trauma. This repetitive structure may also indicate some form of cognitive or emotional distress. The reference to the "hunger pact" suggests that the women are discussing a serious and possibly traumatic decision they have collectively taken. Acts of commitment are prominent in this dialog as they are bound by a mutual agreement.
3. The illocutionary act used is expressive. She tries to convey to the audience the deal they reached and the reasons behind it, which can be regarded as a kind of trauma retelling or transmission.
4. The Lip Reader's apology includes expressive and assertive illocutionary acts. He expresses regret for remarks that may have been misunderstood and expresses a strong desire to help. The women's response, however, is laughter, which can be seen as a way of avoiding or deflecting discussion of the trauma. The Lip Reader's involvement in the conversation represents an attempt to understand and possibly help the women, referring to the letter found under Bridg-Ruth's pillow. He tries to

learn about the trauma narrative and provide help or clarify the issue. The lip reader's interaction with the women suggests that there is an intergenerational disconnect in understanding and processing trauma. The intention emphasizes the gap in understanding of trauma between generations. Illocutionary acts used: directive as the Lip reader seeks clarification; expressive as the women react to his misunderstanding. Language and structure are based on dialogic and intermittent communication and point to the complexity of the transmission of traumatic experiences across generations.

5. The intention behind the lip-reader's attempt to communicate with the women indicates an attempt to understand and help but also shows that he does not understand the depth of the trauma they have experienced. The illocutionary acts used are directive and expressive since they attempt to encourage normal behavior and show concern and confusion. The language used between dialogues and physical actions depicts communicative and empathic barriers between generations.
6. Catherine's behavior points to a directive illocutionary act to stop the conversation by covering Bridg-Ruth's mouth to prevent further discussion. Her covering Bridg-Ruth's mouth can be seen as an attempt to avoid discussing the trauma and her plans. They are probably trying to silence the discussion out of fear or discomfort.
7. Bridg-Ruth's mention of deteriorating conditions and the need for intervention is meant to convey trauma. Bridg-Ruth is trying to explain the seriousness of their situation and the need for drastic measures to address it.
8. The illocutionary act used in the scene where the Lip Reader apologizes for the mess and tries to console Josephine is directive as it expresses the desire to form a connection and compensate
9. In the scene where the women from Leixlip barricade the entrance with tables and chairs, the illocutionary act is assertive as it provides a sense of security and control in their environment.
10. The illocutionary act used in the scene where the Lip Reader talks about the leaking roof and past experiences is declarative as it gives information about the situation.
11. The Lip Reader's disappointment and wish to engage with Josephine can be considered a commissive speech act as it expresses a craving for interaction and understanding.

12. Josephine's decision to attend the Leixlip Women may point to an expressive speech act, as it indicates a desire to be part of a group or to seek protection.
13. The intention behind Lip Reader's monologue seems to be to try to establish a connection with the audience, to subtly address shared experiences of isolation or trauma. The illocutionary acts used are directive and commissive, as they encourage the audience to think and commit to some kind of interaction with the audience. The use of language that directly addresses the audience and its integration with music creates a sense of shared experience.
14. The aim is to highlight the gap in understanding and empathizing with women's trauma. The illocutionary acts are directive and expressive as they attempt to communicate and show his confusion and inability to connect. The physical act of lip-reading depicts the difficulties of conveying traumatic experiences.
15. Catherine's recounting of Josephine's condition and the progression of her illness involves descriptive speech acts and expressive speech acts, conveying the deteriorating situation and the emotional impact on Catherine.



4. AN ANALYSIS OF “EVERY BRILLIANT THING” (2015)

4.1. Literary Analysis: Nature or Nurture?: the Intergenerational Transmission of Trauma and Suicide in “Every Brilliant Thing” (2015)

Duncan Macmillan (1980) is a British playwright and director. Duncan Macmillan's plays on themes such as parenting in *“Lungs”*, depression in *“Every Brilliant Thing”*, and climate change in *“2071”* are driven by the desire to give voice to the unspoken. *“People, places and things”* is another mental-illness-themed play belonging to him. The play *“Every Brilliant Thing”* was produced by Paines Plough and Pentabus. It has sold out the Edinburgh Festivals and toured worldwide. The movie, first broadcast in 2016, was produced by HBO. It consists of interactive monologues in which the audience participates in the performance. *“Every Brilliant Thing”*, which has screened multiple times at the Edinburgh Festival, is in some ways the ideal festival film: “a simple, direct and tight 80 minutes”, it offers a unique blend of intimate storytelling and interactive comedy, and has been praised for its cathartic effect on audiences, as Aristotle suggests, and in addition to that for its therapeutic effect (Dent, 2023). According to an interview with Macmillan by Catherine Love (2021), Macmillan says that he wrote the play to share with people the following idea: “You’re not alone, you’re not weird, you will get through it, and you’ve just got to hold on. That’s a very uncool, unfashionable thing for someone to say, but I mean it. I didn’t see anyone discussing suicidal depression in a useful or interesting or accurate way”. Even though the subject is suicidal depression, the show itself manages to be cheerfully life-affirming. In this interactive monologue, “misery and ecstasy represent two sides of the same coin” (Love, 2021).

“Every Brilliant Thing” has been widely acclaimed for including audience participation in storytelling, offering an unforgettable theatrical journey that expertly balances humor, hope, and joy while exploring the depths of depression. A review from Durham Student Theatre suggests that Duncan Macmillan's *“Every Brilliant Thing”* brilliantly navigates the delicate balance between humor and poignant loss, and delivers an impressive one-woman show that smoothly blends audience interaction, multiple roles, and dynamic use of space that demands full attention (Night, 2018). According to a review by Koolik (2023) from Theatrely.com, *“Every Brilliant Thing”* is a “theatrical gem” that combines poignant storytelling with audience participation, making the experience memorable and vivid. According to a

review by the Guardian, the play is considered an “ode to life's joys” that is both “candid and compassionate”, with “a jazz soundtrack and ample audience participation”, this simple production “manages to find light in the darkness of depression” (Meany, 2022). As another compliment, Idris (2023) from Arts Hub draws attention to the choice of music which is predominantly classics from decades past, such as Ray Charles, but one scene allows for a touching moment of reflection on Curtis Mayfield's 1970 R&B hit 'Move on Up', with Mayfield singing lyrics that foreshadow the narrator's state of mind: “Hush now child / And don't you cry / Your folks might understand you / By and by / Just move on up / Towards your destination / Though you may find, from time to time / Complication” Curtis Mayfield ‘Move on Up’ 1970. In short, in this play “What Macmillan offers, with great sensitivity behind the abundant laughs, is a child's fierce, flawed attempt to make sense of adult unhappiness and a meditation on the shadow that a loved one's depression casts over the lives of a family” (Mountford, 2014).

4.1.1. An In-depth Plot Analysis of Duncan Macmillan's Play on Trauma, Suicide, and Intergenerational Aspects of These Topics

“Every Brilliant Thing” by Duncan Macmillan is an innovative, and contemporary play. Its innovation lies in its narrative structure that lends itself to instant improvisation, and audience participation. In most plays the audience watches passively, but in this production the actor breaks the traditional boundaries of the so-called fourth wall, inviting the participants to a level of participation that deeply engages and delights them (Etling, 2022). It is based on trauma and its repercussions in life. The play depicts the feelings of helplessness, hopelessness, and, grief that arise as a result of trauma and it is also a brilliant example of contemporary drama that manifests the depth of human endurance, and defense mechanisms in the face of challenges such as trauma and suicide. There is only one actor in the play and in that way, it also resembles a stand-up show. The actor is called the narrator in the play, who can be a woman or a man of any age or ethnicity. The power of the play lies in the way it breaks down the barriers of gender and ethnicity, emphasizing for once the universality of trauma and suicide. As stated in the introduction, in this thesis, the narrator will be treated as a woman.

“The NARRATOR can be played by a woman or a man of any age or ethnicity. In the first production, the NARRATOR was performed by a man, so appears

as such in the text. The play should always be set in the country it's being performed in and references should be amended to reflect this" (Macmillan, 2015, p. 6).

This analysis attempts to comprehensively examine Macmillan's masterful depiction of such themes, exploring the subtle layers of the play and the profound interpretation of the human journey against overwhelming difficulties. As the story of the play unfolds, the audience learns about the narrator's traumatic experiences such as witnessing to mother's depression and suicide attempts from childhood to adulthood "The list began after her first attempt...Ice cream. Water fights. Staying up past your bedtime and being allowed to watch TV. The color yellow. Things with stripes." (Macmillan, 2015, p. 7). In an attempt to convince her to realize the value of life, the narrator begins to sort out a list of everything that makes life brilliant and livable. It starts as an endeavor while the narrator is a child and it turns into a plan that continues throughout the adult life. A review by McNulty (2023) from the Los Angeles Times tackles the simple "Why?" after everything his father told him such as "Why does he have to wear his seat belt?" "Why did his mother try to kill herself?", and McNulty (2023) suggests that understanding the overwhelming answers to these questions takes time, but getting along cannot wait; that's why, the narrator needs a list for herself and her mother, which forces them to remember the pleasures that surround them list-making, which at first seems like a practice of gathering a pile of ordinary and irrelevant things, later on, becomes the beginning of a journey that explores mental health, intricacies of family relations, and, uncharted loads of intergenerational trauma. The list helps the narrator explore multiple emotional layers: trauma, hope, despair, love, and mental disorder. "It was my aim to reach a thousand. I wasn't allowed to cheat, which meant: a. No repetition. b. Things had to be genuinely wonderful and life-affirming. c. Not too many material items. For a few months, the list became my sole focus" (Macmillan, 2015, p. 26).

The process of making a list can be seen as an effort to create a common language of love as well as a self-preservation mechanism because the narrator has to deal with her internal conflicts and inherited despair. Suicide is an event that is often hidden and silently covered up in society. Unless it happens to someone or someone close to them, it remains a distant and abstract concept. However, in this play, suicide is treated as a phenomenon that is talked about, and voiced and the effects of suicide attempts on the

person and their relatives are observed, which shows that suicide is treated as a very concrete concept. “I have some advice for anyone contemplating suicide. It’s really simple advice. Don’t do it — things get better. They might not always get brilliant, but they get better” (Macmillan, 2015, p. 34). This means that the play has a very personal and generational perspective on suicide. Throughout the play, the narrator struggles with the depressed state of mind suffered by her mother's depression, and in this way the play explores how trauma does not always belong to a single person, but can also be passed on to the next generation, metamorphosing over time. In his play, Macmillan suggests that traumatic experiences are twofold. On a universal level, it deals with the despair and longing for joy that humans have in common; on a personal level, it deals with individual traumas, genetic backgrounds, interpersonal relationships, and resilience. This story is a juxtaposition of generational contrasts: trauma and resilience, hope and despair, intergenerational experiences of the past, and personal responses in the present. Combining humor, audience engagement, and emotional intensity, “*Every Brilliant Thing*” raises personal and public awareness of mental health and intergenerational trauma and shows audiences in an unusual way that these two important societal issues are often overlooked. It can be considered a good example of art therapy, which includes drama, psychodrama, music, art, and dance, and is an important approach to helping those struggling with grief and bereavement (Pala, 2021, p. 354).

Thompson and Berger state that “therapeutic theatre using approaches drawn from expressive art therapies and psychodrama provides structured support for participants to express and experience the truth of their stories through the primary medium of the body. Through role-playing, dramatization, and empathic witnessing, participants “discover the deep meaning of his/her own history of experiences and their influence upon his/her decisions and acts in life. The expressive arts offer ways to literally and metaphorically transform experiences of grief and loss so that they can be borne differently” (2011, p. 305-306).

In the therapeutic theatre chapter of the textbook “*Current Approaches to Drama Therapy*”, Bailey (2009) emphasizes that performance-oriented drama therapy invites the audience to understand that the performance follows a therapeutic process aimed at healing. The external validation of the actor-client's emotional journey through the audience's presence and applause not only dignifies their experience but also marks

the symbolic completion of their therapeutic journey, esteeming and recognizing their endeavors and accomplishments on stage.

“Every Brilliant Thing” examines themes of suicide, traumatic experiences, and intergenerational impact through a minimalist atmosphere and heart-warming storytelling that ties the themes together well. It is an experimental drama that uses the plot as a tool, including the audience in the narrative, testing the boundaries of theater and pushing the audience out of their comfort zone, bringing up issues of suicide and mental health that are often considered taboo and encouraging them to think about them. Throughout the narrative, the narrator explains how the process that started with her mother's suicide attempt and continued into her adulthood led her through an emotionally painful process and made her a traumatized person. Kwok & Gu (2019) analyzed the impact of paternal and maternal suicidal ideation on children and the results revealed that maternal suicidal ideation was significantly associated with the child's depressive symptoms, while paternal suicidal ideation did not affect the child. Although the list of *“Every Bright Thing”* seems to have been made to illuminate the presence of the mother, who occupies a dark place in the narrator's life, it could also be a way to seek happiness and get away from endless despair, as the narrator herself is in this darkness. What makes the play engaging is the nuance with which the narrator depicts the transmission of an individual parental trauma to the next generation in the psychosocial development of the affected child. It can be understood from the lines of the narrator in the play:

“Studies have shown that children with depressed mothers have a heightened reactivity to stress. Mothers who are withdrawn leave children to fend for themselves and it actually changes the chemistry of the brain, the fight or flight impulse. But the real risk as I perceived it... The real risk, that I'd felt my whole life, was that I would one day feel as low as my Mum had and take the same action” (Macmillan, 2015, p. 39).

The narrator's romantic relationship is the climax of the plot in the context of her narrative. Her partner also contributes to her list. Their communication sheds light on how trauma affects the course of relationships. In another sense, their relationship mirrors that of the narrator's parents in terms of the effects of depression. Unfortunately, the narrator's romantic relationship and subsequent marriage are overshadowed by traumatic childhood experiences, making the play a useful study

about the effects of parental trauma and mental illness witnessed in early childhood on relationships and emotional resilience in adulthood, “We argued about whether or not we should start a Family. We had one argument in particular. Sam suggested that I talk to someone. Professionally. That made me so angry. I knew what depression was and I knew I was fine” (Macmillan, 2015, p. 44). At the beginning of the play, the narrator is a spectator of the trauma her mother experiences. Over time, this trauma cyclically returns to the narrator and she becomes an actor in this situation. In this way, Macmillan shows the audience in a concrete framework through the narrator that emotional and mental conflicts can continue on an intergenerational level. Another turning point in the plot is the moment when the Narrator confronts her mental health on her own, without intermediaries such as the list. At this moment, the Narrator realizes that although the list contains brilliant things in life, it is not a remedy for depression by saying through the end of the play “It’s important to talk about things — particularly things that are hardest to talk about” (Macmillan, 2015, p. 48). The realization that joy is too complex to be embodied leads the Narrator to a new stage in her journey. The play investigates the context of trauma and mental health in depth, concisely exploring the dichotomy of external versus internal experiences. As an example of this dichotomy in the play, the narrator's list which is full of brilliant things from many aspects of life, goes hand in hand with the narrator’s hidden inner struggles that are often unspoken. “As a little boy, it was never shyness, or thoughtfulness. Happiness scared me because it was usually followed by...you know” (Macmillan, 2015, p.38). In its subtext, the play touches upon complex mental health problems and their naturally incompatible occurrence, and the importance of acceptance and openness in communication. The play has an eminent place in the discourse on intergenerational mental well-being.

Macmillan vividly portrays with a sensitive pen how a child, plunged into the abyss of mental health turmoil at an early age by her mother's suicide attempt, embraces an emotional responsibility that weaves intricately throughout her development as a teenager and as an adult. Ostensibly an altruistic effort to heal the mother, the list also emerges as the narrator's thread of hope amidst a storm of emotional turmoil. Macmillan avoids romanticizing the depictions of trauma in the play. Instead, he criticizes the “youthful impulse” of artists or people to “romanticize” tragic artistic endings, arguing that the premature deaths of talents like Sarah Kane, instead of

enriching their art, deprive people of the continuation of their valuable contributions and presence (Thompson, 2017). Moreover, he offers a characteristic narrative by positioning trauma within the dynamics of everyday routines. This can be seen in the narrator's initially making a list naively while trying to dissuade her mother from her intended action. "Mum did eventually come home from the hospital, and by that time the list was eight pages long and had three hundred and fourteen things on it. I left it on her pillow with the title: 'Every Brilliant Thing' (Macmillan, 2015, p. 20)". Herein lies the intergenerational connection of the thematic elements; the narrator, in a constant effort to alleviate the mother's pain, unwittingly embarks on a parallel journey full of mental and emotional turmoil. This interaction can be considered an example of intergenerational transmission of trauma. Even if the child does not directly experience the original trauma, the ups, and downs of her life experiences throughout the play show that she experiences the trauma indirectly and inherits the trauma from her mother. Moreover, the presentation of the narrator's later life and relationships indirectly depicts how early trauma casts a shadow over interpersonal relationships and self-perception.

Although the play depicts suicide harshly and tenaciously, there is a sensitive approach for those who may be deeply affected by the act. The act is left in the background instead of being described directly. Instead, its impact on the narrator is highlighted touchingly. Macmillan also seeks to raise awareness by incorporating a set of guiding principles published by the Samaritans into the play:

"Don't provide technical details. Never suggest that a method is quick, easy, painless, or certain to result in death. Avoid dramatic headlines, and terms like 'suicide epidemic' or 'hot spot'. Avoid sensationalist pictures of video. Avoid excessive detail. Avoid using the word 'commit'. Don't describe deaths by suicide as 'successful'. Don't publish suicide notes. Don't publish on the front page. Don't ignore the complex realities of suicide and its impacts on those left behind. Include references to support groups, such as the Samaritans. Don't speculate on the reason. That's crucial. The NARRATOR puts away the paper. Don't supply simplistic reasons such as 'he'd lost his job' or 'she'd recently become bankrupt'" (Macmillan, 2015, p. 29).

In this sense, the list progresses as the narrator's perspective on suicide evolves from an innocent attempt at persuasion to a mature and constantly questioning idea of existence that prefers to center on the valuable aspects of life. Throughout the play, the narrator is in an infinite search for happiness. Although there can be sometimes

superficiality in the pursuit of pure happiness, it is an attempt on a subconscious level to rewrite a narrative full of pathos and suffering that is passed down indirectly from generation to generation. In this way, the list can be characterized not only as a child's resistance to her mother's emotional breakdowns to survive but also as a personal and intergenerational rebellion against buried genetic desperation.

The most striking feature of Macmillan's play is that it brings together elements of trauma and suicide to reveal their intergenerational aspects. Exploring the possible relationship between mental health and heredity through the example of a specific family, the play emphasizes the circularity of these two concepts and suggests that certain conditions can be unintentionally passed down through generations. In the play, this circularity is mentioned through the narrator's mental health. It shows that these cycles, which are implied to have a genetic factor, can also occur as a reflection of the environment, memories, experiences, and traumas. The relationship between the narrator and the narrator's mother over time is a concrete example of this. "It is common for children of suicide to blame themselves. It's natural" (Macmillan, 2015, p. 25). As the narrator deals with the chaos of her mother's depression, she is afraid to face two fears together. One is the fear of losing her mother and the other is that the narrator might inherit her mother's despair. Throughout the play, the list, which the narrator forgets from time to time as she grows up, but reappears from time to time, can be seen not only as an attempt to convince her mother to continue living but also as a personal manifesto of resistance that she writes in order not to surrender herself to her mother's despair. In a nutshell, *"Every Brilliant Thing"* delves deep into suicide, trauma, and psychological processes, and discusses various aspects of the effects of passing on the psychological protections resulting from these experiences from generation to generation. Macmillan skillfully weaves together subjective narratives and emotional legacies to create a unique perspective on the complexities of mental health. This combination encourages the audience or reader to reflect on traumatic memories passed down through generations in the family. The play interrogates, with a special focus on suicide and mental health, the intergenerational capacity of trauma to change families and their lives, as it moves subtly and invisibly through the generations.

4.1.2. Examination of the Characters, Key Scenes, Themes and Symbols and Theatrical and Stylistic Elements

“Every Brilliant Thing” probes themes of mental illness, resilience, intergenerational trauma, the myriad ways in which individuals cope with pain, and the universality of the human experience, love, and connection around a narrator's initiative to make a list of every brilliant thing in the world. Breaking the fourth wall by putting audience participation at the center, Macmillan conveys the message of the interdependency of human challenges and that mental healing can be achieved collectively, not individually.

4.1.2.1. Character analysis

The narrative develops around the narrator, whose life is intricately detailed through his experiences of loss, relationships, and self-identity. A particularly memorable moment is the loss of their pet Sherlock Bones, which marks the narrator's first confrontation with death. “I held Sherlock Bones, who I'd known my entire life. I held him as he died...And that was my experience of death. A loved one, becoming an object...” (Macmillan, 2015, pp. 10-11). This narrative thread weaves through the various phases of their lives, depicting the narrator's evolving journey of understanding grief, love, and his own mental health. Their interactions with Sam and her family shed light on the layers of their characters, revealing both their strengths and weaknesses. The narrator first comes across the concepts of depression and suicide because of her mother. The list becomes an armor she wears to defend both her mother and herself against endless despair. It is a way of proving to her mother that there is also joy in life. However, it does not happen that simply, since the shadow of her mother's depression haunts him as a list does not suffice for the narrator and she realizes that sometimes the solution to mental health problems is accepting, recognizing, and asking for help.

There are also a few secondary characters like Mum, Dad, Sam, and Mrs. Patterson. The audience meets these characters through the narrator's point of view in an indirect way. The mother is mostly perceived via the narrator's point of view. She suffers from severe depression and has attempted suicide several times as a consequence. Although this presents a portrait of a woman in intense pain, there are also moments of joy, as some of the events on the list imply. The mother's impression of the Narrator's life can be defined by the list itself. Her mother is the driving force for her to begin the list. For

the Narrator, the mother is the embodiment of happiness, sadness, and the complexity of emotions. In a way, the Narrator is a microscopic reflection of the mother in the life of the Narrator because the mother's struggle with depression directly affects the Narrator's conception of life and her conflicts.

“Now, normally it's my Mum who picks me up and normally she's on time...But this time it's Dad. And it's late...When something bad happens, your body feels it before your brain can know what's happening. If it's a survival mechanism. The stress hormones cortisol and adrenalin flood your system. It feels like a trapdoor opening beneath you. Fight or flight or stand as still as you can” (Macmillan, 2015, pp. 11-12).

The character of the father is portrayed in the play as someone who is generally unable to verbalize his feelings. His wife's depression and suicide attempts may have caused intense pain and stress on this character because he is generally distant from both his wife and his child. Of the fight or flight or freeze defense mechanisms, it is likely that he has numbed himself by choosing the freeze. However, even though he is very good at suppressing his emotions “Why? Because...I don't know. Why? Because I don't know everything” (Macmillan, 2015, p. 13), some scenes indirectly reveal the love and concern he feels for his wife and child: “In order to live in the present we have to imagine a future that's better than our past — because that's what hope is” (Macmillan, 2015, p 13). The father's emotional closure in the play symbolizes for the Narrator the importance of expressing emotions and communication for mental healing, as she discovers the difficulty of talking about these issues through the difficulty in accessing her father's emotions. In some scenes, however, he can also be perceived as a silent but positive contributor to the Narrator's resilience for survival.

Sam plays a pivotal role in the narrator's life, representing love, conflict, and personal growth. Sam's presence and influence force the narrator to delve deeper into his relationships and personal difficulties. Their relationship takes on a new dimension when Sam surprisingly continues the narrator's list. “I couldn't do anything but stare at what Sam had written. For about three hours. Eventually, I just continued the list from where Sam had left off. 1006. Surprises” (Macmillan, 2015, p. 35). Mrs. Patterson stands out as a beacon of support outside the narrator's immediate family. “Mum didn't come home for a week or so. While she was away, I had to speak to the school counselor...She was a wonderful woman, the sort of woman you looked at and immediately trusted” (Macmillan, 2015, p. 18). Her unique method of communication

using a sock symbolizes empathy and creativity, offering a comforting presence in the narrator's moments of need. The narrator chooses one of the spectators and asks her to take off her socks. "Then she'd put it on her hand and talk to you through her little sock-dog" (Macmillan, 2015, p. 18). Briefly, thanks to its characters, the play explores both the complexity of human relationships and the struggles and strategies that are often resorted to for the survival instinct inherent in human existence from a novel point of view.

4.1.2.2. Key scenes and their significance

The scene in which the Narrator attempts to make a list of bright things that would make the mother joyful after the first suicide attempt is one of the most dramatic scenes of the play. This scene, in which a little child tries to convince her mother to live and relieve her of despair, is quite touching.

"NARRATOR. The list began after her first attempt. A list of everything brilliant about the world. Everything is worth living for. 1. Ice cream. 2. Water fights. 3. Staying up past your bedtime and being allowed to watch TV 4. The color yellow 5. Things with stripes. 6. Rollercoasters. 7. People falling over" (Macmillan, 2015, p. 7).

This scene, which sets the emotional tone of the play, combining despair with joy and distress with hope, aims to help the audience find the pure and innocent hope that lies in the subtext of the narrative from a childlike perspective. The effort to make a list and break down happiness into its elements appears here for the first time as a recurring motif throughout the play. Since finding and accepting happiness for her mother is the ultimate goal of the narrator, even in the most difficult circumstances, this motif recurs throughout the play. Although the first items on the list are quite simple, the list grows with the Narrator, becoming more complex and profound. At university, the Narrator gives the list she had forgotten inside a book to Sam, whom she meets in the library. After that moment, she shares her list of thousands of items with someone else for the first time. Sam becomes an integral part of the Narrator's life from the moment she contributes to the items on the list she found in the book. Their mutual endeavor for the list contributes to the strengthening of their bond.

"Now, this confused me because I'd already read the book. I'd lend it to her. Because I'm an idiot, I didn't work out that it was code until weeks later, when I opened the book and the list dropped out. I was mortified. I'd never told anyone about my Mum. Ever. As a kid there were times when...I'd have nothing in my lunchbox or I wouldn't have socks on or something and I...I didn't want

people to think that because my Mother was...I don't know. And out of context, this was just a stupid, childish list. The idea that a list of nice things could combat hardwired depression was embarrassingly naive'- I got so upset I want to rip it in half....and then I noticed someone else's handwriting" (Macmillan, 2015, p. 33).

In a way, the universality of the list is revealed in this scene since the list transforms from a tool that serves the narrator's pursuit of happiness to a communication tool that strengthens interpersonal communication. As a concrete example of the idea that people become more intertwined as they share their common pain, this scene shows the blossoming of their relationship. The list not only sheds light on the journey of their romantic relationship but also serves to highlight the happiness they cling to together. As their relationship takes on more meaning, the Narrator and Sam rediscover life together. While there are ups and downs, the list includes insights into every aspect of their relationship, from the mundane daily pleasures to the deeper life experiences they share throughout their relationship.

"The next morning I took the list and I ran to the library and Sam and I kissed for the very first time. From that moment on we spent every second together. I wrote new list entries every day as a gift for Sam. 'The NARRATOR continues with the list entries himself: 2389. Badgers. The NARRATOR puts his hand on someone's shoulder. 2390. People who can't sing but either don't know or don't care. Pages and pages of it. 4997. Gifts that you want and didn't ask for. 4998. Falling asleep as soon as you get on a plane, waking up when you land, and feeling like a time traveler. Everywhere I looked, everything I thought about... 9993. Dreams of flying. 9994. Friendly cats. 9995. Falling in love. 9996. Sex. 9997. Being cooked for'. 9998. Watching someone watching your favorite film 9999. Staying up all night talking. 10000. Waking up late with someone you love" (Macmillan, 2015, p. 37).

This scene in the play explores the meaning of life based on this romantic relationship. It conveys the message that a meaningful life can be created not only through big, glorious things but also through simple, ordinary everyday things. It emphasizes that instead of waiting for big moments to find happiness, it can also be useful to focus on shared daily experiences, which is the main theme of the play. As the narrator grows both mentally and physically, she becomes more and more aware of the traces of the environment in which she grew up and the emotional burden she carries with her psychological changes. At a sad moment when she cannot deny the impact of her mother's depression and suicide attempts on her mental health, she realizes through her mother's experiences that the list of depression prevention is limited and that depression is inevitable at some point, no matter how much she denies it.

“The NARRATOR looks at SAM. This was all very new. Feeling like this... But the real risk as I perceived it... The real risk, that I'd felt my whole life, was that I would one day feel as low as my Mum had and take the same action. Because alongside the anger and incomprehension is an absolute crystal crystal-clear understanding of why someone would no longer want to continue living” (Macmillan, 2015, p. 39).

This scene is a poignant moment that shows that life is not all about brilliant things. While brilliant things play an important role in helping people choose the brighter side of life, they are not without their challenges. Therefore, this scene is essential since it conveys the message that as long as there are human beings, there are going to be challenges. Besides emphasizing the importance of mental health, this scene underlines the idea that both pain and joy should be recognized as elements of life and that one cannot exist without the other. At a point when the narrator cannot escape the effects of her mother's depression, which she has been dealing with all her life, and the communication problems caused by her father's emotional unavailability, she realizes the great impact and place it has on her. When the trauma she has inherited from both her mother and father brings her to a point where she can no longer cope, she decides to seek support. Even though she naturally inherited hopelessness from her mother, there is much in her father's nurture that can lead her to trauma. She slowly realizes the repercussions of the miscommunication between her parents on herself and joins a group to talk. The main reason behind this is the fear of sharing the same destiny as her mother.

“NARRATOR. I did talk to someone to someone. A group. A support group. Hello everyone. The NARRATOR indicates for everyone to respond. THE AUDIENCE. Hello. NARRATOR. This is my first session. I've resisted doing this. I'm - you know, British. I now realize that it's important to talk about things. Particularly the things that are the hardest to talk about. When I was younger I was much better at being happy. At feeling joy. Being a grown-up, being conscious of the problems in the world, about the complexities, the tragedies, the disappointments...I'm not sure I can ever fully allow myself to be joyful. I'm just not very good at it. It's helpful to know other people feel the same. I um - I made a list. Everything is brilliant about the world. I began making it as a present for my Mum. It's a long story. The list is -” (Macmillan, 2015, pp. 48-49)

In this scene, the narrator recognizes the complexity of dealing with the trauma she has inherited and looks for solutions. When traumatizing experiences are passed down

through generations, whether within the family or before the narrator is born, she is likely to inherit a part of the legacy. The fact that her internal experiences continue to affect her in this context through the filter of generations is an example of the cyclical nature of the concept of trauma. These experiences and her internal conflicts become inseparable from each other. However, the fact that she seeks help to cope with this trauma emphasizes the necessity of breaking the patterns. The aforementioned scenes and others in the play draw attention to human emotions, the quest for happiness, psychological problems, and the universality of the desire to be understood and connected by those who suffer from these problems in a very touching but impressive way.

4.1.2.3. Themes and symbols

Mental health and depression are the main themes of *“Every Brilliant Thing”*. The character development of the narrator is strongly influenced by these two concepts. The narrator witnesses the complex nature of mental health at a very early age due to her mother's suicide attempt. The list can be considered her first defense mechanism against this complexity as stated earlier. Her internal conflicts as an adult cause her character development to evolve towards understanding and expressing depression. The play also explores other themes: stigma and internal conflicts. In the play, Macmillan explores the social stigma attached to mental health issues and the internal conflicts arising from this. The passive attitude of the father figure and his inability to communicate about his wife's mental illness symbolize society's attitude towards mental illness in a broader sense. As these issues are often perceived as uncomfortable, they remain unresolved beyond a label, which is explored in this play. The narrator wants to break the chain and fight against this label but experiences hesitation, denial, and acceptance all at the same time, both because of the trauma passed down through generations and because of her internal conflicts. This inner confrontation holds a mirror up to many others who suffer from the same problems.

Relationships are also an integral theme of the play. In a way, they are the source of both pain and happiness. In the play, love is depicted in two different ways, both familial and affectionate. Love is portrayed as an element that brings both endless joy and intense pain. For example, the narrator finds both great solace and great pain because of her deep love for her mother. This love both strengthens and complicates

the bond between a mother struggling with psychological problems and her child. This is an example of the complexity of familial love blended with various other emotions. Similarly, the tender love between Sam and the narrator is characterized by various moments of happiness, but the dark side of trauma also causes difficulties in their relationship. This theme emphasizes the need to balance the capacity for happiness and pain in relationships. The list can be interpreted as a symbol of the need to express both positive and negative emotions. Throughout the play, the list moves away from its initial purpose and becomes a symbol of the depth of emotions. Using the list, the play takes an insightful look at the subtleties of love and the need to express emotions in both familial and emotional relationships. Some set details are symbolic, just as the list symbolizes the need to articulate emotions directly. The absence of an elaborate set symbolizes the direct conveying of emotions to the audience without any filtering. The structure of the play, which is far from artificiality, on the contrary, prioritizes the depth of emotions; changes and simplifies the nature of the stage. The stage allows the story to be presented to the audience in its simplest form, emphasizing emotions, dialogues, and audience interaction through storytelling. In short, *“Every Brilliant Thing”* presents human emotions, relationships, and social issues in an inductive fiction through its themes, symbols, heart-wrenching yet smile-inducing narrative, and characters.

4.1.2.4. Theatrical and stylistic elements

“The house lights are on full and will remain so throughout. There is no set. The AUDIENCE is seated in the most democratic way possible, ideally in the round. It is vital that everyone can see and hear each other. Music is playing, more upbeat jazz - Cab Calloway, Cannonball Adderley Hank Mobley, or Duke Ellington perhaps. The NARRATOR is in the auditorium as the AUDIENCE enters, talking to people and giving them scraps of paper. As he does so, he explains that when he says a number he wants the person with the corresponding entry to shout it out. Eventually, when everyone is seated, the music fades and the NARRATOR begins” (Macmillan, 2015, p. 7).

In traditional drama, there is a clear boundary between the audience and the actor, the so-called fourth wall. “The theatrical device of “breaking the fourth wall” has come to be seen as a characteristic technique of modernist theatre” (Davis, 2015, p. 86). In this play, however, the narrator puts almost any boundary between her and the audience and constantly breaks this wall, addressing them outright and involving them in the play. The way to involve them is generally to give them the roles of secondary

characters in the play or to have them read the things out loud on the list, which makes them actively part of the play. The nuance in breaking down this wall is that it pulls the perception of fiction and reality into a less clear realm. The boundary that exists between the two becomes quite a blurred one. This allows the audience to watch the play as if it were happening at that moment and in that place. The audience, which has a passive role in traditional theater, becomes active in this play. In a way, the audience's participation turns them into witnesses of the trauma that unfolds through the play. Blurring fiction and reality is a feature of metatheatre as mentioned earlier in "*Lippy*".

The active participation of the audience, rather than the passive one, actually functions as a thematic device. Macmillan could intend to achieve authenticity in the play in many ways through such direct audience participation. First of all, he might aim to put the message that traumas are not only individual but also social experiences, and that joy and pain have meaning when they are shared, on concrete ground. Secondly, the audience might function as a metaphor representing the public since the play argues that mental health, a recurring motif throughout the play, can be achieved collectively. In this way, he might aim to raise awareness about mental health issues and uniquely encourage the audience.

The set is made with a minimalist approach based on simplicity and directness. The play's emphasis on a theatrical style that minimizes sets, costumes, and props is intended to ensure the audience's complete participation, both physically and spiritually, by giving their full attention to the narrator and the story itself. Macmillan therefore prefers to emphasize narrative through simplicity. Throughout the play, the Narrator tries to ground the essence of happiness in the meaning and joy found in the beauty of simplicity by adding items to the list that, although they are daily routine actions, contain deeper meanings. The simple and mundane staging also takes an approach that elevates the depth of meaning and understates the value of the external space. This approach is entirely in line with the play's underlying message. All in all, the theatrical and stylistic elements used in "*Every Brilliant Thing*" skillfully enhance the strength of the narrative and thus the narrator's ability to evoke the audience's emotions. Through fourth-wall-breaking audience engagement and minimized stage setup, the play produces an immersive experience that communicates themes, messages, and emotions to the audience intimately and directly.

4.1.3. An Analysis of the Play's Thematic Components and How They Contribute to the Larger Research Question

The larger research question of this thesis is “Nature or Nurture?: the Intergenerational Transmission of Trauma and Suicide in Contemporary English Drama: Bush Moukarzel's *Lippy* (2014), Duncan Macmillan's “*Every Brilliant Thing*” (2015), Alice Birch's *Anatomy of a Suicide* (2017)”. This chapter focuses on the contribution of thematic components to the main question by examining the influence of intergenerational trauma, defense mechanisms against trauma, connections made with the secondary characters, and the narrator's resistance to her depression in the play's finale. The main factor in the intergenerational transmission of trauma is domestic relationships. For the narrator, the foundations of the first trauma are laid at the age of seven with her mother's suicide attempt. Since she is exposed to this first trauma as a child, her perception of life and the relationships she develops from that moment on are shaped by this trauma. The fact that the narrator begins her list as a child to delight her means a lot. This innocent but profound effort can be seen in the fact that her list opens with childish elements like “1. Ice cream, 2. Water fights, 3. Staying up past your bedtime and being allowed to watch TV, 4. The color yellow” (Macmillan, 2015, p. 1). Here, the narrator's reaction underlines the impact of her nurture because this coping strategy is a result of her attempt to hold on to life in the atmosphere in which she grew up. The narrator adds items to the list, particularly after compelling events. This defense mechanism she develops against reaction to the first traumatic event she experiences turns into a behavior over time. These defense mechanisms reveal the influence of nurture. In one of the later scenes of the play, the narrator, who has to face her mother's second suicide attempt as a teenager, remembers the list she kept as a child and adds new items.

“I found the list. I sat on the floor and I read it through. 1. Ice cream. The younger me had dealt with this so much better. He wasn't self-righteous. The younger me was hopeful. Naive, of course. But, hopeful. So once I got to the end of the list I picked up a pen and continued where that little boy had left off. 315. The smell of old books. 316. Andre Agassi. 317. The even numbered Star Trek films” (Macmillan, 2015, p. 22).

As the list becomes an inseparable part of the Narrator's life over time, it grows and develops with her. The Narrator develops this reaction to trauma under the influence of the experiences she is exposed to in the environment she grew up in and the coping mechanisms she has acquired. This scene reflects the influence of environmental

factors on the intergenerational transmission of trauma. The narrator's relationship with her father, who struggles to communicate and bond after her mother's suicide attempts and her romantic relationships offer insights into how trauma is processed and transmitted. In this scene, the narrator, just like her father, avoids talking about and confronting the problems in her marriage.

“Sam suggested that I talk to someone. Professionally. That made me so angry. I knew what depression was and I knew I was fine. I had a study at home and I'd sit in there, listening to records and reading the sleeve notes” (Macmillan, 2015, p. 44).

The fact that she needs a private space, a “study room” every time she feels overwhelmed is an attitude she inherited from her father. Like her father, she listens to records in the study and prefers to remain silent in the face of events by lowering her voice and raising the volume of the music. Perhaps the song she chooses at that moment reflects the state of mind she is in. Her mother's suicide attempts affect her bond and communication not only with her mother but also with her father. It can be observed that the character's father, who prefers to remain silent in the face of these events, has attachment and self-expression problems as a result of the traumas he has been through with his wife's suicide attempts. These communication problems in her family also manifest themselves in the narrator's future romantic relationship. Such cyclical events illustrate how trauma is processed and transferred to the individual.

“There was a moment of absolute, deafening silence. And then she started to laugh. It was such a genuine laugh that after a while I found myself joining in. Eventually, Dad got up and left the table, going into his study to listen to records” (Macmillan, 2015, p. 22).

The seemingly passive attitude of the father, who avoids talking about his wife, creates the opposite reaction towards the mother's situation in the narrator, who continues to actively fill the list with brilliant things. While the Narrator adopts a more active approach to deal with her pain, the father's coping method is to turn inward and remain indifferent to the outside world. These two different coping methods may be the result of two different styles of upbringing. Even though both of them have witnessed trauma, the environment they live in and the relationships they have may have differentiated their reactions to trauma.

“Dad was in with Mum for ages. When he finally came out I followed him down the corridor, I followed him out of the hospital, I followed him to the car park, I followed him into the car, I followed him up the driveway, I followed

him in through the front door, I followed him down the hallway, I followed him up the stairs until we reached his study, where he went inside and closed the door before I could follow him any further” (Macmillan, 2015, p. 16).

The fact that she sits in the study while Sam preparing to leave the house is a defense mechanism that she has acquired through her father, who suppresses his feelings towards the incidents and is entirely related to the influence of their nurture. “I sat in my study while Sam packed her things. I helped her carry boxes to her car. I stood in our doorway and she looked at from the car” (Macmillan, 2015, p. 45). Although the Narrator strives to avoid the trauma she has experienced by focusing on the positive aspects of life, she also struggles with depression at some point. Even though she thinks that she naturally inherited hopelessness and depression from her mother, she seems to adopt a more positive attitude with a record she played “Into each heart some tears must fall but someday the sun will shine” (Macmillan, 2015, p. 53) at the end of the play. From the conversation with her father and her mother's suicide, it is clear that by the end of the play, she accepts situations and people with a more mature perspective.

“I stayed with Dad for a few months after the funeral...He never mentioned it directly, but when we spoke a few weeks later, and he said 'Thank you.' DAD. Thank you. NARRATOR And he said 'I love you'” (Macmillan, 2015, p. 52).

Although the play occasionally winks at the idea that trauma is genetic, that is, naturally occurring, it also acknowledges the existence of environmental factors. Due to the traumas, she experienced during her marriage, the narrator goes through periods where she cannot control herself and her emotions, and as a result she and her significant other separate. The question of whether this depression is hereditary or the result of her own experiences is answered towards the end of the play. Both factors affect the narrator's life in a very cumulative way. So even though the narrator runs away from the traumatic environment she grew up in, she eventually confronts the effects of mental health issues on herself and focuses on the meaning of life not only in brilliant things, the importance of talking and sharing, and the intergenerational impact of trauma. “*Every Brilliant Thing*” explores the dichotomy of nature and nurture, focusing on intergenerational trauma. While the play emphasizes the possibility that the root of mental health problems may be hereditary, it does not ignore the effects of one's environment, relationships, and society. The narrator becomes the embodiment of the question of nature versus nurture, both through the effects of the

depression she inherited from her family and the defense mechanisms that emerge due to her nurture.

4.2. Speech Act Analysis: Trauma Discourse in “*Every Brilliant Thing*” (2015)

In this section, the speech act analysis of “*Every Brilliant Thing*” (2015) will be conducted.

4.2.1. Trauma Discourse Categorization:

4.2.1.1. Direct expressions or mentions of trauma or suicide:

When the play begins with the protagonist recalling her mother's first suicide attempt when she was seven years old, a clear and direct relationship between the theme of suicide and the discourse of trauma emerges for the first time. At several points in the play, the narrator's mother attempts suicide. At the very beginning of the play, the narrator introduces the list to the audience “The list began after her first attempt” (Macmillan, 2015, p. 7). Her second attempt when the narrator was a teenager can be also given as a direct example “I forgot about the list until her second attempt, just over ten years later” (Macmillan, 2015, p.21).

Her description of her mother's actual committed suicide is another direct mention of suicide. “She had poor circulation and would always complain about her ankles on long journeys. They say that it's a masculine way to choose to die. But I don't know what that means. There was a pad and pencil on the passenger seat but she hadn't written anything (Macmillan, 2015, p.50). Here, her way of suicide is seen as a masculine way since here the masculine form of death gives the impression of an individual who could not express herself and overflowed from the gender assigned to her. The fact that she did not leave any notes to the people she left behind, even though she had pen and paper with her, shows that she had no hope of being understood by the people around her. For this reason, it can be considered a very rebellious way of death for a female individual who has dealt with traumas throughout her life and has given up hope for a solution.

The need to create a list of brilliant things that make life worth living stems from a direct reaction to this traumatic event. Her primary coping mechanism against the trauma can be accepted as “a list of everything brilliant about the world. Everything worth living for” (Macmillan, 2015, p.7). Throughout the play, the narrator occasionally refers directly to his mother's depressive state and its effect on him. The

narrator's effort to convince her mother that life is worth living and her ceaseless indifference to this effort because of her depressive state of mind can be seen in this quote "The next morning, I sat at the end of Mum's bed and I read the list to her, and she got up and left the room. I followed her and read louder" (Macmillan, 2015, p.23). The narrator feels the absence of love in her parents' marriage and is therefore traumatized by her upbringing "I started to be bothered by the thought that my Mum no longer loved my Dad" (Macmillan, 2015, p. 24).

The narrator's biggest fear is to one day identify with her mother and commit the same act. It is quite understandable for her to feel this fear as an individual who grew up both witnessing her mother's perspective on life and feeling it with an innate drive in a traumatic environment. This can be a good example of trauma discourse. "The real risk, that I'd felt my whole life, was that I would one day feel as low as my Mum had and take the same action" (Macmillan, 2015, p. 39). After her mother's first suicide attempt, the narrator is taken to the hospital by his father to see her, but her mother does not want to see him. This event can be considered a traumatic event for both the mother and the narrator because both of them have upset someone they love. "At the hospital, Mum saw me and said 'Not him'. So I sat in the corridor next to an old couple..." (Macmillan, 2015, p. 15)

A direct reference to the effect of her mother's depressive mood on the narrator can be found in these sentences.

"I was mortified. I'd never told anyone about my Mum. Ever. As a kid, there were times when...I'd have nothing in my lunchbox or I wouldn't have socks on or something and I...I didn't want people to think that because my Mother was...I don't know" (Macmillan, 2015, p. 33).

As it can be inferred from these sentences, she did not have a normal and healthy childhood like her peers, on the contrary, she is portrayed as neglected, and neglect can be understood from both the lack of physical needs and the lack of mental needs. In order not to put both her mother and herself in a difficult situation to explain, the narrator does not tell anyone about her situation both as a child and as an adult until she meets Sam.

4.2.1.2. Indirect, figurative, or symbolic representations of trauma or suicide:

The items on the list grow and mature with the narrator, which can be observed in the progression of the narrator's pursuit of happiness from simpler pleasures to deeper

forms of expression. This can also be recognized in the childish ways of coping that adulthood brings with it, giving way to more complex and profound ones. The narrator's understanding of life and trauma can be grasped through the evolution of the brilliant things. As the narrator matures, items with childlike innocence, such as “1. Ice Cream and 2. Water Fights” (Macmillan, 2015, p. 7) are replaced by items such as “9995. Sex and 9996. Falling in love” (Macmillan, 2015, p. 37), which extend into more intricate areas of life. The audience's participation in the play is an allegorical reflection of the collective trauma. The audience's reading aloud the items on the list can be viewed as indirectly voicing their defense mechanisms. The message is that trauma is universal and the solution requires a collective consciousness. At one point in the play, the narrator mentions that he used to be afraid of happiness as a child because of his mother's unstable state of mind. Her mother suffers from depression and experiences intense mental fluctuations and her suicide attempts take away the narrator's happiness. At that moment, the narrator walks up and down the stairs and high-fives the audience. This action reminds her of her mother's mental illness. These high-fives would be used as a metaphor here for collective trauma.

“Everyone raises their right hand. I'm going to HIGH-FIVE THE ENTIRE ROOM! He high-fives as many people as he can. ... My Mum... She would do this. Get carried away. Ups and downs. As a little boy, it was never shyness or thoughtfulness. Happiness scared me because it was usually followed by... you know” (Macmillan, 2015, p. 38).

The interaction with the audience makes the traumas more tangible and tangible, which means that if the society collectively holds hands and supports each other, the traumas can be brought to a conclusion.

Throughout the play, the narrator distributes cards to the audience who read out the items enumerated. The play consists of scenes such as “The NARRATOR speaks to someone in the AUDIENCE. I'm going to ask you to be my Dad if that's okay. You don't have to do much, just sit here on this step” (Macmillan, 2015, p. 11). Engaging the audience in the play in this way allows them to feel closer and more empathetic to the trauma and its owner. In the same vein, since re-enactment is an important method in trauma-resolving, it also provides an opportunity for this. The narrator recalls her childhood dog “Sherlock Bonnes” with whom she first experienced the concept of death after her mother's first suicide attempt. “Up until that day, my only experience of death was that of my dog', Sherlock Bones” (Macmillan, 2015, p. 8). For the

narrator, the dog is an allegorical expression of both unconditional and unexpected love, but also of early loss. Instead of being a direct expression of trauma, it becomes a useful tool to show the audience the depths of the narrator's trauma of loss in a more indirect way. "Sherlock Bones was older than me, and he was a central part of my existence. He was sick and so the Vet came around to put him down" (Macmillan, 2015, p. 8). The narrator's relational difficulties and tensions with Sam, with whom she has a romantic relationship and later marries, can be seen as an allegorical expression of the shadow of the trauma that follows. Her traumatic childhood, combined with her own experiences, influences the narrator's relationship with Sam in various ways, which could be an example of the indirect representation of trauma in the play. "Perhaps Sam had been right. Perhaps I'd been difficult to live with. Difficult to love" (Macmillan, 2015, p. 46).

4.2.1.3. Conversational instances where trauma is transmitted or discussed between generations:

There can be clear conversational examples in the play of the discourse of trauma being passed down from generation to generation. The first example could be the moments when the father and the narrator discuss the situation of the narrator's mother indirectly. Although the father believes that he fulfills his duty to protect both himself and his child by remaining silent and refraining from making too many direct statements, he cannot help passing on the trauma to the narrator. The father's implicit style of describing events like his wife's first suicide attempt when she was a child does not change much when the narrator becomes an adult. Father's description of his wife's first suicide attempt can be understood as an indirect conversation about suicide when he takes the narrator to the hospital. When they are on the road he says to the narrator "Your Mother's done something stupid" (Macmillan, 2015, p. 15) after the narrator pushes him to an explanation about her mother. While he does not usually talk to people around him about his wife's situation, his action of taking the narrator to the hospital indirectly seems to have another underlying message as he blames his wife. Her father often prefers to use euphemisms for his wife's situation instead of saying what happened directly. As the following two examples demonstrate, when the narrator was both a child and an adolescent, her father displayed an opposite attitude against the idea of talking and sharing about the trauma; however paradoxically, by

remaining silent, he nonverbally supported the transmission of the trauma to the next generation.

“DAD Because we're going to the hospital. AUDIENCE why? DAD because that's where your mother is. AUDIENCE Why? DAD because she hurt herself. AUDIENCE why? DAD Because she's sad” (Macmillan, 2013, p.14). “In the New Year, Dad drove me back to university. He gave me a box of his records. I wanted to ask him why but I knew better than that. We didn't speak. We just listened to the radio” (Macmillan, 2015, p. 25).

The narrator often reflects on her youth and shows a dialogical transmission of trauma within herself through different life stages. “The younger me had dealt with this so much better. He wasn't self-righteous. The younger me was hopeful. Naive, of course. But, hopeful” (Macmillan, 2015, p. 22). In these frequent moments of introspection, the narrator observes her youth and her evolving understanding of life concerning trauma. As the child of a suicidal mother, the narrator feels like she has to make her happy but she cannot come to a conclusion about it. It is possible to see moments in her introspection when she blames herself for the heavy burden she voluntarily carries on her shoulders. “It's common for the children of suicides to blame themselves. It's natural” (Macmillan, 2015, p. 25). As she struggles with adversity, she realizes that the optimistic outlook of her youth begins to fade. As she grows older, the impact of the trauma on her personal development becomes more devastating.

“I now realize that it's important to talk about things. Particularly the things that are the hardest to talk about. when I was younger I was much better at being happy. At feeling joy. Being a grown-up, being conscious of the problems in the World, about the complexities, the tragedies, the...” (Macmillan, 2015, p. 48)

When she becomes an adult, after personal crises or relational conflicts, it is possible to observe in her inner dialogues the transition of trauma from childhood to adulthood. The narrator inevitably turns into a person with traumas, fears, and anxieties as a result of the traumatic events she has experienced throughout her life, and this damages her relationship with Sam. Although there is no direct dialog between Sam and the narrator about her mother's condition, the fact that they fill out the list together at some points and Sam indirectly shares her trauma is an example of how intergenerational trauma affects interpersonal communication and how it can affect another generation through nonverbal interaction. “I just continued the list from where Sam had left off” (Macmillan, 2015, p. 35). Through these classifications of trauma discourses in the

play, direct speech, more allegorical expressions, and interpersonal conversational transference about trauma and suicide are better recognized through the experiences of the characters. These classifications are often intertwined in the dialogues of the play, which can be interpreted as an allegory for the complexity of trauma. Trauma sometimes expresses itself nonverbally, while at other times it manifests itself directly or indirectly in speech, as in the examples given above.

4.2.2. Illocutionary Act Analysis for “*Every Brilliant Thing*”

“The list began after her first attempt. A list of everything brilliant about the world. Everything worth living for” (Macmillan, 2015, p.7). The purpose behind making a list is trauma narration and coping with trauma. The list is a way for the narrator both to process her feelings about her mother's suicide attempt and to offer hope. She sorts and elaborates the list, often juxtaposing simple joys with profound moments. The illocutionary act used is assertive because by expressing brilliant things as facts, there is an underlying assertion of goodness and beauty in the world.

“And I don't know what that means because I'm seven. I've no real concept of finality. Or mercy” (Macmillan, 2015, p. 9). The purpose behind the utterance of this sentence is trauma narration. It reflects the confusion and desire for understanding felt by a child exposed to a traumatic event. There is a temporal reference to “I am seven” to place the trauma at a specific moment in the narrator's childhood. The illocutionary act used is declarative because it expresses the truth about the narrator's emotional state in the past and her grief for her deceased dog.

“DAD Put on your seatbelt. AUDIENCE why? DAD Because cars can be dangerous. AUDIENCE why? DAD Because other drivers don't always pay attention. AUDIENCE why?” (Macmillan, 2015, p. 12). The purpose behind asking the same question “why” over and over is to avoid trauma. Here the narrator is confronted for the first time with the fight-or-flight trauma response because of her mother's first suicide attempt. By asking such questions over and over again, she aims to distract himself or cope with the immediate pain. The illocutionary act used is expressive since the same question is asked several times to express the covert pain indirectly.

The list changes over time from “1. Ice cream” (Macmillan, 2015, p. 7) to “9996. Falling in love” (Macmillan, 2015, p. 37). The purpose behind making the items more complex is to show the evolution of trauma and deepen understanding. There is a use

of rich and evocative language, moving from the concrete to the abstract. The illocutionary act used is declarative such as “falling in love” and “ice cream”.

“The NARRATOR selects someone from the audience to be the LECTURER leads them to the center of the room and gives them a copy of *The Sorrows of Young Werther*” (Macmillan, 2015, p. 26). The audience participates in the play under the direction of the narrator. The purpose behind this participation is to recognize the collective trauma and emphasize the shared experience. There is an interactive use of language between the audience and the narrator. The illocutionary act used is directive such as asking the audience to read aloud the items on the cards.

“People asked if they could read it, add to it, photocopy it. The document got scrawled all over with different handwriting in different colors, exclamation marks, underlining, asterisks footnotes, amendments, drawings, and even the odd diagram” (Macmillan, 2015, p. 41).

As the narrator struggles with whether his efforts to understand and help his mother's pain are enough, the people around him, even strangers, find common ground in his trauma through the items on the list. The language asking for permission “if they can read it” implies a commitment before the list is made public, which can be likened to the disclosure of hidden traumas to the people around them. Due to this form of commitment to disseminate the list, which points to the external validity of the narrator's doubts about the list he has prepared for her mother, the illocutionary act used is commissive.

“Sam's note said that she loved me and that when I was ready, we should try again” (Macmillan, 2015, p. 46). The purpose of this note is to deal with trauma and maintain emotional ties despite traumatic events. There is an indirect speech by the narrator through Sam's mouth after seven years of separation, but it carries urgency and importance. The illocutionary act used is expressive since it emphasizes the protagonist's desire for love and attachment despite use of the indirect speech.

As mentioned above, although the conversations with the father are full of silent moments, the language used by the father when the narrator is a child is simplified and full of euphemisms, when she later becomes an adult, the way of speaking does not change much, remaining mostly indirect. The purpose behind this may not be to convey generational trauma, but the traumatic atmosphere in which the narrator grows up makes her a person affected by the intergenerational trauma. The father tries to

protect the child from the sheer weight of the trauma by indirectly explaining what the mother did with the words “She did something stupid”. The discourse on trauma in “*Every Brilliant Thing*” is quite multidimensional. It reveals various human traits of coping with, understanding, making sense of, and processing trauma. The narrator's sentences using declarative, directive, expressive, commissive, and assertive acts are analyzed in this way in terms of trauma, resilience, and relationships. Another striking feature of the play is the language it uses. Language is skillfully used not only as a narrative tool but also as a means of conveying, avoiding, and coping with trauma.





5. AN ANALYSIS OF “*ANATOMY OF A SUICIDE*” (2017)

5.1. Literary Analysis: Nature or Nurture?: the Intergenerational Transmission of Trauma and Suicide in “*Anatomy of a Suicide*” (2017)

Alice Birch (1986), Alice Birch, recognized as one of the youngest promising playwrights and screenwriters, was born in a commune. At the age of eighteen she joined the Royal Court Theatre's young writers' program and studied at Exeter University. Birch's career took off in 2011 with her play “*Many Moon*”, for which she was nominated for the Susan Smith Blackburn Prize. She has also adapted major works such as Virginia Woolf's “*Orlando*” and Sally Rooney's “*Normal People*” for German audiences and television respectively. Her opera “*Violet*” was due to be staged in June 2020 but was canceled due to the pandemic. In 2015, Birch's play “*Revolt. She Said. Revolt Again.*” (2015) tackled issues such as rape culture, trespassing and body shame, and won her the George Devine Award for Most Promising New Playwright. Another important work, “*Ophelia's Zimmer*”, reinterprets a minor character from Shakespeare's “*Hamlet*”, depicting Ophelia's space as a prison overshadowed by Hamlet, symbolizing the oppression women face. As it can be understood, Birch has written many plays. One of her most outstanding plays, “*Anatomy of a Suicide*” (2017), had its premiere at the Royal Court Theatre in London. The play was directed by Katie Mitchell. In 2018, she was awarded the 2018 Susan Smith Blackburn Prize for this play. She has written about a variety of subjects in a highly experimental, innovative, and courageous style. Her plays deal with issues such as rape, pornography, suicide and trauma, which can be considered a significant problem in modern society. As a young and contemporary playwright, she embraced feminist ideas and perspectives, which means that the characters and themes in her plays are characterized by women's issues. “*Anatomy of a Suicide*” tells the story of three generations of women struggling with mental illness in the 1970s, 1990s and 2030s. According to an interview by Berger et al. (2018), Birch explains her motivation behind writing this play with these words “I was interested in whether trauma can be passed on through our DNA; how much is nature and nurture?”.

“*Anatomy of Suicide*” explores the intertwined story of a mother, a daughter, and a granddaughter from the same family in the context of trauma and suicide. The main themes of the play are addiction, suicide, depression, and intergenerational trauma. Birch fluently and poignantly portrays the characters' emotional, intellectual, and

physical pain they suffered throughout the play. The play has a very innovative narrative structure. It is characterized by the simultaneous presentation of the lives of the characters Carol, Anna, and Bonnie in different periods on the three-page layout. It is possible to follow three different but intertwined life stories set in the 1970s, 2000s, and 2030s on the same page, with the plot unfolding in different columns. This unusual order presents the unhappy and hopeless lives of the characters in parallel, showing the audience how the trauma caused by this common despair has a recurring structure and is passed on to the next generation. In their own zone of the stage, each woman from different times holds her own ground. Their dialogues often overlap, the speeches are delicately organized so that phrases like “Yes”, “I’m fine”, and “Okay” echo together or in rapid succession. Themes and images appear again and again. The narrative weaves through time, past and future blend into one another seamlessly, creating a tapestry where moments intersect and parallel each other. According to a review of this play by Hofler (2020), the audience is challenged to understand the play as a whole and is expected to develop a sense of empathy as they watch the characters in the three different stories repeat the same lines in different scenes, and also as they follow the overlapping of the lines as the play progresses. Birch (2017) also designs the play in an intergenerational dimension, exploring the impact of hereditary and environmental factors on mental health. She aims to show how a mother's mental problems can affect the next generation and the generation after that. In this sense, the play encourages the audience to think deeply about whether psychological resilience depends on genetic heritage, environment, and free will. Throughout the play, various scenes and dialogues explore whether the decisions that shape the characters' lives and, more broadly, the audience, are based on a deterministic belief in fate or whether there is an existence of free will. In other words, “*Anatomy of a Suicide*” is “about the hereditary determinism of inherited depression” (Harpin, 2020, 199). The aforementioned studies including adoption, twins, and families support this idea suggesting that suicidal behavior is at least partly genetic and also can be transmitted through phenotypes such as impulsive aggression.

5.1.1. A Comprehensive Analysis of “*Anatomy of a Suicide*” by Alice Birch, with the Primary Focus Being on How the Play Depicts Traumatic Experiences, Suicide and Intergenerational Trauma in a Drama

The play begins with the suicide attempt of the character Carol, the predecessor of the family. As it is revealed throughout the play, Carol is crushed under all the burdens traditionally attributed to women. Her life between being a mother, wife, and housewife, combined with her depression and suicidal tendencies, creates a very chaotic state of mind in Carol. The play interrogates the stereotypical roles of women in society through the traumas that the role of motherhood can inflict on women. The chaos in her soul is reflected in her daughter Anna. Mental health problems and addiction plague Anna for the rest of her life. Having inherited her psychological state from her mother, Anna struggles with post-partum syndrome after becoming a mother and is driven to suicide. Bonnie, the successor of the family, cannot escape these emotional and psychological fluctuations and, despite being the third generation, is deeply affected by this mental health legacy, questioning motherhood and eventually resorting to sterilization as a doctor. Trauma surfaces differently in each character. Carol suffers from severe depression, Anna struggles with mental illness and addiction, and Bonnie, appearing as the doctor, epitomizes trauma through her attachment schema. The play attempts to unveil to the audience the invisible background and burden of traumatic anguish. In the play, trauma is often accompanied by a defense mechanism. Looking at how the three women in the play overcome past trauma through hereditary and environmental factors, Carol and Anna's story ends more tragically, while Bonnie's character is more optimistic. Yet, despite her efforts not to follow in the footsteps of the previous generation, the ghost of the past still haunts her at some point.

The play approaches suicide from a more philosophical perspective. Beyond the physical harm that individuals inflict on themselves, the play also addresses suicide as a method used by emotionally damaged individuals to get rid of this pain. Since the source of this emotional pain is the trauma that is passed down between generations, it is possible to observe the impact and consequences of the emotional and psychological burden of existing with trauma in a familial context. The play, which deals with suicide through the female gender, suggests that the trauma of the previous generation has the power to affect the next in an intergenerational context. Moreover,

Joiner's "interpersonal theory of suicide" mentioned in the introduction, suggests that a person may become susceptible to suicide due to a mix of thwarted belongingness, perceived burdensomeness, and acquired capability. This theory can be applied to three characters of the play, which means that thwarted belongingness can be related to Bonnie because of her insecure attachment schema, and perceived burdensomeness which can be related to Carol due to exhaustion from forcing herself to live a life she no longer wants, and acquired capability which can be related to Anna because of the suicidal capacity she inherited from her mother. With its original subject matter and experimental narrative structure, *"Anatomy of a Suicide"* is a contemporary drama that emphasizes the psychological reflections of intergenerational trauma, mental health, and family relationships. Henrik Ibsen, Anton Chekhov, and August Strindberg were the pioneers of the early realism movement (Bloom, 2002) and brought to the foreground the psychology of the characters. Gerland (1994) states that as a playwright, Ibsen, without any theoretical reference, anticipated and used in his plays the basic methods of understanding psychology, especially psychoanalysis, long before Freud scientifically grounded them. Thus, it can be suggested that this play is a very contemporary example of the genre Ibsen started.

With the help of staging and design features, the play effectively presents the mentality and experiences resulting from trauma. Katie Mitchell's approach as a director is described as "clinical" in the article, encouraging the audience to make observations "forensically", pointing to the deliberate design of the staging to enable a deeper understanding of the play's themes of trauma and interconnectedness, and looking for clues about causality and the nature of distress and suicide as depicted in the play (Harpin, 2020, p. 200). "The domino-effect staging", in which locations, events, and emotions are tossed from stage right to stage left (Harpin, 2020, p. 205), is consistent with the explanation of the staging's aim to reflect the characters' interrelated traumas and the inevitability of their circumstances. This special design aims to create a sense of mutual attachment in the audience by making sense of the complex nature of psychological problems and the impact of family issues on individual existence. The colors of the costumes and the specific distribution of the stage are specifically designed to reinforce the intertwined and common aspects of the traumas and characters. Each color used in Kate Mitchell's staged version is different for each character. The colors represent the traumatic inner worlds and life journeys of the

characters, while visually reinforcing a wide societal issue that is their common heritage of feminism. Carol in red softly voices “No”, symbolizing a form of feminism that resists traditional gender roles; Anna in green assertively says “Yes”, embodying the disillusioned, angry post-feminism of the 1990s that sought a masculinized freedom to see itself commodified by capitalist forces; and Bonnie in white, like a defiant blank canvas ready for new narratives, thoughtfully offers “Maybe”, representing forward-looking feminism built on a resilient autonomy (Harpin, 2020. p. 203). Overall, the play emphasizes the multidimensional nature of trauma and suicide and its intergenerational repercussions, highlighting the need for a broader exploration of mental health issues in the familial and social domains of trauma. Adopting a non-linear storytelling approach, the play is postmodernist in this respect. The fact that the play moves in and out of various moments in the lives of the three women emphasizes the play's focus on memory, trauma, and three different periods. This kind of storytelling can be interpreted as a concrete reflection of the characters' traumatic temperaments on the stage. Underscoring the intensity of the trauma, Birch makes the dialog sparse but powerful. It is short, fragmented, and includes pauses to reflect the emotional fluctuations of the characters. In line with Caruth's (1996) view of the unspeakability of trauma, the short and fragmented dialogue symbolizes the difficulty the characters have in expressing their inner world due to trauma. Silences and pauses between dialogues are used not because the characters have nothing to say but to reflect emotional states that they are difficult. This allows the audience to reflect on what is left blank and unexpressed. This kind of speech use is on purpose to underline the psychology of the characters. To illuminate the meaning of these uses, Birch gives a directory note given to the players or audience at the beginning of the play.

“Notes on the play: Denotes the overlapping of speech. Words in square brackets [] are not spoken. The absence of a full stop at the end of a line denotes a kind of interruption the lines should run at speed. The use of a full stop on a line on its own suggests a pause whether this is a single beat or ten minutes depending on what feels right. The spacing of the dialogue, the use of upper and lower case letters, and the punctuation are all there to help the actor in terms of the pacing and the weight of their words. The text has been 'scored' - I wrote the piece across the page, so it ought to be read as it is written” Birch, 2017, p. 1).

The play explores the intergenerational and individual effects of mental health problems caused by individual and collective traumas through the story of Carol, her daughter Anna, and her granddaughter Bonnie, who live in different eras but are affected by each other. The play takes a highly experimental approach with an intergenerational presentation technique, allowing the audience to observe the contrasting situations and recurring similarities in the stories. This unique narrative structure also functions as a metaphorical way of describing the spread of trauma and mental health issues across three generations. It is also a good example of how certain stereotypical behaviors, emotionally severe traumas, and emotional responses can be acquired within families. The play bravely exposes experiences such as depression and suicide that have traumatic effects on the mental health of both the individual and those who witness them. It is a play that reflects mental illness, which is perceived as a taboo in society and disturbs people, and its unrevealed aspects as they are. The play deals with trauma in a multidimensional way, revealing both the emotions of those who experience trauma and the psychopathological emotional states of those who witness or are exposed to it. By mean of this approach, it becomes possible to observe the traumatic factors that make individuals' family and social relationships, decisions, and moods more complex than they are. These three women, who had to face their mental crises alone despite being from the same family, are concrete examples of how mental illness can isolate an individual. That is why these three lonely women are deeply connected by invisible threads, albeit in a traumatic way.

Avoiding both romanticizing and sensationalizing suicide, the play adopts a very open and honest approach. Birch (2017) presents suicide as a decision made by individuals as a result of an intense internal struggle and traumatic reasoning and describes the feelings of helplessness and loneliness in an insightful and uncensored language. In addition to placing a social emphasis on dealing with suicide on a small scale within the family, the play conveys the message that suicide is never a singular act and can be triggered and affected by the family members and loved ones around the individual. In short, the play deals with trauma and suicide in an intergenerational context and assumes that the effects can last for a very long time. Since the narrative structure is quite suitable for conveying the themes of the play from a very broad perspective, it is possible to take both individual and universal messages from the play. The play addresses not only the individual but also the intergenerational repercussions of the

mental disorders caused by trauma in a very sensitive way, pushing the audience to discover the roots of the psychological condition they have inherited.

5.1.2. Examination of the Play's Three Interconnected Narratives and their Relevance to the Research Question

"Anatomy of a Suicide" is a play that explores, through three interconnected narratives, the struggle of three generations of women in a family with trauma and suicide. These two extremely important and complex issues are the main themes of the play. The play draws attention with its structure which allows it to provide very enlightening results on the research question of the thesis, whether genetic factors or environmental factors are more effective in the context of intergenerational transmission of trauma and suicide. Since the play follows the experiences of a mother, her daughter, and her granddaughter simultaneously, it permits a close observation of how trauma and suicide are conveyed across three generations. Although each narrative is unique and involves individual strivings, these three narratives have a unity that transcends individuality as they have many elements that reflect and repeat each other.

There are scenes in the play that suggest that mental health problems, depression, trauma, and suicidal tendencies are concepts that can be passed on genetically. These scenes are in line with studies that argue that these concepts can be transferred through genes. Likewise, environmental factors are not ignored in the play. Considering the variables of individuals' personality, nurture, emotional ties in the environment in which they grew up, external factors, and relationships with other people, the effects of these on one's psychology, resilience, and defense mechanisms can also affect the intergenerational permeability of trauma and suicide. The play encompasses the research question of the thesis as it integrates not only genetic but also environmental factors in the context of intergenerational transmission of trauma and suicide. Through the interconnected yet separate lives of three women, it offers a nuanced narrative of the effects of both nature and nurture on the potential for trauma and suicide to be transmitted across generations. It offers a broad perspective on the impact of individual experiences, familial characteristics, and social pressures on the development of psychological distress and its transmission to other generations. Psychological predisposition and other external factors combine to set the stage for the trauma of the characters in the play. In this way, Birch uses intergenerational trauma through art to

encourage audiences and researchers to think multifaceted about nature and nurture, emphasizing the multi-layered nature of trauma and suicide.

5.1.2.1. Carol's narrative

The play opens with Carol's suicide attempt. This character's struggle for life symbolizes the beginning of all the traumas that occur within the family. The traumatic events in her life turn into an intergenerational trauma that is passed down through generations. In the play, Carol is the head of the family tree, Anna's mother, and Bonnie's grandmother. Carol struggles with deep depression throughout her life, but her main source of trauma may stem from the sexual assault she suffered when she was a child. It is given implicitly in the conversation with her husband below when John, by bringing up her uncle, seems inadvertently to humiliate Carol by referencing her attempts at suicide and past traumas:

Carol: It was an accident. John: Your uncle Carol: That wasn't an accident John: No Carol: This was an accident. John: Your arms Carol: Why are you talking about my uncle John: Because he. Carol: I was ten. John: Because you Carol: Why are you deciding to ask me about my uncle Now John: Your Arms (Birch, 2017, pp. 3-4).

The incident referred to in this speech can be linked to Freud's concepts mentioned earlier in the thesis, such as the repetition of compulsion, or sexual abuse as the original event. Freud identified the urge for individuals to repeat traumatic events as a concept that is difficult to reconcile with his theory of pleasure-oriented behavior. Carol's self-harm and deviations in her conversations about her uncle are manifestations of this drive and serve as unconscious attempts to process her trauma. Similarly, self-harming behavior can also be addressed through Freud's concept of the death drive which reflects acts of self-harm as a way of overcoming trauma. Carol's mixed reactions to John, ranging from acceptance to deflection, exhibit defense mechanisms such as repression and denial that aim to protect her psyche from traumatic memories. Finally, the lingering impact of the original traumatic event which is sexual abuse in her childhood, evident in Carol's behavior and speech, underscores Freud's idea that such events deeply affect an individual's psyche and lead them to engage in repetitive behaviors to confront and control their trauma.

The mental illness she dealt with throughout her life and the wrong treatment methods may have been among the biggest factors that led her to suicide. For instance, before

Anna was born, following a suicide attempt, Carol underwent Electro Convulsive Therapy. Even when Anna turned thirteen and Carol continued to struggle with depression and mental health issues, she refused further Electro Convulsive Therapy, convinced of its ineffectiveness. Her refusal and assertions such as “I feel I have the capacity” subtly reveal her lingering thoughts of suicide, highlighted by her explicit admission: “Carol: I came to the decision a long time ago that it would be Necessary to end my life.” (Birch, 2017, p. 214). Confronting her husband's concern as relayed by Doctor Mark, she sharply rebuffs, asserting “Carol: My husband doesn't have right to be concerned, I've lived in a building that's been on fire for Sixteen Years.” (Birch, 2017, p. 216), further elaborating on her prolonged suffering with “I've been crawling to get to a window for sixteen fucking years raising his child.” (Birch, 2017, p. 216), a metaphor for her distress and struggle within her marriage.

Carol's mental problems form an inseparable unit with her. Her struggle with these problems forms the core of her narrative. The relationships and preferences around her are often interrupted by this illness. Carol, who does not have a healthy relationship with her husband throughout the play, cannot express herself fully most of the time, and even if she does, she is not taken into consideration. For instance, in one scene Carol, eager to leave the hospital, proposes returning to her domestic duties to persuade her husband, hinting at traditional gender roles by offering to cook, clean, and prepare tea: Carol: “Then I'll cook you something delicious” Carol: “Please can we go home and I'll dry the floor and I'll cook your tea and we can” (Birch, 2017). John's words appear to encapsulate Carol's routine life and its culmination in her suicidal actions: John: “You cooked and cooked and cooked. And then you” Carol:

“It was an accident, You were away” Carol: “I like it when you're away. ...No, that's not what I like solitude, I like my company - it was an accident, not Because you were away, it was just an accident” (Birch, 2017).

Trapped in her role as a housewife, struggling with stereotypical tasks such as cooking, Carol's frustration grows. Moreover, her comments hint at a preference for solitude, possibly as a result of feeling abandoned by her husband, which ironically leads to her attempting suicide by slitting her wrists in the bathtub, though she insists it was merely an accident.

Her relationship with her daughter is also quite distant and she finds it very difficult to show affection. This can be explained by Post Partum Depression which is

characterized by a devastating impact on mothers, leading to symptoms such as apathy, a disinterest in the newborn, anxiety and difficulty bonding with the baby, coupled with feelings of inadequacy as a mother, hopelessness, worthlessness, and sadness (Praetorius et al., 2020, p. 429). There are some factors contributing to the risk of suicidality during PPD such as childhood trauma, previous psychiatric disorders, intimate partner violence, and anxiety (Praetorius et al., 2020, p. 429). Carol, who struggled with postpartum depression after the birth of her daughter, is expected to experience this problem, reflecting women's experiences of psychological problems and childhood abuse in the referenced study. Carol's profound expression, "I'm frightened. I do love her. I wasn't sure that I would but I do love her. I love her fiercely," (Birch, 2017, pp. 88-89) along with her anxious repetition, "A baby...A baby A baby A baby A baby...", hint at her struggle with motherhood (Birch, 2017, pp. 92-102). Her stark reflection of her battle with postpartum depression and her overwhelming urge to flee motherhood's demands is vividly depicted through her analogy of the baby as a "fish hook" dragging her from the depths of despair, insisting on her presence in the world solely for her child: "Carol: She's a line she's a fish hook round my middle pulling me up when I want to be Under. Constantly. I have to Stay here. I here to Stay here until she goes. I you want me make another fucking one and keep me here" (Birch, 2017, p.158). Even as her husband John professes his love, Carol remains detached, affirming her sole reason for enduring life is for Anna, "I am staying for Anna. For Anna" (Birch, 2017, p. 159), highlighting her tumultuous emotional state and the gravity of her internal conflict. Carol's life, marred by childhood trauma, post-partum depression, psychological challenges, and a stifling marriage she tolerated only for her daughter's sake, culminated in her tragic decision to commit suicide.

Even if she tries, she does not have a deep connection with anyone around her. For instance, although she is surrounded by her nuclear family, her husband's family, and acquaintances, she struggles with her intense depression and the moods that come with it in isolation. John's sister Emma is a frequent visitor to their home, and her daughter Daisy is in touch with Carol, letting her know what her mother thinks of her: "My Mother says you're Tragedy Personified" (Birch, 2017, p. 29), "a shell of a person. That's another thing my Mum says about you" (Birch, 2017, p. 31). These words are clues that her husband and his family find it difficult to empathize with Carol and what

she is going through. She asks Emma, who visits her after the birth, to stay and says that she wants her mother like a child, however, Emma does not show the understanding and empathy she expects, saying that she is now a mother. "CAROL. Don't go CAROL. Please. Don't go. EMMA. Carol. CAROL. I know you can't stand me Emma. CAROL. I want my Mother. EMMA. You're a mother now, Come on, CAROL. I'm. EMMA. Carol don't be Embarrassing" (Birch, 2017, pp. 87-88). This becomes a vicious circle in her life, the more depressed she becomes, the more she loses touch with her surroundings, and the more she loses touch, the more depressed she becomes. "I have Stayed. I have Stayed For as long as I possibly can" (Birch, 2017, p. 120). Her words convey a deep sense of isolation and disconnection, both from others and from a sense of purpose or belonging, and exacerbate her desperation.

Carol's experiences and the resulting suicide are the most crucial factors that set the dark tone of the play. It can be considered a catalyst in the play owing to the trauma she passes on to the generations that come after her. The character of Carol symbolizes the embodiment of trauma as depression in the play. Her mental illness is presented compellingly, without softening it in any way. In this way, the play aims to provide the audience with a narrative that is free of established and misunderstood stereotypes about the broad nature of mental health issues. The way she commits suicide and its narration in the play give more clues about Carol's character. "She walked onto the train tracks" (Birch, 2017, p. 228). She chose a railway for her final act, a poignant choice given her husband John's profession as a train driver, perhaps symbolizing a final plea for recognition of her overlooked suffering. Carol expressed a wish for her daughter Anna to learn of her fate by the seaside, atop a cliff. This setting, evoking the vastness of the sea, may symbolize both the finality of death and Carol's release from the burdens of womanhood and motherhood.

As a conclusion, Carol is a very intimate representation of a character crushed by the burden of her past and the heavy responsibilities that are imposed upon her. Her story is a concrete example of the episodic nature of trauma in the play. Seeing the timelessness and non-linear nature of trauma in the next generations of characters can be seen as an example of the intergenerational transmission of trauma. In addition to depicting the character's tragic life story, Birch creates a general idea of family ties, spiritual well-being, and, psychologically ancestral legacy. Carol's narrative highlights

the potential ripples of individual life experiences and decisions on the family and the environment at large while emphasizing the individual's need for the interest and support of family and community.

5.1.2.2. Anna's narrative

The character Anna is from a second generation in these three intertwined narratives. She also has a very intense and complex personality due to the trauma she inherited from her mother. Kellermann's (2013) biological trauma transmission model suggests that genetic and biochemical traits can be transmitted across generations, such as genetic diseases, as in Anna's case. This section will discuss her personality and its impact on the narrative, her place and importance in the narrative, and the aspects of her life journey that are interrupted by intergenerational trauma and reflected on the other generation. Anna is Carol's daughter and Bonnie's mother. Her position between these two generations also transforms her into a character who acts as a bridge between the two generations. "ANNA. There is the potential for something more. And I've never had that and. There is hope. Hope is here" (Birch, 2017, p. 164). Anna says these words when she is going to be a mother, and what she really hopes is to avoid what her mother went through, both for herself as a mother and for her daughter. Therefore, this role makes her a key character in clarifying whether trauma is an intergenerational phenomenon or a phenomenon caused by environmental factors.

Many factors influenced Anna as she grew up, including the hopelessness, despair, and depressed mood she inherited from her mother, as well as her emotional state, which was upended by her mother's suicide. "It's sort of chaos. Isn't it. Once she'd gone. It sort of just became chaos" (Birch, 2017, p. 212). Manipulation of these factors in her personality and life choices is undeniable. In the play, she is portrayed as a very ordinary child from her first childhood years until her mother's suicide. "CAROL. She swims. And she dances. She has So Many Friends. She drifts - she sort of flits in and out of the house Surrounded by all of these People and she is So Beautiful" (Birch, 2017, p. 218). However, after her mother's suicide, she tries to isolate and distance herself from her mother's remains with the identity crisis she goes through. For instance, she overdoses on the drug and then settles in a commune, hoping that: "I haven't been Steady for. And the Commune was something that Could Offer. Could offer Steadiness" (Birch, 2017, pp. 91-92) even though her father offered her to move

to the old house “ANNA. I don't think I can come back to that house” (Birch, 2017, p. 54). Brockington (2001) notes that drug overdoses are widely recognized as a method of suicide commonly associated with women. “Overdoses imply feminine dependence, ambivalence, weakness, failure, foolishness, impulsivity, helplessness, and manipulation” (Brockington 2001, Canetto 1991, Cato and Canetto 2003a, 2003b, Clinard and Meier 1992, Dahlen and Canetto 2002, Lewis, Atkinson and Shovlin 1993–94, as cited in Jaworski, 2014, 24).

Anna’s journey is marked by her struggle to forge her path as she grapples with the repercussions of her mother's life: “She didn't want me to be steady” (Birch, 2017 p. 212). Likewise, when her baby girl Bonnie is born, she also experiences “post-partum syndrome” as she cannot bond with her; therefore, her relationship with her daughter Bonnie shows avoidant attachment traits. “ANNA is sitting on the bed. The baby - BONNIE - is in a moses basket next to her. She looks at her. She wants - she desperately wants to pick her up but can't” (Birch, 2017, p. 225). Additionally, children born to mothers who suffer from Post Partum Depression are found to be four times more likely to exhibit behavioral problems and are up to seven times more likely to develop depression by the age of 18, further increasing the risk of negative outcomes such as suicide (Praetorius et al., 2020, p. 429). In this case, Anna is a good case since she was born to a mother who had to deal with a deep depression after her birth. Anna's main desire is to escape from the hereditary trauma that haunts her, instead of running away from the people for whom she feels a love that is mixed with fear. Anna's character acts as a body connecting the past and the future in the play. Therefore, the circularity of trauma is created through her, as she carries the traumatic legacy of her mother and leaves a new traumatic legacy for her daughter. This puts the trauma in a vicious circle and ensures its transmission across generations.

In addition to the circularity of trauma, Anna's narrative is dominated by her motherhood, psychological disorders, and addiction. Even though she tries to give this cycle a new, happy, joyful, and stable direction by getting married and having a child, the specter of the past haunts her. “I think I might be good at it. Being a mother. I think I might be okay” (Birch, 2017, p. 160). Her sexual abuse to a young child: “You fucked my fifteen-year-old brother” (Birch, 2017, p. 19) arguing that she had the right to have sex, the fluidity of her relationships until she gets married to her husband: “I'd spend

a few weeks on sofas - on friends sofas or not friends sofas, whoever'd you know, sort of, have me for as long as I could get um away” (Birch, 2017, p. 96), and her struggle with addiction: “She takes a bag with a rock of heroin out of her rucksack” (Birch, 2017, p. 27) are some of the challenges she faces after her mother’s suicide and her struggle to come to terms with it. These scenes in the play depict her inner turmoil and entrenched scars on her mental health. Anna tries to develop self-protection mechanisms against all these psychological crises, trying to increase her resilience and cover her vulnerabilities in these ways. Likewise, her narrative, which bears traces of her own time, belongs to a period when the wrong treatment methods were applied. “ANNA nods. Another NURSE comes in. Together they perform Electro Convulsive Therapy on her” (Birch, 2017, p. 215). Over time, her so-called treatment makes her worse, which hints that she has decided to commit suicide using expressions such as “Line's gone. Hook's gone. Kettle's gone. Milk's gone. Water's gone” (Birch, 2017, p.232). As a result of becoming a mother, the Post-Partum Syndrome she suffered from, the estrangement she experienced with her husband during pregnancy, and the wrong treatment methods, her soul could not withstand all the traumatic pains, and her final decision to cope with them became suicide: “She kills herself” (Birch, 2017, p. 235). Although the method of suicide is not explicitly mentioned in the text, it is only said to have taken place in the bathroom. The water image can be found in Anna's narrative and makes frequent references to the association of death with water or the sea. For instance, she learns about her mother's death at the seaside.

In conclusion, the character of Anna is subtly portrayed in the play as a woman who suffers from various mental problems due to family trauma. It can be observed that the choices Anna makes and the relationships she experiences in her life journey affect not only herself but also those around her, just like her mother's trauma. Anna's narrative acts as a mirror between the characters of Carol and Bonnie, making it possible to examine the different and similar events in each narrative in the context of trauma and mental health. Through the character Anna, Birch not only presents a narrative of her mental health, motherhood, and family issues but also tells a polyphonic, enduring, and traumatic life story that includes voices from the past and the future.

5.1.2.3 Bonnie's narrative

The character Bonnie represents the third generation of the family in the play. She has a very important place in the play to show how intergenerational trauma, combined with individual experiences, leads to collective consequences. It can be observed that Bonnie's narrative emphasizes resilience against trauma. Bonnie believes that she has to take on the task of breaking the circle she is in due to her role in the play. Her efforts to redefine herself by resisting all the repercussions of her problematic and traumatic family history take a remarkable place in her narrative. Her mother Anna and her grandmother Carol are tragic characters, struggling with mental illnesses that led them to the ultimate suicide and were not limited to them.

Living in the 2030s, Bonnie is deeply affected by her family's legacy of hopelessness, even though she resists it. The suicides of her mother and grandmother greatly influence the choices she makes in her life. However, Anna, who is very aware of her family's legacy of trauma, does not want it to lead her to the same tragic end that it led her family to. She does what she can and resists. This may have even affected her chosen profession. "BONNIE. I'm a doctor. I've seen her" (Birch, 2017, p. 201). Her choice to work as a doctor performing surgeries could be a sign of her tendency to fix things that are not right. Perhaps the urge to mend the wounds of the past and make them better by holding herself responsible for her mother's suicide may have influenced her choice of profession. Also, the fact that she does it professionally and on a concrete basis, unlike Carol and Anna, provides enlightening answers about her personality. In Bonnie's narrative, her biggest challenge is that she has a great awareness which is the biggest driving force in the decisions she makes in the play. "BONNIE it's not even that I would feel better, steadier, happier, able to somehow engage with my life continuing - which I would but I have to know - biologically, completely, with absolute certainty that I am where it ends. That there is no further line" (Birch, 2017, p. 234). Assuming that the generation before her is less aware of the intergenerational permeability of the trauma experienced, and believing that it is in her own free will to control it, she can be said to be defying fate in a sense. Moreover, her attempt to sell the house where her mother Anna committed suicide is another symbol of breaking the cycle "KAREN. Did you grow up here? BONNIE. Do you need that information in order to sell it?" (Birch, 2017, p. 106). Bonnie, rather than her

mother Anna and grandmother Carol points out in the play that despite the individual's background, suicide is not a contagious disease or pathology, but a deliberate act.

Kellermann's (2013) family systems model outlines how trauma can be transmitted through complex dynamics within closed family units, leading to attachment problems and trauma reactions. In light of this knowledge, it is clear that Bonnie has attachment issues in her relationships, especially when her romantic partner pushes her boundaries: "JO. I want you. BONNIE. More than I can give" (Birch, 2017, p. 168). Sometimes, she displays an angry demeanor, especially when her avoidant attachment is revealed: BONNIE. "Your Fucking Inability to Be Serious...Shut up" (Birch, 2017, p. 170). Bonnie, whose sexual orientation is different from other family members, can be defined as a lesbian. Her unstable relationships with women and her constant change of partners reflect her attachment schema. It seems that a major reason for this may be the post-partum syndrome that her mother experienced when she was a baby. One attachment problem seems to have led to another attachment problem, creating an intergenerational cycle. Additionally, she apologizes a lot which could be a trauma response, for example, after arguing with a patient's relative for supposed indifference, even if she thinks she has done her job, she says: "I'm sorry. I am very sorry" (Birch, 2017, p. 210). After her mother's suicide, she is not on good terms with her father since she thinks he has moved on with his new family, new wife, new children, and grandchildren, but he expresses concern for her and cannot stop thinking about her: "JAMIE. I'm worried about you. BONNIE. Why are you Worried about me Now?" (Birch, 2017, p. 220). Despite all her relational, emotional, and familial problems, Bonnie seems convinced that she would be the one to break the family chain. She chooses to do this by sterilizing herself although her doctor reacts to her: "DIANE. Sterilisation is an Enormous decision" (Birch, 2017, p. 234). She comes up with the idea that if she stops herself from reproducing, the trauma that haunts her family will come to an end. In fact, from another perspective, this choice can also be seen as a kind of suicide. It could be an example of the guilt she feels towards her mother because she may have thought that if her mother had not been a mother, she would not have committed suicide.

Despite all this, her efforts for independence and stability can be interpreted as a stand against the previous generation. As a third-generation traumatic individual, Bonnie

makes it her mission to break the cycle by prioritizing free will over fate in the fight against mental illness. She is the embodiment of this theme in the play. Instead of surrendering to the inevitable, she fights against it and chooses to eliminate the factors that cause it. Bonnie confronts her traumatic past and conveys the burden of living with it through her narrative. Like the other members of her family, the search for identity is a recurring motif in her life. That she does so in a more proactive and hopeful way gives the audience hope that the cycle will have an end. In conclusion, Bonnie in her narrative struggles to live her life according to her own decisions while dealing with her traumatic family history. In the face of this family legacy that unsettles the audience, Bonnie tries to remain resilient in her way. Through this third narrative, Birch is more optimistic than in the other two. Still, Bonnie, who is dealing with a depressing level of trauma, does not commit suicide, bringing to mind the idea that trauma can have an end.

5.1.2.4. Comparison of the three interconnected narratives

Thanks to the simultaneous page layout, it is possible to observe juxtaposed situations in the characters' lives that parallel and contrast with the other generations. Although the way coping mechanisms work is sometimes similar, it is possible to find points of divergence. From a similar vein, all three stories start in a hospital first two of them namely Anna and Carol's stories start just after a suicide attempt. Carol is in hospital with a cut wrist "JOHN. You took a razor and you slit your wrists" (Birch, 2017, p. 8) and Anna is in hospital with a broken wrist "DAN. You've broken your wrist Anna" (Birch, 2017, p. 22). Unlike her mother and grandmother, she is not a survivor of a suicide attempt, but a doctor who in the opening scene treats a woman who injures her arm with a hook while fishing. "JO. Not that there's a Good time to stab you in the hand with a fishing hook" (Birch, 2017, p. 28). There is a conscious repetition of some dialogues and motifs used in the three stories in the play. This repetitive style helps to thematically reflect the cyclicity of trauma and the continuity of certain learned emotions. There is some textual evidence of the cyclical progression of trauma, such as Birch's clever use of alphabetical order for the scene titles. Despite the different timelines, these titles guide the reader or audience through each woman's journey from the first "hospital" scenes to the final "picnic" scenes. As Carol and Anna, depicted in the darkness of their restricted lives, are blamed by the men in their lives for what they have done to themselves in the hospital scene, Bonnie's narrative hints at a brighter

future, free of the legacy of the past due to treating a woman as a doctor in her opening scene.

In all three narratives, certain phrases and actions are repeated such as the word “radiant” which is used in both Carol’s and Anna’s narratives. Similarly, Anna's dance on the eve of her wedding vividly evokes her mother's solitary dance in the kitchen, connecting past and present in a tender and ephemeral bond and the songs they listened to are the same, which resonates with their similarity. These are some dramatic elements that show the audience the repercussions of traumatic experiences in an intergenerational context. In their narratives, Anna: “ANNA. I quite like wolves. JAMIE. Not as a pet you don't” (Birch, 2017, p. 120), and Carol: “CAROL. When a wolf dies. The pack can fall apart” (Birch, 2017, p. 112) are associated with wolves so that these quotes point to the intergenerational trauma that led to the breakup of the family after Carol's death, while Anna's request for a wolf as a pet implies that she will have difficulty fitting into stereotypical roles. Vice versa, Bonnie gets a rabbit: “BONNIE. I'm thinking of getting a rabbit. CHILD. Perhaps I'll come and visit you when you have a rabbit then” (Birch, 2017, p. 130). However, When Bonnie gets a rabbit, the fact that the child wants to come to see it may be a deeper meaning about motherhood, but when the rabbit dies later in the play, what it means is that she will never choose motherhood and can be seen as a foreshadowing of her resolution: sterilization. The fish is a motif shared by all three, representing harmony and fertility, yet it is disliked by each of them, perhaps reflecting their uneasiness about their roles and futures. Carol and Anna's dislike of the fish may indicate their discontent and fear of motherhood and societal expectations. “JOHN. You hate fish” (Birch, 2017, p. 6). On the other hand, Bonnie's new relationship with Jo, a fisherwoman, despite her inherited aversion to fish: “BONNIE I don't. I don't love fish” (Birch, 2017, p. 56), is perhaps a positive development for Bonnie, who is wary of motherhood and is considering sterilization to avoid the inherited risk of suicide. This shift in the fish motif symbolizes the changing nature of coping mechanisms and the search for closeness and understanding despite an inherited trauma. Despite Jo's insistence “JO. I'm not a fish, you don't have to Apologise for not liking fish” (Birch, 2017, p. 55), the relationship fails to work due to Bonnie's attachment problems. In fact, this could be a metaphor for Bonnie's inner contradictions, even though she tries to break away from the past. To sum up, these motifs, which reinforce the structure of intergenerational

trauma and appear in every narrative, symbolize the fluidity and inevitability of intergenerational trauma and are conveyed to the audience through mirror scenes.

5.2. Speech Act Analysis: Trauma Discourse in “*Anatomy of a Suicide*” (2017)

In this section, the speech act analysis of “Anatomy of a Suicide” will be conducted.

5.2.1. Trauma Discourse Categorization:

5.2.1.1. Direct expressions or mentions of trauma or suicide

1. “JO. I mean. Not that there's a Good time to stab yourself in the hand with a fishing hook and vomit on a nurse but” (Birch, 2017, p. 28).
2. “JOHN. She walked onto the train tracks. Or maybe she walked along them and then lay down” (Birch, 2017, p. 229)
3. “JOHN. You took a razor md you slit your wrists. you slit Up your fucking wrists you ran at and you left food and you Tried really fucking hard to Die, Carol” (Birch, 2017, p. 8).
4. “JOHN. I hit four. I just never said. Because I wanted to Shield to be the solid thing between you and she and something so awful” (Birch, 2017, pp. 229-230).
5. “CAROL It was just an accident JOHN You slit up your fucking wrists” (Birch, 2017, p. 8).
6. “ANNA. The Moment I And so I I I suppose then I suppose the Moment was I I Overdosed...I suppose it was because I was ready... I'd leave my door open regularly...Good Timing Because my - I had, I had abscesses” (Birch, 2017, pp. 97-98).
7. “DAN. You gave him drugs and you fucked him. He's miserable. His name is Liam” (Birch, 2017, p. 20).
8. “FELIX. Once unconscious, you'll receive an injection of muscle relaxant to minimize convulsions” (Birch, 2017, p. 184).
9. “BONNIE. Bleeding or Needing so I can go and Tend to your Mother who has a broken ankle?” (Birch, 2017, p. 202).
10. “DAN. Anna. You've broken your wrist. ANNA. I. Do you remember how you did that” (Birch, 2017, p. 21).

5.2.1.2. Illocutionary act analysis:

1. Trauma narration is intended in this quote with the use of the expressive illocutionary act since it narrates the expression of disgust. The language used is

vivid and graphic, depicting a traumatic event involving self-harm. The structure of the language used is plain since describes the actions straightforwardly.

2. Trauma narration is intended with the use of a declarative speech act. The illocutionary act used is declarative since John declares the suicide of Carol to their daughter, Anna. This quote implies suicidal behavior by walking onto train tracks, echoing a traumatic event. The language is ambiguous, leaving room for interpretation which is why the structure is somewhat speculative.
3. Trauma narration is intended with the use of an expressive illocutionary act. The illocutionary act used is expressive since John expresses his sorrow against this shocking traumatic event. This quote directly narrates self-harm and substance abuse, depicting traumatic experiences. The language is explicit and harsh, emphasizing the severity of the actions.
4. Trauma transmission is intended with the use of an expressive illocutionary speech act since John expresses his feelings towards a traumatic event which is her suicide. This quote discusses withholding information about traumatic events to protect others, suggesting the transmission of trauma across family members. The language is reflective and introspective and the structure is explanatory.
5. Trauma narration is directly intended with the use of expressive and declarative speech acts since John declares what Carol has done while Carol expresses that the event is an accident. In this quote, Carol minimizes the severity of her self-harm by labeling it an accident, while still acknowledging the act. The language is dismissive yet descriptive.
6. The intent behind the expressive illocutionary act is trauma narration since Anna expresses her feelings about her past suicide initiative. This quote suggests her unreadiness for self-harm since, as her psychiatrist suggests, with a survival instinct she leaves the open. It symbolizes emotional distress since she used to overdose but still wants to live in some part of her brain. The language is introspective and symbolic. This structure is thought-provoking for the reader or audience to understand Anna's inner drive towards suicide.
7. Trauma transmission is intended with the use of an assertive illocutionary act since Anna's ex-boyfriend asserts his younger brother's situation. This quote discusses the impact of actions on another person, highlighting the resulting misery. The

language is accusatory and straightforward since he thinks that Anna has caused deep trauma for his brother, Liam.

8. The intention of a directive illocutionary act used is trauma avoidance since the doctor describes the process of ECT to avoid trauma and suicide. The illocutionary act used directive since Carol is directed to the procedure of treatment. This quote addresses coping mechanisms, such as medical intervention to manage trauma-related symptoms. The language is clinical and detached. The structure is directive, providing instructions.
9. The Intent behind the use of a declarative illocutionary act is trauma narration. This quote mentions physical injury as a form of trauma, acknowledging the impact on the individual. The language is matter-of-fact.
10. The Intent behind the use of a directive illocutionary act is trauma narration. This quote directly links physical injury to traumatic circumstances, highlighting the connection between the two. The language is interrogative and explanatory.

5.2.3. Trauma Discourse Categorization:

5.2.3.1. Indirect, figurative, or symbolic representations of trauma or suicide

1. "ANNA. clump of black hair and blood came out and then a blue lump, this blue lump like glass, a baby, a body just Dropped onto the tiles" (Birch, 2017, p. 192).
2. "ANNA. I tried to pull him out of the plug hole. But there was just hair. And glass. And blood. And shit. And blue. And beetles" (Birch, 2017, pp. 195-196).
3. "ANNA. And the Commune was something that Could Offer. Could Offer. Could offer Steadiness. My Childhood was a little like this" (Birch, 2017, pp. 91-92-93).
4. "BONNIE. I don't really drink. My head's a bit swimmy" (Birch, 2017, p. 194).
5. "ANNA. I can't remember anything" (Birch, 2017, p. 182).
6. "KAREN. It could be a really brilliant long term investment - a real opportunity for a family" (Birch, 2017, p. 116).
7. "CAROL. I will try to stay. For as long as I possibly can. I promise" (Birch, 2017, p. 115).
8. "DAISY. My mother says you're Tragedy Personified" (Birch, 2017, p. 37).
9. "JOHN. I didn't want to say it on the phone and I thought she must have had some plan for us to be here when you found out" (Birch, 2017, p. 228).

10. "ANNA. All of this should take as long as it takes" (Birch, 2017, p. 28).

5.2.3.2. Illocutionary act analysis:

1. The intent behind the use of an illocutionary act is trauma narration. The illocutionary act used is assertive since it describes an event. The vivid and graphic description indirectly narrates a traumatic event in Anna's dream which involves birth or miscarriage. The language used includes graphic imagery such as "black hair and blood", and "blue lump like glass" to convey the shock and horror of the event. As for the structure of the sentence, it can be spotted that the capitalization of "Dropped" emphasizes the suddenness and gravity of the event.
2. The intent behind the use of an illocutionary act is trauma narration. The illocutionary act used is assertive since it describes a futile attempt and its result. This excerpt describes a disturbing and traumatic experience Anna had in her dream while giving birth to a baby boy. She probably subconsciously hoped that she could have a baby boy and she would somehow not deliver her traumatic legacy. The description of the event suggests an attempt to deal with or clean up after a traumatic event but ends in the realization of its irreversibility. The language used involves fragmentation such as "But there was just hair. And glass. And..." and suggests overwhelming emotion and chaos. The mix of elements such as organic and inorganic, or living and non-living symbolizes the disorder trauma introduces.
3. The intention behind the use of an expressive speech act is trauma avoidance since it offers a sense of avoiding the present. In this excerpt, metaphorical language is used to indirectly discuss trauma avoidance, implying a reluctance to face traumatic experiences. Rather, Anna wants to go back to her childhood when her mother did not commit suicide, so the language is metaphorical and symbolic.
4. The intention behind the use of an expressive speech act is trauma narration since it describes Bonnie's state of mind. This quote uses metaphorical language to describe a situation possibly linked to mental health issues or trauma. Although Bonnie in this scene means that she is drunk, it can be understood that she means the turmoil in her head stemming from her trauma. The language is metaphorical and vague.
5. The intent behind the use of an illocutionary act is trauma narration. The illocutionary act used is expressive since it describes a subjective experience. This

quote indirectly explores dissociation, a common response to trauma, by identifying the feeling of being disconnected from one's self. The language used is metaphorical and introspective.

6. The intent behind the use of an illocutionary act is trauma narration. The illocutionary act used is commissive since it implies a commitment to hope or healing. Using the metaphor of a home as a long-term commitment, the quote subtly conveys the concept of hope and the capacity to heal and reconnect even after experiencing trauma. The underlying message is decidedly positive and emphasizes the possibility of positive outcomes.
7. The intent behind the use of an illocutionary act is trauma avoidance. The illocutionary act used is commissive since it presents a commitment to resisting suicidal impulses. This quote reflects the struggle against suicidal thoughts through the determination to endure, conveyed in language with the use of “try” and “promise” which reflects that is both determined and resolute.
8. The intent behind the use of an illocutionary act is trauma narration since it investigates the embodiment of trauma. The illocutionary act used is assertive since it indicates an identity. In this quote, figurative language such as “Tragedy Personified” is used to describe a person as someone who embodies tragedy, implying that this person has experienced significant trauma. The language is metaphorical and symbolic since it presents a statement about the perceived impact of trauma on an individual.
9. The intent behind the use of an illocutionary act is trauma transmission since Anna learns about her mother's suicide indirectly and inherits her trauma. The illocutionary act used is directive since it implies a planned action. The excerpt hints at a wish to offer solace in the face of difficult news, sensitively addressing the aftermath of trauma and strategies to cope with it. The language is cautious and considerate since it indirectly describes planning around traumatic events.
10. The intent behind the use of an illocutionary act is trauma narration since it is a telling of personal trauma about drug use. The illocutionary act used is declarative since it is a pronouncement about the nature of the drug use act itself. In language use, “all of this should take as long as it takes” introduces a thought-provoking pause, suggesting submission to the process, whatever time it takes.

5.3.4. Trauma Discourse Categorization:

5.3.4.1. Conversational instances where trauma is transmitted or discussed between generations

1. “BONNIE. And here is where my Grandmother sat and held my Mother” (Birch, 2017, p. 178).
2. “JOHN. That is what being a human being and feeling kindness towards another one is” (Birch, 2017, p. 230).
3. “CAROL. I hope you live. Big. All the time. In every possible moment With As Much as you possibly can” (Birch, 2017, p. 118).
4. “ANNA. Can you just... I thought you were leaving... DAN. Are you okay? ANNA. I'm fine” (Birch, 2017, pp. 21-23).
5. “JAMIE. Or this house. Which doesn't make me a good person which makes me the worst kind of person but” (Birch, 2017, p. 222).
6. “BONNIE. She's been asleep. LUKE. And now she's awake. And she's in a lot of pain” (Birch, 2017, p. 198).
7. “LOLA. Your husband. He's sitting with her. He's Holding her while she sleeps” (Birch, 2017, p. 182).
8. “ESTHER. You're missing a shoe. Here. BONNIE. I'm sorry. ESTHER. Are you alright? BONNIE. I'm fine” (Birch, 2017, pp. 196-197).
9. “WOMAN. Anna, you in here? Anna? Oh. Sorry. Must've left” (Birch, 2017, pp. 227-228).
10. “DAN. You need to be careful with it...Don't wave it around” (Birch, 2017, p. 22).

5.4.3.2. Illocutionary act analysis:

1. The intent behind the use of an illocutionary act is trauma transmission and remembrance across generations. The speech act used is assertive. The quote functions as a narrative that reveals the physical space shared by generations and alludes to the emotional and psychological legacies passed down. This simple and factual statement underlines the continuity of trauma and care across generations. The language is descriptive and reflective, evoking a sense of familial connection since the structure presents a statement about familial relationships such as “Grandmother” and “Mother”.
2. The intent behind the use of an illocutionary act is trauma transmission. The illocutionary act used is declarative since it identifies empathy and kindness as

essential human qualities, suggesting that connection and understanding can overcome trauma and reduce its impact. When John explains Carol's suicide to Anna, he argues that although he had traumas, he did not tell them because he thought it was the right thing to do. The language is philosophical and introspective since the structure presents a statement about human nature.

3. The intent behind the use of an illocutionary act is trauma transmission. The illocutionary acts used are commissive and expressive. Carol's hope for a life of experience for the next generation is both a promise of her love and an expression of her desire to break the cycle of trauma. The repetitions and the emphasis on living "big" emphasize the intensity of this wish against the background of their family history.
4. The intent behind the use of an illocutionary act is trauma avoidance through denial or concealment of true feelings. The illocutionary acts used are directive due to asking for reassurance "Are you okay?", and followed by an assertive denial "I'm fine". The illocutionary acts used are directive and expressive since this exchange reflects the complex dynamics of anxiety and denial common in coping with trauma. Hesitation and fragmented speech indicate underlying tension and unspoken concerns.
5. The intent behind the use of an illocutionary act is trauma narration of self-reflection on personal failings or guilt. The illocutionary act used is expressive since it expresses a personal judgment for himself. Jamie's self-reflection reveals an internal conflict about identity shaped by trauma and subsequent decisions. The quote also underlines the influence of the familial sphere on personal trauma and suggests a link between environment and emotional state. The language is introspective and self-critical, and the unfinished thought points to an ongoing internal struggle.
6. The intent behind the use of an illocutionary act is trauma narration through a secondary character who is a patient of Bonnie. The illocutionary act is assertive as it articulates the phenomenon of awakening not only to consciousness but to the full realization of suffering through a minor character who symbolizes a wider awakening to the trauma experienced by the family in a sense.
7. The intent behind the use of an illocutionary act is trauma narration of care and tenderness in the face of trauma. The illocutionary act used is assertive as it reports

an act of care. This excerpt describes Jamie's supportive role in the family after Bonnie was born. Despite Jamie's support, this highlights Anna's emotional insecurity of being away from her baby. As the structure makes a statement about family relationships, the language is somewhat descriptive and affectionate.

8. The intent behind the use of an illocutionary act is trauma avoidance through denial or minimizing one's struggles. The speech acts used are directive when Bonnie questions her well-being and assertive when she denies it. Bonnie's minimalist response and her declaration of well-being after apologizing show dissociation and denial, which are coping mechanisms often used in the face of trauma.
9. The intent behind the use of an illocutionary act is indirect trauma transmission through someone's calling the name of her dead mother. The speech act used is assertive as it is inferred that someone is gone. The search for the non-present Anna serves as a metaphor for the haunting absence of people lost through trauma or suicide, emphasizing the emptiness left behind.
10. The intent behind the use of an illocutionary act is trauma transmission since Dan warns Anna that she should not spread the traumatic mood to others such as the sexual abuse she inflicted on his little brother. Moreover, he worries about her broken wrist and he suggests caution and care. The illocutionary Act used is directive since it gives a warning or instruction. This warning symbolizes the broader theme of caution and protection in trauma-affected families and highlights the effort to prevent further harm.

6. A COMPARATIVE ANALYSIS OF “LIPPY”, “EVERY BRILLIANT THING” AND “ANATOMY OF A SUICIDE”

6.1. A Comparison of Literary Analysis

“Lippy”, *“Every Brilliant Thing”* and *“Anatomy of a Suicide”* are three plays that deal with trauma and suicide in three different ways in an intergenerational context. Although both three plays take trauma and suicide as their main themes, their approaches to how traumatic experiences are transmitted between generations and their contributions to modern English drama differ. This difference will be explained in this section by analyzing the plays one by one and comparing their similarities and differences. Comparing these three plays in terms of both method and contribution aims to offer a new and broader perspective on the plays.

“Lippy” is a play that takes a more abstract and experimental approach to trauma and suicide themes. It is based on a real event in which four women mysteriously commit themselves to a pact not to eat for forty days and eventually pass away. The play uses fragmented storytelling, surreal elements, and poetic language to focus on themes of isolation and a lack of communication. Highly abstract and experimental, the play combines lip-reading and surreal storytelling to explore the unknown aspects of the mysterious suicide pact of four women. The play *“Lippy”* has a unique narrative about the impact of trauma on individuals and society. It explores intergenerational trauma through how a traumatic family history can affect a group collectively. It enlightens the audience on the difficulties of making sense of and transmitting trauma. Its abstract approach underscores the impossibility for the viewer to fully comprehend the trauma and suicidal processes experienced by another. Moukarzel believes that trauma is in some ways highly individual and that women who commit suicide as a result of their trauma will always remain a mystery unless they learn about it first-hand.

“Every Brilliant Thing” adopts a rather unconventional approach to the theme of trauma and suicide. Focusing on audience participation, the play allows for an intimate and interactive experience. Its interactive structure creates a unique format by directly involving the audience in the narrative. The play tells the story of a character from childhood to adulthood who decides to create a list of simple and daily, but brilliant things in life as a way of coping with his mother's recurring suicide attempts and depression. The play has a moving and often humorous reflection on the importance

of mental health. Through the list, the character experiences a confrontation with traumatic events in front of the audience. This play explores the resilience and coping mechanisms that individuals develop in the face of a family member's mental health challenges. It emphasizes that despite the unbearable presence of trauma, it is possible to find joy and hope through the small pleasures in life. Taking a more optimistic view of the intergenerational transmission of trauma by focusing on the relationship between a suicidal mother and her hopeful child, the play reveals how mental health problems can affect family dynamics. The narrator, who develops a coping mechanism by focusing on the positive aspects of life, brings a different perspective to the play's themes of intergenerational trauma and suicide.

"Anatomy of a Suicide" is a play that combines the stories of three generations of women in the same family. Each woman deals with mental health issues and suicidal tendencies. The play utilizes a non-linear narrative structure to investigate the relationships between the characters fully. Birch adopts a structural approach that is quite innovative and experimental by presenting three parallel narratives of women from the same family but from different generations on the same page. Exploring how trauma and mental illness can be inherited and emerge differently in each generation, the play explores the concept of intergenerational trauma and how mental health issues, trauma, and suicidal tendencies can be transmitted through familial dynamics.

"Anatomy of a Suicide" unveils a discovery of the lasting consequences of trauma on individuals and families. This play vigorously demonstrates the fluctuating effects of trauma across generations, describing how mental health issues can be passed on and how each generation responds to these inherited traumas in their own way.

In sum, these three plays offer different approaches to trauma and suicide in modern British theater. In parallel, all three plays deal directly with the themes of suicide and trauma and offer different but insightful perspectives. Each explores the complexity of human emotions and the profound impact of mental health issues. The key difference lies in their stylistic approach. As *"Lippy"* is abstract and commentary, it takes an abstract and experimental approach to the isolating effects of trauma in a family. *"Every Brilliant Thing"* is more direct and interactive, underscoring endurance and the importance of finding happiness in the face of adversity in a family. *"Anatomy of a Suicide"* is a structural and generational narrative that probes the intergenerational

transmission of trauma within a family. Altogether, these plays make a significant contribution to the understanding of trauma and suicide in contemporary British drama. Each play provides unique perspectives on the complexity of these themes, showing how traumatic experiences are transmitted and experienced. Each play opens up a different window through which it is possible to understand the many-sided exploration of these themes, particularly in terms of their inter-generational implications. They highlight the value of narrative and stylistic variety for tackling serious and complicated themes such as trauma and mental illness in the drama.

6.2. A Comparison of Speech Act Analysis

This section will first analyze the use of illocutionary speech acts in each play separately to understand their narratives and thematic concerns. These analyses will then be brought together to compare their approaches and examine how speech acts are used to convey trauma, coping mechanisms, and intergenerational dialogues.

6.2.1. The Use of Illocutionary Speech Acts in “*Lippy*”

Expressive Acts: Characters reveal their emotions and inner turmoil through actions rather than words, showing their trauma and emotional numbness.

Directive Acts: The narrative unfolds through actions and sparse dialog, leading the viewer to understand the characters' shared decisions and shared traumas.

Commissive Acts: Through acts of coping with trauma, such as Catherine comforting Frances, the characters demonstrate their commitment and embody their emotional and physical support for each other. Moreover, they demonstrate their commitment to their pact to act together.

Assertive Acts: The play uses minimal dialog and physical actions to depict trauma and connect it to the lived experiences of the characters.

Declarative Acts: Symbolic gestures such as exposure to UV light underscore a new understanding of the characters' traumas and identities.

6.2.2. The Use of Illocutionary Speech Acts in “*Every Brilliant Thing*”

Expressive Acts: The narrator vividly expresses her feelings about her mother's depression and suicide attempts, sharing personal stories and connecting deeply with the audience.

Directive Acts: She engages the audience by inviting them into her world to understand the intertwined nature of trauma and healing.

Commissive Acts: Her dedication to listing life's pleasures to combat her mother's depression and fears highlights a touching act of commitment.

Assertive Acts: The play connects the story to reality by focusing on telling real events and facts about the narrator and her mother.

Declarative Acts: More subtly, the narrator reaches a point of awareness and acceptance of her mother's condition and fears, opening up a new reality of understanding and dealing.

6.2.3. The Use of Illocutionary Speech Acts in “*Anatomy of a Suicide*”

Expressive Acts: The characters openly share their deep emotional turmoil, and their struggle against trauma, depression, and suicidal thoughts is often vividly expressed in the dialogues.

Directive Acts: Their dialogues and actions aim to direct how others perceive and react to their suffering, seeking empathy, consolation, or sometimes space.

Commissive Acts: The narrative reveals both the characters' coping mechanisms and their unstable commitment to dealing with their trauma, including the dark reality of their suicide attempts.

Assertive Acts: The characters realize the profound effects of trauma on their existence and reveal the stark truth of their experiences through the words they speak.

Declarative Acts: Critical moments and decisions about how to confront their traumas or how to submit to them are highlighted significantly, pointing to important points of introspection or action in the story.

6.2.4. Comparing and Contrasting the Use of Illocutionary Speech Acts in “*Lippy*” (2014), “*Every Brilliant Thing*” (2015), and “*Anatomy of a Suicide*” (2017)

The three plays are compared to reveal how speech acts are used to explore trauma:

Expressive Acts: Each of the three plays takes a unique approach to expression. “*Lippy*” relies on physicality and sparse dialog, “*Every Brilliant Thing*” captivates

with its direct interaction with the audience and heartfelt storytelling, and *"Anatomy of a Suicide"* makes an impact with direct and often intense dialog.

Directive Acts: While *"Lippy"* and *"Anatomy of a Suicide"* use directive acts to examine trauma through a communal or relational lens, *"Every Brilliant Thing"* invites the audience directly into the narrator's coping journey.

Commissive Acts: The commitment to dealing with trauma plays a central role in each play and emerges uniquely in each narrative. *"Every Brilliant Thing"* unfolds through the narrator's list, *"Lippy"* through collective pacts, and *"Anatomy of a Suicide"* through the intimate struggles of three generations within a single family. The commitment to overcome the trauma has led some characters to consider death as a remedy.

Assertive Acts: Each of the plays finds a basis in reality through assertive acts: *"Lippy"* through theatrical and symbolic gestures, *"Every Brilliant Thing"* through intimate personal stories, and *"Anatomy of a Suicide"* through confrontation with trauma.

Declarative Acts: In *"Every Brilliant Thing"* the revelation of new truths unfolds subtly through declarative acts, more symbolically in *"Lippy"* and intimately linked to personal identity and life choices in *"Anatomy of a Suicide"*.

Collectively, these analyses highlight how speech acts serve as versatile tools in theatre, enabling a rich exploration of trauma, resilience, and the essence of the human experience. Each play uses these acts in its own way to reveal unique stories and themes, providing varied but consistent insights into overcoming trauma and embracing hope or resolution.



7. CONCLUSION

This thesis sets out to explore complex themes of trauma and suicide in contemporary English drama, focusing on works by Bush Moukarzel's *"Lippy"* (2014), Duncan Macmillan's *"Every Brilliant Thing"* (2015), and Alice Birch's *"Anatomy of a Suicide"* (2017). The study, which centers around the question of whether suicide in families is caused by inherited trauma or by the individual's environment, carefully considers the delicate balance between innate predispositions and environmental factors. Analyzing these three plays, the study delves into the depths of family despair and the legacy of deep pain carried through generations. This investigation into contemporary theater plays reveals the complex nature of intergenerational trauma. It offers deep insights into the fragility and resilience of the human spirit in the shadow of ancestral grief. Examining the intergenerational transmission of trauma and suicide in contemporary English drama offers an in-depth exploration of the etiology of trauma and how it affects suicidal ideation. Detailed analysis of the characters' narratives and personal struggles sheds light on the root reasons behind their traumatic experiences and subsequent suicides, which is a proper approach that serves the research question.

In this context, there are significant findings from each play as a result of rigorous analysis. First of all, in Moukarzel's *"Lippy"* (2014), the characters of an aunt and three nieces who make a 40-day suicide pact exemplify the profound impact of silencing and social pressure on the psyche. Led by the character of Catherine, motivated by shared familial despair and the compulsion of the characters to abide by the pact, the suicides of these four women manifest as a collective escape from unbearable patriarchal oppression. The unique narrative technique emphasizing silence and interpreted lip movements underscores the silent anguish and lack of autonomy experienced by the women, revealing a trauma resulting from the systematic denial of voice and identity. Afterward, Duncan Macmillan's play *"Every Brilliant Thing"* (2015) introduces a narrator haunted by the legacy of her mother's suicide attempts and provides a poignant portrayal of the dark shadow cast by generations of inherited despair. Her unique approach to dealing with this situation is to compile a list of life's brilliant and cheerful things that serve as a beam of hope in the face of her mother's unresolved grief. This play suggests that environmental influences and personal resilience can indeed alleviate the burden of ancestral suffering, nevertheless,

the haunting presence of familial suicide profoundly affects her mental landscape and her navigation through life's challenges. As for the end, Alice Birch's "*Anatomy of a Suicide*" reveals the profound trauma of three generations of women: Carol, her daughter Anna, and granddaughter Bonnie, illustrating how each suicide reflects the cumulative trauma inherited from one generation to the next. Carol's struggle with abuse and societal expectations echoes down to Anna and Bonnie, revealing the vicious cycle of despair tied to gender roles. By presenting their stories simultaneously in different periods, Birch unveils the inevitable impact of familial trauma and underlines the struggle between personal choice and the profound influence of one's lineage.

Examining the plays offers a layered understanding of the etiology of trauma and suicide. More specifically, it reveals how experiences range from societal and individual silencing and repression in "*Lippy*", to witnessing a parental suicide attempt in "*Every Brilliant Thing*", to the heavy burden of abuse, societal expectations, and inherited hopelessness in "*Anatomy of a Suicide*". This study emphasizes that suicide in families does not stem from a single source but from a complex interplay between genetic predispositions and environmental factors such as social norms and personal trauma. In discussions of nature and nurture effects, the concept of "nature to nurture" (Rutter et al., 1997) suggests that challenging family environments are not merely coincidental events, rather, they can be shaped by genetic factors from parents or children contributing to these difficult circumstances. This blending of nature and nurture not only deepens a deeper understanding of being driven to despair but also demonstrates how environmental pressures can exacerbate inherited suffering and carry trauma across generations. Essentially, these plays reveal the complex factors that contribute to the transmission of trauma and the genesis of suicide, underscoring the important role of external circumstances in shaping the journey towards or away from suicide, as well as the enduring impact of inherited family pain. This subtle perspective enriches the debate on the intergenerational transmission of hopelessness and sheds light on the critical interplay between inherited vulnerabilities and external triggers.

The thesis presents a broad inquiry into trauma and suicide through a theoretical framework that includes trauma theories, theories of suicide, intergenerational trauma,

female suicide in literature, and speech acts in trauma discourse. By analyzing these theories in the context of contemporary English drama, particularly through the lens of selected plays, the study offers a deep comprehension of the psychological and social complexities of trauma, suicide, and intergenerational transmission. In *"Lippy"*, the traumatic suicide pact between an aunt and her three nieces can be linked to theories of intergenerational trauma and the clustering effect of suicide within families. The play mirrors Franz Kallmann's (1949) findings on heredity and suicidal behavior mentioned earlier in the introduction, suggesting that the suicides are not solely acts of individual despair but perhaps manifestations of deeper, familial, or genetic predispositions. In *"Every Brilliant Thing"*, the narrator's journey, marked by her mother's repeated suicide attempts, is a poignant illustration of how trauma and suicidal tendencies can ripple through generations, supporting Tsuang's (1983) proposition of suicidal behavior's independence from psychiatric disorders as mentioned in the introduction. The play's interactive narrative highlights the impact of familial suicide on the individual's psyche, demonstrating the complex interplay between nature, meaning genetic predispositions, and nurture, representing environmental factors. *"Anatomy of a Suicide"* delves deeply into the themes of hereditary suicidal behavior and the psychological aftermath of suicide in subsequent generations, mirroring the theories started by Moore (1790) and improved by Qin et al. (2002), Robins and colleagues, Brent et al. (1996) and others mentioned in the introduction regarding the genetic basis of suicidal behavior. The interconnected stories of Carol, Anna, and Bonnie across different timelines not only explore the familial transmission of trauma and suicide but also emphasize the women's struggles with societal and familial expectations. This aligns with the notion that suicide in families might be a result of both genetic predispositions and the emulation of behavior, as discussed in studies on familial aggregation of suicides.

Sigmund Freud, as a pioneer of trauma theories, introduced the idea that trauma is an overwhelming experience in which the psyche struggles to function fully when it occurs. This concept is a cornerstone for understanding the lasting impact of trauma seen in plays, where characters are constantly confronted with their past traumas. Cathy Caruth extended Freud's idea (1920) to focus on the elusive nature of trauma and its belated comprehension. This delayed recognition and its consequences are portrayed in the plays through characters struggling with the indirect effects of trauma.

However, the narrator of *“Every Brilliant Thing”* challenges conventional theories by showing how storytelling can lead to understanding and healing, signaling resilience beyond the expected. Moreover, Freud's theory of traumatic neurosis has deep resonances in *“Every Brilliant Thing”*. The narrator's lifelong struggle with the trauma of her mother's suicide attempts brings to mind Freud's idea of traumatic neurosis as a breakdown of the protective shield against stimuli. The narrator's interactive list-making method can be seen as an attempt to repair this protective shield by recognizing the everyday joys. In *“Lippy”*, Janet's concepts of dissociation and fragmentation reflect silent suffering and a suicide pact, depicting a profound psychological detachment from reality that implies an inability to integrate traumatic experiences into a coherent self-identity. These explorations in the plays are an exploration of the relationship between traumatic experiences and suicide.

Cathy Caruth's (1996) theory of trauma as an event that disrupts consciousness and direct linguistic representation mentioned earlier offers a chance to explore the narratives and characters in the selected plays. By showcasing the complex nature of trauma and how it resonates across generations, these plays explore the field of trauma manifested in unique forms of narrative disruption, silences, and the struggle for expression. Likewise, the approach to trauma in *“Lippy”* is closely aligned with Caruth's ideas, which means the silence of the characters and their eventual choice of suicide function as ways of expressing trauma beyond words. The play creates a trauma narrative through the unspoken words, the embodied silence, and the audience's exploration of the play through these silent clues, supporting Caruth's idea that the trauma narrative oscillates between a crisis of death and life, offering a “double telling” (1996) in which silence speaks volumes. The narrative structure, focusing on a lip reader's attempt to decipher the women's final words, underscores the trauma's unspeakability, resonating with Cathy Caruth's emphasis on trauma's belatedness and its haunting presence. In *“Every Brilliant Thing”*, the narrator's list-making becomes a form of storytelling that defies the unrepresentable nature of trauma by creating a shared narrative space between the narrator and audience, suggesting Caruth's idea (1996) of literature and theater's power to vocalize and acknowledge trauma's wounds. *“Anatomy of a Suicide”* carries Caruth's concept out further, presenting the intergenerational and transhistorical transmission of trauma through the intertwined lives of three women. The play's fragmented dialogue among periods reflects the

fragmentation of identity and memory associated with trauma and vividly exemplifies the difficulty of fully grasping or articulating traumatic experiences.

The plays can also be evaluated through the lens of Schwab's (2010) Nicolas Abraham and Maria Torok's theories (1994) of psychic haunting and intergenerational trauma, as well as Jacques Derrida's concept of the cryptonym (1977), which offers a framework for interpreting how characters encounter and articulate trauma, often in unspoken or cryptic ways, reverberating across generations. In *"Lippy"* the silence and ambiguous communication of the characters can be interpreted through cryptonyms, their collective silence and suicide pact emerges as an encrypted dialogue, an indirect language of immense pain. *"Every Brilliant Thing"* posits the narrator's coping mechanism of listing the joys of life as a kind of cryptonym. *"Anatomy of a Suicide"* vividly displays three intertwined narratives that function as cryptonyms of one another, revealing shared pain and individual suffering within a collective story about the enduring legacy of trauma. In addition to that, the pluralistic approach to trauma studies that focuses on the socio-cultural context and transformative potential of trauma can also enable a richer understanding of the narratives of the selected plays. This framework explained earlier in the introduction, facilitates a detailed examination of the representation of trauma in these plays, situating trauma as a complex blending of memory, identity, and narrative influenced by both personal experience and collective history. The characters' silence and eventual suicide pact in *"Lippy"*, when examined from a pluralist perspective, subverts traditional storytelling, pointing to a trauma that resists easy explanation. The narrative of this play invites the audience to interpret the unspoken, which resonates with Cvetkovich's (2003) ideas about public cultures of trauma and reflects broader societal issues of neglect and isolation. *"Every Brilliant Thing"* presents a narrative that transforms traumatic memory into a shared story of resilience through a list, in line with Forter's ideas of "trauma signification" (2011), in which personal trauma is linked to broader social and cultural discourses. *"Anatomy of a Suicide"* depicts the intergenerational impact of suicide, using fragmented and overlapping dialogues to emphasize the social and cultural shaping of traumatic memory, as suggested by Kirmayer (1996). Additionally, Reflecting Mandel's critique of the unspeakability of trauma, this structure can be an example of the shared but individual suffering of Carol, Anna, and Bonnie, highlighting the play's

relevance to the pluralist model's recognition of the complexity and social impact of trauma.

Analyzing selected plays through suicide theories mentioned earlier offers an insightful look into the psychological, social, and cultural factors behind the characters' suicidal thoughts or suicides. In *"Lippy"*, the characters' final act of suicide, viewed through Freud's death instinct (1920), which is Thanatos, shows an overwhelming drive for self-destruction, possibly stemming from a deep-seated loss or unresolved conflict. This is in line with Shneidman's (1993) notion of the psyche and suggests that the characters are seeking to escape serious psychological distress rather than seeking death itself. In *"Every Brilliant Thing"*, the protagonist's creation of a list of the joys of life as a response to her mother's suicide attempts represents an optimistic challenge to Durkheim's (1897) concept of egoistic suicide, suggesting that deepening social bonds can prevent such despair. The interactive nature of the play serves as a metaphor for these bonds, demonstrating the power of community to combat isolation and foster a sense of belonging. *"Every Brilliant Thing"* resonates with Joiner's (2005) interpersonal-psychological theory by exploring themes of thwarted belonging and perceived burden. The narrator's efforts to combat these feelings through participation and recognition of the value of life offer a practical counterpoint to the antecedents of suicidal desire, highlighting how feelings of isolation and burden can be alleviated through interpersonal connections and support. *"Anatomy of a Suicide"* examines the intergenerational transmission of trauma and its impact on suicidal behavior, in line with both psychoanalytic perspectives on unconscious motives and the biological model that suggests a hereditary component to suicidal behavior. The play's portrayal of three generations of women struggling with the aftermath of suicide in their families echoes Freud's (1920) and Linehan's (1993) theories by showing how a history of unresolved grief, emotional dysregulation, and familial mental health issues contributes to the characters' suicidal tendencies. It also reflects Durkheim's (1897) sociological perspective by showing the effects of social integration and moral regulation on the characters' decisions to end their lives. Freud's (1920) theory of introverted aggression is a reflection of how retrospective anger over unresolved grief and loss, combined with deep self-blame, leads to suicidal acts, as illustrated in *"Anatomy of a Suicide"* when the female lineage chooses suicide to punish itself. This depiction is consistent with the psychoanalytic view of suicide as an inward-aggressive

impulse, an escape from unbearable suffering. Freud's concept of Thanatos, which posits the drive for self-destruction alongside the will to live, which is Eros, is depicted through the characters' grappling with self-destruction as a way of escaping from deep emotional distress or unresolved internal conflicts. However, the play questions this concept by showing how environmental influences and making meaningful connections can change the trajectory toward self-destruction. Baumeister's (1990) "six-step escape model" is also in line with this approach.

Through the lens of intergenerational trauma theories, "*Lippy*" subtly explores this theme through a group suicide that points to an unspoken, perhaps inherited trauma. This act may represent Kellerman's (2001) psychodynamic model of trauma in which the pain of the past is silently shouldered by the next generation. "*Every Brilliant Thing*" approaches the theme more directly by depicting the narrator's reaction to her mother's suicide attempts. Here, the narrative embodies Kellerman's (2001) socio-cultural model of trauma through the protagonist's attempt to create a shared space of joy as a means to counteract the inherited cycle of suffering. "*Anatomy of a Suicide*" offers the most direct exploration of intergenerational trauma, showing how this legacy affects three generations of women, suggesting that their struggles and eventual suicides may also have an inherited component, both in terms of Kellerman's (2001) family systems and possibly biological models of trauma transmission. In these narratives, the concept of intergenerational trauma provides a rich framework for understanding the characters' motivations and actions, highlighting the complicated engagement of inherited psychological burdens, environmental factors, and family dynamics in shaping the pathway of trauma across generations.

The gendered dimensions of suicide in the selected plays reveal a deep connection between society's expectations of femininity and the traumatic suicide journeys of the characters. Society's historical perspective, which often attributes female suicide to emotional instability, sets the stage for the narratives of these plays. These plays add depth to the debate on Patnoe's (1997) "female suicide master narrative", questioning and redefining these concepts in modern contexts. "*Lippy*" abstractly presents suicide, with the characters' collective silence and final act pointing to a common, possibly inherited trauma. This depiction speaks to the historical view of female suicide as a result of overwhelming psychological distress, possibly exacerbated by societal

pressures, and reflects the broader issue of women's experiences being silenced or ignored. *“Every Brilliant Thing”* shifts the focus from gender-specific experiences to a more universal struggle with depression but subtly addresses the impact of the narrator's mother's suicide attempts, emphasizing the intergenerational transmission of trauma. This portrayal prompts reflection on how social views of femininity and maternal responsibility can contribute to psychological struggles and offers a critique of the social oppression women face. *“Anatomy of a Suicide”* directly explores female suicide and portrays it as a complex issue influenced by personal trauma, societal expectations, and familial pressures. The play's intergenerational narrative emphasizes the lasting impact of trauma and societal pressures on women, challenging stereotypes of women's vulnerability and the idea that women should endure their suffering in silence. Collectively, these plays navigate the nuanced interplay between suicide and gender, exploring both the historical feminization of suicide and the challenge to these narratives in contemporary discourse.

The study of speech acts, especially illocutionary speech acts that reveal the intention behind the words, offers a fascinating insight into the selected plays. The use of silence and minimal dialogue in *“Lippy”* highlights how the unspeakable nature of trauma is communicated through what is left unsaid, making silence itself a powerful expression of inner turmoil and unshared traumas. This aligns with the idea that silence can act as an illocutionary force, serving as a form of resistance and self-preservation in a world that often demands explanation, revealing the struggle to articulate experiences that defy easy description. *“Every Brilliant Thing”* uses speech acts to transform everyday moments into statements of significance through the narrator's interaction with the audience and her listing of life's joys. This list-making serves as an assertion of value, a call to recognize the joy in the ordinary, and a revelation of the narrator's search for connection, transforming individual trauma into a collective experience of empathy and healing. *“Anatomy of a Suicide”* offers a complex view of speech acts through the depiction of three women coping with the legacy of suicide. Fragmented dialogues invite the audience to understand the intention behind each character's words, revealing their struggles for identity, their desire for autonomy, and their quest to escape the inherited pain. Among the characters, suicidal ideation becomes a revealing act of seeking control in a life marred by pain. At the same time, the expressions convey the depth of their emotional state, emphasizing the generational impact of trauma.

Through these plays, the concept of speech acts, and the illocutionary acts in particular, reveals how language serves more than a communicative purpose, which means that it is deeply intertwined with the characters' attempts to navigate their realities, understand their trauma, and assert their existence in a world that often renders them powerless.

Overall, the analysis of the plays *“Every Brilliant Thing”*, *“Lippy”* and *“Anatomy of a Suicide”* has revealed important insights into representations of trauma and suicide across generations in contemporary English drama. These findings are important not only for the field of drama studies but also for a broader understanding of the enduring influence of trauma on individuals and families. Indeed, it is a major finding from this analysis that these plays deal with trauma and suicide in different and sophisticated ways. *“Lippy”* assumes a much more abstract and experimental style, examining the insularity of trauma and the challenges of dialogue. Ultimately, this play challenges traditional narrative structures and invites the audience to struggle with the complicated issue of sharing traumatic experiences. Meanwhile, *“Every Brilliant Thing”* shows the power of perseverance and the need to seek cheerfulness, especially when confronting psychological health problems in the family. It further reinforces the suggestion that sheer hope and commitment offer a potential cure against the gloom of suicide. In conclusion, *“Anatomy of a Suicide”* addresses the concept of intergenerational trauma and shows the inheritance of both mental health problems and suicidal tendencies within the same family. It offers deep insight into the far-reaching and lingering effects of trauma on individuals and family members. These findings are highly stimulating in contemporary British drama, representing how playwrights and performers deal with delicate and often taboo issues. The plays stress the prominence of drama as a means to foster empathy, tolerance, understanding, and communication on issues of mental health, trauma, and suicide. Furthermore, by challenging traditional narrative structures and familiar portrayals of these issues, they push the limits of what drama can deliver regarding emotional resonance and audience engagement. Within the wider framework of trauma and suicide studies, these plays serve to emphasize the intricate and manifold nature of these phenomena. It is a reminder that trauma and suicidality are not singular events that can be intergenerational and have a profound impact on individuals and families. Ultimately, this analysis revalidates the relevance of contemporary British drama as a medium for

discovering and portraying the intricate dynamics of intergenerational trauma and suicide. Each of these plays presents a different point of view, challenging biases and asking audiences to participate in these sensitive issues more compassionately and reflectively. In handling the complications of both mental health and trauma in the community, the drama remains a strong medium to enhance comprehension and promote recovery.



REFERENCES

- Abraham, N., and Torok, M. (1994). *The Shell and the Kernel: Renewals of Psychoanalysis*. Vol. 1. (Trans.). N. T. Rand. Chicago: University of Chicago Press.
- Alrudaini, E. (2023). *Suicide Examination in the Novels of Jojo Moyes and Lois Lowry: From Taboo to Cause*. Ulusal Tez Merkezi.
- Altikriti, S. F. (2011). Speech Act Analysis to Short Stories. *Journal of Language Teaching and Research*, 2(6). <https://doi.org/10.4304/jltr.2.6.1374-1384>
- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Psychiatric Disorders*. Vol. 3 (DSM-III). Washington D.C.: American Psychiatric Association.
- Angelaki, V. (Ed.). (2020). *Contemporary British Theatre: Breaking New Ground*. Palgrave Macmillan.
- Apter, A., Van Praag, H. M., Plutchik, R., Sevy, S., Korn, M., & Brown, S.L. (1990). Interrelationships among anxiety, aggression, impulsivity, and mood: A serotonergically linked cluster? *Psychiatry Research*, 32, 191–199.
- Auerbach, C. F., Salick, E., & Fine, J. (2006). Using Grounded Theory to Develop Treatments Strategies, for Multicontextual Trauma. *Professional Psychology: Research and Practice*, 37(4), 367-373. DOI: 10.1037/0735-7028.37.4.367
- Austin, J. (1975). *How to do Things with Words*. <https://doi.org/10.1093/acprof:oso/9780198245537.001.0001>
- Austin, J., L. (1962). *How to do things with words*. Oxford: Oxford University Press.
- Bailey, S. (2009). Performance in drama therapy. In D. R. Johnson & R. Emunah (Eds.), *Current Approaches in Drama Therapy* (pp. 374-389). Springfield, IL: Thomas.
- Bakó, T., and Zana, K. (2020). *Transgenerational Trauma and Therapy: The Transgenerational Atmosphere* (1st ed.). Routledge.
- Balaev, M. (2014). Literary Trauma Theory Reconsidered. In *Contemporary approaches in literary trauma theory* (1-15). Basingstoke: Palgrave Macmillan.
- Balaev, M. (2018). Trauma Studies. In *A Companion to Literary Theory* (360-371), D.H. Richter (1st ed.). Wiley-Blackwell
- Baltaoğlu, S. (2020). *Memory, Irishness and Spectrality: A Hauntological Approach to Trauma in Marina Carr's The Mai, Portia Coughlan, By The Bog Of Cats...* Ulusal Tez Merkezi.
- Baumeister, R. (1990). Suicide as Escape from Self. *Psychological Review*, 97(1), 90-113.
- Beck, A. T., Kovács, M., & Weissman, A. (1979). Assessment of Suicidal Intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*, 47(2), 343-352. <https://doi.org/10.1037/0022-006x.47.2.343>
- Belsky, J. (1993). Etiology of child maltreatment: A developmental ecological analysis. *Psychological Bulletin*, 114, 413-434.
- Berger, L. and Montpelier, R. (2018). *Alice Birch Named Winner of 2018 Blackburn Prize*. Women and Hollywood. Accessed: 17.12.2022, from <https://womenandhollywood.com/alice-birch-named-winner-of-2018-blackburn-prize-a8b99482cb4c/>
- Birch, A. (2017). *Anatomy of a Suicide*. Bloomsbury Publishing. Retrieved from http://books.google.ie/books?id=8Z_8DwAAQBAJ&printsec=frontcover&dq=anatomy+of+a+suicide&hl=&cd=3&source=gbs_api

- Bloom, H. (2002). *Genius*. Grand Central Pub.
- Davis, N. (2015). "Not a Soul in Sight!": Beckett's Fourth Wall. *Journal of Modern Literature*, 38(2), 86-102. <https://doi.org/10.2979/jmodelite.38.2.86>
- Bollas, C. (1988). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. Columbia University Press. New York.
- Borczykowski, A., Hjern, A., Lindblad, F., & Vinnerljung, B. (2006). Suicidal behaviour in national and international adult adoptees: A Swedish cohort study. *Social Psychiatry and Psychiatric Epidemiology*, 41, 95-102.
- Bouson, J., B. (2000). *Quiet As It's Kept: Shame, Trauma, and Race in the Novels of Toni Morrison*. New York: State University of New York Press.
- Brent, D. A. (1996). Suicidal Behavior Runs in Families. *Archives of General Psychiatry*, 53(12), 1145. <https://doi.org/10.1001/archpsyc.1996.01830120085015>
- Brent, D. A., and Melhem, N. (2008). Familial Transmission of Suicidal Behavior. *Psychiatric Clinics of North America*, 31(2), 157-177. <https://doi.org/10.1016/j.psc.2008.02.001>
- Brent, D. A., Bridge, J., Johnson, B. A., & Connolly, J. (1996). Suicidal behavior runs in families. A controlled family study of adolescent suicide victims. *Archives of General Psychiatry*, 53, 1145-1152.
- Breuer, J. and Freud, S. 1955 (1895). Studies on Hysteria. In *Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vol. 2, trans. James Strachey. London: Hogarth Press.
- Brevard, A., Lester, D., & Yang, B. (1990). A comparison of suicide notes written by suicide completers and suicide attempters. *Crisis*, 11, 7-11.
- Briere, J., Godbout, N., Dias, C. (2015). Cumulative Trauma, Hyperarousal, and Suicidality in the General Population: A Path Analysis. *Journal of trauma & Dissociation*, 16(2), 153-169. <https://doi.org/10.1080/15299732.2014.970265>
- Brockington, I. (2001). Suicide in women. *International Clinical Psychopharmacology*, 16(2), S7-S19.
- Brontë, C. (1847). *Jane Eyre*. 이새의나무. Retrieved from http://books.google.ie/books?id=2YlIEAAQBAJ&printsec=frontcover&dq=jane+eyre&hl=&cd=9&source=gbp_api
- Brown, H. D. (2000). *Principles of language learning and teaching*. New York: Pearson Education.
- Brown, R.M. (2001). Suicide, in *Encyclopedia of Death and Dying*, edited by G. Howarth and O. Leaman. London: Routledge, 438-42.
- Cambridge Academic Content Dictionary. (2023). *Suicide*. Accessed: 15.12.2023, from <https://dictionary.cambridge.org/dictionary/english/suicide>
- Canetto, S.S. (1992-93). She died for love and he for glory: gender myths of suicidal behavior. *Omega*, 26(1), 1-17.
- Canetto, S.S. and Lester, D. (1998). Gender, culture, and suicidal behaviour. *Transcultural Psychiatry*, 35(2), 163-90.
- Caruth, C. (1991). *Unclaimed Experience: Trauma and the Possibility of History*. Yale French Studies, (79), 181. <https://doi.org/10.2307/2930251>
- Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.
- Caspi, A., Sugden, K., Moffitt, T. E., Taylor, A., Craig, I. W., Harrington, H., . . . Poulton, R. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science*, 301, 386-389.

- Catanzaro, D., D. (1995). Reproductive status, family interactions, and suicidal ideation: Surveys of the general public and high-risk groups. *Ethology and Sociobiology*, 16(5), 385–394.
- Christie, H., Hamilton-Giachritsis, C., Alves-Costa, F., Tomlinson, M., Halligan, S. L. (2019). The Impact of Parental Posttraumatic Stress Disorder on Parenting: A Systematic Review. *European Journal of Psychotraumatology*, 10(1). <https://doi.org/10.1080/20008198.2018.1550345>
- Curtis, G. C. (1963). Violence breeds violence—perhaps? *American Journal of Psychiatry*, 120(4), 386–387.
- Davidson, A. C., & Mellor, D. J. (2001). The adjustment of children of Australian Vietnam veterans: is there evidence for the transgenerational transmission of the effects of warrelated trauma? *Australian and New Zealand Journal of Psychiatry*, 35(3), 345–351.
- Day, N. and Shloim, N. (2021). Therapists' Experiences of Working with the Intergenerational Impact of Troubles?Related Trauma. *Psychotherapy and Politics International*, 19(2). <https://doi.org/10.1002/ppi.1585>
- Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry*, 78(3), 281.
- Dent, N. (2023). *Every Brilliant Thing* review: Show gets by with a little help from the audience. Retrieved March 23, 2024, from <https://www.brisbanetimes.com.au/culture/theatre/every-brilliant-thing-review-show-gets-by-with-a-little-help-from-the-audience-20231006-p5ea9z.html>
- Derrida, J. (1977). “Fors.” (Trans.). B. Johnson. *Georgia Review*, 31, 64–116.
- Durkheim, E. (1897). *Le Suicide: Etude de socologie*. Paris, France: F. Alcan.
- Durkheim, E. (1951). *Suicide: A study in Sociology*. New York, NY: The Free Press. (Original work published 1897)
- Durkheim, E. (1963). *Suicide*. New York: Free Press. (Original work published 1897)
- Egeland, J. A., & Sussex, J. N. (1985). Suicide and family loading for affective disorders. *Journal of the American Medical Association*, 254, 915–918.
- Elhai, J. D., Contractor, A. A., Palmieri, P. A., Forbes, D., Richardson, J. D. (2011). Exploring the Relationship Between Underlying Dimensions of Posttraumatic Stress Disorder and Depression in a National, Trauma-Exposed Military Sample. *Journal of Affective Disorders*, 133(3), 477–480. <https://doi.org/10.1016/j.jad.2011.04.035>
- Esslin, M. (1960). The Theatre of the Absurd. *The Tulane Drama Review*, 4(4), 3–15.
- Esslin, M. (1961). The Theatre of the Absurd. *The Tulane Drama Review*, Vol. 4, No. 4 (May, 1960), Published by: The MIT Press Stable <http://www.jstor.org/stable/1124873> . Accessed: 20/11/2023
- Etlings, B. (2022). Review: ‘Every Brilliant Thing’ filled with humor, hope and joy. Retrieved March 23, 2024, from <https://ashland.news/review-every-brilliant-thing-filled-with-humor-hope-and-joy/>
- Exodus 20:1-20 (NIV). (n.d.). accessed from <https://www.biblegateway.com/passage/?search=Exodus%2020%3A1-20%2CDeuteronomy%205%3A5-21&version=NIV>
- Faimberg, H. (2005). *The Telescoping of Generations. Listening to the Narcissistic Links between Generations*. Routledge, London.
- Fakhrkonandeh, A., & Sümbül, Y. (2021). “I am underneath and oxygen is running out”: Suicide as Genetically Inherited or as the Melancholy Identification with

- the Suicidal Mother in Alice Birch's Anatomy of a Suicide. *Comparative Drama*, 55(4), 490–527. <https://doi.org/10.1353/cdr.2021.0035>
- Felman, S. and Laub, D. (1992). *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. Routledge Press, New York.
- Foulger, L. (2015). *Lippy: An interview with Bush Moukarzel*. The Upcoming. Accessed: 18.11. 2023, from <https://www.theupcoming.co.uk/2015/02/02/lippy-an-interview-with-bush-moukarzel/>
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery. *Journal of the American Academy of Child Psychiatry*, 14(3), 387–421.
- Freud S. (1909). *Notes upon a Case of Obsessional Neurosis*. Standard Edition 10:155–318.
- Freud S. (1917). *Mourning and Melancholia*. Standard Edition 14:243–258.
- Freud S. (1923). *The ego and the id*. Standard Edition 19:12–66.
- Freud, S. (1916). Trauer und Melancholic [Mourning and melancholia]. *Gesammelte Werke*(Vol. 10, pp. 427–446). London: Imago.
- Freud, S. (1920). Ueber die psychogenese eines Falls von weiblicher Homosexualitaet [On the psychogenesis of a case of female homosexuality].*Gesammelte Werke*, 12 (pp. 269–302). London: Imago.
- Freud, S. (1939). *Moses and Monotheism* (1st ed.). trans. from the German by Katherine Jones. Hogarth Press and the Institute of Psycho-Analysis.
- Freud, S. 1955-73 (1914). *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. and ed. James Strachey, vol. 12. New York: Norton.
- Freud, S. 1959 (1920). *Beyond the Pleasure Principle*. London: Norton.
- Fu, Q., Heath, A. C., Bucholz, K. K., Nelson, E. C., Glowinski, A. L., Goldberg, J., . . . Manninen, V. (2002). A twin study of genetic and environmental influences on suicidality in men. *Psychological Medicine*, 32, 11–24.
- Garrison, E. (2000). "Suicidal Females in Greek and Roman Mythology: A Catalogue." *Diotima. Materials for the Study of Women and Gender in the Ancient World*, Oct. 2000.
- Gates, B., T. (1988). *Victorian Suicide: Mad Crimes and Sad Histories*. Princeton University Press. Princeton.
- Gentry, D. S. (1992). *The Art of Dying*. Retrieved from http://books.google.ie/books?id=VdXroAEACAAJ&dq=For+Whom+the+Bell+The+art+of+dying:+suicide+in+the+works+of+Kate+Chopin+and+Sylvia+Plath.Tolls&hl=&cd=2&source=gbp_api
- Gerland, O. (1994). Ibsen and Psychoanalysis: "The Compulsion to Repeat" in "Brand" and the "Epic Brand." *Scandinavian Studies*, 66, 361–381. <https://www.jstor.org/stable/40919665>
- Glowinski, A. L., Bucholz, K. K., Nelson, E. C., Fu, Q., Madden, P. A., Reich, W., & Heath, A. C. (2001). Suicide attempts in an adolescent female twin sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1300–1307.
- Glucksman M.L., Kramer M. (2017). Manifest Dream Content as a Predictor of Suicidality. *Psychodynamic Psychiatry*, 45:175–185.
- Goodman, R., & West-Olatunji, C. (2008). Transgenerational trauma and resilience: Improving mental health counseling for survivors of Hurricane Katrina. *Journal of Mental Health Counseling*, 30(2), 121–136.

- Gould, M. S. (1996). Psychosocial Risk Factors of Child and Adolescent Completed Suicide. *Archives of General Psychiatry*, 53(12), 1155. <https://doi.org/10.1001/archpsyc.1996.01830120095016>
- Gülpınar Özoran, G. (2019). *Words as Carriers of History: Witnessing and Trauma in Seamus Heaney's Early Poetry*. Ulusal Tez Merkezi.
- Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating The Rates of Deaths by Suicide among Adults who Attempt Suicide in the United States. *Journal of Psychiatric Research*, 77, 125–133.
- Hancher, M. (1979). The Classification of Cooperative Illocutionary Acts. *Language in Society*, 8(1), 1-14. <https://doi.org/10.1017/s0047404500005911>
- Harpin, A. (2020). 'You were an O. Your Black O in the middle of your face': Madness and catastrophe in Katie Mitchell's ophelias zimmer and anatomy of a suicide. *Contemporary Theatre Review*, 30(2), 193-
- Hendin, H. (1991). Psychodynamics of suicide, with particular reference to the young. *American Journal of Psychiatry*, 148, 1150–1158.
- Herdili, A. (2022). Memory and Trauma Narrative in Ali Smith's Like. Ulusal Tez Merkezi.
- Higonnet, M. (1985). "Suicide: Representations of the Feminine in the Nineteenth Century." *Poetics Today*, 6(1-2), 103-118
- Hirsch, M. (1997). *Family Frames: Photography, Narrative, and Postmemory*. Harvard University Press, Cambridge.
- Hofler, R. (2020). 'Anatomy of a Suicide' Theater Review: Carla Gugino and Company Face Their Own End. The Wrap. Accessed: 3.12.2023, from <https://www.thewrap.com/anatomy-of-a-suicide-theater-review-carla-gugino-alice-birch/>
- Hunter, L., & Lichtenfels, P. (2005). Shakespeare, Language and the Stage: The Fifth Wall: Approaches to Shakespeare from Criticism, Performance and Theatre Studies: Introduction. In *Arden Shakespeare*, eBooks (Vol. 1). <http://ci.nii.ac.jp/ncid/BA74428391>
- Idris, C. (2023). *Theatre review: Every Brilliant Thing*, New Benner Theatre. Retrieved March 23, 2024, from <https://www.artshub.com.au/news/reviews/theatre-review-every-brilliant-thing-new-benner-theatre-2672773/>
- Jaworski, K. (2014). *The Gender of Suicide: Knowledge Production, Theory and Suicidology*. Ashgate Publishing Limited.
- Joiner, T. (2005). *Why People Die by Suicide*. Cambridge, MA: Harvard University Press.
- Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Kallmann, F. J., De Porte, J., De Porte, E., & Feingold, L. (1949). Suicide in twins and only children. *American Journal of Human Genetics*, 1, 113–126.
- Karr-Morse, R., & Wiley, M. S. (2007). *Ghosts from the Nursery: Tracing the Roots of Violence New and Revised Edition*. Grove/Atlantic, Inc.
- Kaufman, J., & Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry*, 57(2), 186-192.
- Keefe, J., & Murray, S. (Eds.). (2007). *Physical Theatres: A Critical Introduction*. London: Routledge.
- Kellermann, N. P. (2001). Transmission of Holocaust trauma-An integrative view. *Psychiatry: Interpersonal and Biological Processes*, 64(3), 256-267.

- Kellermann, N. P. (2013). Epigenetic transmission of holocaust trauma: can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-39.
- Kim, C. D., Séguin, M., Therrien, N., Riopel, G., Chawky, N., Lesage, A., ... & Turecki, G. (2005). Familial Aggregation of Suicidal Behavior: A Family Study of Male Suicide Completers from the General Population. *American Journal of Psychiatry*, 162(5), 1017-1019. <https://doi.org/10.1176/appi.ajp.162.5.1017>
- Koolik, A. (2023). *Every Brilliant Thing Is, Well, Brilliant* — Review. Retrieved March 23, 2024, from <https://www.theatrely.com/post/every-brilliant-thing-is-well-brilliant-review>
- Krug E.,G. et al (eds.). (2002). *World report on violence and health*. Geneva, World Health Organization.
- Krysinska, K., Lester, D., & Martin, G. (2009). Suicidal Behaviour after a Traumatic Event. *Journal of Trauma Nursing*, 16(2), 103–110.
- Kwok, S. Y., & Gu, M. (2019). Parental suicidal ideation and child depressive symptoms: The roles of optimism and gratitude. *Journal of Social Service Research*, 46(4), 586-595. <https://doi.org/10.1080/01488376.2019.1612819>
- Lash, S. (2015). Performativity or Discourse? An Interview with John Searle. *Theory, Culture & Society*, 32(3), 135-147. <https://doi.org/10.1177/0263276415571940>
- Leenaars, A. A. and Balance, W. D. G. (1981). A Predictive Approach to the Study of Manifest Content in Suicide Notes. *Journal of Clinical Psychology*, 37(1), 50-52. [https://doi.org/10.1002/1097-4679\(198101\)37:13.0.co;2-y](https://doi.org/10.1002/1097-4679(198101)37:13.0.co;2-y)
- Levinson, S. C. (1983). *Pragmatics*. Cambridge: Cambridge University Press.
- Lewis, N. D. (1933). Studies on suicide: 1. Preliminary survey of some significant aspects of suicide. *Psychoanalytic Review*, 20, 241–273.
- Lewis, N. D. (1934). Studies on suicide: II. Some comments on the biological aspects of suicide. *Psychoanalytic Review*, 21, 146–153.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Love, C. (2021). *Duncan Macmillan: Theatre at Its Best is an Intervention*. Accessed: 17.12.2022, from The Guardian. <https://www.theguardian.com/stage/2014/sep/23/duncan-macmillan-theatre-every-brilliant-thing-lungs-2071>
- Macmillan, D. (2015). *Every Brilliant Thing*. Bloomsbury Publishing. Retrieved from http://books.google.ie/books?id=LTALEAAAQBAJ&printsec=frontcover&dq=Every+Brilliant+Thing&hl=&cd=1&source=gbp_api
- Maltsberger, J. T. and Goldblatt, M. J. (2001). Essential Papers on Suicide. Comprehending Suicide: *Landmarks in 20th-century Suicidology.*, 135-150. <https://doi.org/10.1037/10406-010>
- Mambrol, N. (2020). *Trauma Studies. Literary Theory and Criticism*. <https://literariness.org/2018/12/19/trauma-studies/>
- Mann, J. J. (2003). Neurobiology of suicidal behaviour. *Nature Reviews Neuroscience*, 4, 819–828.
- Mann, J. J., Waternaux, C., Haas, G. L., & Malone, K. M. (1999). Toward a clinical model of suicidal behavior in psychiatric patients. *American Journal of Psychiatry*, 156, 181–189.

- Maricic, G., & Sajin, E. (2020). Ancient Greeks and Suicide in the Tragedies: Sophocles? Ajax and Euripides? Heracles. *Istrazivanja, Journal of Historical Researches*, 31, 65–77. <https://doi.org/10.19090/i.2020.31.65-77>
- Marshall, A. (2016). *Lippy. British Theatre Guide*. Accessed 16.11.2023, from <https://www.britishtheatreguide.info/reviews/lippy-young-vic-11255>
- Mccormack, C. (2016). *Bush Moukarzel: "You Say Something Profound but It Gets You Nowhere."*. Exeuntmagazine.com. Accessed 18.11.2023, from <https://exeuntmagazine.com/features/you-say-something-profound-but-it-gets-you-nowhere/>
- McGirr, A., Alda, M., Seguin, M., Cabot, S., Lesage, A., & Turecki, G. (2009). Familial aggregation of suicide explained by cluster B traits: A three-group family study of suicide controlling for major depressive disorder. *American Journal of Psychiatry*, 166, 1124–1134.
- McHale, B. (n.d.). *Brian McHale on Postmodernist Fiction*.
- McIntosh, J., L. and Santos, J., F. (1982). Changing patterns in methods of suicide by race and sex. *Suicide and Life-Threatening Behavior*, 12(4), 221–33.
- McNulty, C. (2023). "Every Brilliant Thing" documents joy that make life livable - *Los Angeles Times*. Retrieved March 23, 2024, from <https://www.latimes.com/entertainment-arts/story/2023-09-18/review-every-brilliant-thing-at-the-geffen-playhouse-los-angeles>
- Meany, H. (2022). *Every Brilliant Thing* review – ode to life's joys is candid and compassionate. Retrieved March 23, 2024, from <https://www.theguardian.com/stage/2022/jan/14/every-brilliant-thing-review-ode-to-lifes-joys-is-candid-and-compassionate>
- Menninger, K. A. (1938). *Man against himself*. New York, NY: Harcourt, Brace.
- Moore, M. M. and Freeman, S. J. (1995). Counseling Survivors of Suicide: Implications for Group Postvention. *The Journal for Specialists in Group Work*, 20(1), 40-47. <https://doi.org/10.1080/01933929508411324>
- Moukarzel, B., O'Halloran, M., & Centre, D. (2014). *Lippy*. Bloomsbury Publishing. Retrieved from http://books.google.ie/books?id=j578DwAAQBAJ&printsec=frontcover&dq=Lippy&hl=&cd=1&source=gbs_api
- Mountford, F. (2014). *Edinburgh Festival: Every Brilliant Thing, Roundabout at Summerhall - theatre review* | London Evening Standard. Retrieved March 23, 2024, from <https://www.standard.co.uk/culture/theatre/edinburgh-festival-every-brilliant-thing-roundabout-at-summerhall-theatre-review-9680956.html>
- Mulyanto, S. (2019). Speech Act Theory in Arthur Miller's Drama "The Crucible." *Exposure Journal*, 8(1), 101–115.
- Night, F. (2018). *Review: Every Brilliant Thing*. Retrieved March 23, 2024, from <https://www.durhamstudenttheatre.org/reviews/review-every-brilliant-thing/>
- Nock, M. (2014). *The Oxford Handbook of Suicide and Self-injury*. Oxford University Press.
- O'Carroll, P. W., Berman, A. L., Maris, R. W., Moscicki, E. K., Tanney, B. L., Silverman, M. M. (1996). Beyond The Tower of Babel: A Nomenclature For Suicidology. *Suicide and Life-Threatening Behavior*, 26(3), 237-252. <https://doi.org/10.1111/j.1943-278x.1996.tb00609.x>
- O'Connor, D. B., Gartland, N., & O'Connor, R. C. (2020). Stress, Cortisol and Suicide Risk. *Stress and Brain Health: In Clinical Conditions*, 101-130. <https://doi.org/10.1016/bs.irn.2019.11.006>

- Pala, Y. (2021). Therapy through Theatre: Duncan Macmillan's Every Brilliant Thing. *Hacettepe Üniversitesi Edebiyat Fakültesi Dergisi*, 38(2), 348-356. <https://doi.org/10.32600/huefd.715238>
- Panagioti, M., Gooding, P., & Tarrier, N. (2012). A Meta-Analysis of the Association Between Posttraumatic Stress Disorder and Suicidality: The Role Of Comorbid Depression. *Comprehensive Psychiatry*, 53(7), 915-930. <https://doi.org/10.1016/j.comppsy.2012.02.009>
- Patnoe, E., L. (1997). "Fiction, Reality, And Female Suicide." Dissertation Abstracts International. Section A: Humanities And Social Sciences 58.05 (1997): 1959. Women's Studies International.
- Pfeffer, C. R., Normandin, L., Kakuma, T. (1998). Suicidal Children Grow Up: Relations Between Family Psychopathology and Adolescents' Lifetime Suicidal Behavior. *The Journal of Nervous & Mental Disease*, 186(5), 269-275. <https://doi.org/10.1097/00005053-199805000-00002>
- Praetorius, R., Maxwell, D., & Alam, K. (2020). *Wearing a happy mask: Mother's expressions of suicidality with postpartum depression*. Social Work in Mental.
- Putnam, F. W. (2003). Ten-Year Research Update Review: Child Sexual Abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278. <https://doi.org/10.1097/00004583-200303000-00006>
- Qin, P., Agerbo, E., Mortensen, P. B. (2002). Suicide Risk in Relation to Family History of Completed Suicide and Psychiatric Disorders: A Nested Case-Control Study Based on Longitudinal Registers. *The Lancet*, 360(9340), 1126-1130. [https://doi.org/10.1016/s0140-6736\(02\)11197-4](https://doi.org/10.1016/s0140-6736(02)11197-4)
- Radomski, S. and Read, J. P. (2016). Mechanistic Role of Emotion Regulation in the PTSD and Alcohol Association. *Traumatology*, 22(2), 113-121. <https://doi.org/10.1037/trm0000068>
- Rothberg, M. (2000). *Traumatic Realism: The Demands of Holocaust Representation*. Minneapolis: University of Minnesota Press.
- Rudd, M. D., Berman, A. L., Joiner, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., . . . Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36, 255-262.
- Rutter, M., Dunn, J., Plomin, R., Simonoff, E., Pickles, A., Maughan, B., Ormel, J., Meyer, J., & Eaves, L. (1997). Integrating nature and nurture: implications of person-environment correlations and interactions for developmental psychopathology. *Development and psychopathology*, 9(2), 335-364. <https://doi.org/10.1017/s0954579497002083>
- Salman, N. A., Camit, C. J., Bongar, B. (2017). Suicide as a Response to Trauma. *Handbook of Suicidal Behaviour*, 121-137. [https://doi.org/10.1007/978-981-10-4816-](https://doi.org/10.1007/978-981-10-4816-4816-)
- Schulsinger, F., Kety, S. S., Rosenthal, D., & Wender, P. H. (1979). A family study of suicide. In M. Schou & E. Stromgren (Eds.), *Origin, prevention and treatment of affective disorders* (pp. 277-287). London, UK: Academic Press.
- Searle, J. R. (1969). *Speech acts: an essay in the philosophy of language*. London: Cambridge University Press.
- Searle, J. R. (1976). A Classification of Illocutionary Acts. *Language in Society*, 5(1), 1-23. <https://doi.org/10.1017/s0047404500006837>

- Selby, E. A., Anestis, M. D., & Joiner, T. E. (2007). Daydreaming about death: Violent daydreaming as a form of emotion dysregulation in suicidality. *Behavior Modification*, 31, 867–879.
- Shneidman, E. S. (1993). Commentary: Suicide as Psychache. *The Journal of Nervous and Mental Disease*, 181(3), 145-147. <https://doi.org/10.1097/00005053-199303000-00001>
- Showalter, E. (1985). *The Female Malady: Women, Madness, and English Culture, 1830-1980*. Pantheon Books. New York.
- Sierz, A. (2016). *Sarah Kane: An Interview*. www.Sierz.co.uk. Accessed: 18.11.2023, from <https://www.sierz.co.uk/writings/sarah-kane-an-interview/>
- Smith, G. W. and Bloom, I. (1985). A Study of the Personal Meaning of Suicide in the Context of Baechler's Typology. *Suicide and Life-Threatening Behavior*, 15(1), 3-13. <https://doi.org/10.1111/j.1943-278x.1985.tb00784.x>
- Smith, J. (2024). *Theatre review: Every Brilliant Thing engages its audience in innovative ways — Stir*. Retrieved March 23, from <https://www.createastir.ca/articles/every-brilliant-thing-review-arts-club-theatre-company>
- Sotillo, M., S. (2017). *Illocutionary acts and functional orientations of SMS texting in SMS social networks*. Montclair State University.
- Statham, D. J., Heath, A. C., Madden, P. A., Bucholz, K. K., Bierut, L., Dinwiddie, S. H., . . . Martin, N. G. (1998). Suicidal behaviour: An epidemiological and genetic study. *Psychological Medicine*, 28, 839–855.
- Strindberg, (1974). Preface to Miss Julie, 1888, trans. *Dramatic Theory and Criticism: Greeks to Grotowski*, ed., Bernard York: Holt Rinehart Winston.
- Styan, J. L. (1983). *Modern Drama in Theory and Practice: Volume 2, Symbolism, Surrealism and the Absurd*. Cambridge University Press.
- Suicide in Shakespeare's Plays. (2021). *No Sweat Shakespeare*. Accessed: 17.12.2022, from <https://nosweatshakespeare.com/blog/suicide-in-shakespeares-plays/>
- Thompson, J. (2017). *Every Brilliant Thing: Jonny Donahoe and Duncan Macmillan on the show that charmed the world | London Evening Standard*. Retrieved March 24, 2024, from <https://www.standard.co.uk/culture/theatre/every-brilliant-thing-jonny-donahoe-and-duncan-macmillan-on-the-show-that-charmed-the-world-a3656001.html>
- Tison, J. (2017). *Review: Lippy*. Stagebuddy.com. Accessed: 16.11.2023, from <https://stagebuddy.com/theater/theater-review/review-lippy>
- Tsuang, M. T. (1983). Risk of suicide in the relatives of schizophrenics, manics, depressives, and controls. *Journal of Clinical Psychiatry*, 44, 396–400.
- Turecki, G. (2001). Suicidal behavior: Is there a genetic predisposition? *Bipolar Disorders*, 3, 335–349.
- Vallacher, R. R., Wegner, D. M. (1985). *A Theory of Action Identification*. Hillsdale, NJ: Erlbaum.
- Vallacher, R. R., Wegner, D. M. (1987). What Do People Think They're Doing: Action Identification and Human Behavior. *Psychological Review*, 94,3-5.
- Van der Kolk, B. A., and Onno van der Hart. (1996). The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma. In *Trauma: Explorations in Memory*, ed. Cathy Caruth, 158–82. Baltimore: Johns Hopkins University Press.
- Värnik, P. (2012). Suicide in the World. *International Journal of Environmental Research and Public Health*, 9(3), 760-771. <https://doi.org/10.3390/ijerph9030760>

- Vickroy, L. (2002). *Trauma and Survival in Contemporary Fiction*. University of Virginia Press. Charlottesville, VA.
- Vikár, Gy. (1994). Zsidó Sors(Ok) Az Analitikus Rendelés Tükrében. *Thalassa*, 5(1–2):139–146.
- Virág, T. (1996). *Emlékezés Egy Szederfára*. Ed. László K. Animula Egyesület – KÚT pszichoterápiás rendelő? Budapest.
- Vohs, K.D., Baumeister, R.F. (2002). Escaping the Self Consumes Regulatory Resources: A Self-Regulatory Model of Suicide. In: *Suicide Science*. Springer, Boston, MA. https://doi.org/10.1007/0-306-47233-3_4
- Wagner, B. M. (1997). Family Risk Factors for Child and Adolescent Suicidal Behavior. *Psychological Bulletin*, 121(2), 246–298. <https://doi.org/10.1037/0033-2909.121.2.246>
- Wender, P. H., Kety, S. S., Rosenthal, D., Schulsinger, F., Ortmann, J., & Lunde, I. (1986). Psychiatric disorders in the biological and adoptive families of adopted individuals with affective disorders. *Archives of General Psychiatry*, 43, 923–929.
- Widom, C. S., & Wilson, H. W. (2015). Intergenerational transmission of violence. *Violence And Mental Health* (pp. 27–45). Springer, Dordrecht.
- Widom, C. S., Czaja, S. J., & DuMont, K. A. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias? *Science*, 347(6229), 1480–1485.
- World Health Organization (WHO). (2021). *Suicide*. Accessed 17.12.2022, from <https://www.who.int/news-room/fact-sheets/detail/suicide>
- Yarahmadi, M., & Olfati, N. (2011). Speech Act Analysis of Anton Chekhov's The Seagull. *Journal of Basic and Applied Scientific Research*, 1(12), 2522–2527.
- Yehuda, R., Bierer, L.M. (2008). Transgenerational Transmission of Cortisol and PTSD Risk. *Progress in Brain Research*, 167, 121–135.

ÖZGEÇMİŞ

Kişisel Bilgiler

Soyadı, adı : AYDEMİR BEKLEVİŞ, Fatma
Uyruğu : Türkiye Cumhuriyeti

Eğitim

Derece	Eğitim Birimi	Mezuniyet Tarihi
Yüksek Lisans ediyor	Ankara Hacı Bayram Veli Üniversitesi	Devam
Lisans	Gazi Üniversitesi	2019
Lise	Terme Bülent Çavuşoğlu Anadolu Lisesi	2012

İş Deneyimi

Yıl	Yer	Görev
2023-	Bilecik İl Milli Eğitim Müdürlüğü	Öğretmen
2020-2023	Hatay İl Milli Eğitim Müdürlüğü	Öğretmen
2019-2020	Ankara Merkez Sınav Koleji	Öğretmen
2019-2019	Ankara Birey Koleji	Öğretmen

Yabancı Dil

İngilizce ve Almanca(A2)



