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SUICIDE: A SOLO INTERPRETATION PERFORMANCE

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The purpose of this project was to determine if oral interpretation in a social context setting can be used as a persuasive means of suicide prevention. A script on suicide was compiled, directed and performed as a solo performance by the writer. The thesis includes the script, a history of suicide prevention, the process of compiling a script for solo interpretation performance, and an overall evaluation of the production. This Author's evaluation was influenced by audience and critic responses.

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CHAPTER I

SUICIDE: A SOLO INTERPRETATION PERFORMANCE

Death is one of the most pervasive taboo areas of our time. Of all the forms of death, suicide has met with most resistance, probably because the act itself has such forceful implications of total rejection for those left behind. It says much more in addition, for it both confesses and accuses arousing feelings with which most survivors have much difficulty (Pretzel 9).

Dr. Norman L. Farberow in Understanding and Counseling the Suicidal Person states that suicide is the harshest self-destructive form of punishment (qtd. in Pretzel 9). Suicide as defined by Webster's Third New International Dictionary, is the act of killing oneself on purpose (Gove 2286). Don Kirby of the Southwest Institute of Forensic Science at the Dallas County Examiners Office, states that in 1982, 227 people killed themselves, in 1983, 241 people committed suicide, and in 1984 over 200 people killed themselves in the Denton, Dallas, Fort Worth judicial district (personal interview). Judy Cook, also of the Southwest Institute of Forensic Science at the Dallas County Examiners Office, states that in 1985, 422 people committed suicide, in 1986

442 people killed themselves, and in 1987, 381 people took their own lives in the Dallas, Fort Worth judicial district (personal interview). Because of the outbreak of suicides during the past few years, this author believes that something must be done to prevent future incidents of suicide.

The history of suicide prevention techniques has not solved all of the problems of suicide. The techniques for suicide prevention that are currently in existence, or have been used, include: psychological wards in mental hospitals, filmstrips on suicide, television movies dealing with suicide, and the formation of suicide prevention centers for parasuicidal patients. Parasuicide is a non-fatal act in which an individual deliberately causes self-injury or ingests a substance in excess of any prescribed or generally recognized therapeutic dosage. Other prevention techniques include: Speakers visiting high schools, lecturing against suicide, group therapy, parasuicidal victims addressing the negative side of suicide, distribution of suicide brochures and suicide pamphlets, slide presentations on suicide, and hot lines for suicide guidance.

These techniques can and are effective in some cases. However, these methods of prevention did not prevent the suicide casualties in the Dallas/Fort Worth metroplex. The problems that currently exist with suicide will be divided

into four cognitive objectives: Recognition, intervention, management, and prevention.

The problem of recognition is that not all parasuicidal, suicidal victims, and potential suicidal victims are identified soon enough to prevent suicide. The problem with management is that while psychologists and suicide prevention personnel attempt to save lives that would otherwise be lost by self-destruction, recent statistics show that an alarming number of people manage to dispose of themselves. The problem with intervention, is that frequently it does not take place until it is too late or almost too late. The problem with preventive methods is that current methods of suicide prevention, while successful to some degree, do not solve all the problems of suicide.

Any additional new creative approaches to the problem of suicide prevention should be welcomed. If those approaches appear to be effective then they should be established as an alternative that could prevent future suicide cases. One method of persuasion that has proved to be effective in dealing with social problems is the use of oral interpretation in a social context setting (Valentine 1). This methodology should also be an effective tool in dealing with the problem of increasing numbers of suicides. Oral interpretation is defined as a recreative art in which the performer translates, and communicates, the ideas,

attitudes, and intent of the author to the audience by reproduction and response both intellectually and emotionally by using vocal, facial, and bodily gestures (Whillock 4).

The form of interpretation most often used in social contexts is readers theatre, or group performance. Leslie Irene Coger and Melvin R. White, in Readers Theatre Handbook, define readers theatre as a medium in which two or more oral interpreters employ vivid, vocal, and physical clues to cause an audience to see and hear characters expressing their attitudes toward an action so vitally that the literature becomes a living experience--both for the readers and for their audience (5). In other words, the readers share the attitudes, viewpoints, and actions of a literary piece with an audience to experience the literature (7).

While the use of readers theatre in a social context is a popular form of persuasion that is now being used and accepted, solo performance may also be used in a persuasive manner. Chester C. Long in The Liberal Art of Interpretation states that "Oral interpreters are becoming aware that the art of interpretation is a persuasive tool for social change" (28). It has been proven that interpretation can be an effective tool in informing, persuading, instructing, and solving problems (28). Elbert

R. Bowen, Otis J. Aggert, and William E. Rickert in Communicative Reading reinforce this argument by adding that oral interpretation has the ability to inform, persuade, entertain, and amuse an audience (10).

The study of context of interpretation means that attention should be given not only to the dynamic inter-relationships between interpreter, text, audience, setting and event, but to an expansion of what these very terms mean (Valentine 1). Past theses have proven that interpretive performance in a social context setting can be effective tools in informing or persuading. Richard Kent Skiles, in the thesis, The Reader as Rhetor: A Group Interpretation Script for the Roman Diocese of Fort Worth discovered that interpretive performance is a popular and effective method of effecting the attitudes of audience members.

Carlajo Cancilla in Oral Interpretation as a Catalyst for Social Awareness: Ann's Haven: Hospice of Denton County found that oral interpretation is a viable rhetorical tool and is well liked by audiences as a means of public enlightenment. Gary Truitt in the thesis, Oral Interpretation in a Public Awareness Campaign: Denton County Probationer Education and Employment Program, determined that integrating a solo interpretive performance into an informational presentation is an effective method of employing oral interpretation outside the classroom and

expanding its rhetorical dimensions. Two successful projects were undertaken by the University of Maine. One dealt with the problem of aging. Another with the problem of the handicap. The latter resulted in legislative changes in the state of Maine (Hartman 1978).

K. B. Valentine in Issues in Interpretation states: "Rising steadily in the past few years, interest in interpretation outside the classroom becomes a part of the interpretation mode (3). Valentine points out that in a group discussion at the 1978 Speech Communication Association (SCA) Minneapolis convention, on the issue of "Interpretation in Social Contexts", the panelist concluded that literature can be the center of attention when used in a social context setting (3). She further states that many teachers and scholars are expanding the purview of both research and performance in interpretation to include studies in attitude change, small group development, leisure time activity and self-discovery (3).

The creation of interpretation events in such settings as prisons, nursing homes, retirement centers, houses of worship, parks and recreational areas, hospitals and medical schools, and half-way houses are examples of places that a social context interpretation performance can take place (Keaveney 10). Mary Hartman in Issues in Interpretation, points out that historically, oral

interpretation can be useful to inspire, entertain, persuade, or may perform all of the functions in a social context to re-establish itself as a part of public discourse (8).

Because an interpretation program on suicide may be useful in inspiring someone not to commit suicide, may be entertaining, and may be a persuasive means of suicide prevention, this thesis is proposed.

Statement of the Problem

The purpose of this thesis is to prepare and compile an interpretation script to be presented in a social context setting and is designed to increase audience awareness and knowledge of alternate solutions to suicide. The main body of the thesis involves the discussion of the preparation, compiling, and directing of literature on suicide as a persuasive tool to be used in a solo performance. Specifically the problem of whether the presentation of suicide case histories, suicide statistics and facts, suicide messages, and descriptions of available support organizations for potential suicide victims, can be effectively and persuasively depicted through a compiled script will be examined.

Coger and White explain some of the necessary requirements for a compiled script:

. . . qualities necessary to turn a compilation

into a theatre piece are progression, a steady movement toward revelation of theme, and cohesion, a concentration on the central point. The compiled script may explore a theme or idea, illuminate the dimensions of an author's work, provide insights into a period of history, class of people, or geographical section, or tell a story (90).

Significance of the Study

Norman L. Farberow, in Suicide in Different Cultures, states that:

Suicide is a major mental health problem in this country as it is in most civilized nations of the world. Suicide is an affliction that robs the nation of some of the most productive members of the community. Suicide is a form of mental illness that is most disturbing to contemplate, a mental illness in which the anguish and terror of the victim leads him or her to prefer death to his or her suffering (xi).

Because of the increase in cases of suicide in the past few years, status quo suicide prevention methods are apparently not completely effective. Howard Morgan quotes Ari Kiev in Death Wishes? by saying that there is not any evidence to date that proves suicide prevention centers,

which specialize in telephone referral has reduced the suicide rate (77). Anderson and McClean quote Kiev in Identifying Suicide Potential, by saying that we must develop new methods for widening the treatment net and delivering care to high-risk groups which are not now being reached. We need better coordination among agencies, and new methods of treatments (6-7). This thesis is significant, because it contains what may be an additional means of alleviating the problem of suicide. This thesis will also be informative in that it will help non-suicidal audience members recognize the symptoms of a potential suicide participant. And this thesis will hopefully assist to save lives that would otherwise be lost by suicide. It should provide a new alternative method for disseminating information through those programs which deal with suicide prevention.

Scope of the Study

The compilation of an effective script for use in suicide prevention is the main focus of concentration. The intention of this thesis is to provide a possible new alternative for the prevention of suicide. This thesis also concentrates on the process of compiling a script to be used for performance. The intention of this thesis is not to prove that oral interpretation is the best means for suicide prevention. It simply offers a new approach.

Methodology

The strategy for this thesis is to research current literature on suicide prevention. Appropriate material will be selected and arranged into a compiled script. That script will be the basis of a solo interpretation program.

The first step in the process is to find information that will be suitable for the script. This information should provide explanation of recognition, intervention, management, and the prevention of suicide.

The second step is to compile the script from select materials that deal with suicide. The preliminary script will then be rehearsed and presented by the author in solo performance.

In the third step, all audience members including two Dallas/Fort Worth metroplex suicide prevention agencies will be asked to evaluate the effectiveness of the script, and to point to changes, if any, which may be desirable if the script is to be used in actual contextual settings in the future. The responses from the professional personnel will be treated separately from the responses of the general public.

The last step will be for the author of this thesis to determine if oral interpretation in a social context setting can be a possible effective means of suicide prevention.

Review of Literature

The review of literature will consist of two important aspects: Literature in interpretation, and literature on suicide prevention. In Readers Theatre Handbook, Coger and White provide some guidance for constructing a compiled script (90-98).

Lee and Gura, in Oral Interpretation, provide explanations of the use the body and voice play in oral interpretation, as well as information on how to compile scripts. One of the best available sources on interpretation is Bacon's, The Art of Interpretation. Dennis Doyle in American Gothic: A Group Interpretation Script Depicting the Plight of the Iowa Farmer examines the possibilities of using oral interpretation in a social context setting.

The second important aspect of this thesis review of literature is suicide information. Gender and disordered Behavior by Gomberg and Franks, contains a statistical breakdown of suicides per age within both sexes. The Suicidal Patient: Recognition and Management by Ari Kiev, examines the variety of events leading to suicide, and serves to demythologize the subject. It examines the social, psychological, historical and phenomological characteristics of suicidal behavior. It shows how patients should be treated and what must be done to alleviate

symptoms to reduce the pressure leading up to a suicide. The book also instructs the reader on how to recognize a potential suicide person and what to do about it.

The Suicidal Patient: Recognition, Intervention, Management is a natural development of Dr. Victor Victoroff, presented in three-fold manner. First he shows that suicide is to be understood as more commonplace than it is usually presented to be. Next, he states that a greater percentage of health-care professionals are more sensitive to the danger of suicide among their patients. And finally, the health-care professionals attempt to save lives that would otherwise be lost by self-destruction.

Suicide: Inside and Out by Reynolds and Farberow is divided into four parts. The first part reviews the literature and provides background information on previous studies of suicide in neuropsychiatric hospitals. The second part describes the preparation and organization phase of the study that the author does on suicide. The third part of the book examines information on dealing with suicide, and the fourth part deals with the suicide patient.

Plan of Reporting

Chapter one introduces the project. Chapter two reviews the history of suicide and describes some current methods of prevention. Chapter three focuses on the process of compiling a script for presentation in a social context

setting. Chapter four is the compiled script. Chapter five is a critical analysis of the solo performance, based primarily on audience response questionnaires. It also to be used in an actual prevention setting. It also suggests directions for future related research.

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CHAPTER TWO

HISTORY AND BACKGROUND OF SUICIDOLOGY

Looking at the past can help us understand the present. An historical perspective of the ideas and individuals that shaped the beginnings of suicidology can be useful to caregivers not only in their everyday work, but in their approach to plans for the future (Valente 1).

The first act of suicide probably occurred before written records had been started. In order to have a better understanding of suicide, one must examine the prevailing taboos and conceptions concerning this amazing behavioral phenomenon. The earliest recorded information on suicide can be found in an Egyptian papyrus from the Middle Kingdom (2160-1788BC) in the Berlin Museum, entitled "The dispute with his soul of one who is tired of life" (Valente 1). Another early recording is in the Bible. In the Old Testament of the Bible, suicide is mentioned on five occasions. In the New Testament there is only one suicide, namely Judas Iscariot, who "went and hanged himself" (Matthew 27.5).

For both the Greeks and the Romans, suicide was accepted as an honorable alternative to a life of shame and

misery. When it came however to slaves and soldiers, it was an entirely different matter for Roman law clearly forbade these individuals to commit suicide. If someone commits suicide, what can one do to that individual? From the Greek and Roman eras until the nineteenth century, suicide has been met by resistance by some, yet seen by others as being the positive thing to do (Valente 2-3).

In 1822 Falret published a work entitled De L'Hypochondrie et du Suicide and in it he presented the first statistical tables on suicide. There are two tables, one for 1817 and the other is for 1818. The two tables are for suicide statistics in the region of Paris. For 1817 Falret gives us the data. (Valente 8) (Refer to table 1). As a means of comparing modern data to the first statistical table on suicides, table 2 is provided. The data compiled is a breakdown of suicide casualties in the Denton, Dallas, and Tarrant Counties in Texas. The data provided is the most recent information available for the state of Texas. (Refer to table 2).

Modern suicidology begins with Emile Durkheim's work Le Suicide published in 1897. Valente states that Durkheim was a sociologist who divided suicides into three categories relating to society. He labeled the three groups egoist, altruist, and anomics. The first group felt a lack of societal integration which resulted in suicide. The second

group (the opposite of the egoist) were guided to suicide by unbreakable primitive societal rules. The final group committed suicide as a result of abrupt societal status change (9).

The advent of Freud and psychoanalysis brought an entirely opposite way of looking at suicide. Society would no longer be studied. Now it was the individual who needed to be studied. "Freud's theory was that a suicidal person has an aggressive drive that is outwardly expressed but is instead turned against the person" (Valente 9-10).

Many theories have followed since Freud. Karl Menninger (Menninger's Theory), born in 1893, built his suicide theory on that of Freud. Menninger divides suicides into the three behavioral categories of chronic suicide, organic suicide, and focal suicide.

Making an outstanding contribution to the field of psychotherapy is Karen Horney. Her research includes a different approach to explaining people's susceptibility to suicide. She believed that childhood suicidal anxieties may be the result of neurotic dependency caused by parental attitudes. In attempting to overcome these anxieties, the child or childlike adult develops a psychological abnormality of an idealized self. According to Karen Horney, this type of failure in self-development can be exhibited in the form of suicide (Hyde 28-29).

Table 1

First statistical table on suicide

Paris population for 1817 was approximately 600,000 people

<u>Suicides</u>		<u>Reasons for Suicide</u>	
Completed	285	Illness, Depression	128
Attempted	66	No desire to live	
Total	351	Lovesickness	22
		Gambling	45
		Loss of Job, position	89
<u>Sex</u>		Fear of punishment	15
Males	235	Unknown	52
Females	116	Total	351
<u>Marital Status</u>			
Single	165		
Married	186		
Total	351		
<u>Method Used</u>			
Falls	39	Drowning	160
Hanging	36	Firearms	46
Knives	23	Poisoning	12
Asphyxiation	35	Total	351

Table 2

Most recent statistical table on suicide for Texas

The population for Texas in 1987

was approximately 16,888,000

Suicides

<u>Age</u>	<u>White Males</u>	<u>White Females</u>	<u>Black Males</u>	<u>Black Females</u>
0-1	0	0	0	0
1-4	0	0	0	0
5-9	1	0	0	0
10-14	9	4	2	0
15-19	104	26	8	3
20-24	174	31	17	3
25-34	374	105	39	13
35-44	265	86	22	2
45-54	178	62	12	2
55-64	180	55	2	2
65-74	161	41	8	2
75+	163	19	5	0
Totals	1,609	429	115	27

Total 2,180

Samuel Yochelson and Stanton E. Samenow developed another hypothesis, the criminal personality theory, to explain the causes of suicide. The criminal suffers lower self-esteem due to feelings of worthlessness and anger resulting from unfulfilled needs. The criminal sees suicide as the only resolution to pain and suffering (Hyde 31).

The last theory discussed is the contagion theory which involves cluster suicides. "Examples of cluster suicides are those that occur in the community within a short period of time. When a young person who is popular, or has some other enviable quality, commits suicide, the act shakes the whole community. People find it difficult to understand the action, making the suicide appear mysterious or glamorous in the eyes of those young people who are troubled. Many younger adolescents who are pulled into a cluster suicide phenomenon may harbor the "magical" belief that they are all powerful and can reverse death, can have death without dying" (Hyde 31-32).

The most publicized example of mass suicide is the tragic events of Guyana in November 1978 (Valente 4). Several hundred people took their own lives as part of a religious cult act. Some were believed to be forced to participate in the mass suicidal act, while others did it willingly.

An example of cluster suicides in the community of the

Dallas/Fort Worth metroplex is the suicides of several youths in the Plano School District, where eight teen suicides occurred in the space of a year beginning in the spring of 1983 (Bosak 8). It was this outbreak of cluster suicides that prompted further research to determine a possible new way of suicide prevention.

Once every minute or even more often, someone in the United States either commits suicide or attempts it with conscious intent. Sixty or seventy times everyday these attempts succeed (Pretzel 20). Ari Kiev states that the number of completed suicides in the United States is estimated at approximately 20,000 to 40,000 without counting indirect forms of self-destruction resulting from auto accidents, industrial accidents, narcotic addiction, and chronic alcoholism (Anderson 3). Kiev continues by adding that suicide is the second most common cause of death in the college age population and the most common cause of death among young negro women, and American Indian youth (Anderson 3). Ari Kiev states that we must develop new methods for widening the treatment net and delivering care to high risk groups which are not now being reached. We need better coordination among existing agencies, and new methods of treatment (Anderson 5). Because current suicide prevention is not meeting the demand to save all lives, other suicide preventative techniques should be established. In the book

Death Wishes?, Morgan quotes Kiev as saying that there is not any evidence to date that suicide prevention centers which in the main specialize in telephone referral, has reduced the suicide rate in the area covered (77).

Current suicide prevention consists of many aspects, ranging from suicide hot lines to mental wards in psychiatric hospitals. The following are current suicide preventative techniques available in the Dallas/Fort Worth area with a brief explanation of the techniques function.

- 1) Suicide Prevention Agencies: Agencies sprang into existence with the purpose of coming to the aid of the individual person who evidenced a likelihood of being suicidal. The main function of the agencies are to handle incoming calls that deal with a potential suicide and/or someone expressing suicidal behavior.
- 2) The Lay Volunteer: The lay volunteer is someone with proper training who can make a successful approach to the client (potential suicide victim), and by their knowledge of the community services available for useful referral they can often tide the client over their crisis.
- 3) Family Service Agencies: Most of these are community sponsored and have social workers on their staff. They also have at least one psychiatrist who is used as a consultant. Some of these agencies are denominational, such as the Jewish Children's Bureau and Catholic Charities.

- 4) Juvenile Courts: In some cases of juvenile delinquency, the juvenile courts come across cases of suicidal behavior. Seeing that these youth are put into the courts hands, the juvenile courts find at times, cases of suicidal behavior.
- 5) Juvenile Protection Agencies: Like the juvenile court system, juvenile protection agencies must be prepared to handle most any type of juvenile crisis. Among those crisis' is suicide.
- 6) Hospitals: All hospitals connected with medical schools, as well as other hospitals that have more than 200 beds, have a social-work department of psychiatry. This means that adolescents who represent a suicidal risk can be treated either as in-patient or out-patient.
- 7) Hot Lines: Many cities and most college campuses have a telephone service that can offer an immediate contract for disturbed youth and attempt to direct them to seek appropriate help. These numbers are easily available in the local directories, or they can be obtained from any police station.
- 8) The Crisis Line: [(214) 828-1000] A 24-hour confidential telephone counseling service staffed by training crisis counselors in Dallas.
- 9) Inservice Training: Professional staff regularly provides consultation and inservice seminars for schools, hospitals, and other professionals dealing with high-

intensity crisis.

10) Speaker's Bureau: Trained speakers with experience in suicide prevention and crisis intervention are available for presentations throughout the community.

11) The Media: Suicide in the past few years has been a topic that the media has tried to portray in a very realistic way. Suicide has been addressed in the newspaper, magazines, made-for-television-movie, theatres, After School Specials, and music videos. The most televised media event on suicide, was the television movie, "Surviving", starring Molly Ringwald. The movie was about two depressed youth that take their own lives together.

12) Pamphlets and Brochures: Numerous pamphlets and brochures are available to the public concerning suicide. The brochures offer information on suicide behavior, to crisis intervention, to support group information for survivors of a suicide.

Even with all the suicide techniques currently available, about 30,000 human beings are passing through the system each year in the United States. Kiev tells us that in spite of the proliferation of suicide prevention services in the last ten years, the suicide rate in this country for the past 10 years remains essentially unchanged (Anderson 3).

Because not all or more lives are not being saved, this

author believes it is necessary to introduce a new form of possible suicide prevention through the use of oral interpretation in a social context setting. The use of oral interpretation in a social context setting will be discussed in chapter three.

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CHAPTER III

ORAL INTERPRETATION: COMPILING A SCRIPT AND SOCIAL CONTEXT

Introduction

From approximately 1760 to 1827, the teaching of interpretation or elocution, as it was called, responded to the two dominant educational trends of the period. The two trends were the Mechanical school, and the Natural school. The Mechanical school also developed numerous rules and complicated notations to direct the student in his learning to speak and read. The Natural school believed in a minimum of rules but looked for nature for instruction. It also depended upon the individual--his imagination and natural capacity. The leaders of these schools were English, as were the textbooks used in the schools. Their textbooks seem impractical to the modern teacher, but must be considered in their own particular setting as great contributions. These leaders in elocution made it possible to study what is now known as oral interpretation of literature (Robb 67).

Since the eighteenth century, oral interpretation has enlarged and improved its status. From elocution to rhetoric, to solo interpretation, reader's theatre, and

performance of literature, oral interpretation has taken on new possibilities. One of those new possibilities is oral interpretation in a social contexts as a persuasive device. Other areas include selection of materials for a script, and definitions of types of materials needed for the script.

Social Context

At the 1978 national convention of the Speech Communication Association, a program was presented entitled, "Oral Interpretation in Social Contexts." The enthusiasm of the conventioners convinced the Speech Communication Association to establish a task force on social context. During the summer of 1979 a meeting was held by the task force. The results of the meeting were reported in Spectra:

. . . a task force meeting on Contexts of Interpretation was held the 16-19 May 1979 at Giant City State Park, Makanda, Illinois. A group of thirty members of the Interpretation Division from 12 states including all four Regional Divisions were in attendance. . . . Recognizing that many people in Interpretation are interested in expanding the concepts of the meaning of Audience, Performer, and Text, and that there has been considerable innovative use of interpretation in such contexts as prisons, mental hospitals, and centers for the elderly. The preliminary task

force was formed in the attempt to coordinate centered on curriculum developments, community based projects, and possibilities for grants. A major result of this meeting will be the setting up of a network of those persons who are interested in exploring Contexts in Interpretation. (Hudson 9-10)

The conclusions made by the task force, show that Contexts in Interpretation is a definite means of networking needed for public awareness. Madeline Keaveney says, "Oral interpretation in social contexts can teach and please, and pragmatically, address's the needs of the 1980's" (10).

K. B. Valentine continues by adding that:

Students benefit with increased sense of relevance of their studies to the world outside of the classroom, positive visibility for themselves in what could become a work environment, and dynamic relationships with other areas of communication, such as small group, interpersonal, rhetorical organizational, intercultural, theatrical, forensic, persuasive, public speaking, nonverbal, theatre, and communications disorders (2).

"Suicide: A Solution?" is a form of contextual interpretation that will be used for public awareness. The important aspect to remember is whether "Suicide: A

Solution?" can be used in a persuasive manner. Ted Colson states,

Since the persuasive possibilities of interpretation have generally been recognized for some time, the concept of interpretation in social contexts should not be regarded as a new departure from the traditional approach to the study of literature, but rather as a re-emphasis of the rhetorical dimensions of the discipline (11).

To strengthen Colson's statement, Dennis Doyle adds that the wide range of literature available for a social context script requires that the adapter understand fully the framework in which literature will interact. Because this script is attempting to stimulate interest, provide better understanding, and provoke action, a persuasive speech structure can be employed (36).

Obviously, persuasion can be a very important part of social context oral interpretation. But in order for the message to be experienced by an audience, the social context script must be adapted or compiled or both.

Compiling the Script

If one acknowledges the fact that oral interpretation in a social context can be a valuable tool, then one must give careful attention to the selection of supporting materials. Lee and Galati say that the first consideration

in selecting the material one presents is its literary worth (543). They continue by adding that almost any topic of human interest can become the focal point of a program. The range of possibilities is limited only by the interpreter's skill and imagination (543). Whatever the occasion, the program should have a unifying theme. This unity may be dictated by what you know about your audience, the time of year, the purpose of the organization one is reading for, or any number of other factors. It most often is determined by personal taste. The program must hold together as a total experience. The intrinsic factors of unity and harmony, variety and contrast, balance and proportion, and rhythm of emotional impact and focus of interest are doubly important (Lee and Galati 544).

Based on Lee and Galati's recommendations on selecting material, the following decisions have been made. The overall theme chosen for the script is suicide prevention. Variety and contrast have been added by using different types of literature. This literature ranges from poetry, to prose, to newspaper editorials. The impact and focus is to persuade people not to commit suicide.

When compiling a script there are some key elements that must be used. In Readers Theatre Handbook, Coger and White state what those elements are: "Unification, focus, cohesion, and point of view" (60). To reinforce Coger and

White, Jerry Pickering in Readers Theatre states that the collection of short materials, while presenting equally great problems in terms of selection and adaptation, is perhaps even more likely for success than the long work. This approach to directing a performance of literature script provides several thematic opportunities. The short pieces themselves may be featured, unified in terms of some inherent philosophical or social theme (23). Therefore at this point, material needs to be found that gives a unifying theme. In the case of "Suicide A Solution?", the decision to use a combination of non-fiction prose, poetry, newspaper editorials, newspaper headlines, suicide case studies, and information from suicide pamphlets was used.

After much research and reading of materials, the actual pieces of literature may be chosen. This does not mean that the actual script is ready. In order for the script to be finalized, one must analyze the material and adapt it to the needs of the performance that will be given. The term adaptation refers to the process of arranging the selections into an effective progression of ideas, emotions, and action. Involved in this procedure may be certain alterations, deletions, or additions, to the literature for it to better fit the script's intent (Doyle 41). Charlotte Lee Tells us that, "After making a selection, the interpreter must thoroughly investigate everything to be

found within that particular piece of literature itself" (19).

The first type of literature to be discussed is non-fiction prose. Webster's Dictionary defines non-fiction as a story that has not been invented (310). Sessions and Holland define non-fiction as a category of prose that, ". . . concerns itself primarily with explanation and persuasion" (165). Charlotte Lee suggests that non-fiction prose may be easier to analyze and adapt because of its didactic approach (163).

The approach used in the prose selection of "From Three Ways of Dying", is toward the emotional appeals to the audience through interpreting the literature.

Another type of material to be used will be poetry. Webster's Dictionary defines poetry as writing that formulates a concentrated imaginative awareness of experience in language chosen and arranged to create a specific emotional response through meaning, sound, and rhythm (654). Long, Hudson, and Jeffrey define poetry as ". . . a rhythmic expression of human experience through a tight, well-chosen, intensified language" (54). This human experience through a tight, well-chosen, intensified language can be felt in "Lonnie's Message" to her parents. Lonnie's intensified message is inevitably her last. Lonnie takes her own life.

Other forms of material to be used will be case studies. Literature that focuses on specific cases rather than generalities can be powerful indeed (Doyle 39). Take, for instance, "Case XLI". This is the documented case of a potential suicide victim that could not face tomorrow, due to today's problems.

Newspapers also provide good pieces of information. A personal experience of truth is more powerful than a fictitious comment. Newspaper articles and letters are good examples of the activeness non-fiction literature provides... (Doyle 39). "Headlines to Suicides" are newspaper headlines that have appeared across the United States in local and state newspapers. The headlines are about suicide cases that have taken place in recent years.

The last type of materials that will be used will be pamphlets. Webster's Dictionary defines pamphlets as a booklet or brochure (67). Pamphlets provide basic and brief information on a particular public interest topic of awareness. These topics range from abortion, to herpes, to suicide. Information from pamphlets and brochures will be used to give updated, factual information about suicide prevention techniques; information designed to help a potential suicide victim, and to identify signs of potential suicide.

SUMMARY

The portrayal of suicide in a social context setting will inevitably have its challenges. But the guidelines set forth by oral interpretation experts show that it is possible to portray a script on suicide for social contextual purposes.

The selection process consisted of finding material suitable to persuade an audience not to commit suicide. The types of material used will be poetry, non-fiction prose, newspaper articles, case studies, and pamphlets and brochures.

Long, Hudson, and Jeffrey state that, "Literature is incomplete until it is performed" (6). With this in mind the following script was compiled with the idea that it would be performed and, therefore, must have a strong aural appeal for the audience.

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CHAPTER 4

"SUICIDE: A SOLUTION?"--THE SCRIPT

Introduction

The script "Suicide: A Solution?" is the main focus of this chapter. The script is designed for solo performance. The performer can be male or female. However, the script can easily be adapted for group performance, allowing for multiple readers. When the script was previously performed, there were not any special staging requirements, or special props used. This allows for a variety of staging ideas to be used.

In the script, a number will indicate that a new piece of literature, or a transition is about to begin. The numbers are not indications of readers. The script presented, is in original context, designed for solo reading.

The Script

1) Leave me alone.
You can not stop me.
If you do not get away, I am going to jump.
Just leave me alone.
I said leave me alone.

I just want to die.

Why did this person want to die?

Why? I ask you why?

(2) Crying was her only emotional release.

She dared not infringe upon her suitemates,

or for that matter, her roommate.

They had their own problems without dealing with hers.

So,

when the gates of iron came tumbling down upon

her,

she would usually scurry to the closest isolated spot.

And cry.

She hated crying.

When Jina was a little girl,

and the dog had torn the head off her Barbie doll,

she cried.

Dad had told her not too.

Big girls don't cry.

So she wiped her eyes,

sniffled twice and kept her grief within.

As her chin quivered,

Jina wanted to burst with tears.

"What will Ken do without Barbie?"

she muttered to herself.

Remember,

big girls don't cry.

She had fallen into the wonderland of glistening lip gloss,
creamy fingernail colors,

pierced ears,

tight jeans,

and an ever increasing desire to meet boys.

Jina's lucky man was Chad.

He wasn't a football captain,

nor was he ever voted best-looking.

But to Jina,

Chad was the prince of perfection.

Chad and Jina had been "going steady" for what seemed
forever,

at least three weeks.

But now,

like all fickle 14-year-olds,

Chad said goodbye;

he just wanted to be friends.

Jina sat at the table,

just shaking her head,

placing her hands over her face,

and finally putting her head down in her lap.

She didn't want anyone to see her crying.

She was a big girl.

In certain cliques,

the news spread,

and the walls of Evermore High rocked and rumbled with the latest circulating jabber release.

"Chad and Jina broke up."

"Chad and Jina broke up."

Three of Jina's closest friends,

with torn,

withered,

and pitied looks on their faces,

attempted to console poor Jina.

"Oh Jina, it'll be OK."

"There's others,"

Brenda said.

"Yeah. I mean, I heard he likes Carolyn and has been smooching with her anyway."

Kimberly said between smacks of Double Bubble gum.

"Jina, why don't you ever cry?"

"You never cry."

Another said.

Jina took a deep breath and placed a fraudulent smile on her face.

Like an actor with a mask to conceal his true identity,

Jina looked at the girls.

"I'm a big girl."

"Big girls don't cry."

Slowly,

degeneratively,

Jina distanced herself from others.

She didn't go to the Halloween spook house,

or the 50's Day Sock Hop,

the biggest event at Evermore High since Principal Hadley

slipped on a newly waxed floor while chasing some

delinquents.

She finally graduated in 1983 with big plans to attend a local university.

She could have done without attending college.

She couldn't perceive living in a dorm with strangers and being away from home.

But her dad had said that, "big girls go to college", and so she did.

As the car traveled down the highway,

few words were spoken.

Dad mentioned something about the trailer swaying back and forth;

Jina showed concern.

Mother just sat and whimpered.

Her daughter was leaving and going to school.

Mother was never a big girl.

As they parked,

Jina surveyed the sprawling campus.

Newly arrived students were everywhere,
moving furniture,
clothes,
and stereos.

There were others just sitting under a tree,
laughing,
talking,
and drinking.

In the corner of her eye,
she caught a glimpse of a red frisbee.
It hit their car.

A husky young man with nothing but running shorts on,
ran and fetched the fallen frisbee.

"Sorry."

"Hey this your first semester?"

Jina immediately jerked her head down,
grabbed a suitcase,
and entered the building.

Her first semester had begun.

Almost a junior,

Jina had not taken to campus life.

She survived only for the sake of her parents.

She was making good grades,
and her parents were happy.

They only saw her every other month,

Yesterday,

the paper ran a story about Jina.

It told how she had been a student at Evermore High,
and Youngston University.

It told how she had had a 3.5 grade point average.

It had a quote from her dad that said,

"She was my little girl."

WRONG!!!!!!!!!!!!

For 22 years,

Jina was daddy's BIG girl,

striving,

and fighting,

to be bigger and better.

The fight had been lost.

Jina jumped out of the 10th floor window of her dorm.

Jina jumped out of the 10th floor window of her dorm

(Miller 2).

(3) Why did Jina have to die?

Why? I ask you, why?

(4) And he was rich,

yes richer than a king,

and admirably schooled in every grace.

In, fine we thought that he was everything,

to make us wish that we were in his place.

So on we worked,

and waited for the light.

And went without the meat,

and cursed the bread.

And Richard Cory,

one calm night,

went home and put a bullet through his head (Robinson 9).

(5) Why did Richard Cory take his own life?

Why? I ask you, Why?

(6) A young business woman of twenty seven for several days wished for death after the following experience.

During her roommate's illness she had paid the doctor's bills,

the rent on their apartment,

bought the food,

and met the installments on the furniture which they were buying.

Her savings were almost gone when in a reckless moment she bought a much-desired fur coat.

She came home one day to find her clothes and some of the furniture gone.

She learned from other tenants that her roommate had taken them and left without repaying the money spent during her illness.

She wrote,

"I fainted,"

"and on coming to certainly wished for death."

"No clothes,"

"no money,"

"and the rent due in a week,"

"I was despondent" (Cavan 272).

(7) The following are headlines in local,
state,

and national newspapers.

All of these headlines are headlines to reported suicide
cases.

-NO ONE WILL EVER KNOW THE AGONIES OF MIND.

-GAS TRAGEDY INQUEST WIDOW AND SON MADE DEATH PACT.

-DEPRESSED WIFE TOOK OVERDOSE OF DRUGS.

-MAN FOUND DEAD IN CAR INQUEST TOLD.

-WIDOW TOOK HER OWN LIFE.

-TEACHER LEFT NOTES BEFORE TAKING HER LIFE.

-SHOTGUN DEATH.

-MAN HAD BEEN DEPRESSED.

-WIFE RETURNED TO FIND HUSBAND HANGING.

-MALE NURSE FOUND DEAD ON RAILWAY, LEFT NOTE FOR WIFE.

-STUDENT DIES IN TOWN CENTER.

-UPSET GIRL TOOK AN OVERDOSE OF SLEEPING PILLS.

-CHILDREN FOUND MAN HANGING.

-HAPPY YOUTH TOOK HIS LIFE WITH PIPE TO CAR EXHAUST.

-DEPRESSED WOMAN CUT HER WRIST IN BATH TUB.

-MOTHER OF TWO DRANK ACID WHILE DEPRESSED.

-DROWNED WOMAN LEFT A NOTE. ENGAGEMENT WAS BROKEN.

-TEMPERAMENTAL YOUNG MAN GASSED HIMSELF.

-COLLEGE GIRL LONELY AND DEPRESSED TAKES LIFE (Atkinson
185-186).

(8) WHY??? I ask you, Why?

(9) I regret to say today I've done a terrible,
murderous deed.

For on this day I put to death,
someone close to me.

I cannot fathom why I slaughtered my very best friend.

I'm sorry,

but it's now too late.

Her life is at an end.

She was lonely everyday of her quickened life.

And now her body lays very still,
murdered with a knife.

No one ever tried to care,
or really understood.

No one ever tried to help,
or loaned a friendly hand.

I regret to say a bloody act,

I did on August twelfth.

For on this day,
in lost despair,

I put to death myself (Boots 1985)

(10) It won't be long now.

Still the same.

Hope I pass out by 2 a.m.

Gee, I love so much,

Florence.

I feel very tired and a bit dizzy.

My brain is very clear.

I can see my hand shaking.

It is hard to die when one is so young.

Now I wish oblivion would hurry (Douglas 311-312).

(11) "It's impossible,"

"oh! no,"

"it isn't true!"

"Tell me it's a nightmare!"

"My gut,"

"my guy,"

"you are everything for me."

"You are my God,"

"you are my soul!"

"Can one live without his soul?"

"It's not possible."

"You're all my life."

"Everything."

"To whom will I tell my troubles?"

"My thoughts?"

"It's horrible!!!"

"You are my soul reason for living."

"Without you I no longer have anything."

"I feel as if my head will burst."

"Darling, if you go away it's either madness or death for me."

"I don't wish it,"

"but I wouldn't have the strength to bear . . ." (Douglas 336).

(12) "You were the only girl I could love,"

"so I have lied to you for the last time."

"As you know I could not bear to see you suffer any longer."

"So this will be goodbye,"

"and I hope the next man will be a real man."

"One that has a little money and has a good job,"

"as I have done my best to find work."

"So goodbye and good luck" (Cavan 273).

(13) Look Momma.

See Daddy.

I wrote a poem on my wrist.

I used a razor for a pen.

I signed my name in blood.

But you wouldn't read it.

If something happens to me,

please take care of Timmy.

Look Momma,

See Daddy.

I wrote a poem on my wrist.

I used a razor for a pen.

I signed my name in blood.

But you wouldn't read it.

If something happens to me,

please take care of Timmy.

Look Momma,

See Daddy.

I wrote a poem on my wrist.

I used a razor for a pen.

I signed my name in blood.

But you wouldn't read it.

If something happens to me,

please take care of Timmy.

Look Momma,

See Daddy.

I wrote a poem on my wrist.

I used a razor for a pen.

I signed my name in blood.

But you wouldn't read it.

If something happens to me,

please take care of Timmy (Lowry 1985).

(14) "Now I should have known that something was wrong."

"He was starting to get depressed like in January."

"The night before I heard him go down in the basement,"

"which he never does,"

"he hated to go down there,"

"he would be waiting at the outside door and we would hang up the clothes."

"But he would never go down there."

"But that night he was down there,"

"and I went down to see what he was doing,"

"and he had torn all,"

"almost all the photographs from our trip to Bermuda 5 years ago."

"I can't remember really how long."

"But when I saw that,"

"I cried,"

"and said,"

" 'the only thing I have now are my memories, and you're destroying those.' "

"He looked at me,"

"but he didn't say anything,"

"just walked upstairs and went into his room and shut the door."

"Later that night he tried to put his arms around me,"

"I guess to console me,"

"but for the last year he couldn't rightly show affection."

"We would go to kiss him,"

"He didn't seem to want anyone to go near him,"

"to touch him."

"But he didn't know how to give affection anymore,"

"and I guess he was trying to but didn't know how,"

"when he tried to put his two arms around my shoulders."

"I think he was destroying those photographs,"

"and then he tore one or two of them upstairs,"

" 'cause he didn't want to be reminded of when he was younger and still well."

"Anyway,"

"I should have known that something was seriously wrong then."

"The next day as we left he asked me."

" 'Do you have the extra key to the house?'"

"We keep an extra key in the den."

"And I should have suspected something then too,"

" 'cuz he would always let us in the house when we returned."

"We didn't go out very much without him,"

"but Joan had to get away sometimes,"

"take her out for a drive,"

"and if he refused to come,"

"well-then I got to the car,"

"and said to the kids,"

" 'I think I forgot to kiss daddy goodbye.' "

"I went to the door,"

"knocked,"

"he let me in and I kissed him on the forehead,"

"and he seemed so happy,"

"he gave me a great big smile,"

"everyone commented on it."

"We were only gone two hours,"

"such a short time."

"When we got back,"

"and the door was locked,"

"and he didn't come,"

"and he wasn't sitting in his chair,"

"I knew right away something was wrong,"

"something terrible."

"I ran down to the basement,"

"I just felt I must,"

"and-----"

"he was already dead."

"He had hung himself" (Wallace 156-157).

(15) (This is one reader performing two voices.)

A. . . . you came to the local town general infirmary and identified the body lying there as that of your mother?

B. Yes.

A. Full name Amy Smith, formerly Amy Jones, and she was a widow aged 48, born 19th March 1923, at Docktown?

B. Yes.

A. And she formerly resided with you at 30 Honeysuckle Avenue, Blakeston?

B. Yes.

A. She enjoyed good health apart from minor ailments until 1968?

B. Yes.

A. Then what happened?

B. She had an upset with my dad and she took some pills.

A. Why do you think she did that?

B. Well, she had been drinking, she was a bit upset.

A. I see.

B. I didn't think she'd do a thing like that

(Atkinson xii).

(16) "You know,"

"when you lose someone like this,"

"it's like a big chunk of yourself,"

"you know?"

"The first month I used to wake up at night screaming for my wife."

"Well,"

"you tell yourself then,"

"you know they were sick and with something they wouldn't be

able to live with."

"So they suffer,"

"they finish suffering,"

"you know,"

"suffering no more."

"And I remember saying over and over,"

" 'Oh my God!' "

" 'It's all my fault,' "

" 'it's all my fault.' "

"I just kept saying this over and over again,"

"and Even my mother kept saying,"

" 'We'll have a hard time telling our relatives
that. . . .'"

" Oh-I felt, uhh-pity,"

"you know,"

"I uh,"

"it was bad"

"I mean my heart was,"

"really broken"

"I just felt so bad."

"It was like,"

"uh,"

"it was bad"

"dream"

"but it was really,"

"a terrible,"

"a terrible,"

"terrible experience."

"I should have known something was wrong." (Wallace II).

(17) So far we have seen people that have committed suicide, people that wanted to commit suicide, and family and friends of people that have committed suicide.

But how can we as a public recognize if someone may be a potential suicide victim?

The following are symptoms of suicide.

- A. Sleep difficulties.
- B. Preoccupation with sad thoughts.
- C. Preoccupation with the disposition of possessions and arrangements of unfinished business.
- D. Poor appetite, or compulsive eating.
- E. Loss of interest in the surroundings and in usual interests.
- F. Loss of sexual desire.
- G. Self-neglect.
- H. Crying and tearfulness.
- I. Lack of concentration and memory troubles.
- J. Hopelessness; suicidal thoughts or threats.
- K. Feelings of persecution.
- L. Mood changes.

(18) If you know someone that may be considering a suicide, or if you suspect someone may be a potential suicide victim, the following are ways that you can help.

DO'S

- A. Be willing to listen.
- B. Allow them to express their feelings.
- C. Discuss it openly and frankly.
- D. Be a non-judgmental listener.
- E. Show interest and support.
- F. Get help from suicide specialist.
- G. Ask them if they've ever considered suicide.

DON'TS

- A. Refuse to talk.
- B. Give advice.
- C. Dare them to do it.
- D. Tell them they shouldn't be depressed.

(19) Once,
on yellow paper,
with green lines,
he wrote a poem.
And called it "Chops,"
because that was the name of his dog,
and that is what it was all about.
And the teacher gave him an "A"
and a gold star.

And his mother hung it on the kitchen door,
and read it to all his aunts.
That was the year his sister was born,
With tiny toenails,
and no hair,
and Father Tracy took them to the zoo,
and let them sing on the bus.
And his mother and father kissed alot,
and the girl around the corner sent him a Christmas card
signed with a row of x's.
And his father always tucked him in at night,
and he was always there to do it.
Once,
on white paper with blue lines,
he wrote another poem.
And he called it "Autumn".
Because that was the name of a season,
and that's what it was all about.
And the teacher gave him an "A".
And told him to write more clearly.
And his mother didn't hang it on the kitchen door,
because the door had just been painted.
That was the year his sister got glasses.
With big black frames and thick lenses.
and the kids told him why his father and mother kissed alot.

And that Father Tracy smoked cigars,
and left butts on the pews.
And the girl around the block laughed when he went to see
Santa Claus at Macy's.
And his father stopped tucking him into bed at night,
and got mad when he cried for him to.
Once,
on a paper from his notebook,
he wrote another poem.
And he called it "Question Marked Innocence,"
because that was the name of his grief,
and that was what it was all about.
And the professor gave him an "A"
and a strange and steady look.
And his mother never hung it on the kitchen door,
because he never let her see it.
That was the year he found his sister necking on the back
porch.
And his parents never kissed,
or even smiled.
And he forgot how the end of the "Apostle's Creed" went.
And Father Tracy died.
And the girl around the block wore too much make-up
that made him cough when he kissed her.
But he kissed her anyway.

Once,
at 3 a.m.,
he tucked himself in bed,
his father snoring soundly.
He tried another poem on the back of a pack of matches,
and he called it absolutely nothing.
Because that's what it was all about.
And he gave himself an "A",
And a slash on each damp wrist,
And hung it on the bathroom door,
because he couldn't reach the kitchen (Anonymous 20-25).

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CHAPTER 5

PERFORMANCE EVALUATION

In order to determine the effectiveness of this thesis the performance evaluations completed by audience members following the presentation of the solo interpretation performance will be influential. The performance of "Suicide: A Solution?" was presented on 13 March 1985 to an estimated crowd of 80 to 90 people. The audience members consisted of suicide prevention and counseling personnel, people who had unsuccessfully attempted suicide, students and faculty of the University of North Texas, and members of the community of Denton, Texas.

To determine effectiveness or failure of the performance, two types of evaluation forms were used. The first form was distributed to all audience members; However not all audience members chose to participate in the evaluation process. The general evaluation form is shown as Appendix A.

The second form was used only by the suicide prevention counselors who were in the audience (APPENDIX B). The analysis of responses to the two forms is treated separately.

The following tables show the results of the

evaluation forms completed by the general audience members. The first line is the 1-7 rating scale to which the audience members were asked to respond. The second line shows the number of individuals who responded to each specific rating. The third line is a conversion of those numbers into percentages. A total of fifty seven individuals completed the form. It is assumed that any rating of five or above for each of the first six questions indicates a favorable response to that question. It is also assumed that overall favorable responses would suggest that this script could be used successfully as a viable means of persuasion in the area of suicide prevention.

Table 3

Understandability

Question 1: Was the material understandable?

(7=Understandable; 1=Not understandable)

Rating	7	6	5	4	3	2	1
Number Responding	36	13	6	2	0	0	0
Percentage	63%	23%	11%	4%	0%	0%	0%

Table 4

Vividness and Interest

Question 2: Were the examples in the performance vivid and interesting?

(7=Interesting; 1=Not interesting)

Rating	7	6	5	4	3	2	1
Number responding	29	11	10	2	2	3	0
Percentage	51%	19%	18%	4%	4%	5%	0%

Table 5

Clarity

Question 3: Was the message made clear?

(7=Clear; 1=Not clear)

Rating	7	6	5	4	3	2	1
Number responding	41	9	3	3	0	1	0
Percentage	72%	16%	5%	5%	0%	2%	0%

Table 6

Persuasiveness

Question 4: Were you persuaded by the message in the performance?

(7=Persuaded; 1=Not persuaded)

Rating	7	6	5	4	3	2	1
Number Responding	22	12	6	6	5	3	3
Percentage	39%	21%	11%	11%	9%	5%	5%

Table 7

Level of intensity

Question 5: Did the performance have a proper level of intensity to be appealing?

(7=appealing; 1=Not appealing)

Rating	7	6	5	4	3	2	1
Number Responding	21	21	4	2	3	5	1
Percentage	37%	37%	7%	4%	5%	9%	2%

Table 8

Effectiveness

Question 6: Do you think this performance would be an effective tool for suicide prevention?

(7=Effective; 1=Not effective)

Rating	7	6	5	4	3	2	1
Number responding	22	11	7	6	4	5	2
Percentage	39%	19%	12%	11%	7%	9%	4%

Seventy percent or more of the responses to questions one through six were rated five or better. This clearly indicates an overall favorable response to the performance. Based on these percentages, it appears that the performance of literature for means of suicide prevention can be successfully used. This by no means suggests that oral interpretation is the best or only form of suicide

prevention. It merely shows that oral interpretation is possibly another viable type of suicide prevention that could be utilized by suicide prevention agencies.

It is felt that perhaps the most pertinent response that indicates the success of this thesis was question number four: "Were you persuaded by the message in the performance?" The number of persons who indicated that they were was 70%. Because a vast majority was persuaded, this author contends that oral interpretation can be a valuable form of suicide prevention.

In response to question six, "Do you think this performance would be an effective tool for suicide prevention?", 71% answered affirmatively. One audience member responded that the performance was excellent and needed to be done. Another commented that this could be an effective tool for suicide prevention, qualifying that judgement by pointing out that he/she is not an expert on suicide prevention. Another person responded by saying that if one were thinking about suicide, that this performance could sway one not to commit suicide.

Even though the majority of those present for the performance of "Suicide A Solution?" responded favorably, it is only fair to note that among the remaining 29% there were some negative comments. One person, for example, commented that if one were going to commit suicide for the sake of

gaining attention, this performance might encourage that person to do so.

Questions seven and eight were not designed to elicit responses regarding the effectiveness of the performance, rather, they were included in an effort to determine the personal involvement of the individual audience members. Questions seven asked if the individual had ever attempted it. Tables nine and ten show the results of those two questions.

Table 9

Thoughts of Suicide

Question 7: Have you ever thought about suicide?

(Yes=7: No=1)

Rating	7	6	5	4	3	2	1
Number responding	12	5	3	3	3	5	26
Percentage	21%	9%	5%	5%	5%	9%	46%

Table 10

Attempted Suicide

Question 8: Have you ever attempted suicide?

(7=Yes; 1=No)

Rating	7	6	5	4	3	2	1
Number responding	5	0	1	1	2	2	46
Percentage	9%	0%	2%	2%	4%	4%	81%

In response to question seven, 60% responded with a rating of one, two, or three, indicating that the majority of the audience members do not tend to think about suicide. In response to question eight, an even larger majority of 89% indicated that they had never attempted suicide. Of the 40% of those audience members that had thought about suicide, 27% had attempted a suicide unsuccessfully. Specific narrative comments made by audience members are included as Appendix F.

The second evaluation form was distributed to suicide prevention counselors (Appendix B). For each question asked, a table will follow to show a percentage breakdown for that particular information sought. Responses of seven, six, or five on a scale of seven to one, with seven being the highest, would indicate that an oral interpretation script such as "Suicide: A Solution?," is a viable means of persuasion in the context of suicide prevention.

Table 11

Understandability

Question 1: Was the material understandable?

(7=Understandable; 1=Not understandable)

Rating	7	6	5	4	3	2	1
Number responding	3	0	0	0	0	0	0
Percentage	100%	0%	0%	0%	0%	0%	0%

Table 12

Appropriateness of examples

Question 2: Were the examples in the performance typical?

(7=Typical; 1=Not typical)

Rating	7	6	5	4	3	2	1
Number responding	2	0	1	0	0	0	0
Percentage	67%	0%	33%	0%	0%	0%	0%

Table 13

Clarity

Question 3: Was the message made clear?

(7=Clear; 1=Not clear)

Rating	7	6	5	4	3	2	1
Number Responding	2	0	1	0	0	0	0
Percentage	67%	0%	33%	0%	0%	0%	0%

Table 14

Relevancy

Question 4: Was the message relevant?

(7=Relevant; 1=Not relevant)

Rating	7	6	5	4	3	2	1
Number responding	2	1	0	0	0	0	0
Percentage	67%	33%	0%	0%	0%	0%	0%

Table 15

Question 5: Did the performance have a proper level of intensity?

(7=Appealing; 1=Not appealing)

Rating	7	6	5	4	3	2	1
Number responding	1	1	1	0	0	0	0
Percentage	33%	33%	33%	0%	0%	0%	0%

Table 16

Persuasive appeals

Question 6: Were the levels of appeals accurately targeted?

(7=Persuasive; 1=Not persuasive)

Rating	7	6	5	4	3	2	1
Number responding	0	2	1	0	0	0	0
Percentage	0%	67%	33%	0%	0%	0%	0%

Table 17

Persuasiveness

Question 7: Did it appear that the audience members were persuaded by the message?

(7=Persuaded; 1=Not persuaded)

Rating	7	6	5	4	3	2	1
Number responding	1	1	0	1	0	0	0
Percentage	33%	33%	0%	33%	0%	0%	0%

Table 18

Overall effectiveness

Question 8: Would this be an effective suicide prevention device at you center?

(7=Effective; 1=Not effective)

Rating	7	6	5	4	3	2	1
Number responding	0	0	2	0	0	0	0
Percentage	0%	0%	100%	0%	0%	0%	0%

One critic declined from answering this question.

Every question answered by the critics had over a 50% rating. Eva Mae Cagle of the North Texas Alcohol/Drug Services who deals with alcoholics and drug abusers that consider or attempt suicide said that the performance was well presented and believable. She added that she thought audience members were persuaded by the message (Appendix D). John Hipple of the NTSU Counseling and Testing Center said this topic needs much discussion. He added that he felt this would be an effective suicide prevention device (Appendix C). Both audience and critics agree that it is possible to persuade someone not to commit suicide through the use of performance.

For future performances of "Suicide: A Solution?", the following changes would be made to make the message even more persuasive. These changes are based on audience

response and critic response.

(1) Either perform all of the poem "Richard Cory", or completely delete it from the compiled script.

(2) Instead of a solo performance, some audience members suggested presenting the material in a group performance as a readers theatre script. The reason for a reader's theatre production instead of solo performance of literature, is that it allows for different voices, multiple performers, variety of characterizations, the possibility of group interaction, and perhaps the inclusion of more literature.

(3) If a readers theatre production were to be used instead of solo performance this author suggests that an enactment of an actual suicide attempt be incorporated into the performance. With that added piece of scenario, one reader might attempt to persuade another not to commit suicide. To achieve the full affect of suicide, the enactment might portray a very violent method of suicide. Such a scene might possibly provide a level of intensity that could shock and numb the audience to the degree that they vividly see the uselessness of suicide.

(4) It might also be possible to portray the devastating effect on family members and friends.

(5) Norman Keir quotes Voltaire in I Can't Face Tomorrow: "The man who, in a fit of melancholy kills himself today, would have wished to live had he waited a week" (9). This

quote might be incorporated into the script since it emphasizes the fact that if one waits, then one very likely would not kill oneself (9).

(6) Another selection of material that could be added is Dorothy Parker's Poem, "You Might As Well Live".

"Razor's pain you;

Rivers are damp;

Acids stain you;

And drugs cause cramp.

Guns aren't lawful;

Nooses give;

Gas smells awful;

You might as well live." (Keir 121-122)

(7) Another piece of literature that should be added is the very brief account of Eddie J. in the book, Suicide and Young: "Friday, February 27 was Eddie J's 14 birthday. His father had given him new bowling equipment as a gift. So early the next evening Eddie J., his father, and Jim, a 17 brother, went bowling as they did every weekend. After returning to their Long Island home, the parents went to inspect an air conditioner that was on sale, leaving the two boys alone. Between 7 p.m. and 8 p.m., Jim was working in the attached garage when Eddie J. deliberately locked the connecting door between the garage and house. The older boy finally managed to get out. When he entered the house, he

spotted Eddie J. at the top of the stairway, holding a .38 revolver. "Tell mom and dad I love them, and I love you." After saying that, Eddie J. pulled the trigger, killing himself with a single shot (15).

(8) Some audience members suggested including more information about how the family suffers. The suffering family should be mentioned, however the focus of suicide prevention is not on the suffering family, but the suffering potential suicidal person.

Conclusions

Based on this author's research, the compiling, adapting and performing of the script, the analysis of the audience surveys, and the suggestions of the professionals who commented on the performance, several conclusions are possible. First this study confirms the conclusion of the theses by other authors, such as Carlajo Cancilla, Dennis Doyle, Gary Truitt, and Richard Kent Skiles that oral interpretation can be successfully used in a social context setting. Second, this study concludes that oral interpretation in a social context setting can be a persuasive means of suicide prevention. Third, this study concludes that there is validity to K. B. Valentines belief that oral interpretation in social context can effect audience awareness. And fourth, this study concludes that a script on suicide may be a useful tool for suicide

prevention centers.

Based on the research done in preparation for the completion of this thesis, future research on suicide must be concentrated on the potential suicide victim. We know why people kill themselves. We know most of the signs leading up to a suicide. What we do not know is when someone is going to commit suicide, or how they will attempt to do it. If we can establish when and how, then lives will be saved.

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APPENDIX A
AUDIENCE RESPONSE FORM

Audience Response

Please answer the following by circling the number which most nearly reflects your attitude or opinion. Do not sign this form. Thank you.

1. Was the material understandable?

Understandable 7 6 5 4 3 2 1 Not understandable

2. Were the examples in the performance vivid and interesting?

interesting 7 6 5 4 3 2 1 Not interesting

3. Was the message made clear?

Clear 7 6 5 4 3 2 1 Not clear

4. Were you persuaded by the message in the performance?

Persuaded 7 6 5 4 3 2 1 Not persuaded

5. Did the performance have a proper level of intensity to be appealing?

appealing 7 6 5 4 3 2 1 Non-appealing

6. Do you think this performance would be an effective tool for suicide prevention?

Effective 7 6 5 4 3 2 1 ineffective

7. Have you ever thought about suicide?

Yes 7 6 5 4 3 2 1 No

8. Have you ever attempted suicide?

Yes 7 6 5 4 3 2 1 No

9. Additional Comments :

APPENDIX B
CRITIC'S RESPONSE FORM

Critic's Critique Sheet

Please answer the following by circling the number which most nearly reflects your attitude or opinion. Thank you for your time. 82

1. Was the material understandable?
Understandable 7 6 5 4 3 2 1 Not understandable
2. Were the examples in the performance typical?
Typical 7 6 5 4 3 2 1 Not typical
3. Was the message made clear?
Clear 7 6 5 4 3 2 1 Unclear
4. Was the message relevant?
Relevant 7 6 5 4 3 2 1 Irrelevant
5. Did the performance have a proper level of intensity to be appealing?
appealing 7 6 5 4 3 2 1 non-appealing
6. Were the levels of persuasive appeals accurately targeted?
persuasive 7 6 5 4 3 2 1 not persuasive
7. Did it appear that the audience members were persuaded by the message?
persuaded 7 6 5 4 3 2 1 not persuaded
8. Would this be an effective suicide prevention device at your center?
effective 7 6 5 4 3 2 1 ineffective

9. Additional comments:

10. Please sign your name, and indicate what center you represent.

APPENDIX C
PERFORMANCE EVALUATION COMMENTS BY
JOHN HIPPLE
NTSU COUNSELING AND TESTING CENTER

Critic's Critique Sheet

Please answer the following by circling the number which most nearly reflects your attitude or opinion. Thank you for your time. 84

1. Was the material understandable?

Understandable (7) 6 5 4 3 2 1 Not understandable

2. Were the examples in the performance typical?

Typical (7) 6 5 4 3 2 1 Not typical

3. Was the message made clear?

Clear (2) 6 5 4 3 2 1 Unclear

4. Was the message relevant?

Relevant (7) 6 5 4 3 2 1 Irrelevant

5. Did the performance have a proper level of intensity to be appealing?

appealing 7 6 (5) 4 3 2 1 non-appealing

6. Were the levels of persuasive appeals accurately targeted?

persuasive 7 (6) 5 4 3 2 1 not persuasive

7. Did it appear that the audience members were persuaded by the message?

persuaded 7 6 5 (4) 3 2 1 not persuaded

8. Would this be an effective suicide prevention device at your center?

effective 7 6 (5) 4 3 2 1 ineffective

9. Additional comments:

Success very good. I appreciate the work you have done.

The topic needs such "discussion"

It would be a good idea to have more people

present and a similar program on the

side the other way for another issue.

10. Please sign your name, and indicate what center you represent.

John G. Galt

WT & U Counseling & Testing Center

APPENDIX D
PERFORMANCE EVALUATION COMMENTS BY
EVA MAE CAGLE
NORTH TEXAS ALCOHOL/DRUG SERVICES

Critic's Critique Sheet

Please answer the following by circling the number which most nearly reflects your attitude or opinion. Thank you for your time.

1. Was the material understandable?

Understandable (7) 6 5 4 3 2 1 Not understandable

2. Were the examples in the performance typical?

Typical 7 6 (5) 4 3 2 1 Not typical

3. Was the message made clear?

Clear 7 6 (5) 4 3 2 1 Unclear

4. Was the message relevant?

Relevant 7 (6) 5 4 3 2 1 Irrelevant

5. Did the performance have a proper level of intensity to be appealing?

appealing 7 (6) 5 4 3 2 1 non-appealing

6. Were the levels of persuasive appeals accurately targeted?

persuasive 7 (6) 5 4 3 2 1 not persuasive

7. Did it appear that the audience members were persuaded by the message?

persuaded 7 (6) 5 4 3 2 1 not persuaded

8. Would this be an effective suicide prevention device at your center?

effective 7 6 (5) 4 3 2 1 ineffective

9. Additional comments:

Well presented and believable. For the purpose of most of my clients there would have to be more emphasis on drugs and alcohol being causes of depression which in turn causes suicide -

All phases of suicide were covered - very good!

10. Please sign your name, and indicate what center you represent.

Evie Mae Cagle - North Texas Alcohol/Drug Services

382-9644

APPENDIX E
PERFORMANCE EVALUATION COMMENTS BY
SHELLEY CUSHMAN
NORTH TEXAS STATE UNIVERSITY

Critic's Critique Sheet

Please answer the following by circling the number which most nearly reflects your attitude or opinion. Thank you for your time. 88

1. Was the material understandable?

Understandable (7) 6 5 4 3 2 1 Not understandable

2. Were the examples in the performance typical?

Typical (7) 6 5 4 3 2 1 Not typical

3. Was the message made clear?

Clear (7) 6 5 4 3 2 1 Unclear

4. Was the message relevant?

Relevant (7) 6 5 4 3 2 1 Irrelevant

5. Did the performance have a proper level of intensity to be appealing?

appealing (7) 6 5 4 3 2 1 non-appealing

6. Were the levels of persuasive appeals accurately targeted?

persuasive 7 6 (5) 4 3 2 1 not persuasive

7. Did it appear that the audience members were persuaded by the message?

persuaded (7) 6 5 4 3 2 1 not persuaded

8. Would this be an effective suicide prevention device at your center?

effective 7 6 5 4 3 2 1 ineffective

9. Additional comments:

Tension affected dynamics and timing
High want to look into Defense Technology
+ Voice!

10. Please sign your name, and indicate what center you represent.

Shelley Cushman

APPENDIX F
PERFORMANCE EVALUATION COMMENTS BY
THE AUDIENCE

AUDIENCE COMMENTS

1. Perhaps a little less dramatic, but it was fine.
2. The performance was very good.
3. I think someone who has had a common or average desire to commit suicide would be deterred. Someone severely depressed might need more help, and I am unable to judge whether it would work or not.
4. I think the question is not, "Why kill yourself?", but rather, "Why live?"
5. Excellent.
6. Good job!! Very well done!
7. Great performance.
8. Very well done.
9. I think this performance was excellent and needed to be done. Bobby did a great job with it.
10. Very outstanding performance.
11. This was the best performance I have seen at Reader's Theatre. Very moving! Excellent job!
12. It was good.
13. You did a great job arranging the material. I would think this could be an effective tool for suicide prevention, although I'm no expert.
14. Work on transitions between each piece.
15. Ineffective reader.





16. The actor seemed more angry than concerned. It needed to show more how bad the family/friends feel. It needed to show how there is hope and help more.
17. Bobby was very effective in his performance, and if I were thinking about suicide, I do think this performance could sway me.
18. Although I thought the effort was sincere, it could have been less melodramatic, more genuinely honest, less emphatic, and more low-key and down to earth.
19. I feel the performance was good and was quite anti suicidal, however once you're in that frame of mind, I don't feel any of the selections would have been a deterrent.
20. If someone were going to kill themselves for attention, this would make them want to do it more.
21. Slow down a little-speak fast.
22. I think something could be included on the families of suicide victims.
23. Excellent performance.
24. I believe that the best way to contend with this social cancer is to get the public "in the know" and comfortable in dealing with the problem.
25. Got into it a little more as the performance progressed. A little overacted.

26. Very good. Your message was great and the ending was very effective. You might want to use a little more emotion when telling and acting the stories. Very good performance.
27. Excellent performance.
28. Roman numerals pronounced: XLI, etc. Grammatical errors: Being intend; of hanged; Body laying in the morgue. Unrehearsed. Poor arguments against suicide. You never convinced me. (I'm sure your heart was in the right place.) You left out two words in "Richard Cory"--"Went home"--ruined the rhythm!
29. There was a piece that talked about a big girl living her life for her parents and realizing her mistake. Later you ask whether the suicidal person considered what parents felt. I see this as contradiction. Everyone should live their own life and be their single and only most important person. It was a powerful performance. Perhaps consider the difference between living and existing. I feel that a person who has become a robot, has at least temporarily, committed suicide.

APPENDIX G

"SUICIDE: A SOLUTION?:"

THE PROGRAM USED AT THE PERFORMANCE


SOMEONE CARES 
 yo**U**r special.
 Live!!! **L**IVE!!!
 ASK OR **C**all For help.
LIVE!!!
 Don't **D**ie. *Life is #1!!!*
 **H** **E**IP is AVAILABLE 

"Suicide: A Solution?"

Presented: Wednesday, March 13, 1985
4:15p.m., Speech and Drama Room 265.

Suicide is a form of illness in which anguish and terror lead the victim to prefer death over suffering. This program examines the anguish--not only of the victim, but also the suffering of friends and families who are left behind. A solo reading compiled and performed by Bobby C. Duncan, Jr.

Script

Big Girls Don't Cry, by Roy Miller.

Richard Cory, by Edwin Arlington Robinson.

Case XLI from Suicide, by Ruth Cavan.

"Headlines to suicide stories" from Discovering Suicide, by J. Maxwell Atkinson.

An Elegy From The Grave, by Tessie Boots.

22-year-old Kills Himself from The Social Meaning of Suicide, by William E. Douglas.

The End of the Liaison from The Social Meaning of Suicide, by William E. Douglas.

Case XLII from Suicide, by Ruth Cavan.

Lonnies' Message from Surviving.

Three ways of Dying from After Suicide, by Samuel E. Wallace.

Discovering Suicide, by J. Maxwell Atkinson.

After Suicide, by Samuel E. Wallace.

To Santa Claus and Little Sisters, by Anonymous.

How can you help?

DO

- Be willing to listen.
- Allow them to express their feelings.
- Discuss it openly and frankly.
- Be a non-judgmental listener.
- Show interest and support.
- Get help from suicide specialists.
- Ask them if they've ever considered suicide.

DON'T

- Refuse to talk.
- Offer platitudes or glib answers.
- Give advice.
- Dare them to do it.
- Tell them they shouldn't be depressed.

Where to get help

Denton Crisis Line (starting Mar. 1)	817-382-9644
North Texas Counseling and Testing	817-565-2741
TWU Counseling Center	817-566-3740
The Rice Center Hotline	817-387-5555
Suicide and Crisis Center, Dallas	214-828-1000
Plano Crisis Center	214-881-0088
Richardson Crisis Center	214-783-0008
Crisis Intervention	817-336-3355
CONTACT, Dallas	214-361-6624
CONTACT, Fort Worth	817-277-2233

For more information write:
 National Committee for Youth Suicide Prevention
 1811 Trousdale Drive
 Burlingame, CA 94010
 415-877-5604

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