ORAL INTERPRETATION AS A CATALYST FOR SOCIAL AWARENESS

ANN'S HAVEN: HOSPICE OF DENTON COUNTY

THESIS

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By

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This oral interpretation thesis studies the use of oral interpretation in social contexts. The context chosen was the Hospice movement, which deals with assisting terminally ill persons and their families through the stages of death and bereavement.

A readers theatre script was compiled for "Ann's Haven: Hospice of Denton County," which was selected for the locus of this thesis. The script was presented to various civic groups for the purpose of informing the public and eliciting support for Ann's Haven.

It was found that oral interpretation is a viable rhetorical tool and is well liked by audiences as a means of public enlightenment.
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CHAPTER I

INTRODUCTION

The turbulent decade of the 1960's is remembered as a time of protest against social injustice. Campus demonstrations, racial protest, draft evasion, bra burning, and underground newspapers -- each day, it seemed, brought a new expression of outrage. Protest was evident even in readers theatre productions, as humanistic indignation saturated art, the theatre, and literature.

The idea of using the arts as catalysts for social change is not new. The power of literature to effect attitude change has been argued many times. Ben Ramsey says:

As early as the fifth century B.C. Aristophanes was tried for treason because Cleon was concerned about the rhetorical effects of a comedy. And, within the past year, Solzhenitsyn risked another eight years in Soviet prisons because assorted colleagues were concerned about the propagandistic possibilities of his latest works. . . The history of censorship, from Shakespeare's England to Mao's China, is prima facie evidence that many in positions of authority have accepted literature's ability to produce attitude change.

Despite an appearance of apathy in the 1970's, the activities of people in the field of oral interpretation indicate strong support for Ramsey's view. Scholars of oral interpretation feel that our social consciousness did not stop with Vietnam, and oral interpreters are
becoming aware that their art is a persuasive and effective tool for social change. Many interesting programs have been initiated by people in the field.

Some of these programs have been directed toward the improvement of conditions for the aging and the handicapped, and the discovery of alternative life styles for prisoners and women. Maryann Hartman, Beth Hartman, Burton Alho, and JoAnn Fritsche of the University of Maine presented a paper to the Speech Communication Association Convention at Minneapolis in 1978 entitled, "Using Oral Interpretation to Affect Public Policy." The paper described the authors' attempts to improve conditions for the aging and handicapped by means of oral interpretation.

The programs were entitled Old Age: Tradition Shelved or Shared and As Others See Us. The basic goal of the aging project was to allow people over sixty-five to become actively involved with public policy makers and artists in creating an oral interpretation program utilizing oral histories. The program for the disabled used handicapped people as performers and was aimed toward their problems and potentials as human resources. The fulfillment of these goals highlighted the productive capabilities of the elderly and disabled.

The scripts for this program were created through taped interviews that elicited a variety of responses. The authors then extracted material, taking care to preserve
speech qualities and patterns, and then edited the lines and phrases until the programs acquired many poetic attributes. The performances of *Old Age: Tradition Shelved or Shared* and *As Others See Us* were aimed primarily at legislative committees, teachers' associations, hospital staffs, and institutions for the aging and disabled. The cast poignantly revealed how public laws and public agencies harm the aging and disabled through counterproductive policies.

The art of oral interpretation has been used to effect attitudinal change in a variety of ways. Hans Toch wrote: "The process of overcoming resistance requires active participation by the changee. The changee must be involved as a partner-in-change, who helps define objectives, and can explore implications. . . . Some experiments seem to have failed by conceiving of changees as an 'audience.'" Toch is referring to counterattitudinal advocacy, a persuasive strategy that, according to Miller and Burgoon, "requires that the intended persuadee be induced to publicly encode a message demonstrably at odds with his prior beliefs."

Performing literature orally is a valid way of employing counterattitudinal advocacy. Long comments that it is necessary to understand "how it is with other people, the nature of their inner feelings or sensations, before we can begin to make alterations in our behavior that will
accomodate them. Long also states that literature enables us to experience and understand in ways that speech alone cannot. This is an important advantage in oral interpretation, for Toch continues by saying: "Would it not follow that to the extent to which the arts are uniquely powerful as change instruments, they acquire their potency by offering participation in acts of creation?" Discussing the benefits of oral interpretation for prison inmates, K. B. Valentine and Maureen Donovan note the following: "Because a character or speaker in literature acts both as a reflector of feelings and as a mask; and because the setting encourages imaginative relationships, a communication arts program in the prisons encourages free expression of normally concealed emotions, motives, and desires."

Such programs are important to the inmates' rehabilitation. Their participation in communication arts activities helps them develop their creative potentials and satisfies their need for a creative discipline in the prison environment. Valentine and Donovan assert that a broad range of communication avenues, particularly within the correctional environment, is crucial to inmates to prevent their withdrawal, hostility, and accumulation of negative feelings. Activities associated with interpretation of literature can facilitate self integration by providing a disciplined, and directed emotional outlet, and a socially accepted manner of communicating responses to life experiences.

Valentine and Donovan believe inmates can
increase their responses to changing patterns of behavior through individual interpretation of literature performances . . . emphasize implications for past, present, and future behavior by discussing the ideas expressed in literary form as those ideas relate to the inmates . . . and increase ego strength, and decrease anxieties and introversion through group interpretation activities.\textsuperscript{14}

The authors suggest that pre- and post-tests administered to the inmates will help determine the degree of attitude change that has taken place.\textsuperscript{15}

Perhaps a more direct application of counterattitudinal advocacy through oral interpretation is illustrated by Robin Salem's study of interpretation as a method for group discussion of feminist literature.\textsuperscript{16} The purpose of the study was to determine the possibility of attitudinal change through oral interpretation of feminist literature accompanied by discussions about the implications of the literature. Implicit in the study was the question of whether interpretation and discussion could raise self-esteem.\textsuperscript{17}

The changees involved in the project were homemakers and mothers who viewed the feminist movement as "denigrating the role of the homemaker in American society."\textsuperscript{18} After ascertaining that the group's views about the roles of men and women in American society were egalitarian, Salem proceeded to reveal to them how feminist views were very similar to their own.\textsuperscript{19} By linking the group's attitudes with feminist views, Salem began to induce a state of cognitive dissonance. There was a discrepancy between the
women's internal egalitarian beliefs and their verbal disapproval of feminism.

Salem administered questionnaires concerning the women's experiences with oral interpretation and their attitudes toward female roles in society. She also included a Self-Concept Semantic Differential questionnaire to measure any change in self-concept which might occur through participation in the study. These questionnaires were given at the group's initial meeting and at the conclusion of the study. 20

Salem selected literature concerning women's roles in society, frustrations with motherhood, post-natal depression, single life, and the historical implications of feminism. It is interesting to note that the reading of "The Other Life of Alice Cornwell," by Gay Neal, received the most enthusiastic group response. This story concerns a wealthy, middle-aged wife and mother who wishes to work and who expresses the anxieties felt by a woman whose family opposes her desire to work. Salem writes: "After this reading, the discussion became highly personal and the sense of involvement within the group had become more intense. . . . The actual interpretation of the literature also became much improved and more expressive." 21

Robin Salem was concerned with both increasing self-esteem and changing attitudes toward feminism. After noting there was no change in the group's egalitarian
attitudes toward the roles of men and women but a slight increase in the group's scores on the Self-Concept Semantic Differential, Salem suggests that a more valid study would use three control groups: "one in which the women participate by only reading literature aloud, one in which the subjects discuss problems and issues pertinent to contemporary women, and one in which neither interaction is present during the meeting."23

Where Salem focused on women's roles in society, Ben Ramsey tested the persuasive capability of a program of anti-war readings. He was interested in shedding light on several hypotheses, two of which were as follows:

1. An orally presented program of readings (utilizing a competent reader) will change attitude to a significantly greater degree than a program which is merely read silently by its auditors.

2. This program will change attitude to a significantly greater degree if it is associated with highly credible authors.24

The students involved in this experiment were divided into three experimental groups (A, B, C) and one control group (D). The experimental groups were exposed to a program of selections written by men, who for the most part had been in combat. Some selections were light and understated; others were bitter and gory. Group A read the program silently with minimal introductory and transitional material. Group B also read the program silently, but was given more information about the author's literary and military
achievements. Group C audited the program in oral form. Finally, Group D was not exposed to the program prior to their completion of the Wilke Attitude Toward War Measurement, which was administered to A, B, and C immediately after their exposure to the material.  

The result of the experiment was that the different treatments produced a slight, though insignificant, shift in the anti-war direction. Ramsey suggests that several factors appear to account for the minimal attitudinal change. First, the experiment was done in 1970, at a time when the male subjects were facing the draft and the public was saturated with media coverage of the Vietnam war. Ramsey points out that Nebergall indicated a person's capacity for persuasion narrows significantly when considering an issue central to his interests.  

Ramsey also refers to Burke's warning that the brutal nature of some of the selections might have caused a negative or boomerang effect. Ramsey concludes that programs centered around peripheral issues would produce a greater attitude shift.  

At the 1978 national convention of the Speech Communication Association, a program was presented entitled, "Oral Interpretation in Social Contexts." Enough enthusiasm was generated that a task force was formed at the convention and a meeting was held during the summer of 1979. The results of that meeting were reported in Spectra:
...a task force meeting on Contexts of Interpretation was held May 16-19, 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 efforts along these lines. The task force meeting 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.

It is apparent from the formation of the "Interpretation in Contexts" task force that considerable interest currently exists in the field of interpretation for the exploration and development of community-based projects. One very promising possibility for such development is with the rapidly growing movement known as hospice, which is oriented toward improving the quality of life for the terminally ill and changing social attitudes toward death and dying. The hospice concept embraces home care, pain control, and counseling for the dying and their families. A Discursive Dictionary of Health Care defines hospice as

A program which provides palliative and supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another county agency such as a visiting nurses association. Originally a medieval name for a way station for pilgrims and travellers where they would be replenished, refreshed, and cared for; used here for an organized program of care for
people going through life's last station. The whole family is considered the unit of care and care extends through the mourning process. Emphasis is placed on symptom control and preparation for and support before and after death, full scope health services being provided by an organized interdisciplinary team available on a 24-hours-a-day, 7 days-a-week basis. Hospices originated in England (where there are about 25) and are now appearing in the United States.31

The hospice movement was founded in London by Dr. Cicely Saunders, whose St. Christopher's Hospice focused on families of the terminally ill as well as their patients.32 The first hospice in the United States was Hospice, Inc., which was organized in New Haven, Connecticut in 1971. According to the latest figures, there are now nearly 200 developing hospice groups in this country.33 Furthermore, the General Electric Company has become the first corporation in the country to include hospice benefits within a labor contract for its 274,000 employees.34 The American Cancer Society describes hospice as a "physician-directed program of health care delivery that employs a multi-faceted approach: narcotic and non-narcotic analgesics are used in physical symptom control, and the interdisciplinary hospice team provides psychologic, sociologic and spiritual services as they are needed."35

Craven and Wald support the need for hospice care by stating "What people need most when they are dying is relief from the distressing symptoms of their disease, the security of a caring environment, sustained expert care, and the
Physician-directed interdisciplinary care requires that all health care is provided under the direction of a qualified physician. The interdisciplinary fields include social work; physical, occupational and speech therapy; pastoral care; and psychiatric, radiologic, pediatric, and oncologic consultant services.

Effective symptom control encompasses the physical, emotional and spiritual needs of the patient. Physical symptoms, such as pain and nausea, are controlled as effectively as medically possible. Hospice believes that patients should be treated for pain before the pain actually occurs; that fear of pain actually heightens patient anxiety and discomfort.

Emotional and spiritual needs due to impending death are cared for through the behavioral sciences. These services are extended to the patient and family, both being the hospice primary unit of care.

Hospice goals are delineated as follows:

1. A home health care program for those patients who wish to die at home within their family circle.

2. A bereavement follow-up program to assist in sustaining the family in coping with their loss in the year following death.

3. Medical and community education.

4. All the needs of the patient (the patient being the patient/family unit) met by a multi-disciplinary team.
5. Pain and symptom control that allows the patient to have a meaningful and comfortable life, for through proper use of medication, death is less feared.39

Ann's Haven Hospice of Denton County is named in memory of Ann Lockwood. Mrs. Lockwood's husband, Dr. Robert Lockwood, and a group of her friends initiated the program after her long struggle with cancer. The Denton County Hospice is actually an outgrowth of a "death and dying" study group that formed at St. Barnabas Episcopal Church as a result of Mrs. Lockwood's impending death.

Dr. Lockwood, a radiologist who works with terminal patients daily, became especially aware of the needs of the dying patients and their families through his personal experiences involving his wife's illness. Lockwood states that the focus of Ann's Haven is interdisciplinary, ecumenical, and county-wide, drawing on the talents and skills of professionals and volunteers from a broad base of vocational and religious backgrounds and geographical areas. Local hospitals and nursing homes have agreed to cooperate with Ann's Haven, thus making hospice care available wherever it may be most appropriate for the patients and their families.

The advisory board of Ann's Haven is composed of representatives of various segments of the community. Their purpose is to offer advice and expertise, and to provide community input for the hospice group. The advisory board consists of Robert Donsbach, President; Douglas Wuenschel,
Vice President; the Rev. Jarratt Major, Secretary; Roy Appleton; Marc Armstrong, M.D.; Boots Cooper, M.D.; the Rev. Richard Copeland; Robert Croissant, M.D.; Wallace Duvall; James J. Feldman, M.D.; Tom Fouts; Bert Hayslip, Ph.D.; Roger Kelly, M.D.; Conrad Kinard, M.D.; Roy Kindrick, D.D.S.; Walter Lea; Cora Martin, Ph.D.; William McCormick, M.D.; Virginia Moreland, M.D.; Margaret Nichols; W.C. Orr, Jr.; the Rev. Keith Palmquist; Homer Reese; Carol Riddlesperger; the Rev. Joseph Schumacher; Ron Seibler; Robert Wren, and Lonnie Yarbrough, R.Ph.

The eleven-member governing board is the policy-making branch of Ann's Haven and manages hospice funds. It consists of Medical Director Robert M. Lockwood, M.D.; Administrator Mary Walling; Nursing Director Susan Conn, R.N.; Volunteer Director Pamela Schaefer; Chaplain Charles E. Walling, B.D.; Education Director Sandy E. Lockwood; Bereavement Director Vauline Bliss; Director of Counseling Services Kathie B. Smallwood, Ph.D.; and Treasurer Bert Hayslip, Ph.D.

Ann's Haven focuses on service for terminally ill cancer patients and their families. It will support a patient and a family regardless of whether a patient chooses to remain at home, enter a hospital, or be cared for in a nursing home. Workers at Ann's Haven are quick to point out that hospice seeks to supplement rather than duplicate existing services. If a patient needs hospitalization, volunteers will maintain regular contact with the patient.
in a local hospital or nursing home.

Ann's Haven considers education to be one of its most important functions. Hospice educates by helping people develop new attitudes toward death, informing lay and professional people within the community about alternative ways of dealing with death and dying, offering practical assistance in the settling of personal and business affairs, cooperating in a "team consultation" concept that allows physician, nurse and volunteer to achieve the best possible service for the patient through constant monitoring of the patient's needs, and providing a speaker's bureau for community education.

The requirements for becoming a patient of Ann's Haven are

1. Confirmed diagnosis of cancer with a prognosis of six months or less.
2. Resident of Denton County.
3. Agreement of attending physician.
4. Desire of patient and family to receive hospice care.

Admission to Ann's Haven is not contingent upon ability to pay for the hospice services. Patients are charged on a sliding-scale basis. Ann's Haven is supported by fees charged to patients or their insurance companies, donations from the public, and grants.

Ann's Haven has also received other kinds of support from the community. This support includes cooperation from
hospital and nursing home administrators, twenty-eight community leaders serving on the advisory board, letters of support included in the Certificate of Need, thousands of dollars in donations from community leaders, and a $3,000 grant from the E. D. Farmer Foundation in Dallas.

Ann's Haven became operational in January, 1980. It is incorporated as a non-profit, tax exempt organization and has been favorably reviewed by the Texas Area 5 Health Systems Agency. Based on the 150 cancer deaths in Denton County annually, Ann's Haven expects to serve 50 patients per year.

The overall goal of Ann's Haven is a desire to keep intact the integrity and the personal choices of both patients and their families.40

Purpose

The purpose of this thesis is to prepare a group interpretation script to be presented to various civic organizations in Denton County. The presentations, followed by discussions led by trained members of Ann's Haven Hospice of Denton County, are designed to inform citizens of the existence and the function of Ann's Haven, and to elicit support from those organizations.

Procedure

Meetings with selected members of Ann's Haven were scheduled for the purpose of discussing the definition and
goals of Ann's Haven: Hospice of Denton County. A series of meetings were then scheduled with volunteers for the Ann's Haven speaker's bureau for the purpose of discussing the procedures to be followed when making presentations to various civic organizations.

A group interpretation script approximately twenty minutes in length was prepared. When this script had been approved by the directors of Ann's Haven, it was cast utilizing students of interpretation at North Texas State University. After an appropriate rehearsal period, presentations were made for those organizations who requested performances through Liz Gunter, Chairman of Ann's Haven speaker's bureau.

In an effort to evaluate the effectiveness of each presentation, a questionnaire was given to each audience member, who was asked to respond to the performance through that instrument of measurement. The questionnaire contains Likert-type response items.

Subjective evaluations of all performances were also submitted by members of Ann's Haven volunteer group, who acted as facilitators for each presentation.

A detailed description of the procedures, the evaluations of the performances, and a concluding discussion of the entire process is reported in the thesis.
NOTES


3Hartman, p. 3.


5Hartman, p. 23.


9Long, p. 19.

10Toch, p. 134.


12Valentine and Donovan, p. 3.

13Valentine and Donovan, p. 3.

14Valentine and Donovan, p. 5.

15Valentine and Donovan, p. 5.

17 Salem, p. 7.

18 Salem, p. 7.

19 Salem, p. 9.

20 Salem, p. 8.

21 Salem, pp. 9-10.

22 Salem, p. 10.

23 Salem, p. 8.

24 Ramsey, p. 10.

25 Ramsey, p. 10.

26 Ramsey, pp. 10-11.

27 Ramsey, pp. 11-12.

28 Ramsey, p. 12.

29 Ramsey, p. 12.


33 Rezendes and Abbott, p. 6.


37 Markel and Sinon, p. 8.

38 Markel and Sinon, p. 8.


40 The information on pages 12-15 is derived from Ann's Haven Speaker's Bureau meetings and from conversations with Hospice workers Mary Walling, Liz Gunter, Robert Lockwood, and Vauline Bliss.
CHAPTER II

THE CREATION OF THE SCRIPT

Introduction

Ann's Haven: Hospice of Denton County Administrator Mary Walling contacted Dr. Ted Colson and Carlajo Cancilla requesting assistance with the establishment of the hospice speaker's bureau and the training of its members. The request was accepted and responded to with the suggestion of using readers theatre as a supplement and tool for community awareness and support of Ann's Haven. Ann's Haven Speaker's Bureau Chairman, Elizabeth Gunter, formally requested assistance in implementing readers theatre for the speaker's bureau in a letter dated July 15, 1979. (See Appendix A)

Two meetings were held with Mary Walling, Elizabeth Gunter, and two other members of Ann's Haven Hospice, Kenneth L. Ferstl, Ph.D., Assistant Professor in the School of Library and Information Sciences at North Texas State University, and Dr. Robert Lockwood, Denton physician. Also in attendance were Dr. Ted Colson, Professor of Speech Communication and Drama at North Texas State University, and director of this thesis; and Carlajo Cancilla.
The content of the meetings included discussions concerning the purpose of hospice, goals for the training of the speaker's bureau, prospective audiences, and the main thrust of a readers theatre script and performance as an alternative to an individual speaker.

It was decided that the training sessions for the speaker's bureau would consist of three one and one-half hour sessions beginning Monday, August 6, 1979. The primary purposes of the training sessions were to train speakers in the construction of a persuasive speech, to evaluate themselves and each other, to gear their speeches toward particular audiences through audience analysis, and to act as facilitators at the conclusion of the readers theatre performances.

The main thrust of the readers theatre script was to function in the same way as a speaker in informing the Denton community about Ann's Haven Hospice in order to gain financial support and volunteers. It was agreed that each performance should be followed with a speaker's bureau facilitator whose purpose would be to re-emphasize important ideas presented in the script, answer questions, and clarify any misconceptions the audience may have.

A study was made of the journals, books, and newsletters provided by Ann's Haven. From these sources, a readers theatre script was compiled utilizing prose, poetry, and non-fiction material. The script was
entitled "To Share a Moment, A Tear Perhaps, A Hope."

Copies of the script were provided for Mary Walling, Elizabeth Gunter, Vauline Bliss, R.N., Robert Lockwood, and other prospective facilitators for the readers theatre presentations.

A meeting for students interested in participating in readers theatre performances for Ann's Haven was held on September 17, 1979. From this group, four students were selected to participate in the readers theatre production. They were Mary K. Lewis, Vance James, Paul Collier, and Michelle McCandless. Rehearsals were scheduled for three one hour sessions per week and began September 21, 1979.

Mary Walling and Vauline Bliss reviewed the script and witnessed an unpolished performance of it on September 24, 1979. They approved the script and scheduled the first performance for October 11, 1979. This performance was for the Ann's Haven speaker's bureau at St. Barnabas Episcopal Church.

"To Share A Moment, A Tear Perhaps, A Hope" was originally presented at the Texas Tech University Oral Interpretation Festival on October 14, 1979, in order to receive evaluations from individuals who have studied the art of readers theatre script adaptation and performance, and who are interested in the developing use of oral interpretation in social contexts.
A questionnaire administered at the Texas Tech University Oral Interpretation Festival indicated that the script was satisfactory. No changes were made in the script at this time because of the consensus that the script was effective.

On October 26, 1979, the production was presented to the Retired Federal Employees Association at the Denton Senior Citizens Center. Performances were also given for the Denton Lions Club on November 5, 1979; the fellowship of the First Christian Church on November 18, 1979; and the Denton Rotary Club on November 29, 1979.

While additional performances are anticipated, for the purpose of this thesis only those performances presented during the fall semester of 1979 will be reported.

The Compilation of the Script

"To Share a Moment, A Tear Perhaps, A Hope" was performed in a documentary fashion that allowed interpretive performances of emotional literature, such as prose and poetry, to be interspersed with the commentary of statistics and facts concerning death, dying, and the hospice movement.

The mode of performance used for the interpretation of non-fiction was similar to that used by the persuasive speaker. The readers, by changing their use of focus and thus establishing aesthetic distance, were able to blend
effectively into emotional pieces of literature that might have seemed "affected" or unnatural if delivered by a persuasive speaker. The effect was a subtler, but more emotional persuasive appeal.

"To Share a Moment, A Tear Perhaps, A Hope" was constructed using a strategy akin to the development of a persuasive speech. The first section of the script concentrates on gaining the audience's empathy with the dying, and thus, their empathy with the hospice concept.

The script opens with a very emotional and poetic diary entry composed by a forty-two year old woman dying of cancer. The selection, entitled "That's the Way It Could Have Been," is dignified and thoughtful. It was chosen because it captures audience attention and empathy while simultaneously inducing a state of cognitive dissonance.

For the interpretation of "That's the Way It Could Have Been," reader number one appeared alone with the other readers out of focus. She maintained an inward, reflective focus and after her reading, there was sufficient silence to delineate her selection from the introductory material that was to follow. The introductory material was presented much like a documentary, with the readers using direct eye contact with the audience.

The first main point presented in the script is that American society, as opposed to other cultures, alienates the dying. Terminally ill people are expected to die in a
hospital, an environment which is not designed to care for
dying people, yet the United States is usually considered
a humanitarian and advanced country. Psychiatrist Elizabeth
Kubler-Ross, one of the most prominent scholars on death
and dying, is cited to establish credibility regarding the
typically lonely hospital death. The obvious appeal implicit
in the presentation is to our sense of patriotism and hu-
manism. The appeal is personalized to the extent that the
script states that the audience may expect to die the same
type of death unless social attitudes change.

In the midst of the discomfort and dissonance that has
been induced during the beginning of the script, the hospice
concept is introduced as a hope and as a positive means of
resolving the conflict the audience may be feeling.

The hospice concept is presented as a program that will
help answer the needs of not only the patient, but also the
bereaved family. The script describes the types of pain that
the patient and family may experience and shows how hospice
will help alleviate this pain. Hospice aids in soothing

1) the physical pain of the patient;
2) financial pain;
3) the anxiety and guilt feelings of the family;
4) the loneliness of the patient;
5) the bereavement of the family.

All of the afflictions described in the script are sup-
ported with factual data. The hospice rationale for pain
control is explained, evidence is presented on the costs of home care for the dying patient as opposed to hospital care (this piece of evidence was used because it also implies that the quality of life may affect the quantity of life), and examples are given as to how guilt and bitterness over the impending death of a family member, especially a child, may destroy the family unit.

After evidence is presented regarding the percentage of marriages that break up during the terminal illness of a child, readers number three and two interpret a poem entitled "An Unspoken Dialogue with a Parent." This poem was chosen because it concerns a type of death that is very difficult to accept: the loss of a child. The poem concentrates mainly on the guilt and anxiety parents of dying children may experience. A male reader was deliberately chosen to represent the parent in an effort to appeal to male audiences and changing attitudes toward familial role models. The poem underscores the needs of the family and illustrates another important aspect of hospice: the patient and family are the primary unit of care.

The script concludes with a review of the purpose and goals of hospice with the implicit appeals for societal betterment and the preservation of the dignity of human beings.
Decisions Regarding Blocking

Certain pieces of the script were delivered with the reader(s) maintaining a distance from the other readers. For example, reader number four describes the lonely hospital death many Americans will face. He is separated from the other readers so he may attain the audience's complete attention as he directly addresses them about the kind of death they or their loved ones will most probably have. In "That's the Way It Could Have Been" and "An Unspoken Dialogue with a Parent," distance was used to heighten the loneliness of the personae and to establish in the minds of the audience members the knowledge that the piece of literature they are hearing has a definite persona and does not include the other readers. The readers in "An Unspoken Dialogue with a Parent" performed at times with their backs to each other, rarely acknowledging each other's presence. This technique of blocking was intended to symbolize the loneliness which family members feel even when surrounded by people who care. The readers make eye contact only when real understanding and communication take place between the parent and caring person.

At the conclusion of "An Unspoken Dialogue with a Parent," which is also the conclusion of the script, all of the readers consecutively moved in close together while delivering their final lines. This closeness was intended to contrast the hospice concept with the lonely deaths described throughout the script.
Changes Made in the Script

After reviewing the script, members of Ann's Haven: Hospice of Denton County speaker's bureau felt that some of the words and ideas presented in the script would cause undesirable reactions from certain groups in the Denton community. The speaker's bureau wanted the script to stress that Ann's Haven was working in conjunction with doctors and hospitals and not duplicating their services. It was important to be certain that the script did not criticize hospital care since Ann's Haven relies so heavily on the support of the medical profession. For example, the statement in the script that reads, "Unfortunately, chances are that you --like almost all people suffering from terminal illnesses--will breathe your last in a hospital or nursing home; neither of which is truly capable of caring for dying patients," and changed to "...neither of which is truly designed to care for dying patients." The speaker's bureau suggested an additional statement that reads, "Of course, if a patient's condition requires hospitalization, hospice volunteers will be there with him during his stay."

Also deleted from the script were the phrases "He is treated like a person with no right to an opinion. . ." and "Symptoms and conditions are discussed as if the patient were not even in the room, as if he or she were incapable of making any decisions, however minor."
One speaker's bureau member felt that the line in "An Unspoken Dialogue with a Parent" that reads "Visit our child while we go to lunch and insist that we have a martini for you," would offend some audience members who may be opposed to the consumption of alcoholic beverages. The line was reluctantly deleted at the risk of destroying the poetic unity and rhythm of the piece.

Many people suggested a more detailed introduction to "An Unspoken Dialogue with a Parent." There was some difficulty in understanding who is speaking to whom in the piece. Some individuals have wondered if the parent was addressing the child or a spouse. The revised introduction explains that the conversation is between the parent and a person who symbolizes all those family members and friends who care and who want to help ease the parent's burden.

The adapter of the script, Carlajo Cancilla, made an additional change which was considered necessary. The name of Elizabeth Kubler-Ross, the scientist who inspired and enlightened hospice groups and restored dignity to terminally ill people, was deleted due to the negative and controversial publicity which was directed toward her just at the time when the script was being performed. Kubler-Ross has recently become involved with a group whose activities include experimentations in communication with the dead. Many persons now regard Kubler-Ross and her current associates as an occult
group; therefore, the high degree of credibility which she had previously attained has been seriously diminished. Although this change was felt to be necessary, it was nevertheless disappointing since the knowledge and empathy required to compile "To Share a Moment, A Tear Perhaps, A Hope" was acquired through her writings; in fact, the title of the script was given through her words.

The Script

"TO SHARE A MOMENT, A TEAR PERHAPS, A HOPE..."
Adapted for Readers Theatre by Carlajo Thompson

___: I remember those long early morning walks we took together. We were both filled with a new awareness. We gloried in the smell of grass newly mown. We laughed to think that we had never really listened to the birds singing. Nothing and no one was ugly to us because this was life, and whatever came later, we had realized that what we had together was special and it could never be taken from us. That's the way it could have been. As the cancer grew within me, my body became misshapen and ugly, but it didn't make any difference to you. You said, "I love what you are and that makes you always beautiful
to me." Then I realized how foolish I was and fell asleep with a smile on my face because your love did not waver. That's the way it could have been.

Now when we would walk together my legs would weaken but I knew I would never fall because you were there to hold me. When I would waken in the night screaming with pain you were always there and you would say, "Hold on a moment longer, just a moment longer." That's the way it could have been.

Sometimes I would say to you, "Why don't you go out by yourself or with some of your friends?"

And you would say, "Now that would be silly for me to do when I've got you to enjoy. I'm afraid life will seem very empty to me when you're gone, so I want to fill myself with you now; that way you'll forever live on within me."

That's the way it could have been.

Beth, dying of cancer, age 42.¹

¹: The process of dying often separates the individual from the community. Friends, relatives, and health care providers are frightened and uncomfortable in their interactions with a dying person. The community isolates the dying from the living and is
willing to delegate the care of its dying
to an institution and the institution's pro-
fessional staff.²

Elizabeth Kubler-Ross said, "We talk so little
about death itself. Was it Montaigne who said
that death is just a moment when dying ends?
We are learning death itself is not a problem
but dying is feared because of the accompanying
sense of hopelessness, helplessness and isolation."

The Hospice movement is an effort to break
down the isolation felt by dying people.

The word "hospice" dates from medieval Europe,
and originally meant an "inn," a place of
refuge for weary travelers.

To someone with an incurable disease, a hos-
pice represents a haven in which he or she may
spend his or her final days in relative free-
dom from pain, both physical and spiritual.

To appreciate the advantages of the hospice
approach to dying, try placing yourself for a
few moments in the uncomfortable shoes of an
incurably ill person. If you're lucky, you'll
be among the comparative few who are fortunate
enough to be able to go home and spend their
last days in familiar surroundings, comforted
by the presence of family and friends. This is the way it used to be here, and the way it still is in some European countries that are more committed to providing health care at home than we are. Unfortunately, chances are much more likely that you--like almost all people suffering from terminal illnesses--will breathe your last in a hospital or nursing home; neither of which is truly capable of caring for dying patients.

Hospitals are designed to restore the acutely ill to relative good health so they can return to their normal lives as quickly as possible. Nursing homes continue this function to some extent while also ministering to the chronically ill and occasionally serving as "home" for those with no place to go. In both institutions, the emphasis is upon rehabilitation, a situation which results in the special needs of the dying being virtually ignored. As Dr. Kubler-Ross points out: "We have made dying more gruesome in many ways, more lonely, mechanical and dehumanized. The patient is often taken out of his familiar environment and rushed to an emergency room--enduring the noise of the ambulance, the
hectic rush of the ride, the ordeal of the emergency room. He is treated like a person with no right to an opinion, surrounded by busy nurses, orderlies, interns, residents, lab technicians. He will be moved from X-ray to cardiograms, sedated. He may cry for rest, peace and dignity and he will get infusions, transfusions, a heart machine.4

___: To live on borrowed time, to wait in vain for the doctors to make rounds, lingering on from visiting hours to visiting hours, looking out the window, hoping for a nurse with some extra time to chat....This is the way many terminally ill patients pass their time."5

___: Studies have shown that it takes nurses longer to respond to a call from a dying patient. Eye contact is less. Symptoms and conditions are discussed as if the patient were not even in the room, as if he or she were incapable of making any decisions, however minor. Dying patients are touched less often and people talking to them stand farther away.

___: In other words, they may be considered dead long before death occurs.6

___: The two promises Hospice makes to its patients are: one, we will keep them free from pain;
Two, they will not die alone.7

The quality of life determines whether it will be meaningful until the end. If a patient's preoccupation with suffering is of such intensity that everything else in life is excluded, self-respect, self-control, freedom, and independence are sacrificed, as is dignity.8

Hospice believes pain experienced in the past should be forgotten and that fear of pain is often as traumatic as the pain itself; thus, its aim is to provide regular administration of appropriate medication--before the need is felt.9

Hospice also seeks to reduce the costs of health care.

Financial pain is critical to the total picture. For this reason, the Hospice concern for lowered costs, especially in a home care program, considerably reduces the excessive costs of traditional medical service.10

An individual family can be completely devastated economically by the costs of dying. Dr. Ida Martinson, professor of nursing at the University of Minnesota, publicized a study of 36 children who died at home as
compared with 22 children who died in a hospital. The average cost of each illness for the home care group was $810, with a range from $65 to $2,620.

- The average cost of terminal illness in the hospital group was $13,016, with a range from $68 to $58,833.

- The average days of life of the home care group was 32.4; days of life of the hospital group was 29.4.11

- The entire family is the Hospice unit of care. Family members are seriously affected by an illness diagnosed as terminal.12

The depression, worry and anxiety that accompany terminal illness are often more debilitating than cancer itself. Leaving personal business unfinished, a family unsupported or facing death prematurely when one's future plans and dreams are abruptly cut off, are sources of anguish for patients.

- Grieving begins before death occurs and continues after death. The bereaved are more vulnerable to physical and psychological disease; care for the survivors, therefore, is as legitimate a concern of health professionals as preventive medicine. It begins
while caring for the patient and is needed until the survivors can cope for themselves, or until other resources are found to provide the help still needed.\textsuperscript{13}

\textbf{O\textsuperscript{1}:} Orville Kelly, Founder of Make Today Count, Inc., says: "There are so many emotional problems connected with cancer...divorces...alcoholism...a disintegration of the family. A major problem of parents of young cancer victims is their feeling of guilt. It is not uncommon for this guilt to sour into bitter denunciation of the other spouse--for not caring enough, for not being helpful. Hidden tensions in a marriage often surface dramatically at this time. One study carried out in California found that the marriages of a startling 80\% of parents of children with cancer eventually broke up."\textsuperscript{14}

\textbf{O\textsuperscript{2}:} The following piece of literature illustrates the guilt, fear and alienation experienced by parents of terminally ill children.

"An Unspoken Dialogue with a Parent"

\textbf{O\textsuperscript{3}:} Stop it! Well, at least help.

\textbf{O\textsuperscript{4}:} Someday, of course, we'll all lose our children. There's summer camp, the prom, college, careers, marriage.
There's too damn much; this can't happen.

But it does...and none of us can forgive ourselves easily for failing to save our children's lives. What can we do...all of us grandparents and aunts and uncles and sisters and brothers and friends? It feel hopeless, terrifying...so many ways none of us wants to feel. Wanting to help comes easily. What's hard is the fear of making things worse, of stirring up feelings we can't handle. We feel guilty and upset; we want to protect you. But we can't see clearly what we can do, what gesture in the shadow of this catastrophe can possibly make any difference.

Come closer. You'll see what's being asked; its something said with our eyes. One of the hardest things is being isolated with all our pain and fear and grief.

I really don't know what to say...

It's not a matter of right words. "I'm sorry," or an arm around our shoulders says it all. It's getting in touch, not trying to deny what's happening. It's the realization that things difficult to talk about are essential for us to share.

I feel intimidated.
_: So do I. Let's acknowledge it.
_: Confused.
_: Say so. It's all right.
_: And uncomfortable.
_: None of us feels comfortable knowing. But your daring to say the obvious--"Things really aren't going so well, now, are they?"--can make all the difference.
_: That's hard.
_: Please try. It's more terrifying for us to keep inside our feelings about all the medicines that aren't working, all the things that are failing.
_: You know, I keep wanting to say "Everything will be all right."
_: I know. I'm glad you didn't. It doesn't feel at all like we're going to get through this.
_: You're very strong.
_: How much do I have to fall apart before someone will say, "You're falling apart"?
_: Maybe I won't say anything.
_: That's fine. You can fix us a casserole. Get the hospital to give us a place to stay overnight. Visit our child while we go to lunch--and insist that we have a martini for you. Give us a place to be ourselves, space enough
for our feelings. Sometimes it feels as though we've shaken off the numbness and shock and we rush about "being strong" and keeping it all together for our families and doctors and friends. Sometimes we need to collapse on your sofa.

___: But I want to change things.

___: You can change a lot. Give us practical suggestions: an easier way to get to the hospital and back every day, a children's book we might read together, another family like ours we might talk with, a social agency that can help. It doesn't matter if all the suggestions don't work; just remind us of all the things we can still do, of choices we can still make. You can be like the pediatrician who said, "It's okay, go ahead and yell and scream. Tell me you don't like it. I don't either. But please hold still so I won't have to jab you twice. And which arm shall we inject today?"

___: What else?

___: Hold our hands and say, "You're not crazy."

Stand behind us; let us know that it is really rough and that we're doing just great to get through the day. We need to hear we're okay, that it's not because of us that our children
are dying.

___: I'm getting nervous again.

___: Don't worry—that doesn't have to get in our way. You can make mistakes. You can be too blunt or too shy or too withdrawn—just stay in touch with what's happening...and keep trying.

___: What's that you're thinking?

___: Really want to know?

___: Yes.

___: Sometimes we're afraid to tell you, afraid we'll put you off...

___: It's okay; go ahead.

___: We need help seeing each moment, each day as something special. We, too, have projected a long future together with our children. Maybe we can all learn something.

___: Go on.

___: Kindergarten is more than a time for preparing our children for the first grade; each moment in our lives is unique and precious in itself. Remind us of that, encourage us to seize every day and make of it what we can.

___: And what else?

___: If you can, help us say, "Goodbye." We come away from our first diagnostic conference
feeling an urgent need to learn all we can about the disease. But what we really need help learning is what it means to live and die. There are so many goodbyes, so many different ways that we have to learn that our child is dying....Oh, one more thing.

___: Yes?
___: Remember three words.
___: I love you?
___: Don't go away.15

___: Named for the way stations for weary travelers during the Middle Ages, Hospice is more than a service provided to an individual; it is a total community caring for that individual and his or her family. Hospice is not a place, a building of bricks and mortar. It is a team of caring persons. It is support—physical, mental, emotional and spiritual. It is the management of terminal disease in such a way that patients live until they die, that their families live with them as they are dying—and go on living afterwards.16
NOTES


2 St. Barnabas Hospice, "What it is and What it Tries to Do," located in the Ann's Haven resource file.


7 Statement by Rev. Michael Stolpman, Director of Wisconsin Hospice, located in the Ann's Haven resource file.


10 Rezendes and Abbott, p. 8.

11 Craven and Wald, p. 1820.


13 Craven and Wald, pp. 1819-1821.

14 Statement by Orville Eugene Kelly, located in the Ann's Haven resource file.


16 *Perspectives*. 
CHAPTER III

EVALUATION OF PERFORMANCES

Evaluations Reflected Through the Use of the Questionnaire

As reported in Chapter II of this thesis, a series of five performances of "To Share a Moment, A Tear Perhaps, A Hope" was presented. A Likert-type attitude scale was devised with the assistance of Dr. Thomas Hurt, Ph.D., Associate Professor of Speech Communication and Drama at North Texas State University, as a means of obtaining audience response to the script. This scale was administered at the conclusion of each performance. The audience was not informed of the questionnaire until after they had witnessed the performance. It is the purpose of this chapter to reveal the results of those questionnaires.

The scale as originally devised (See Appendix B) was administered to three audiences consisting of Texas Tech University students, the Retired Federal Employees Association, and the Denton Lions Club. This scale consisted of twenty-two items. Item numbers one through six were aimed at eliciting audience response toward the quality of the script. Item numbers seven through twelve concerned the audiences' attitudes toward Hospice. Item numbers thirteen through eighteen elicited audience response to the script.
Item numbers nineteen through twenty-two gauged the audiences' prior knowledge and involvement with Hospice.

After three performances, six or more items were added to the scale to obtain information regarding audience response toward the performance of the script. (See Appendix C)

The items on the scale were worded positively and negatively for the purpose of preventing a blanket response. For those items worded positively, a score of five, six, or seven may be regarded as reflecting a favorable attitude. For those items worded negatively, a score of one, two, or three may also be regarded as a favorable response. A score of four indicates an undecided attitude.

The scores for each item on the scale were summed and averaged for individual audiences. The results of these scores are shown on the tables which follow. For easier comprehension, the items have been separated according to whether they were positively worded or negatively worded items.

Table I shows the responses of the twenty-nine audience members for the performances given at Texas Tech University.

Since all positively worded items, with the exception of item number twelve, show an average score of five or more, the responses are regarded as favorable. All negatively worded items show an average score of three or less
and are also regarded as reflecting a favorable attitude.

### TABLE I

**AUDIENCE RESPONSE: TEXAS TECH UNIVERSITY**  
*(29 RESPONDENTS)*

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Average of Responses</th>
<th>Item No.</th>
<th>Average of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.96</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>4</td>
<td>5.82</td>
<td>3</td>
<td>1.82</td>
</tr>
<tr>
<td>6</td>
<td>5.75</td>
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<td>6.72</td>
<td>8</td>
<td>1.86</td>
</tr>
<tr>
<td>9</td>
<td>6.17</td>
<td>10</td>
<td>1.75</td>
</tr>
<tr>
<td>12</td>
<td>4.82</td>
<td>11</td>
<td>2.34</td>
</tr>
<tr>
<td>14</td>
<td>5.65</td>
<td>13</td>
<td>2.10</td>
</tr>
<tr>
<td>15</td>
<td>5.68</td>
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</tr>
<tr>
<td>17</td>
<td>5.48</td>
<td>18</td>
<td>1.37</td>
</tr>
</tbody>
</table>

Table II shows the responses of the audience consisting of the Retired Federal Employees Association. There were twenty-one members in the audience at this performance.

Seven out of nine positively worded items show an average score of five or more, indicating a generally favorable response. All of the negatively worded items
show an average score of three or less, also indicating a favorable attitude towards the Hospice concept.

**TABLE II**

AUDIENCE RESPONSE: RETIRED FEDERAL EMPLOYEES
(21 RESPONDENTS)

<table>
<thead>
<tr>
<th>Positively Worded Items</th>
<th>Negatively Worded Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item No.</td>
<td>Average of Responses</td>
</tr>
<tr>
<td>1</td>
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</tr>
<tr>
<td>4</td>
<td>6.28</td>
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<td>6</td>
<td>6.14</td>
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<td>7</td>
<td>6.04</td>
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<td>9</td>
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<tr>
<td>12</td>
<td>3.61</td>
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<tr>
<td>14</td>
<td>6.0</td>
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<tr>
<td>15</td>
<td>5.95</td>
</tr>
<tr>
<td>17</td>
<td>4.76</td>
</tr>
</tbody>
</table>

Table III reveals the response of the Denton Lions Club audience, consisting of sixteen members.

All positively worded items, with the exception of item number twelve, show an average score of five or more, indicating a favorable response. Seven out of nine
negatively worded items show an average score of three or less, also indicating a generally favorable response.

TABLE III
AUDIENCE RESPONSE: LIONS CLUB
(16 RESPONDENTS)

<table>
<thead>
<tr>
<th>Positively Worded Items</th>
<th>Negatively Worded Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item No.</td>
<td>Average of Responses</td>
</tr>
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<tr>
<td>6</td>
<td>6.06</td>
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<tr>
<td>7</td>
<td>6.56</td>
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<tr>
<td>9</td>
<td>5.87</td>
</tr>
<tr>
<td>12</td>
<td>3.75</td>
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<td>14</td>
<td>5.5</td>
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<tr>
<td>15</td>
<td>5.81</td>
</tr>
<tr>
<td>17</td>
<td>5.56</td>
</tr>
</tbody>
</table>

Table IV shows the response of the fifty-five audience members of the fellowship of the First Christian Church.

Eleven of the thirteen positively worded items show an average score of five or more, indicating a favorable response. All of the negatively worded items show an
average score of three or less, also reflecting a positive audience response.

TABLE IV
AUDIENCE RESPONSE: FIRST CHRISTIAN CHURCH
(55 RESPONDENTS)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Positively Worded Items Average of Responses</th>
<th>Negatively Worded Items Average of Responses</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>4</td>
<td>5.90</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>6.03</td>
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<td>23</td>
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<tr>
<td>24</td>
<td>5.76</td>
<td>27</td>
</tr>
<tr>
<td>26</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>5.90</td>
<td></td>
</tr>
</tbody>
</table>
Table V shows the response of the fifty-one member audience consisting of Denton Rotary Club members.

**TABLE V**

AUDIENCE RESPONSE: ROTARY CLUB (51 RESPONDENTS)

<table>
<thead>
<tr>
<th>Positively Worded Items</th>
<th>Negatively Worded Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item No.</strong></td>
<td><strong>Average of Responses</strong></td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------</td>
</tr>
<tr>
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<td>26</td>
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<tr>
<td>28</td>
<td>5.01</td>
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</tbody>
</table>
Ten of thirteen positively worded items show an average score of five or more, reflecting a generally favorable response. Ten of eleven negatively worded items show an average score of three or less, also indicating a favorable audience response.

Item numbers nineteen through twenty-two are not included on the tables. These items are concerned with information regarding the audiences' previous knowledge about Hospice. The responses for these items generally indicated a lack of information, and since the general attitude reflected through their other responses was favorable, it may be assumed that the script and presentation generated a positive attitude toward Hospice.

It is interesting to note that item number twelve, a positively worded item, received responses ranging from average scores of 3.52 to 4.82. This item was concerned with the audiences' willingness to volunteer to work for Hospice. It may be assumed that even though there were very favorable responses to the idea of Hospice, the audience members were not willing to actively commit themselves to personal involvement.

Subjective Evaluations from Hospice Board Members

The members of Ann's Haven: Hospice of Denton County expressed their approval and satisfaction with the employment of "To Share a Moment, A Tear Perhaps, A Hope" as a
valuable means of enlightening the Denton community about Hospice. They requested further performances during the Fall Semester of 1980.

The Ann's Haven: Hospice of Denton County Newsletter said that "To Share a Moment, A Tear Perhaps, A Hope" is a "moving, substantive presentation of the Hospice concept. It is presented by four outstanding students under the direction of Carlajo and Dr. Ted Colson. It is now available to community groups through Ann's Haven's Speakers Bureau....It is well worth seeing! Don't miss it!"¹

Mary Walling, Assistant Administrator of Ann's Haven: Hospice of Denton County expressed the following in a letter dated June 16, 1980:

I want to take this opportunity to express the appreciation of Ann's Haven: Hospice of Denton County to you, to Dr. Ted Colson, and to the members of the Readers Theatre group who have done such an outstanding job in helping to convey the hospice concept to the Denton community. I have had the opportunity to hear the script performed on several occasions, and each time I have been impressed by the quality of information that is conveyed, the freshness of the script and the skill and polish of the student performers. The "Oral Interpretation in Social Contexts" approach seems to be an excellent way of both conveying information and stimulating action on timely issues. You are to be commended on your effective use of an innovative and creative method of communication. The people of Ann's Haven feel very fortunate in having been able to benefit from your willingness to use your talent and expertise on behalf of our community hospice program.
Conclusions

The writer of this thesis feels that "To Share a Moment, A Tear Perhaps, A Hope" was effective in the attempt to introduce and gain support for Ann's Haven: Hospice of Denton County. The following observations have been made:

1. The audiences who witnessed the performances of "To Share a Moment, A Tear Perhaps, A Hope" responded favorably as was revealed by the Likert-type attitude scale. This type of questionnaire was used mainly as an indication of audience response.

To rely solely upon this instrument of evaluation, however, has limitations which should be recognized. The general public may have limited understanding of the concepts at work in the oral interpretative art and their limited understanding should be taken into consideration during the evaluation process. Bacon says, "...however valuable scientific methods are in the study of certain aspects of the arts (and clearly they are sometimes of very high value), they are not the way of the arts and they will not, ultimately prove a substitute for humanistic study." As Bacon indicates, a work of art cannot be totally evaluated by scientific method, and other forms of evaluation must also be considered.

2. The feedback from Hospice members indicates that ample information may be conveyed through the Readers Theatre mode of presentation while simultaneously
motivating audience empathy.

3. Readers theatre is a popular medium. Many civic groups requested the performance of "To Share a Moment, A Tear Perhaps, A Hope" in preference to a talk by an individual speaker. It appears that the concept of receiving knowledge through a group performance appeals to many audiences.

4. The director is pleased with the production and feels that the desired results were attained. The director is particularly excited about the possibilities of further employment of oral interpretation in social contexts and feels that this mode of presentation is a unique rhetorical device that may creatively blend poetry, prose and non-fiction effectively to enlighten the public.

5. The cast of "To Share a Moment, A Tear Perhaps, A Hope" had very positive reactions to the script and expressed their feelings of personal growth. The rewards they derived from directing their talents toward community awareness through Ann's Haven: Hospice of Denton County were expressed. It was felt that those personal rewards insured their commitment to the project throughout the extended period of time necessary for rehearsals and the numerous performances which covered an unusually long time span. The cast also voiced a preference for working on a script which they felt had socially significant value as opposed to a script which may have only limited aesthetic appeal.
6. The occasion and environmental factors may affect audience response toward script content. Some performances were given at service club luncheons, and it appears that these groups may not respond as favorably to subject matter regarding death as groups gathered specifically for the purpose of experiencing the literature contained in the script. A speaker may have the same problem, but it may be more apparent when dealing with the highly emotional content of the literature used in the readers theatre presentation.

7. The readers theatre medium may allow the use of more highly emotional, personal writings, such as the diary excerpt from "That's the Way It Could Have Been," than might be possible in a public speaking situation.

8. American audiences have become used to a certain passivity as receptors of television and motion picture performances which require little audience imagination. This passivity makes it more difficult for some audiences to adjust to the medium of readers theatre, which requires active mental participation by audience members.

9. Readers theatre is effective in communicating persuasive information on timely subjects.

Recommendations for Future Research

More projects are needed which move the art of oral interpretation outside the classroom and into society. Other possibilities regarding the employment of oral
interpretation in social contexts should be investigated. Various requests for Readers Theatre presentations concerning vital issues have already been received. Among these are requests concerning scripts for women's emphasis groups, rape prevention, and psychology role-playing workshops. Similar projects dealing with issues concerning local crisis centers, shelters for battered wives, Alcoholics Anonymous, probation officers, and singles clubs are possibilities.

Further research might also focus on the comparative effectiveness of various literary genre used in group scripts designed for social awareness.

Almost any project which moves the art of oral interpretation from the classroom and into the community seems desirable. The public exposure of oral interpretation would, perhaps, reveal its effectiveness as a rhetorical device as well as expanding and preserving the art form.
NOTES


APPENDIX A
Ms. Carla Jo Thompson  
1714 W. Mulberry  
Denton, Texas 76201  

July 15, 1979

Dear Carla Jo,

After viewing the excellent readers theatre production on American folklore at NTSU, it occurred to me that perhaps a readers theatre production concerning hospice might be most effective and helpful for educational and fundraising purposes for Ann's Haven, the recently formed hospice of Denton County. As you may know, the hospice movement is concerned with helping dying patients live out their remaining days as fully as possible and also with helping their families come to grips with the patient's death both during the patient's last days and after his death. Ann's Haven: Hospice of Denton County has been formed here by a group of local citizens to provide spiritual, physical, and emotional care and support for terminally ill cancer patients and their families at their homes. We are in the process of letting the public know that such a service will exist and enlisting public support; we expect to accept our first patients in January 1980.

I know that you are about to embark on a graduate project for your M.A. in Speech and Drama. If you have not yet chosen your subject, would you consider developing a readers theatre script (or perhaps two scripts) about the nature of hospice that we could use when presenting programs to various groups in Denton County? Could you, furthermore, possibly train a group of students and test these scripts on certain local groups?

I shall be in contact with you next week. If in the meantime you would like more information, please don't hesitate to call me at 387-8948.

Cordially,

Elizabeth Gunter  
Chairman, Speakers' Bureau
Audience response to "To Share a Moment, A Tear Perhaps, A Hope"

Please respond to each of the following statements according to your degree of agreement or disagreement using the following numbers: 7=Strongly Agree; 6=Agree; 5=Moderately Agree; 4=Undecided; 3=Moderately Disagree; 2=Disagree; and 1=Strongly Disagree.

(1)____ This script was well organized.
(2)____ I thought the script was dull.
(3)____ I had trouble understanding the script.
(4)____ The script was very stimulating and interesting.
(5)____ I didn't understand the point of the script.
(6)____ I thought the script content was very clear.
(7)____ I think HOSPICE is a good idea.
(8)____ I'm not very interested in supporting HOSPICE.
(9)____ HOSPICE plays an extremely valuable role in the community.
(10)____ The idea of HOSPICE is depressing.
(11)____ It's better to go to the hospital than use HOSPICE.
(12)____ I'd like to volunteer to work for HOSPICE.
(13)____ The script content was boring.
(14)____ The content of the script was very moving.
(15)____ I liked the script content.
(16)____ I didn't enjoy the script story at all.
(17)____ I found the script content very emotional.
(18)____ I never want to hear or read another script story like this again.
(19)____ I have always supported the HOSPICE concept.
(20) ____ I never before heard of HOSPICE.

(21) ____ I have heard of HOSPICE but did not understand its purpose.

(22) ____ I have been involved in HOSPICE for a long time.

(29-30) _______
Audience response to "To Share a Moment, A Tear Perhaps, A Hope"

Please respond to each of the following statements according to your degree of agreement or disagreement using the following numbers: 7=Strongly Agree; 6=Agree; 5=Moderately Agree; 4=Undecided; 3=Moderately Disagree; 2=Disagree; and 1=Strongly Disagree.

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(18)____ I never want to hear or read another script story like this again.
(19)____ I have always supported the HOSPICE concept.
(20) I never before heard of HOSPICE.
(21) I have heard of HOSPICE but did not understand its purpose.
(22) I have been involved in HOSPICE for a long time.
(23) The HOSPICE concept was effectively communicated to me by the performers.
(24) I was moved toward an appreciation of HOSPICE by the performers.
(25) Overall, I thought the quality of the performance was not very good.
(26) This performance was so good I'd like to hear & see it again.
(27) The performers did not do justice to the script.
(28) As a result of hearing this performance I would prefer this kind of presentation rather than a speaker.
(29-30)
BIBLIOGRAPHY

Books


Articles


Rezendes, Dennis and John Abbott, "Hospice Movement: Way Stations for the Terminally Ill," Perspective on Aging, 8:1 (January/February, 1979), 6-10.


Reports


Newsletters


Unpublished Materials
