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ABSTRACT

This paper presents a secondary-level teaching technique that can be used in an integrated English and health education curriculum. The exercise provides students and teachers with a case study of a suicidal person for the purpose of teaching the warning signs of suicide, appropriate questioning, and referral skills. The case study uses Hamlet's suicide soliloquy as an example of suicide ideation. Students are asked to identify and discuss statements by Hamlet that act as "red flag" warning signs, what tools and methods might be used, what motivations for dying and for living Hamlet has, how students might intervene if they were a character in the play, and to whom they would refer Hamlet if he were a classmate in modern times. The paper ends with a list of suicide-related terminology and four key warning signs. (Contains a list of seven suggested readings for teachers and nine references.) (JDD)

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Hamlet's Suicide Soliloquy: A Case Study in Suicide Ideology

Section

Teaching Technique

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Abstract
The purpose of this teaching technique is two-fold: 1) The exercise provides students and teachers with a case study of a suicidal person for the purpose of teaching the warning signs of suicide, appropriate questioning, and referral skills, and 2), it facilitates the integration of English and Health Education curriculum thereby bringing continuity and meaning to lessons in both areas. This activity can be used by English and Health Education teachers, school counselors, junior and senior high school students and peer helpers. Presentation methods consist of a handouts, informal discussion, and writing assignments.

"*To be or not to be...*" Countless times this single quote has been read aloud in high school English classes but seldom have the students truly considered the true context in which it was spoken and the meaning of the words that follow "*To die--to sleep--No more; and by a sleep we say to end a thousand natural shocks that flesh is heir to. Tis a consummation devoutly to be wished.*" Hamlet, a very troubled, depressed, and disenfranchised young man is considering taking his own life.

Conservative estimates indicate that once every minute, someone attempts or completes suicide in the United States (Rinear & Matt, 1987). This fact is especially important to school personnel since suicide rates among teens have risen three-fold since 1950 (Simmons, 1987). According to the National Center for Health Statistics (NCHS) (1992) currently, the death rate from suicide among young adults 15-24 years of age is 13.3 per 100,000. In the past decade, suicide prevailed as the third leading cause of death among young Americans age 15 to 24 years of age (NCHS,1992). Indeed, suicide is preceded only by the equally tragic automobile accident (35.4 per 100,000) and homicide (16.9 per 100,000) as the leading cause of death among American youth (Bureau of Census, 1992). Although adolescent suicide effects all races and ethnic groups, some teens are at higher risk than others. The rates of suicide for Native American males ages 15-24 years (26 per 100,000) is nearly twice that for white youths (14 per 100,000) whereas the rates of suicide for blacks, Hispanic, and Asian youths are 30 to 60% lower than those seen among white youths (NCHS,1992).

School personnel and peer helpers are often called upon to act as lay-counselors, supporters, and referral providers for suicidal students (Vidal, 1989). Together, these individuals may act as an effective "first line of defense" against adolescent suicide. It is imperative that they be prepared in the area of suicide etiology, warning signs, and referral skills (Hollinger, 1990). This teaching strategy has two purposes: First, this technique is intended as an activity to facilitate discussion of the common warning signs, suicidal ideation, and subsequent referral and counseling. Present in Hamlet's Suicide soliloquy are all of the main components of suicide ideation. With interpretation and discussion, Hamlet's case provides students with a character with whom many teens can relate.

Secondly, by using Hamlet as a case study, the teacher may also facilitate greater interest, appreciation, and understanding of classic literature. An intended outcome of this greater appreciation and understanding is the facilitation of curriculum continuity through the integration of junior and senior high school English and Health Education lessons.

Presentation Objectives

At the completion of this activity students will

1) be able to identify and explain the ambiguity and indecision in Hamlet's suicide ideations
2) be able to list at least five key critical suicidal ideation statements made by Hamlet
3) be able to use Hamlet's Suicide Soliloquy to facilitate discussions of suicide ideation
4) be able to use Hamlet's suicidal ideations to identify critical "red flag" statements and ideations made by other suicidal individuals
5) appreciate the use of Shakespearean plays in Health Education settings.
6) be enthused about the use of other "classics" in the Health Education classroom.

Procedure

The activity is preceded by informative lectures and readings on the common warning signs of suicide, suicide ideology, and appropriate intervention and referral strategies (see suggested reading list). Act 3, Scene 1 of Shakespear's *Hamlet* is given to the students in printed form. Student volunteers read the soliloquy together for the class. Some interpretation and vocabulary definitions by the instructor are usually needed (see below).

Students are asked to identify and discuss 1) specific statements by Hamlet that act as "red flag" warning signs; 2) what tools and methods might be used; 3) what motivations for dying and for living Hamlet has; 4) how they might intervene if they were a character in the play; and 5) to whom would they refer Hamlet to if he were a classmate in modern times. Role playing and essay or journal writing can be assigned following the open discussion.

Interpretation

While it is usually necessary for the teacher to prompt students and assist in the interpretation of the soliloquy, it is more important that students, through exploration and discussion, arrive at their own conclusions about what "suicide messages" and "red flags" (indicator statements) were made by Hamlet. To assist the teacher in guiding the discussion of Hamlet's suicide ideations, the following interpretation may be helpful.

In the play, Hamlet's uncle kills Hamlet's father and marries his mother in order to inherit the throne of Denmark. The ghost of Hamlet's father has charged Hamlet (the prince) with a no-win situation: He must avenge his father's death and expose his uncle, the new king, as a murder. In the suicide soliloquy (Act 3, scene 1) Hamlet is alone, pondering aloud killing himself with a dagger to escape the seemingly no-win situation.

In the opening lines, Hamlet displays initial indecision and is overwhelmed by his problems--Is it nobler to endure outrageous misfortune, which would kill him, or "take arms" against the problems? Which, in turn, would also kill him. Adolescence is marked with seemingly unresolvable dichotomies and often teens can not see past the immediate problems and see "the big picture." Unable to see themselves in the future tense, they are often overwhelmed by their acute problems and may see suicide as a way out. Discussion of the modern stressors and pressures placed on teens may help the students to contrast Hamlet's strife with their own.

Hamlet views suicide and death as a form of sleep, "*to die--to sleep, perchance to dream...*" Suicidal individuals often trivialize, romanticize, and underestimate death. The suicidal mind, as in this instance, often sees death as a welcome relief from the rigors of life (Capuzzi, 1990). The teacher should remind students that, unlike sleep, one does not wake up from death.

As the scene progresses Hamlet shows ambivalence, indecision, and expresses his fear of death,"*...for in that sleep of death what dreams may come*?" Fact: most suicidal victims are not set on dying but are ambivalent about killing themselves (Vidal, 1989). This ambivalence can be exploited in an intervention. It should be stressed that with proper intervention, suicidal individuals can be "pulled back from the edge." The typical ambivalence and indecision about living are demonstrated throughout Hamlet's soliloquy.

Hamlet states that he could escape all of the insults of life with a knife (bare bodkin). This is a critical clue to the interventionist--the victim has access to a lethal tool of suicide and has a definite plan of action. These clues should be interpreted as "red flags." In suicide interventions, the combination of 1) access to tools of suicide, 2) the specific lethality of the tool, and 3) how defined the plan of action is are used to assess "lethality" of a suicide situation (Capuzzi, 1990). In Hamlet's situation, the lethality is high. A peer helper (such as Ophelia, or Horatio) should immediatly ilicit professional help (e.g. crisis line, school counselor, calling 911).

Throughout his suicide ideation Hamlet oscillates between living and dying. He feels the need to "pay a debt" or to "settle his account" (a quietus) but at the same time he shows apprehension about death itself--that it may be worse than life. In the later parts of his soliloquy, he speaks of being a coward for fearing death and thus resolves himself for the moment, to living with his misery. It should be pointed out to students that not all suicide ideations end this way and that although Hamlet has convinced himself to live for the moment, intervention in the form of counseling and support are still indicated to prevent relapse of his self-destructive ideations. Students should be reminded that suicide interventions are never "quick fixes" but are extended processes comprised of counseling, support, problem solving and a great deal of courage.

Hamlet's "Suicide Soliloquy"

"To be, or not to be,--That is the question.
Whether 'tis nobler in the mind to endure the slings and arrows of outrageous fortune, or to take arms against a sea of troubles, and by opposing, end them?
To die--to sleep--No more; and by a sleep we say to end a thousand natural shocks that flesh is heir to. Tis a consummation devoutly to be wished.
To die--to sleep---To sleep! Perchance to dream: ay, there's the rub;
for in that sleep of death what dreams may come, when we have shuffled off this mortal coil.
Must give us pause: there's the respect, that makes calamity of so long life.
For who would bear the whips and scorns of time? The oppressor's wrong? The proud man's contumely?
The pangs of despised love, the law's delay, the insolence of office, and the spurns that the patient merit of the unworthy takes,
when he himself might his quietus make with a bare bodkin?
Who would fardels bear, to grunt and sweat under a weary life, but that the dread of something after death.
The undiscovered country, from whose bourn no traveller returns puzzles the will.and makes us rather bear those ills we have,
than to fly to others we know not of?
Thus conscience does make cowards of us all; and thus the native hue of resolution is sicklied o'er with the pale cast of thought, and enterprises of great pith and moment.
With this regard, their currents turn awry, and lose the name of action...."

bodkin: a dagger

fardels: burdens, or bundles

quietus: a settlement of account

rub: to encounter obstacles

Suicide Related Terminology

Attempted suicide: Includes some element of a completed suicide.

Autoerotic asphyxia: A dangerous form of masturbation involving self strangulation often to the point of death.

Completed suicide: When someone takes his/her own life with conscious intent.

Lethality: A measure of the tools, methods, or plans of suicide in terms of the likelihood of causing death.

Sub-Intentional suicide: Bringing about one's death by engaging in high-risk behaviors or placing oneself in high risk situations (e.g., playing "chicken," reckless driving, bridge climbing, autoerotic asphyxia, etc.).

Suicidal threat: Verbalizing in an oral or written form suicidal ideation. Note that it is very difficult to distinguish between idle and real threats. Treat all threats as real.

Suicide ideation: Having thoughts of killing oneself. Ideations can be acute (fleeting) or chronic (long lasting) (Garrison, Lewisohn, Langhinrichsen, & Lann, 1991).

Four Key Warning Signs

Sudden change in behavior: A drop in grades, quitting sports or activities, partying or taking drugs, excessive sleeping or social withdrawal (Capuzzi, 1990; Vidal, 1989), increase in alcohol or drug abuse (Crumley, 1990).

Depression: Although not all depressed individuals take their life, chronic depression, feelings of rejection, and disenfranchisement are all major factors in suicide attempts and completions. Likewise, a sudden burst of cheerfulness after chronic depression may indicate that a person has resolved themselves to dying (Capuzzi, 1990; Vidal, 1989).

Preparing for death: Giving away possessions, writing wills, or saying goodbye are all hints of a possible suicide (Capuzzi, 1990; Vidal, 1989).

Talk of suicide and/or death: Contrary to the myth, those who talk about suicide often do kill themselves. Interventionists should be alert to verbal indicators such as a plan of action and the

individual's access to tools of suicide. Statements such as, "I'd be better off dead" or "Sometimes I'd just like to end it all" should be taken seriously. Remember, not all ideations result in completed suicides but all completed suicides start with ideations (Capuzzi, 1990; Crumley, 1990; Vidal, 1989).

Suggested Reading for Teachers

Capuzzi, D. (1989). Adolescent suicide prevention (Contract No. 400-86-0014). Ann Arbor, MI: ERIC Counseling and Personnel Services Clearinghouse, 2108 School of Education, University of Michigan.

Goodman, S. (1991). Pulling a friend back from the brink of suicide, Current Health, 18-19.

Hafen, B. Q., & Frandsen, K. J. (1986). Youth suicide: Depression and loneliness, Provo, UT: Behavioral Health Associates.

Holinger, P. C. (1990). The causes, impact, and preventability of childhood injuries in the United States. Am J Dis Child,144, 170-675.

Poland, S. (1989). Suicide intervention in the schools, New York, NY: The Guilford Press.

Smith, D. F. (1980, September/October). Subintentional suicide among youth. Health Education, 44-45.

Vidal, J. A. (1989). Student suicide: A guide for intervention, Washington, DC: National Education Association.

References

Bureau of Census (1992). Statistical abstract of the United States, 112th Ed. Washington, DC: US Government Printing Office, ISBN 0-16-038080-41992, 84.

Capuzzi, D. (1990). Adolescent suicide prevention (Contract No. 400-86-0014), Ann Arbor, MI, ERIC Counseling and Personnel Services Clearinghouse, 2108 School of Education, University of Michigan, 29-35.

Crumley, F. E. (1990). Substance abuse and adolescent suicidal behavior. Journal of the American Medical Association, 263(22), 3051-3056.

Garrison, C. Z., Lewinsohn, P. M., Marsteller, F., Langhinrichsen, J., Lann, I. (1991). The assessment of suicidal behavior in adolescents. Suicide and Life-Threatening Behavior, 1991, 21(3), 217-230.

Holinger, P. C. (1990). The causes, impact, and preventability of childhood injuries in the United States. American Journal of Diseases of Children 144, 170-675.

National Center for Health Statistics (1992). Health United States 1991 and prevention profile, US Government Printing Office, DHHS Pub. No. (PHS) 92-1232, 84, 90, 177.

Rinear, C., & Matt, H. (1987). The epidemiology of suicide. Pennsylvania Journal of Health, Physical Education, Recreation & Dance, 57(4), 23-24.

Simmons, K. (1987). Adolescent suicide: Second leading death cause. Journal of the American Medical Association, 257(24), 3329-3330.

Vidal, J. A. (1989). Student suicide: A guide for intervention, Washington, DC: National Education Association, 17-19, 40.