Incorporating Playwriting into Health Science Curriculum

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INTRODUCTION

As a health science teacher at DeBakey High School for Health Professions, I am always looking for new, creative ways of teaching my curriculum. DeBakey is a small magnet school with a culturally diverse student population of about 700 students. The students are generally high achievers with goals of becoming health professionals; many even aspire to be physicians. The students’ acceptance into our school is based on their previous GPA, standardized test scores, conduct, and a required entrance exam. As a result of these stringent qualifications, I have the privilege of teaching some of the brightest students in the Houston Independent School District (HISD). Along with this privilege comes the challenge of keeping these students interested and engaged. Although I believe the subject I teach is intrinsically interesting, some areas can be rather cut and dry. Today’s students with their vast array of sophisticated electronics are easily bored, so having students take notes and memorize facts is no longer an effective teaching method. Within minutes of lecturing, you can see the eyes glaze over and the heads begin to droop. Educators today need to have creative methods at their disposal so that they may keep the students’ interest and enhance their learning potential.

This unit will demonstrate to teachers how to use the tool of playwriting to educate students about a potentially deadly problem that is affecting many of our adolescents. Eating disorders in our youth are growing at record numbers, and yet this subject is rarely addressed in our schools. By applying this curriculum to the classroom, the students will not only acquire a deeper understanding of eating disorders and how self esteem plays a major role in its development, but they will also have the opportunity to engage in a creative endeavor that is rarely done in science-based classes. Even though our focus will be on eating disorders, this unit is adaptable to any topic.

OBJECTIVES

My intent is to use the curriculum that I will develop in my 9th and 11th grade health science classes. According to the TEKS for Health Science, one of the key items is effective communication, using both verbal and non-verbal skills (TEKS chapter 121.c2). Playwriting will allow students to develop and practice both of these forms of skills. The TEKS also command that students know wellness strategies for the prevention of diseases (TEKS chapter 121.c11). In the ninth grade, one of the areas in which I plan on utilizing the playwriting curriculum is in the area of Health and Wellness. In this unit we explore various issues that relate to the students’ own health and well being. We discuss everything from tobacco use to eating disorders, such as anorexia and bulimia, in an attempt to impress upon them the consequences of poor decisions. By not only learning the facts, but putting emotion behind them, the gravity of their decisions would be better illustrated with the hope that the concept of prevention would carry across their lives and on to others. I also intend to incorporate playwriting into the topic of Medical History. As part of the topic, the students normally memorize numerous scientists and their accomplishments. Typically, they have a difficult time recalling what the scientists were known for, and test grades tend to be relatively low. By developing skits about the historical accomplishments, I hope that
the students not only enjoy the assignment more, but also retain more of the information. In my eleventh grade curriculum, we spend a good amount of the time on medical ethics. Once again, my intent is to have students develop short skits illustrating ethical dilemmas. I believe that this will further their understanding of the situations that may occur in the medical environment. By incorporating playwriting into these curricula, the students will not only learn more of the factual information, but will also develop a deeper understanding of the topics as well as begin to gain an appreciation for playwriting.

RATIONALE

One of major keys to motivating students is to actively involve them in their learning process. Lecturing to the students is no longer an effective teaching method. Regardless of the content of the lesson, students become bored if they play a passive role. On the other hand, ask the students if they would like to play a game and watch them light up. Even though the lesson remains the same, actively involving them completely reverses their motivation level, making them eager to learn. Robert Harris, in his article, “Some Ideas for Motivating Students,” compares academic teaching to sports. He feels that the elements that make sports attractive to students can be applied to the classroom to increase the students’ desire to learn. Harris lists the following as those that are key to the concept of creating a motivating lesson plan for the classroom:

a. teamwork
b. fun
c. active
d. flexible and creative
e. tangible thinking
f. activities outside the classroom

The art of playwriting allows for all of these to be incorporated into the lesson. Students have an opportunity to learn about a particular topic such as eating disorders by taking an active role in their learning. They are able to work with other students in developing and performing their dramatic scenes. They are able to have fun while being creative and, finally, they have tangible product as their outcome.

Even though the plan is eventually to incorporate playwriting into several units in Health Science, the initial focus will be on self-esteem and its impact on eating disorders. Low self-esteem has been linked to a number of adolescent health issues, including drug abuse, alcoholism, eating disorders, and teen suicide. This unit will not only teach students about the possible consequences of poor self-esteem but also allow students to explore how their personal self-worth affects them and those around them. And hopefully it will help them to cope better with the challenges of life while learning to express themselves in a creative manner.

UNIT BACKGROUND

I believe that the first step in encouraging high quality student work is to have assignments that inspire and challenge the students. Ron Berger in his book, An Ethic of Excellence, speaks of how many educators today question whether the arts can raise scores on standardized tests. Berger states, “Once you see the passion, commitment, and discipline that the arts engender in children it is no longer questioned” (79). When students learn to express themselves creatively—whether it be drama, music, calligraphy, photography or whatever—they learn to present themselves and their work with care (Berger 79). Since tests are the primary measure of quality, the majority of schools feel compelled to have the students spend much of their time memorizing facts and taking tests. Although some would argue that there is nothing wrong with this approach, the alternative would be to put some of that energy toward improving the quality of the students’ work,
understanding, and behavior (Berger 102). The majority of schools today use standardized tests as a measure of academic success; however, few realize that the fine arts not only contribute to raising the scores but go far beyond. Howard Gardner, one of our country’s leading educational visionaries, talks about using multiple intelligences in an approach to understanding curriculum (186). How a topic is introduced can quickly engage students or quickly turn them off, and because of what psychologists call the primacy effect, students are likely to remember the opening illustration or attention grabber. Young people in particular are stimulated by the opportunity to work “hands on” and works of art can provide the readiest forms of hands on (Gardner 196-197).

In addition to enhancing classroom work, I believe that we are doing a disservice to our students by not incorporating more of the arts into the classroom. Many of our students don’t have an opportunity to learn about the arts in general and, as such, are not becoming the well-rounded adults that we hope they will be. We often speak about how we want our youth to grow up into global citizens, which encompasses more than a mastery of core subjects. Our youth need to be taught an appreciation of the fine arts. There is presently an initiative to bring more of the fine arts into the classroom.

Being a health science teacher at a high performing school, I am an eyewitness to what stress can do to a young body. At DeBakey High School for Health Professions, students are required to take eight classes a semester. It’s a very demanding curriculum that includes four years of Health Science in addition to college prep courses, which include AP calculus in their senior year. Our students have a high demand placed on them. More and more standardized tests are being administered to test their competence in math, science, and English, and they are feeling the effects of it. Every day I see signs of stress, such as headaches, stomach aches, anxiety attacks, and emotional outbursts. Students are showing up at the nurse’s clinic in record numbers. Although no one can argue that quality education in the core courses is not important, it is also important to recognize that this stressful demand is creating health problems for our youth, who have not yet learned how to cope. By allowing them a creative outlet, I believe this will help to alleviate some of the affects of the stress.

Eating Disorders

The topic of Eating Disorders falls into the Health Science unit of Health and Wellness that is taught at the 9th grade level and will be used as our model in our playwriting unit. This will also be the dramatic scene that students will be asked to evaluate in preparation of their own playwriting. Although the topic is far too broad to be covered in its entirety in this unit, it is important to have a general understanding of why this topic was chosen and the factors that are associated with it. The primary reason it was chosen is its prevalence and severity in adolescent girls. According to the National Eating Disorder Association (NEDA), 10 million females and 1 million males are battling a major eating disorder, such as anorexia or bulimia. Of these 50,000 will die as a direct result. Many other cases are probably not being reported due to the stigma attached to it. Of new cases of anorexia, 40% are in girls 15-19 years old. There has been an increase in reported anorexic cases in every decade since the 1930s, and the incidence of bulimia tripled between 1993 and 1998. Another interesting statistic reported by NEDA is that for females between the ages of 15 and 24, the mortality rate with anorexia is twelve times higher than the death rate of all other causes (“Statistics”).

Most authorities agree that eating disorders are complex conditions (although there is disagreement as to which other factors are involved) that involve more than just dissatisfaction with one’s body. Therefore, it is important to explore the question of “What causes eating disorders?” further. The National Eating Disorder Association has four categories of factors that they believe contribute to eating disorders (“Causes of Eating Disorders”).
The first category contains psychological factors such as low self esteem, feelings of inadequacy, depression, anxiety, anger or loneliness (“Causes of Eating Disorders”). Although there is no universal agreement, there have been a number of attempts to profile individuals who are prone to eating disorders. One theory is that these individuals lack a sense of identity and are trying to manufacture themselves into a socially approved exterior (“What Causes Eating Disorders?”). It has also been stated that these individuals have a pathological need to control everything in their lives, especially their bodies. It is also believed that they are perfectionists with unrealistic expectations of themselves and others. In addition to restricting food, classic anorexics also tend to restrict other areas of their lives. They take few risks, preferring to stay with what is known and comfortable (“Who Is At Risk for Developing an Eating Disorder?”).

The second category contains interpersonal factors, such as troubled family and personal relationships, difficulty expressing emotions and feelings, history of being teased or ridiculed based on size or weight, or history of physical or sexual abuse. In these types of situations, the eating disorder becomes a coping mechanism. The key to recovery is finding out what the person is trying to achieve or avoid with the behaviors, and almost always professional counseling is required (“Causes of Eating Disorders”).

The third category is social factors that include our cultural pressures to obtain the perfect body, narrow definitions of beauty that include only thin men and women, and cultural norms that value people on the basis of physical appearance rather than their inner qualities (“Causes of Eating Disorders”).

The last category is the biological factors, which include genetic contributions and possible chemical imbalances in the brain (“Causes of Eating Disorders”). This area is still being researched but is showing promise in our understanding of eating disorders. There is some evidence that the genetic factors that predispose some individuals to certain personality disorders, such as obsessive compulsive disorder, can also predispose an individual to eating disorders. There also appears to be a familial tendency; individuals who had a mother or sister with anorexia are twelve times more likely than those with no family history to develop it themselves (“What Causes Eating Disorders?”). Twin studies have indicated that heritability of eating disorders is greater than 50% (Keel and Klump).

Despite the prevalence and severity of eating disorders, it continues to be one of the most under-funded areas of research. According to the figures put out by the National Institutes of Health, research dollars spent on eating disorders averaged only $1.20 per affected person, whereas, $159.00 per affected person was spent on schizophrenic illness (“Statistics”). By applying this curriculum unit to the classroom, we can help to generate an awareness of eating disorders by bringing the topic out into the open. Since many cases go undiagnosed, this in itself can save lives, as it will help students who have eating disorders to realize that they are not alone and encourage them to seek help early. Teachers through their involvement with children are in a prime position to recognize the warning signs and symptoms and to intervene before the disorder becomes too ingrained. As educators realize the severity of the disease as well as the prevalence, it will make them more sensitive to the possibility of it occurring within their own classroom. Perhaps most importantly, by educating the students about the disease as well as how media plays a role in it, we can prevent students from ever falling prey to this disease.

When it comes to the topic of prevention, it is important not to be overly simplistic. The causes of eating disorders appear to be much more varied and complex than previously thought. However, by educating our youth about eating disorders and encouraging them to view media in a critical manner, we can help them to avoid many of the pitfalls. Developing a value system based on internal values, instead of weight and appearance, is also essential in the prevention of eating disorders. A healthy self-esteem is perhaps the best defense we have, and anything that can be
done to boost it can go a long way toward preventing a multitude of problems in our youth. Schools should develop programs that work with these types of issues as well as have referral services to health professionals.

**Elements of Playwriting**

Although many good books have been written on the art of playwriting, perhaps one of the best things that can be done to prepare students is to encourage them actually to see a play. If possible, teachers should take a field trip to the theater so that the students can experience the play for themselves. Not only will this encourage enthusiasm about the prospect of writing their own scenes, but it will also allow them to consider some of the constraints and limitations of stage productions. In my experience, very few high school students have had the opportunity to see a live play, and this would be a great way to initiate them to the world of playwriting.

Due to the time constraints in our health science classes, we are unfortunately not able to cover all that is necessary in good playwriting. I have therefore decided to focus on several key elements that are necessary to basic playwriting. We will focus our attention on the main character, the motive of the character, the conflict that occurs, and the resolution of the story. Once the students have a basic understanding of the essential elements, they will be asked to read and dissect dramatic scenes from plays that pertain to health. The students will then attempt to write their own short dramatic scenes. By understanding how plays are written and having examples to model their work after, the students should experience success at their first attempt, making them more open to the idea of incorporating the arts into their lives and eager to participate in future projects. Once the plays are written, the students will have an opportunity to see their play in action when it is performed in front of a live audience, further involving them in the art of playwriting.

According to Stephen Sossaman, a play should have four essential elements: a main character, motivation to accomplish something, conflict, and finally a resolution (20). The characters should be unique and interesting dynamic characters with which the audience can on some level identify. Rather than being one-dimensional, they should be complex individuals who pique the audience’s curiosity, making them want to know them more intimately. For instance, in the well-known play *Cat on a Hot Tin Roof*, the characters initially appear as hard, crude, narcissistic individuals, but as the layers are pulled back, we see the same fears and insecurities that plague us all. Maggie, one of the play’s main characters, comes across as a dissatisfied, self-centered individual. As the play continues to develop, we come to the realization that the vices we identify in her stem from her loneliness and insecurity. Throughout the play, we are able to identify with the characters on some level (even while disliking them) due to the universal emotions that they embody.

In order for the students to have a better understanding of the characters in their dramatic scene, they will be given an exercise where they will develop their main character’s history. They will write a short biography which will address the characters’ backgrounds, answering questions of where and how they grew up, their educational level, and life-changing events that affected them. They will also address the characters’ lifestyle, religious beliefs, motivations, and their personality strengths and weaknesses. By knowing their characters intimately before the students even begin writing their dramatic scene, they will get a sense of who the character really is and how they would react to a given situation.

Motivation is also central to the play. Once we know our characters’ history, we can achieve a better understanding of what makes them tick and what they really want. At times, the true motivation in a play may take some time to reveal and may not be as clear cut as originally portrayed. As the play develops, we begin to link the actions of the character with their true desires. Richard Toscan in his playwriting seminars talks about the “emotional plot” where plays...
spend about 90% of their time. The emotional plot is based on the consequences that the characters experience in their quest for their objective.

Conflict is essential to a good play, and the more complex it is the better. Essentially the basic formula is Character + Obstacle = Conflict (Deemer). Sossaman states in his book that the conflict should represent issues that are “larger than the characters” and it should “engage our emotions” (47). The characters should be involved in a universal struggle that deals with aspects of humanity. The audience should be able to relate to the situation and care about the outcome. The characters’ motivation should be strong enough to make them take risks to get what they want, allowing the story to build toward the climax. The ending should not be predictable. If the audience can guess at the beginning of the play what is going to happen, it will quickly become bored and lose interest in the story. The story should have a beginning, middle, and an end. It should progress steadily, incorporating enough action to keep the audience engaged, toward the climax and finally culminate in the resolution. Essentially the characters should want something, be motivated to go after what they want, have obstacles and complications that get in their way, and finally have an outcome (20). If we once again look at Tennessee William’s play, we can use the character of Maggie as our model:

1. character’s desire: to get pregnant
2. character’s motivation: big Daddy’s approval as well as his estate
3. obstacles and complications: gay husband; Mae and Gooper who already have children
4. resolution: a lie about being pregnant

The dramatic scene “If Only” will be used as a model for the students when they are ready to attempt their own dramatic scene. This scene dramatizes a teen’s struggle with self-esteem that results in an eating disorder. The students will be asked to read the scene and then to point out the essential elements of the scene. They will identify the initial incident which starts the play off and reveals the character’s desire, the motivation and obstacles of the character, the climax of the story, and the resolution. After reading and dissecting the scene, the students should have a better understanding of how to write a dramatic scene about the ramifications of low self-esteem.

Finally, Charles Deemer offers these suggestions to prospective playwrights:

1. Become a theater person: See and read as many plays as possible.
2. Learn dramatic structure by studying screenwriting.
3. Develop an ear for dialogue.
4. Write with suspense, don’t be predictable.
5. Workshop your play. Listen to others read your play.
6. Don’t overwrite stage directions.

LESSON PLANS

Lesson Plan 1: Characterization

TEKS:

Health Science Technology II: 121.4c1D and 121.4c1F
Introduction to Health Science Technology: 121.2c1C

Objectives

The primary objective is to fully develop an understanding of the play’s characters by writing a biography for the characters in a dramatic scene. This objective will address the TEKS which require that the student apply English Language Arts to Health Science and be able to express ideas in writing.
**Materials**
None required

**Terms to define**
characterization

**Activity**
Students will develop their dramatic scene characters by writing a one page biography for each character. Each scene will contain 2-3 characters. The following questions should be answered in the biography.

a. What is the character’s background? Where and how did they grow up? Were there any life changing events that made the characters who they are today?

b. What is the educational level of the character?

c. Where do the characters live today?

d. What do they do for a living?

e. Do they have any strong religious or political beliefs?

f. What motivates the characters today?

g. What are the characters’ strongest traits and characteristics?

**Evaluation**
Once the biographies are completed they will be collected, evaluated, and returned to the student. The students will then refer to the biographies when writing their dramatic scenes.

**Special Needs**
Modifications as required by student’s IEP’s. (individualized education plans)

**Lesson Plan 2: Dissection of a Dramatic Scene**

**TEKS**
Health Science Technology II: 121.4c1D and 121.4c1F

Introduction to Health Science Technology: 121.2c1C

**Objectives**
The objective is to have the students use their critical thinking skills to break down the dramatic scene “If Only” into its major components. The students will identify the main characters, the central conflict, how the story builds, the climax, and the resolution. In addition to practicing critical thinking skills in these exercises, the students will also be applying English Language Arts to Health Science.

**Materials**
Dramatic Scene: “If Only”

**Terms to define**
conflict, climax, resolution

**Activity 1**
Students will read the dramatic scene “If Only.”
**Activity 2**

Students will write a short paper describing:

1. each of the characters in the scene as they perceive them
2. central character’s main problem/desire
3. any complications/obstacles
4. what happens at the climax of the scene
5. how the problem is resolved

**Evaluation**

After the students have completed the activities, a general classroom discussion of the scene will be held and students will critique their own results.

**Special Needs**

Modifications as required by student’s IEP’s (individualized education plans)

**Lesson Plan 3: Dramatic Scene**

**TEKS:**

Health Science Technology II: 121.4c11 and 121.4b1

Introduction to Health Science Technology: 121.2b1, 121.2c1C and 121.2c1D

**Objectives**

The primary objective is for the student to creatively demonstrate how low self-esteem may contribute to adolescent issues such as alcoholism, drug abuse, eating disorders, and teen suicide. This objective is intended to satisfy TEKS121.4c11, which states that students should know strategies for the prevention of disease as well as 121.4b1 which states that students should know how to learn, reason, think critically, make decisions, solve problems, and communicate effectively. It also allows for learning to work well with others and making contributions in group discussions and activities (121.2b1 and 121.2c1D)

**Materials**

Character biographies previously developed as well as previous notes taken in class on playwriting.

**Terms to define**

initial incident, rising action, climax, resolution

**Activity 1**

Students will write a short dramatic scene (3 – 4 pages) pertaining to a health related issue that involves low self-esteem. Students may pick such topics as: drug abuse, promiscuity, eating disorders, or alcoholism. Each dramatic scene must contain the following elements:

1. initial incident that starts the play off and reveals the characters desires
2. rising action which will include the characters motivation and obstacles
3. climax of the story
4. resolution to the conflict
**Activity 2**
After completing the writing activity, students will break out in groups of 3 to 4 and read each others scenes aloud in order to better critique them. Students will offer constructive criticism as needed and then will be given time to make corrections and rehearse the scene.

**Evaluation**
All scenes will be collected and critiqued by instructor.

**Special Needs**
Modifications as required by student’s IEP’s (individualized education plans)

**Lesson Plan 4: Performance of Dramatic Scene**

**TEKS**
Health Science Technology II: 121.4c11
Introduction to Health Science Technology: 121.2b1 and 121.2c1D

**Objectives**
The primary objective will be to impress upon the students the importance of good self-esteem and the various health issues that teenagers can become susceptible to without it TEKS 121.4b1. This lesson plan also satisfies TEKS 121.2b1 and 121.21D (working well with others and making contributions in group discussions and activities).

**Materials**
Students self generated dramatic scenes.

**Activity**
Each group of students will take turns performing their dramatic scene in front of the class.

**Evaluation**
Each scene will receive constructive criticism by both instructor and students.

**Special Needs**
Modifications as required by student’s IEP’s (individualized education plans)
CAST OF CHARACTERS

ASHLEY – A bright, attractive, although very thin, teenager, who is struggling with self-esteem issues.

MOTHER - A middle-aged divorced mom attempting to regain her youth. She is in a new relationship and totally self-absorbed with her life.

AT RISE: Ashley and her mom are in the kitchen. Ashley is helping her mom set the table for dinner, while her mom attempts to make small talk. Ashley appears sullen and depressed.

MOTHER

How was school today, hon?

ASHLEY

Okay, I guess.

MOTHER

How’s Melissa? I haven’t seen her in a while. She still seeing that boy – what’s his name – Michael?

ASHLEY

Oh, that’s history. She still likes him but he’s just not that into her.

MOTHER

Oh, that’s too bad. Such a cute girl, too.

ASHLEY

Yeah, she looks great now. She lost like 20 pounds. She told me she did it by barfing up all her food.

MOTHER

(Looking shocked) You’re kidding!

ASHLEY

 Nope, I’m not kidding.

 (Now Josh asked her to the homecoming dance and she is all excited about that. They sit down to eat and ASHLEY starts pushing her food around with her fork.)

MOTHER

Oh, the big homecoming dance, are you going?

ASHLEY

I don’t know. Josh asked me but I don’t think I want to go. I think it’s just a pity date.
(ASHLEY starts to take a bite of food, looks at it and then puts it down.)

MOTHER

You should go. You never do anything with your friends anymore. Oh, by the way, Peter and I have plans for Friday night. So go, have fun. Hmm, I wonder what I should wear.

ASHLEY

(Ashley turns away from her mother and says quietly.) Yeah, like you really care.

What?

ASHLEY

Nothing, I don’t have anything to wear.

MOTHER

What are you talking about? You have a whole closet full of cute clothes. Matter of fact, if you’re not wearing that red dress, it would be perfect for me to wear to Maxim’s.

ASHLEY

Sure, take whatever you want. Nothing looks good on me anyway. Although I suppose it’s not the clothes’ fault. Put a blimp in a designer dress and it’s still going to look like a blimp. (picking up a teen magazine and pointing to the cover girl.) Now, if only I looked like that. Maybe my life wouldn’t be so awful. If only …

MOTHER

Stop talking crazy and eat your dinner.

ASHLEY

I’m not hungry.

MOTHER

I haven’t seen you eat anything in days and think it’s starting to affect your brain.

ASHLEY

(becoming clearly agitated) You just don’t understand. You have no idea what it’s like in school or what my life is like. All you care about is stupid Peter and what he says. You don’t give a darn about what happens to me. Why don’t you just leave like dad?

MOTHER

Don’t talk like that. You know I love you and Peter cares about both of us. Since your dad left us, he has done everything he could to be like a father to you and all you do is push him away and act crazy.

ASHLEY

Yeah, right. All he cares about is his precious little daughter. You know, little miss perfect. Perfect grades, perfect figure, perfect everything. Let’s face it, I’m not perfect. Why would he care about a slug like me?

MOTHER

(exasperated) Look, I don’t have time for this. Just eat your dinner.
ASHLEY
I said I’m not hungry! (Ashley sweeps the plate off the table and onto the floor.)

MOTHER
(screaming) Ashley Lynn!

ASHLEY
You already ruined your life and now you’re trying to ruin mine. I hate you!
(Ashley stands up, takes a couple of steps, staggers and falls down.)

MOTHER
(kneeling down next to daughter and trying to revive her) Ashley. Ashley. Are you okay?

ASHLEY
(moaning and starting to cry) Mom, I don’t feel so good.

MOTHER
Come on Ashley. Let’s get you to the hospital. Everything is going to be okay.

THE END
ANNOTATED BIBLIOGRAPHY

Works Cited

Gives insight into the most effective teaching methods for our students.

Discusses psychological, interpersonal, social, and other factors involved with eating disorders.

Provides tips and ideas on good playwriting.

Discusses “multiple intelligences” approaches to understanding.

Contains ideas, for motivating the students in the classroom that are based on playing sports.

Explores whether eating disorders are more common in certain cultures.

Used as the primary tool for teaching playwriting to the students.

Many statistics on various eating disorders.


Used as a reference book for playwriting. Elements of the play are used as examples on how to write a good play.

Discusses which individuals have the highest risk factors for eating disorders.

Supplemental Sources

Contains definitions and symptoms of eating disorders.

Contains definitions and symptoms Anorexia Nervosa.

Contains scenes from contemporary playwrights on a variety of topics which may be relevant to teenagers.

Contains scenes for high school students in five subject categories: dating pregnancy, control, family, and growing up.