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**Stardust in Cedar Forest:
Suicide Prevention Through Interactive Theatre for College Students**

Honors Research Thesis Presented in Partial Fulfillment of the Requirements for Graduation
with Honors Research Distinction

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Abstract

Suicide can impact people from all walks of life, and for those who are vulnerable to circumstances that amplify suicidal ideation, prevention programs can be effective methods to provide relief and promote awareness to community members. The World Health Organization (2021) highlighted a global need for prevention programs targeted toward young people as suicide is the second leading cause of death for people aged 15-29. The objective of this study was to evaluate the impact of interactive theatre as a form of psychoeducation and suicide prevention for college students. This study found that interactive theatre had a positive impact as a form of suicide prevention. Participants demonstrated improved knowledge of key components of suicide prevention and their self-efficacy, in terms of willingness and confidence to intervene, significantly increased following the performance intervention.

Stardust in Cedar Forest:

Suicide Prevention Through Interactive Theatre for College Students

Suicide can impact people from all walks of life, and for those who are more vulnerable to circumstances that amplify suicidal ideation, prevention programs can be effective methods to provide relief and promote awareness to community members. The World Health Organization (2021) highlighted a global need for prevention programs targeted towards young people as suicide is the second leading cause of death for people aged 15-29, consequently denoting this age group as “at risk.” To understand suicidality, it is essential to identify what suicide is intended to solve. As described by Brown and Jacobs (1989), suicide provides an escape from intolerable emotional and/or psychological pain. Relevant research echoes this statement demonstrating a strong association between mental health disorders like depression and suicide attempts (Isometsa, 2014). Critical risk factors that increase the likelihood of suicide completion include access to lethal means, alcohol or substance abuse, and previous suicide attempts (Arensman Scott, De Leo, & Pirkis, 2020).

College students suffer from additional risk factors that deserve further investigation to develop appropriate prevention programs. Didactic forms of suicide prevention are commonly used on college campuses, but few studies have explored the effectiveness of theatre-based prevention programs, specifically ones that involve interactive and immersive theatrical elements. The current study intended to address this gap in the literature and explore the intersectionality of interactive theatre and psychoeducation to develop a theatre-based suicide prevention program for college students. This was primarily achieved by exploring youth suicide risk factors, prevention and psychoeducation programs, the potential role of culture in developing accessible and representative programs, intervention steps summarized by the acronym “RAIN,” and interactive theatre initiatives.

Youth Suicide Risk Factors

Pioneering research on suicide highlights multiple risk factors that contribute to a higher frequency of suicide attempts amongst youth. College students are especially vulnerable since their social, academic, psychological, and existential experiences shift as they encounter depression and anxiety, stress, family expectations, homesickness, financial burden, substance abuse, and other challenges (Tompkins & Witt, 2009; Pedrelli et al., 2014). Thus, to develop an effective prevention program for college students, one must identify the consequential experiences that underlie suicidality within this population.

First, mental health disorders are a major cause of suicide, a notion that is crucial to the identification of factors that must be included in intervention efforts (Brådvik, 2018). The prevalence of these disorders cannot be overlooked. Research has shown that “90% of those who committed suicide had a psychiatric diagnosis at the time of death” (Bertolote & Fleischmann, 2002, p. 183). According to Pedrelli and colleagues (2014), by the age of 25, “75% of those who will have a mental health disorder have had their first onset” (p. 2). College students are particularly at risk to develop mood, anxiety, and substance abuse disorders which have been known to amplify suicidal ideation. Mental health disorders combined with the unique challenges associated with college can contribute to increased suicidal ideation.

In addition to mental health disorders, hopelessness and helplessness increase college students’ risk for suicidal ideation. Hope refers to a person’s perceived ability to identify pathways through which a desired goal may be achieved. Thus, an individual who experiences hopelessness is unable to conceptualize alternative pathways to healing. This feeling combined with the impulsivity amplified in youth can lead to dangerous consequences (Novick, Cibula & Sutphen, 2003.) Huen, Ip, Ho, and Yip (2015) categorize hope as a resilience factor against

suicide. Thus, one of the primary goals of suicide prevention is to recover a suicidal person's sense of hope. Helplessness, on the other hand, refers to a person's belief that they are unable to avoid future suffering after repeated experiences with negative circumstances (Huen et al., 2015). This results in feelings of being trapped and a decrease in help seeking.

Additionally, individuals who believe that others would be happier if they were deceased, experience a critical risk factor for suicide known as self-perceived burden (Wilson et al., 2017). Young adults entering college may experience heightened self-perceived burden as they navigate independence for the first time and feel guilty and ashamed if they need support. In contrast, mattering is the belief that an individual is important and has significance to those around them. Research by Elliot, Colangelo, and Gelles (2005) demonstrated that those who believe they mattered were less likely to contemplate suicide. With mattering comes a sense of belonging which fosters security and acceptance of support (Olcon, Kim, Gulbas, & 2017.) The triad of hopelessness/helplessness, self-perceived burden, and mental health difficulties lead to alarming rates of youth suicide. Addressing these three risk factors will help shape suicide prevention programs to address the most critical focal areas.

Prevention Programs

Characteristics of effective suicide prevention programs include empathy, unconditional positive regard, community impact, interactivity, efficacy, and accessibility (Arensman et al., 2020). While clinical terminology can be helpful in a literature review, when one is sitting across from a person who is in pain, empathetic responses like "Where do you hurt?" and "How can I help you?" are much more effective (Shneidman, 2001, p. 203). The ultimate goal of suicide interventions should not be to "fix" the suicidal person, but rather to "reduce the hurt and/or widen the vision and/or pull back from the action and/or lighten the pressure-even just a little bit" (Brown & Jacobs, 1989, p. 26). Leading with empathy and unconditional positive regard

opens the gate for adaptability, consideration, and healing while creating an environment that favors openness.

Additionally, community-based prevention programs are valuable because their dual-approach design, which incorporates both the individual and society, is ideal for addressing stigma surrounding suicide and mental health disorders (Novick et al., 2003). If a person is feeling isolated, a community-centered intervention can help them feel less isolated and more supported. In addition to community-based intervention, gatekeeper training can also be utilized. Gatekeeper training is designed to educate, equip, and position community members who are not in the mental health field to identify and intervene if someone is suicidal; essentially permitting anyone to be a gatekeeper. These community members, peers, teachers, and parents can play a significant role in suicide prevention as they are able to reach more diverse groups (Terpstra, 2018). This leads to further accessibility which is the most crucial characteristic for prevention programs to consider. The barriers to healing are extensive, especially to those who are marginalized and have lower income. Thus, there is a clear need for “brief, inexpensive, and effective interventions” (Donker & Cuijpers, 2009, para. 1). Access to suicide prevention programs should *never* be exclusive.

This study highlighted the importance of empathy and accessibility and utilized aspects of community-based intervention and gatekeeper training for the development of *Stardust in Cedar Forest*, a suicide prevention program aimed at improving gatekeeper efficacy among college students. Gatekeeper self-efficacy refers to an individual’s confidence to identify, intervene, and support at-risk individuals (Holmes, Clacy, Hermens, & Lagopoulos, 2021). As such, to improve efforts in suicide prevention, programs need to incorporate strategies to increase confidence in an individual’s ability to reach out to others who may be experiencing suicidal ideation, promoting a sense of being in control of personal circumstances (Carey &

Forsyth, 2009). The effectiveness of an intervention is dependent on the gatekeeper's confidence to intervene if a peer is displaying suicidal behavior. For this reason, focusing suicide prevention programs around improving gatekeeper efficacy allows for positive impact in the community and accessibility.

Culture and Representation

Most research on suicide prevention is not written by or for Black, Indigenous, and People of Color, (BIPOC), or other underrepresented communities. This gap in suicide research is alarming since suicide rates among marginalized groups are drastically increasing, especially among Indigenous, Hispanic, and Black people (Snoke et al., 2021.) In developing appropriate suicide prevention programs, it is essential to recognize the additional challenges that BIPOC and underrepresented groups experience. There is a clear need for suicide prevention programs that address the risk factors for suicide among BIPOC adolescents. This study aims to develop a program that will be relatable, adaptable, and accessible to students from all backgrounds, as a goal for all suicide prevention and psychoeducation efforts should be inclusion and representation.

Psychoeducation

Psychoeducation is regarded as one of the most effective evidence-based practices within both clinical and community settings. Psychoeducation is defined as “an intervention with systematic, structured, and didactic knowledge transfer for an illness and its treatment, integrating emotional and motivational aspects to enable patients to cope with the illness and to improve its treatment adherence and efficacy,” meaning it is an intervention method which encourages self-empowerment through education about treatments and conditions (Ekhtiari, Rezapour, Auuperle, Paulus, 2017, para. 1). This method has been shown to improve quality of life, decrease symptomology, and increase accessibility and is thereby essential to the aims of

this study serving as a guiding technique used in the theatre-based intervention (Lukens & McFarlone, 2006).

Implementing psychoeducational techniques can be used to effectively address stigma and misconceptions about suicide. With regards to young people, psychoeducation can be especially useful in academic environments, like college campuses. Multiple studies emphasize the important role young adults play in supporting their peers. According to Keller and Wilkinson (2017), “young adults need to be willing and able to intervene in life-threatening situations affecting their peers” (para. 4). Thus, psychoeducation can provide young adults with the information to intervene and support their peers (Keller, Austin & McNeill, 2017). Following the psychoeducational intervention in this study, participants should be able to: identify suicide as a public health concern; recognize risk factors associated with youth suicide including hopelessness, self-perceived burden, mental health; develop empathy for oneself and others; and feel more confident and equipped to intervene and advocate for their peers.

The current study modeled a mindfulness tool known as RAIN (Recognize, Acknowledge, Investigate, and Nurture) to create the psychoeducational component of the current study. The acronym, created by Michele McDonald, is an “easy-to-remember tool” for self-compassion and mindfulness (Brach, 2019, para. 3). While RAIN has not been used as a mnemonic for gatekeeper intervention, this study has adapted it as a suicide prevention tool that students can use to support their peers who may be experiencing suicidal ideation through recognition (R), acknowledgment (A), investigation (I), and nourishment (N). The purpose of this tool is to advance knowledge of suicide prevention and enhance gatekeeper self-efficacy.

Recognize refers to the ability to identify warning signs of suicidal ideation. The need for early recognition of warning signs is essential because for many, their experiences are overlooked due to a lack of awareness and the stigmatization of mental health. Often, students

are left to suffer in silence (Kella, 2021). However, there are warning signs that if recognized could result in positive interventions including withdrawal from friends, family, or society, feeling trapped or hopeless, increased alcohol or drug use, anxiety, agitation, inability to sleep or sleeping all the time, dramatic changes in mood, perceived lack of purpose in life, and so forth (Rudd et al., 2006). Recognition of these signs equips students and others with the ability to notice when and if a peer needs support. Learning how to recognize warning signs furthers both knowledge and empathy, two aspects necessary for suicide prevention.

In addition to recognition of crucial warning signs, acknowledgment is also essential for suicide prevention. To acknowledge, within the context of suicide prevention, is to create an environment based on compassion and validation. The goal of this step of RAIN is to soften the experience by actively listening, caring, and validating the experience of the individual who is in need of support. Combined with recognizing, acknowledging is key for creating an empathic, nonjudgmental response for suicide prevention.

The next step in RAIN is investigate which refers to asking “the question” about thoughts or intentions to harm oneself. Investigating is important to emphasize during suicide prevention efforts because it is the most direct and consequently the most difficult step of intervention. Asking someone if they are thinking about committing suicide is stressful for most people, so it gatekeepers must learn ways to acknowledge their own feelings and achieve centeredness prior to inquiring about thoughts of suicide (Spencer-Thomas, 2019). That said, this step is essential for transferring the burden from individuals bearing it to those willing to provide the support necessary for initiating intervention.

Last, the final step in RAIN is nurture which refers to support, offering resources, and essentially guiding an individual to a “lighter, kinder space” (Aubery, 2020; para. 23). Examples of comments that nurture include “I have some things we can check out, what if we call the

wellness center together?” or “I’m here for you and I’m on your team.” By nurturing, gatekeepers let those who are struggling know they are cared for and therefore facilitate healing (Spencer-Thomas, 2019).

Theatre-based Suicide Intervention

While there is not one single approach to suicide prevention, research by Keller and Wilkinson (2017) suggests that didactic education and raising awareness is not enough to significantly reduce the risk of youth suicide. Rather, interactive education tactics and theatrical tools ensure memorable and positive responses to the content explored in the program (Keller & Wilkinson, 2017). Their research findings suggest that “dialectical behavior therapy, cognitive behavior therapy, direct contact with individuals suffering mental illness, drama and theatre about stigma, or role playing” in addition to anti-stigma interventions were the most impactful (Keller & Wilkinson, 2017, para. 11). Hence, this study aims to explore theatrical methodologies for suicide intervention.

Since the focus of the current study was to develop and assess the effectiveness of an interactive performance piece used as a form of prevention, literature on theatre as a form of therapy is relevant. Most art-based interventions combine five major components that promote wellness: imagination, emotion, solid interaction, physicality, and cognitive stimulation (Snoke et al., 2021). The goal of the current study was to consider ways to incorporate all five characteristics within the development of an interactive performance-based intervention. Additionally, well-known forms of creative therapies including art therapy, narrative therapy, and drama therapy, have shown positive results for healing (Robert & Landy, 2006). Drama therapy, for example, focuses on developing the therapeutic relationship and addressing life experiences by engaging in the creative process of theatre (Robert & Landy, 2006). Performance retelling is another method which uses storytelling for healing (Blue, 2020). Within the context

of this study, the specific focus was placed on storytelling, imagination, and emotion through an interactive and participative theatre format.

Studies using theatre-based models for suicide prevention have shown promising results. A study by Moynihan (2006) documents the Acting for the Future project, which “used participative drama workshops and a professional theatre performance to raise awareness of issues surrounding suicide and suicide prevention” (p. 2). This research provided a model for best practice when conducting theatre workshops aimed at suicide prevention.

Another study by Keller and Wilkinson (2017) examined the effectiveness of a suicide prevention theatre project to promote help-seeking among young people in Montana. The project involved a program called “Let’s Talk” which was developed from a 12-week theatre workshop. The structure of the intervention came in the form of a “talk back”, which is a space for audiences, performers, and designers to ask questions and interact following the performance. Results showed an increase in self-efficacy and response efficacy among audience members (Keller & Wilkinson 2017). This study also demonstrated the need for more direct and personal forms of suicide prevention programs. The current study addressed this need by exploring the impact of interactive theatre.

Theatre invites audiences to observe stories coming to life, while immersive and interactive theatre invites audiences to become a direct part of the storytelling process by allowing them to play active roles in the trajectory of the show. According to Carrey-Chan (2017), effective immersive theatre considers audience members psychological needs for belonging, love, and self-esteem. Giving participants a safe and guided space to play gatekeepers may allow them to be more confident when the real situation arises. Assessing participants’ self-efficacy before and after the interactive intervention is an important part of this study.

Additionally, empathy is enhanced if an audience member feels the impact of the stakes

involved in the difficult decision to commit suicide. As mentioned previously in the RAIN model, acknowledgment is an essential tool for creating the necessary context required to enable suicide prevention. In their study on theatre-based interventions, Keller (2018) proposed that interactive theatre based narrative engagement programs help address stigma, empower individuals, and give them access to resources through an interactive performance model. This model encourages participants to actively engage in learning through dialogue, experimentation, and movement and was found to be more effective than a traditional classroom approach (Keller & Wilkinson, 2017).

Objectives of the Current Study

The objective of this study was to identify the impact of interactive performative arts as a form of psychoeducation and suicide prevention for college students. Based on previous literature, this study hypothesized that interactive theatre would be an effective form of suicide prevention and psychoeducation as evidenced by significantly higher self-efficacy scores for suicide prevention after participating in the play (post-test) than before (pre-test), and significantly more references to the intervention steps included in RAIN in the post-test scenario responses than in pre-test scenario responses.

Methods

Participants

Nine college students from a small liberal arts college participated in an interactive performance piece entitled *Stardust in Cedar Forest* (See Appendix F). Participants were recruited through email and social media and were not compensated for participation. Participants completed a pre-test and post-test survey. Three runs of the show were conducted with 2-4 participants per group. There were 6 females, 3 males, and 1 nonbinary/gender-fluid/agender person surveyed. The racial diversity of participants included Asian-American,

African American/Black, Biracial (black and white, and Indian and white), and Caucasian peoples. This research has been reviewed and approved by the IRB (see Appendix D).

Measures

Three scales were combined to create the pre- and post- gatekeeper assessment used in this study: scenario response assessment, self-efficacy scale, and training feedback response (see Appendix A). The scenario response assessment was designed to collect qualitative data on how participants would respond to a peer demonstrating warning signs of suicide, and quantitative data on the number of references to RAIN in the pre- and post-tests. Scenario examples were provided by Kids Health (2017). Qualitative data was coded using the RAIN coding chart developed for this study (see Appendix B).

The self-efficacy scale was designed to quantitatively assess participants' confidence in their ability to intervene if a peer needed support. This measure is a 12-item 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree). An example of a question from the self-efficacy scale is "I feel confident in raising the question of suicide with the suicidal person." Some of the statements in the scale were adapted from Tomkins and Witt's (2009) study on suicide prevention and gatekeeper confidence, and the others were generated from reviewing the literature on self-efficacy for gatekeeper intervention.

The training feedback response questionnaire, which only appears in the post-show survey, was designed for this study to collect qualitative and quantitative data about participants' evaluations of the show as a form of suicide prevention. These questions also aimed to gain insight on participants' experiences and conscious reflections on the impact of the interactive theatre-based intervention. An example of an item in this assessment is "Describe what this training experience was like for you." These questions were designed to elucidate the benefits of this form of suicide prevention and any potential unforeseen limitations.

Materials

The current study's theatre-based intervention is a 20-minute interactive play entitled *Stardust in Cedar Forest* by Ghina Fawaz (see Appendix F). *Stardust in Cedar Forest* calls on audience members to help the character 'Lost' leave Cedar Forest—a dark mental landscape where people go to commit suicide. Throughout the show, audience members learn how to support 'Lost' and in turn learn the steps to intervene using RAIN. The performance focuses on educating audience members about the steps of RAIN in order to improve participants' self-efficacy to respond when supporting a suicidal person.

There was a concentrated period of research conducted at the beginning of the project about suicide prevention, youth suicide and risk factors, and theatre interventions. In developing *Stardust in Cedar Forest*, there was an additional emphasis on accurately representing three major experiences that lead to suicidal ideation: self-perceived burden, depression, and hopelessness. RAIN was used as both a step-by-step guide to gatekeeper intervention and a metaphor for healing. Audience members were given a flashlight to navigate the dark forest and a clipboard with a RAIN guide designed to assist them with their interventions (see Appendix E). The show incorporated feedback provided through multiple workshops and rehearsals with college students as well as an invited preview with five additional participants. The invited preview was conducted to ensure that performers felt comfortable interacting with audience members prior to the first session with research participants.

Procedure

Verbal and written informed consent forms were provided to all participants (see Appendix C). Safety measures were further emphasized before the show began: participants were welcome to leave the study at any time without penalty, there were two exits that were available for participants if they needed to step out, and the principal investigator could escort

participants to the Wellness Center if they felt it would benefit them. Participation was completely confidential, and the study did not involve any deception.

Following the informed consent form, participants completed a pre-test gatekeeper assessment on paper (see Appendix A). The participants then engaged in a 20-minute interactive theatre performance/intervention guided by the principal investigator. After the performance, participants were asked to complete the post-test (see Appendix A). Participants were subsequently debriefed and provided with a heart shaped stone and resource card which included numbers to the National Suicide Prevention Lifeline and the college's Wellness Center.

Results

A series of paired samples t-test were conducted to assess the degree to which participants' self-efficacy scores significantly increased from pre-test (before the play) to post-test (after the play) (see Table 1). There were significant increases for six items including: I would NOT know where to begin if my friend was suicidal ($p < .01$); it would be difficult for me to discuss my concern for the suicidal person ($p < .01$); I am NOT capable of talking to the suicidal person about such a serious subject ($p = .01$); I feel confident in raising the question of suicide with a suicidal person ($p < .01$); I feel comfortable asking the suicidal person about their plan; I feel equipped to talk to a suicidal person about their problems and wish to die ($p < .01$).

Another paired samples t-test was conducted to determine if participants increasingly referred to the strategies represented by the acronym RAIN after the play. Results showed an increases in mentions of three of the four components of RAIN in the post-test (see Figure 1). Investigate had the greatest increase in instances of mentions between the pre-and post-test. Recognize and Investigate did not appear in the pre-test responses but did appear in the post-test responses. Nurture was referenced eight times in both the pre-and post-test responses.

Participant responses in the feedback section of the assessment revealed areas for

improvement of the intervention as well perceptions of the meaningful impact the intervention had. Feedback from participants on the performance-based training can be divided into three categories: theatre as a form of suicide prevention such as, "Theatre is a great way to discuss/teach about hard topics," interactivity of the performance such as, "The interactive experience opened my eyes to how hard it is to talk someone out of suicide-especially if I don't know the right words," and individual feelings during the show such as, "It made me quite emotional" (see Table 3). All participants unanimously stated in the post-test that they believed this training would help them feel more confident in helping a peer who is suicidal in the future (see Table 4). This finding reinforces the efficacy of RAIN and interactive suicide prevention methods.

Discussion

The findings of this study supported interactive theatre as having a positive impact as a form of suicide prevention. As hypothesized, participants' self-efficacy scores significantly increased following the interactive performance, and the number of references to the components of RAIN increased in the post-test scenario assessments. Training feedback, self-efficacy, and RAIN were specifically evaluated following the conclusion of this study to reflect upon the effectiveness and participant-perceived benefits of the proposed methods of suicide prevention through interactive theatre.

Feedback from participants demonstrated support for the efficacy of the interactive theatre-based intervention. One participant explained that the creative format allowed the important, yet difficult information to be clear and palatable stating, "Theatre is a great way to discuss/teach about hard topics. It made it easy to understand without taking away from its seriousness." Other participants stated similar claims: "Messages are often better communicated through stories and art." These statements align with Keller et al.'s (2019) research in which

interpersonal storytelling, narrative medicine, and suicide prevention research were shown to be powerful combinations. The results of the current study further highlight the positive impact of creative intervention.

As described previously, promoting empathy is essential for effective gatekeeper intervention because it helps communicate concern for the suicidal person in a genuine, non-judgmental, and understanding manner. One participant's response illustrated that *Stardust in Cedar Forest* provided such impact, stating that the intervention provided them with insight into what a person who is experiencing suicidal ideation truly feels. These amplified feelings of empathy are an essential component to effective gatekeeper intervention (Tomkins & Witt, 2009).

In addition to successfully incorporating strategies for increasing empathy and promoting the tools necessary for guided gatekeeper intervention, this study uniquely focused on the impact of interactive and immersive theatre. This form of theatre puts participants in active roles in the storytelling process. One participant expressed, "The interactive experience opened my eyes to how hard it is to talk someone out of suicide –especially if I don't know the right words." Another participant highlighted the impact of the interactive elements: "This training is getting people involved and out of their comfort zone, because that's exactly the process of helping someone suicidal." These responses indicate that the interactive nature of the performance allowed participants to learn in a safe and guided space. Interactive theatre can be uncomfortable, but it is through that discomfort that learning occurs. Carrey-Chan (2017) explains that within an interactive performance, activities that can be done as a group generate belonging among an audience. In *Stardust in Cedar Forest*, audience members are tasked to work as a team to wake up the character 'Lost' after 'Guide' is put to sleep by 'Depression.' This is the first moment in which the audience is not guided and must participate on their own to help

'Lost'. One audience member reflected on this moment in their feedback, specifically noting their initial hesitation to assist 'Lost.' They stated, "I wasn't entirely sure whether we could open the door ourselves or if someone was going to lead us in." Carrey-Chan (2017) notes the impact of this type of activity stating, "These types of experiences, although tricky to get people to engage in, can have the strongest impact" (Carrey-Chan, 2017, para. 2). The inclusion of such interventions exposes audience members to experiences that are both impactful and educational in suicide prevention. In the end, all participants woke 'Lost' up, which speaks to the power of interactive theatre.

When reflecting on the experience, all participants unanimously stated in the post-test that they believed this training would help them feel more confident in helping a peer who is suicidal in the future. Participants shared that the intervention impacted their outlook of suicide and intervening if a friend is in need. For example, participants stated, "I really loved it because it was extremely helpful and I feel better about how to help others who may feel this way" and "It felt like I know more about seeing signs and the necessary steps to make someone feel better and getting them the help, they need." Some participants commented on the atmosphere of the play and the lessons they learned stating, "It was a very compassionate and loving atmosphere when the audience tried to help Lost find her way" and "I did not imagine having these interactions and felt very immersed. I hope to take this to others." One participant even favorably compared this form of training to the current suicide prevention training taught to student employees stating, "Definitely more effective than Res life training," suggesting that college campuses may benefit from incorporating aspects of this intervention into their training. These reflections occurred minutes after the play ended, showing immediate impact that participants learned important information directly from the intervention.

Lastly, due to the presence of discomfort and the nature of difficult conversations around

suicide, it is important to recognize the emotional impact that prevention programs may have. One participant shared in their feedback that this production made them feel emotional looking back at their past experiences with suicidal ideation as they wished someone would have responded to them in the ways outlined by this play. That conversation highlighted the importance of effective suicide prevention because even if only one individual feels equipped to intervene and uses the skills they acquire, then suicide intervention methods through theater can be justified. The impact of one individual could ultimately mean the survival of another. Based on the feedback provided, the intervention was effective at introducing the audience to the role of gatekeeper, and was successful in delineating the ability to understand and support an individual with suicidal ideation.

Another goal of this study was to elucidate if this interactive theatre intervention could improve college students' gatekeeper self-efficacy. The conclusion of this study suggested self-efficacy could be improved through this intervention method. Table 1 indicates that on average, participants' self-efficacy improved across all items following the intervention. Comparisons between the mean pre- and post-test scores per item indicate that six items showed significant increase in self-efficacy including "I feel confident in raising the question of suicide with a suicidal person" and "I feel equipped to talk to a suicidal person about their problem and wish to die" (see Table 1). These findings communicate that there was positive impact from the intervention which led to an increase in self-confidence regarding intervention.

Additionally, it is important to note that in the pre-test, while participants felt comfortable engaging in indirect forms of suicide prevention such as sharing their concern with a suicidal peer by calling 9-1-1 or speaking to an adult, they were not, however, comfortable with directive forms of suicide intervention such as asking the person if they are suicidal. There was confusion around where to start if a peer was demonstrating suicidal behaviors. This outcome

could be due to the misconceptions about suicide and suicide intervention. It can be distressing to intervene when one is not equipped with the knowledge on what the correct methods of intervention are. Generally, people perceive inquiring on the topic of suicide or simply mentioning it will lead to its outcome (Moynihan, 2006). During the intervention, this myth was clarified as part of the script with an interactive element calling on audiences to ask the suicidal character, “Are you thinking of committing suicide?” As a result, the post-test results demonstrated an increase in confidence in asking this very difficult question. Through guidance and increased awareness on the topic transmitted through this interactive medium, participants experienced increased confidence in their ability to address suicidality.

Another comment illustrating pre- and post-intervention gains was “I feel equipped to talk to a suicidal person about their problems and wish to die.” Participants described the theatrical intervention as the source of added confidence in suicide intervention directives. These outcomes support findings by Moynihan (2006) who studied participative drama workshops and theatre performance to raise awareness of issues surrounding suicide. They found that theatre was an effective intervention method as “the majority of participants indicated that their awareness of the issues surrounding suicide and suicide prevention had increased as a result of attending the workshops” (Moynihan, 2006, p.9).

The increase in RAIN-related responses in the post-test scenario assessments suggests that participants not only feel more confident, but they were drawing on evidence-based tools for intervention after participating in the performance. Previous research has emphasized a common misconception about suicide that if you talk about it, it will encourage someone to do it. The increase in participants asking the question after the play is a concrete measure of the potential value of the intervention.

Although nurturing responses did not increase from pre- to post-tests, the manner in

which participants nurtured was noteworthy. In most pre-test responses, participants suggested telling a “trusted adult” to help the peer. In contrast, participants’ responses at post-test were much more direct, personal, and involved. Participants directly communicated by saying “Thank you for trusting me,” “I don’t want you to die,” and “I’m here for you.” These direct forms of nurturing were accompanied with provision of important resources. Therefore, RAIN shows promise as a memorable and effective tool as a suicide prevention intervention approach.

Implications, Limitations, and Future Recommendations

When considering future applications, it is important to note some limitations of the current study. Firstly, the sample size was small, making this initial study exploratory in nature. Considering the encouraging results, it will be important to replicate the study with a wider, more representative audience. Secondly, given the constraints of this study such as duration and participant size, standardizing methods were not used to analyze qualitative data. As such, one limitation of this study was the absence of these standardizing methods which should be used to reduce experimenter bias. Future considerations include implementing methods such as blind coders to reduce proximity of the experimenter to the subjects.

Additional considerations include the inclusion of a control group that uses a traditional psychoeducational approach to suicide prevention to explore unique benefits of interactive theatre as well as a long-term assessment of impact. Some participants shared that they desired to obtain more information about what to do when a peer is suffering but they reject support. In future adaptations of the play, this aspect of suicide prevention should be addressed. Finally, the benefits of having a mental health professional available to speak after the performance is another area for future exploration.

Conclusion

This study found that interactive theatre had a positive impact as a form of suicide

prevention as evidenced by participants' improved knowledge of specific strategies for interacting with suicidal peers as prescribed by the RAIN acronym and increase in self-efficacy score reflecting increased willingness and confidence to intervene following the performance-intervention. The findings of this study are in line with previous literature and, despite its small sample and exploratory nature, demonstrated statistically significant results that highlight a novel approach to suicide prevention training.

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Table 1*Analysis of Mean Pre- and Post-Test Scores on Self-Efficacy Assessment Items*

Items	Pretest		Posttest		<i>t</i> (8)	<i>p</i>	<i>eta</i> ²
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
1. I would NOT know where to begin if my friend was suicidal.	3.00	1.00	1.56	0.73	8.22	<.01	.89
2. It would be difficult for me to discuss my concern for the suicidal person.	2.11	0.73	1.44	0.73	4.00	<.01	.67
3. I am NOT capable of talking to the suicidal person about such a serious subject.	2.11	0.33	1.56	0.53	3.16	.01	.56
4. I am confident I could contact the suicidal person's family and make them aware of my concerns.	4.11	1.05	4.33	0.71	-1.51	.17	.22
5. I would NOT make the right decision in a situation like this.	1.78	0.67	1.55	1.58	1.51	.17	.22
6. I am confident I can communicate to the suicidal person I am concerned about them	4.56	0.73	4.89	0.33	-2.00	.08	.33
7. I am confident I can express my concern with the suicidal person as a caring friend.	4.78	0.44	4.89	0.33	-1.00	.35	.11
8. I feel confident in raising the question of suicide with a suicidal person.	2.67	1.00	3.78	0.83	-5.55	<.01	.79
9. I feel comfortable asking the suicidal person about their plan.	2.44	1.01	3.67	0.87	-8.32	<.01	.90
10. I feel comfortable calling a crisis line (e.g., 911) to get help.	4.56	0.73	4.67	0.81	-1.00	.35	.11
11. I feel comfortable going with a suicidal person to get help (e.g., hospital, mental health center, counselor.)	4.78	0.44	5.00	0.00	-1.00	.35	.11
12. I feel equipped to talk to a suicidal person about their problems and wish to die.	2.89	0.60	4.22	0.44	-8.00	<.01	.89

Table 2*Participants' Responses to Pre-test and Post-test Scenario Questions*

PTC	Pre-test	Post-test
A	Talk to her privately and find help for her as soon as possible	Ask him if he needs help and give him the help he needs.
B	I would try my best to reach out to Leila and be there for her, letting her know I am here if she needs anything. I would also try and contact her current guardians if possible as I would be extremely concerned for her safety and want her to get the help she needs. If difficult to reach I might seek the advice of a mental health professional on what I can do to help.	I would approach Ben directly with compassion voicing my concern for him. Eventually in the conversation, I would ask if he is contemplating suicide. I would let him know I want him to live and that I am there for him. And I would suggest doing something together, whether that may be to get help or help get him in a better mindset. Depending on that, I would act accordingly.
C	I would tell her how much she is loved and important. I would try to comfort her and ask her if she wants any help.	I would tell Ben "Thank you" for telling me and trusting me with this and let him know that I'm here for him. I want to listen and reassure him that we'll figure this out together and I don't want him to die. I'll help him find resources by saying "I have some things we can check out, what if we call help together?".
D	I would support Leila by sitting with her to listen if she needs someone, and then I would get her some help from a professional. I would emphasize that her life is important, and she has people who love and care about her (including me).	I would tell Ben that I'm here to listen and would ask if he's thinking of committing suicide. Then, I would tell him "thank you for telling me and being open/trusting me with this." I value him and want to figure out how we can help him because I don't want him to die. I'll suggest we call the wellness center together.
E	I would tell a trusted adult (maybe a shared professor we trust) who is a mandatory reporter and can get her the help she needs.	I'd ask him if he was feeling suicidal and if he was, I'd thank him for sharing and tell him that I value him and want to help him. I would help him find the resources he needs.
F	I would contact individuals, whether it be professors or counselors at school to make them aware of the situation to help	I would talk to Ben about the situation and call the crisis line if he refuses to seek help at the wellness center.

her.

- | | | |
|----------|--|---|
| G | I would encourage her to talk to me, talk to someone who can help her, or accompany her to do so. | I would be a caring friend and take the steps of RAIN. |
| H | I would say how much I care for them and the world wouldn't be the same without them. | I recognize signs of suicide were drinking, hopelessness, and such. I acknowledge them and validate their feelings and ask how to support them. I asked if they had suicidal thoughts. I would thank them for telling me, help figure it out with them and express how much they mean. I would then take them to the wellness center. |
| I | I would comfort and talk to Leila. I would also reach out to those who are close and are trustworthy to sit down and talk to her and get her the help she needs. | Thank you for telling me this. I'm glad that you trust me enough for telling me this. I know you're feeling like things are bad when it is but there are other ways to make them better. I'm here for you if you ever need to talk or if you need help. |
-

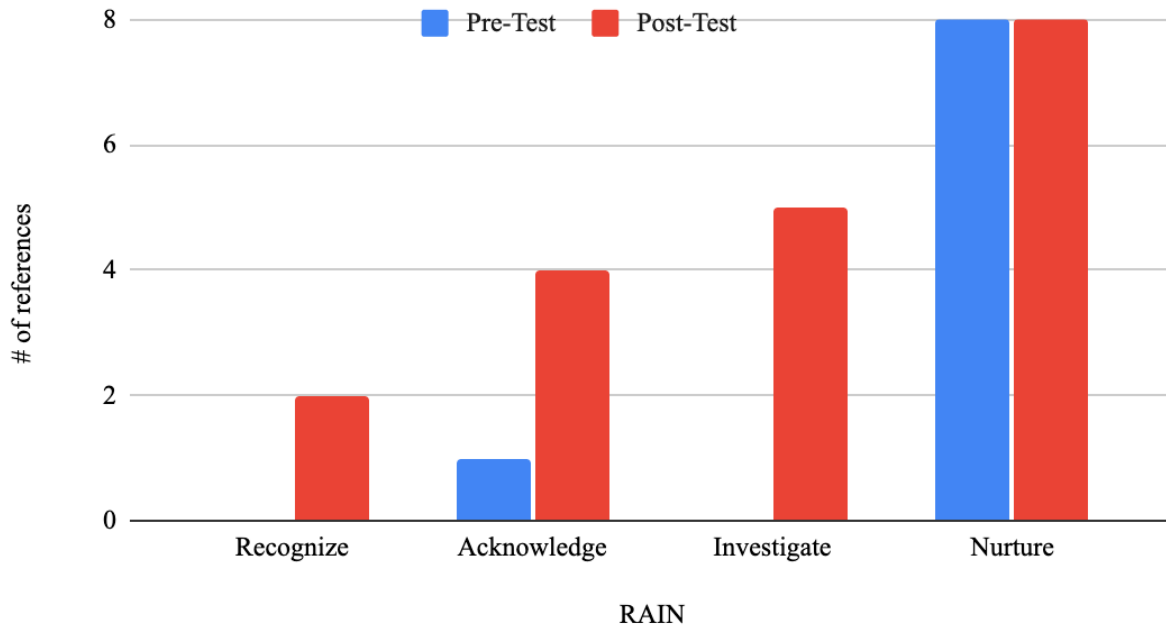
Table 3*Participant Responses to Feedback Training Questions Assessment Questions*

PTC	Describe what this training experience was like for you?	What do you see are the strengths and weaknesses of this approach to suicide prevention training?	Do you believe this training will help you feel more confident in helping someone who is suicidal?
A	Difficult. Informative and helpful on how to bring up the conversation.	The largest strength is learning to ask and how to respond to them.	Yes
B	It made me quite emotional having gone through a suicidal part of my life, somewhat wishing that others responded to me like this, but overall, I really loved it because it was extremely helpful and I feel better about how to help others who may feel this way.	Strengths: preparation for what to say/how to approach someone who may be suicidal. weaknesses: (not really a weakness) but maybe need to know what to do if a suicidal person denies they are struggling when it is obvious, they are not doing well but every situation is different, and can be difficult to know what to do, the RAIN steps are an incredible resource.	Yes
C	It was very compassionate and loving atmosphere when the audience tried to help Lost find her way and I enjoyed each of the figures changing their names <3	At first, I didn't realize that there were lines on the back to help up and up lost and I wasn't entirely sure whether we could open the door ourselves or if someone was going to lead us in. That's the only reason why I hesitated to go in! But I loved this so much.	Yes
D	The interactive experience opened my eyes to how hard it is to talk someone out of suicide-especially if I don't know the right words. Having this training experience be interactive helped me actively realize what thing I needed to do.	The strength of this training is getting people involved and out of their comfort zone, because that's exactly the process of helping someone suicidal. Weakness could be people are too hesitant to follow the orders, but that's not a fault to the training process	Yes

E	It was, of course, hard to talk about, but I learned a lot. I never had to think about it before, but I'm glad I have the resources now.	I think that theatre is a great way to discuss/teach about hard topics. It made it easy to understand without taking away from its seriousness.	Yes
F	It was interesting to experience it from both an outside and inside perspective and the personification of the feelings a depressed individual experience was helpful.	It gives people an "inside look" if you will to what is possible going through a depressed individual's mind as they contemplate suicide.	Yes
G	It was very educational and taught me tactics to help people I didn't know before.	Strengths—messages are often better communicated through stories and art. Weaknesses—difficult to see the actor's facial expressions and how they were feeling	Yes
H	I did not imagine having these interactions and felt very immersed. I hope to take this to others. Definitely more effective than Res life training.	S: Caring, listening, observant. W: overthinking, relying on partner, hesitating.	Yes
I	It felt like I know more about seeing signs and the necessary steps to make someone feel better and getting them the help, they need.	Strengths-knowledge about the steps to take to prevent suicide Weaknesses-the person who is feeling suicidal may push others away or deny the fact of it	Yes

Figure 1

The Number of References to RAIN Elements (Recognize, Acknowledge, Investigate, and Nurture) in Participants' Pre-test and Post-test Scenario Responses



Appendix A

Gatekeeper Assessment

Pre-Test

Q1. How would you describe your gender?

- Male (including transgender man)
- Female (including transgender woman)
- Non-binary/Gender fluid/ Agender
- Prefer not to say

Q2. How would you describe your racial or ethnic identity?

Q3. Have you received previous Suicide Prevention Training?

- Yes
- No

Q4. Your friend Leila hasn't been the same since her mom died. It's been especially tough because she doesn't get along with her dad. For months, she's been saying that if it weren't for her boyfriend, Andrew, she wouldn't have anyone who cares about her. But Andrew just broke up with her and Leila is devastated. She talks about needing to end her pain and just last night told you where the key to her diary was in case anyone wants to read it "afterward."

How would you respond to Leila?

Q5. Describe the extent to which you agree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
I would NOT know where to begin if my friend was suicidal.	o	o	o	o	o
It would be difficult for me to discuss my concern for the suicidal person.	o	o	o	o	o
I am NOT capable of talking to the suicidal person about such a serious subject.	o	o	o	o	o
I am confident I could contact the suicidal person's family and make them aware of my concerns.	o	o	o	o	o
I would NOT make the right decision in a situation like this.	o	o	o	o	o
I am confident I can communicate to the suicidal person I am concerned about them	o	o	o	o	o

I am confident I can express my concern with the suicidal person as a caring friend.	o	o	o	o	o
I feel confident in raising the question of suicide with a suicidal person.	o	o	o	o	o
I feel comfortable asking the suicidal person about their plan.	o	o	o	o	o
I feel comfortable calling a crisis line (e.g., 911) to get help.	o	o	o	o	o
I feel comfortable going with a suicidal person to get help (e.g., hospital, mental health center, counselor.)	o	o	o	o	o
I feel equipped to talk to a suicidal person about their problems and wish to die.	o	o	o	o	o

Gatekeeper Assessment

Post-Test

Q1. How would you describe your gender?

- Male (including transgender man)
- Female (including transgender woman)
- Non-binary/Gender fluid/ Agender
- Prefer not to say

Q2. How would you describe your racial or ethnic identity?

Q3. Your friend Ben is the captain of the soccer team but he didn't show for practice this week and hasn't told anyone why. You thought he might have the flu or something like that, until you see him under the bleachers after class. He's totally drunk. When you ask him what's going on, he confides that he recently came out to his parents and it didn't go well. They told him to get out of the house. He's staying with his aunt for now, and he just found out she keeps a gun in her nightstand. He says he bets his parents wouldn't even miss him if he were gone.

How would you respond to Ben?

Q4. Describe the extent to which you agree with the following statements:

	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree
I would NOT know where to begin if my friend was suicidal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be difficult for me to discuss my concern for the suicidal person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am NOT capable of talking to a suicidal person about such a serious subject.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I could contact the suicidal person's family and make them aware of my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would NOT make the right decision in a situation like this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I can communicate to the suicidal person I am concerned about them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am confident I can express my concern with the suicidal person as a caring friend.	o	o	o	o	o
I feel confident in raising the question of suicide with the suicidal person.	o	o	o	o	o
I feel comfortable asking the suicidal person about their plan.	o	o	o	o	o
I feel comfortable calling a crisis line (e.g., 911) to get help.	o	o	o	o	o
I feel comfortable going with the suicidal person to get help (e.g., hospital, mental health center, counselor.)	o	o	o	o	o
I feel equipped to talk to a suicidal person about their problems and wish to die.	o	o	o	o	o

Q5. Describe what this training experience was like for you?

Q6. What do you see are the strengths and weaknesses of this approach to suicide prevention training?

Q7. Do you believe this training will help you feel more confident in helping someone who is suicidal?

- Yes
- No
- Other _____

Appendix B

RAIN coding chart for scenario question analysis.

RAIN Elements	Criteria
Recognize	<ul style="list-style-type: none"> ● Participant states the warning signs they notice. ● Participant states the word “recognize” with regards to recognizing someone else’s experience. ● Participant states the acronym
Acknowledge	<ul style="list-style-type: none"> ● Participant states the word “acknowledge” ● Participant says they will “validate” their peer’s experience ● Participant mentions listening to their peer. ● Participant states the acronym
Investigate	<ul style="list-style-type: none"> ● Participant states they would ask their peer if they were considering committing suicide ● Participant states the acronym
Nurture	<ul style="list-style-type: none"> ● Participant states “Thank you” or expresses gratitude to the suicidal peer. ● Participant states one of the following phrases: “I’m here for you,” “I don’t want you to die”, “we’ll figure this out together,” and “I’m on your team.” ● Participant states they would help their peer find and accept resources. ● Participant states they will walk with their peer to the wellness center. ● Participant states the acronym.

Appendix C

Suicide Prevention Impact

Informed Consent

Principal Investigator: Ghina Fawaz

Investigational Site: Rollins College

Psychologists study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study. You must be 18 years of age or older to be included in the research study.

What you should know about a research study:

- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.

Purpose of the research study:

The objective of my study is to identify the effectiveness of different forms of suicide prevention methods for college students.

What you will be asked to do in the study: You will be asked to engage in an interactive performance piece and complete several questionnaires about your knowledge about suicide prevention and self-perceived ability to intervene if a peer is experiencing suicidal ideation.

Location: This study will take place Bush Science Building 230 at Rollins College.

Time required: The session should take no longer than one hour to complete

Audio or video taping: There will be no audio or video taping used in this study.

Risks: We recognize that discussions around suicide may result in some emotional discomfort.

For this reason, you are welcome to not participate if you believe this study will not be in your best interest. Additionally, you may leave at any time during the experiment without penalty. There are two exits that will be unlocked if you need to step out for any reason. Following the experiment, if you need additional support, the principal investigator can escort you to the Wellness Center. All the results for data collection will be confidential.

Benefits: Learning about suicide prevention may be helpful to students. Identifying methods to enhance suicide prevention training may benefit college campuses.

Compensation or payment: You will receive research credit in certain courses as determined by your professor. You may discontinue participation at any time, without penalty.

Confidentiality: Your participation is entirely confidential. Your data will not be tied to any of your identifying information. Your name will never be used in any report.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, please email Ghina Fawaz at gfawaz@rollins.edu.

IRB contact about your rights in the study or to report a complaint: Research at Rollins College involving human participants is carried out under the oversight of the Institutional Review Board. This research has been reviewed and approved by the IRB.

If you have questions or concerns about the study, feel free to contact:

Faculty Supervisor: Dr. Stacey Dunn, Department of Psychology, Rollins College
1000 Holt Avenue -2760, Winter Park, FL 32789-4499
Telephone: 407-646-2473 E-Mail: stdunn@rollins.edu

Chair of the Rollins College Institutional Review Board Dr. John Houston, Department of Psychology, Rollins College,
1000 Holt Avenue - 2760, Winter Park, FL 32789-4499
Telephone: 407-646-2099 E-Mail: jhouston@rollins.edu

Appendix D

**Institutional Review Board (IRB)**

To: Ghina Fawaz

From: John Houston, Ph.D.
Chair, Rollins IRB

Date: 4/1/2022

Re: Permission to Proceed with Research

IRB #: 202200401GF

The Rollins Institutional Review Board has reviewed and approved your project titled:

**Stardust in Cedar Forest: An Exploration of Suicide Prevention and Psychoeducation
Through Theatre**

If there are any further changes to this research, as proposed, please resubmit your request for review. Approval of this research extends for 12 months from the date of this letter. If the project lasts longer than 12 months, you will need to request an extension from the IRB in the form of an addendum. On behalf of the board, I would like to express our best wishes for the successful completion of your research project.

Appendix E

RAIN Guide Sheet for Participants

Recognize

Which of the following warning signs of suicidal ideation did you observe in the flashback?

- | | |
|--|--|
| <input type="checkbox"/> Acting anxious, agitated, or reckless | <input type="checkbox"/> Looking for a way to kill oneself |
| <input type="checkbox"/> Sleeping too little or too much | <input type="checkbox"/> Talking about feeling hopeless or having no purpose |
| <input type="checkbox"/> Withdrawing or feeling isolated | <input type="checkbox"/> Talking about feeling trapped or unbearable pain |
| <input type="checkbox"/> Displaying extreme mood swings | <input type="checkbox"/> Talking about being a burden to others |
| <input type="checkbox"/> Talking about wanting to die | <input type="checkbox"/> Increasing the use of alcohol or drugs |

Acknowledge

Please write down some things you'd hope to hear from a friend if you were ever feeling unheard.

Investigate

For most people, asking about suicide is anxiety-provoking—and that makes sense. Notice and acknowledge your feelings, and do your best to get centered before you start the conversation.


Take some deep breaths, focus your heart on compassion, and ask:
Are you thinking about committing suicide?

*To wake up Lost...
turn the page.*

Nurture

If someone opens up to you that they are considering suicide, here are the three steps to nurture:

1. The first words out of your mouth should be, **"Thank you."** Express gratitude for the trust they have in you and for how they value your relationship.
2. The next thing you should say is a sentiment of partnership and hope—something like, **"I'm on your team, and we'll figure this out together. I do not want you to die. I'm here for you."**
3. Help them find and accept resources: **"I have some things we can check out, what if we call the wellness center together?"**



Helping Lost Wake Up...

Divide the lines to your comfort and read this script when you see Lost.

You: Lost? It's us. You asked for our help before.

Lost: I was just tired. I don't know what I was talking about.

You: We're here to help you get out of bed.

Lost: I don't want to get up. It feels so heavy.

You: I'm sorry it feels like that, how can I help alleviate some of that weight for you?

Lost: I don't want to put that on you.

You: You'd be gifting me with an opportunity to be your friend.

Lost: It just feels so difficult sometimes...

You: Then maybe we can take it step by step.

Lost: Okay.

You: Maybe you can try opening your eyes and taking some deep breaths.

Lost: I can do that...I can do it...Thank you.



Resources

**National Suicide
Prevention Lifeline**

1 (800) 273-8255

Available 24 hours

**Rollins College
Wellness Center**

1 (407) 628-6340

<https://www.rollins.edu/wellness-center/scheduling-an-appointment/>

Appendix F

Stardust in Cedar Forest

Ghina Fawaz

Prologue

GUIDE

Hi...my friend is...lost...in Cedar Forest. I can't go there by self, it's too dark...Can you help me? (The audience will say yes, guide is filled with relief) Thank you. (Audience members are handed a small clipboard with the note guiding sheet and a pen/pencil), This is all that was left. I think we need to find the key to rain. Oh and you'll need this to see (audience members are given a flashlight) it's dark in the forest.

Lights fade out.

Follow me.

Guide enters the Cedar Forest, the audience follows closely behind.

The audience enters the forest. The show opens in the dark. The only light comes from a projector that shines a scarcely star-filled sky. LOST is asleep. They wake up when the light from the audience's flashlights pass by their eyes.

LOST

Hello? I'm Lost. My name is Lost and I'm lost. I'm lost and I'm Lost. I don't know why you're here but maybe we can be lost together. I just, it hurts a lot, and it's so loud here, the silence I mean, it can be so loud. They never tell you that about silence, how deafening it can be... maybe you're here because you want to end it all. That's okay. I understand when you can't seem to find a way out of the forest. I've been told the Cedar trees are green. It's hard to see in the dark. I try to follow the light of the stars but they don't come here often and when they do, they die, and land in my hands as dust. You're like them, aren't you? Here to die... I won't judge you if you do it. I might even follow your orbit (A moment of silence). I feel safe with you. I hope you feel the same. Do you? (The audience will respond) good. (Light starts glowing) You know, maybe we can be the stars who leave Cedar Forest alive –(panicked) I'm sorry. They're here.

Burden, Depression, and Hopelessness open their doors. They stand domineeringly, each in their own unique way. LOST exits.

BURDEN, HELPLESSNESS, HOPELESSNESS

Who are you?

GUIDE

We're Lost's friends.

HOPELESSNESS

Will you take care of them, Burden?

BURDEN

Yeah.

Depression and Hopeless close their doors. Burden moves to the exit door.

GUIDE

Who are you?

BURDEN

No one

GUIDE

You're no one?

BURDEN

Yes.

GUIDE

But everyone is someone? //Even in the dark–

BURDEN
 //You should just leave.

GUIDE
 I heard them call you Burden?

BURDEN
 Just leave!

GUIDE
 Lost asked for our help–

BURDEN
 Lost doesn't know what they're talking about.

GUIDE
 What do you mean?

BURDEN
 Lost is lost. They're forgetting what it's like to be out there. The shame that follows. The feeling that-it's best to stay in the dark so they will never feel like *that* again.

GUIDE
 Feel like what?

BURDEN
 Like a burden.

Lost enters the space, GUIDE and LOST sit back-to-back.

LOST
 What are you doing?

GUIDE
 I just let them know not to wait up for me.

LOST
 No! No! Don't. I didn't //mean to–

GUIDE
 It's fine! This is more important than going out.

LOST
 (Voice breaking) I didn't mean to ruin// your night–

GUIDE
 //You're not ruining anything–

I'm really fine, you can go, seriously—

LOST

...I know you want to cry.

GUIDE

I don't want to cry.

LOST

Don't lie.

GUIDE

I said I don't want to cry!

LOST

Okay, then don't cry... I'mma just sit here, hold your hand. And be here—

GUIDE

Lost takes in a deep breath in and as they are about to release their tears, burden interferes.

Don't. Cry.

BURDEN

Lost holds their breath.

BURDEN

How could you be so stupid! You just ruined her entire night with this breakdown. She's your roommate, not your therapist! You suffocate her. All she wanted to do was have one good night out and now you just ruined everything. You should be ashamed of yourself.

Lost can no longer hold their breath. They let out a gasp for air.

Are you okay?

GUIDE

I'm sorry.

LOST

What are you sorry for?

GUIDE

Be honest.

BURDEN

LOST

Sorry for it all. I'm sorry for being//

BURDEN

//So needy and worthless and for ruining your night, and for ruining your senior year and for being annoying and //stupid and

LOST

//You do so much for me, and I care for you a lot

BURDEN

Pft. If this is how you show appreciation.

GUIDE

I care for you too, you know it's okay if you're not okay—

LOST

I'm okay!

BURDEN

You're not okay!

GUIDE

But you don't have to be—

LOST

I am!

BURDEN

You're not!

LOST

You'd be happier if I was gone.

GUIDE

Huh?

LOST

I'm kidding! I'm kidding. I'm just—tired... I think I'm just going to go to sleep for the night—

GUIDE

But it's only 6.

LOST

Yeah—it was just a long day. You go out and have fun, okay? Don't worry about me.

Lost falls asleep.

GUIDE

You!

BURDEN

Me?

GUIDE

You're the one who made Lost feel like a burden. You made them—

BURDEN

Made them what?

GUIDE

Made Lost come here!

BURDEN

I didn't—I didn't mean to.

GUIDE

You didn't mean to?

BURDEN

No— I'm just like this.

GUIDE

Oh so you enjoy hurting people.

BURDEN

No I don't, the part of Lost that I am, is just like this. I'm sorry.// I'm sorry, I'm sorry—

GUIDE

I'm sorry. I didn't mean to yell. I—

BURDEN

You hate me.

GUIDE

No. I care. (Looks to the audience) We care.

BURDEN

It must be exhausting to care for me.

GUIDE

Caring for you is a gift. (pause) I just want to help you see the stars.

BURDEN

What if I get mad at you?

GUIDE

You can be mad at me all you want, so as long as you're alive to be mad at me.

BURDEN

I don't want you// to feel like–

GUIDE

//Look at me– you are not a burden. We want to help you.

BURDEN

You don't mean that.

GUIDE

I do.

BURDEN

Can you–nevermind. It's dumb.

GUIDE

Tell us.

BURDEN

Can you help me turn into mattering?

GUIDE

Mattering?

BURDEN

Lost needs to feel like they matter, but they can't do that unless it rains. One letter at a time.

GUIDE

Rains? (Guide will look to the audience and their clipboards) RAIN! That's what we have to find. What's R? (The audience will respond "recognize") Okay! Like recognize the signs!

BURDEN

What did you observe? Maybe we can figure out a plan? Unless you don't, never mind, you don't have to, you should// just leave you'd be better off.

GUIDE

//That's a good idea, Burden, I mean Mattering. Did any of you observe any warning signs in the flashback? Let's talk about it.

Guide encourages the audience to sit on the floor in a circle. A discussion is opened about identifying the warning signs of suicide. Throughout the conversation, Burden will start to feel better about needing support. The discussion should develop naturally.

BURDEN

Thank you all. Sometimes, I think like if I broke my arm, maybe people would see how I feel inside and maybe I wouldn't feel so guilty for needing help.

GUIDE

That's it, isn't it? With mental health, why it's so important to be able to recognize these signs so that our friends don't have to suffer in silence, so that they know they matter.

BURDEN/MATTERING

Thank you all. I guess we do matter.

DEPRESSION

(Enters abruptly) Burden! Why did my pager go off? (sees the audience, a look of disgust) Ugh, did you depress them?

BURDEN/MATTERING

No! They want to be here.

DEPRESSION

Then why was I called?

GUIDE

Who are you?

DEPRESSION

Depression.

BURDEN/MATTERING

Depression, we were thinking, maybe Lost can leave the forest and see the—

DEPRESSION

No! Lost isn't leaving. No one wants us to leave—I thought you learned, haven't you done enough?

BURDEN/MATTERING

I know. I'm sorry.

DEPRESSION

That's okay, let's go to bed.

BURDEN

Okay.

Burden gets sleepy at Depressions touch. Depression sings her lullaby as she walks Burden to her room and shuts the door.

GUIDE

What did you do?

DEPRESSION

I'm helping Burden.

GUIDE

How?

DEPRESSION

I'm taking them to a safe, warm place. One where no one can hurt us.

GUIDE

Is that what you did to Lost? You're not helping anyone, you're just—

DEPRESSION

Just what? Got a better idea? Do you even care? Do you even know what Lost is going through? What would they feel if I didn't let them go numb?

Lost enters the room, locks the door behind them as though they were being chased. Out of breath and then starts to cry.

DEPRESSION

They hate you now. All of them. It was just a game. They hate you now. You should've never gone out. See what happens when you go out? Why didn't you just let him kiss you? If you didn't resist, none of this would have happened. They hate you. You should just kill yourself.

GUIDE

Hey! Where did you go?

LOST

(Wipes tears) Oh, I have a lot of homework to do.

GUIDE

Boo homework! You have to tell me!

LOST

Tell you what?

DEPRESSION

Maybe she noticed.

GUIDE

About the 7 minutes in heaven! He told us how much fun you two had in there.

LOST

Fun?

DEPRESSION

Don't tell her, don't tell her// don't tell her.

LOST

//I didn't...have fun. He-

GUIDE

Oh come on! Don't be a prude, you had fun!

DEPRESSION

You can't trust her. She won't understand. No one will ever understand. The only way they'll understand is if you kill yourself.

Lost leaves.

GUIDE

I-I didn't know-

Depression

Lost was trying to open up, but you didn't listen! You, and no one else. So I put them to sleep and brought them here, somewhere safe. So don't make me the bad guy.

GUIDE

But it's so dark here...I want to do better. I do. Can you help me?

DEPRESSION

No.

GUIDE

Why not!

DEPRESSION

Because I don't feel like it.

GUIDE

Burden said she wanted to turn into Mattering.

DEPRESSION

And? She doesn't know what she's talking about.

GUIDE

Don't you want to turn into anything? Don't you want to see the light.

DEPRESSION

I haven't seen it in a long time.

GUIDE

Maybe we can help. (To the audience) What's the second part of RAIN? (The audience responds) Acknowledge! Okay, let's figure this one out... (to depression) please.

DEPRESSION

(Hesitant) I—...I'm doing this for Lost.

GUIDE

Thank you!

DEPRESSION

Sit around everyone. Has there ever been a time when you felt unheard? What are some things you wish the other person responded with?

The audience sits around in a circle. A discussion about ways to show someone you acknowledge their feelings is opened. Each audience member should share one suggestion and Guide should ensure members feel heard. Guide and Depression may also offer their own suggestions and politely correct suggestions that might not be the most useful.

GUIDE

Thank you all, I think I *could* actually acknowledge Lost now (Guide stands and moves to Lost's door) Lost! Lost! Can I come in?

DEPRESSION

(Blocks Guide's path) Wait. What are you doing?

GUIDE

I want to acknowledge //Lost's feelings—

DEPRESSION

Oh, it's too late for that, they want to do it. You can't stop them.

GUIDE

But you just taught us—

DEPRESSION

I changed my mind. I like it in the dark. No one can hurt me or Lost in here.

GUIDE

But they're still hurt. I can try to talk to Lost, acknowledge how they feel, I have to try.

DEPRESSION

You won't be able to give them what I can!

GUIDE

What you can? You depress them! You make them feel worthless and they're not worthless, I need to tell them that! So let me through!

DEPRESSION

No!

GUIDE

Let me through!

DEPRESSION

This is what I do, so back off!

Depression touches GUIDE, they start to get tired.

GUIDE

(Yawning) You–can’t– (turns to the audience)

Depression Sings her lullaby to try to keep guide asleep. GUIDE slowly starts falling asleep.

DEPRESSION

Rain rain go away
Don’t come back until I say
Lost is found, but thats the
game
Rain rain go away.

Rain rain go away
Don’t come back until I say
Lost is found, but thats the
game
Rain rain go away.

GUIDE

If I fall asleep, you have to wake up Lost, just look at the
clouds....(Guide falls asleep)

DEPRESSION

My work is done. (Depression sits content watching the audience try to wake up LOST) Go for it, I like watching people fail.

The audience is tasked to wake up Lost. Their RAIN sheet helps guide them through this process with a script of their own. Lost wakes up. Depression resists by signing her song loudly and sporadically in the corner. Lost moves to depression and touches them, bringing them up.

LOST

I know you’ve felt heavy all your life, but it’s time to fly now. Let's go see the stars and wake up Mattering.

Lost wakes up guide.

LOST

Good Morning, Sunshine!

GUIDE

Lost! Are you okay?

LOST

I'm better.

GUIDE

I'm sorry, I want to do better.

LOST

Me too. (To the audience) Thank you for waking me up. It's hard sometimes to get out of bed. I see there are a couple of stars out tonight.

GUIDE

Lost! I'm so happy. I know things aren't perfect, but you can finally leave! Come on!...(Lost doesn't move) Come on Lost...

LOST

...I can't.

GUIDE

Why?

HOPELESSNESS

There's no point in leaving.

GUIDE

Huh? Who are you?

LOST

That's hopelessness...

HOPELESSNESS

Why leave when you know nothing will ever change? Your life won't amount to anything, it will just be a cycle of pain. There is no other way Lost.

LOST

I know.

GUIDE

What is she talking about? Lost? Come back!

LOST

She right

GUIDE

No, she's not.

LOST

She's right.

GUIDE

What should I do?

MATTERING

Let it RAIN.

GUIDE

Mattering?

MATTERING

Hi! What's left on the chart?

GUIDE

(The audience will respond with Investigate.) Okay? What's left? Could someone read it for me?
(The audience will read the section of investigate) Oh Okay, I don't know what if asking it makes them do it?

MATTERING

That's a myth. I know it's scary, but you have to ask it, to show Lost that you notice there's pain and you want to help relieve the burden of opening up that conversation.

GUIDE

What if they say yes?

LIGHT

Nurture.

GUIDE

Depression?

LIGHT

I go by Light now.

GUIDE

Oh, hi Light!

LIGHT

Nurture refers to support, offering resources, guiding Lost to those who can help them and letting them know that you will be there for them. One way to nurture is to walk them to the wellness center.

GUIDE

(To the audience) Can you read it? (The audience will read it). Okay! Can you all help me? We can do a part.

The audience will divide the tasks and lines. Guide will teach the audience how to approach Lost and reference the guiding sheet and together they will investigate and

nurture.

AUDIENCE MEMBER

Lost... are you thinking about killing yourself?

LOST

I-...yeah. (deep let out breath) I-I just couldn't take it anymore, there doesn't seem like another way.

AUDIENCE MEMBER(S)

Thank you for trusting us to talk about it. We're here for you and we're on your team, we don't want you to die. What if we call the wellness center together?

LOST

That would be nice.

GUIDE

I know it may feel scary, but I'm here for you.

HOPELESSNESS

Lost! No! Don't leave me here, alone!

MATTERING

(To hopelessness) Come with us, I know it will be difficult.

LIGHT

But maybe, with time, we can help you become Hope.

Light and Mattering reach their hands out to Hopelessness. She holds their hands.
It begins to rain.

HOPE

(giggling) What's this!

LOST

It's raining! (They all playfully interact with the rain) This is all because of you and the future stars you will help leave cedar forest too. Goodbye Cedar Forest.

Black out. End of Play.