

Structural Rewriting

CLASS LECTURE NOTES

How and When to Reorganize for Persuasiveness

Reading Your Essay as if You Hadn't Written It.

By the time you've written a few drafts, your paper is too familiar. It sounds well-organized because you know everything there is to know about it and can't be surprised by material that's out of place. This familiarity makes you a lousy critic of your own work, and therefore the worst possible person to be in charge of a rewrite unless you can reclaim your status as a reader, not the writer, of your essay.

In no particular order, the following techniques can help un-familiarize you with the work you know too well.

1. Turn it upside down.

Come to the essay after a break and read the conclusion first. Does it express everything you had hoped to prove? If you're satisfied that it does, read your introduction. Would you be able to guess from the introduction how the essay would conclude, or is the emphasis somehow wrong in the introduction? Does it make promises your conclusion does not keep?

2. Read a paragraph at a time.

Choose paragraphs at random from the body of your essay. Do they work like miniature essays, each with a thesis to prove and a miniature introduction and conclusion? If not, what would it take to fix each paragraph so that it proves a point?

3. Summarize each paragraph in just one sentence.

While reading your paragraphs independently, and out of sequence, reduce them to a single sentence each. If two sentences are required, two paragraphs are required. If no sentence adequately sums up the purpose of your paragraph, your reader won't be able to summarize it either, which usually means your paragraph didn't accomplish much.

4. Read the one-sentence summaries, in sequence, as a miniature essay.

Does it work? It should, although the transitions might be clumsy or nonexistent. If it doesn't, it's time for a structural rewrite. No mere tinkering with sentences will do.

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The Conclusion

Teens with bipolar disorder are more likely to commit suicide due to the fact that although they might feel fine a majority of the time, there may also be times when they feel extremely depressed.

Depression is highly treatable, but the problem with a lot of teens is that they do not realize that they are depressed; therefore, they don't get the proper treatment needed to overcome depression. When depression is properly treated, a person's thoughts on suicide become more coherent, and it is less likely for them to attempt suicide.

What It Means

Teen suicides that result from depression (and bi-polar disorder, which includes bouts of depression) can be prevented. Proper diagnosis and treatment of depression can eliminate thoughts of suicide and suicide attempts.

What It Needs

A good introduction to this essay will signal that suicide prevention among teens is necessary, desirable, and possible.

The Introduction

In the United States, suicide is currently the eighth leading cause of death for Americans, and for young adults between the ages of 15 and 24, suicide is the third leading cause of death. Although males and females have been known to commit suicide, it has been reported that males are more likely to follow through than females. Anywhere from twelve to twenty-five percent of teenagers experience suicidal thoughts at some point; however, it is when the suicidal thoughts persist, and they begin planning their suicides that teens are more likely to act on those thoughts and feelings and go through with their plans to commit suicide. There are more people who attempt to commit suicide than people who actually do it. According to Cooper University Hospital, anywhere from eight to twenty-five people may attempt to kill themselves, but out of those eight to twenty-five people, only one actually succeeds.

What It Means

More young Americans kill themselves than older Americans, and more males than females. Teens who briefly contemplate suicide are not as likely to follow through as those who have persistent suicidal impulses. Most suicide attempts fail.

How It Serves the Argument

This introduction does not indicate that suicide prevention is necessary or possible. It does not take a position on whether it would be desirable.

What It Needs

To serve the argument indicated by the conclusion, the introduction needs to address diagnosis and treatment of teen depression.

2. Read a Paragraph at a Time.

Choose paragraphs at random from the body of your essay. Do they work like miniature essays, each with a thesis to prove and a miniature introduction and conclusion? If not, what would it take to fix each paragraph so that it proves a point?

There are numerous factors that play a part in teenage suicide. Being a teenager is not an easy thing. A lot of changes occur during a person's teenage years; changes in their bodies, changes in their thoughts and changes in their feelings. Cooper University Hospital states that:

Strong feelings of stress, confusion, fear, and uncertainty, as well as pressure to succeed, and the ability to think about things in new ways influence a teenager's problem solving and decision-making abilities.

What It Means

Teenagers have difficulty coping with changes natural to their age. They don't make good decisions about how to solve their problems.

What Argument It Could Serve

That suicidal thoughts are understandable as a seemingly logical though drastic and irreversible solution to the stresses of being a teen.

Just about half of the teens reported to have committed suicide have unsuccessfully attempted to kill themselves before; as a matter of fact, around one-third of teenagers who have committed suicide have already attempted to kill themselves. Access to weaponry, such as guns, also increases the risk of teens committing suicide; therefore, just to be safe, parents who do have firearms should keep them in places that are inaccessible. Even though a lot of these aspects may contribute to teen suicide, there is one factor that has been reported to be the biggest influence, and that is mental illness.

What It Means

Half—or one third—of successful suicides have failed earlier attempts. Guns and mental illness increase the risk of suicide.

What Argument It Could Serve

By analogy, if keeping guns from teens can prevent suicide, maybe addressing their mental illnesses can also be preventive.

The National Institute of Mental Health (NAMI) states that a majority of teens who commit suicide had a mental disorder that could have been diagnosed; in fact, approximately 90 percent of people who have attempted to or did commit suicide were victims of a mental illness. Examples of some mental disorders include depression, bipolar disorder, and schizophrenia.

What It Means

Not all mentally ill teens kill themselves, but the overwhelming majority of teens who attempt suicide are mentally ill.

What Argument It Could Serve

Curing or treating mental illness successfully could reduce teen suicide by 90 percent.

It is evident that being a teenager is no easy task; we have all experienced some of these feelings at some point during our teenage years, and we all know that it is not always easy to deal with. According to teendepression.org, alcohol or drug addictions, a family history of abuse, suicide, or violence, previous suicide attempts, a recent loss, a break-up, or parents' divorce, stress, bullying, or just an overall feeling of hopelessness have all been proven to be causes of teen suicide in the past. It is also said that a lot of teens are cautious of getting help due to the fear of being made fun of for seeking assistance for suicidal thoughts. The National Institute of Mental Health states that:

While the reasons that teens commit suicide vary widely, there are some common situations and circumstances that seem to lead to such extreme measures. These include major disappointment, rejection, failure, or loss such as breaking up with a girlfriend or boyfriend, failing a big exam, or witnessing family turmoil. Since the overwhelming majority of those who commit suicide have a mental or substance-related disorder, they often have difficulty coping with such crippling stressors. They are unable to see that their life can turn around, unable to recognize that suicide is a permanent solution to a temporary problem. Usually, the common reasons for suicide listed above are actually not the "causes" of the suicide, but rather triggers for suicide in a person suffering from a mental illness or substance-related disorder.

What It Means

Every teen has experiences that have been identified as the precipitating causes of suicide, but only substance abusers and the mentally ill are likely to consider suicide a viable reaction.

What Argument It Could Serve

Though it's impossible to eliminate the thousand insults that trigger teen suicide, successfully addressing the underlying causes—mental illness and substance abuse—could reduce suicide attempts.

How the Quote Helps

It illustrates the special perils of teenagehood for mentally ill teens and makes it clear they will not ask for help.

What It Needs

Both the paragraph and the quote address the problem that the teens most likely to commit suicide are those who don't seek help. It needs to recommend that adults must be responsible to recognize and assist teens at risk of suicide.

According to NAMI, some symptoms that teens who are suffering from these disorders include extreme personality changes, loss of interest in things that they used to enjoy, a major change in their appetite, difficulty sleeping or constantly sleeping, fatigue, withdraw from family and friends, neglect of their self appearance, severe anxiety, or a dramatic drop in their school grades. The worst part about the fact that mental disorders are the leading causes of suicide is that a majority of these disorders can be easily treated; therefore, it is easier to prevent people from committing suicide who are suffering from one of these afflictions. WebMD states on their article *Teen Girls' Health: Preventing Teen Suicide* that:

If you want to prevent suicide, it's important to understand depression. Depression is often used to describe general feelings of helplessness, worthlessness, and hopelessness. When teens feel sad or low, they often say they are depressed. While most of us feel sad or low sometimes, feelings of depression are longer lasting and often more serious.

What It Means

We don't need to be surprised by teen depression and thoughts of suicide. Symptoms are known and recognizable; recognizing symptoms can lead to diagnosis; once diagnosed, the disorders can be treated.

What Argument It Could Serve

The best way to reduce teen suicide is to identify and assist teens with mental disorders.

How the Quote Helps

It doesn't. It adds a layer of confusion about depression, telling readers what it's not, instead of how to recognize what it is.

According to *Teen Health*:

Depression affects a person's thoughts in such a way that the person doesn't see when a problem can be overcome. It's as if the depression puts a filter on the person's thinking that distorts things. That's why depressed people don't realize that suicide is a permanent solution to a temporary problem in the same way that other people do. A teen with depression may feel like there's no other way out of problems, no other escape from emotional pain, or no other way to communicate a desperate unhappiness.

What It Means

Depression prevents teens from finding temporary solutions to temporary problems.

What Argument It Could Serve

The best way to reduce teen suicide is to treat teenage depression.

One Possible Introduction/Conclusion Combination

Now that we've identified the persuasive value of the individual paragraphs, it seems clearer what the essay intends to prove. The paragraphs below serve the argument by introducing the primary proofs in the Introduction, and making the persuasive summary of those proofs in the Conclusion.

Revised Introduction

Unlike the many inevitable traumas of being a teenager in America, teen suicide is a preventable catastrophe. First of all, most kids who try it don't want to die. If they did, they'd do it right; whereas in reality fewer than one in ten actually succeed. Most teens contemplate suicide at least once to solve a temporary problem; far fewer follow through with an attempt; even fewer actually leave their problems behind. Those who do try usually try more than once because they can't get the suicide idea out of their heads. So the real tragedy is not that some finally succeed, but that 90% of those who keep trying and eventually die, suffered from recognizable, diagnosable, easily treatable mental illnesses that went unrecognized, undiagnosed, and untreated. Teens aren't responsible for that failure: adults who should know better are.

Revised Conclusion

It may be hard for responsible adults to remember how every small disappointment can seem like the end of the world to a teenager, but they must work to recall it, if they're to be of any help. That said, they also need to recognize that most teens will handle those disappointments like the half-adults they are, without resorting to desperate means. The teens to look out for, the young people who deserve and require intervention, will surely show signs of deeper emotional problems than temporary "breakup blues" or "cut from the team syndrome." Those teens won't know how much trouble they're in, which is why they need somebody else, with a longer perspective, to recognize that their world does not have to come to an end. Not today.

Side Note About Pronoun Agreement

The quote from *Teen Health* effectively avoids several problems of pronoun disagreement. On the left, see how badly the pronouns could have been botched. On the right, see how deftly, and variously, *Teen Health* avoided the problems.

*Depression affects a person's thoughts in such a way that **they** doesn't see when **their** problem can be overcome. It's as if the depression puts a filter on **their** thinking that distorts how **they** see things. That's why depressed people don't realize that suicide is a permanent solution to a temporary problem in the same way that other people do. A teen with depression may feel like there's no other way out of **their** problems, no other escape from **their** emotional pain, or no other way to communicate **their** desperate unhappiness.*

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