

# 'Winning' Orations? A Study of Select Interstate Oratorical Speeches

CHRISTINA L. REYNOLDS\*

Responses to the word "oratory" have gone through an interesting evolution. During the 4th and 5th centuries B.C., Greek citizens who could speak effectively in legal settings, political arenas, and ceremonial situations were respected and admired. The Greek educational system included specific training in the art of oratory. A similar respect for oratory can be observed in the Roman tradition.<sup>1</sup>

A contemporary conception of oratory and orators still calls up memories of the past: Edmund Burke's calculated and lengthy speeches to the British Parliament, William Jennings Bryan's stirring "Cross of Gold," Winston Churchill's artful address to an entire nation during World War II, and Martin Luther King, Jr.'s expression of his dream for all citizens of our country.

Yet for many of our colleagues who educate students in oratory today, especially those involved in the intercollegiate activity of forensics, a vivid, conflicting vision emerges: Orators' facial expressions are grave and solemn. The subject matter of the oration is always "weighty" — people are dying/being robbed/losing jobs/being deceived/facing gloom and doom. Orators' hands sweep out expressively and the words flow smoothly from their mouths.<sup>2</sup> A vision such as this one has its ramifications in the forensic community. All too often, coaches/judges grimace when they are handed a ballot envelope for an oratory round. The typical response to this situation may very well be "Why are *they* assigning *me* to judge this round?"<sup>3</sup>

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\**The National Forensic Journal*, 1 (Fall 1983), pp. 119-135.

CHRISTINA L. REYNOLDS is Director of Forensics and a Ph.D. candidate at the University of Minnesota, Minneapolis 55455.

<sup>1</sup>"A Brief History of Rhetoric," in *Rhetorical Perspectives on Communication and Mass Media* (2nd ed.) Richard J. Jensen, Robert L. Schrag, and Janice E. Schuetz, eds. (Dubuque: Kendall/Hunt, 1980), pp. 1-7.

<sup>2</sup>Formulative version of this description created by Robert L. Scott, in "Oratory," *Contest Speaking Manual* (Skokie, 111.: National Textbook Co., 1964), p. 1.

<sup>3</sup> This response is a synthesized version of that given to the writer by five coaches in response to the question "What is the first thing you think of when you see your name listed on the schematic as a judge for a persuasion round?" Editorial license has been taken in the creation of the synthesis.

It would seem that few educators in the forensic community are pleased with "what is happening" in intercollegiate oratory competition. Many educators express disdain for the speeches given by student orators. The difference between what student speeches "should" be and what they actually "are" becomes a point of contention. To reconcile the two we must have an idea of not only what should constitute a college oration, but also of what the students say in competitive orations and how they choose to say it. Through an examination of a specific group of orations developed for and delivered in competition, this study attempts to discern whether or not students grasp and utilize elements of good oratory in forensic competition.

#### SIGNIFICANCE OF THE STUDY

When asked the question "What are the characteristics of a good oration in intercollegiate forensics", most coaches/judges would respond that the speeches should be well structured, argued, supported, and delivered. Texts in the forensic field corroborate those views. Dunham suggests that "in the true sense of the word," an oration "should include ideas, organization, style, and delivery of the finest calibre."<sup>4</sup> The speech should be developed to influence audience attitudes, and emphasis should be placed on adaptation to the specific audience.<sup>5</sup> Scott concurs, stressing meaningful topic choice, "carefully ordered and well-supported ideas," and "grace and precision" in style.<sup>6</sup> Klopff and Lahman point out commonalities in their discussion of what makes a winning college oration: contemporary and problematic subject matter, utilizing experiences that relate to the problem, focused persuasive purpose, and direct address that highlights concrete and vivid content.<sup>7</sup>

The educational nature of the judging/coaching process in forensics suggests that the above consensus of ideas about good oratory is related clearly to students on ballots and in coaching sessions. This does, of course, assume that the ideas in the literature are correct and that these ideas are being communicated to students by coaches and judges. In turn, the student implements such ideas and

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<sup>4</sup>Robert E. Dunham, "Coaching Individual Events" in *Directing Forensics: Debate and Contest Speaking*, Don F. Faules and Richard D. Rieke, eds. (Scranton, Pa.: Omtermatopma Textbook Co., 1968), p. 232.

<sup>5</sup>Dunham, pp. 232-233.

<sup>6</sup>Scott, pp. 3-23.

<sup>7</sup>Donald W. Klopff and Carroll P. Lahman, "Original Oratory," *Coaching and Directing Forensics* (Skokie, 111: National Textbook Co., 1967), pp. 205-208.

suggestions in the speech-making process and in competition. Yet dissatisfaction with the students' persuasive speeches still exists. What accounts for this paradox? The vast majority of forensic literature on oratory was written by past and present coaches of the event, and it reaches us in new editions that vary little from the original texts. Thus, we must ask whether these ideas are being conveyed to students in coaching sessions and on ballots, and if students are using these concepts in their development of college orations. This study attempts to answer the question of persuasive strategies employed by student orators by analyzing the texts of orations given at the Interstate Oratorical Contest.

#### *Background of the Interstate Oratorical Contest*

The oldest of competitive forensic events in this country is Oratory, or Persuasive speaking. Its birth as an intercollegiate event was in 1874, under the auspices of the Interstate Oratorical Association (IOA).<sup>8</sup> The IOA is composed of approximately twenty state collegiate forensic organizations. The organization's purpose is to conduct an annual competition in Oratory. Participants in the contest are the top two finalists in each of the respective state contests. In this sense, the state competitors represent the member state's oratory participants.

The first Interstate contest was held on February 22, 1874, in Galesburg, Illinois. Students from Wisconsin, Iowa, and the host state were the first entrants. Judges considered excellence of thought, style, and delivery; the person receiving the highest rating was awarded first place and \$100. An annual contest has been held every year since then.

From 1887 through 1936, each state was represented by its best orator. In 1936, the members of the organization decided to hold two divisions — one for men and one for women. This dual division format continued until 1973, when the association voted to return to a single division with each state represented by two orators. Monetary awards continued until 1953, when the membership voted to discontinue the practice.

In 1891, the first *Winning Orations* was published. It consisted of the first and second place speeches for the years of 1874-1890. A second volume was published in 1907. From 1908 until the 1930s, each state or college which sent a representative to the contest was responsible for publishing the speeches. In 1934, the IOA finally

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<sup>8</sup> The author is indebted to Professor Larry Schnoor, Executive Secretary of IOA, for providing this history of the Association.

took full responsibility for the publication of all orations delivered at the contest. The publication continues today as *Winning Orations*.<sup>9</sup>

As the students compete with their peers in each state to qualify for the competition, Interstate orations may be seen as representative of orations given by students in other forensic competition. Thirteen speeches given at this contest are the focus of this study.

#### *Review of the Literature About Intercollegiate Oratory*

A review of the literature directly pertinent to the study and practice of college oratory reveals a scant, periodic interest in this type of discourse. Most essays concerned with intercollegiate oratory do not examine the discourse itself. Instead, researchers direct their attention toward justifying the worthiness of the activity in forensics and the field of speech communication.

From 1915 through 1919, five articles in the *Quarterly Journal of Speech* focused on intercollegiate oratory; four of these examined the merits of competition, not the facets of persuasive speaking itself. R.D.T. Hollister, in "Common Faults of the College Oration," discussed a need for balance between mental and emotional thought in persuasive speeches.<sup>10</sup>

From the publication of these first essays until 1981, only twelve further ventures into the subject of oratory have appeared. Of these, two essays examine facets of oratory intrinsic to the discourse. James Golden discusses trends in organization, and Hope and Hale survey strategies of speech introductions.<sup>11</sup>

In 1981, the Speech Communication Association published *Dimensions of Argument: Proceedings of the Second Summer Conference on Argumentation*. Nine essays that address the issue of intercollegiate individual events as argument were presented at the conference and published in this volume.<sup>12</sup> The *Dimensions* essays articulate the often overlooked relationship between individual events activity and argumentation theory and pedagogy. This body of re-

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<sup>9</sup> Publication responsibility lies with the Executive Secretary of the Interstate Oratorical Association.

<sup>10</sup>R.D.T. Hollister, "Common Faults of the College Oration," *Quarterly Journal of Speech* 4 (May, 1918), pp. 311-323.

<sup>11</sup>James Golden, "Achieving Excellence in the College Oration," *Speech Teacher* 14 (September, 1965), pp. 184-192; B.W. Hope and J.C. Hale, "The Introduction to the College Oration: Is It 'Speech' or 'Declamation?'" *Journal of the American Forensic Association* 9 (Winter, 1973), pp. 367-370.

<sup>12</sup>*Dimensions of Argument: Proceedings of the Second Summer Conference on Argumentation* (Annandale, Va.: Speech Communication Association, 1981), pp. 295-411.

search also affirms a conception of good oratory as it is expressed by the authors of forensic texts. Accordingly, this study focuses on content-oriented persuasive strategies as manifest in the student orations.

#### METHOD OF THE STUDY

Thirteen speeches given at the IOA contest comprise the sample for this study: they were delivered during a period from 1974 through 1981. These dates were chosen because males and females competed in separate divisions for the 38 years before 1974. The thirteen speeches, published in *Winning Orations*, were chosen for similarity in "subject type;" that is, all of the orations addressed a subject that is subsumed under a common issue, personal and public health. Specifically, these orations speak to human diseases. The fact that thirteen speeches given at the IOA contest over an eight year period share similar subject matter suggests that they are not an uncommon form of persuasive speech in forensic competition.

In order to discover what the characteristics of these competitive orations are and whether they include the elements of good forensic theory, this study begins from a perspective which allows classification of similar strategies and techniques into common genre. Herbert Simons identifies genre as "recurring patterns of rhetorical practice."<sup>13</sup> Karlyn Kohrs Campbell and Kathleen Jameison explain genre as a "constellation of recognizable forms" that are bound together by some explanatory principle; there is an "internal dynamic" present that explains what is going on—processes and relationships—within the discourses." A classification by occasion (forensic tournaments) or intended effect (e.g., to change audience's beliefs, attitudes or actions; to win a trophy) would suggest that competitive orations may be understood from such a perspective. Accordingly, this study examines these thirteen speeches in an attempt to uncover common elements such as re-occurring patterns and strategies that work together to form a persuasive speech. Once these commonalities are isolated, this study discusses the characteristics of those strategies and the relationship between one strategy and another. Finally, this study attempts to discern whether these strategies are constituents of previously discussed conceptions of good oratory.

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<sup>13</sup>"Genre-alizing About Rhetoric: A Scientific Approach," in *Form and Genre: Shaping Rhetorical Action*, Karlyn Kohrs Campbell and Kathleen Hall Jameison, eds. (Falls Church, Va.: Speech Communication Association, 1978), p. 36.

<sup>14</sup>"Introduction," in *Form and Genre*, pp. 9-32.

PERSUASIVE STRATEGIES IN ORATORY: THE DREAD DISEASE SPEECH

A thorough examination of the speeches revealed common elements of structure, claims, and support for claims. The way that students argue in these orations reveals a shared concern with ethos, actuation, and significance, in much the same sense that the intercollegiate debater is concerned with the same in "building" a case.

The thirteen speeches in this sample all address the issue of personal and public health. The subjects of these orations are what have come to be known in forensic circles as "dread diseases." The "dread disease," the student contends, can be cured, or at least decreased in severity and frequency of occurrence. The diseases addressed include: anorexia nervosa, athlosclerosis; infant heroin addiction; hyperkinesis; "obsolete" diseases like measles, diphtheria, mumps and tetanus; food poisoning; colon cancer and diverticulitis; obesity; sickle cell anemia; heart disease; hypertension; and fetal alcohol syndrome. Fetal alcohol syndrome was a popular disease in recent Interstate oratory competition — there are three speeches on this subject in this sample, given at the contest in 1980 and 1981.<sup>15</sup>

*Speech Structure and Claims*

The "problem-solution" organizational pattern is the primary structural strategy of the "dread disease" oration, present in all of the speeches in the sample. The types of claims that students make in the speeches can be understood in light of the predominant organizational pattern. If the student's goal is assumed to be to persuade the audience to accept the existence of a problem, and then to take some sort of action to remedy the problem,<sup>16</sup> the claims that students make throughout the oration should facilitate this goal. In reference to the subject matter, the claims made are both reasonable and effective. Consider the following illustration of claim-making as it is manifest in the speeches studied:

<i>ORGANIZATION</i>	<i>CLAIMS</i>
Statement of the Problem	Disease "X" is a Problem:
Definition	This is disease "X" —its symptoms —its effects on a victim

<sup>15</sup>See Appendix for full list of speeches included in this study.

<sup>16</sup>Many people would argue with the realism of that goal, yet the assumption is justified in light of the chosen organizational pattern.

Scope	Disease "X" —afflicts many people —touches us all in some way
Significance	Disease "X" —costs us lives —costs us money —costs can be lessened by eliminating/curtailing/ controlling disease "X" Disease "X" —can be eliminated/curtailed/ controlled —mechanisms exist to do so —we're not acting to do so, therefore, we should act to eliminate/ curtail/control disease "X"
Statement of Solution	There is a solution to the problem of disease "X":
Action	
Public level	We should act on a public level in this manner
Personal level	We should take these actions ourselves
Visualization	
Positive	Action will have advantages for all of us
Negative	If we do not act, disease "X" will continue to cost us

Notice first that the claims made by the students in the problem section of their speeches are fundamentally declarative; that is, something is the case (disease "X" affects all of us; is curable/preventable/controllable; costs us lives and money). When a student advances the solution to the problem of disease "X," the orientation of the claims shifts to that of policy: If the disease can be eliminated, etc., then we should act in these ways to eliminate it.

The students also present a lack of action as an element of the problem of disease "X". They articulate the steps that we could be—but are not—taking to solve the problem of the disease. The solution of the speech includes specific ways in which we should act and the

benefits we will attain by acting.

Regardless of the specific disease addressed in these orations, the types of claims made by the students are indicative of a common pattern. The organization of the claims just outlined is consistent across the thirteen speeches studied, signifying specific forms of proof appropriate to this rhetorical form. The organizational similarities as seen in the pattern of claim-making represent the students' sound understanding of the interdependence of form and content in speech development. The subject matter is well-suited for persuasive speaking, and it is presented as problematic and meaningful through a common pattern of claim-making.<sup>17</sup>

### *Strategies of Appeal*

Few people would challenge the Aristotelian notion that ethos may be the most effective strategy of persuasive appeal. Yet, as a norm, the credibility facet in intercollegiate oratory appears as either a secondary concern of forensic judges, or of little concern to the orator. Logue finds in her study of orations given at the 1981 AFA National tournament that:

. . . the credibility mode (defined here as personal involvement or authoritative appeals) appears to be undemanded by forensic judges, and likewise, generally not addressed by persuasive speakers. While the speaker's authoritative appeals seem to make little difference in the forensic event, expert evidence appears to be expected. Few speakers ever attempt to state what motivated them to persuade on the topic or whether they themselves are part of their own solution.<sup>18</sup>

If ethos is understood by the audience as the speaker's personal concern, involvement, or authority as demonstrated in an oration, then ethical appeals surface in these speeches in three forms: evidence that takes the form of expert testimony; the orator's involvement with the subject addressed; and personal and public "responsibility" concerning the subject. Like most orations, these speeches are similar to others in their use of expert testimony and appeals for public

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<sup>17</sup>W. Scott Nobles, "Analyzing the Proposition," pp. 164-165; and Karen Rasmussen and Daniel DeStephen, "Building Cases," pp. 180-181, in *Decision by Debate* (2nd ed.), Douglas Ehninger and Wayne Brockriede, eds. (New York: Harper and Row, 1978).

<sup>18</sup>Brenda Logue, "In What Ways is Argument Applied in the Prepared Speech Events?" *Dimensions*, p. 389.

involvement. While it may be the case that students do not address their personal involvement with the subject in many competitive orations, it is not so in the "dread disease" speech. This study found that the orator's involvement with the subject matter is a prevalent and significant factor in how a student argues for the acknowledgment of the problem of a "dread disease."

*Expert Testimony:* All persuasive speeches in forensics demonstrate a heavy use of expert testimony to support claims and reinforce perceived credibility of the information being offered, as well as that of the speaker. For the students who use expert testimony in "dread disease" speeches, this strategy services to highlight the validity of both the evidence being offered and of the claims being made in the speech. For example, in "Dietmania," Jan Hubbard claims that athlosclerosis is a serious medical condition that develops in chronic dieters. June Hubbard (Jan's sister), an anesthetist who practices in Chicago, is cited by the orator: "In an interview I had recently with Chicago anesthetist June Hubbard, she stated that people who go on crash diets, and who for one reason or another have to have emergency surgery have a higher risk on the operating table than do regular patients."<sup>19</sup> Hubbard continues by noting that athlosclerosis is the cause of the risk, as "the vessel walls [in the patient] eventually enlarge and close off causing a heart attack."<sup>20</sup> The listener infers the validity of Hubbard's information because it is the testimony of one who has direct experience with the disease, an anesthetist who is present at operations where this disease makes its presence known. Notice also that Hubbard implicitly suggests a more personal contact with the problem of the disease by citing a relative who can testify to its dire effects.

Brian Pollard addresses the horrors of a newborn's withdrawal from heroin. In support of his claim that the problem of infant addiction is widespread he says: "In New York City alone, the number of babies born to addicted mothers has risen so sharply that Dr. Leonard Glass, associate pediatrician at Harlem Hospital, uses the word 'epidemic' to describe it."<sup>21</sup> Glass' qualification to speak to the prevalence of this problem is implied by Pollard's statement of the expert's occupation (a pediatrician who treats this disease) and of where he works (Harlem Hospital).

In discussing diverticular disease, Ruth Brenner cites Dr. Neil

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<sup>19</sup>"Dietmania," *Winning Orations* (Interstate Oratorical Association, 1974), p. 7.

<sup>20</sup>Hubbard, pp. 7-8.

<sup>21</sup>"Infant Addiction," p. 15.

Painter, "the world's foremost authority" on the disease who defines the characteristics of the illness.<sup>22</sup> In "The Silent Killer," Todd Ambs quotes Dr. Theodore Cooper, who speaks to the potential for the control of hypertension.<sup>23</sup> Ambs is careful to note Cooper's occupation: Cooper is the Director of the Heart and Lung Institute. All orators in this sample use expert testimony, both implied and explicitly acknowledged, to validate the assertions they make about the diseases they discuss. The experts all share common background: they are involved in the medical profession as doctors, nurses, directors of prestigious research institutes, etc. The field of medicine and disease mystifies—and often frightens—the layperson. Such a prevalent use of expert testimony in these speeches works for the orator in two ways. It functions to fulfill the orator's need for support of the claims he or she is making about the problem of disease "X" and its solutions, and it provides the listener with information that he or she would not normally have about disease and health. The information is valuable because it increases our understanding of frightening diseases. But more importantly, the information is from someone whom we wish to believe and trust—the medical professional. In relation to the subject matter of these orations, expert testimony is an appropriate and effective method of support; these students use this evidence in an efficient and potent manner.

*Personal Involvement:* What motivates a speaker to address a particular subject can be, and often is, a powerful appeal. For the "dread disease" orator, it may be the most effective strategy. In these orations, a personal involvement with the disease and its effects is claimed often and (unlike orations on other subjects) quite explicitly. Consider the cases in point from this sample: David Keenan was a misdiagnosed hyperkinetic child; Ruth Brenner was acquainted with two women who were victims of colon cancer; Timothy Friedrichsen is a person suffering from obesity; Wendy Fletcher's father died of cardio-vascular disease. The speakers explicitly draw their relationship to the disease, illustrating how the disease affects themselves and those around them. This is a valuable persuasive strategy: the orator's credibility is reinforced in the eyes of the audience because this speech is not "just another oratory in the round;" the subject is personal and meaningful to the speaker.

Claims of personal *motivation* are not explicit in these speeches. Instead, the speakers declare their relationship to the subject mat-

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<sup>22</sup>"The Essential But Forgotten Ingredient," (1977), p. 72.

<sup>23</sup>*Winning Orations* (1980), p. 47.

ter fairly early in the oration and then interweave through the discourse how they (or their loved ones) were affected by the disease. The strategy works well because the qualification of the speaker to address the issue is established early in the oration; the ensuing arguments that the speaker makes about the subject are understood in a more sympathetic light by the audience/judge who listens. In effect, the strategy encourages a personal response from the audience to both the speaker and the subject.

*Personal/Public Actuation:* Speakers argue for actuation (involvement) on the part of the audience at both the personal and public levels. Though actuation is a common element of most persuasive speeches, the lines of reasoning that call for audience action in "dread disease" orations are distinctive.

Claims concerning the scope and significance of the problem often establish the need for personal and public action. The speaker illustrates that the audience is in some significant manner affected by the existence of the disease, even though the audience member or their loved ones are not physically afflicted with the illness. In his speech on obesity, Friedrichsen argues that the disease is not only pervasive—"one-third, possibly one-half of the nation is overweight, one out of every five Americans is too fat"—but that the disease hits us all where we live, our pocketbooks: "Fat related heart attacks cost American industry 132 million work days last year, with wage losses in the billions."<sup>24</sup> In other words, Friedrichsen illustrates that we are all paying for the effects of obesity. Ambs establishes a similar monetary harm in his oration on hypertension: "A recent major manufacturing study found that on the average, businesses spend over \$300 per employee, per year, for illnesses caused by hypertension."<sup>25</sup>

Establishing significance through statistical inference of a disease's prevalence is often employed by the orators to identify the problem with the audience. The strategy functions as a pre-emption to the "this disease is too obscure; it will not happen to me" argument in the minds of the audience members. The statistics alone may not point to a wide-scale infiltration of the disease in the population, but the orator will do his or her best to suggest the disease's potential for touching the audience. In "A Child is Born," Annmarie Mungo discusses Fetal Alcohol Syndrome (FAS). She suggests the seriousness of the disease's prevalence through her interpretation of particular statistics: "... FAS will affect 5,000 babies this year.

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<sup>24</sup>"The Great American Fat Race," (1979), p. 21.

<sup>25</sup> Ambs, p. 47.

The National Institute on Alcohol Abuse and Alcohol conservatively estimates that two of every thousand births show symptoms of FAS, the third largest birth defect in the United States."<sup>26</sup> Mungo gives more impact to the fact that the disease affects 5,000 babies by identifying FAS in terms of frequency of occurrence as a birth defect. Kathy Winnegar uses statistics from the same source in a different manner but for the same reason, to establish the scope and frequency of FAS for the audience: "There are 95 million drinkers in this country. Nine million of them are alcoholics. The National Institute of Alcohol Abuse and Alcohol estimates that 1 of every 500 births show symptoms of FAS, the third largest birth defect in the United States."<sup>27</sup> Winnegar's use of statistics on drinking and the appearance of FAS symptomatically suggest the potential for the disease's scope. Thus, the audience can interpret the problem more intimately; FAS could affect the health of their children or the children of their loved ones, given the prevalence of alcohol consumption in this country. "Dread disease" orators may have a more difficult time finding large numbers to utilize as proof of scope and significance (most diseases are not as wide-spread as income tax fraud or potholes on our highways, for example), but they do a good job of assigning significance to the statistics that are available.

Students also argue for involvement on the part of the audience by appealing to a person's sense of altruism or personal and social responsibility to those affected by these diseases. One of the more blatant instances of this strategy can be seen in Christina Reynolds' oration on Sickle Cell Anemia:

I've been asked, "How does the affect me? This is a disease that predominantly affects blacks." Well, when a tornado ravaged Xenia, Ohio, it didn't affect the majority of us in this room directly, yet the entire nation rallied to Xenia's aid. And, when an earthquake rumbled through Nicaragua, it didn't affect one of us here directly, yet the whole world lent a helping hand. So when a child is afflicted with one of the most devastating biological natural disasters — Sickle Cell Anemia — do we stop short in our concern because it doesn't affect us directly? Can we allow our concerns to be dictated by racial, social, or even ethic boundaries? I hope not.<sup>28</sup>

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<sup>26</sup>*Winning Orations*, (1980), p. 49.

<sup>27</sup>"Fetal Alcohol Syndrome," (1981), p. 39.

<sup>28</sup>"You Can't Kiss the Pain Away," (1979), p. 83.

Ambs makes the same sort of argument for involvement on the part of the specific forensic audience:

So often, those of us in forensics use persuasive ploys instead of getting right to the heart of the problem. As a result, we tend to perform, instead of persuade. And you in turn as an audience listen but don't hear. *Please*, if you do nothing else today, hear what I'm saying. There are people in this country who are dying because they have high blood pressure and there is not enough being done about it. You could be one of the 11 million Americans who has high blood pressure and doesn't even know it. Don't let yourself or someone that you know become a number on a fatality sheet.<sup>29</sup>

Ambs' strategy of appeal to the audience is explicit. His use of the specific situation in which he speaks (the forensic tournament) is not uncommon in oratory, but it is very prevalent in the "dread disease" speeches. Reynolds pursues the same goal of actuation via social responsibility. She is much more indirect and altruistic in her appeal, and her challenge to the audience is buffered by the natural disaster metaphor, but the strategy is still potent. In effect, Reynolds implies that the audience should feel guilty for not taking action when others are unable to care for themselves. Ambs makes the same implication by pointing to a tendency toward apathy on the part of the persuasive speakers and their audience. This strategy goads the audience into listening to the substance of the speech; the speakers lay responsibility for solving the problem of disease "X" on both themselves and the audience. This is a good strategy to utilize because it does effectively involve the audience.

*Examples and Illustrations:* Unquestionably, examples and illustrations are the most common types of evidence used to support claims in these thirteen orations. Hypothetical examples are rarely used by the student, but the supporting material that does appear in every speech is what many forensic coaches/judges have termed the "little Mary Jane" story:

The cut Bill received from Jenny's plastic toy was so tiny that he simply cleaned it with an antiseptic. Five days later his arms and legs felt sore, his neck and jaw were

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<sup>29</sup> Ambs, p. 48.

stiff. Soon Bill's face became grotesquely twisted. Finally, in the throes of a violent spasm, his spine snapped in half. Jenny's Dad was dead . . . not of an exotic, incurable disease . . . no, Bill died of tetanus.<sup>30</sup>

We are, as humans, afraid of pain, and the dread disease orator takes full advantage of this aspect of our psyche. In every speech we are offered the worst that the disease can inflict on its victims. Case studies such as this one attach a real human element to statistics about the disease's prevalence and descriptions of the disease's effects. If the case studies are not vivid enough, a more objective illustration of how the disease progresses is usually implemented as well:

This is a heroin baby. Born addicted and premature of an addicted mother. It's only nine minutes old and within minutes will start the pains of heroin withdrawal. The symptoms are unmistakable. The baby is racked with a peculiar coarse tremor. Its arms twitch, its knees jerk convulsively toward its chest. Its tiny hands claw at its face and its arms until they are raw. And all the while the baby cries with a tense high-pitched shriek.<sup>31</sup>

Every oration in this group had at least two such types of visualization in the text. They appear at particular places in the organization of the speech: the introduction, the definition of what disease "X" is, and the visualization step. Rarely are examples and illustrations such as these used alone. If one case study is presented, another is sure to follow within the next few sentences. Accordingly, the stories tend to build in severity or vividness. It is also common to find a "dread disease" speech, like many other college orations, introduced through a victim-specific example. But the audiences of "dread disease" speeches then hear the "continuing saga" of the effects of the disease on the victim throughout the speech. This particular tact also involves concluding the speech with the end of the victim's story or, sometimes, life.

The heavy use of examples and illustrations in these speeches is effective because it works in several ways. Illustrations that articulate the disease's symptoms and course provide a clear, tangible picture of the oration's subject matter; the reality of the disease is driven home to the audience. Case studies that assign names to the

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<sup>30</sup>Barbara Preston, "Time to Start Again," (1975), p. 69.

<sup>31</sup>Pollard, p. 15.

victims also support the reality of the problem in human terms, thus statistics become more than just numbers in a speech. When that case study victim is a parent, relative, or friend of the speaker, the audience cannot help but to acknowledge the saliency of the issue to themselves as well.

The aforementioned characteristics of subject matter, speech organization, claims made, and strategies of supporting those claims are distinguishing elements of the "dread disease" college oration. The culmination is that these strategies do "work" for the orator; they are common across the thirteen speeches. Interestingly, seven of these thirteen orations were successful, in the competitive sense, at the contest: all seven made semi-final rounds; three advanced to the final round in their respective years.

#### DISCUSSION

The "dread disease" oration involves interesting and disturbing subject matter and an argumentative organizational pattern that is well-adapted to both the subject matter and the audience. The speakers make heavy use of expert testimony, case studies, and illustrations as evidence for claims, and they concentrate on developing both the audience's and their relationship to the subject matter. What then is the tie that binds these elements into what we now call the "dread disease" oration? The power of these speeches can be understood when we explore the relationship between subject matter and ethos for both the orator and the audience.

The subject matter of these speeches, disease, is undoubtedly an asset for the orators. The diseases are serious dangers to health and life, and most often are novel topics in relation to the myriad of subjects that are addressed in forensic oratory. Our cultural ignorance about medicine and disease aids in building an initial amount of curiosity in the subject in the eyes of the audience. And, these orators take advantage of that novelty and curiosity by establishing a personal connection to the subject and then by building an audience relationship to both the subject matter and themselves.

In this sense, perceived credibility as established through the oration becomes the primary concentration for the orator. These students spend a significant amount of time constructing and solidifying the personal connection between audience, subject matter and themselves. In effect, they succeed in eliciting a two-pronged response from the audience and/or the judge: the listeners find themselves in a role that involves more than functioning as a critic of the students' command of the principles of persuasive speaking, they are compelled to consider the ways that the speech content bears on their own lives. The student then continues to build his

or her credibility by using methods of proof that reinforce audience involvement: examples and illustrations, especially the case study, attach an individual human element to evidence like statistics and expert testimony; claims about the disease and its effects are presented as audience-specific in the speech's organization; and audience action is called for in a way that illustrates specific benefits for both unseen victims of the disease and the immediate audience. In essence, the "dread disease" speech manifests itself as a study of ethos. These students demonstrate an acute understanding of its import as a persuasive strategy, and utilize its potential through subject matter that has an inherent initial appeal to the audience.

#### IMPLICATIONS

Although this sample is small, and of a very select type of subject matter, this study does demonstrate that there are accepted practices of speech-making in oratory. These student orators exhibit through their speeches an awareness of the relationship between form and substance, and they utilize persuasive strategies to make their ideas relevant to the audience. These speeches evidence the students' understanding of sound structure and organizational strategy in speech composition. The students implement a sensible and consistent strategy of claim-making. These speeches also show an effective use of methods of support for the claims being made; the students take great care in relating their ideas to the audience in personal terms. Thus, what surfaces in the "dread disease" speech is—in the best sense of the word—a "winning" oration: these students comprehend and make use of the elements of good oratory.

Whether the students learned about what makes a good oratory from textbooks, their coaches, or ballots, they understand the concepts and are using them effectively. These orations were successful in both the educational and competitive sense of the word. Thus, it may be that our dissatisfaction with oratory evolves from something other than the discourses themselves. Our discomfort may be related to the repetitive nature of the event, our evaluation of the same student—giving the same speech—from tournament to tournament, or the many successive week-ends that we spend listening to the same speeches. Issues concerning the ability of the student orator to create and deliver a speech may not be a primary element of the "problem" of intercollegiate oratory competition.

Forensic educators work within the constraints of the activity, and we interpret those constraints in reference to a number of factors—event descriptions, talent of the student competitor, his or her willingness to learn, and what is regarded as successful in terms of benefits. The findings of this study can be understood as represen-

tative of what we envision as a good persuasive speech: students can develop and deliver, with the aid of their coaches, very thoughtful and relevant orations.

APPENDIX

*Winning Orations* (Interstate Oratorical Association)

1974:

"Dietmania," Jan Hubbard, pp. 7-9.

"Infant Addiction," Brian Pollard, pp. 14-16.

1975:

"Probability or Certainty," David Keenan, pp. 34-37.

"Time to Start Again," Barbara Preston, pp. 69-71.

1977:

"The Death of Goldilocks," David Proctor, pp. 23-25.

"The Essential But Forgotten Ingredient," Ruth Brenner, pp. 62-64.

1979:

"The Great American Fat Race," Timothy Friedrichsen, pp. 21-24.

"You Can't Kiss the Pain Away," Christina Reynolds, pp. 82-85.

1980:

"The Effects of Alcohol on the Unborn Fetus," Lois Melkonian, pp. 1-3.

"The Silent Killer," Toddy Ambs, pp. 46-48.

"A Child is Born," Annmarie Mungo, pp. 49-51.

"Title Unknown," Wendy Fletcher, pp. 75-77.

1981:

"Fetal Alcohol Syndrome," Kathy Winegar, pp. 38-41.