DIAGNOSIS: DIABETES
AN INTERACTIVE CHAMBER OPERA IN ONE ACT
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Abstract

Diagnosis: Diabetes is an interactive one-act chamber opera for five singers (soprano, mezzo-soprano, mezzo-soprano, tenor, baritone) and an instrumental quintet (flute/alto flute, B♭ Clarinet/bass clarinet, violin, cello, and piano). It is approximately 60 minutes in duration with seven scenes and no intermission.

The opera tells the story of Charlie and his relationship with his diabetes. After Charlie’s parents take full responsibility for his diabetes management in childhood, the audience influences the outcome of several scenes by answering the narrator’s multiple-choice questions. The audience’s success in answering these questions dictates whether the following scene has a good or bad outcome. The music of Diagnosis: Diabetes serves to facilitate the posing of questions (from scripted musicians to live audience) and the implementation of multiple dramatic outcomes in a live performance scenario.
Preface

This dissertation and composition are original, unpublished, and independent works by the author, Michael James Park.
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Bryan Wade, Tom Cone (RIP), Fred Wah, Pamela Hawthorne, and Ray Hsu for insightful conversations as I was developing the libretto.

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Erato Ensemble for programming the world premiere as part of your season.

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And finally, thank you to all of those people in my family and otherwise who fill my life with love. I am eternally grateful to have parents whose unconditional support has allowed me to develop into the musician I am today, and a husband whose love inspires me to become an even better musician tomorrow. Thank you Mom and Dad, y gracias Héctor.
Introduction

As a diabetic since the age of seven, I have seen friends and fellow diabetics follow a variety of paths that put diabetes at the forefront of their lives and, until a few years ago, I had no idea how I’d ever be able to make an impact on the world of diabetes. Writing an opera about diabetes has allowed me to bring to light an invisible illness by giving the audience the experiences of being diabetic. As a composer, I’ve been obsessed with musicalizing life experiences as well as concepts such as humour and disease. I have found that shared experience and audience interaction are powerful tools for connecting music to the extramusical, and those tools became the basis for creating Diagnosis: Diabetes.

While the opera is very specifically about diabetes, the struggle faced by the main character is universal amongst the youth of today: burnout and apathy. In exploring these themes by engaging audience interaction, the project simultaneously connects opera to a potential new audience of diabetics, and shares an essentially diabetic experience with any audience members who aren’t afflicted.

One of the most exciting elements of this project was that the libretto and idea behind it is that the opera would involve the audience in more than a trivial manner. The audience actually becomes a character in the opera, with tensions and a relationship that develops between both the protagonist (Charlie) and the antagonist (Narrator). Having had success with audience interaction in previous pieces, this libretto gave me the opportunity to develop that technique further and on a grander scale.
Chapter 1: Background

When I submitted the proposal for this project, I truthfully stated that there were very few operas written about disease, and certainly none about diabetes. Within the past decade, there has been a cultural shift in the recognition and dialogue about invisible illness. People are “sick and tired of feeling sick and tired,”¹ and have not hesitated to share their experiences with any number of conditions, including diabetes. Fitting this dialogue into the broader movement of Health 2.0, there is no shortage of writing and creative methods discussing invisible illnesses on line, including a Kickstarter campaign for “an 80’s rock opera written, directed by, and starring family doctors,” ² and an interactive game where players go through the process of being diagnosed as HIV positive.³ In terms of art music, composers are often less direct in their treatment of disease in music, either by musicalizing a satellite of the disease, or allowing extramusical elements to bridge the gap between disease and music.

John Corigliano’s Symphony No. 1 draws a connection to AIDS though the program note and dedications. While the music itself applies programmatic techniques, the connection is drawn to individual victims of the AIDS crisis, rather than to the disease itself. John Greyson’s 2009 operatic documentary film Fig Trees also connects music to the AIDS epidemic, this time through a documentary lens focusing on AIDS advocacy, in place of the actual disease.

Benton Roark’s experimental music theatre work, Hover, explores a woman’s experience with regaining consciousness while under anesthesia as well as other characters whose experiences cannot be verified by observable evidence. The social illness of bullying has also been receiving much attention in the past few years, and was the topic of Neil Weisensel’s opera Stickboy, premiered Fall 2014 by Vancouver Opera. Both of these works see the musical composition working in close collaboration with extramusical elements (alternative location staging, video design) in order to facilitate the invisible illness as a stage presence.

2 A predominantly web-based movement wherein patients play a larger role in the self-education and self-management of their conditions.
4 The game provides an interactive format through which players gain access to experiences they otherwise wouldn’t have. Because the interactive questions in the game have a right answer, the wrong answers serve a more educational purpose to educate and illuminate elements of the experience. This kind of false interactivity led me to seriously consider the kind of interactivity appropriate for Diagnosis: Diabetes. http://impositivegame.com/
1.1 Past Work as Musical Research

The variety of techniques I’ve used in *Diagnosis: Diabetes* is the amalgamation of several years of compositional experimentation in which I’ve explored the experience of disease in music, audience interaction, and the manipulation of text comprehension.

To honour my grandmother and to deal with her passing from Alzheimer’s disease, I wrote *Alzheimer’s Variations* in 2006. Realizing it struck such a chord of authenticity with many audiences, I examined the piece in search of what made it so effective. I was invited to present my findings at the TEDxSFU conference\(^5\) in September 2013, outlining how the authentic experience of the performer (forcing them to make actual mistakes, and giving them near impossible challenges) results in an empathetic response from the audience. In planning to write an opera about diabetes, I realized that a real experience would be essential to the success of the project, leading me to explore audience interaction.

For the 2011 Contemporary Opera Lab at University of Manitoba, I was asked to write a short scene to be workshopped by student performers. The scene I wrote became the basis for *Diagnosis: Diabetes*, and its workshop informed many aspects of the present work. Most importantly, it allowed me to evaluate several methods of soliciting responses from a live audience. As part of Art Song Lab 2012, I was able to further explore audience interaction and to test a method for including variable-outcome performance scenarios with my piece *Art Song Lib*, a musical mad lib with text by Ray Hsu. This particular performance workshop experience re-confirmed the importance of priming the audience with a friendly, inviting request for interaction at the outset, in order to guarantee continued involvement throughout the piece.

The plausibility of this opera’s Scene 2 was heavily informed by my piece *Gramps Ain’t No Namby-Pamby* in which I confirmed that the auditory registration of speech is not ultimately essential for comprehension. The piece is a musical dialogue for a baritone singer and a bassoonist, such that only half the text is heard by the audience because the other half is unintelligible. By heavily using context, motives, and repetition, the piece was successful in inciting audience laughter, even when the punchline was delivered by the instrumentalist. While Scene 2 does the opposite, by intentionally garbling the text to achieve unintelligibility, the above techniques were invaluable in setting a text that had to be both intelligible and unintelligible, depending on the scene’s version.

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1.2 The Librettist and Composer as Separate Entities

While I wrote both the text and the music for Diagnosis: Diabetes, it is important to clarify that I wrote the two parts separately, mindful of the important distinction between librettist and composer. The libretto was written in 2012-13. I first created a plot summary based on commonalities between my own personal experiences and those of the on-line diabetes community. At that point, I met with several dramaturgs for suggestions on how to move forward. Bryan Wade, Associate Professor in the Creative Writing Program at UBC, agreed to oversee the libretto writing. We met at several stages of the writing, and he approved the libretto on its own merit before I started composing. The composition of the opera took place between 2013-15. Just as I would with any text, I started by reading and internalizing the libretto. During the composition, the libretto underwent a few alterations related to musical considerations, including substantially rewriting the end of the Finale. On both sides of the partnership, I strived to keep the other side in mind. While the changes arose from my compositional needs, the alterations were made in full consideration of the dramatic effects on the libretto.

1.3 Characters and Summary of Dramatic Events

Owing largely to the financial and practical limitations of contemporary chamber opera, the work’s five singers are all cast in multiple roles throughout the opera as described here. Below that is a table outlining which characters are present in each scene.

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charlie</strong></td>
<td>(mezzo-soprano) Protagonist. Pants-role as child, tenor as young adult.</td>
</tr>
<tr>
<td></td>
<td>Attempting to live a normal life - managing, but not enslaved to his diabetes.</td>
</tr>
<tr>
<td><strong>Mom</strong></td>
<td>(Soprano) and <strong>Dad</strong> (Tenor) Charlie’s young idealistic parents are blindsided by his diagnosis and do their best to meet the overwhelming challenges diabetes presents their family.</td>
</tr>
<tr>
<td><strong>Narrator</strong></td>
<td>(Mezzo-Soprano) Antagonist. Genderless.</td>
</tr>
<tr>
<td><strong>Chorus</strong></td>
<td>(SATB) Energetic ensemble of entertainers who bridge the gap between the Audience and the dramatic action.</td>
</tr>
</tbody>
</table>

---

6 I had originally intended to create a libretto from numerous authors of blogs and on-line forums. In reading those sources, I realized that, by universalizing my own experiences, I would be able to write a story that would appeal to many diabetics while maintaining a sense of character consistency.
Diabetes Specialists:

**Endocrinologist** (Baritone) Older, late-career male.

**Nurse** (Mezzo-Soprano) Middle-aged female.

**Ophthalmologist** (Soprano) (eye specialist) Ageless female.

Co-Workers:

**Boss** (Mezzo-Soprano) No-nonsense, female, late-30s

**Brenda** (Soprano) Type-A perfectionist, female, young adult.

**Andy** (Baritone) Yes-man, early 30s.

Table 1.1 Characters by Scene

<table>
<thead>
<tr>
<th>Scene</th>
<th>Soprano</th>
<th>Mezzo 1</th>
<th>Mezzo 2</th>
<th>Tenor</th>
<th>Baritone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prologue</td>
<td>Chorus, Mom</td>
<td>Narrator</td>
<td>Chorus</td>
<td>Chorus</td>
<td>Chorus</td>
</tr>
<tr>
<td>Scene 1</td>
<td>Mom</td>
<td>Young Charlie</td>
<td>Nurse</td>
<td>Dad</td>
<td>Endocrinologist</td>
</tr>
<tr>
<td>Question Time 1</td>
<td>Chorus</td>
<td>Narrator</td>
<td>Chorus</td>
<td>Chorus</td>
<td>Chorus</td>
</tr>
<tr>
<td>Scene 2</td>
<td>Brenda</td>
<td>Boss</td>
<td>Charlie</td>
<td>Andy</td>
<td></td>
</tr>
<tr>
<td>Question Time 2</td>
<td>Chorus</td>
<td>Narrator</td>
<td>Chorus</td>
<td>Chorus</td>
<td>Charlie’s Friend, Chorus</td>
</tr>
<tr>
<td>Scene 3</td>
<td>Ophthalmologist</td>
<td></td>
<td></td>
<td>Charlie</td>
<td></td>
</tr>
<tr>
<td>Scene 4: Finale</td>
<td>Chorus, Mom</td>
<td>Narrator</td>
<td>Chorus</td>
<td>Charlie</td>
<td>Chorus</td>
</tr>
</tbody>
</table>

Not listed above, there is an additional character who enters during the Prologue and remains active until the Finale: the **Audience**. As discussed further in chapter 4, its active involvement in the Question Time scenes is essential to an effective experience of scenes 2 and 3, and serves to propel the Narrator’s character development throughout. The Narrator and Charlie both undergo significant character development throughout the opera. Below is a brief summary of dramatic events.
### Table 1.2 Dramatic Events by Scene

<table>
<thead>
<tr>
<th>Scene</th>
<th>Setting</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prologue</td>
<td>Performance Setting: broken fourth wall</td>
<td>Narrator and chorus introduce Charlie and the interactive nature of the opera. Audience encouraged to respond in an amusing manner with zero risk. Includes a cut-away scene where Mom discovers there is something wrong with Charlie.</td>
</tr>
<tr>
<td>Scene 1</td>
<td>Endocrinologist’s Office (Diabetes Specialty Clinic)</td>
<td>Endocrinologist and Nurse educate Mom and Dad about diabetes management. Charlie participates in a non-text-singing capacity. Includes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mom’s aria <em>Oh My Baby Boy</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Dad’s aria <em>Should I Really...</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Finale Quintet <em>Any Blood Sugar Less Than Four</em></td>
</tr>
<tr>
<td>Question</td>
<td>Performance Setting: broken fourth wall</td>
<td>Narrator and chorus pose 3 questions to the audience based on what they heard in Scene 1.</td>
</tr>
<tr>
<td>Time 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scene 2</td>
<td>Board room at large corporate office</td>
<td>Charlie chairs an important meeting, presenting to his Boss, and coworkers Andy and Brenda. Recitative throughout. Dramatic shifts in tempo and text-intelligibility create the character’s (and audience’s) experience of hypoglycemia (low blood-sugar), the degree of which is determined by the responses in Question Time 1. Includes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Boss/Brenda/Andy Trio <em>I Think You’re Really On To Something</em></td>
</tr>
<tr>
<td>Question</td>
<td>Performance Setting: broken fourth wall</td>
<td>Narrator and chorus pose 2 questions to the audience based on Scene 2.</td>
</tr>
<tr>
<td>Time 2</td>
<td>Tableau of Charlie and Friend driving in car</td>
<td>Includes a short cut-away scene where Charlie notices a change in his vision while driving on a road trip.</td>
</tr>
<tr>
<td>Scene 3</td>
<td>Ophthalmologist’s Office (Eye Specialist) Eye Exam Chair</td>
<td>The Ophthalmologist examines Charlie’s eyes while Charlie struggles internally with the potential of complications from his diabetes. When the Ophthalmologist diagnoses Charlie with his first complication, the degree of which is determined by the audience’s responses in Question Time 2, Charlie is faced with his own mortality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ophthalmologist’s aria <em>Look Straight Ahead</em></td>
</tr>
</tbody>
</table>
Table 1.2 Dramatic Events by Scene

<table>
<thead>
<tr>
<th>Scene</th>
<th>Setting</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scene 4:</td>
<td>Continues from Ophthalmologist’s office and transitions into Dream</td>
<td>As Charlie’s thoughts and fears spiral out of control, the chorus plays the role of the obsessive thoughts in his head while he sings:</td>
</tr>
</tbody>
</table>
| Finale       | Scenario of the Performance Setting, toying with then reestablishing    | ● Charlie’s Aria *How Can This Be Fine*?  
|              |   the fourth wall.                                                      | The aria continues with interruptions and variation throughout the Finale.  
|              |                                                                          | When the Narrator’s antagonism leads to posing one final Question Time question to the audience, Charlie triumphantly reclaims control over his fate and diabetes management. |

While there is a growing interest in invisible illness, both in social media and in the arts, *Diagnosis: Diabetes* presents a new topic and dramatic approach to chamber opera. This document will explore the techniques and musical materials used within the composition in order to embody an audience with the experience of diabetes.
Chapter 2: Methodology

While there were many techniques and approaches that came together in the creation of Diagnosis: Diabetes, this section will focus on the interactive nature of the piece, and the concerns surrounding how to implement such an extramusical idea in a musical score.

2.1 Possible Outcomes

The opera contains 4 scenes with variable outcome possibilities. In Question Time scenes, the audience is asked a series of multiple-choice questions. While there are as many as three incorrect responses per question, the calculation of possible outcomes is based solely on whether the question is answered correctly (1) or incorrectly (0). For scenes 2 and 3, there are two possibilities: a good (B) or a bad (A) fate. Good fates are the result of answering more than half the questions correctly, whereas the bad fates result from answering half or fewer of the questions correctly. Because each outcome of the Question Time scene predetermines the result of the following scene, the two outcomes in scenes 2 and 3 cannot be included in the calculation of total possible outcomes, which is thirty-two.

The portion of scenes effected by the variable outcomes is noticeably different between the two types of scenes. In Question Time scenes, each question is followed by a short variable response by the narrator, approximately two measures in length. Much more of the material is varied in the dramatic scenes, wherein the second half of the scene is presented in two different versions (mm 699-796 in Scene 2 and mm 956-969/993-1018 in Scene 3).

2.1.1 In Performance

One of the highest priorities in setting a libretto with variable outcomes was to ensure it did not become cumbersome for the performers at any stage of the learning, rehearsal, or performance. The task became to use or develop techniques in order to create two versions of each variable outcome without doubling the performers’ workload. For the Question Time scenes, I evaluated the additional eight measures to be negligible, given the benefit of creating a drastic difference between the outcomes of four of the five questions. To minimize the effect on ensemble workload, the results of each audience response is sung as a vocal solo by the narrator, as shown in the example below.
Example 2.1 Question Time 1 (mm 568-573)

The process of asking the question is more involved, as it requires the coordination of the chorus and instrumentalists. Though each question is slightly different, the basic process is the same: the Narrator poses the question, the Chorus presents the options separately, then the Chorus repeats the options, gaining in intensity while the audience chooses a response. Based on the performance venue, audience, and method of collecting audience response, the length of time the options are repeated will vary greatly, requiring the coordination of the conductor. The freer notation, as described in section 2.1.2, encourages the performers to take the material into their own hands, leaving time open to listen to the other performers, and engage more meaningfully with the audience.

2.1.2 Notation

To facilitate the possibility of two different versions of a scene from which one is chosen during a live performance, the score would need to present both possibilities simultaneously. In these instances, an additional staff is added to the applicable part and the
variable outcomes are labeled as the bad fate “A”, or the good fate, “B”.

Example 2.2 Scene 2 (mm 741-744)

When the part returns to a single stream, it is labeled “A+B”.

Example 2.3 Scene 2 (mm 731-735)

Facilitating the posing and response to questions in the Question Time scenes required freer notation that could be adapted to the variety of possible outcomes. A box around a portion of the music indicates that the music therein should be performed at the individual performer’s own tempo, independent of the conductor or ensemble’s tempo. In QT scenes, it defines the basic unit of repetition, allowing for the flexibility in tempo required while the audience prepares to answer. Arrows are used to indicate that the material in the
preceding box should continue until the vertical alignment of the arrow’s point has been reached. Example 2.4 shows the Question Time process as described in section 2.1.1.

Example 2.4 Question Time 1 (mm 494-506)

2.2 Theatricality Beyond the Score

Especially in a dramatic context, a score is no substitute for a realized performance. Musically, it would be impossible to account for every possible outcome of audience interaction; instead, the score aims to present the content and form in a way that best
prepares the performers to connect with the audience through the music. Essential to the success of a performance is the performer’s understanding that performers are welcomed and encouraged to go beyond the limits of the score. While much of this can be understood within the context of *ad libitum* performance practice, both the responses and context for audience responses require more flexibility. For example, a performance in a larger venue might integrate clicker technology to collect audience poll responses. In such a case, the need might arise to speak or sing instructions before the questions are asked; the performers and director would also have to choose how to announce and communicate the result of the audience poll to the conductor. As another example, a smaller venue might better suit soliciting responses from individual audience members. Since these responses would most likely be too quiet for everyone to hear, a chorus member could easily repeat the response at an audible level. While it is beyond the scope of this paper to outline the endless variables surrounding audience interaction, the score’s flexible notation in the Question Time sections is an important first step towards an otherwise extramusical concern, similar to staging and costume design.

With an understanding of how *Diagnosis: Diabetes* musically facilitates audience interaction, a closer examination of the musical materials used will serve to prepare the reader for a more detailed discussion of how audience interaction and musical materials come together to create an experience of diabetes.
Chapter 3: Musical Materials

Speaking from a perspective of compositional aesthetic, I place a high value on simple processes that make the best use of limited materials. This chapter describes how the pitch material of the entire opera is generated from a single tetrachord, by applying the simple process of combining tetrachords in order to formulate a harmonic language from which the melodic material is derived.

3.1 Defining the Tetrachord

Throughout the opera, the basic unit of harmony is the tetrachord 0279. The choice of this chord was based on the composer’s aural preference initially understood as a root, P4, P5, and Major 9th above. (ex. CFGD), but because of its harmonic use, it is more simply understood in its normal form (0279 or CDFG).

3.1.1 Tetrachord Combinations

With the perfect and major quality of the intervals, and potential for tonic-dominant relations, the nature of the 0279 tetrachord lends itself to some semblance of tonality; however, the harmonic language is derived by treating these tetrachords as sets of four pitch class sets, which can be freely combined with any other transposition of said tetrachord. Because of this, the music in Diagnosis: Diabetes benefits from the harmonic implications of tonality, while maintaining some of the flexibility of serial processes.

In order to make the harmony more interesting than simply four PCs, the approach to harmony throughout the opera is to combine transpositions of tetrachord 0279. The resulting Tetrachord Combination (TC) can contain between five and eight Pitch Classes (PCs) based on the intervallic relationship of two tetrachords.
Table 3.1 Quality of Tetrachord Combinations

<table>
<thead>
<tr>
<th>Interval of TC Separation</th>
<th>Number of PCs</th>
<th>Character of Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor 2nd (1)</td>
<td>8</td>
<td>2 chromatic clusters (0123)</td>
</tr>
<tr>
<td>Major 2nd (2)</td>
<td>6</td>
<td>Diatonic, no leading tone</td>
</tr>
<tr>
<td>Minor 3rd (3)</td>
<td>7</td>
<td>Diatonic, Major or Natural Minor</td>
</tr>
<tr>
<td>Major 3rd (4)</td>
<td>8</td>
<td>Diatonic, added #4</td>
</tr>
<tr>
<td>Perfect 4/5th (5)</td>
<td>5</td>
<td>Pentatonic (symmetrical)</td>
</tr>
<tr>
<td>Tritone (6)</td>
<td>8</td>
<td>2 chromatic clusters (0123)</td>
</tr>
</tbody>
</table>

The character of each collection in the above table is based on the aggregate of PCs in the tetrachord combination, however, these harmonies vary in their presentation, often including only subsets. Some scenes present the full collection of PCs to create a layer of harmony, others present the tetrachords as distinct entities, and others separate PCs between vocal and instrumental forces.

The common practice I have maintained in using these tetrachord combinations throughout the opera is that they exist as the prevailing harmony for a period of time within a weave of changing TCs. The use and presentation of these prevailing harmonies varies by a number of variables, including scene, character, instrument, emotional content, or formal division. While a full analysis of each TC and its presentation is beyond the scope of this document, the following section provides a survey of common and noteworthy presentations.

3.1.2 Examples of Tetrachord Combinations

As the entire opera takes its pitch material from combinations of tetrachords, it is beyond the scope of this paper to outline all of the combinations. Presented below are a few examples of common methods of combining tetrachords used throughout the opera.

Throughout Scene 2, and wherever ostinato is used, TCs are often presented as separate tetrachords played by different instruments. Example 3.1 below, shows tetrachord-B presented by the violin, while tetrachord-C# is presented by the cello.
The same example also shows another presentation, commonly used in the vocal writing and instrumental accompaniment figures. In this case, the flute and clarinet both present subsets of TC (B/C#).

The opening of the *Prologue* provides a good example of the difference in PCs used by melody as opposed to how they are used in the accompaniment. As shown in example 3.2, the melody (vocal and flute) take their pitch material from the full TC (C/A), while the piano’s right hand ostinato presents exclusively the C-tetrachord. The cello and the piano’s left hand present single PCs from the TC.

Recitative sections often contain slow harmonic motion, marked by extended periods of one TC. Within these sections, several techniques allow for the illusion of harmonic
motion while staying relatively stable, such as presenting subsets of tetrachords, and varying the vertical relation of the tetrachords or subsets within the TC. The following example from Scene 1 shows an example of a moment of strong motion between two chords of the same TC. In measure 133, a (079) subset of the E♭ tetrachord is above a (79) subset of the C tetrachord [E♭ (079) / C(79)]. In measure 134, the tetrachords flip to [C(079) / E♭ (079)], then returning to [E♭ (079) / C(79)] in measure 135.

Example 3.3 Scene 1 (mm 131-134)

3.1.3 Moving Between Tetrachord Combinations

Similar to the generation of harmonic material, I employed a simple process to control the motion between tetrachord combinations, both at a structural and local level. The general principle, described in more detail below, is that the more PCs there are shared between TCs, the smoother the motion will be. At the structural level, scenes that connect via attacca (Prologue/Scene 1 and Scene 3/Scene 4), do so with smooth harmonic motion because the Ending TC of one scene and the Starting TC of the next share at least one tetrachord, thus guaranteeing that the two TCs will share at least half of their pitch content. On the other hand, for a greater delineation between Question Time 1 and Scene 2, both of the tetrachords are changed, resulting in only 3 shared pitch classes.
Table 3.2 Overall Harmonic Motion of Tetrachord Combinations

<table>
<thead>
<tr>
<th>Scene</th>
<th>Starting TC</th>
<th>Ending TC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prologue</td>
<td>C/A</td>
<td>B/G#</td>
</tr>
<tr>
<td>Scene 1</td>
<td>B/G#</td>
<td>E/E♭</td>
</tr>
<tr>
<td>Question Time 1</td>
<td>E♭/D</td>
<td>E/B♭</td>
</tr>
<tr>
<td>Scene 2</td>
<td>D/G</td>
<td>D/G</td>
</tr>
<tr>
<td>Question Time 2</td>
<td>C#/G#</td>
<td>A♭/E [ends with transition through altered (0179) G/E]</td>
</tr>
<tr>
<td>Scene 3</td>
<td>G/D</td>
<td>E/C</td>
</tr>
<tr>
<td>Scene 4: Finale</td>
<td>E♭/C</td>
<td>E♭/C</td>
</tr>
</tbody>
</table>

While this process was helpful in developing an overall harmonic plan for the complete opera, shown above in table 3.2, the details of the process and how it works on the local level is shown below with examples from the third and fourth scenes.

In Scene 3, the motion between TCs is marked by both the clarity of transitions and the fluidity of harmonic motion. Both of these characteristics are controlled by the type of PCs that change or remain the same at each harmonic change. The fluidity is achieved through a technique used commonly throughout the opera: creating relative smoothness by changing only one tetrachord at a time, or maintaining a common tetrachord on both sides of every harmonic change. The following figure shows the common tetrachord D is present in the first four TCs. Thereafter, it’s the other tetrachord of TC (B♭/D) that remains stable in shifting to TC (B♭/D♭). This control results in at least 4 common PCs between TCs. Meanwhile, the clarity of transition is achieved by transposing the changing tetrachord by semitone, allowing up to 4 PCs to change between TCs.

Table 3.3 Harmonic Motion in Scene 3

<table>
<thead>
<tr>
<th>m</th>
<th>7</th>
<th>13</th>
<th>32</th>
<th>44</th>
<th>60</th>
<th>83</th>
<th>85</th>
<th>91</th>
<th>95</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 PCs</td>
<td>8 PCs</td>
<td>5 PCs</td>
<td>8 PCs</td>
<td>7 PCs</td>
<td>5 PCs</td>
<td>8 PCs</td>
<td>7 PCs</td>
<td>8 PCs</td>
<td>7 PCs</td>
<td>8 PCs</td>
</tr>
</tbody>
</table>

While Scene 3 uses these techniques to create a consistent effect throughout, Question Time 2 applies these concepts as a way of separating dramatically separate
moments from one another. The opening 45 measures nestle a cutaway/flashback scene between sections of Narrator recitative. The Narrator’s TC (C#/G#) in measures 797-814, and TC (B/E♭) in measures 841-847) have all five of the first TCs PCs in common. The middle section’s TC (C/B♭) has only two PCs in common with the preceding section, and 3 new PCs that are not present in the following TC. While several elements (orchestration, motives, tempo) come together to reinforce this transition, the harmonic shift between TCs underlies this dramatic shift at a structural level.

Table 3.4 Harmonic Motion in Question Time 2 (mm 797-847)

<table>
<thead>
<tr>
<th>Narrator Recitative</th>
<th>C#/G#</th>
<th>C# D# F# G# A#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Scene (Flashback)</td>
<td>C/B♭</td>
<td>C D E♭ F G B♭</td>
</tr>
<tr>
<td>Narrator Recitative</td>
<td>B/E♭</td>
<td>C# D# E F F# G# A# B</td>
</tr>
</tbody>
</table>

3.2 Melodic Motion

As much as possible, I have tried to limit my vocal writing to a method which was inspired by, and adapted from Arvo Pärt’s *Tintinnabulation* technique, described below by Paul Hillier.

*The basis of tintinnabuli style is a two-part texture (working always note against note), consisting of a ‘melodic’ voice moving mostly by step from or towards a central pitch (often, but not always, the tonic) and a ‘tintinnabuli’ voice sounding the notes of the tonic triad. For brevity these will be referred to henceforth as the ‘M-voice’ and the ‘T-voice’.*

In place of tonality and the tonic triad, my adaption uses the tetrachord combination (TC) and subsets thereof respectively. My essential technique can be described as follows:

*A vocal line can move towards or away from a central pitch within a given tetrachord combination. It can do this by stepwise motion, either up or down, by any number of steps.*

Note that this technique does not limit the vocal writing to stepwise motion. By virtue of octave transposition and when the central pitch (PC) changes, there is ample room for leaps, as can be seen in figure 3.6. Within the TC (B♭/D♭), B♭ is the central pitch. After

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a brief upward motion towards the B-flat central pitch, the upward motion continues away from the central pitch to the D♭. Approaching the same B-flat by upward motion results in a leap of a perfect fifth at the beginning of measure 964. Of course, as with the harmonic materials, this is primarily a generative process that plays a key, but flexible part in the overall composition. The process is adhered to most closely in sections of recitative. Arias and areas of stronger characterization tend to be more flexible in vocal writing-style.

While the general vocal writing owes its generative process to the M-voice of Arvo Pärt’s tintinnabulation, a formulation of the T-voice can be found in the Scene 1 Trio, *Any Blood Sugar Less Than Four*. The main melody takes its PCs from TC(B/G). In my formulation of the tintinnabuli accompaniment style, the T-voice takes its PCs from a subset of TC(B/G), including PCs (EGABD), consistently one step below the melody.

Example 3.4 Scene 1 Trio: M- and T-voices

Though it has been clear since the beginning that this opera is about diabetes, it was necessary to explore the technique of implementing audience interaction, as well as to examine the musical materials before engaging in discussion about the complex process of musicalizing diabetes. The following chapter brings the technique and materials previously discussed together with elements of my past musical research to illuminate how *Diagnosis: Diabetes* allows its audience to embody elements of the diabetic experience.
Chapter 4: Creating the Experience of Diabetes

The present chapter outlines the ways in which each scene relates to the diabetic experience of the Audience, focusing on the musical and structural devices it uses to achieve the effect. Some scenes are explicit in their depiction of diabetes-specific scenarios, including scenes 1, 2 and 3. Although the Prologue and Question Time scenes appear to be written for a general audience, the performer-audience interaction becomes a metaphor for how diabetics must connect with new information and their own condition.

4.1 Priming the Audience

4.1.1 Prologue

In order to assure the audience will participate later in the opera, it was essential to break the fourth wall during the prologue. At m.72, the Question Time (QT) theme is introduced for the first time, noticeably more upbeat and light-hearted than the opening music. At m.78, the texture lightens further and the Narrator switches to spoken text. The three statements between mm.78-88 are key to facilitating the transition between observer-audience and participant-audience. First the Narrator’s statement of “questions” is joined after-the-fact by the chorus. Second, the Narrator invites the Chorus to join with her for the statement of “options” with a vocal style that implies she is waiting for them to speak with her. Finally, the Narrator and the Chorus invite the audience to join for the statement of “answers,” using the same vocal style, a fermata with underlying vamp, and visual encouragement to ensure that the audience takes an active role in breaking the fourth wall. Immediately following, the audience is positively reinforced for their participation, then informed about the key role their participation will play in affecting Charlie’s life. Fittingly, the chorus statement of “Diagnosis: Diabetes” that comes at the end of this scene applies just as much to the Audience as it does to Charlie.

4.1.2 Scene 1

While there is no interactive element to Scene 1, it certainly benefits from the preparation of the prologue, and serves itself as preparation for later scenes. Knowing that they will be quizzed on the information presented, the audience aligns itself with the experience of Charlie’s parents - trying to absorb as much of the presented information as possible. When the information is presented too quickly and overlaps in the quintet, the
audience shares the protagonists’ experience of being overwhelmed - their first diabetic experience.

4.2 Performer-Audience Interaction in Question Time

While the game-show format used in the Question Time scenes benefits from its appearance as a gimmick, it is in itself, a diabetic experience. Five of the six questions were adapted from a B.C. Children’s Hospital’s publication intended to educate newly-diagnosed diabetics and their families. The following sections examine how the Question Time scenes use motive and ostinato to condition the Audience to respond to questions, and how the finale in Scene 4 makes new use of that conditioning leading to the opera’s climax.

4.2.1 Question Time 1

Question Time 1 (QT1) opens with a Narrator recitative that reminds the audience of the stakes and task at hand. Setting it as solo recitative with only the Narrator on stage distinguishes the setting from the scripted nature of the scenes, re-confirming the removal of the fourth wall and preparing the audience for interaction. At m. 486 and mm 489-490, the Question Gesture (QG) is first introduced: a 3-note motive that descends a perfect fifth, then rises a perfect fourth. It can be seen as incompletely outlining the supertonic-dominant-tonic of a specific tetrachord. This QG serves jointly to 1) announce the coming question, and 2) uses the material to harmonically shift from one tetrachord combination to the next.

At m. 491, the familiar Question Time ostinato returns, with the bass line at the same pitch as it was in the Prologue, hearkening to the audience’s first reinforced interactive experience. After the Narrator poses the question, the tenor, mezzo, and soprano sing the multiple options. At m. 500, they trio begins repeating the options, growing in dynamic and intensity until the audience responds. The openness of this notation encourages the performers to find an approach that best suits the audience, which both necessitates and develops a stronger performer-audience interaction.

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The amount of variable material for this question is minimal for this question, only mm. 504-505 where the Narrator sings option A for an incorrect response, or option B for the correct. In both cases, the Narrator’s reaction is friendly and reassuring. It is followed by a statement and clarification of the correct answer, a musical development of material from that answer, and a return to the QT ostinato.

The second question mm 517-549 follows the exact same formula, with only one measure of variable material (m 538). The third question (mm 550-584) follows the same format, replacing the QT ostinato with a rhythmic variation and introducing a contrapuntal line in the bass clarinet based on the question’s melody.

The scene ends with variable material (mm 585-592) which informs the audience of the outcome of their participation in the scene. The varied appearance of the QT ostinato material (mm 588-592), much slower and the shift from piano to woodwinds, marks a dramatic shift away from the initial intention of the material.
4.2.2 Question Time 2

Question Time 2 also begins with a Narrator recitative that reminds the audience of the stakes. After a brief cut-away scene, the audience is called to action by the Question Gesture (m 848).

Example 4.2 Question Time 2 (mm 847-850)

What follows has enough in common with the QT ostinato to establish its presence, with enough variation to indicate that a shift in mood has occurred since QT1, as indicated by the text, “This time, only two questions.” What remains of the QT Ostinato are 1) the repetitive nature of the accompaniment material and 2) the separation of tetrachords between voices (which had been separated by hands in the piano accompaniment for Questions one and two in QT1). The rhythmic variation of the ostinato can be seen as a continuation of the variation begun in Question three in QT1. A subtle, but important shift is that the Narrator’s text about the audience’s role comes both before and after the Question Gesture, serving to bring the Narrator’s developing character into what was previously an ask-answer binary relationship. Again, this can be seen as a continuation of the development set in motion with the third question in QT1. In m 860, rather than simply evaluating the correctness of the audience’s response, the Narrator’s text in both outcomes aims to connect with the audience on a more personal level. In the case of the wrong response, the Narrator’s obvious reference of the Any
Blood Sugar Less Than Four material can be seen as sharply sarcastic, as foreshadowing to the Narrator’s antagonistic role to come.

Again, rather than proceeding directly to the second question, a brief recitative section allows the Narrator to subtly reveal her role as antagonist by calling into question the value of the “quiz game” element. A third repetition in the Question Gesture (m 872) chromatically alters the existing tetrachord to create a semitone which, combined with the dynamic profile, highlights the subtext that the stakes have been raised for the next question. The continuation of the diminished octave/major seventh interval relation, as well as the use of Scene 2 materials for the QT ostinato (m 873) further reinforces the heightened level of tension crystallized by the nearly impossible task of answering this specific question.

Measure 92 marks another key moment in the evolving character/antagonism of the Narrator. The Narrator’s evaluation of the audience’s response is preempted by an instrumental response by the pianist: an irritating buzzer noise for a false response, or a triangle *ding* for the correct response. When the Narrator does respond, both evaluations have a considerably negative, if not aggressive, tone. Whereas previous question responses received further explanation and/or musical development of the material, here, the Narrator simply states the correct answer, with very simple accompaniment taken from the Scene 2 ostinato. Compared to the jovial, interactive experience laid out in the prologue, the audience is in a completely different world. The seed of dramatic conflict between the audience and the Narrator has been planted.

While the text that concludes Scene 2 is sufficient to put the audience in a pensive mood, several musical devices are used as a means of directing the audience’s emotional intensity towards a sombre, worrisome sentiment that mirrors Charlie’s emotional situation as the opera moves into scene 3. The short transition between the last question and the results of QT2 (mm 892-893) feature the solo string colour of *sul ponticello*. This sound, which is used nowhere else in the opera, is followed by a paraphrase of the “Last Post” played very quietly by straight-tone flute with viola harmonics (joined by bass clarinet with cello harmonics).

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9 During the 2011 workshop of Diabetes: Question Time, director Ker Wells criticized the work for inciting strong feelings from the audience without providing a dramatic outlet through which to channel it, comparing it to early 20th century Russian Agitprop (Agitation Propaganda). The present work provides such an outlet through the development of the Audience’s character through building the antagonistic Narrator-Audience relationship, which is transferred onto the Narrator-Charlie relationship in the finale.
4.2.3 Scene 4: Finale

The opera’s final scene presents the marriage of two simultaneous struggles: Charlie’s internal struggle to accept his diagnosis and take responsibility for his health, and the Narrator’s efforts to incite someone to action (either Charlie or the Audience). The dramatic arc of Charlie’s struggle is apparent though the text alone, but the music plays a crucial role in depicting the Narrator’s developments towards the climax. Measures 1047-49 provide an excellent example of how. After Charlie questions the value of his own self-care, the narrator responds, “Sounds like you have a choice to make...” Based on the libretto, the text-setting in the opera, and even the implied stage direction, there is no doubt that this statement is directed at Charlie; however, the inclusion of the Question Gesture (m 1048) adds a layer of meaning that would not be possible in another dramatic medium. Without even implying that the question is being directed at the audience, the reference to previous Question Time scenes reminds the audience of how it felt to be asked high-stakes questions and perhaps incites in the audience an anticipation of being asked themselves.

At measure 1052, the Question Gesture is presented alongside the Narrator’s new gesture, “So, what’s it gonna be?” which comes to dominate the next fifty measures towards the climax. In effect, this musical equation of gestures associates the Narrator’s question with the audience’s previous experiences from the Question Time sections, creating a shared experience between the audience and Charlie (much like the shared hypoglycemia experience in Scene 2). After a series of chorus interruptions (many of which are questions) to Charlie’s internalized struggle, the Narrator’s question is stated again in tandem with the QG at measure 1071. Convinced that Charlie won’t answer her question (Charlie ignores the Chorus’ questions from measure 43 onwards), the Narrator turns her attention to the audience at measure 1071. This turn of events is not unexpected; it is a dramatically effective maneuver, reinforced by the chorus whispering “what’s it gonna be?” directed at the audience (mm 1071-73) while the Narrator threatens to force the decision away from Charlie. While Charlie continues his internal struggle, the Chorus oscillates between antagonistic interruptions and the Narrator’s question. In a way that is speaking simultaneously to Charlie and the Audience, the Narrator continues to taunt Charlie (mm 1076-77, 1088-89).

At measure 1096, the dynamic level is pulled dramatically back, marking the start of the final build to the climax. It is important to note that at this point, the antagonism
is divided: the Chorus is singing targeted statements to Charlie, ignoring the audience; the Narrator has given up on Charlie, singing directly to the audience. The piano uses the Question Gesture (m 1099) as its ad lib. growth to the climax, as the Narrator tells the audience that one final question will decide Charlie’s fate. At the height of all these tensions, before the Narrator can specify the final Question Time question, Charlie finally responds “no” to the Narrator and to the suggestion that the audience will make such an important decision for him. The intention in leaving the scoops and pitch contour up to the performer on Charlie’s whole-tone rise up to the B-natural, is that it will lead to a more authentic expression of the performer’s passionate opposition. What follows (mm 1105-1116) is a quick denouement of the Audience’s role in the drama, releasing it from the tension built up in the previous section. In a sense, this same section is, or extends, Charlie’s climax by expanding on the opposition to taking full ownership of his own free will.

Measure 1115 to the end encapsulates Charlie’s denouement, which not only brings Charlie’s dramatic arc to an end, but gently guides the audience back from their role as the high-stakes decision-making Audience to its safe space as spectators in a performance venue. Beginning in measure 1136, the instrumental ensemble and chorus begin presenting snippets of themes and gestures from throughout the opera, in reverse chronological order. In addition to the end result of providing a bookended conclusion to the opera, this technique affirms the audience’s status as observers of the dramatic action. As much as the ability to re-experience past events in close proximity would be helpful, it remains the exclusive privilege of people watching a dramatic form from the outside. The change of materials happens quickly, as Charlie explores a drawn-out acceptance of his control over diabetes, giving it a sense that he is experiencing them as memories. Gone is the context in which the Narrator was inciting responses from an interactive audience, and so too is the sense of involvement they previously felt. By measure 1270, the reversed chronology comes to a rest. The final material of the opera is a transposition of the Prologue (m 35), before any mention of audience interaction, at what should have been, and now is a simple exchange between a mother and her son.

4.3 Musically Experiencing Hypoglycemia

Sufficiently primed and engaged into the experience of diabetes by the previous scenes, the audience is ready for the uniquely diabetic experience of hypoglycemia in Scene
2. As Scene 1 itemizes the signs of low blood-sugar clearly, it would have been simple enough to outwardly show those signs in the following scene, and allow the audience to apply their knowledge practically. Doing so would rely heavily on staging instructions and non-musical means; it would also sidestep the task of exploring an invisible illness through opera. Looking at commonalities amongst diabetic experiences\textsuperscript{10} of real-life hypoglycemia, two things stood out as musically representable: an altered sense of time, and a diminished ability to concentrate and understand. Both of these effects are used extensively in Scene 2 in order to give both Charlie and the Audience an authentic (partial) experience of low blood-sugar. Because this experience is shared, this section focuses on the specific experience of Charlie, but the effect of the techniques remains the same for the Audience as well.

4.3.1 Levels of Severity

Regardless of the Audience’s success in Question Time 1, the opening section of Scene 2 (mm 593-698) proceeds without distinguishing between the good fate (B), or the bad fate (A). After establishing a sense of normalcy with a steady, mechanical ostinato, the tempo and text intelligibility are manipulated in order to mimic the experience of low blood sugar.\textsuperscript{11} After Charlie manages to test his blood sugar during the meeting, the test result (m 699) is the event that launches the scene into one of two possible versions. In both cases, Charlie’s hypoglycemia was established earlier in the scene; the difference between the fates is whether or not his blood sugars improved after consuming glucose tablets (mm 633-637). In the bad fate (A), his blood sugars are lower than before, leading to more confusion, shame, and a troubling conclusion to the meeting. In the good fate (B), his sugars are rising to a normal level, he regains control of the meeting, and impresses the boss. While these two outcomes are drastically different, both versions use the exact same text and pitch content.

In conceiving of a dramatic form wherein the choice of two different versions of a scene would come during the performance, practicality and ease of learning were high priorities. I was able to achieve two very different outcomes almost exclusively by manipulating the intelligibility of the text, discussed further in section 4.3.3.

\textsuperscript{10} From blogs and on-line forums within the Diabetes Online Community, as well as my own personal experiences.

\textsuperscript{11} Charlie’s statement, “Damnit, ...can barely concentrate... sugars must be low,” in response to the molto ritardando draws a concrete comparison between tempo/text intelligibility and low blood-sugar.
4.3.2 Playing with Time and Tempo

Before discussing the effect-specific adjustments of tempo, it is important to note that there is some flexibility in the normal tempo of Scene 2: Charlie and Brenda speak slightly slower (ca. 80-90 BPM), Boss and Andy speak slightly faster (ca. 90-100 BPM). The relative tempo range of 80-100 BPM is considered the normal, non-hypoglycemic tempo of the scene.

The opening fifteen measures of Scene 2 establish a predictable, mechanical ostinato representing the non-stop nature of the business environment in which Charlie works. The first disruption to the motion comes at the end of measure 607, an awkward pause that hints at the disruptions to come. The immediate return to the motion is quickly interrupted by a molto ritardando, reducing the tempo to 60 BPM, a noticeable reduction that affects pronunciation and articulation as opposed to strictly the tempo. The slower section lasts seven measures, during which time the Boss's text becomes unintelligible and fades to the dynamic level of the accompanying figure. This clears the texture for Charlie to sing a brief soliloquy, the function of which is two-fold: firstly, Charlie acknowledges that the change in tempo has made it hard for him to concentrate which aligns his experience with the Audience’s difficulty in understanding the text; secondly, he identifies the experience as low-blood sugar, offering the Audience an explanation for what they are both experiencing. In returning to the normal tempo (mm 633-634), the accelerando is highlighted by a rhythmic woodwind gesture. Because the scene moves quickly between faster and slower tempos, this rhythmic gesture is consistently paired with accelerandos (a contrasting rhythmic gesture is paired with ritardandos) in order to highlight the dramatic nature of these tempo changes. Measures 636-638 provide a clear example of how the scene moves from normal tempo to hypoglycemic tempo and back.
Example 4.3 Scene 2 (mm 636-639)

The state of flux between normal and hypoglycemic tempo remains constant until measure 663, with one interesting exception. In measures 636-637, the ensemble is playing in hypoglycemic tempo and Charlie has just emphasized his desire to hide his hypoglycemia. To highlight this incongruence, he delivers his next statement at the normal tempo (m 638), but the ensemble remains at the hypoglycemic tempo. Though the expectation would be for the ensemble to return to normal tempo, it then slows even more to accentuate the severity of his low blood-sugar. From here, the tempo oscillations continue until the final accelerating gesture at measure 663.

After such an extended period of nearly constant tempo changes, a necessary shift comes with an accelerando beyond normal speed (piano in mm 663-4). This represents the loss of control that Charlie feels, not being able to concentrate on the meeting that continues to go on around him. In measures 680-689, the previously consistent correlation of tempo and intelligibility dissolves, marking a clear shift in the drama. The opening section of this scene, in which the audience is guided through the shifts from normal to hypoglycemic tempo, is over; the result is a feeling of losing something that should be stable, which is shared by both Charlie and the Audience.
For the remainder of the scene, variations in tempo are largely expressive in effect, leaving the control of Charlie (and the Audience’s) low blood-sugar experience to the intelligibility of text, discussed in the next section. One exception is in the distinction between A- and B-fates in measures 743-749. In the more serious fate on line A, Charlie sings markedly slow (50 BPM) and has the instructions “struggling” indicated. For the good fate on line B, he sings at his normal speed (80 BPM) without problem. Here, it was important to maintain text intelligibility while still showing that Charlie is experiencing difficulties due to his low blood-sugar.

4.3.3 Playing with Text Intelligibility

The idea for this scene, and perhaps the whole opera as an interactive experience, came to me as a result of my own experiences with low blood sugar: an awareness and aural registration that someone is talking to you, without the ability to completely comprehend or remember what is being said. Because no one, not even music, can control the ability to comprehend or remember, rendering the text unintelligible by mumbling or garbling\(^\text{12}\) became a reasonable facsimile. Viewing this garbling technique as a type of articulation opened the possibilities of creating two drastically different versions of a scene, based on what text is or isn’t

\(^{12}\) While the technical approach to garbling is left to the discretion of the performers, the score instructs singers to mumble the text unintelligibly, suggesting that they sing the vowels and omit the consonants. It also clarifies that the effect should be exaggerated in slower sections, such that articulations are also slower.
understood.

4.3.3.1 Notation of Garbling

In notating the effect of text garbling, I considered using an alternate notehead or stem addition, but the desired effect was not intuitive, especially when two different versions were presented on staves in close vertical proximity. Because it predominantly affects the way in which the text is (not) pronounced, the effect is notated throughout the opera as an italicization and font change of the vocal text.

Example 4.5 Scene 1 (mm 115-116)

![Example notation of garbling](image)

4.3.3.2 Previous Uses of Text Garbling

While not related to hypoglycemia, Scene 1 portrays Charlie as a child by completely garbling all of his text. The libretto originally presented Charlie as a mute role, due to concerns over the dramatic limitations of a young character that were raised by Pamela Hawthorne. Musically, it was important to have Charlie involved in all scenes, so the garbling technique allowed for presenting Charlie as a musically active, though not dramatically important character. The fact that Charlie’s text is not intelligible actually is dramatically relevant; a newly-diagnosed child has very little control over his or her own diabetes, as those responsibilities are managed by their parents. Though it might not matter to the child, it is important to highlight this in the context of Charlie’s loss of control throughout the opera.

As superficial as Charlie’s lines might be, this was an opportunity to implement a technique with which I experimented in a previous piece, in which the audience is taught, or conditioned to understand unintelligible text. When young Charlie sings his first line (m 135), it is completely unintelligible, but Dad immediately explains that “Charlie’s been

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telling everyone he’s the world’s best pee-er.” By accentuating the fact that he’s matching the rhythm, contour, and pitch class of Charlie’s statement, he has granted syntactical meaning to this motive. Charlie’s repetition of the motive one beat after Dad (m 138) reinforces the connection; a further repetition by Charlie (m 140) with Dad’s response reinforcing the humour of his son’s statement further solidifies the connection.

Example 4.6 Scene 1 (mm 135-138)

4.3.3.3 Garbling in Scene 2

In Scene 2, the garbling first appears (m 611) shortly after the first ritardando in measure 610. The two techniques work together until measure 617, serving to take the Boss’s text out of focus, so Charlie can describe the audience-shared experience and identify it as low blood-sugar. While the tempo variations often occur over several measures, the garbling can be more tightly controlled, affecting only a few words a first. Until measure 664, the tempo shifts and garbling work very closely together: the text becomes garbled (unintelligible) shortly after the onset of the ritardando, and returns to normal pronunciation (and intelligibility) after the onset of the accelerando, often in line with reestablishing the normal tempo. The following example from measure 625 shows a good
example of Charlie losing the ability to focus at the end of Andy’s sentence.

Example 4.7 Scene 2 (mm 625-627)

After measure 664, the technique of text garbling takes on its new task of distinguishing between the good and bad fates (mm 710-749), essentially by garbling any positive-sounding text from the bad fate, and any negative-sounding text from the good. While the section at measure 743 uses less text garbling in favour of tempo variation, there is an element of altered intelligibility in the orchestration. In the good fate (B), Charlie is doubled by the cello at pitch with some octave displacement to decorate and support the vocalist’s resonance; in the bad fate (A), Charlie is doubled at the octave by the violin, liberally playing glissandi which pull down from vocal line, creating the sense of instability noted in the “struggling” indication.

By garbling the text, the previous section mentally engages Charlie and the Audience. The selective nature of the text garbling creates a constant feedback loop, confirming that the missing words support either the positive or negative version of the scene. Consider the following scenarios:

A. Experiencing low blood-sugar throughout the scene, and hearing what can only be construed as bad news throughout the meeting, Charlie’s statement at m 743 is his last-ditched effort to make sense of and contribute to the
meeting. The fact that some his own text is garbled (in 746-747) supports the implication that he is failing.

B. In the process of recovering from low blood-sugar, Charlie is understanding more of the dialogue in the meeting and gains the confidence to pitch an idea to his boss and colleagues.

Measures 750-769 begin a Trio which may be either garbled or not. The underlying text is enthusiastically positive, such that in the un-garbled version B, Charlie receives rave reviews of his pitch. In version A, the text is completely unintelligible and the performers are instructed to convey the opposite meaning of the text, essentially yelling what must be angry things at a character and Audience that cannot understand. After the Trio, the mechanical ostinato from the scene’s opening returns, a stark reminder that the world keeps moving regardless of Charlie’s blood-sugar level. The Boss’s final words, completely intelligible in both versions, are left entirely open to the Audience’s interpretation.

4.4 Inside the Mind of a Diabetic

If Scene 2 aimed to give the audience a physical sensation of a common diabetes experience, then Scene 3 aims to give psychological insight into another. Many years ago, when I read diabetes blogger Kerri Morrone’s description of being diagnosed with her first diabetes complication while sitting at an eye exam, I felt like she was taking the words right out of my mouth. After connecting with her, I not only realized that the experience is quite common amongst diabetics, but also discovered the reason why that connection felt so strong. The experience of sitting in a chair with a bright light shining in one’s eyes is almost universal for anyone who has had their eyes checked, but the series of thoughts, concerns, worries, and fears going through a diabetic’s head during that exam is not something commonly shared, and certainly not with the doctor sitting two feet away. The fact that the doctor can peer through the windows of Charlie’s soul and not know how he is feeling, creates a sense of disconnection. That stark separation of the two characters was a unique challenge in musically setting this scene, and was one of the inspirations for my desire to depict diabetes as an invisible illness.

Opera has a strong tradition of exploring a character’s inner thoughts through aria, often with a recitative presenting the bulk of the context and plot-driving text, so that the
aria can focus on more discrete, expandable sentiments. Scene 3 maintains the function and separation of the two styles, but separates them even further, between the two characters: the aria is sung by the Ophthalmologist, while Charlie sings an overlapping stream of recitative throughout.

4.4.1 The Aria, Look Straight Ahead

Even though Charlie is undoubtedly the main focus of this scene, the glory of the aria goes to the soprano. In showing the contrast between the ophthalmologist’s interaction and the inner thoughts of the diabetic, the role of the aria became very simple: to present the doctor’s instructions as beautifully as possible while leaving room for Charlie’s internal monologue. Two factors that contribute to this type of simplicity are the long sustained notes and the use of just one Tetrachord Combination during the instruction portions of the scene.

While not rigidly tied to the form, the aria in this scene bears several resemblances to a Da Capo Aria. The ternary form can be divided into section A (mm 927-955), Section B (mm 956-969), and a reprise of A with variation (mm 970-992). Stylistically, the choice to reference a Da Capo Aria was based on the desire for performer-driven improvisation on the repeated section-A material. The aria can also be seen as an asymmetrical binary form, alternating between aria and recitative in sections A (m 927) B (m 956) A¹ (m 970) B¹ (m 993), repositioning the B¹ section as a transition to Scene 4.

Formal concerns aside, the stylistic reference to a Da Capo Aria is important because it gives the performer a sense of ownership over an otherwise simplistic aria. The degree of ad libitum improvisation also plays a role in the soprano’s characterization of the Ophthalmologist.

4.4.2 Stream of Consciousness: Charlie’s Role in the Scene

One of the elements of the libretto I wanted to musically maintain, was how the separation of the two characters puts the Audience in the same chair as Charlie. Dramatically, this is achieved by ensuring the Audience had a stronger connection to Charlie than they do to the ophthalmologist, who is predominantly an observer of Charlie’s actions in the scene. The fact that the audience is privy to both the actions of the scene and Charlie’s

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15 The approximate pacing of the ophthalmologist’s instructions in the aria portions was developed from a recording of one my actual eye exams.
inner monologue, would then be the exclusive perspective of a patient in the eye doctor’s chair. While I was sure that staging and lighting could help, I focused on drawing melodic connections between the two voices to highlight the contextual relationship of doctor and patient.

From the Chorus Tenor’s role at the end of Question Time 2 through the opening of Scene 4, Charlie presents a nearly uninterrupted syllabic presentation of recitative, the majority of which is sung to himself or the Audience as a monologue. Even though the ophthalmologist enters in measure 1030 and gives him several instructions, Charlie’s text does not actually address her until measure 1066 where he responds to a direct question. While it might seem that the characters are completely separate before then, there are actually several cues that make it clear that Charlie is actively involved with her, the only other character in the scene.

4.4.3 The Doctor-Patient Relationship

In measure 934, Charlie responds to the brightness of the doctor’s tools. The musical connection here is that Charlie’s m-voice approaches by rising stepwise motion the central pitch of E, the apogee of the Ophthalmologist’s previous phrase. The doctor expresses concern (m 941) with a single note containing two features that are mirrored in Charlie’s response. The doctor’s short, non-sung note is in contrast to the long tones of her previous singing style; this dramatic shift is marked by a *piu mosso* in measure 943 and Charlie’s shift in focus towards his own self-worry. The doctor’s note ends with a fall off the pitch, which launches Charlie into chromatic alterations to the present tetrachord combination. The m-voice writing in Charlie’s phrases at measure 948 and 951 respectively use rising and falling stepwise motion towards a central pitch of E, established both by the ophthalmologist’s previous phrases and the TC accompaniment in the piano.
Example 4.8 Scene 3 (mm 946-952)

In measures 956-963, it is the rhythm that clarifies that the doctor and Charlie are finally speaking directly to one another. The doctor's shift from sustained pitches back to recitative style indicates that they are now both on the same level of consciousness, and the sharing of an eighth-note triplet (mm 959-960) shows the type of speech matching that is common in conversation.

4.4.4 Towards the Climax

The relative stasis of Charlie’s thoughts after the Ophthalmologist raises concerns about his right eye (mm 968-84) represents Charlie’s attempt to keep his thoughts and emotions under control, commenting only on the physicality of how bright the light is. Charlie’s return to monologue for the second eye is dramatically more interesting than the first, as highlighted by PC content in measures 987-8. After the soprano establishes a central
pitch of G in m 987, Charlie’s m-voice moves upwards, one can assume towards that G, but stops shy on the F-sharp. A brief step down returns to the upwards stepwise motion, past the F-sharp to the G-sharp in measure 988.

While there were some slight differences in the Ophthalmologist’s recitative (mm 956-58), the dramatic difference between the A- and B-fates of the scene begin at measure 993. Again, the syllabic declamation marks the return to direct dialogue. This time, the depiction of concern is found in the ophthalmologist’s A-version, beginning its upward stepwise motion, to the central pitch D, with an added chromatic step. The obvious relation of text between doctor and patient (repetition of the last few words) is reinforced by PC matching in the B-fate, and shared upward motion to the same central pitch in the A-fate. Though Charlie reaches the climax at measure 1000 in both fates, the journey is different and technique are different. In the more positive B-fate, the doctor dismisses the minimal diagnosis and has nothing more to say, but Charlie obsesses over his fears and the repeated piano gesture (m 998) serves as his cue for escalation. In this version, while a case can be made to musically justify either possibility, I purposely left it up for the interpretation of the performers whether the text is understood by the doctor, or it is sung as an aside. In the A-fate, the doctor’s explanation of the diagnosis fades into unintelligibility via garbling while Charlie elongates the word edema. Hardly a melisma, it is a noticeable enough departure from the speech-like syllabic setting throughout the scene, to set Charlie apart from the doctor.

The final section (mm 1002-1018) presents a hybrid of the recitative and aria styles. Measures 1002-1004 bears a resemblance to the aria inasmuch as the doctor has gone back to doing just her job, as she did when looking into Charlie’s eyes. This can be seen in the longer note values, PC content, and accompaniment style. While the mostly shorter note values in the ophthalmologist’s text support it, the larger distinction is that this section has actual content to the text, whereas the aria contained only simple instructions.

To transform diabetes into a musical experience was no simple task. It required a background in exploring how both text and disease are elements that sit near a flexible edge of comprehension. It required a libretto that expressed concerns, both diabetic and universal. It needed to be written with materials developed from simple processes, allowing the composer to focus on techniques involving text comprehension and audience interaction.
And it certainly called for an audience willing to interact with a live performance.

While the ultimate success of the composition will be decided by the audience for which it is performed, this paper provides document of how this work has contributed to the art form. *Diagnosis: Diabetes* has provided a context through which audience interaction and the manipulation of text intelligibility transcend their extramusical origins to become key musical techniques within the genre of chamber opera.
Chapter 5: Closing Remarks

Having finished writing *Diagnosis: Diabetes* and this document, I have the benefit of hindsight in evaluating the experience. It can not truthfully be said that any individual element of the work is truly innovative; in fact, several of this document’s main topics are even reflected in the popular culture that has surrounded me. The idea of letting the audience influence the outcome of a story was a key feature in *Choose Your Own Adventure* series novels that I read as a youth, and the use of text unintelligibility to depict aspects of illness is commonplace in television medical dramas such as *House M.D.*

Since these examples are outside of art music, and music in general, I am forced to reexamine my own sense of extramusical. If the term means simply outside of the field (or province) of music\textsuperscript{16}, what does it say when a scene with variably intelligible text relies so heavily on musical technique for the success of its presentation? I feel that, through these and other examples discussed in this paper, I have shown that *Diagnosis: Diabetes* uses music as an essential element in exploring an extramusical topic beyond how it has been previously depicted. While writing an opera about previously unaddressed subject matter is certainly noteworthy, my work serves as a prototype for how the extramusical can be more invasively explored through music.

And that exploration is ready to begin thanks to Vancouver’s Erato Ensemble, who have agreed to perform the world premiere in concert (with limited staging) in October, 2015, at the Orpheum Annex. They are also currently exploring ways in which diabetes organizations can be involved, such as the Canadian Diabetes Association, who had expressed interest at a previous point in time.

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\textsuperscript{16} Oxford English and Merriam-Webster definitions.
BIBLIOGRAPHY

Medical and Libretto Source Material


Music Literature


APPENDIX A: LIBRETTO

Diagnosis Diabetes
Libretto by Michael Park

Many thanks to the Diabetes Online Community for sharing their experiences. Through reading many blogs and forums, I’ve been able to access an ‘average’ Person with Diabetes (PWD) experience which I’ve attempted to explore through my own voice and experiences.

In particular, the writings of Kerri Morrone at sixuntilme.com resonated strongly with me. The way she described her diagnosis with retinopathy, it felt like we were sitting in the same ophthalmologist’s office.

In this opera, the Narrator is not a single entity; rather, whichever characters are available onstage share the role of communicating directly with the audience.
Libretto

Prologue

NARR
This is the story of Charlie, a boy like any other
Today, mom and dad are taking him to the circus...
Imagine how excited he must be for all that cotton candy!

Offstage Scene

MOM
[humming tune]
Good morning, sunshine.
    How’s my special boy?

Time to get up, Charlie.
    Don’t you remember what today is?

Charlie..?
    Charlie..?!
        Call an Ambulance! Something’s wrong!

(Return to) Prologue

NARR
Spoiler alert: he’s diabetic!
Come on, you can’t be surprised.
It’s in the title!

Don’t worry, we’re not here to ruin the story for you,
We’re here to help you ruin the story for yourselves!
While you watch this opera, Charlie’s fate is in your hands.
After each scene, we’ll ask you ... *Questions*!
We’ll give you multiple... *Options*.
And you’ll shout out the... “*(Answers)*” [prompt audience for their response]

Exactly!
Your answers decide what happens in the next scene.
Your success decides how diabetes will affect Charlie’s life.

Let’s start them off in mom and dad’s shoes.
Your son has just been diagnosed with diabetes...

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**Scene 1 – Doctor’s Office at Diagnosis**

* Nurse and Endocrinologist explain the basics of diabetes to Mom and Dad.  
* Charlie is present as a mute role.

**ENDO**
Insulin helps the body use food for energy. Before Charlie started taking insulin, his body was not able to use food for energy.

**NURSE**
That’s why Charlie’s been losing weight, Charlie, and feeling so weak.

**DAD**
Hear that, Charlie?

**CHAR**
(Oh! That’s why.)

**MOM** (copying words in book)
(Insulin helps...the body... use food... for energy...)

**DAD**
Just to be perfectly clear, what exactly is type-one diabetes?

ENDO
Well, much of the food you eat becomes a type of sugar called glucose. Charlie's pancreas cannot make insulin so the glucose stays in his blood.

MOM
So, are blood sugar and glucose the same thing?

ENDO
Yes, exactly! Without insulin, his body cannot use the glucose for energy, so Charlie requires insulin by injection.

NURSE
Signs of high blood-sugar are being thirsty, tired, blurry eyes, and needing to pee lots.

CHAR
(I thought I was just the world’s best pee-er.)

DAD
Charlie’s been telling everyone that he’s the world’s best pee-er....

ENDO
Ha, ha!
It’s a good thing you brought him in when you did.

CHAR
(the world’s best pee-er, haha!)

MOM
Does that mean he could go blind?
ENDO
Vision problems are one of the complications related to diabetes.

NURSE
which is why it's so important to manage it properly.

ENDO
Now would be a good time to teach you about injections.

ARIA
MOM
Oh, my baby boy.
Why did this happen?
Is this because I craved chocolate and shortbread while I was pregnant?
At least now we know what's been making him sick.

Oh, my baby boy.
Why couldn't I protect you?
(I was) sleeping like a baby, while my baby... my baby...
Oh, my baby boy.

Oh, my baby boy.
How will I protect you?
No more candy, no more cake, no more... no more sugar!
At least now we know what's been...

At least now... at least...
My baby boy...

SCENE
NURSE
See, injections are really quite simple, and not a single tear,
You're such a brave boy, Charlie!
You can give insulin in the arms, legs, tummy, or bum.

CHAR
Bum, tee hee!

DAD
Charlie, shh!

MOM
(Arms, legs, tummy, bum)

DAD
Are any of those spots better than the others?

NURSE
We recommend using the tummy most often, but make sure to give your insulin in a new spot every time.

MOM
(rotate injection sites)

NURSE
If you use the same area too often, a hard lump will form under the skin.

MOM
(a hard lump)

ENDO
This can affect your blood sugar.

ARIO
DAD
Should I really be breathing a sigh of relief?
Can I calm my nerves?
There are far worse fates.

I’m happy that it’s something we can deal with.
Or think we can deal with anyway...
There are far worse fates.

Should I really be putting an end to my grief?
Is the worst behind us,
Or are there darker days to come?

I’m happy that it’s something we can deal with.
Or think we can deal with anyway...
There are far worse fates.

There are far worse fates.

(SCENE)

MOM
As soon as we get home, Charlie, we’re throwing out all the cookies, all the sweets... no more sugar at our house!

CHAR
What?! But Mom!

NURSE
No need to go overboard, mom.
Don’t worry, Charlie.

ENDO
There’s sugar, or carbohydrate, in almost everything.
And we need it to survive.
NURSE
Carbohydrate and insulin work together to help keep blood sugar in balance.

MOM
(carbohydrate.. insulin)

DAD
And how do they do that?

ENDO
Carbohydrate raises blood sugar.
Insulin lowers blood sugar.

DAD
So, diabetes is basically one big balancing act...

NURSE
Precisely! Every time Charlie eats carbohydrate, he’ll have to take insulin.

ENDO
We’ll teach you how to balance it properly because too much insulin can cause low blood sugar.

Duet → Quartet

NURSE
Any blood sugar less than four is too low.

MOM
 less than four is too low

NURSE
It must be treated right away.
MOM
right away

NURSE
Signs of low blood sugar are being sweaty, pale, shaky, hungry, mood changes, acting strange, dizzy, weak, trouble focusing or thinking, feeling or acting confused, feeling sleepy or tired.
CHAR
Mom... Do we have cookies?

MOM
Signs... low blood sugar... sweaty, shaky, hungry? he's always hungry!
confused... I think I'm confused!

ENDO
Take fifteen grams of fast acting sugar, wait fifteen minutes and recheck blood sugar.

DAD
Sure, fast acting sugar...
and check blood sugar...

ENDO
When the blood sugar is above four, eat fifteen grams of slower acting carbohydrate and some protein or fat.

DAD
Any blood sugar less than four fast acting sugar, right.
NURSE & MOM
Any blood sugar less than four is too low.
It must be treated right away.

NURSE
Fast acting sugars are found in: glucose tablets, regular pop, fruit juices, fruit drinks, candies, jam, honey, syrup and flavour shots used in sweet coffees.

MOM
Fast acting sugars found in: glucose and regular .. fruit?
juice, candy, honey, jam...
what? coffee?

CHAR
Mom, I’m bored.

MOM
Shh, honey...

NURSE
Glucose tablets and fruit juice are used most often to treat low blood sugar.

MOM
What are glucose tablets anyway?

Question Time 1

NARR
That’s a lot to absorb in a short period of time!
Any mistakes Charlie’s parents make have a direct effect on their son.
But we’re not testing them today; we’re testing you.

Meanwhile, Charlie has grown up and is working his first real job.
He’s got an important meeting today, and you’re about to decide how it goes.
Any mistakes you make have a direct effect on Charlie.

Charlie always uses his arm for his insulin. What problem can this cause?

- Bruising
- **A hard lump**
- No problem

<table>
<thead>
<tr>
<th>Oh so close... Good try, but...</th>
<th>That’s right, exactly!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the same spot too often for insulin can cause a hard lump under the skin. The insulin will not be able to work as well if there are lumps.</td>
<td>Using the same spot too often for insulin can cause a hard lump under the skin. The insulin will not be able to work as well if there are lumps.</td>
</tr>
</tbody>
</table>

Before Charlie knew he had diabetes, he was very thirsty and peeing a lot. He also felt tired all the time. Everything got better when he started taking insulin. Why?

- **Insulin helps Charlie use food for energy.**
- Insulin stops Charlie from peeing.
- Insulin causes high blood-sugar.

<table>
<thead>
<tr>
<th>Good try, but...</th>
<th>That’s right!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin helps the body use food for energy.</td>
<td>Insulin helps the body use food for energy.</td>
</tr>
</tbody>
</table>

Which of Charlie’s blood sugar needs to be treated with fast acting sugar?

- 12.0
- **3.8**
- 9.9
- 4.1

<table>
<thead>
<tr>
<th>Might wanna listen a bit closer next time...</th>
<th>That’s right!</th>
</tr>
</thead>
<tbody>
<tr>
<td>When his blood sugar’s lower than 4.0, it needs to be treated with fast acting sugar. 3.8 is lower than 4.0. It’s too low.</td>
<td>When his blood sugar’s lower than 4.0, it needs to be treated with fast acting sugar. 3.8 is lower than 4.0. It’s too low.</td>
</tr>
</tbody>
</table>
Scene 2 – Hypoglycemia in a Meeting

[Text in italics is soliloquy. Highlighted text is slower, garbled unintelligibly.]

CHAR
As we all know, there were some significant setbacks in the year-end report.

BRENDA
That’s an understatement...

CHAR
Bottom line: stocks are down and cost projection is up.

BOSS
Yes, yes, we’ve all read the report.
And quite frankly, the first- and second-quarter reports aren’t much better.
I just got off the phone with Ethel in senior management. She wanted to talk about the overall direction of this company - this department specifically. Things are not good, and we need to find solutions.

CHAR

*Damnit, sugars must be low... can barely concentrate.*
*Last thing I want is for the big boss to know I’m diabetic.*

Did she mention anything about our supply chains?

*Probably has an ‘aunt’ who died of complications...*

ANDY
The other day, I spoke with Danny in Importing/Exporting about supply chains. He said it’s a complicated issue with lots of moving parts to balance.
CHAR (Fumbling for briefcase)  
I’ve long been suggesting supply-chain integration.  

    I know I have a few sips of that juice left in my briefcase..

It’s a great way to proactively monetize.

ANDY  
All of our competitors have recently embraced supply-chain integration...

CHAR (finishing juice)  

    Can’t let them think I’m weak.

And it would really set us up for an upswing in the third quarter.

ANDY  

    Well, that’s good to hear, but what does the market research say about our clientele?

CHAR  

    Can’t let them see my weakness

ANDY  

    Well..?

BRENDA  
We’ve done two recent surveys, one about customer needs and another about customer satisfaction.

ANDY  

    Okay then... in terms of customer needs, how does our product rank?

BRENDA  
According to the survey, our average customer is using it less often and less exclusively than they were two years ago.
CHAR
Less exclusively?

BRENDA
*However, those customers who use it exclusively are more loyal, and have often branched into our professional series.*

CHAR
Yes, our professional series.

BOSS
*In other words, our professional series is thriving while our classic series is struggling.*

CHAR
*losing concentration again... I should really check my sugars.*
*...discretely, behind my briefcase...*

BRENDA
*Have we considered a client-based paradigm? It’s much more cost-effective than the old client-centric approach.*

ANDY
Sounds good to me!

BRENDA
Charlie, what’s your departmental perspective?

CHAR (fumbling for blood-sugar meter)
*What the hell did she just say, something about client-focused? Concentrate, damnit!*
*Umm, ah... well,*
*Can’t let them think I’m weak.*
*Can’t let them see my weakness.*
BOSS
Damnit, Charlie, quit texting and chime in here!

CHAR (testing blood sugar behind briefcase)
Uh...

   Great, now he thinks I’m slacking off... still better than being some diabetic pity case...

umm, our biggest weakness is that we’re not backward compatible.

<table>
<thead>
<tr>
<th><strong>A: BAD FATE</strong></th>
<th><strong>B: GOOD FATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAR</td>
<td>CHAR</td>
</tr>
<tr>
<td>3.1, even lower than before...</td>
<td>4.0, thank god!</td>
</tr>
<tr>
<td>If we’re able to reconnect with what initially turned our clients on to our product, we’ll stay relevant and turn customer satisfaction into profit.</td>
<td>If we’re able to reconnect with what initially turned our clients on to our product, we’ll stay relevant and turn customer satisfaction into profit.</td>
</tr>
<tr>
<td><em>I really hope my sugars are on their way up... Keep eating these glucose tabs...</em></td>
<td><em>Great, I can feel my sugars are on their way up. Keep eating these glucose tabs...</em></td>
</tr>
<tr>
<td>BOSS</td>
<td>BOSS</td>
</tr>
<tr>
<td>But Brenda just told us how the classic series isn’t really serving customer needs. There’s a lot at stake here, and I’d be very grateful to anyone who could ramp up our classic market.</td>
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</tr>
<tr>
<td>BRENDA</td>
<td>BRENDA</td>
</tr>
<tr>
<td>It’s not that the product isn’t serving their needs. Think of it as our classic series being a great starter product for our future professional series clients.</td>
<td>It’s not that the product isn’t <strong>serving their needs.</strong> Think of it as our classic series being a great <strong>starter product for our future professional series clients.</strong></td>
</tr>
<tr>
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<td><strong>B: GOOD FATE</strong></td>
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<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>CHAR</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td><em>Get Brenda to keep talking, give me enough time to regain my senses.</em></td>
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</tr>
<tr>
<td><strong>BOSS</strong></td>
<td><strong>BOSS</strong></td>
</tr>
<tr>
<td>Are they upgrading because they’re happy, or in an attempt to improve?</td>
<td>Are they upgrading because they’re happy, or in an attempt to improve?</td>
</tr>
<tr>
<td><strong>CHAR (uncertain)</strong></td>
<td><strong>CHAR (confident)</strong></td>
</tr>
<tr>
<td>I’m under the impression that they’re happy... Brenda, do you have anything to back that up?</td>
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</tr>
<tr>
<td>Yes, I have those customer satisfaction survey results... ah, here, that didn’t appear in the quarterly reports. Those have risen steadily from 58%, to 70% to 83% last quarter.</td>
<td>Yes, I have those customer satisfaction survey results... ah, here, that didn’t appear in the quarterly reports. Those have risen steadily from 58%, to 70% to 83% last quarter.</td>
</tr>
<tr>
<td><strong>CHAR (struggling)</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td>So, if clients are being led to our professional series, then obviously the classic series is doing it’s job. We just need to remind the client that the classic series can also serve their other needs.</td>
<td>So, if clients are being led to our professional series, then obviously the classic series is doing it’s job. We just need to remind the client that the classic series can also serve their other needs.</td>
</tr>
<tr>
<td>A: BAD FATE</td>
<td>B: GOOD FATE</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>BRENDA</strong></td>
<td><strong>BRENDA</strong></td>
</tr>
<tr>
<td>I think you’re really onto something!</td>
<td>I think you’re really onto something!</td>
</tr>
<tr>
<td><strong>BOSS</strong></td>
<td><strong>BOSS</strong></td>
</tr>
<tr>
<td>That’s exactly the kind of proactive integration we need.</td>
<td>That’s exactly the kind of proactive integration we need.</td>
</tr>
<tr>
<td><strong>ANDY</strong></td>
<td><strong>ANDY</strong></td>
</tr>
<tr>
<td>It’ll look great on the quarterly report!</td>
<td>It’ll look great on the quarterly report!</td>
</tr>
<tr>
<td><strong>CHAR (ashamed)</strong></td>
<td><strong>CHAR (incredulous / disbelief)</strong></td>
</tr>
<tr>
<td>What a simple solution… I can’t believe it took me this long to notice!</td>
<td>What a simple solution… I can’t believe it took me this long to notice!</td>
</tr>
<tr>
<td><strong>BOSS</strong></td>
<td><strong>BOSS</strong></td>
</tr>
<tr>
<td>It’s all about synergy, synergy, synergy!</td>
<td>It’s all about synergy, synergy, synergy!</td>
</tr>
<tr>
<td>I’ll expect an updated report on my desk by the end of the day.</td>
<td>I’ll expect an updated report on my desk by the end of the day.</td>
</tr>
<tr>
<td>Exit all except Charlie</td>
<td>Exit all except Charlie</td>
</tr>
</tbody>
</table>

**CHAR**
I can’t believe that just happened.
I can’t believe I somehow made it through that.
Can’t believe they didn’t see what was happening to me
As we just saw, diabetes can have a huge impact on daily living, whether other people see it or not. Over the years, the daily ups and downs can take their toll on even the most tightly controlled diabetic. Charlie’s been fortunate, nearly 30 years with no sign of complications. Right now, he’s driving with one of his oldest friends when he notices... something...

(Scene)

CHAR (ten)
Hey, did you see that? It’s snowing...

FRIEND (bari)
You’re crazy Charlie, it’s the middle of June!

CHAR
No, seriously, little white spots right in front. You really can’t see them?

FRIEND
I think you’re seeing things, bud. Are you OK?

CHAR
They dance out of the way when I try to focus on them,

FRIEND
You’re freaking me out, man. Maybe you should pull over...

CHAR
sort of like a Pac-Man ghost you can’t quite catch...
FRIEND
This isn’t a game.
You’re freaking me out...
Pull Over!

(End Scene)

NARR
Charlie might not know what he’s seeing, but he’s about to find out.
He’s at the eye doctor’s, about to be diagnosed with his first complication from diabetes.
And guess who decides the severity...

Let’s see what you remember from Diabetes 101.
This time only two questions.

Does insulin make blood sugar go up or down?

- Up
- Down

| Maybe you should check your sugars... | Score one for the audience! |

Insulin makes blood sugar go down, but too far down makes low blood sugar, which you just experienced along with Charlie.

Now as much fun as this quiz show is, let’s not be naive; a diabetic won’t stay healthy unless they can deal with real-life scenarios.
How well were you able to concentrate while experiencing low blood sugar?

Which paradigm did Brenda suggest?

- client-centered
- client-centric
- **client-based**
- client-focused
Not so easy, is it...
Brenda suggested a client-based paradigm.

You answered (0 or 1) out of 2 questions correctly.

Not quite enough to save Charlie’s eyes, but it’s not all your fault.

Lucky guess!
Brenda suggested a client-based paradigm.

You answered both questions correctly.

But in reality, even if you do everything by the book, there’s no escaping fate.

NARR + CHORUS + CHAR
OPHT
After 20 years of diabetes, nearly all patients with type 1 diabetes have some damage to their retinas.
Scene 3 – Ophthalmologist office (female): Diagnosis of First Complication

Charlie in chair, ophthalmologist with back turned. Italics indicate soliloquy.

CHAR

Google said floaters aren’t a big deal and most people don’t even notice them,
but that’s all I can see...

like a giant billboard writing ‘bad diabetic’ in the sky.

I could have tested more often and corrected more vigorously
All those times I just didn’t care enough to double check.

OPHT

Ok, let’s see what’s going on in there.
This will be very bright. Look straight ahead.
Look up.... and down.

CHAR

Damnit, it’s like looking right into the sun.

OPHT

Now to the left, look up....

CHAR

Don’t they tell you not to look directly at the sun?

OPHT

and down.
Hmmm..

CHAR

This can’t be happening, I’m too young and healthy to be going blind.
OPHT
Now to the right, look up....

CHAR
That was always mom’s biggest worry.

OPHT
and down.

CHAR
She’d be heartbroken to see her worst fear come true.

<table>
<thead>
<tr>
<th>A: BAD FATE</th>
<th>B: GOOD FATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe Nonproliferative Retinopathy</strong> + <strong>Macular Edema</strong></td>
<td><strong>Mild Nonproliferative Retinopathy</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPHT</th>
<th>OPHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Okay, your right eye has a few new hemorrhages.</td>
<td>Your right eye has two very small hemorrhages.</td>
</tr>
<tr>
<td>How long since your last eye exam?</td>
<td>How long since your last eye exam?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAR</th>
<th>CHAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>I haven’t been since high school. Never had any reason to.</td>
<td>I haven’t been since high school. Never had any reason to.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPHT</th>
<th>CHAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>You really need to come in yearly for dilation so we can keep track of any changes in your eyes.</td>
<td>Oh, right, ya... okay.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oh, right, ya... okay.</td>
<td></td>
</tr>
<tr>
<td><strong>A: BAD FATE</strong></td>
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</tr>
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</tr>
<tr>
<td><strong>OPHT</strong></td>
<td><strong>OPHT</strong></td>
</tr>
<tr>
<td>Let’s see the other eye.</td>
<td>Let’s see the other eye.</td>
</tr>
<tr>
<td>Look straight ahead, look up....</td>
<td>Look straight ahead, look up....</td>
</tr>
<tr>
<td><strong>CHAR</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td><em>So bright</em></td>
<td><em>So bright</em></td>
</tr>
<tr>
<td><strong>OPHT</strong></td>
<td><strong>OPHT</strong></td>
</tr>
<tr>
<td>and down.</td>
<td>and down.</td>
</tr>
<tr>
<td><strong>OPHT</strong></td>
<td><strong>OPHT</strong></td>
</tr>
<tr>
<td>Now to the left, look up....</td>
<td>Now to the left, look up....</td>
</tr>
<tr>
<td><strong>CHAR</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td><em>Damnit, my eyes are really tearing up.</em></td>
<td><em>Damnit, my eyes are really tearing up.</em></td>
</tr>
<tr>
<td><strong>OPHT</strong></td>
<td><strong>OPHT</strong></td>
</tr>
<tr>
<td>and down.</td>
<td>and down.</td>
</tr>
<tr>
<td><strong>CHAR</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td><em>At least I have the bright lights as an excuse.</em></td>
<td><em>At least I have the bright lights as an excuse.</em></td>
</tr>
<tr>
<td><strong>OPHT</strong></td>
<td><strong>OPHT</strong></td>
</tr>
<tr>
<td>Now to the right, look up....</td>
<td>Now to the right, look up....</td>
</tr>
<tr>
<td><strong>CHAR</strong></td>
<td><strong>CHAR</strong></td>
</tr>
<tr>
<td><em>Can’t let her see that I’m actually crying.</em></td>
<td><em>Can’t let her see that I’m actually crying.</em></td>
</tr>
<tr>
<td><strong>A: BAD FATE</strong></td>
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</tr>
<tr>
<td><strong>OPHT</strong> and down.</td>
<td><strong>OPHT</strong> and down.</td>
</tr>
<tr>
<td><strong>OPHT</strong> Ok, you left eye also has quite a few new hemorrhages and some signs of macular edema.</td>
<td><strong>OPHT</strong> Same thing, two little hemorrhages in your left eye.</td>
</tr>
<tr>
<td><strong>CHAR</strong> Macular edema?</td>
<td><strong>CHAR</strong> Hemorrhages?</td>
</tr>
<tr>
<td><strong>OPHT</strong> Now, that occurs when the blood vessels in the retina <strong>begin to leak into the retina</strong>.</td>
<td><strong>OPHT</strong> They’re all so small though, nothing to worry about.</td>
</tr>
<tr>
<td><strong>CHAR</strong> <em>If my eyes fail me, what next? my kidneys, my heart?</em></td>
<td><strong>CHAR</strong> <em>Nothing to worry about...</em></td>
</tr>
<tr>
<td><strong>OPHT</strong> Thirty years is a long time with diabetes.</td>
<td><strong>OPHT</strong> Keep doing what you’re doing. You are testing often, eating very well, and exercising more than most patients I see.</td>
</tr>
<tr>
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<td>+ Macular Edema</td>
<td></td>
</tr>
</tbody>
</table>

**CHAR**  
*I'm sure I could have tighter control, but I always thought complications were way down the road.*

**OPHT**  
We’ll get you in quickly to see a laser surgeon so we can fix this before it actually affects your vision. If you can tighten your control and come in for regular checkups, there’s no reason you won’t be just fine.

**CHAR**  
*I’m sure I could have tighter control, but I always thought complications were way down the road.*

**OPHT**  
Honestly, I can’t believe you’ve had diabetes for this long; thirty years is a long time with this and you are doing just fine.
Scene 4 – Finale & Chorus
Charlie leaves chair to take centre stage for solo aria.

CHAR
Just fine... Just fine?!?
How can this be fine?
I’m not fine.
In what way am I fine?

Fine is a cloudy day, but at least it didn’t rain...
Fine is not crying when you scrape your knee.

Fine is having cataracts after a long full life,
Not going blind because you didn’t obsess enough.

[enter CHOR1]

‘Fine’ is how you respond to “how do you do?”
On the street, when you don’t want to talk.

CHAR and CHOR 1
“How do you do?”

CHAR
Fine and dandy, Dan.
Oh yes, dandy, just fine and dandy!

[enter CHOR2]

So what if I’m not fine,
You can’t tell anyway!

How can this be fine?
I’m not fine.
In what way am I fine?

CHOR
How d’ya do, Buckeroo?

CHAR
Still breathing... Shallowly...
My sugars are so high, it burns with each deep breath.

If I know what’s coming anyway, why not just enjoy the hell out of life instead of fighting off fate!

NARR
Sounds like you have a choice to make...

CHAR
But I’ve worked so hard to avoid complications
I’ve spent my whole life managing this and what difference does it make?

NARR
So, what’s it gonna be?

CHAR
How can this be fine?
I’m not fine.
In what way am I fine?

CHOR
How’s it goin’?

CHAR
... Never been better, thanks...
All those stories about someone’s grandpa going blind or losing a foot from diabetes...

CHOR
My grandpa went blind AND lost his big toe from diabetes!

CHAR
I always imagined old fogies who didn’t take care of themselves,
Who deserved what they had coming to them.

CHORUS
My friend’s mom lost a foot from complications!

CHAR
Maybe I do deserve this...

CHORUS
I had an uncle who went blind from diabetes...
Should you be eating that?
Diabetics can’t have chocolate!

CHAR
I never once had a normal halloween in school.

CHORUS
You can’t have candy, Charlie,
It’ll make you high, Charlie.
Really though, how are you?

NARR
So, what’s it gonna be? (to audience)
You’ve been enjoying this game so much, why don’t you make the choice for Charlie. He’s
obviously preoccupied...

CHAR
I'm tired of missing out on life for diabetes...

CHORUS 1
You don’t want high sugars, Charlie
It'll make you sick

CHAR
What do I have to show for these sacrifices?...

NARR
Hear that, Charlie? These fine folks are going to decide for you...

CHOR 2
You don’t want to go blind, Charlie, do you?

CHOR 1(as MOM)
Good morning sunshine!
How’s my special boy?

CHOR 2
How are you?

CHAR
How can this be fine?
I’m not fine.
In what way am I fine?

NARR
So what’s it gonna be?
Does Charlie man up, or succumb to apathy?

CHAR
How can this be fine?
I'm not fine.
I'm not fine.

NARR
So what’s it gonna be?
This time, only one question:
Right or wrong,
Life or death.
Charlie’s fate lies in your hands...
So, what’s it gonna be?

CHAR
No!
Enough!
You don’t get to decide... I do!
I do.
These are my eyes, as damaged as they may be,
I choose how to use them.
I do.

ARIA

CHAR
How can this be fine
Am I fine?

Sure, I’ve made mistakes,
But perfection doesn’t exist.
In what ways am I fine? In what ways I am fine.

Fine is taking control of my health,
Not feeling sorry for myself.

Having an eye complication doesn’t blind me.
It opens up my eyes.

So what if I’m not perfect,
You can’t tell anyway!

Fine is taking care of myself.
Knowing what I need, and doing it.

Fine is doing what I need to survive.
This can be fine.
This is fine.
I am fine.
I am fine.
I’m fine.
I’m fine.

fin
Diagnosis: Diabetes
An Interactive Chamber Opera in One Act

Music and Text
by
Michael Park

© Michael Park, 2015
Duration: approximately 60 minutes
Score in C

**Roles, by voice type:**
Soprano: Mom, Brenda, Ophthalmologist, Chorus
Mezzo-Soprano: Nurse, Boss, Chorus
Mezzo-Soprano: Narrator, Young Charlie
Tenor: Dad, Charlie, Chorus
Baritone: Endocrinologist, Andy, Friend, Chorus

**Instrumentation:**
Flute, doubling Alto Flute
Clarinet in B♭, doubling Bass Clarinet in B♭
Violin
Cello
Piano

**Program Note**
This is the story of Charlie, a boy like any other.
But this story is not an opera like any other.

As Charlie goes through life with diabetes,
You too will experience the onslaught of Information that comes with diagnosis,
The sensation of low blood-sugar,
Facing your own mortality...

But don’t worry.
This is a fun opera.
And you just might learn something too!
PERFORMANCE NOTES

Because of the interactive nature of Diagnosis: Diabetes, performers are highly encouraged to perform *ad libitum*, requiring the flexibility to adjust the written materials to best suit the needs of the scene and performance medium. For an audience that might be anywhere between a small group shouting out answers, to a large auditorium using technology to vote, the score uses boxes and arrows to build in flexibility.

All **boxes** indicate that the material therein will require some kind of *ad lib.* execution. **Solid boxes** indicate that tempo should be considered *ad lib.* such that the material should be considered separate from the prevailing/conductor’s tempo. **Broken boxes** indicate that, while the material should be performed in sync with the prevailing tempo, other aspects should be performed *ad lib.*, either as noted in the score, or as are required by the performance situation.
Quite often, the boxes are followed by **arrows**, which indicate how long the preceding material should be repeated, ending where the point of the arrow vertically aligns in the score. When there is a break in the notated music (ex. 2 before Rehearsal 2), the break or repeated figures can be as long or short as necessary, largely dependent on the performance situation.

Essential to the interactive nature of the opera is that performers **listen** and **respond**. While continuing *ad lib.*, performers must listen to the other instrumentalists and respond in a manner that creates a cohesive musical texture, and they must also listen to the audience and respond in a way that encourages audience interaction.

In Scenes 2 and 3, there are **two possible versions**. The beginning of this split is indicated by boxed letters A and B at the far left side of each part’s staff. The division continues for as long as there are two staves for that part. Additional clarification is included, and a boxed A+B indicates the return to a single or parallel version. It is expected that the conductor will provide a clear indication of which fate is being performed, based on the results of the previous Question Time scene.

In scene 2, the vocalists are required to **garble** the text, which means to render the text unintelligible to the audience. *Garbling* is notated on the text itself, using a different italicized font. This is not a cue to sing gibberish - it is important that the singer still think and express the meaning of the text they are singing, unless otherwise indicated. The power of this technique becomes clear in the Scene 2 *Trio* where the singers are instructed to sing the opposite emotion of what is written, without having to learn new notes or text.
While scene 3 is presented almost entirely as a soliloquy for Charlie, scene 2 also provides insight into the mind of a diabetic through **asides**. The beginnings and ends of asides are indicated by open and closed parentheses, respectively.
Diagnosis: Diabetes

Prologue

This is the story of Char -

music and libretto by
Michael Park

Soprano
Mezzo-soprano
Narrator
Tenor
Baritone

Piano
Flute
Clarinet in Bb
Violin
Violoncello

q = 100
mp
pizz.
To day, mom and dad are taking him to the circus.
Imagine how excited he must be for all that cotton candy!

Good morning sunshine. How's my special boy?
82
NARR

Spoil-a-let! He's diabetic! Come on, you can't be surprised. It's in the

Pno.

mf

mp

Bass Clarinet in Bb

Cl.

mf

NARR

Diagnosis: Diabetes. We're ti-tie!

Don't worry, we're not here to ruin the story for you...

T

Diagnosis: Diabetes.

Bar

Diagnosis: Diabetes.

NARR

Diagnosis: Diabetes.

T

Diagnosis: Diabetes.

Bar

Diagnosis: Diabetes.

Pno.

mf

B. Cl.

mf

Vln.

mf

Vc.

mf
While you watch this o-p'ra,

Charlie's here to help you ru-in the sto-ry for your-selves!
fate is in your hands.

scene, we'll ask you questions, and we’ll give you multiple options and then you shout out the...

Af-ter each
(Cued by audience response)

an - swers, yay!

(mention audience to yell out)

an - swers, yay!

(mention audience to yell out)

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!

an - swers, yay!
in the next scene. Your success decides how diabetes will affect Charlie's life.

Let's start them off in Mom and Dad's shoes. Your son has

in Mom and Dad's shoes.
just been diagnosed with diabetes.

Diagnosis: Diabetes.

Attachment
Scene 1 - The Endocrinologist's Office

(writing down what the doctor says)

In-su-lin helps the bod-y...

In-su-lin helps the bod-y use food for en-er-gy.

Use food for en-er-gy.

fore Char-lie start-ed tak-ing in su-lin. His bod- y was not able to use food for en-er-gy.
That's why you've been losing weight Charlie, and feeling so weak.

Oh! That's why. Hear that, Charlie? Just to be perfectly clear,

What exactly is type-one diabetes?

Well, much of the food you eat becomes a type of sugar.
Mom: 122

Endo: called glucose.

Mom: 112

Endo: Charlie's pancreas can not make insulin so the glucose stays in his blood.

Mom: 125

Endo: mf

Mom: So, are blood sugar and glucose the same thing?

Endo: mf

Mom: Yes, ex-act-ly. Without insulin, his bod-y can not use the glu-cose for en-er-gy,
Signs of high blood sugar are being so Charlie requires insulin by injection.

I thought I was just the world’s best pee-fr...
Nurse

Charlie

Dad

Endo

Pno.

Vln.

Vc.

Mom

Charles

Dad

Endo

Pno.

Vln.

Vc.

Nurse

Charlie

Dad

Endo

Pno.

Vln.

Vc.

Mom

Charlie

Dad

Endo

Pno.

Vln.

Vc.

ha! Ha ha! Ha ha!

(laugh ad lib)

(laugh ad lib)

It's a good thing you brought him in

(laugh ad lib)

Does that mean he could go bill-ind?

Oh, Charlie...

when you did.

Vis-ion prob lems are
(worried, Mom moves upstage to sing aria)

...which is why it's important to manage it properly...

one of the complications of diabetes.

Now would be a good time to

my baby boy.

Why did this happen? Is this because I craved

· teach them about injections.

Clarinet in B♭
choc'late and short bread while I was pregnant? At

least now we know what's been making him sick.

Oh, my baby.

Why couldn't I protect him? I was sleeping like a baby while my baby, my baby...
oh, my ba-by_ How will I pro-ect him? No more can- dy, no more cake, no more sweets.

no more sug ar_ no more sug ar_ Oh_ my ba-by boy. At
least now At least... my ba.by boy.

See, in.jec.tions are real.ly quite

sim-ple and not a sin-gle tear, you're such a brave boy, Char- lie! You can give-in-su-lin in the arms, legs, tum-my, or bum.
Mom

legs, tum-my, bum

Nurse

(laughter ad lib.)

We

Charlie

bummm! tee hee hee! teeheehee!

Dad

Char lie_ shhh. Are an-y of those spots bet-ter than oth ers?

Pno.

re-com-mend-ing the tum-my most of-ten, but makesure, to give your in su lin_ in a new spot eve-ry time.

Fl

Cl
Dad:

221

\[\text{Should I really be breathing a sigh of relief? I'm happy...}\]

222

\[\text{freely}\]

224

\[\text{that it's something we can deal with. Or think we can deal with any way...}\]

241

\[\text{There are far worse fates.}\]
* Allow ostinato to go out of phase with ensemble. When it reaches one 8th note ahead, establish previous tempo for a moment before molto accel.

Should I really be putting an end to my grief?

Is the worst behind us, Or are there darker days to come? I'm
Dad

hap.py that it's something we can deal with... Or think we can deal with any way...

Pno.

Mom

As soon as we get home, Charlie, we're throwing out all the

Dad

There are far worse fates... far

Pno.

Fl

Cl

Vln

Vc
cookies, all the sweets... No more sugar at our house!

No need to go overboard, mom. Don't worry.

What? But Mom!...

worse fates...
There's sugar, or carbohydrate, in almost everything. And we need it to survive.

In-sulin works together to help keep blood sugar in balance.

And how do they do that?

Carbohydrate raises blood sugar.
Nurse: In-sulin lowers blood sugar. Precisely!

Dad: So, di-a-be-tes is ba sic-ally one big bal-an-cing act...

Endo: Eve-ry time Char-lie eats car-bo-hy-drates, he'll have to take in-sulin.

Endo: We'll teach you how to bal-an-cing prop'er-ly.
Mom

Pno.

Cl.

Vln.

Vc.

Endo

Nurse

Carefully

Freely

Freely

11

12

Carefully

mp

An- y blood sug ar less than four

An- y blood sug ar less than four

be-cause too much in-su-lin can cause low blood sug-ar.

Any blood sugar less than four is too low. It must be treated right a-way.

Any blood sugar less than four is too low.
Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

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Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

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Nurse

Pno.

Mom

Nurse

Pno.

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Nurse

Pno.

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Nurse

Pno.

Mom

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Pno.

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Pno.

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Pno.

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Pno.

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Pno.

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Pno.

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Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.

Mom

Nurse

Pno.
Mom

when he's confused?

Charlie

Dad

low.

Sure...

Endo

low. Take fifteen grams of fast acting sugar, wait fifteen minutes and check blood sugar.

Pno.

Vln.

Vc.

check blood sugar.

An - y blood sugar

and check blood sugar...

An - y blood sugar less than four

When the blood sugar is above four, eat fifteen grams of slower acting carbohydrate.
Mom: glucose and regular fruit? juice candy,

Nurse: fruit juices, fruit drinks, candies, jam, honey,

Charlie: can-dies,

Dad: Any blood sugar less than four

Endo: Any blood sugar less than four

Pno: Fast acting sugars found in: glucose tablets, regular pop,

Vln: fast acting sugars

Vc.
Mom:

hon-ey, jam, What? cof-fee!

Nurse:

syr-up and fla-vour shots used in sweet cof-fees Glu-cose tab-lets

Endo:

is too low. It must be treat-ed right a-way.
Mom: Shh... honey... What are glucose tablets anyway? Any blood sugar

Nurse: and fruit juice are used most often to treat low blood sugar. Any blood sugar

Charlie: I'm bored.

Dad: An-y blood sug-ar less than four

Endo: An-y blood sug-ar less than four

Pno:

Vln:

Vc:
less than four is too low. It must be treated right away.

It's a good thing
I was sleeping.

Mom...

Mom...

Anymy blood sugar less than four is too low.

Anymy blood sugar less than four is too low.

you brought him in when you did. Anymy blood sugar less than four is too low.
Mom

Nurse

Charles

Dad

Endo

Pno.

Fl.

Cl.

Vln.

Vc.

like a baby, while my baby, my baby...

Signs of high blood sugar are being thirsty, tired, blurry...

It must be treated right away.

It must be treated right away.

It must be treated right away.

It must be treated right away.

Signs of high blood sugar are being thirsty, tired, blurry...

It must be treated right away.

It must be treated right away.
He thought he was just the world's best pee-er...

He thought...

eyes, and needing to pee lots.

An-y blood sug-ar less than four

I thought I was just the world's best pee-er...

Thought I was

It's a good thing you brought him in when you did.

It's a

It's a good thing you brought him in when you did.
Oh, my baby boy.

is too low. It must be treated right away. Any...

just the world's best peerer... I thought I was just the world's best peerer...

is too low. It must be treated right a... There are far

good thing you brought him in when you did.... It's a
Mom

Oh, my baby boy.

Nurse

blood sugar less than four is too low. It must be treated right away.

Charlie

I thought I was just the world's best peer...

Dad

worse fates. There are far worse.

Endo

good thing you brought him in when you did. It's a

Pno.


Fl


Cl


Vln


Vc


ff

ff
There are far worse fates.

It must be treated right away.

I thought I was just the world’s best peer...

There are far worse fates.

good thing you brought him in when you did.
That's a lot to absorb in a short period of time. Any mis-takes Charlie's parents make have a direct effect on their son. But we're not testing them today, we're testing you. Meanwhile, Charlie has grown up and is working his first real job.
He's got an im.por.tant meet.ing to day, and you're a bout to de.cide how it goes. An.y mis.takes

you make have a di-rec.t ef.fect on Char lie.

Char-lie al-ways use-s his

Energetic

Char-lie al-ways use-s his
a hard lump

arm for his insulín. What problem can this cause?

Bruising

* While waiting for (and encouraging) audience to respond, gradually increase energy using, but not limited to: crescendo, accelerando, decreasing pause between repetitions, portamento, accents, adjusting articulation, rhythm, or pitch to best suit performer.
same spot too often for insulin can give Charlie a hard lump under the skin; the insulin will not be able to
the insulin will not be able to work as well if there are lumps.
Before Charlie knew he had diabetes, he was very thirsty and pee-ing a lot. He
Also felt tired all the time.

M-S. NARR

EveryTHING got better when he started taking insulin.

Why?
In-su-lin helps Char-lie use food for en-er-gy.

In su-lin stops Char- lie from pee - ing.
In-su-lin caus-es high blood sug-ar.

In-su-lin helps Char-lie use food for en-er-gy.

In-su-lin stops Char-lie from pee-ing.
Good try, But... Insulin helps Charlie use food for energy.
That's right!
Which of Charlie's blood sugars are too low and
Twelve point zero

Three point eight

Nine point nine

need to be treated with fast-acting sugar?
ad lib 
wait for other voices 
(less and less with repetition)

Twelve point zero

ad lib 
wait for other voices 
(less and less with repetition)

Three point eight

ad lib 
wait for other voices 
(less and less with repetition)

Nine point nine

Four point one

ad lib 
wait for other voices 
(less and less with repetition)

Four point one

mp
[Flexible time to facilitate audience response]
M-S. NARR

Might wanna listen a bit closer next time...

When his blood sugar's lower than four point zero, it

That's right!

Clarinet in Bb

Three point eight needs to be treated with fast acting sugar.

Three point eight is lower than four point zero. It's too low.

It's too low.

It's too low.
You got one out of three questions right... Un
mf

You got 2 out of three questions right... Dis
mp

M-S.
NARR
Pno.
Fl.
Cl.
Vln.
Vc.

for tunately, I don't think this meeting's gonna go quite like Charlie expects.

as ter a-vert-ed, but e-ven so, things may not go quite like Charlie ex-pects.

You got 2 out of three questions right... Dis
mp

mf

mf

f

f
Scene 2 - The Meeting

As we all know, there were some significant setbacks.

That's an understatement...

in the year-end report.

Bot-tom line: stocks are down and cost projection is...

*This movement should be seen as constantly shifting between fast and slow sections via ritardando and accelerando. The fast, or normal tempi should relate to the character’s natural speaking tempo, noting that Charlie and Brenda speak slower (89-90) than Boss and Andy (90-100).

**Italicized text is to be mumbled unintelligibly. Singers are encouraged to experiment with techniques for achieving the end effect, but the composer recommends singing the vowels of the text, omitting the consonants when italicized. In slower sections, the effect is for time to be slowed down. Everything should be slower, including the articulation and consonants.
Yes, yes, we've all read the report. And quite frankly, the first and second quarter reports aren't much better.

I just got off the phone with Ethel...
Boss

in senior management. She wanted to talk about the overall direction of the company.

Charlie

(to self)

(...Damn it, I can barely concentrate...)

Pno.

She wanted to talk about the overall direction of the company.

Fl.

Vln.

Vc.

this department specifically. Things are not good, and we

must be low... must be low... last thing I want is for the big boss to know...
need to find solutions.

I'm diabetic...)

Did she mention anything about supply chains? (he probably had an aunt who died of complications...)

The other day, I spoke with
Danny in importing exporting about supply chains. He said it's a complicated issue with

I've long been suggesting supply chain integration. lots of moving parts to balance.
Charlie:
(I know I have those glucose tabs in my briefcase...) It's a great way to proactively monitor.

(to self) (start eating glucose tab)

Andy:
(Can't let them think I'm weak.)

All of our competitors have recently embraced supply chain integration.

(to self) (finish glucose tab)
And it would really set us up for an up-swing in the third quarter.

(Can’t let them see my weakness.)

Well, that’s good to hear.

but what does the market research say about our clientele?

Well...
We've done two recent surveys. One about customer needs, and another about customer satisfaction.

Okay then... in terms of customer needs, how does our product rank?
According to the survey, our average customer is using it less often and less exclusively than they were two years ago. However, those customers who use it exclusively use it less exclusively than they were two years ago.
Brenda, Charlie, and Vln. Vc.clusively are more loyal and have often branched into our professional series.

Yes, our professional series is thriving while our classic series is struggling.

In other words our professional series is thriving while our classic series is struggling.

Our professional series is thriving while our classic series is struggling.
(to self)

(Losing concentration again... I should really check

key clicks ad lib.

(fumbling for blood-glucose meter)

(fumbling for blood-glucose meter)

(to self)

(to self)

(to self)

* listen to and imitate vocal line(s)
using given pitches
Charlie

146

Something about client focused? Concentrate, damn it!

Charlie

Pno.

Some thing about cli...ent foci...ed? Con...cen... trate, damn... it!

Charlie

Pno.

(to self)

(to self) (trying to subtly use blood sugar meter)

Charlie

Pno.

(Can't let them think I'm weak...)

(Can't let them see my weak-ness.)

Pno.

(inside piano, hit with hand or soft brush)

Pno.

(Depress silently hold sosten. ped. through section

(Damper)
Uh... (Great! Now she thinks I'm slack-ing off... still bet-ter than be-ing some di-a-be-tic pity case.) umm...

Charlie

Pno.

Fl.

Cl.

Vln.

our big-est weak-ness is that we're not back-ward com-pat-i-ble.

Charlie

Pno.

Fl.

Cl.

Vln.

(looking at blood-sugar meter) (to self)

(Three point one, ev-en-

(to self)

(look at self)

(Pno.

Fl.

Cl.

Vln.

(damper)

** Independent tempo, okay to bleed over into next section
If we're able to reconnect with what in Italy turned our clients on to our product... thank god!

we'll stay relevant and turn customer satisfaction into profit. (I really hope my

(Great, I can feel my

Charlie
But Brenda just told us how the classic series is \textit{not} real.

sugars are on their way up. Keep eating these glucose tabs...)

ly serving customer needs. There's a lot at stake here, and I'd be very grateful.

*Piano waits for rest of ensemble to reach fermata.*
It's not that the product isn't serving their needs. Think of it as our classic series being a great starter product for our future professional series.
Brenda: clients.

Boss: Are they upgrading because they're happy, or in an attempt to improve?

Charlie: (to self) *ad lib, use notes in order to mimic rhythm of vocal line, as before, now noticeably faster*

Bass Clarinet in B♭

Flute

VIOLIN

VOCAL

* I'm under the impression that they're happy. Brenda, do you have anything to

1... I'm under the impression that they're happy. Brenda, do you have anything to
Yes, I have these custom-er sat-is-fac-tion sur-vey re-sults... ah_ _ here, that

(becoming concerned)

(back that up?)

Yes, I have these custom-er sat-is-fac-tion sur-vey re-sults...

(sigh of relief)

back that up?

(back that up?)

Fl

B. Cl.

Vln

Vc.

771

13

Brenda

Charlie

Fl.

B. Cl.

Vln.

Vc.

776

Brenda

Charlie

Fl.

B. Cl.

Vln.

Vc.

didn’t ap-pear in the quar-ter-ly-re-ports. Those have ris-en stead-i-ly from fif-ty _eight to sev-en ty per-cent to_eight-y three

(becoming concerned again)

(confused about what this means)

(continue mimicking, using keyclicks)

(continue mimicking, using keyclicks)

To Cl.

To Cl.
Brenda

molto rit.

Charlie

molto rit.

Pno.

Vln.

Vc.

then obviously the classic series is doing its job.

We just need to re-mind the client that the classic series can

So

if clients are being led to our professional series,

So

if clients are being led to our professional series,

f

inside piano,

strike with flat hand

mp

gliss.

\[ \sum \sum \sum \sum q = 50 \] (struggling)

\[ \sum \sum q = 80-90 \]
TRIO

I think you're really on to something!

That's ex-

also serve their other needs.

TRIO

Cl

Clarinet in B♭ listen to them follow/imitate vocal line

Vln

Vc

\( \sum \)
Boss: Actually! the kind of proactive integration we need!

Andy: (convey the opposite of the written text)

It’ll look great on the quarterly report!

(mp) (enthusiastically expressive)

It’ll look great on the quarterly report!

Cl: Listen to then follow/imitate vocal line

Vln: Listen to then follow/imitate vocal line

Vc:
Brenda: I think you're really on to something!

Boss: I think you're really on to something!

Andy: Exactly! That's exactly the kind of proactive interaction.

Maintain pitch contour, but switch focus to instrumentalists: begin imitating their rhythm.

Cl: mf

Maintain pitch contour, but switch focus to instrumentalists: begin imitating their rhythm.

Vln: mf

Maintain pitch contour, but switch focus to instrumentalists: begin imitating their rhythm.

Vc: mf
You're really onto something!

Graduation we need!

I think you're really onto something!
It'll look great on the report!

act-ly the kind of inte-gra-tion we need!

It'll look great on the report!

Begin independently, at own tempo.
Listen to other instrumentalists, begin to align triplets together, independent from conductor.

Cl

Listen to other instrumentalists, begin to align triplets together, independent from conductor.

Vln

Listen to other instrumentalists, begin to align triplets together, independent from conductor.

Vc
Start moving towards aligning instrumental triplets with conductor's beat.

Cl

Start moving towards aligning instrumental triplets with conductor's beat.

Vln

Start moving towards aligning instrumental triplets with conductor's beat.

Vc

It’ll look great on the report!

Brenda

exactly

Andy

It’ll look great on the report!

Boss

the integration

the integration

"It’ll look great on the report!

Start moving towards aligning instrumental triplets with conductor's beat.
Brenda: exactly you're on to something!

Boss: exactly you're on to something!

Andy: on the report! It'll look great!

Cl: In time.

Vln: In time.

Vc: In time.
What a simple solution... I can't believe it took me this long to notice!

(ashamed)

What a simple solution... I can't believe it took me this long to notice!
*Maintain conducted pulse. Repeat as many times as is comfortable, then breathe/rest as necessary. When possible, try to stagger rests so the cello, violin, and clarinet form a steady rhythmic base.
Exaggerated character, hyperdramatic

Brenda

It's all about synergy, synergy, synergy!

Boss

It's all about synergy, synergy, synergy!

Andy

on the report!

It's all about synergy, synergy, synergy!

Cl.

Vln.

Vc.

mf

It's all about synergy, synergy, synergy!

excitedly

(mf)
It's all about synergy, synergy, synergy!

Mechanical

It's all about synergy, synergy, synergy!

Andy

(motely)

It's all about synergy, synergy, synergy!

(excitedly)

It's all about synergy, synergy, synergy!

Brenda

ff

It's all about synergy, synergy, synergy!

Pno.

(synergically)

It's all about synergy, synergy, synergy!

Vln.

It's all about synergy, synergy, synergy!

Vc.
I'll expect an updated report on my desk by the end of the day.

(I can't believe that just happened.

I can't believe I somehow

(fast, tight vibrato)
Charlie made it through that. Can't believe they didn't see what was happening to me.)
NARR
Mezzo-soprano

Bass Clarinet
in B

Violin

Violoncello

As
we
q
=80

q
=100

q
=100

Narr.

Fl.

B. Cl.

Vc.

music by
Michael Park

Question Time 2

just saw, di-a-be-tes can have a huge im-pact on dai-ly liv-ing wheth-er oth-er peo-ple see it or not. O-ver the years,

the dai-ly ups and downs can take their toll on e-ven the most tight-ly con-trolled di-a-be tic.

Char-lie's been for-tu-nate. Near-ly thir-ty years with no sign of com-pli-ca-tions. Right now he's driv-ing with one of his old est
friends, when he no-ti ces... some thing...

Carefree molto rit. 2

q = 100

T. Pno. Fl. B. Cl.

Hey, did ya see that? It's

snow ing? You're cra - zy. Char - lie... it's the mid -dle of June!

snow ing? No, se - ri - ous-ly

Bar. Pno.

snow ing! You're cra zy. Char lie... it's the mid -dle of June!

Lit-tle white spots right in front... you real-ly can't see them?

(concerned)

I think you're see-ing things, bud.
They dance out of the way when I try to focus on them...

Are you okay? You're freaking me out, man...

Sorta like a Pac Man ghost you can't quite catch...

May be you should pull over...

This isn't a game. You're freaking me out...

You're freaking me out, man...
This isn't a game. Pull over!

Charlie might not know what he's seeing, but he'll soon find out! He's at the eye doctor's about to be diagnosed with his first complication from diabetes. And guess who decides the se...
Let's see what you remember from dia.

Energetic \( \text{q}=120 \)

bet es one-o one. This time, only two questions. Does insulin make blood sugar go
May be you should check your sugar.
Insulin makes blood sugar go down.

Score one for the audience!
but too far down makes low blood sugar, which you just experienced along with Charlie.

Now as much fun as this quiz game is, let’s not be naive;
Narr.  

175

a diabetic won't stay healthy unless they can deal with real-life scenarios.

Pno.

How well were you able to concentrate while experiencing low blood sugar?

B. Cl.

Narr.

Fl.

f

Vln.

fp

mp

Vc.
* Each gesture should move towards the final held note. Breathe between repetitions as necessary.
Are you sure? They all

Client-centered? Client-centered!

Client-focused? Client-focused!

Client-based

Intensify, ad lib

U (wait for other voices less and less.)

U

U

U

U
Are you really sure? Not so easy, is it?

Based client

Focus on client client

Intensify, ad lib

(buzzer noise)

Eighth!

Triangle

Sound so similar...
Brenda suggested a client-based paradigm. You answered…

one out of two questions correctly.

Not quite enough to save Charlie’s eyes,

both questions correctly.

But in reality, even if you do everything by the book,
but it’s not all your fault...

there’s no escaping fate...

I.V. until natural decay of piano

straight tone

have some damage to their retinas.

Af-ter twen-ty years near-ly all pa-tients with type one di-a-betes

spoken/whispered

Af-ter twen-ty years near-ly all pa-tients with type one di-a-betes

spoken/whispered

Af-ter
all patients with type one diabetes have some damage to their retinas.

type one diabetes have some damage to their retinas. After twenty years nearly all patients with type one diabetes have some damage to their retinas.
After twenty years nearly all patients with type one diabetes have some damage to their...
Type one diabetes have some damage to their retina.

S.

M-S.

Narr.

T.

Bar.

Fl.

B. Cl.

Vln.

Vc.

attacca
Scene 3 - Eye Complications

Charlie (Tenor)

(Goog-le said float-ers aren't a big deal and most peo-ple don't e-ven no-tice them,

Piano

but that's all I can see... like a gi-ant bill-board writ-ing bad di-a-be-tic in the sky.

Flute

I could have test-ed more of-ten... and cor-rect-ed more vig-or-ous-ly... All those times I just did-n't

Cl.

Vln.

Vc.


Warm and velvety

2

Warm and velvety

2

*Throughout aria, soprano should use portamento and rubato liberally.*
straight a head. Look up. and 

Dam. nit, 

Now to the left, 

Don't they tell you not to 

Don't they tell you not to
Look up... and down. Hmm...

look directly at the sun?

This can't be happening. I'm too young and healthy to be going blind.
right. Look up... and
That was always Mom's biggest worry.

She'd be heartbroken to see her worst fear come true.
O. kay, your right eye has a few new hem' rhag.es How long since your last eye ex. am?

Matter-of-factly

Your right eye has two very small hem' rhag-es How long since your last eye ex-am?

You really need to come in

have'n't been since high school. Never had an-y rea son to...
yearly for dilation so we can keep track of any changes in your eyes.

Oh, right ya... ok.

Let's see the other eye. Look straight ahead. Look up...

A little lugubrious

ad lib. in the style of a Da Capo aria

A little lugubrious
Now to the left.

So bright...

Warmly

Now up...

Damn it, my eyes are really tearing up.

Warmly

Bass Clarinet in Bb...
A tempo

right. Look up...

At least I have the bright lights as an excuse.

A tempo

Can't let her see that I'm actually crying.

and down.

To Cl.
Concerned

Meno mosso

Okay, your left eye also has quite a few new hemorrhages.

Matter-of-factly

Same thing, two little hemorrhages in your left eye.

Hemorrhages?

Meno mosso

and some signs of macular edema.

Now, that occurs when the

dismissively

They’re all so small though, nothing to worry about.

macular edema?

nothing to worry about..
blood vessels in the retina begin to leak into the retina...

If my eyes fail me, what next?

If my eyes fail me, what next?

Cooly, with a little warmth

Keep doing what you're doing... my kidneys... my heart...

Take time

Take time

If my kidneys... my heart...

Cooly, with a little warmth
Thirty years is a long time with diabetes. You're doing it often, eating very well, and exercising more than most patients I see.

I'm sure I could have tighter control, but I always thought complications were way down the road.)

We'll get you in quickly to see a laser surgeon so we can fix this before it actually affects your vision.

Hon est ly, I can't believe you've been dia be tic for so long. Thirty years.
If you can tighten your control and come in for regular check-ups, there's

is a long time with diabetes

no reason you won't be just fine.

and you are doing just fine.

just fine.
Scene 4 - Finale

Fine is a cloudy day, but at least it didn't rain...

Fine is not crying when you scrape your knee

music by
Michael Park

Tenor

Alto Flute

Clarinet in B flat

Char.

A. Fl.

Cl.

Vc.

Pno.

con Fed
Fine is having cat-a-racts after a long full life, not going blind because you didn't obsess enough.

Fine is how you respond to "how do you do" on the street when you don't want to talk.

(How can this be fine? How can this be fine? I'm no(t)...

How do you do, Charlie?

Energetic

Energetic

Energetic

Energetic
I'm fine, Dan. Oh yes, Dan, just fine and dan-dy!

(So what if I'm not fine, you can't tell any-way!)

How d' ya do, Buck-o-roo?

(How can this be fine? How can this be fi(ne?)

M-S. How d' ya do, Buck-o-roo?
Meno mosso

M-S.

Char.

Still breathing...

(shallowly... My sugars are so high, it burns with each deep breath.

Meno mosso

Pno.

If


A. Fl.

pp


mf

(mf)

Cl.

PP


mf

Vln.

Vc.

If I know what's coming anyway, why not just enjoy the hell out of life instead of fighting off
Sounds like you have a choice to make...

But I've worked so hard to avoid complications... I've spent my whole life managing this and what difference does it make?!
How can this be fine?

Char. (mouthing words)

Unnerving

[NARR stays onstage, but moves out of focus, reveling in CHAR's struggle.
CHAR acknowledges the question and begins to internalize the predicament.]

How can this be fine? I'm not fine. In what way.

Energetic, driving

(All these stories about someone's grandpa going...)

Pno.

Char.

(All these stories about someone's grandpa going...)

(All these stories about someone's grandpa going...)

Ennerv"ng

[CHAR stays onstage, but moves out of focus, reveling in CHAR's struggle.
CHAR acknowledges the question and begins to internalize the predicament.]

How can this be fine? I'm not fine. In what way.

Energetic, driving

(All these stories about someone's grandpa going...)

Pno.

Char.

(All these stories about someone's grandpa going...)

(All these stories about someone's grandpa going...)
blind or losing a foot from diabetes...

My grandpa went blind and lost his big toe from diabetes.

I always imagined old furies who didn't take care of themselves, a be-tes.
My friend's mom lost a foot from 1065 who deserved what they had coming to them...

I had an uncle who went blind 1066 maybe I do deserve this...

compli- cations...
from diabetes...

Maybe I do deserve this...

Diabetes can't have choc'late...

Should you be eating that?
Char. once had a normal Halloween in school.

Pno. You can't have candy, Charlie...

Fl. It'll make you high, Charlie.

Cl. Really though, how

S. You can't have candy, Charlie...

M-S. It'll make you high, Charlie.

Bar. Really though, how
how ARE you? what's it gon-na be?

(whispered insistently at audience)

So, what's it gon-na be?

(to audience)

ARE you?

(whispered insistently at audience)

(whispered insistently at audience)

(whispered insistently at audience)
You've been enjoying this game so much, why don't you make the choice for Charlie?
He's obviously preoccupied...

I'm tired of missing out on life for diabetes.

You don't want high sugars, Charlie. It'll make you sick.

Hear that, Charlie? These fine folks are...
"What do I have to show for these sacrifices...?"

"You don't want to go blind, Charlie, do you?"

"Sarcas
tically, mocking
optional: repeat once
or twice ad lib."

"How are you?"

"Good morning, Charlie. How's my special boy?"
How’s my special boy? Char lie… Char lie…

How can this be fine? How can this be fine? I’m not fine, I’m not fine. In

So, what’s it gonna be? Does Charlie man up, or succumb to apathy?

What way am I fine?
What's gonna be, my special boy?

What's gonna be? Charlie...

How can this be fine? How can this be fine? I'm not fine, I'm not fine.

What's gonna be? Charlie, Charlie?

(inside the piano, clusters)
You don't want high sugars, Charlie, It'll make you sick.

So, what's it gonna be? So,

You don't want to go blind, Charlie, do you? Do you, Charlie?

This time, only one
question: Right or wrong, Life or death.

I'm not fine.)
Char - lie's fate lies in your hands... So, what's it gon-na be? what's it gon-na be?

(scoops and pitch contour ad lib.)

no no no no,

continue both hands ad lib., L.H. also plays gestures in time with conductor/ensemble.

repeat/alternate ad lib
What's it gonna...

no, No!

Enough! You don't get to de-cide! I do! I do.

These are my eyes, as dam-aged as they may be, I choose how to use them. I do.

Bass Clarinet in Bb
How can this be fine? How can this be fine? am I fine?

Sure I've made mistakes, but perfection doesn't exist.

In what ways am I fine?

Fine is taking control of my health, Not

* very slight glissando over 2 bars, lowering ca. 1 semitone per measure.
feeling sorry for myself. Having an eye complication

doesn’t blind me. It opens up my eyes.

What if this is fine? Maybe I
am fine. So what, if I'm not perfect. You can't tell

Look straight ahead. Look

an-y way. You can't tell an-y way.
Fine is taking care of my self. Knowing
Which blood sugars are too low
what I need and doing it.

is doing what I need to survive... to survive... to survive...

What problem can this cause?

to survive... this
Can be fine?

This is fine.

Arriving at calm

mp

mp

pp

mf

mp

Oh, my baby boy.

I am fine, I am fine, I'm fine.

There are far worse fates.

Bass Clarinet in B

Arco

mf

mp
Good morning sunshine. How's my special boy? How's my special boy?

fine, I'm fine, I'm fine, I'm fine, I'm

Fine, I'm fine, I'm fine, I'm fine, I'm