

# CASE STUDY

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## Putting Words in Their Mouth: Writing Dialogue For Case Studies

By *Clyde Freeman Herreid*

“Dialogue is not just quotation. It is grimaces, pauses, adjustments of blouse buttons, doodles on a napkin, and crossings of legs.”

—Jerome Stern,  
*Making Shapely Fiction*

**D**oes your case study read like it was penned by a troglodyte? Is it dull, boring, and dripping with useless information that even your mother would hate? Would a dispirited lecture be more engaging than one of your case studies with pitiful dialogue? Wait! Don’t despair. Help is on the way.

Why not avoid this hazard altogether? Don’t use dialogue. Don’t even write about people; write about a problem. Write cases that are essays about endangered species, climate change, air pollution, or a patient with an insidious disease. And then ask questions.

But wait again. We know that cases that involve realistic people are better than impersonal problem solving (Anderson & Young, 2012; Herreid, 2017). Cases with living, breathing humans lead to the greatest learning and are remembered far longer than any essay listing disembodied clinical symptoms or the recitation of CO<sub>2</sub> ppm values in the atmosphere. Any case that involves a child dying in an overheated car will trump an impersonal rendition of global warming any day. But here is the caveat: Cases with characters will beg for dialogue.

Unhappily, realistic wordsmithing doesn’t come easily to us academics who have spent a better part of our life leaning how to write stilted, non-nonsense reports. But suppose one day we want to venture outside of our comfort zone and create a case study—a memorable one—with people talking. All is not lost. A script doctor is needed. Let’s turn to those purveyors of literary wizardry, folks who write for a living and survive—novelists, playwrights, and English teachers. Let’s dip into their rucksacks and read what they have to say.

The great novelists don’t have to tell us, we know it. The best stories have conversation and chit chat. Talk makes a story come alive and adds believability. When authors write dialogue they become personally involved with the story in a way that prose can’t quite pull off. Conversation gives characters a chance to participate in the story. To do this well, authors must intimately know the folks that inhabit their literary landscape. Gloria Kempton (2004) says dialogue reveals motives of characters, sets moods, intensifies conflict, creates tension and suspense, and speeds up scenes. She argues forcefully that stories (and that’s what cases are fundamentally) should have these three elements: dialogue, action, and narrative to create a three-dimensional feel for the reader. Dialogue makes a passage easier to read and is more visually appealing. Lewis Carol has Alice of

Wonderland fame glance at a book her sister was reading and seeing no pictures or illustrations primly announce: “And what is the use of a book without pictures or conversations?” How true.

With all of this going for dialogue, why is it that half of the case studies that are posted on the website of the National Center for Case Study Teaching (NCCSTS; <http://sciencecases.lib.buffalo.edu/cs/>) skip dialogue altogether? The answer is that most STEM (science, technology, engineering, and mathematics) faculty who haven’t written a story since they left grammar school are wary of appearing as a childish scrivener. Long ago they followed the Biblical admonition found in 1 Corinthians 13:11; when they became an adult they put away childish things.

It’s tough to write good dialogue. So many things can go wrong. I used to hate writing it, because it never sounded like a real person would speak the way that I wrote. I was right to be hesitant. Teachers have often told me that they detest the cheesy writing that some cases have. Their solution: They just rewrite the case without the dialogue. There is another remedy. We can improve our skills by learning from the professionals. To help, there are clear guidelines that serious authors and editors have discovered over their sometimes painful careers. Let me touch on ones that seem most relevant to case writing.

## Let dialogue move the story.

The first principle is that the dialogue should move the story along without the reader being aware of the author's voice intruding. Anything that disrupts this process is bad. That is hard to do if we make some fundamental mistakes that draw attention to our humble writing.

## Get rid of the adjectives and adverbs.

Most editors say to shun them almost completely. This is especially true in writing dialogue. The master of dialogue, film writer and novelist Elmore Leonard, is adamant about it. Here are some of his points from a *New York Times* article (Leonard, 2001):

*Never use a verb other than "said" to carry dialogue.*

*The line of dialogue belongs to the character; the verb is the writer sticking his nose in. But "said" is far less intrusive than grumbled, gasped, cautioned, lied. I once noticed Mary McCarthy ending a line of dialogue with "she asseverated" and had to stop reading to get the dictionary.*

*Never use an adverb to modify the verb "said" . . . [such as in] . . . he admonished gravely. To use an adverb this way (or almost any way) is a mortal sin. The writer is now exposing himself in earnest, using a word that distracts and can interrupt the rhythm of the exchange. I have a character in one of my books tell how she used to write historical romances "full of rape and adverbs."*

The fault regularly appears in case study writing. Here are a few samples:

*The biologist glanced at the data and said grimly, "This is awful."*

Get rid of grimly. His language made the point.

*Sarah gripped the table and screamed loudly, "You can't operate on my child!"*

Can you scream quietly? By using the adverb "loudly," the sentence is actually weakened. Let the dialogue make the point:

*Sarah gripped the table and screamed, "You can't operate on my child!"*

Here is one more:

*The surgeon sliced the carotid neatly, pleased with the lack of blood flow. He looked up at the intern. "You'll never see a cleaner incision than that," he said smilingly.*

Aside from the point that it is hard to talk smilingly, the writing immediately shrieks *amateur*. The adverb is disruptive to the flow and brings cringes to the psyche. If you feel the need to have the physician smile, just say so:

*"You'll never see a cleaner incision than that," he said. It was just as well that the surgical mask covered his smile.*

The general rule is to get rid of all adverb modifiers. They draw attention to the writing when the purpose of the writing is to keep the author out of the picture, to make him as unobtrusive as possible. Simply saying, *she said* or *he said* does the job

most neatly. And yes, this may seem boring, but that isn't the point, is it, to keep the author entertained? The purpose of the writing is to deliver the story in a believable way. In spite of what your English teacher might have said, variety in your writing is not always to be cherished. And whenever possible, get rid of *he said* and *she said* entirely.

*The surgeon sliced the carotid. Pleased with the lack of blood flow, he looked up at the intern. "You'll never see a cleaner incision than that."*

Take a look at a few sentences from a case study to see how intrusive verbs (*observed, replied, continued*) can be in the flow of a story:

*But you're with DUC; surely you have an interest in this?" Angela observed.*

*"Sure," Josh replied, "Let's meet in the library."*

*Based on the raw materials we are buying, we just aren't making enough pickles. A large amount of material is being wasted somewhere," continued Ms. Pimpernell.*

It would seem that these verbs are not meddlesome, but as the reader hits the words "Angela observed," "Josh replied," and "continued Ms. Pimpernell," these verbs stand out rather than slide by. Whereas when we use *Angelia, Josh, or Ms. Pimpernell said*, we pay no attention. The word "said" doesn't rise to the level of our awareness, and we stay immersed in the story; it is an unseen guest. Of course, if you can avoid the use of "he said" or "she said" altogether, you are in the best possible spot. The only

problem is: Can the reader keep track of who is speaking?

Here is how Christine M. Catney did it in “The Case of Ruth James: A Woman in Excellent Health” ([http://sciencecases.lib.buffalo.edu/cs/collection/detail.asp?case\\_id=373&id=373](http://sciencecases.lib.buffalo.edu/cs/collection/detail.asp?case_id=373&id=373)):

*“I don’t understand what happened. I feel terrible about it.” Verna McManus could barely speak through her tears. Margaret, the nurse who was with her in the Emergency Room (ER) waiting area, listened patiently as Verna told the story.*

*“My sister arrived yesterday, and she’s fallen and injured her head. I’m afraid she’ll be sent to Intensive Care.” Verna fell silent.*

*“It sounds like you’re upset and worried about your sister,” replied Margaret. “You said she arrived yesterday?”*

*“Yes. I am upset.” Verna sobbed softly as she spoke. “Ruth’s husband, Frank, died suddenly two weeks ago. He retired three months ago, a few days after his 65th birthday. He and Ruth were planning to do all the things they’d always dreamed of. . . .” Verna’s voice trailed off.*

*“She came to visit you?”*

*“Yes. Ruth lives alone in the city, in the apartment that she and Frank have had for 22 years. After the funeral, I called her every day. She told me she was having trouble sleeping, and she cried all the time. I invited her to stay with me for a while. She came by bus yesterday afternoon.”*

*“Ms. McManus, I’d like to ask you several more questions about your sister. Right now she’s sleepy and unable to remember what*

*happened to her. The information you can give me will help us take care of her.”*

*“All right.” Verna was beginning to seem a little calmer.*

Author Rodger Rosenblatt (2011) winds it up this way: “The right word is often the unmodified word, and the adornment of adjectives may suffocate the body under the clothes. Most nouns contain their own modifiers, what Emerson called “the speaking language of things,” and they will not be improved by a writer who wants to show off by making them any taller, fatter, happier or prettier that they are.”

## Where should the tag lines go?

Dialogue tags tell us who is speaking. First, try to avoid them. But if they must be used, should they be upfront, in the middle or the end of sentence where someone is speaking? Take a look at these examples:

*Amanda said, “I just hit a deer, and the car looks like a total disaster.”*

*“I just hit a deer,” Amanda said, “and the car looks like a total disaster.”*

*“I just hit a deer, and the car looks like a total disaster,” Amanda said.*

All three of these statements will work. But the last one is generally preferred because it puts the action first. The second one is next in preference, especially if the author wishes to have a little hesitation in the action and a little build in tension.

## Avoid using names in your dialogue.

Here is what I mean:

*“Karen, why don’t you call me anymore?”*

*“I just don’t like you, Sam.”*

*“But we used to have so much fun together, Karen.”*

*“True Sam, but that was when we were teenagers.”*

No one talks that way. We seldom use the name of the individual that we are speaking to, unless we are a TV host directing questions to a panel of experts trying to control who should answer. Case writers should not do it either, if they wish to appear to be credible authors.

## Stop the long speeches.

This is a pitfall for case writers. They often want to deliver a lot of information and data, so they will have one of their characters deliver the goods. This is particularly true for medical stories. The author will sit the patient down in the doctor’s office and meet the nurse who dutifully records his or her miseries. When the physician enters the picture, perhaps after some clinical tests and a few questions, she then delivers a diagnosis and treatment suggestions in a 5-minute monologue. It is true that this strategy puts the science into the case, but no reader wants to sit through this, and the only reason that a reader tolerates it is because he or she is an academic captive.

Read the following passage to see how the author, Julia Ormazu, struggles to break up a research director’s speech in the NCCSTS case, “Selecting the Perfect Baby: The ethics of ‘Embryo Design’” (<http://sciencecases.lib.buffalo.edu/cs/collection/>

detail.asp?case\_id=347&id=347):

*The research team assembled quietly in the lab. There were some difficult decisions to be made today. Kelly, a new research assistant, looked forward to the discussion. Privately, she hoped Dr. Wagner and the rest of the team would agree to help the couple that had appealed to them.*

*“Good morning, everyone,” Dr. Wagner began the meeting. “We have a lot to talk about. I’ll summarize this case for those of you who may not have had time to read the file. Larry and June Shannon have been married six years. They have a four-year-old daughter named Sally who has been diagnosed with Fanconi anemia. Sally was born without thumbs and with a hole in her heart. Shortly after her birth, she began suffering symptoms related to impaired kidney function and digestion that have only increased in severity. Fanconi anemia is a progressive disease that often results in physical abnormalities and a compromised immune system. Sally needs a lot of special care and has already had several surgeries. She can’t digest food normally or fight off infections as easily as a normal child would. If she doesn’t receive a bone marrow transplant, she will develop leukemia and die, most likely within the next three to four years. Neither Larry nor June had any clue they were both carriers of this disease.”*

*“A frightening diagnosis,” said Kevin, a research technician.*

*“Difficult to live with, as well. Not only will they probably lose this child, they must be crushed*

*about the possibility of having another child with this illness,” commented Liz Schultz, the team’s postdoctoral researcher in gynecology and fertility.*

*“Exactly their problem,” continued Dr. Wagner. “The Shannons are interested in having another child and have approached us regarding pre-implantation genetic diagnosis (PGD). They are aware of the risks and the odds of success. They are anxious to begin the process as soon as possible.”*

*“Kelly, you’re new to the team, so let me summarize the PGD process for you. It’s a three-step process, with chances of failure and complications at each step. First, in-vitro fertilization (IVF) is performed. Some of June’s ova would be removed and fertilized with Larry’s sperm outside of June’s womb. If this procedure works, we should have several viable, fertilized embryos. Our second step is to perform genetic analysis on the embryos, removing a cell from each and testing for the presence of the Fanconi anemia genes. If we find embryos that are free of Fanconi’s, we can then perform the third step: implanting the healthy embryos back into June’s uterus.”*

*“Wait a minute,” said Kelly. “How many embryos are we talking about? They just want one child, not a half dozen.”*

The author is delivering a lot of information, but she is valiantly laboring to break it into chunks. Nonetheless, it is pedantic and patronizing (not an unfamiliar situation when a physician is holding forth), but it does have the feel of a real briefing session. And it is bet-

ter than a monologue. Editor Sol Stein (2010) has the rule of thumb that if a character speaks any more than three sentences in a row, it is no longer a dialogue but a speech. Try to avoid this.

There is another point to make in this example. Notice, there is a momentary confusion when Liz Shultz speaks:

*“Difficult to live with, as well. Not only will they probably lose this child, they must be crushed about the possibility of having another child with this illness,” commented Liz Schultz, the team’s postdoctoral researcher in gynecology and fertility.*

Liz is making her first appearance, but she says a couple of sentences before we know who is talking. This can be fixed by having her identified right away:

*Liz Shultz, the team’s postdoctoral researcher in gynecology and fertility added, “Difficult to live with, as well. Not only will they probably lose this child, they must be crushed about the possibility of having another child with this illness,” OR “Difficult to live with, as well,” said Liz Shultz, the team’s postdoctoral researcher in gynecology and fertility. “Not only will they probably lose this child, they must be crushed about the possibility of having another child with this illness.”*

Renni Browne and Dave King (2004), writing in *Self-Editing for Fiction Writers*, said that the reader’s ear seems to require the attribution near the beginning of a dialogue.

So get Liz up front. They also say that it is better to put the character's name first as in *Liz Shultz said* rather than *said Liz Shultz*. The latter is old-fashioned, rather like "Run spot run" said Jane.

## Characters don't speak like real people.

Listen to any real conversation and it is filled with repetition, pauses, and ums and ahs. And lots of irrelevancy. No one wants to read this:

*"How you doing? he said.  
"Ah, fine, you know. What's happening with you?" she said.  
"Nothing much. Been working out?"  
"Nah. No time. Ya know."  
"No pain, no gain."  
"Been hanging out at home, watchin' the tube. . . . Mostly crap."  
"Umm, I guess so. Ah. Got no time for that. Facebook eats me up."  
"Know what cha mean. Awesome time waste."*

Dialogue is not like real speech. It is condensed into the essential points that the author wants to deliver to move the story along. But you don't want to make your talking sound artificial. Following are some hints to help.

## Use contractions rather than literate speechifying.

Unless your character is educated and stiff in a formal sort of way, use contractions. Say "wouldn't," "couldn't," "don't," etc., rather than "would not," "could not," and "do not." Check out this exchange:

*"Was she hurt in the accident?"  
"Yes, and she is still recovering,*

*but she will not go the hospital."*

People do not speak in full sentences with impeccable English. You don't and neither should your characters.

## Use fragments instead of full sentences.

This is the way that real folks talk:

*"Was she hurt . . . in the accident?"  
"Yah. Still recovering. Won't go to the hospital."*

## Use misdirection.

Don't always have characters directly answer questions they are asked. Life isn't so straightforward. Have them misunderstand. Have them hint at deeper meaning. Have them evade. Lie. Have them talk at cross purposes. Have them answer a different question than was asked.

Here is an exchange written by Elmore Leonard (1989) in his book *Killshot* where Armand evades the questions asked by Richie (Browne & King, 2004):

*"Armand," Richie said, "you're not married, are you?"  
"No way."  
"You ever live with a woman? I mean outside your family?"  
"What's the point?"  
"Armand, lemme tell you something. You're always telling me something, now it's my turn. Okay, Armand." If he kept saying the name it would get easier. "You must have shot a woman or two in your line of work. . . . Have you?"  
"Go on what you're gonna tell me."  
"Let's say you have. But shooting a woman and understanding a woman are two*

*entirely different things, man."*

## Use simple words.

Skip the fancy ones, unless your character is prissy or well educated. Here are a couple of awful examples:

*"I would like to amble down to the billiard parlor," she ventured to say.*

*"Before you go, I would be honored if you would peruse this volume of poetry," he rejoindered.*

## Read your dialogue aloud.

If you do, you will find all sorts of flaws. Missing words. Misspellings. Places where you should add an interruption. Breaks in the rhythm and flow. In fact, editors often say you ought to read the entire manuscript over for the same reason.

## Good dialogue has balance.

There should be balance between the speeches of the characters and the interruptions that fall between. These interruptions are known as "breaks." If there are too few or no breaks, the reader gets fatigued with the relentless drive of the exchange. If there are too many, the reader will be constantly diverted hearing about how one character or another is twiddling their thumbs or having an inner monologue wondering where they should go shopping.

## Avoid jargon.

However, if the jargon fits the character—then by all means use it. But try not to explain it unless it is absolutely necessary. In real conversations, people don't explain terminology. The moment you do so, your voice of a narrator intrudes, and the story fantasy is cracked.

The temptation is especially great when you have a specialist like a physician speaking. Lots of the time you don't have to explain the jargon because it is clear from the context what is meant, or it really doesn't matter if the reader understands it. The use of the jargon gives credibility to the story. Elmore Leonard was famous for doing this in his crime novels where the characters often used street slang. He said, "If it sounds like writing, I rewrite it."

One of our case participants in the NCCSTS in a recent survey summarized this point beautifully: "The most important thing is that the story FEELS real. Real life events can be utter failures in case instruction if they don't feel real and relevant to the student. Fictional accounts that feel real can be more effective than true events if the story is written well. It is not about the case BEING real or fictionalized events; it is about the subjective interpretation . . . does it FEEL real to the student?"

Elmore Leonard (2001) said: "I try to leave out the parts that readers tend to skip. . . . Think of what you skip reading a novel: thick paragraphs of prose. . . . I'll bet you don't skip dialogue."

Author Michael Crichton (2002), known for his outrageously successful novels like *Jurassic Park*, has a nice piece of dialogue in his autobiographical *Travels* book. He tells of his leaving medical school as a young medical doctor and abandoning it to pursue a writing career in Hollywood where he was pulled into an unfolding drama by the doorman at his apartment building who urgently needed his medical expertise. Crichton tells the story. It is a good way to end this essay:

*A woman was crying in the lobby, sobbing "Oh, Billy, Billy . . ."*

*I hadn't been aware this girl had a boyfriend. I looked at the doorman.*

*He nodded sadly. "Billy jumped from her balcony."*

*"Oh."*

*We went into the street.*

*"Did you call the police?" I said.*

*"Do I have to?"*

*"Of course," I said. "If he's dead."*

*Out on the street, I didn't see the body immediately. I was tense now, steeling myself against what I might see, wondering how bad it would be, how gruesome. We walked around the side of the apartment building. Then the doorman pointed to some low bushes that were planted near the building. "Billy's in there."*

*"In there?"*

*For an awful moment I thought Billy might be a child. I walked forward to the bushes and saw the body of a yellow cat.*

*"Billy's a cat?" I said.*

*"Yeah."*

*"You called me out here for a cat?"*

*"Sure. What'd you think?"*

*"I thought it was a person."*

*"No, hell. Person jumps, we always call the police."*

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**Clyde Freeman Herreid** ([herreid@buffalo.edu](mailto:herreid@buffalo.edu)) is a Distinguished Teaching Professor in the Department of Biological Sciences at the University of Buffalo, State University of New York. He is also the director of the National Center for Case Study Teaching in Science (NCCSTS; <http://sciencecases.lib.buffalo.edu>) and editor of the Case Study column in the *Journal of College Science Teaching*.

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