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**“Wickedly witty, inventive ... a pathos-rich tale.”**

**-Time Out New York**

# Well

**Lisa Kron**

**“A drama of depth, infectious humor  
and great humanity.”**

**-San Francisco Chronicle**

**“Truly a beautiful play in many ways.”**

**-The Star Ledger**

**“This is postmodern Pirandello, polished  
with sure-handed craftsmanship.”**

**-Back Stage**

**“ [A] perceptive, achingly funny play.”**

**-Variety**

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# Well

Comedy by Lisa Kron



Cast: 2m., 4w.

"Fans of that beleaguered literary form, the memoir, can breathe a little more easily this morning. Lisa Kron's sparkling autobiographical play *Well* has arrived on Broadway." (*N.Y. Times*)

"Truly a beautiful play in many ways, *Well* paints a mother-and-daughter picture of rich, unusual artistry ... Lisa, depicted as an anxious performance artist who narrates matters, explains that this show explores issues of health and wellness. Noting that Ann is plagued by undefined maladies, Lisa remarks, 'My mother is a fantastically energetic person trapped in an utterly exhausted body.' Despite the infirmities she attributes to 'allergies,' Ann somehow was vital enough to organize her neighborhood, some years back, into forging a racially integrated community. Later on, the college-age Lisa entered a special clinic where she was able to overcome her own allergy troubles. Both of these sagas and much, much more—plus the yin-yang of parent-child ties—are brought to spontaneous life through a wonderfully anything-goes concept in text and staging ... But as much as Lisa desperately strives to keep things on track, the production gradually escapes her control and madly gallops away on its own. Scenes are disrupted with increasing frequency as Ann questions Lisa's accuracy. Narrative becomes unglued. Unbidden characters pop up ... Sure, the play regards wellness, but it more significantly addresses the necessity of understanding dissimilar people and their situations. Matters like race, creed and health are best considered from the other person's viewpoint. Kron's essential message about the importance of weaving the incongruous parts into the fabric of life provides a compassionate antidote to our judgmental times. Wise and funny and utterly winning." (*The Star-Ledger*)  
Approximate running time: 1 hour, 45 minutes. Unit set.

Back cover photo: Lisa Kron and the cast of *Well*. The Longacre Theatre, New York, NY  
Photo: Joan Marcus.

13 ISBN: 978-1-58342-386-8  
10 ISBN: 1-58342-386-9



www.dramaticpublishing.com

Code: WA7

Cover design: Jeanette Alig-Sergel



Printed on Recycled Paper

# WELL

By  
LISA KRON



**Dramatic Publishing**

Woodstock, Illinois • England • Australia • New Zealand

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(WELL)

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New York NY 10010 - Phone: (212) 997-1818

ISBN: 978-1-58342-386-8

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All producers of the play *must* give credit to the author of the play in all programs distributed in connection with performances of the play and in all instances in which the title of the play appears for purposes of advertising, publicizing or otherwise exploiting the play and/or a production. The name of the author *must* also appear on a separate line, on which no other name appears, immediately following the title, and *must* appear in size of type not less than fifty percent (50%) the size of the title type. Biographical information on the author, if included in the playbook, may be used in all programs. *In all programs this notice must appear:*

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“*Well* was originally produced on Broadway by Elizabeth Ireland McCann, Scott Rudin, Boyett Ostar Productions, True Love Productions, Terry Allen Kramer, Roger Berlind, Carole Shorenstein Hays, John Dias, Joey Parnes, Larry Hirschhorn, The Public Theater and The American Conservatory Theater.”

“Original New York Production by The Public Theater, Mary Manus, Executive Director, George C. Wolfe, Producer.”

“A workshop production of *Well* was commissioned by Dixon Place and co-presented with the Public Theater with funds from the National Endowment for the Arts, the Andrew W. Mellon Foundation and the Lucille Lortel Foundation as part of New Work Now, the Public’s annual play reading festival.”

“Developed with the assistance of the Sundance Institute Theatre Laboratory. *Well* is a project of the Creative Capital Foundation.”

*Well* received its world premiere at The Public Theater (George C. Wolfe, Producer; Mara Manus, Executive Director) on March 16, 2004. The production was directed by Leigh Silverman, the set design was by Allen Moyer, the costume design was by Miranda Hoffman, the lighting design was by Christopher Akerlind, the sound design was by Jill BC Duboff, the dramaturg was John Dias and the stage manager was Martha Donaldson. The cast included:

Lisa Kron . . . . . LISA KRON

Jayne Houdyshell . . . . . ANN KRON

ENSEMBLE

Joel Van Liew . . . . . HOWARD NORRIS, HEAD NURSE,  
HIMSELF

Saidah Arrika Ekulona . . . . . LORI JONES, KAY,  
MRS. PRICE, CYNTHIA, HERSELF

Welker White . . . . . JOY, DOTTIE, HERSELF

Kenajuan Bentley . . . . . JIM RICHARDSON, NURSE 2,  
LITTLE OSCAR, BIG OSCAR, HIMSELF

*Well* opened on Broadway at the Longacre Theatre on March 30, 2006. It was produced by Elizabeth I. McCann, Scott Rudin, Boyett Ostar Production, True Love Productions, Roger Berlind, John Dias, Terry Allen Kramer, Carole Shorenstein Hays and Joey Parnes (Executive Producer), in association with Larry Hitschhorn, The Public Theater and the American Conservatory Theater. It was directed by Leigh Silverman, the set design was by Tony Walton, the costume design was by Miranda Hoffman, the lighting design was by Christopher Akerlind, the sound design and original music were by John Gromada, the dramaturg was John Dias and the stage manager was Susie Cordon. The cast included:

Lisa Kron . . . . . LISA KRON  
Jayne Houdyshell . . . . . ANN KRON

ENSEMBLE

John Hoffman . . . . . HOWARD NORRIS, HEAD NURSE,  
HIMSELF  
Saidah Arrika Ekulona . . . . . LORI JONES, KAY,  
MRS. PRICE, CYNTHIA, HERSELF  
Christina Kirk . . . . . JOY, DOTTIE, HERSELF  
Daniel Breaker . . . . . JIM RICHARDSON, NURSE 2,  
LITTLE OSCAR, BIG OSCAR, HIMSELF

## AUTHOR'S NOTE:

*Well* is a story about five actors, Lisa and four ensemble actors, who set out to do a play—an odd sort of a play to be sure—a “theatrical exploration”—but who begin the evening with a clear assumption that they will carry out this event as planned. The entire production must be predicated on this assumption. The interruptions and derailments that ensue must appear to be completely unexpected and should feel truly chaotic and spontaneous. The tone should shift in these moments from the sound of actors performing to the sound of people who are talking to each other and not for the benefit of an audience.

The character of Lisa begins the play composed and confident that she can control her mother and present her play as planned; and even as things derail and her composure and confidence is eroded, her objective until the moment of her final abandonment remains: to present her intended play.

The ensemble actors also set out with the objective of performing their scenes as rehearsed and it is their expectation they will succeed in this. In the course of the evening, though, their actor impulses get worn away. The first time a scene is disrupted the actors respond as actors do: fight at all costs to maintain the scene. As the play progresses they get pulled again and again into interaction with Ann—and through these interactions things begin to shift. They begin to feel personally connected to her and through her re-framing of Lisa's stories they find personal connection to

the issues Lisa's intended play is supposedly exploring. As a result they become increasingly uncomfortable with Lisa's presentation. They become less and less hesitant about dropping a scene to chat with Ann. Their feelings of connection begin to bleed into the playing of their scenes. For instance the actor playing Kay loses the caricatured edge of her early scenes and delivers her final scene with a genuine depth of feeling that catches both her and Lisa off guard. The actress playing Joy finds herself overwhelmed by her identification with her character—grabbing Lisa at the end of the scene to exclaim, "That was intense!"

By the end their shift is complete. The actors have lost all investment in Lisa's intended play and are now totally invested in Ann and their personal relationship with her around the play's issues. Because Lisa will not budge from what they see as her checked out misrepresentations of her mother, they make the only choice they feel is left—and they leave.

I have explicated this trajectory because, though it's implied in the script, much of it is communicated non-verbally. For instance, early on, even when a scene has been disrupted, the actors might cling to their rehearsed blocking. Later on they lose their self-consciousness about dropping character to chat with Ann or question Lisa. In addition to this progression away from physical formality, there is a dialogue of shared glances and other such non-verbal interactions through which the audience sees the ensemble's journey.

# WELL

A Play in One Act

## CHARACTERS:

LISA KRON: New York performance artist writing a play NOT about her mother.

ANN KRON: Late sixties/early seventies, Midwestern housewife, lethargic and in pain, yet surprisingly vibrant. Warm and funny.

THE ENSEMBLE: A group of four actors that Lisa has hired to be in the play. As the “intended play” unravels and their “rehearsed” scenes are interrupted, we see these real people having to grapple with the unexpected events occurring onstage. Their show-must-go-on actor ethic erodes as they (like the audience) start to find Ann a more compelling source of information, entertainment and warm human connection.

“Christina” – white woman, thirties/forties, plays Joy, Dottie and herself

“Saidah” – black woman, thirties/forties, plays Lori Jones, Kay, Mrs. Price, Cynthia and herself

“Daniel” – black man, twenties to fifties, plays Jim Richardson, Nurse 2, Little Oscar, Big Oscar and himself

“John” – white man, twenties to fifties, plays Howard Norris, Head Nurse and himself

TIME:

Tonight.

THE SETTING:

The setting for *Well* is the theater in which it's being performed. On one side of the stage is a slice of Lisa's parents' living room, including a La-Z-Boy-type recliner in which Ann Kron is sleeping at the top of the show. Ann's area is cluttered, with shelves and tables and drawers filled with books, magazines, interesting collectibles, toys, knick-knacks... There is a staircase leading off to the second floor, and an exit leading off toward the kitchen and basement. The effect should be as if Lisa has plucked her mother out of her house, shaken off all she could and then plopped her down onto the stage along with everything that stuck. The rest of the stage is flexible, allowing settings for the neighborhood and Allergy Unit scenes to assemble and disperse. As the "intended play" derails, this half of the stage should reflect the derailment with incomplete scene changes, broken and malfunctioning scenery, etc. The "special light" is literally an isolated square of light that Lisa retreats into when she feels it necessary to have a private conversation with the audience.

## PRODUCTION NOTES:

In this script the names of the ensemble actors from the Broadway production have been used but each production should use the actual names of the ensemble actors appearing in that production. The names “Lisa Kron” and “Ann Kron” remain constant.

Some ad-libbing may be necessary to create the proper feeling in moments of chaos, particularly when Lisa is herding the ensemble off stage or into a new scene. This is fine but the sound created should be general and cacophonous and no particular adlibbed lines should stand out.

The notation // is used to indicate the point at which overlapping dialogue should begin.

Sometimes the dialogue is broken out into columns, indicating that Lisa and another character are speaking simultaneously. Generally these interactions end with Lisa cutting off that overlapping interaction. I have intentionally written extra dialogue so that the speaker can be cut off by Lisa at a mid-point and some of their dialogue will be left unsaid.

# WELL

*(Lights come up as LISA enters and crosses to center stage. She carries a small stack of note cards. ANN KRON is sleeping in her La-Z-Boy recliner.)*

LISA *(to the audience)*. Hello. Good evening. Hi. Thank you all so much for coming. I want to tell you a little bit about what we're going to be doing. The play that we're about to do deals with issues of illness and wellness. It asks the question: Why are some people sick and other people are well? Why are some people sick for years and years and other people are sick for a while but then they get better? Why is that? What is the difference between those people?

This play is *not* about my mother and me. That is my mother there in that La-Z-Boy recliner, which is where she spends most of her time because she doesn't feel well enough to get up and do other things—but it's not *about* her. It's not about how she's been sick for years and years and years and I was sick as well but somehow I got better. It's not about how she was able to heal a neighborhood but she's not able to heal herself. It's not about those things but it does use those things as a vehicle for *(reads from the top note card)* “a multicharacter

theatrical exploration of issues of health and illness both in the individual and in a community.”

ANN (*groaning, still asleep*). Oh dear Lord.

LISA (*reacting in sudden irritation to her mother's unexpected interruption*). Mom!! (*She recovers, slightly embarrassed by her own outburst.*) I'm sorry. What is that thing about being around your parents that makes you act like a thirteen-year-old? Do you know what I mean? You grow up and you start your own life, and you move away and you do therapy and you get some distance. And after a while you start to be able to see your family so clearly. And you think: Wow, the next time I go home I am really going to be able to help them out. But then when you get home, what you realize is that your parents live in an alternate universe where your therapy has no power. Do you know what I mean? They're in a whole different reality. When I am in my reality it is so clear that there are things my mother could do to improve her health. I mean, I was sick as well and I got better, so I know it can be done. But then I get back here and but this is not about me and her. This is a theatrical exploration of issues which are universal and for which we will occasionally be using my mother as an example. Which is why I have brought her here.

This is my mother.

(*To ANN.*) Mom?

(*ANN wakes up, groggy.*)

ANN (*to LISA*). Hi.

LISA. Mom, how're you doing?

ANN. Oh Lord. I'm having such a bad allergy day. I just can't focus on anything. I think there's a storm front coming in and I just can't seem to keep my eyes open. I couldn't even get through the paper. Of course I didn't get any sleep today because the phone started to ring at about ten o'clock this morning and people kept calling all through my prime sleeping hours so... Oh, darn it, did I forget to tape the ice skating? Criminy nitwit! I can't believe it! Oh, I think I set the VCR upstairs to tape it. (*ANN gets up. She sees the audience.*) Oh, hello. (*To LISA.*) You didn't tell me there were people here. (*Back to the audience.*) Hi. How're you doing? I'd offer you a more comfortable chair but then where would we put the coats? Lisa, why don't you offer these people something to drink? I've got to go up and check that VCR. (*Goes upstairs, painfully limping on every step.*) Oh Lord, this hip is just... Oh! I don't know...

LISA (*watches her mother climb the stairs; then to the audience*). My mother's been sick, like that, for as long as I can remember. For her whole life actually. Well, I come from a family where everyone is ill. The presumption of illness is so strong in my family that it's the way we keep time. For instance, people in my family often say things like, "Now I know for a fact the warranty's not up on that dishwasher. I got it the winter I had congestive heart failure seven times." Some of the people in my family have recognizable, identifiable illnesses like cancer and heart disease, diabetes... When I fill out forms with family medical history sections where you check off the little boxes, I check them all. Then there is the family mystery illness—the general inability to

move, to physically cope, to stay awake. This is the primary malady suffered by my mother. My mother attributes her condition to “allergies.” To my mother, allergies are a highly underrated, sinister, life-destroying force that is kept secret from us by the evil AMA-controlled medical establishment. These days her condition would probably be labeled chronic fatigue syndrome or fibromyalgia or one of those, but whatever it is—

ANN (*returning*). Well, I didn’t tape it up there either.

LISA (*continuing*). ...it has sapped all of her energy since she was a little girl.

ANN. I’m just disgusted. Did you offer these people something to drink?

LISA. No, Mom, they’re fine.

ANN. Lisa, what’s wrong with you? What would you people like? (*She leaves again, exiting toward the kitchen/basement. She yells back to the audience.*) Let me see what we’ve got.

LISA. Mom, they don’t need a drink.//They’re fine.

ANN (*offstage*). Okay, we have, uh, Coke and some Diet Coke and Vernor’s—

LISA. Mom, they don’t—

ANN (*continuing, offstage*). ...root beer, if anyone wants that. I don’t know if any of this stuff is still good.

LISA. Mom—

ANN (*offstage*). You know, I buy this stuff when it’s on sale and then it just sits here and sits here and then when you need it it’s bad.//There’s something here, some kind of fruit...nectar that Elisabeth brought from Holland... hmm... I don’t think I’d have the nerve to try that...

LISA (*to the audience, overlapping with ANN, above*).

Okay, people? No drinks. Okay? We're not going to complicate this thing with drinks.

(ANN returns, carrying a crumpled Meijer's grocery bag.)

ANN (*to the audience*). Okay. What'll you have?

LISA (*to ANN*). They're good.

ANN. Really?

LISA. Yup.

ANN. Okay, well, suit yourselves. I found these down there. (*She takes little individual packages of chips or party mix or cookies out of the bag and begins to throw them into the audience. She knows this is funny. There's a quality about her that's almost impish.*) I found them at that restaurant supply place. Aren't they cute? (*To LISA.*) Here. (*She throws one at LISA. It hits her and falls. ANN is delighted.*) You don't want one? They're so cute. (*She throws another one and hits LISA again.*) Okay. Suit yourself. (*ANN reaches behind her chair and gets a "grabber."* She limps over to LISA and snatches the snack packs off the floor with the grabber, then drops them back into her crumpled bag. She is delighted with herself.) It's my grabber. (*She limps back out toward the kitchen/basement.*)

LISA (*to the audience*). My mother is a fantastically energetic person trapped in an utterly exhausted body. It's very confusing. Her energy level has two settings: all or nothing. Most of the time it's nothing, but when she has a burst of energy it's awe-inspiring. For instance, when we were very young she decided she wanted my brother

and me to be raised in a racially integrated neighborhood, and then she set about to create one.

*(ANN returns.)*

ANN *(to LISA)*. Ugh. I'm going to be so sorry I didn't wait till later to take that diuretic. *(Falls into her La-Z-Boy; then slightly suspicious.)* What's going on?

LISA. In what sense do you mean?

ANN. You're not writing a play about me, are you?

*(Throughout this section, LISA does her sincere, though ever-so-slightly condescending, best to walk her mother through these complicated concepts.)*

LISA. Mom, we've talked about this before. I don't actually write traditional plays. I work more in the genre of solo performance.

ANN. Okay. This solo performance, is it about me?

LISA. Well, this actually is not a solo. There are other people in it. It's like a solo show with other people in it. It's a whole new thing.

ANN. Wow, that sounds great. What is it about?

LISA. It is a *(refers to note card)* "multicharacter theatrical exploration of issues of health and illness both in the individual and in a community." Did you want to read the grant proposal?

ANN. No. I just want to know what you're doing and if I need to go upstairs and hide until you're done. *(To the audience.)* I don't even like to have my picture taken. I certainly don't want to be in a play. *(To LISA.)* So who's the individual?

LISA. Who?

ANN. That's what I'm asking.

LISA. What?

ANN. Lisa! You said you were writing something about health problems in an individual.

LISA. Yes. That's the issue being explored.

ANN. Okay. Who are you using to explore it?

LISA. I don't know what you mean by "using"?

ANN. Okay. What about the community?

LISA. What community?

ANN. You said something about a community.

LISA. The community! Well, let me tell you, Mom, the community is this neighborhood. It's about your work and how you helped to heal this neighborhood. And it also explores my time in the Allergy Unit at Henrotin Hospital.

ANN. Really?

LISA. Yes.

ANN. I suppose those are both important stories.

LISA. Yes they are. They're very important stories.

ANN. Okay, so now who's the individual?

LISA. The—?

ANN. The individual.

LISA. Okay. Look. It's not about either one of us. I work using autobiographical material, but ultimately this is a theatrical exploration of a universal experience. So it does utilize some details about you, but, Mom, it's not that big of a deal.

ANN. All right, honey. It's okay. I just wanted to know what's going on. I don't like it, but I can deal with it. It's not like you're going to make it seem like I'm a hypochondriac or something. It's true I'm not really crazy

about my living room ending up here, but I know you need to do your work. I don't want to make you self-conscious.

LISA. Thank you.

ANN (*supportive*). That's okay. You go ahead and do your thing.

LISA. Okay... (*Pause.*) I'm going to be right back. (*LISA steps into her "special light" and speaks confidentially to the audience.*) Just so you know, I'm aware that we're dealing with a couple of emotionally touchy topics here. There are certain things that we (*referring to the audience and herself*) will be exploring for the purposes of this "exploration" that she and I have not, actually, ever talked about in life. In particular, my mother has a very different picture of what happened when I was a patient in the Allergy Unit and how and why I got better. And I don't intend to get into that with her here because that would be walking into a big emotional minefield and what is happening here, of course, is not about me having a big messy "carefrontation" with my mother. This is a "theatrical exploration of universal issues." But that's what is so incredibly helpful about this convention of interior monologue. It will allow us to explore these issues in a professional, theatrical context. And it will also make the process much easier on her. Because she's not a theater person, you know, so she doesn't quite get that there's a plan that's in motion here. But, you know what? Just to make sure she's comfortable I'm also going to kind of keep her in the loop and explain things to her as we go along. Okay? Okay. Super. (*She steps out of the special light. To ANN:*) Okay, Mom. We're going to get going. (*Referring to the audience and herself.*)

And as I mentioned, we are going to be looking at some scenes back and forth from the neighborhood and from when I was in the Allergy Unit to see if we can find some resonances and some parallels between those stories of healing. Okay?

ANN. Yeah. Sure.

LISA. All right, then. Good. (*Commencing her "intended" play. Addressing the audience.*) We're going to begin at Henrotin Hospital in Chicago. At the Allergy Unit. Which is where I went after withdrawing from college, when I was nineteen years old, in the winter of my junior year. The Allergy Unit was a place I had heard about all through my childhood, always spoken of in reverential tones. It was considered a haven. It was the one place they took allergies seriously, and going there was a milestone I assumed was somewhere in my future—like a bat mitzvah. I'd had various symptoms since junior high school. But I did think I'd be able to make it through college first and//then go into the hospital—

ANN (*interrupting LISA*). Junior high? Oh no. You were having problems long before that. (*To the audience.*) Even in elementary school you could tell she was allergic. She had those big, dark circles under her eyes. "Allergic shiners" they call them.

LISA (*when ANN has finished, picking up as if nothing has happened*). ...but that winter I couldn't keep up with my work. I couldn't finish the semester. I was shocked. I'd always been able to push through on willpower. But that winter I found myself with two options: Go into the Unit. Or watch my life derail. And so—I went.

*(LISA crosses to the HEAD NURSE, who has entered along with the Allergy Unit setting.)*

HEAD NURSE. Lisa, welcome to the Allergy Unit.

LISA. Thank you.

HEAD NURSE. Let's start you off with a quick tour. In there's the dayroom. A little on the shabby side I know. But of course we can't use any new stuff because the off-gassing knocks most of our patients flat. No plastic anywhere on the Unit, of course. Wood, leather, cotton—all untreated when we can find it. Chem testing is in there. That's where we expose you to the various inhalants that might be causing your problem—perfume, newsprint, fabric softener. We won't go in there, of course. If they're testing in there we don't want to let those fumes out. That'd be bad.

LISA *(to the audience)*. And when I got to the Unit I was confused and miserable. Because I was a nineteen-year-old college student, and almost all of the other patients on the Unit were middle-aged ladies. And I remember thinking to myself: I am sick, and you are sick, but I am not like you.

HEAD NURSE. So let's head on down to your room—

KAY *(entering)*. Hello!

HEAD NURSE. Kay! How are you feeling, dear?

KAY. Oh! Tired. Sore. Happy.

HEAD NURSE. I'll bet. I heard that was quite a reaction.

KAY. Oh, it was. I just can't believe it. I know what it is now. I'm not crazy. *(Filled with joy and amazement.)*  
I'm not crazy.

HEAD NURSE. Kay, that is super-duper. That's what we like to hear. This is Lisa, by the way. She just got here.