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AUTHOR'S NOTE

First, I have to say that there wouldn't be a play without James Lapine. There might be something, a rambling, unwieldy monologue of some kind, but it would be about three hours long, and I'd be performing it in front of my bedroom mirror, to an audience of none.

For two years James acted as my tireless, painstaking editor — pushing me to rewrite, to pare away anything that didn't serve the story or speak directly and honestly to the events and emotions I was trying to describe. Every line had to matter, to get to the heart of things. He gave the piece its dramatic arc, and its shape. And it was James who brought in Darren Katz to shape my performance. Darren worked with me for years as well; through Darren I lost my fear of performing it, and learned to do the piece with immediacy, focus, conviction — what Darren calls "urgency." These two kind, endlessly patient men co-created the play.

I Got Sick Then I Got Better is the story of some things that happened to me, but it doesn't need me to perform it. You don't have to be a New Yorker, or white, or even middle-aged, all of which I happen to be, to play the part, although you should be able to play someone in her late forties or early fifties.

In fact, whoever performs the play should feel free to change the names of the characters, if only to avoid confusion. The "Jenny" character should probably get another name; otherwise, audiences may well wonder why you, the performer, are pretending to be the real woman who wrote the show, when clearly you aren't. It follows that you should change the other characters' names as well. The husband can still be a cartoonist; just give him a made-up name. Give the kids, and the other characters, other names too.

The only real requirement to play the part is a sense of humor. The woman in the play has to see the humor in almost everything she is experiencing, even some of the bleakest moments. It's fun to play the humor, and it's important that the performer and the audience enjoy it. The show should be entertaining; otherwise, given the subject matter, it will be grueling.

Having said that, it's worth pointing out that some audiences will laugh heartily and often, and others won't, and this has got to be all right with the performer. Some of the humor is quite dark, and there's an intentionally thin line between absurd and upsetting moments. Many audiences will "get" the humor but not actually laugh out loud that much.

Please don't panic if an audience seems subdued; if you do, you'll start trying to ingratiate yourself with them, and your performance will be cutesy, and unfocused, and embarrassing to watch. Believe me, I speak from experience. As the teller of this tale, your loyalty is not to your audience but to your story. Stay true to the story and to your character's need to tell it. Your audiences will respect you for it.

There is as much anger as humor in this play — at certain doctors, at members of my family, at various insensitive remarks made by acquaintances. All of this anger comes out of fear; the anger is just the way the fear — of dying, of course, but also of being abandoned, alone, uncared-for — shows itself. It's important to play the fear rather than the anger; you do not want to come across as self-righteous, or, worst of all, whiney. For example, in the scene when the oncologist asks "Jenny" (or whatever you're going to call her) if she has "talked to a therapist" about Jenny's conviction that her previous doctors ignored her early symptoms, it's important to keep in mind that Jenny's cold, angry response comes out of a sense of panicked desolation — until this moment, she liked the doctor, she thought the doctor would agree with her, and now the doctor has essentially dismissed her. More than anything, she's crushed.

The show should take about eighty minutes to perform. Too much longer than that means you're milking the funny parts too much, or overdoing the sad ones with too many "meaningful" pauses and such. The raw food section is particularly tempting to take your time doing, because it's fun to perform, and the audience always enjoys it. But there's a lot of play left to watch after that section, and you don't want people squirming in their seats toward the end, wanting to leave because they've sat there just a bit too long.

On a personal note, let me say that a lot of time has passed since I wrote and began performing *I Got Sick*. I am not exactly the same person I was when I wrote it. Though it took longer for me than for many people, my cancer did change me. I am a much less angry person; I'm kind of a happy person, in fact. My children are grown. I am, as I write this, in good health.

My husband and I do not live together anymore, but that is not "because" of my cancer. Although my illness didn't help our marriage, our story preceded and continued after that crisis. Whatever has happened since then doesn't diminish or deny the love that is, along with the anger, also in the play. The evening's final moments are still a powerful, heartfelt memory for me, a moment when the anger began to lift and I was able to let both of us off the hook. Anyone who has been in a long-term relationship will know this moment, and, I hope, play it for all it's worth.

LIGHTING NOTE

The lighting is warm and simple. Though "Jenny" addresses the audience throughout the show, there are moments when she does so more within the context of a scene (the section about going to Costa Rica, for example) and other moments when she is simply standing in front of the audience and speaking to them (e.g., the passage about the different ways people say, "You look great!"). The lighting designer may want to use lighting to differentiate between these two different kinds of moments.

I GOT SICK THEN I GOT BETTER was presented by the New York Theatre Workshop in New York City, opening on September 21, 2009. It was directed by James Lapine and Darren Katz; the lighting design was by David Lander. It was performed by Jenny Allen.

I GOT SICK THEN I GOT BETTER

CHAPTER 1

Stage is pre-set with four chairs, more or less in a row. From stage right: a yellow L.L. Bean Adirondack chair; a low wheeled stool, the kind doctors sit on in examining rooms; a comfortable armchair; a chair you would find in a doctor's waiting room. The Adirondack chair, however, should be set off a bit from the rest. Next to the armchair, stage right, is a small end table, and on it a notebook and a pen.

Jenny enters from the audience, where she has been chatting up audience members, and stands front and center.

JENNY. Can everybody hear me? In the back? Good. And is everyone comfortable? Is the A/C too strong, or too weak? I want to know, because we were doing the show in the Berkshires recently, and it was very stuffy in the theater, and three women left in the middle of the show, and I thought they hated the show. And it turned out that one of them had fainted. Which was unfortunate.

Oh! Maybe you could check now to see if your cell phones are off. I just want to make sure I'm the only one who's embarrassing herself here tonight.

Okay, I'm going to tell you my story tonight without an intermission. It's just too late to do anything about that; it's too late to go the bathroom, or leave, unless you faint, but I hope you don't. But don't worry: You're only going to be here, listening to me talk about gynecological cancer, for about three hours.

I'm kidding! We're only going to be here for an hour and twenty minutes. And it's going to be funny!

Well, it's going to have a lot of funny parts.

The funny parts will be really funny, I hope, but we do have to subtract something for the not-so-funny parts. Which there are a few of also. As you might imagine.

I think you're all very brave to come. I'm not sure I would, if it weren't my show. I kind of have to be here, but you don't. So thank you so much for coming.

I wanted to talk about waiting for a minute. Waiting for the doctor can be very irritating, can't it? (She sits on stool.)

First you wait in the waiting room for an eternity, catching up on all your *Golf Digest* reading, and finally the nurse says, "The doctor will see you now," and she shows you to the examination room. Only the doctor doesn't see you now. The doctor doesn't see you now for another forty-five minutes.

So you sit there on the paper-covered examination table, in your crunchy paper dress, feeling like a giant piece of origami. And you wait for the doctor.

And sometimes you weigh yourself, and maybe you steal a moist towelette or two, or maybe you wheel around on the doctor's little wheelie stool. And sometimes you just ... (She pauses, looking and listening for the doctor's arrival.) wait.

Now, I'm very good at waiting.

(She stands front and center — full stage available.)

For those of you I haven't met here in the theater, my name is Jenny Allen. I live in Manhattan, on the Upper West Side. I have a husband and children. Two. Two children — one out of college, one ten years younger. One husband. My older child is Halley. My younger child is Julie. My husband is Jules. He's a cartoonist.

I'm a magazine writer. I write about a lot of different things. For a long time, I did a lot of interviews with movie stars and TV personalities. Winona Ryder lied to me about many things, but she did it so charmingly I didn't even care. Kirstie Alley served me a huge mountain of pastries. I ate the whole thing while she talked about Scientology.

I met Jules when I went to Martha's Vineyard to interview him for *LIFE* magazine. "Remember, you don't sleep with anyone you're writing about," my editor said to me right before I left. I thought that was very vulgar. I never slept with anyone I was writing about — although it was kind of a moot point, since none of them even asked me out to dinner. Besides, I couldn't imagine sleeping with Jules. I mean, my parents had a book of his cartoons

in our house when I was a little girl. I thought he must be at least a hundred.

Anyway, I didn't realize how pallid everyone I'd interviewed was until Jules started talking. He was so funny, and he had this shocking habit of just speaking the truth. And he wasn't a hundred, and he did ask me out to dinner, and about seventeen minutes after we'd shipped the story, I went. And ... one thing led to another.

Thirty years later, he still says to me, "Isn't this interview over yet?"

I had to steal time over the years to do my own creative work. So I'd sit at my desk late at night, drinking wine and pressing Delete.

But I wasn't a dumbbell. In fact, I was kind of mean about people who were. "Whew," I'd been known to say about someone, "not the sharpest pencil in the box."

And then, all of a sudden, I'm not the sharpest pencil in the box. All of a sudden, I'm the village idiot. (She sits in waiting room chair.)

Here I am in Central America, on vacation with my elevenyear-old daughter, Julie. We're in a travel agent's office, waiting for the little bus that will take us to the skinny rope bridge we'll walk across, high over the rain forest canopy.

"How y'all doin' today?" says the travel agent. What a surprise; I'd thought she was a local. No, no, she emigrated here, she says.

"How long have you lived in — " I ask, and then I stop, because ... I can't remember the name of the country we're in.

"In Manuel Antonio?" she says, and I nod yes. That's the name of the town we're in, but that's not what I want to know. What I want to know is the name of the country. Oh my God, what country are we in, what land?

She's talking, talking; in my head, I'm trying out different names: San Juan? No, that's in Puerto Rico. And we're not in Puerto Rico. We're in ... another place. We're in ... Oh, I am so screwed.

And now we're all bouncing along on the bus, going over a bridge. Now, none of the bridges in this country has been repaired, ever, so you can look out the window and through the holes in the asphalt right down to the rushing waters of the river you're crossing over. And I'm thinking of the postcard I'll send to my stepdaughter, Kate: "It's not the roads you have to worry about in Costa Rica, it's the bridges."

Costa Rica!

"I love Costa Rica, don't you?" I say to Julie, to celebrate, and also because I think if I say it out loud, I may remember it longer.

"Mom, are you crazy?"

"No, I'm not crazy. Gramma's crazy, I'm not crazy."

"Then what is your problem?" (She stands, moves downstage in front of chair.)

No one really knows what causes chemo brain, but there's some thought that some of the chemicals in the chemotherapy drugs slip through the blood-brain barrier. That's not their purpose — unlike Valium, for example, or a really good martini — but they do, and they just lay waste to your brain cells. (She moves center — full stage available.)

But before you get to have chemo, and lose your mind, first you have to get sick.

I have to get into some gynecological detail here, and I'm afraid it gets a little complicated, so please bear with me.

But I promise, I am not going to use the word "vagina" once. I don't know, I thought we'd all appreciate that.

Six years ago I started having these abdominal pains. They weren't crippling; they were more like having menstrual cramps a lot of the time. In fact, I thought they were menstrual cramps, because I seemed to be having my period a lot more of the time too.

After a few months of this, I went to my gynecologist. He couldn't have been less concerned. He did do a Pap smear, which was normal, and which meant I didn't have cervical cancer. And he ordered a sonogram, just to set my mind at ease. The results of the sonogram said, "No findings of a concerning nature." What a relief!

Six months went by, and I still had the mysterious pain. So I went to our regular doctor, Dr. Scanavini. Maybe I have a hernia, I told him; he felt around and said, "No, you don't, but why don't you go for a colonoscopy?"

The colonoscopy doctor didn't know what was causing my pain either. Although I did get to have my very first colonoscopy, so that was just a treat.

Now, at the time, Jules was going for his bad back to a Chinese traditional medicine doctor. I thought, 'Maybe I have a pulled muscle.' After all, I'd spent 30 years hauling around purses the size of suitcases filled with everything I owned.

So I went to see the doctor in his drab office in Herald Square,

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I GOT SICK THEN I GOT BETTER is a comic riff on one woman's adventures after falling down the medical rabbit hole. Diagnosed with and treated for ovarian cancer, Jenny tells her story of the harrowing tailspin she took following her diagnosis, combining biting humor with searing emotion in a witty, bittersweet monologue that limns the personal and family collateral damage a life-threatening illness brings.

"Speaks with passion and precision ... full of pithy, quotable observations that still acknowledge that facing death cannot be reduced to an epigram ... asks us, politely and engagingly, to look on life when it is directly threatened."

—The New York Times

"Ovarian cancer isn't a subject you normally laugh about, but you'd be hardpressed not to do so as Jenny Allen hilariously relates her experience with the disease in her excellent solo show ... excels in a kind of wry irony that combines wit with a keen attention to detail."

—TheaterMania.com

"A cancer story that is remarkably free of sap, digging out comic nuggets from the medical mire and delivering them with the easy intimacy of a dinner-party hostess."

—Time Out New York

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