

InsideOUT

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WELL

BY LISA KRON

THE RICKETSON THEATRE

WHAT HAPPENS
WHEN A PLAY
DOESN'T PLAY
BY YOUR RULES?

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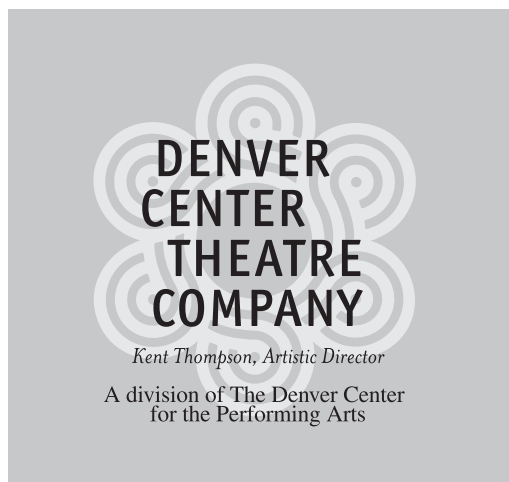
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Synopsis

"This 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?" – Lisa Kron, Well

"This play is not about my mother and me," continues Lisa Kron but, of course, it is, because she has brought her mother Ann on stage with her. Chronically ill, Ann disrupts the proceedings with her bursts of energy; soon the other actors hired to portray her "multi-character exploration of issues for health and illness" discover that Ann is far more interesting than Lisa's play-within-a-play-within-a-play. In the interim, Lisa's carefully constructed theatrical piece collapses, leaving her to contemplate the idea that maybe wellness lies in our ability to confront the complexities and contradictions of life. In this very funny play, we come to acknowledge the nature of true empathy for those we love in sickness and in health.

The Playwright, Lisa Kron

"I started with a desire to write about my parents, both of whom are people with extraordinary qualities, and then I struggled with separating what is truly extraordinary about them from a daughter's natural inclination to mythologize." – Lisa Kron¹

Lisa Kron was born in Ann Arbor, Michigan on May 20, 1961 to Ann and Walter Kron. Ann is a former antiques dealer and community activist. In the 1960s she founded the Westside Neighborhood Organization in Lansing, Michigan. In a time when neighborhood segregation was the norm, the WNO helped to bring people from diverse racial and socioeconomic backgrounds together. Walter, a retired lawyer born in Germany in 1922, is Jewish and a Holocaust survivor. In 1937 when the Nazi persecution of the Jews escalated, his parents sent him out of Germany via the Kindertransport program. He went back to Germany after World War II, serving as a US army interrogator of Nazi war criminals. In the 1990s Lisa and her father visited Auschwitz where the Nazis murdered his parents in the 1940s, which is the subject of her solo piece, *The 2.5 Minute Ride*.

Lisa's family moved to Lansing, Michigan in 1965, a year after her brother David was born. One of the main story lines in the play recounts her experiences attending a predominantly African American elementary school in that city. Her parents sent her there in an effort to help integrate it; three years later the city began mandatory racial integration in its schools.

Lisa became interested in theatre at an early age. She traces her acting roots to the Purim holiday plays that she performed as a child at her synagogue in Lansing. In junior high she was determined to be the funniest girl that people knew. She graduated from Everett High School as valedictorian in 1979. In her senior year she attended special theatre classes at Lansing School District's Academic Interest Center. After high school, she attended Kalamazoo College where she majored in theatre.

There Professor Lowry Marshall mentored her and helped her land a role with a national touring theatre company. After college, she furthered her studies at Chautauqua Professional Actors Studio and the British European Studies Group in London.

Lisa arrived in New York City in 1984. She worked as an office temp and various other jobs while pursuing an acting career. Some of her adventures during her early days in New York are chronicled in her play *101 Humiliating Stories*. She was soon performing at the WOW Café, a creative venue for women in the performing arts in Manhattan's East Village.

In 1989 Lisa, Maureen Angelos, Dominique Dibbell, Peg Healey and Babs Davy founded the theatre company, The Five Lesbian Brothers. The name was chosen, in part, to refute the perception of lesbian theatre as a combative and didactic medium. The group writes and performs witty, satiric works from a feminist and lesbian perspective. Their works have been produced by the New York Theatre Workshop, the Joseph Papp Public Theatre and the WOW Café Theatre, among others. They have toured all over the United States and have won an Obie Award.

After making its way through a not-for-profit developmental circuit, *Well* opened on Broadway on March 10, 2006, to critical acclaim and received two Tony nominations. Lisa was nominated for Best Actress in a Play and Jayne Houdyshell (who played Ann Kron) was nominated for Best Featured Actress in a Play. Despite good reviews, *Well* had low attendance and closed on May 14, 2006. It has since been performed in Boston, London and Los Angeles.

Lisa's selected works include *The Five Lesbian Brothers' Guide to Life*, *2.5 Minute Ride*, *101 Humiliating Stories*, and *Voyage to Lesbos in Five Lesbian Brothers Four Plays*.²

1) Wendy Weisman, "The Importance of Being Lisa Kron." American Theatre, March 2006.

2) http://en.wikipedia.org/wiki/Lisa_Kron

Chronic Illness and Wellness

Kaye: “Do you know what the problem is with being sick? It’s that you’re sick. People who are healthy think they know how you could get better, because when they imagine what your life is like they imagine having your sickness on top of their health.” – Well

Ann and Kay are not the only individuals to suffer from a chronic illness. According to the U.S. Bureau of Census in 1986, “...approximately 110 million people, almost 50 % of the American population, have one or more chronic health conditions.”¹ Of the people afflicted, nearly one-third is limited in their daily activities because of how they feel. Most chronic problems extend across the life span: “11 million are under the age of 45 years; 11 million are 45 to 64 years of age, and 10.3 million are 65 years of age or older.”²

In their book, *Sick and Tired of Feeling Sick and Tired*, Drs. Paul J. Donoghue and Mary E. Siegel identify symptoms of invisible chronic illness (ICI). These include “chronic fatigue, chronic pain, memory loss, transient vision disturbances, muscle weakness, bladder urgency, numbness, tingling, skin irritation, intestinal distress and cognitive difficulty.”³ These symptoms are often not only unobservable, they are immeasurable; instead they are subjective. Medical tests yield no results, so the patient is often ignored or labeled a hypochondriac.

Lisa says, “Her condition today would probably be labeled chronic fatigue syndrome or fibromyalgia.”⁴ Chronic fatigue immune dysfunction syndrome (CFIDS) is characterized by extreme fatigue. In addition, there are other symptoms such as swollen lymph glands, sleep disturbances, headache, memory loss, decreased ability to concentrate and low grade fever. Fibromyalgia is a musculoskeletal condition with symptoms such as persistent pain, chronic fatigue, sleep disturbances, frequent headaches, dry eyes, hair loss, sun sensitivity and irritable bowel syndrome. These symptoms may fluctuate and do not occur simultaneously.

Lisa says, “When I am in my reality it is so clear that there are things my mother could do to get better.”⁵ Some of these things are massage which can ease pain and improve energy; acupuncture (the use of special needles in painful areas); therapeutic touch in which the

practitioner holds his or her hands three to five inches from the patient’s body “to assess and balance a patient’s energy field.”⁶

Norman Cousins popularized the idea of using humor to fight pain in his book *Anatomy of an Illness*. “Various studies have shown that laughter lessens depression, induces relaxation, strengthens our immune system and stimulates the release of endorphins, the brain’s natural painkillers.”⁷ Some other methods are meditation, which is the repetition of a mantra such as a sound, word or phrase. Biofeedback is a powerful tool for it is “a relaxation technique in which individuals are taught to recognize and alter their nervous system when offered some type of perceptible recording of the change such as the use of a high-pitched sound or electronic graph.”⁸ Finally, one can use imagery (imagining oneself to be in a place of extreme pleasure).

Cognitive therapy, in which one retrains thoughts to be less negative and more realistic, can improve moods and physical health. In addition, a proper diet emphasizing grains, fruits, vegetables and cutting down on fat and sugar is good for all of us.

Donoghue, Paul J., PhD. and Siegel, Mary E., PhD. *Sick and Tired of Feeling Sick and Tired*. New York: W. W. Norton and Co., 2000.

Kron, Lisa. *Well*. New York: Theatre Communications Group, 2006.

Royer, Ariela. *Life with Chronic Illness*. Westport, CT: Praeger, 1998.

Spero, David, R.N. *The Art of Getting Well*. Alameda, CA: Hunter House Publishers, 2002.

Wells, Susan Milstrey. *A Delicate Balance: Living Successfully with Chronic Illness*. New York: Plenum Press, 1998.

1. Royer, p. 5.
2. Royer, p. 5.
3. Donoghue and Siegel, p. 4.
4. Kron, p. 13.
5. Kron, p. 12.
6. Wells, p. 110.
7. Wells, p. 117.
8. Wells, p. 248.

Allergies and Environmental Causes

Ann Kron is allergic to weather, water and yellow dye No. 2. In fact, she's pretty much allergic to everything....Reactions often involve complete collapse, sometimes for periods of six months to a year.

– Susan Lehman. “*Theatre; a House Call (Just Don’t Call Her a Hypochondriac.)*” New York Times, March 12, 2006

If Ann Kron is allergic to just about everything, perhaps she should get a copy of *A Healthy House* and become informed about what in her house might be making her sick.

Indoor air pollutants can be divided into five categories: “volatile organic compounds (VOCs), toxic byproducts of combustion, pesticides, electromagnetic fields and naturally occurring pollutants.”¹

Volatile organic compounds are a major threat to individual health; symptoms can include headaches, eye irritation, coughs, sinus infections, joint and muscle pain, memory loss, fatigue, anxiety, depression and even more allergies. VOCs are derived from petroleum products; the substances produced are comprised of solvents, waxes, lacquers, synthetic detergents, synthetic fibers and paints. Common sources of VOCs which can be present in houses are plywood, wood paneling, carpets and carpet pads, some insulation, fresh paint, cleaning products, body care and aerosol products, dry cleaned garments and air fresheners among others.

Toxic byproducts of combustion refer to gas, oil, coal, wood and other fuels burned inside. “They consume valuable indoor oxygen unless air for combustion is supplied from the outdoors.”² Indoor combustion is found in gas-fired appliances such as stoves, clothes dryers, water heaters and furnaces. Exposure to gas fumes can affect every organ of the body, but early symptoms include depression, fatigue, irritability and difficulty in concentrating.

All pesticides are dangerous because they are made from petroleum-based chemicals. The EPA (Environmental Protection Agency) does not test pesticides for safety, only for the efficacy in killing weeds, insects, mold and fungus. The inert ingredients, which can amount to 99% of a pes-

ticide, are usually not identified on the label, but have included such toxins as “Chicago sludge and other hazardous waste, asbestos, and some banned chemicals such as DDT.”³ Another danger from pesticides is that they can drift some distance away from the site of application, leaving a residue throughout the surrounding neighborhood, contaminating everything and everybody they contact. Reminders of pesticides have been found in carpet dust, rain, fog, snow, food, water and livestock. A long-term exposure to low levels of toxic pesticides can result in chronic effects such as flu-like symptoms, headaches, fatigue, dizzy spells and difficulty concentrating.

The fourth category of indoor pollutants is electromagnetic fields. The sun’s electromagnetic waves are natural, but other fields, such as radio and TV waves, microwaves and power line frequencies are generated by humans. “Many scientists agree that electromagnetic fields have biological effects, but they disagree on the exact effects and whether they are harmful.”⁴ Research shows that some magnetic fields can induce a tiny electrical field in the body, which creates an electric current in and around the cells. According to housing inspectors, this current should be 2.0 mG (milligauss) or less; an elevated level can change the function of cell chemistry and cell growth. It is important that homeowners inspect their houses for proper wiring, for improper wiring creates high magnetic fields.

Naturally occurring pollutants include trace metals, house dust, molds and pollen. Trace metals such as aluminum, copper, cadmium and mercury are often found in drinking water. It is advisable to have drinking water tested to see if a water purification device is needed.

Biological pollutants include pollen, house dust and mold spores. Pollen from weeds, grasses, trees, etc. can invade the house through doors and windows. House dust is a complex mixture of dust mites, animal dander, textile particles, skin cells and more. Dust mites feed on skin cells and are found in mattresses, pillows, carpets and upholstered furniture. “Mold plays a significant role in triggering allergies, asthma and chemical sensitivi-

ties.”⁵ Mold can be found wherever moisture accumulates, such as basements, bathrooms, window sills, laundry rooms or wherever there are water leaks or flooding. People allergic to house dust and mold experience chronic fatigue, panic attacks, chest pains, headaches and memory loss.

Ann Kron may suffer from a condition known as Multiple Chemical Sensitivity (MCS). The most common symptoms of this condition are lethargy, difficulty concentrating, muscle aches, memory difficulties and long-term fatigue. Other patients complain of dizziness, chest pain and pressure in the head. “Symptoms from electrical sensitivities may include loss of muscle control, noise sensitivity and other neurological problems.”⁶ MSC respondents report pesticides, fresh paint, new carpets, diesel exhaust fumes, perfumes and air fresheners as the worst culprits. Others complain about nail polish and remover, phenol in dry-cleaned clothing, fabric softener, furniture polish, hair spray, chlorine bleach and laundry detergent as troublesome.

For anyone experiencing allergies (other than food), a building inspector should be called. “A good building inspector should be part building scientist, part investigative journalist, part psychologist and part building contractor.”⁷ After a thor-

ough interview, a seasoned inspector will examine the house for dust, particle matter, mold, electromagnetic fields and chemical components. He/she will recommend further testing and/or changes and remind the homeowner that maintaining a healthy home requires the owner to perform the necessary maintenance of mechanical systems, home cleaning, changing of water or air filters and minimizing exposure to electromagnetic fields and chemicals.

Baker-Laporte, Paula; Elliott, Erica and Banta, John. *A Healthy House*. Gabriola Island, Canada: New Society Publishers, 2008.

Gibson, Pamela Reed. “Understanding and Accommodating People with Multiple Chemical Sensitivity in Independent Living.” <http://www.ilru.org/html/publications/bookshelf/MCS.html>

www.emfservices.com

1. Baker-Laporte, Elliott and Banta, p. 4.
2. Ibid, p. 5.
3. Ibid, p. 9.
4. Ibid, p. 14.
5. Ibid, p. 15.
6. Gibson, MCS. html.
7. Baker-Laporte, Elliott and Banta, p. 18.

Themes of the Play

Lisa: *I was sick and then I got well; the neighborhood was sick and got well.* –Well

One of the obvious themes of the play is illness and wellness. Both Ann Kron and Kay (Lisa’s roommate in the allergy unit) complain they have to deal not only with their ailments, but also with other people’s judgment of them and their sickness. Kay believes that people think she’s just not trying hard enough to get well. Lisa believes she achieved wellness when she left home and didn’t become like her mother. “The play seems to suggest that we can’t be well if we live only in our version of the story; if we imagine our version to be the only one.”¹ But the play also demonstrates that sickness can be a force for healing. Ann, as badly as she feels, mounts a community drive to end a social ill-segregation.

“Maybe wellness here is about a willingness to look right at a person or a disease and try to understand it for what it is.”²

Another theme is power and knowledge. Lisa is trying to exercise power to keep her play on track, but she is stopped when her mother and the rest of the cast take over and question her motives. In addition, the unexpected appearance of Lori leaves Lisa very unsettled. Anna Sims Bristol in her study guide for the Public Theatre describes two different kinds of knowledge: expert and local. Expert knowledge is derived from education, degrees, professional experience and authority. Local knowledge is gained from age, wisdom, life experience and having relationships with people. Lisa possesses expert knowledge of the theatre, its rules and how a play should work. Ann has local knowledge about the neighborhood battles and what is happen-

ing to her; she trusts her instincts and experience and believes that power rests with the people. In her battle for integration she makes social contacts, holds potluck suppers and prints a newsletter.

“Lisa is using her superior knowledge of theatrical convention to try to appropriate her mother’s stories and talk over her mother’s head. But her mother and the stories prove too magnetic, and ultimately the play is driven not by who knows the most about theatre, but about who knows the most about people.”³

Rabbi Daniel Brenner believes a theme of the play is prejudice. Lisa drops hints about being Jewish in a Christian community and about her friends being African American in a predominately white city. The rabbi says the playwright “challenges us to think and calls attention to prejudice based on being ‘well’. If we feel sick, we prejudice those who are well; if we feel well, we prejudice those who are sick.”⁴

A final theme of the play is integration with integrity and about living with commitment and conviction. Lisa is trying to tell this story, but the ensemble cast takes on the responsibility and act in agreement with their own values. They like each other and they love Ann, so they break the rules and give Lisa space to confront some of the issues she has avoided.

The final speech of the play expresses clearly the idea of integration that underlies the whole play.

It’s from a note Ann wrote for one of her Neighborhood Association Meetings: “This is what integration means. It means weaving into the whole even the parts that are uncomfortable or don’t seem to fit. Even the parts that are complicated and painful. What is more worthy of our time and our love than this?”⁵

Bristol, Anna Sims. *A Study Guide for Well*. New York: Public Theatre, May 2008.

http://rabbidanielbrenner.blogspot.com/2006/04/well_by_lisa_kron_short_play_review.html

Kron, Lisa. *Well*. New York: Theatre Communications Group, 006.

1. Bristol, p. 6.
2. Ibid.
3. Ibid, p. 7.
4. RebBlog
5. Kron, p. 76.

The State of Wellness

Wellness is a difficult word to define because it is more than the absence of illness. According to Charles B. Corbin of the University of Arizona: “Wellness is a multi-dimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.”¹ It is an ongoing process in which the individual is always seeking information to make choices for improving one’s health and way of life.

There are seven components of wellness according to Aurora Health Care of Wisconsin and the Wellness Connection. They are:

“1. *emotional*—accepting and managing your feelings, including the ability to understand your

limitations and navigate through stress.

2. *environmental*—having places to live and work that are safe for you both emotionally and physically.

3. *intellectual*—participating in creative, stimulating growth-oriented activities.

4. *occupational*—finding rewarding work where you can use your special skills to make a positive contribution.

5. *physical*—managing your physical health on a daily basis.

6. *social*—contributing to one’s environment and community.

7. *spiritual*— finding meaning and purpose in life and defining a value system to operate within.”²

There are many wellness programs across the country. One is the Finding Balance System created by Leo Lipsenthal, MD of Sausalito, California. It is taught to medical students with the intention of helping them gain “emotional intelligence” and deepen their interpersonal connections with prospective patients. The doctors, in turn, will help their patients manage stress and optimize their physical health.

A current curricular change at the University of Connecticut School of Medicine involves teaching wellness to students in the first year of medical school rather than the traditional focus on disease processes. This innovation did not detract from the students’ abilities to get a medical history and make a diagnosis.

In 2008 the University of Colorado School of Medicine received a \$15 million gift from the Anschutz Foundation to help create a Health and Wellness Center. Research and care will focus on alternative/complementary medicine, holistic

wellness and counseling on weight management, improving nutrition and physical fitness. Anyone who wishes can participate in the program.

1. [www. definition of wellness.](http://www.definitionofwellness.com/)
2. [www. aurorahealthcare. org.](http://www.aurorahealthcare.org/)

<http://www.aurorahealthcare.org/yourhealth/wellness/default.aspx>

[http://www. cu.edu/content/new-culture-health-and-wellness-launched-university-colorado-denver](http://www.cu.edu/content/new-culture-health-and-wellness-launched-university-colorado-denver)

[http://www. definitionof wellness. com/](http://www.definitionofwellness.com/)

<http://healthclassics.com/trainee.asp>

[http://www.ingenta connect.com/content/bse/meded/art00018](http://www.ingentaconnect.com/content/bse/meded/art00018)

Mother/Daughter Relationships

ANN: “She [Lisa] is like an amazing star to me—my daughter. But I-I don’t even know how to say it. It’s like we were one thing. Or we were rooted in the same place.” – Well

The bond between Lisa and Ann is not unique. Researcher Karen Fingerman, PhD. “found that despite conflicts and complicated emotions, the mother daughter bond is so strong that 80% to 90% of women at midlife report good relationships with their mothers.”¹ The relationship is so strong that the participants can handle being upset with one another better than in any other relationship. There is also great value in this tie because the two individuals care for one another and share an investment in the whole family. Dr. Fingerman bases her findings on questionnaires and interviews she had with 48 mother/daughter pairs.

According to *Discovery Health*, the greatest gift a mother can give a daughter is “permission to be herself.”² This present of independence allows the daughter to be what she wants to be because the

mother is who she wants to be. This is certainly true in Lisa and Ann’s relationship.

In *Mothers and Daughters* by Andrea O’Reilly and Sharon Abbey, the authors emphasize the importance of storytelling in mother daughter relationships. Through narration, “mothers may, name, claim and transform their lived realities; and bequeath to daughters...a vision of emancipatory connectedness and care.”³

The play deals with the mother’s illness and the daughter’s wellness. “Daughters were keenly aware of their mothers’ physical vulnerabilities, but some daughters appeared obtuse to emotional issues, the embarrassment and sense of giving up independence involved for their mothers,” writes Karen L. Fingerman in *Aging Mothers and Their Adult Daughters*.⁴ This seems to be Lisa’s problem in that her mother is embarrassed at being the focus of the audience’s attention. Yet Ann shows concern for Lisa’s health, especially when her daughter was hospitalized in the allergy unit.

Both mothers and daughters see flaws in one another. “For daughters, the ability to see a problem

in their mothers without feeling personally attacked may represent an aspect of filial maturity; the daughter may be seeing her mother as more like a peer.”⁵ Certainly, Lisa and Ann see each others’ flaws as they try to correct each others’ stories. Ann realizes her daughter is more accomplished and educated than she, but it is Ann who wins the love and respect of the cast (and the audience) through her caring and social skills.

Fingerman, Karen L. *Aging Mothers and Their Adult Daughters*. New York: Springer Publishing Co., 2001.

O’Reilly, Andrea and Abbey, Sharon, eds. *Mothers and Daughters: Connection, Empowerment and Transformation*. New York: Rowman and Littlefield Publishers, Inc., 2000.

<http://www.psychologytoday.com/articles/200105/the-mother-daughter-bond>

<http://healthdiscovery.com/centers/womens/daughter/daughter-03.html>

1. www.psychologytoday.com
2. healthdiscovery.com
3. O’Reilly and Abbey, p. 5.
4. Fingerman, p. 118.
5. Fingerman, p. 121.

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Questions

- 1) Lisa asks, “Why are some people sick and other people well?” What does it mean to be well? What does it mean to be sick? What does it mean to get better?
- 2) How would you describe the relationship between Lisa and Ann?
- 3) Why does Lisa choose to have her actors show her stay at the allergy hospital? What is causing her allergic reactions?
- 4) What is the purpose of Lori Jones? Is she an adequate representative of Lisa’s neighborhood? What is the significance of the neighborhood in Lisa’s life?
- 5) Lisa and Ann have a few memories of events that are perceived differently. Why are their memories different? Why do people perceive events differently?
- 6) How do Lisa’s and Ann’s view of their neighborhood meetings differ? How do they show these differences in the play?
- 7) What is integration? Explain the ways that integration is represented in this play?
- 8) Why does Ann believe that social activities are the cornerstone of healing?
- 9) Explain what you believe to be the difference between a “well-made play” and a “theatrical exploration.” How would you describe this play to someone else?
- 10) Why do the actor’s break character and leave the world of the play? How does this affect the story and the end of the play?
- 11) Do you treat people differently when they are sick? Does the way you interact with them depend on the illness?

Activities

Perspective Writing - Monologues

Materials: Pen and paper

1. Lisa and her mother, Ann, have a disagreement about what happened in Lisa’s past. Pick a moment in the play and write a short narrative from each character’s point of view about the same encounter. For example, describe the neighborhood meeting from Lisa’s view. How is this different from the monologue that Ann gives in the play?
2. The actors in Lisa’s play portray different roles. Take a moment from Kay, Joy, Oscar, Christina, etc. and write a short narrative about their perception of what transpired either from the actor’s point of view or the character’s point of view.

Reading and Writing 2: Students write and speak for a variety of purposes and audiences.

Reading and Writing 4: Students apply thinking skills to their reading, writing, speaking, listening, and viewing.