

THE COMING MAGIC

by Alan Haehnel

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THE COMING MAGIC

A One Act Dramatic Play

by **Alan Haehnel**

SYNOPSIS: Paul Kroeger, sales rep for Tormore Pharmaceuticals, has a problem. Primidarol his best-selling (*and personal favorite*) drug, causes a major side effect under very rare circumstances. In particular, if Primidarol is administered to adolescent girls with a particular technology addiction, they experience clairvoyant tendencies. Fortunately, no one but the doctor and nurse at the small rehab facility know about the trouble... so Paul kills them. But when he proceeds to finish the cover-up by murdering the nine patients as well, the effects of his pet drug come back on him, and the girls who took Primidarol emerge with mind-blowing powers.

DURATION: 50 minutes

TIME: Present Day

SETTING: A large room in a treatment facility and a small office space

CAST OF CHARACTERS

(2 males, 10 females)

PAUL KROEGER (m).....	The sales representative for Tormore Pharmaceuticals. <i>(108 lines)</i>
DR. PHIPPS (m).....	The head of an addiction treatment facility. <i>(73 lines)</i>
NURSE ENGLAND (f).....	Dr. Phipps' colleague at the facility. <i>(41 lines)</i>
CARA (f).....	Teen girl, patient in the facility, being treated for technology addiction. <i>(21 lines and 56 ensemble lines)</i>
MORGAN (f).....	Teen girl, patient in the facility, being treated for technology addiction. <i>(36 lines and 56 ensemble lines)</i>

KELLY (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(26 lines and 56 ensemble lines)</i>
SARAH (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(21 lines and 56 ensemble lines)</i>
SASHA (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(24 lines and 56 ensemble lines)</i>
ANNA (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(16 lines and 56 ensemble lines)</i>
FAITH (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(21 lines and 56 ensemble lines)</i>
ERIN (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(51 lines and 56 ensemble lines)</i>
AMANDA (f)	Teen girl, patient in the facility, being treated for technology addiction. <i>(37 lines and 56 ensemble lines)</i>

SET

1. A large room in a treatment facility with a bed and chair for each of the nine patients. This should be reminiscent of a ward during wartime, when the injured soldiers were all housed together.
2. A small office space with a chair and computer monitors. Here is where the doctor and nurse can monitor their patients.

PROPS

- gloves
- briefcase

COSTUMES

The patients should all have on identical, modest hospital-issued gowns. Dr. Phipps and the Nurse England would wear typical medical outfits. Paul Kroeger should be immaculate in his suit and tie.

DIRECTOR'S NOTES

This play should be creepy, creepy, creepy! Pay particular attention to Paul. He should not be played as a stereotypical, smarmy salesman, but as someone who is singularly in love with his work and, in particular, with Primidarol. Rehearsals with the patients in “The Coming Magic” will be quite challenging as the actors have to shift from individual characters to group think and even some spaces in-between. If a particular transition just doesn’t make sense—i.e., a line spoken as the group seems like it should be just an individual or vice versa—feel free to make a change. The effect is the important goal, not who gets which line. Finally, if this show needs to be cut for competition, trimming Paul’s monologues about the origins of Primidarol is approved. Enjoy!

AT START: *We open to the stage with nine beds in a single large room. Beside each bed is a chair. In each bed is a sleeping teenage girl. After several seconds, the girls stir at the same time. Their actions are not identical, but they act as if they have all had their sleep interrupted by a similar impulse. They quiet again. After a few more seconds, they stir again, in unison. This disruption lasts longer and is more pronounced than the first one. They quiet. After a few seconds, they whisper in unison.*

ALL GIRLS: Shockstrand. Log on, plug in.

ALL GIRLS spasm as if hit by mild electricity.

ALL GIRLS: Shocked you, Level 4.

ALL GIRLS quiet again for a few seconds, then all speak a one-word plea.

ALL GIRLS: Please, no.

Quiet, then a unified, pleased sigh.

ALL GIRLS: Kissed you, Level 6. Shockstrand—log on, plug in, attach the sensors where you dare.

Quiet again, then a sudden scream from ALL GIRLS. After the scream, they cry quietly. The lights go down on ALL GIRLS so they are barely visible. A small area stage right illuminates DR. PHIPPS, NURSE ENGLAND and PAUL KROEGER, standing in front of a computer monitor.

PAUL: Fascinating. How long ago did they take the drug?

DR. PHIPPS: Nurse England?

NURSE ENGLAND: They each had two 100 milligram tablets at 6:00 last night.

DR. PHIPPS: And it's...

NURSE ENGLAND: 1:27 a.m. now.

PAUL: And the symptoms, this synchronicity...

DR. PHIPPS: We noticed it around 8:00 p.m.

NURSE ENGLAND: The residents alerted us, actually. They were pretty freaked out.

DR. PHIPPS: For lack of a better term.

NURSE ENGLAND: So was I. I've never seen this before.

DR. PHIPPS: We called you immediately. I hope that was the right thing to do, given the hour.

PAUL: Oh, absolutely. Any anomalies involving Primidazol, night or day, we need to know.

NURSE ENGLAND: This is an anomaly, all right.

PAUL: Were they agitated before the symptoms occurred?

DR. PHIPPS: I mean, these adolescents are all here for their technology addictive disorders. Yesterday afternoon was the beginning of their first fasting session, so we didn't expect them to be calm.

PAUL: All right. So why don't you walk me through the circumstances that brought about this... situation.

DR. PHIPPS: Our methodology attempts to transfer the overdependence the patients have on technology to an interdependence on one another as human beings.

NURSE ENGLAND: Mr. Kroeger...

PAUL: Paul, please.

NURSE ENGLAND: Paul, okay. I'm pretty familiar with this spiel since I did pretty much help come up with it. If you don't mind, I'm just going to attend to some other work.

PAUL: Absolutely. I'm sure you have a great deal to do. And Miss England, now that I've been called in, I hope you will regard me as a partner in the residents' treatment. Please apprise me of any and all developments. I say this to you especially because—no offense, Doctor Phipps—we all know that nurses are the backbone of any medical establishment.

NURSE ENGLAND: You've got that right.

DR. PHIPPS: Thank you, Nurse England.

NURSE ENGLAND: You're welcome, Donald. See you around, Paul.

NURSE ENGLAND exits.

PAUL: Very energetic, your Nurse England.

DR. PHIPPS: Yes. As I was saying, we use a gradual process, first allowing the patients to engage for twenty-four hours with a highly addictive social media app, one they are all familiar with.

PAUL: Which one?

DR. PHIPPS: Shockstrand.

PAUL: Ah.

DR. PHIPPS: You know of it?

PAUL: No connoisseur of addiction would dare not know of Shockstrand. (*Quoting the game slogan*) "Life, Live, Wired." Part game, part social media platform with an edge of mild sado-masochism. Very well designed.

DR. PHIPPS: So yes, we allow them to use Shockstrand for the first twenty-four hours, with full online access. For the next phase, they stay on Shockstrand, but we narrow the number of participants to only their eight companions physically in the room with them.

PAUL: Ingenious.

DR. PHIPPS: Thank you.

PAUL: And then you cut them off from the app entirely, as well as from all technology use, and encourage face-to-face interaction.

DR. PHIPPS: Precisely.

PAUL: And your success rate?

DR. PHIPPS: We're encouraged by the results, though this strategy is only one facet of a multi-disciplinary approach.

PAUL: And Primidazol comes in...?

DR. PHIPPS: As you might imagine with techno-addictives, each transition meets with resistance, but the point at which we take away their devices is particularly fraught.

PAUL: Naturally.

DR. PHIPPS: I've never run across anything as effective as Primidazol at reducing anxiety.

PAUL: You never will. Primidazol is the definitive treatment for anxiety. It will prove to be as great a boon to humankind as penicillin.

DR. PHIPPS: Well, I'm not sure about that...

PAUL: I am.

DR. PHIPPS: Anyway, we thought, this time, we would try...

PAUL: I'm sorry. "We"?

DR. PHIPPS: Oh, Nurse England and I. This is a fledgling program that she and I have worked together on. I'm afraid we're the chief cooks and bottle washers here—a two-person operation at this point.

PAUL: I admire your dedication. A small team often means better care.

DR. PHIPPS: Exactly. We thought we would do well to administer Primidazol at the point of transition from limited use of Shockstrand to complete techno fasting. Obviously, given the result, I'll never do it again.

PAUL: Of course. It is rather a wondrous outcome, though.

DR. PHIPPS: I only hope it's temporary.

PAUL: Do you know the story of Primidazol?

DR. PHIPPS: The story? I mean, I know it has a strong reputation.

PAUL: You don't know its history?

DR. PHIPPS: No.

PAUL: You should. It begins over sixty years ago. Every doctor who prescribes Primidazol should know its story.

DR. PHIPPS: The reason I called...

PAUL: It's a charming story. And I use that word intentionally. Charm, magic—those are appropriate words to use when we're talking about the drug.

DR. PHIPPS: (*Regarding the monitor.*) Look, the patients, residents, seem to be active again.

PAUL: Doctor, I sense that you're impatient to know what I am going to do about your problem.

DR. PHIPPS: It's just that...

PAUL: Telling you the story of our drug is doing something, a very important something. Sixty years ago, a man named Walker Posner found an island in the Pacific inhabited by several tribes. You see, it's already charming, isn't it? A remote island, mysterious tribes. Please give me your attention, Doctor.

DR. PHIPPS: I'm sorry. I was noticing...

PAUL: Yes, the residents are active. But I presume they are in a locked space and are not a danger to one another.

DR. PHIPPS: Of course.

PAUL: Then you have time to listen to the story. Walker Posner stayed on this island for two years. He was a brilliant man—a botanist, historian and sociologist—absolutely brilliant in all three fields. He stayed on the island precisely because it was an island, cut off from the rest of the world.

The scene shifts to ALL GIRLS, who awake with a shout and a particularly hard spasm.

CARA: Oh, not again! I need some sleep! Who was it?

MORGAN: Kelly?

KELLY: I know, I know. I can't help it, you guys.

SARAH: You have to help it.

SASHA: You're killing us.

KELLY: I don't want to kill you. I just... if I could just get my phone back. Something. My computer, my tablet...

The convention is that when the group of girls speaks in unison, one individual's emotional state has become extreme enough to "swamp" the group. The line designation indicates which individual the group is speaking for. At times, the group presents a conversation between more than one character at high emotion, though the states may vary.

ALL GIRLS: (As KELLY.) Something! I feel so lonely!

ALL GIRLS: (As AMANDA.) Kelly, come on. Deep breaths. Deep breaths.

ALL GIRLS take deep breaths in unison.

AMANDA: You keep swamping us.

KELLY: I'm not trying to swamp you. I'm not trying to kill you.

ALL GIRLS: (As KELLY.) I just can't do this!

CARA: Sh. You remember the exercises the nurse showed us. Press your fingers together. Focus on pressing your fingers together.

KELLY: I don't want to press my fingers together. I want to go home.

ALL GIRLS: (As KELLY.) I want to go home.

ALL GIRLS begin to cry with KELLY.

ALL GIRLS: (As AMANDA.) Hey, it's all right.

ALL GIRLS: (As KELLY.) It's not all right.

AMANDA goes to KELLY.

ALL GIRLS: (As AMANDA.) Hold my hand, okay? Squeeze it.
Squeeze it.

AMANDA: That's it.

MORGAN: When is somebody going to tell us what's happening?

SARAH: I read about this treatment. It's not supposed to go like this.

KELLY: What do you mean? You mean this isn't going to help?

ALL GIRLS: (As KELLY.) Why are we even here if it's not going to help?

ALL GIRLS: (As SASHA.) Seriously, Kelly, stop!

ALL GIRLS: (As ANNA.) It doesn't help if you keep panicking!

ALL GIRLS: (As KELLY.) What are we doing here? What are we doing here?

Suddenly, ALL GIRLS jump, as if shocked. ALL GIRLS yell.

ALL GIRLS: (As MORGAN.) What was that!? That hurt!

ALL GIRLS: (As FAITH.) Who did that?

CARA: That was, like, from Shockstrand, only five times bigger.

ANNA: Who did it?

SASHA: Erin did.

ERIN: How do you know?

SASHA: Because I saw you.

ERIN: What do you mean, you saw me?

SARAH: Was it you?

ALL GIRLS: (As SARAH.) Was it you?

ERIN: Oh, relax. Yes, it was me.

ANNA: How did you do that? We're not even wired up.

ERIN: Beats me. Probably has something to do with me being a Level 6 Shocker.

FAITH: Level 6?

MORGAN: Listen, that's really impressive, both that you're a Level 6 and that you can do that to us, but—don't, all right?

CARA: Are you a Level 6 kisser, too?

ERIN: Might be.

CARA: So how about sharing that instead?

ERIN: How about you bite me.

ANNA: What is your problem, Erin?

ERIN: My problem is that you're always talking, always chattering away like a bunch of birds. Then somebody gets uptight and swamps us and the next thing I know, I'm joining in like a moron. I'm sick of it.

SASHA: Just because you're bored doesn't give you an excuse to inflict pain on us.

ERIN: I didn't say I did it because I was bored.

SASHA: You didn't have to.

ERIN: Get out of my head.

SASHA: I don't have a choice, remember?

ERIN: Right, you saw it. What does my boredom look like? A great big turd?

FAITH: When is this going wear off? The doctor should have told us about this part of the treatment.

ERIN: This isn't part of the treatment.

MORGAN: How do you know?

ERIN: I've gone through this before. This, what's happening to us, is definitely not something they planned on.

FAITH: You've already done rehab?

ERIN: Three times. This is my second time here.

ANNA: It didn't work?

ERIN: I pretended it did so they'd let me go, but no.

KELLY starts to hyperventilate.

KELLY: It didn't...

MORGAN: Kelly, don't lose it.

AMANDA: Take it slow.

ALL GIRLS start to breathe rapidly along with KELLY.

ALL GIRLS: (As *KELLY*.) It didn't... after all this, you mean it might not... it might not.... I can't do this! I can't do this!

ALL GIRLS: (As SARAH.) Kelly, I'm so sick of this! Stop panicking!

ALL GIRLS: (As KELLY.) I can't do this!

ALL GIRLS: (As MORGAN.) Everyone, take deep breaths! Take deep breaths.

ALL GIRLS: (As KELLY.) I can't...

ALL GIRLS: (As ANNA.) Listen to her!

ALL GIRLS: (As MORGAN.) Deep breaths. Deep breaths.

ALL GIRLS breathe in unison several times, then begin to act separately again.

AMANDA: Listen, guys, can I make a suggestion?

ERIN: Oh, and here comes Amanda, our resident in-house therapist.

ANNA: Why don't you shut up?

ERIN: Why don't you...?

AMANDA: I'm not trying to be the resident therapist, but we need to get some control over this situation, right? Right?

ERIN: Go ahead, talk. As if I could stop you.

AMANDA: All I'm suggesting is that—see, my mother is all into guided meditations. It's weird, but it can help people get focused. I'm just thinking, if we had some sort of visual we could hone in on and refer back to, it might be helpful. If we all had it. Like it or not, we have to depend on each other.

CARA: Yeah, but not too much or we end up being each other.

AMANDA: It's a balance, right? I could take us through a meditation that could help us find that balance. What do you think?

MORGAN: It's not like we have anything else to do.

SARAH: I can think of something—sleep!

AMANDA: That's just it. We can't get decent rest because we keep getting carried away.

ANNA: Some of us, anyway.

KELLY: I can't help it.

MORGAN: Blame isn't going to do any good. Let's just try this. Okay? Everybody? Let's try it.

ERIN: Whatever. How does it work?

AMANDA: All right. We'll bring our chairs into a crescent shape, close together.

ALL GIRLS move their chairs during the following dialogue.

CARA: Crescent? Shouldn't it be a circle?

AMANDA: The theory is that the open part of the crescent leaves a space for unifying energy to access the group.

ERIN: (*Sarcastic*) Unifying energy. Ooo!

AMANDA: I told you it was hokey, but I've seen it work.

SARAH: All right. We're all crescented. Now what?

AMANDA: We hold hands.

ERIN: I could've guessed that move.

ALL GIRLS: (*As SASHA.*) Hey, at least she's trying to help us instead of shock us!

ALL GIRLS: (*As ERIN.*) Which one of you said that?

ALL GIRLS: (*As SASHA.*) I've had enough of you!

ALL GIRLS: (*As ERIN.*) Come do something about it, then!

ALL GIRLS: (*As MORGAN.*) Stop! Take it down. Take it down.

Scene shifts back to PAUL and DR. PHIPPS.

PAUL: After months earning the tribe's trust, Walker Posner was finally allowed to sample the plant. He found it miraculous. Its taste was pleasant and warded off hunger; its fragrance kept insects at bay; and, most important, it brought him a strong sense of calmness and clarity, with no side effects. It was even beneficial to the teeth. He deemed it, quote, "the very root of equanimity." And it saved the lives of the Dominus tribe. Under conditions of near-constant warfare, in circumstances that would normally be extraordinarily anxiety-provoking, the Dominus remained calm and clear-headed. I see I am losing you again, Dr. Phipps.

DR. PHIPPS: You know, this is all very interesting. I...

PAUL: No, no, Doctor, you mean the opposite, don't you? You don't find my story interesting at all. It is interesting, inherently, and it should be especially captivating for you because you are part of the story, and yet, you're not interested.

DR. PHIPPS: I just...

PAUL: How many patients are at this facility, Doctor?

DR. PHIPPS: Just the nine you see here. We're new and small. We hope to expand.

PAUL: Charming. And how many people work here?

DR. PHIPPS: Just Nurse England and myself. I thought I...

PAUL: You trust her, I presume?

DR. PHIPPS: Absolutely. Her manner can be occasionally unpolished, but she's very dependable, devoted to the practice.

PAUL: And finally, Doctor, how many people besides you and Nurse England are aware of the issue that has come up with Primidarol and your patients?

DR. PHIPPS: No one. I haven't told anyone else.

PAUL: Once more, I use the word deliberately, even gleefully: Charming. Doctor, right now, at 1:30 in the morning, all is contained. All is well. You have the time to listen, with undivided attention, to at least the last, most crucial part of the story of Primidarol.

DR. PHIPPS: I will. But I can't help but be distracted by what is happening with the residents.

PAUL: They seem to be interacting quite vigorously.

DR. PHIPPS: You've been watching?

PAUL: I've been monitoring. But go ahead and turn up the volume, Doctor. We will observe for a few moments if you will commit to giving me your full attention after that.

DR. PHIPPS: Thank you.

PAUL: Of course. I can be flexible.

The scene shifts back to ALL GIRLS.

MORGAN: We can't afford to lose control. We just end up fighting each other which means we fight ourselves. Let's face it—this is weird, really weird, but it looks like nobody is coming to figure this out for us.

CARA: The doctors should be.

MORGAN: Well, they're not.

ERIN: Because they don't know how.

MORGAN: So let's cut the sarcasm and the fighting and the panicking, and let's see if we can make some progress.

AMANDA: All right. We hold hands and close our eyes.

ERIN: And sing camp songs.

SASHA: I told you...

ERIN: Fine. I'm doing it.

AMANDA: Okay. Now, I want you all to picture us together in a circular boat, like they have at water parks.

SARAH: I've never been to a water park.

FAITH: You haven't?

AMANDA: That's all right. It's just a round, inflatable raft. All nine of us can fit in it. It's comfortable, but it's very tippy. We can't make any sudden moves. We're on a river, a wide, clear, beautiful river. Right now, it's calm. The sun is out; the sky is a perfect blue; it's hot, but not too hot.

ERIN: Who's got the sunscreen?

MORGAN: Sh.

AMANDA: We're sitting back against the sides of the boat. It's in perfect equilibrium. We're going slowly down this river, watching the water go by, watching the trees on the shore go by—it's perfect. We can feel the water rippling underneath us, rocking us gently. In the distance, we see some rapids approaching. Nothing big. We'll be fine. We just have to go with them. We have to remember that our reactions affect one another, so even if we're a little scared of what's coming, we know we're all together; we know we can rely on one another. We have to rely on one another. Above everything else, in order to stay safe, we have to stay balanced. We're in the rapids now. They bump us around a little bit. We collide with a small rock in the river, but we just bounce off.

ALL GIRLS: (As AMANDA.) The raft is strong; it will hold us up.

AMANDA: We feel a spray of water, but that's all it is—just water. It's refreshing.

ALL GIRLS: (As AMANDA.) Nothing to worry about. We let the rapids roll beneath us.

AMANDA: We adjust, as one, nobody leaning too far one way or the other, nobody panicking. The boat sways and rocks, but because we're paying attention to each other, we're fine.

ALL GIRLS: (As AMANDA.) We're fine.

Scene shifts back to PAUL and DR. PHIPPS in the observation room.

PAUL: Simply beautiful, after just a single dose. Their interdependence and communication are increasing.

DR. PHIPPS: I had hoped the symptoms would have abated by now.

PAUL: The changes to the brain could well be permanent.

DR. PHIPPS: Permanent? The ramifications of...

PAUL: Doctor, Doctor, remember our deal. No need to get ahead of ourselves. For the moment, your residents are fine. Fascinating and fine.

DR. PHIPPS: But...

PAUL: And I will finish our story, and then I will inform you of our next steps. How does that sound?

DR. PHIPPS: All right.

PAUL: Your full attention, please. In short, the island was volcanic. After a violent eruption, it and its inhabitants were swallowed by the ocean, never to be seen again. A tragic loss. The only vestiges of the place were Walker Posner's journals, maps... and a handful of seeds. When he returned to his home in Florida, Walker Posner spent the rest of his life, forty years, attempting to grow the miracle plant he had tasted on the island. He tried every variation in temperature, humidity, soil acidity and sunlight exposure he could possibly create, all to no avail. Forty years. On the morning of his seventy-third birthday, an overcast April 8th, Walter Posner wrote, quote, "With the care of the most attentive mother for its child, I kissed the final seed and buried it, next to my last iota of hope, in the ground." That week, Walker Posner learned he had terminal cancer. Three months later, two days before his death, Walker Posner chewed the leaves of the plant of that long-since-drowned island. He wrote in his journal, quote, "I have tasted heaven."

DR. PHIPPS: And that plant...?

PAUL: Yes. Is the source of Primidarol. Tormore Pharmaceuticals acquired the plant in 2009, and the patent in 2013. It sailed, of course, through all the trials; after all, the active ingredient had been used safely by humans for over a century. Since its introduction to the market last year, Primidarol has set record sales, surpassing every other Tormore product combined.

DR. PHIPPS: That is quite a story.

PAUL: The tale of a gift to humanity preserved, snatched from volcanic fires and the obscurity of the ocean waves.

DR. PHIPPS: You're quite poetic.

PAUL: I love this drug, I am not ashamed to say, and I want you to love it, too. Look at your circumstances, Doctor. The charm continues. This place is a virtual island itself, secluded and protected.

DR. PHIPPS: What do you mean?

PAUL: Had this event with your residents happened elsewhere, in a different type of facility, with a larger staff, under greater scrutiny, we at Tormore Pharmaceuticals would have been forced to pull Primidarol off the shelves, probably never to return. The greatest, most lucrative drug in the past century, suddenly defunct. But that needn't happen now.

DR. PHIPPS: I'm not sure how long I can keep this under wraps.

PAUL: For a few days at least, yes? You can tell the residents' families that the current treatment precludes any visits.

DR. PHIPPS: I suppose.

PAUL: You and Nurse England can continue to monitor, staying in close contact with me.

DR. PHIPPS: Do you think...

PAUL: In the meantime, I will formulate a plan.

DR. PHIPPS: Will you talk to the labs at Tormore?

PAUL: No. What would I tell them? To put on the bottle that, in the case of patients being treated for technology addiction disorder, Primidarol should not be administered after 24-hour use of the app Shockstrand limited to a nine-person community? No. This is a one-in-a-billion glitch, my friend. Tormore hires people such as myself to solve these problems, to ensure that the story of Primidarol continues unhindered.

DR. PHIPPS: No one will know?

PAUL: That is precisely the goal. However, what Tormore will know, Doctor, is of this facility and the fine work it is doing. It will be informed of your dedication and of Nurse England's extreme competence.

DR. PHIPPS: I appreciate that, but...

PAUL: Because Tormore is an extremely generous company, with millions of dollars' worth of grants available to institutions—and individuals, Doctor—whose goals we wish to foster. I, as one of Tormore's top representatives, have definite clout in that area.

DR. PHIPPS: You do?

PAUL: Oh, yes.

DR. PHIPPS: I do feel that our facility fulfills an important need in the community. If we could expand...

PAUL: You don't have to convince me, Dr. Phipps. I'm entirely sold on what you do here. Entirely.

DR. PHIPPS: Thank you.

PAUL: So what I am going to do now... is leave. I am going to go back to my home where I can begin formulating a plan and drafting my communications with Tormore. You have my cell number. Do not hesitate to use it if anything alarming occurs. Anything.

DR. PHIPPS: Absolutely. Thank you, Paul.

PAUL: I'll be in touch soon.

PAUL exits. The scene shifts back to ALL GIRLS.

AMANDA: We are past the rapids now. We can just relax again, feel the sun on our faces, feel it soaking into our skin, evaporating the water from our bodies. We feel as if everything is one thing—us, the boat, the sun...

Lights suddenly come on full.

ALL GIRLS: (As CARA.) Hey!

MORGAN: What's the matter?

CARA: Didn't you see that? The lights!

FAITH: Who turned them on?

AMANDA: How did that happen? There's no light switch in here.

ERIN: Aren't they on a timer?

ANNA: Yeah, but it's still night.

SASHA: I think we did it. I think... I think we turned on the lights with our minds. Or, you know, our one mind.

SASHA: Come on.

FAITH: That can't be true.

SASHA: We were focused on the sensation of the sun. And I don't know about you guys, but I felt pretty... okay, don't make fun of me, but I felt like we were all, like, one. For a few seconds.

MORGAN: I got that, too.

ERIN: I'll give you that, but our unified state of being did not somehow connect to the electrical system in this room and turn on the lights. That's nuts.

AMANDA: Why don't we try it again?

SARAH: Try what?

AMANDA: Why don't we all focus and see if we can shut them off again?

ERIN: And for our next trick—levitation!

AMANDA: What do we have to lose?

KELLY: I don't like this. This makes me really nervous.

FAITH: Kelly, it's nothing, just an experiment.

KELLY: It feels like a séance or something. I hate those.

MORGAN: We're all here, right? That's the point of the boat image—when you feel fear, you just look around the boat and know, as long as you stay calm, we'll be fine. We'll stay upright.

AMANDA: You won't swamp us.

ANNA: The rapids are like fear.

MORGAN: Exactly. Or any emotion. We can ride them out together.

KELLY: I don't know.

AMANDA: Do you have a favorite song, from childhood?

KELLY: A what?

AMANDA: A tune, you know, that maybe your parents used to sing to you at night?

KELLY: Why?

AMANDA: It's just another thing to focus on, like the boat image.

FAITH: Yeah, music's really good at helping with focus.

ERIN: So is a kick in the head.

KELLY: I can't remember the name of it. The one about the diamond ring.

SARAH: "Put a Ring On It"?

KELLY: No, no—the baby one.

CARA: "Put a Baby Ring On It"?

FAITH: This is so crazy—we can read each other's minds, but we can't come up with...

KELLY: "Hush, Little Baby"! That's the one.

AMANDA: Good! That's a great tune. (*Hums a few bars.*) If we sing it together, it can be calming and unifying.

ERIN: Now we're singing?

MORGAN: Let's try this. Close our eyes and hold hands again.

ERIN: Golly gee, this will be so much fun, you guys.

SASHA: Your jokes aren't helping, you know.

ERIN: Maybe I've got better things to do than stay balanced in a nine-person pretend raft down the Whoop-Di-Do singing river attraction, how about that?

MORGAN: Just try, okay? Please?

ERIN: Whatever. Give me your hand.

MORGAN: Amanda, do you want to guide us again?

AMANDA: Okay, let's just try to give ourselves over more directly to the task. No boat, no river. Just the tune and the lights. Close your eyes. Begin.

ALL GIRLS start to hum the tune from "Hush, Little Baby." After a few moments, AMANDA continues to speak.

AMANDA: Let's imagine reaching our minds, together, up to the lights over our heads. They're on now. Let's not think of anything else than the lights. When I count to three, we're going to shut them off. One, two, three.

ALL GIRLS stop humming and open their eyes.

SARAH: Nothing happened.

SASHA: Erin wasn't trying.

ERIN: How do you know?

SASHA: I just know. When I close my eyes, I see everyone's aura. When we're together, or trying to be, we all sort of glow at the same rate. Erin, you were holding back. I saw it.

ERIN: This is such bull.

MORGAN: What isn't? It's bull that we're in here. It's bull that they took our phones and everything from us. And it's total bull that that pill they gave us somehow made us think like one brain whenever somebody gets too upset.

KELLY: Usually me. Sorry.

MORGAN: Not just you. Any one of us. It's all bull, Erin. How much crazier is the idea that we might be able to control the lights?

ERIN: Fine. You guys aren't going to leave me alone anyway. Give me your hand. I won't hold back.

AMANDA: All right. Close your eyes. Everyone focus on the lights.

KELLY: Could we do the song again? That actually helps a lot. Me anyway.

FAITH: I second that.

AMANDA: Okay. (*ALL GIRLS start to hum the tune again.*) Feel the lights. Feel their intensity. Grip hands a little tighter. A little tighter still. We're here together. We don't know what we're capable of. Let's believe we can do this. On three... one, two, three.

Lights dim. VARIOUS GIRLS ad lib exclamations of surprise and delight. Ad libs: Look at that! It worked. Cool! I don't believe it!

KELLY: I don't like this. This is really freaking me out.

MORGAN: Kelly, don't...

ALL GIRLS starts to hyperventilate, channeling KELLY.

ALL GIRLS: (*As KELLY.*) That was too weird! I need to get out of here! I need to get out! Somebody get me out! (*Suddenly, ALL GIRLS scream, terrified. They stop, look around.*) I need to get out of here!

ALL GIRLS scream in unison again. NURSE ENGLAND enters the room.

NURSE ENGLAND: What is going on in here? What's the matter?

ALL GIRLS huddle together, breathing quickly.

NURSE ENGLAND: You're all right. You don't need to be scared. Kelly, you don't need to be scared. No one is going to hurt you. Let's turn on the lights.

NURSE ENGLAND remotely hits a switch. The lights come on. ALL GIRLS startle and shout.

ALL GIRLS: (*As KELLY.*) Did you do that?

NURSE ENGLAND: What, turn on the lights? Yes, I did that. (*Holding up her remote*) It's one of my special tricks.

KELLY: You're the only one who can do that, right?

ALL GIRLS beside KELLY get up, released from KELLY's emotions.

NURSE ENGLAND: What do you mean?

MORGAN: Kelly, hey, it's cool. It's fine.

NURSE ENGLAND: What is her issue with the lights?

SASHA: It's nothing.

KELLY: It's not nothing. I have to get out of here.

As ERIN talks to NURSE ENGLAND, KELLY looks offstage, notices that the door is open. KELLY sneaks off, exiting.

ERIN: Listen, I don't know if you remember me or not...

NURSE ENGLAND: Of course we do, Erin. You were part of our very first group here. And you promised not to be back.

ERIN: Yeah, I'm a frequent flyer. Look, my point is, I know how things go here, and this—I don't know, hive-mind thing—this is new, right?

SARAH: How long can we expect this to last?

CARA: I don't see how this is supposed to help us.

NURSE ENGLAND: Look, I know you've got questions, but you're barking up the wrong tree asking me. The thing is... wait, where did Kelly go?

VARIOUS GIRLS: (*Ad libs*): She was right here. Did you see her? The door's open.

NURSE ENGLAND: Crap.

ALL GIRLS looks around, briefly ad-libbing as the nurse runs to check the door. NURSE ENGLAND pulls out her walkie-talkie.

NURSE ENGLAND: Doctor, Kelly has escaped the room. I need you here. (*Shuts off the walkie-talkie and turns to the group.*) Did anyone see her leave? Which direction did she go?

ANNA: She was pretty agitated.

CARA: She kept saying she had to get out, especially after the thing with the lights.

NURSE ENGLAND: What thing with the...

ERIN: You did leave the door open.

NURSE ENGLAND: Hey, this wasn't my fault. I didn't expect her to go running off!

ERIN: Well, maybe you should have.

NURSE ENGLAND: Thanks very much, Erin. I appreciate the input.

ERIN: I'm just saying.

DR. PHIPPS enters, rushing in.

DR. PHIPPS: Did you find her?

NURSE ENGLAND: Not yet. I haven't had a chance to look. Maybe you should call the rep, what's-his-name, Paul? He said if anything...

DR. PHIPPS: I did already. What happened?

NURSE ENGLAND: I heard a lot of commotion; I wanted to check to make sure...

ERIN: She left the door open and Kelly escaped. Whoops.

NURSE ENGLAND: Shut up!

ERIN: Ooh, professionalism goes out the window.

DR. PHIPPS: Do you realize how long it could take us to find her?

NURSE ENGLAND: She's probably still in the building, and even if she does get out...

DR. PHIPPS: This could jeopardize everything.

NURSE ENGLAND: I'll start looking. *(A knock at the door, offstage.)* There, see? I bet she came back on her own.

NURSE ENGLAND goes to open the door. PAUL walks in.

PAUL: Well, Dr. Phipps, Nurse England, that went extremely well. I was barely out of the parking lot when I got the call to return. You assured me you could handle things.

NURSE ENGLAND: I just came in to check...

DR. PHIPPS: We'll find her. We will.

PAUL: No matter. Mistakes happen. Mistakes happen, don't they?

NURSE ENGLAND: I'm sorry. I only...

PAUL: Mistakes happen. Girls, my name is Paul Kroeger from Tormore Pharmaceuticals, and I want to be absolutely clear and up front with all you. You have been grossly mistreated, and my company is largely to blame.

DR. PHIPPS: Mr. Kroeger?

ANNA: Whoa. You don't hear that very often.

PAUL: Personally, I find the unprecedented results of your treatment fascinating, but I have the luxury of detachment and objectivity, which is of no value to you whatsoever. You want your lives back, as they were, as quickly as possible. After all, your fellow residents may be good people, but you didn't sign on to become attached at the brain with them, did you?

ERIN: You got that right.

PAUL: Doctor Phipps and Nurse England share my concern, and we are of one mind, pardon that unfortunate pun, in having your welfare as our utmost concern. Isn't that right?

DR. PHIPPS: Er, yes.

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