Spring 2024

Will You Be Mad At Me If I Die? On Dying and Surviving and Everything Inbetween

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Recommended Citation

Cerabona, Riley Blackburn, "Will You Be Mad At Me If I Die? On Dying and Surviving and Everything Inbetween" (2024). *Senior Projects Spring 2024*. 45.
https://digitalcommons.bard.edu/senproj_s2024/45

Will You Be Mad At Me If I Die? On Dying and Surviving and Everything Inbetween

Senior Project Submitted to
The Division of the Arts of Bard College

by
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Annandale-on-Hudson, New York
May 2024

For my family, those related by blood and those that have stumbled into my life throughout the years. I keep on surviving because of you.

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I spent more of my childhood in Boston Children's Hospital than I did in my own home of Kennebunk, Maine. Or at least it felt like it. I'm not sure I could do the math on that because every single one of those days blurred together. The only days that stick out from the haze of inpatient stays were the days I had surgeries. It was always early, I was always nauseous and so scared that my teeth were chattering. My parents were always there.

Growing up in a hospital meant I was more familiar with death than most people were at a young age. I knew exactly what a code blue meant and would watch the doctors and nurses rush past my room down the hall. I saw teenagers restrained to their hospital beds. I saw nurses in tears and doctors looking defeated by illnesses that they couldn't fix. I heard my parents hushed whispers as they talked about another person with this disease who had died. I knew what death looked like because I'd been close to it. I had tumors bleed inside me and organs become paralyzed. I have seen my doctors look at me with fear in their eyes. I am not fragile with death like most people are, because my first experience with it wasn't the death of a pet or a grandparent. It was my whole world as I grew up. To me, death was part of life. It was more of an inevitability than anything else. There's something beautiful about talking openly about death, instead of hiding from it, and this inspired a large portion of the inner monologues that are woven throughout my piece.

For a long time, I made this piece for selfish reasons. Honestly, I don't even think this is a bad thing. Artists need to be selfish. I needed to figure out what I wanted this piece to mean before I could even begin to think about how to communicate it to the audience. I started this piece out of frustration that none of my friends or family or any of the people closest to me understood what it meant to be sick all the time. I'm not sure what I thought would even come from this understanding. It wouldn't erase my illness and it wouldn't make them sick, nor would I want it to. But to me, to be loved is to be seen. I wanted them to look at me and understand why I am the way I am, and that my illness invades every part of my life. But I knew there was more under the surface of why I needed to create this piece. I think about death all the time, and I think maybe a lot of people do too, or at least a lot of ill people, but no one ever talks about it. No one talks about the weird, sticky, uncomfortable parts of dying, about wondering how or if you'll be remembered. Everyone just talks about surviving. I wrote this piece to talk about dying and surviving and everything we do in between. I also wrote this piece because I believe that community, and family, of all kinds, are the only way we can survive illness and disability without falling into isolation. My family makes it possible for me to get through every new medical obstacle, and while the story is mine, the heart of it is theirs.

Last semester, I took Illness and Performance with Brian Lobel, and was fundamentally changed as an artist. I was encouraged to be truthful and open with my work relating to my illness. We also studied many chronically ill performers, writers, and directors. No piece of writing influenced me more than Audre Lorde's *The Cancer Journals*. I was sitting in my bed reading this book, absolutely engrossed, when I read the words "I must let this pain flow through me and pass on. If I resist or try to stop it, it will detonate inside of me, shatter me, splatter my pieces against every wall and person I touch" (Lorde 4). I had never heard words so accurately describe my experience as a chronically ill and disabled person. These words guided my project, and I let my pain flow through my senior project. I think this is why it was so powerful, I was honest and allowed my pain and fear to exist front and center. This is part of what I learned in Brian's class, that allowing work to be truthful is powerful and necessary. Another part of Audre Lorde's work that spoke to me was the deterioration of her body and its impact on her, Lorde says "This emphasis upon the cosmetic after surgery reinforces this society's stereotype of women, that we are only what we look or appear, so this is the only aspect of our existence we need to address. Any woman who has had a breast removed because of cancer knows she does not feel the same" (Lorde 50). While my experience is not with breast cancer, I strongly resonated with the idea that medical procedures often take away the agency you have over your body. A huge change in a person's body, whether it is the removal of breasts like Lorde or the loss of function in a limb like me, leaves the person feeling the full weight of this loss. A lot of my writing centered around the frustration I felt as I watched parts of my body get weaker day by day. In one of the internal monologues, I say "So maybe it doesn't matter if I watch my hand work less and maybe it doesn't matter if there's another incision and maybe it doesn't matter if my legs get weak and my breathing stops". The point of this line was to emphasize how unending and damaging it is for a body to change in a way that is totally out of the person's control. I found many of the themes in Lorde's work relevant to my own experience with illness, and used it as inspiration as I created my own piece.

Another class that heavily inspired my work, specifically from the directing side of things, was Bhavesh Patel's intermediate acting class. Though I stopped acting for a long time after high school due to some bad experiences and my own insecurities, I decided to take this class, mostly because my friends were in it. Little did I know this would change me as an artist. Bhavesh's class taught me what had been missing from my experience in theater, what I had lacked in high school. He showed me the human part of acting, that the foundation of any play, any scene, any monologue, should be the want of the character and the humanity that shines through that. This forever changed the way I direct, and guided me to allow the intention of the actors to establish things like blocking. My style of directing has shifted into more of a leadership position with which I support my performers in figuring out what feels true and real for them in their role. My piece is centered around community and support, and I found that being able to connect with desires was helpful for my cast to fully embody the roles they were playing. For example, a lot of the action in this play is about comforting another person. I invited my cast to try different ways of doing this, to find what felt most right for them. I have found that the best directors are also experienced in acting. I never want to feel like I am just telling my performers where to stand or when to move, because I know from my own experience as an actor that it is an unfulfilling and uninteresting way to be directed in a piece. I would always rather have the performers' true selves exist onstage, simply being people connecting with each other, and that is what I showcased in my piece.

During my sophomore year, I assistant directed Gavin Mckenzie's senior project, which I felt guided me as a director, as well as specifically preparing me for the Luma festival. Gavin always identified as a writer more than anything, meaning they leaned on me especially when it came to the visual aspects of the piece, as well as acting notes. They knew from the beginning that they wanted to keep things simplistic when it came to the scenic design. There was essentially nothing onstage. This was my first encounter with this level of minimalism as a director, and I loved it. It felt like there was only what was necessary onstage, nothing more or less, and I felt that it lifted both Gavin's script and the acting performances to an even higher level. I also went into my own senior project feeling like I had an idea of what the tech process would look like, which I know much of my cohort did not have. I would highly recommend to any underclassmen planning to major in theater to be part of a senior project festival to understand what to expect when it is time to incorporate tech elements into their piece.

During my freshman year, I was close to transferring. Not because of the program, or the professors, or the friends I made. It was because of the blatant inaccessibility on this campus. I struggled for the majority of my freshman year getting around campus, opening doors, getting accommodations, and was met with constant excuses and defensiveness whenever I brought this up to administration or the previous Disability Services person who worked there at the time. I started talking to my friends about it and eventually brought it up to my advisor, Jack Ferver. I was angry and felt like no one in the administration was listening. So I protested. We made posters and wrote demands and I wrote a speech that addressed the many issues present on campus. I invited all of the members of the administration, and over 100 students and faculty showed up. I raised awareness and it started administrative conversations about accessibility. This was the first time I had done something like this, and the first time I had talked about my disability in such a public space. It was something I'd always stayed away from, because I'd rather make jokes about it or pretend like it didn't exist altogether. But it does exist and it impacts my life every day, and in that moment I proved to myself that it is okay to talk about it publicly and openly. When I started writing my senior project three years later, I was reminded of this. I had changed a lot in those three years and now my form of protest was performance. I protested everything that society says about how we treat death, how we talk about it, how it should be hushed, swept under the rug, ignored. I protested by talking about it, about all the messy, awful, terrifying parts of living life each day with death following you like a shadow. I protested simply by putting my body, a disabled and broken body, onstage and telling a story. To me, this is more powerful than any rally or organization, because it is truthful and shameless and real.

I asked a lot of questions in my piece, questions that I didn't answer. “Will you be mad at me if I die?” “Are you in any pain?” “Will you forget about me if I die?” I don't have the answers to these, and I know that I never will, but there's comfort in saying them out loud. My senior project asks these questions, not in hopes of answering them, but to show the audience exactly what it feels like to be living in constant medical instability. my life is a series of unanswered questions: never knowing when the next surgery will be, if there's any treatment options left, how long I'll live with this illness. Not every question can be answered and maybe that is okay. I found my own peace in speaking these words out loud and embracing the unknown. This performance offered much more catharsis than I was expecting. Like any artist, when I am in pain, I turn to creation, and allow that to guide a path forward for me.

When I began writing I didn’t expect my piece to be as personal as it was. My piece stemmed from a play I wrote two years ago, when I was working through some scary medical stuff. That play was called *All The Things I Wish I Could Say* and was about a girl who is dying and her best friend in the world. In the play she asks him, “Will you be mad at me if I die?”, a question that has been spinning in my mind for a long time. I wrote from this line and created the first internal monologue from this question. My play became about my own experiences grappling with mortality and being sick. I am sick in a permanent way. That will never change. What has changed is the way that I deal with it and process and understand the real threat to my life that this illness poses. I struggled for a long time in the fall deciding whether or not to be in my own piece. I have not considered myself a performer for a very long time and have felt more comfortable on the directorial side of things. I originally planned on casting Scotty in my piece as myself, because he was the only performer I felt that could portray this depth of emotion and who I could be vulnerable enough with during the directing process. I've known Scotty for three years, and he is one of my best friends in the world. We are comfortable with each other, both as friends and in a director-actor relationship. I was, and am still confident he would have brought a beautiful and open portrayal of me to the piece. However, as I started doing showings in colloquium, it became apparent that this was a story that I needed to embody. Writing and directing was one thing, and it meant that I was able to create a narrative about the presence of illness in my life, but I realized that to make this piece as impactful as possible, it needed to be a disabled body onstage. While Scotty is an incredibly talented performer, he is not sick or disabled, and part of me felt that this would detract from the honesty that is so important to this piece. I needed to be the voice putting life to my own words. My body, sick and disabled, needed to be the one onstage.I had told my story before in other ways, TV interviews, Youtube series, for politicians in DC, but it never felt like I had any real agency over how it was portrayed. I was always telling the version of my story that someone else wanted to hear. It was always the sob story, the inspirational young girl who had survived so much. This was my opportunity to tell my story, honestly and truthfully. After talking to my advisor, I decided I would perform in it, which was nerve-wracking, but I knew it was the correct choice.

My own casting was not the only piece of the puzzle that I needed to figure out. I knew that I still wanted Scotty in my piece, and decided that he made the most sense to play my Dad, because of the connection that we already had. My relationship with my Dad is halfway between a parent and a best friend, and I trust him a lot. He is always making my Mom and I laugh during hospital stays, and often putting us ahead of his own needs. I was raised in a family where your friends are your family. Blood doesn’t matter, your family is the people who show up for you. I knew Scotty was the best choice to be my Dad, because he is my family and I trust him. I didn’t end up having auditions, because I knew that in order to talk about these moments of my life onstage, I needed to be bolstered by support from those onstage, and I felt that the best way to to achieve this was to cast people that I was friends with, who had a level of familiarity with me and my medical history. The idea of needing to explain my entire medical journey to strangers that auditioned for my piece felt overwhelming and daunting. I was lucky to work with three people that I was close with on a personal level, and felt comfortable sharing the messy and ugly parts of my life with them through this script. They understood that sometimes running through the show meant I was fragile or on edge, because it brought up things that are to relive. I also was grateful that I had worked with everyone in my cast previously. Silas, Leo, and Scotty, my cast, already were familiar with my directing process and I knew how to connect with each of them individually to deeply solidify their connections to their characters and each other. I chose Leo to play my doctor because his dry delivery reminded me of my doctor who I’d known since I was born. My mom needed to be played by someone who could simultaneously be warm, as well as badass and defensive, so I cast Silas, who I knew was versatile in the roles they’ve played.. I also was able to have the same performers in the fall and spring performances which was helpful to hit the ground running after returning from winter break, and meant that my cast members were familiar with their characters already, so that when I added new dialogue, they felt like they had a grasp on the intention of it.

I began rehearsals by first doing a read-through and allowing space for any questions or areas of confusion. It is an intense and emotional piece, and I wanted to give my performers a moment to process before diving into actually creating the piece. I also use a lot of medical terminology that I knew might need some clarification. My actors were engaged and already curious about their characters and intentions, which was so exciting to me. I also knew that my staging was going to be quite simple, because there is a lot of stillness in those early hospital mornings, so I made sure to spend a lot of time working on the relationships between characters. My mom and dad are the backbone of my medical journey and I needed to make it clear that they kept the beat in this piece.

Something that was very helpful in my process was being in constant dialogue with my cast as I made changes to the script. I would often write new dialogue, read through it in rehearsal and ask what felt like it worked and what didn't. We would even rephrase or cut things mid-scene because we collectively could feel lines that disrupted the flow of the piece. This type of collaboration throughout the process was my favorite part of working with this group of people and is the type of art that I hope to continue to make.

During the rehearsal process, I started to notice that every time I said my monologues, they sounded the same. I was no longer discovering anything new and I was numb to the words I was saying. I knew I needed to work through it with someone who I trusted, so I asked Scotty if he would give me some acting notes on them. What I expected to be a half hour of monologue work turned into three hours of deep work on this piece. I realized it was hard to be vulnerable in a piece telling my own story, especially finding the line between the character of Riley and actual Riley. While they are the same person, I found it helpful to allow myself to create small differences between them, so that I wouldn't feel suffocated by reliving harder times in my life. Working with Scotty also allowed me to get more specific in the intent with which I was delivering lines and continuing to discover new things in the material I'd written. I know that having an assistant director that knows me so well is not a luxury that I usually will have in the future, but for this piece it certainly elevated it in terms of my personal performance.

My piece didn't completely change between fall and spring, but the changes I made felt crucial to my piece. I asked the cohort what they wanted to see more of in my piece, and all of them said interactions between my parents. I decided to add a scene between just my parents; a very short simple one. I wanted it to be what I imagine happens while I am in the operating room: a hope that they are comforting each other and taking care of each other. This became one of my favorite parts of the piece, when I got to just watch them, my friends as my parents, comforting each other through a hard time. It was simple and beautiful. I also added a few more comedic moments, especially for my dad's character to underscore how much he tries to make me laugh before surgery, and to expand on the dynamic that exists between my parents. Another section I added was a fight between my mom and my doctor, right before surgery. It is, of course, dramatized but was representative of how protective my mom is of me during medical procedures. I interwove this fight with another one of my monologues where I talk about my relationship with my parents. I wanted it to feel like the argument was pulling me in and out of this internal stream of consciousness, while simultaneously being used as yet another way to expand on the relationship between my mom and the doctor, and my dad and myself. The last big section I added was an addition to the last monologue, where I talked about how my relationship with death changed as I became an adult. While these additions didn't drastically change the structure of my piece, they made it feel more complete.

I found the tech process exciting because it meant I got to take a moment to step fully back into the directing role. I had to get a little creative making a hospital bed, and put up quite a fight with an IV pole which I didn't even end up using. Finally having a real set and lighting brought my piece to life. I asked my collaborator to sit in my place onstage, while I was collaborating with the lighting designer, which allowed me to visual light cues with a body onstage in my place. My piece didn't have any sound, so my main focus was using lights to discern the world in Riley's head from the real world. I wanted the real life world to be sort of fluorescent, reminiscent of the many pre-op rooms that I spend time in. There was an intenseness of this light, but it still had a bit of warmth to show that this was the real life part of the play. When I transformed to the inner monologue sections of dialogue, I had the lights fade in to just me on my hospital bed, and turn colder and harsher. I wanted this distinction to be really clear to emphasize how in and out of my own brain I am before an operation. I learned a lot during this process that I feel will help me as a professional director, specifically how to work with a tech team to create the most fulfilled version of a show. I learned that it is more than okay to be nit-picky with the way things look and sound. A lack of specificity can kill a theater piece which is why I made sure to keep working on cues until I felt like they were exactly as I pictured.

About a month and a half after we closed the senior project festival, a first-year came up to me and said "that was the first time I ever saw myself represented onstage," and talked to me about their experience with chronic illness. It was moving to me to know that other people, specifically chronically ill people, resonated with my words and stories. The most common reaction I got from people was "your Sproj made me cry," and honestly I didn't know what to make of that. Sure, it's flattering, and I'm glad that I could elicit such an emotional reaction from people, but it's hard not to personalize that and wonder how my own life story poses an impact on their emotional reaction. I tried to separate the reactions of people that know me personally and those who don't because obviously if I get onstage and talk about my own death, my family and friends will have a strong emotional reaction to that. In a way, I actually valued the reactions of strangers more. It felt gratifying to know that I moved people even if they haven't been with me every step of the way. I think that the most powerful part of my piece is that it is authentically written in my voice, in the way I see the world. It is not sugar coated because that isn't how I live. People seemed to really resonate with the truthful bluntness of my piece. It is exciting to see that onstage. People also told me they loved the way that I balanced darkness and humor. It was important in my work to show how often when people are going through really intense things, what gets them through it is their friends or family making them laugh. Sometimes personal tragedy is just so ridiculous, and the only way to get through it is to embrace it. Community was another thing that people reacted strongly to. When I set out to make this piece last semester, I had no intention of making it all about my parents and my relationship with them. Through this process I realized that they are the reason that community is so important to me and where so much of my support stems from.

Something I noticed in myself was that I would be disliking lines I wrote while in the piece. I would be mid-performance and find myself judging my own writing. I guess I'm not sure if this is my hypercritical side or could have been solved with another round of editing, but I think it's probably always hard to perform your own writing without some judgment. I also found that doing a piece that was so intensely personal was hard, for lack of a better word. It was exhausting for a while, especially the writing process. I found myself trying to dig up these intense monologues from myself, when I was certainly not in the headspace for it, because I was worried about meeting deadlines. I know that this was a product of the time constraints we had, so if I were to continue this piece in the future, I would not rush or push myself nearly as much. However, the process of performing was much less emotionally difficult than I thought. The monologues also became more familiar and less painful with time. Of course, there are lines that will always break my own heart to say like, "when you die, they take your star down." But even in these moments, I could ground myself in the fact that I knew I was acting, not experiencing it in real time. Some days were harder than others but by the end of the process I found more and more joy in it.

It took me a really long time to feel proud of this piece. I am very specific about the parts of myself that I chose to share with people, and talking about my own death onstage was not something I ever thought I would do. But I did, and I want to continue to, because I don't think we talk about death and illness nearly enough. And I'm proud of myself for doing that.

I hope to continue to expand this piece. There are a few different areas in which I would expand it. Firstly I would like to explore the lines between adult and child Riley. There could be moments that are played as myself when I'm little, such as some of the anecdotes of young Riley, and the audience could see the transformation from how younger Riley deals with illness to how adult Riley does. I also would want to spend more time on the moment I talk about during sophomore year, when it first hit me that death was a possibility. It is such a raw moment in my mind, and I would want to write it in real time, instead of as a reflection in the monologue. As far as tech elements, the only thing I would like to add is potentially some audio. Although I feel that the silence in the piece was successful, the auditory experience of a hospital is specific and present. I would want to create a beeping noise that was present during the real life scenes, and then faded out during my inner monologues, to further clarify the moving in and out of these monologues.

They're a few things I would change if I were to go back and do this whole process over again. First, I would absolutely invite my advisor to more rehearsals. It's an intimidating notion to have another director sit in on a rehearsal that you're directing, but once I finally did it, I found it to be incredibly helpful. There were things that Ash noticed that I didn't because I was too close to it. I had written it, directed it, and was in it, which meant that I only ever saw it for the way that it was, not the way that it could be. Ash came to a one-on-one rehearsal with Scotty and offered some really helpful pieces of advice and suggestions, such as clarifying different areas of the physical space for the audience and noting some moments that felt unclear in intent. They were all relatively small things, but they made a world of difference. I would have also written more over winter break, during the time between semesters. I felt so burned out on the theater piece, that by the time it was break, I just didn't want to write it anymore. I felt like I really only solidified the way in which I wanted to expand the piece right before the due date for our final script. If I had allowed myself more time or found a different way to motivate myself to write even when it felt hard, I would have likely felt happier about some of the writing that I was doing, or had more time to edit and specify dialogue. Lastly, I would have rehearsed a little bit more in the spring semester. It wasn't that I felt under rehearsed, but more that I felt like my senior project occupied so much of my brain space because I was constantly writing and revising. It was on my mind all the time, but I gave myself less time to actually embody and explore the piece. I am prone to getting stuck in my brain, and over-intellectualizing things, so the challenge for myself in the future will be allowing myself time to physically explore the piece, instead of just through writing.

This entire process gave me a taste of what creating my own work in a professional setting will be like in the future. I learned how important specificity is. I learned what type of artists I want to work with. I learned how to make theater that is fulfilling to me. I wasn't expecting to feel so changed as an artist after doing this, but I am. I know the type of performers and writers and directors I want to surround myself with, people that want to push boundaries, and collaborate and dig in deep to material. I also realize that I love performing. I strayed far away from performing for a long time because it felt too vulnerable, and I filled myself with fears that I would never be able to be successful in such a physical industry because of how my body works. This process taught me that that isn't true. Performance isn't about what your body can or can't do, it's about what you, as a human being, bring to the table, and I bring honesty and courage.

Dying is scary. Dying is hard. Dying is inevitable. I want to face it with open arms.

Bibliography

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Are You In Any Pain? Script

(Lights up)

Doctor: Riley Cerabona, 20 years old. Presents with a spinal arteriovenous malformation in the C7-T2 area. Shows signs of weakness in the right hand. Scheduled for a resection of the malformation as well as an embolism.

Are you in any pain?

Riley: What?

Doctor: Are you in any pain?

Riley: No. I'm fine.

Doctor: Any headaches, neck aches or back aches?

Riley: No. No more than normal.

Doctor: Any nausea?

Riley: No.

Doctor: Any abnormal loss of sensation, tingling, peripheral neuropathy?

Riley: No.

Doctor: Any dizziness?

Riley: No.

Doctor:
Ok well.
This should take around 8 hours, but it's possible that it will be upwards of 12. We will be monitoring all your vitals, and you'll be on an insulin drip instead of your insulin pump. As you

know, there are a lot of risks with this procedure, including bleeding, stroke, and even death. We are going to keep you as safe as possible. The nurses should've filled you in on all of this.

Riley: Yes.

Doctor: Good. Any concerns?

(lights fade in on only riley)
Riley:

Yeah.

Will you be mad at me if I die? I know that you believe in God and all that so maybe you think I'll be in heaven. I don't really believe in that stuff. You can be mad at God if you want, I guess. Is that allowed?I don't know. I guess it doesn't matter anyways.

There's this thing that happens when your life is sort of hanging in the balance where the whole world is crashing down on you and you can't breathe and nothing feels real and…and professors still expect you to do your homework. And you still have to go to the dining hall and feed yourself. And you have to get dressed. And you have to make your bed when you wake up and you have to close the shades when you go to bed. And you have to keep living. Even if you feel like you're just going through the motions.

I think it surprises a lot of people when I say that I say that I was a Make-A-Wish kid, because I look like, well, this. I look relatively normal, for lack of a better word. What I didn't realize at the time is that Make-a-Wish is for kids that are dying. And I was dying. But when I was 6 I didn't think about it that way. It was just life. It was just how it was.

My make-a-wish was to go to Australia and meet Bindi Irwin because my brother was in love with her at the time. And I have been pleasing people since I was born, so of course my make-a-wish was about him. But I was too sick to fly that far. I was too sick to be that far from my team of doctors. So, like every other ill child, I went to Disney World. We stayed at the Make A Wish village in Disney, which was called Give Kids The World. It was a place that was simultaneously very moving and also the most depressing place I've ever been. Ironically, I actually don't like roller coasters or rides, so I spent most of my time at the village playing air hockey. I think that place was also infested with raccoons but I'm not sure.

When I was at the Make-a-Wish foundation center, before the trip, we sat in the waiting room for a while before we went into the office. I remember there were these stars made out of yellow paper on the ceiling, and they had the names of Make-a-Wish kids written on them. I remember watching them pull down stars and throw them away and my dad asked what that meant and they told us it was kids who died. When you die, they take your star down. So I guess that's what I'm asking. If I die, will you pull the photos of us off your wall? Will you donate the sweatshirt I forgot in your room to some thrift store? Will you forget about me if I die?

Doctor: Riley? Any concerns? - (lights up on this line)

Riley: No. no concerns.

Doctor: Great. We will take you back in a little bit.

Dad: You okay?

Riley: yeah.

Dad: The girl in the bed across from you has a teddy bear that looks like yours.

Riley: yeah. Lester. His name is Lester.

Dad: I remember when you were that little.

Riley: I don't.

Dad: There was this one time, it must've been like 2008, where you had a spinal surgery that messed up your breathing. It was your mom's turn to stay at the hospital so I was at the family housing place. She called me and said you weren't breathing right, that something got messed up in surgery. So I ran. It was probably only a mile or so but I ran as fast as I could. When I got there, you were intubated.

Riley: I can't even remember that.

Dad: I sat in that rocking chair and stayed awake the entire night just watching your oxygen level rise on the monitor. And watching your chest going up and down. Just making sure you were okay. I didn't sleep at all. I didn't want to let you out of my sight.

Riley: That was a long time ago.

Dad: It was. Now you're old.

Riley: I'm ancient. Too old to be in a children's hospital.

Dad: Never too old for that.

I'm just saying you've been through a lot.

Riley: I'm aware.

Dad: You're tough.

Riley: I'm impervious. There's a difference.

Dad: Nah, I think you're tough.

Mom: Hi honey, did Doctor Smith come by?

Riley: Yeah.

Mom: Did he say anything?

Riley: Nothing new. Bleeding, stroke, risk of death. The usual.

Mom: Sorry, I had to get food. I know you can't eat-

Riley: it's ok-

Mom: but I just figured -

Riley: no it's really fine-

Mom: okay.

(pause)

Mom: Do you want to look at pictures of cats?

Riley: no.

Mom: Do you want to listen to music?

Riley: no

Mom: Do you want to scream?

Riley: That feels like a bad idea in a children's hospital.

Mom: do you want-

Riley: Mom I'm fine. Really.

(Dad strokes her hair)

Riley: They'll probably take me in any minute now. My teeth are chattering.

Mom: it's just your body being anxious.

Riley: I know. (silence)

Mom, can you text my friends updates when I'm in there?

Mom: Of course.

Riley: What are you guys gonna do when I'm in surgery?

Dad: Talk shit about you.

(Mom elbows Dad)

Mom: Marc! Walk around, read trashy magazines, try to nap.

Dad: Listen to music.

Mom: It's a lot of waiting and thinking.

Riley: Sounds exhausting.

Dad: I'll probably call your grandmother, now that's gonna be the exhausting part.

Riley: I think you'll survive. I'm tired.

Dad: Yeah, it was an early morning for you.

Riley: No, I mean I'm *tired*.

Mom: I know, honey, it's not fair. It's not fair at all.

(doctor enters)

Doctor: Alright Riley, are you ready?

(lights fade to riley again)

Riley:
Am I ready?

When I was little, my brother had the innovative idea to tie his bike to a wagon and put me in it. He drove up and down the driveway until I eventually fell out, scraping both knees in the process. At the time, it felt like the end of the world. At the time, that felt so much bigger the 16 hour spinal surgery I had the next week. The pain from falling and scraping my knees made sense. It was easy to understand. The surgery wasn't.

(lights back up)

Mom: Are the nurses aware she's diabetic and on an insulin pump?

Doctor: Of course.

Mom: Because last time they didn't and her blood sugar was 22 when she came out of surgery.

Doctor: Yes, of course that won't happen again.

(light fade to just Riley)

Riley: My dad scooped me up and my mom cleaned off my scraped up knees and covered them with bright yellow bandaids. At the time,-it was the end of the world. It was the end of the world but my mom and dad could fix it. My mom and dad could tell me everything would be ok and I knew it would be true. They couldn't do that with the big scary medical things that loom overhead, because they were just as scared as I was.

(Lights back up)

Mom: I hope an endocrinologist has been consulted.

Doctor: Yes, that's standard procedure.

Mom: I'd like to talk to the anesthesiologist. And make sure that this plan is solidified.

Dad: Honey, I think they've got it under control.

Mom: Well last time we thought they had it under control, and they clearly did not.

(lights to just riley)

Riley: My parents have always fought for me in every way they could. They've battled every doctor, they've stayed in hospitals for weeks at a time and slept in old recliners and tiny deflated beds. When I was 6, they even brought my cat all the way from Maine to Boston to visit me, because I was afraid she would forget who I am. But that fighting can only go so far. They would fight to the ends of the earth for me, but they can't make tumors wrapped around my spine disappear, as much as I know they wish they could.

But things are different now. when I fall, when I bruise, when I bleed, I don't care as much. If it's not life threatening, it doesn't really seem to matter. My body doesn't work anyways. So what's another cut, another scratch, another ache and pain?

(lights back up)

Doctor: That was not my fault or the fault of any of my team.

Mom: I don't care who's fault it was, I care that it doesn't ever happen again.

Doctor: Our doctors are quite capable, despite what you're inferring.

Mom: What I'm inferring is that I'd like my daughter to come out of this surgery as healthy as she is when she goes in. And that hasn't been the case the last few surgeries. So I'm asking you to treat her like she's your kid, or whatever it takes for her to be okay on the operating table.

Doctor: Understood.

(lights to just Riley)

Riley: And so maybe it doesn't matter if I watch my hand work less and less, or maybe it doesn't matter if there's another incision and maybe it doesn't matter if my legs get weak or my breathing stops. It's just some more skin ripped open. It's just some more blood gone, more nerves frayed. Just a little less of me that exists.

So sure, I'm ready. I'm ready because all of this is impermanent. All this is just blood and guts skin and nerves. And somehow, I think that I'm more than that.

(lights back up)

Mom: It's all gonna be okay. We love you.

Dad: We'll see you when you wake up, have some crazy dreams in there okay?

Riley: Okay, I love you too.

Doctor: You're gonna be just fine Riley. I'll see you after the surgery. The nurses are going to come sedate you now.

(Parents cross to stage left chairs. We see them talk, hold hands. Breathe. Riley watches.)

Mom: Do you need food or anything?

Dad: No I'm not hungry.

Mom: Me neither.

Dad: You know, anytime she goes into surgery, I always wonder if the surgeon got a good night of sleep. Or if he had a fight with his wife, or if he had a good breakfast. I forget that they're human like the rest of us.

Mom: I know. We have the best of best though. It'll all be fine.

(lights fade to just Riley)

Riley: I think growing up was hard. I mean it's hard for anyone. We've all been pimply, braces-wearing, awkward kids. We've all been told by our parents what we should be or what we don't understand. We've all grown up too fast.

I remember the day when death stopped feeling some far away possibility. Where it became true and close, like I could reach out and touch it. I was 19.

I'd never cried as hard as that day. Up until then, I was never afraid of dying. I was invincible in a way that only a sophomore in college could be. I was doing shots of cheap vodka, and sledding on cardboard boxes down hills and staying up late laughing because everything seemed so funny. My medical complications that popped up were always an inconvenience, not life-threatening. Dying wasn't on my mind.

And then suddenly that was all I could think about.

And thinking about dying all the time, well it's exhausting. Because I wasn't just thinking about the possibility of my own death, but every single person that it would hurt in the process. I told myself over and over again that I wasn't afraid of it. That I could be unshaken by the thought of death. But it was all a lie. I wanted something or someone to tell me it would all be fine.

I don't believe in any god. There is no deity I feel when I am rolled into that operating room. Try as I might, I don't believe in miracles or higher powers and sometimes that feels so lonely.

But I believe in the right song coming on shuffle exactly when you need it.

I believe in looking for cracks in sidewalks that are shaped like hearts and sending them to my mom.

I believe in looking up at the stars any time it's a clear night. Not to look for anything. Just to know they are there.

I believe in leaving messages in fogged up mirrors and kissing the roof of a car when my dad blows a red light. I believe in leaving the ghost light on even though honestly I don't know what that means. I believe in handholding and tight hugs and comfortable silence and late night conversations on the floor and sincere texts. I believe in the way that everyone I love has held me up through this.

Because my star is still on the ceiling in that waiting room.

(lights on)

Someone told me that it’s enough just to believe in people. And so I do. And that’s how I survive.