

WATCH YOUR HEAD

by LYNDA RODRIGUEZ

CHARACTERS

ACTRESS

SETTING

A Theatre

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WATCH YOUR HEAD

[It is the end of rehearsal. Unseen peers are leaving, saying goodnight. The Actress responds, but is focused on gathering her belongings, making sure she's leaving nothing behind, and communicating with her director.]

ACTRESS: Um-hmm, goodnight. Oh, thanks. *(her focus changes)* So.. when did you say you want us offbook? Need to write it down—okay, gotcha. Hmm? No, no problem. *(a small laugh)* Really, it's no problem. I can do it. *(and she waves goodnight)*

I can do it. I like saying that.

[And now she is talking directly to us. Thru the next few lines, she will finish putting her script, pencil, and a small notebook in her bag, very deliberately. From the bag, she removes a bottle of water. Her demeanor is weary but bright, and focused—sometimes intensely—on telling us what she wants to say.]

So... uh, let me set the scene here. That will entail a little background, so bear with me. I mean really bear with me, ok? If, at any point, it seems I'm rambling or longwinded, just tell yourself- or nudge each other say, "Well, bless her heart. Her head blew up."

Okay, the opening matinee had gone pretty well. See, in what had been a bad summer for both my friend Merritt and myself, acting in this two-woman show had been the only shaft of light and we'd looked forward to it. We'd worked our asses off, we had an abbreviated rehearsal time, and still, we felt good about it. Luckily, of course, the audience didn't know any of this, nor were any playgoers aware of the chaos backstage, such as painting of the set beginning only at 11 am that morning.

I'll confess, I was terrified that afternoon. But we got thru it, before an audience of ten. So... onward and upward, right?

As we dressed for the evening show, Merritt and I kidded each other, horsed around. I heard the pre-show music kick in, and I did my ritual, a quick "En El nombre de padre, del Hijo y el Espiritu Santu." And I told myself, this will be over in a couple of hours and I can have a drink and relax. Except this time—somehow—I didn't buy it. "A coupla hours." "Get a drink" "Relax." I had a weird feeling that it was never going to end. Ridiculous, right?

The show was going well. Merritt and I—quite frankly—were cooking. For a time, anyway.

I know now that it happened— *(pauses, points to head as if to say, what do you think?)* — sometime toward the end of Act I. I didn't start to feel the full effects until after intermission. And then—

[Catching herself, she stops. This transition will repeat itself many times, as she balances between reliving her incidents, and telling them to her listeners; at times, the stress of this balancing act should be evident.]

(knowing their question) Yeah, well, the “it” I’m referring to—I like to call it “That Time My Head Blew Up.” Not overly snappy, but it’s either that or “I spent four years in New Mexico... and all I got was this lousy brain hemorrhage.”

So... we come out of intermission and my head starts to hurt. Terribly. And I’m still performing, pushing myself and a very confused Merritt thru the scene. I don’t know what I’m saying, I was not really in control of what I said, my voice sounded flat and mechanical. But we went on—because I didn’t know how to stop. *(pause, and the terror of that moment flickers once more)* I remember the director shouting at me. Not unusual, for that ass—but unexpected in front of an audience. And then I heard him tell the crowd that the show was cancelled—*(as if hearing it anew)*—what?—and then we went to the hospital. Someone asked for my cellphone, to get my emergency numbers, my family—and I couldn’t use my left hand. *(for a moment, she stares at the hand, then gathers to go on)*

My time at the hospital is remembered—if at all—in flashes, as snapshots, jagged shards of recollection. They add up, I guess. For instance.. as appreciative as I am to the staff of the ER, why do they ask questions if they aren’t going to listen? My favorite was the medical history drill... *(loudly, as if to the hard-of-hearing or stupid)* “Is there a chance you could be pregnant?” *(flatly)* Not without a miracle. “What was that? Beg Pardon?” They talk in fevered whispers among themselves. Is she pregnant, she might be pregnant, we need to know if she’s pregnant—*(as herself)* Hello!?! Did you notice a bright star or three wise men following me in here?

Then there was the CT scan. I told them I was claustrophobic, I told them—yet they were surprised and angry when they had to pull me out and sedate me. And let me add that “sedated” does not equal deaf or unconscious or oblivious or stupid; I heard the cheery instruction that someone needed to notify my “next of kin.” Gee, thanks. Just because someone lies at the brink of becoming a human-sized can of V-8 juice—or Snap-E-Tom, as I prefer—does not mean that they’re not there. *(pause)* They are.

I was largely out of it—I mean, really out of it—for about a week. But a few things stand out in vivid Technicolor, such as the Exorcist who came to administer the Last Rites, which also go under the fizzy title of Extreme Unction. This particular priest, I would have found frightening even if I hadn’t been immobile and really thirsty. Dressed entirely in black, he gazed dolefully in my direction, advanced slowly—for added drama, I suspect—then loomed over my face and intoned, “Would you like to discuss your Mortal Sins”? I wondered what was next—a pop Quiz? Maybe a Power Point presentation...

Other moments and thoughts that somehow rise to the top of the murky soup of that period include... *(thinks for a moment)* uh, the realization that a week into this picnic, I

still had stage makeup caked on my face. (*she will think of the next items very deliberately*)

That watching “SpongeBob SquarePants” is infinitely more enjoyable on morphine.

That all the time, day in, day out, I was cold.

That even though the whole initial episode sometimes seemed like an elaborate joke, it was unlikely to be so, for reasons of logistics if nothing else. It would have taken a lot of planning to have set up the intercranial bleeds, the projectile vomiting, the Care Flight, the priest, my brother appearing at my bedside to read to me from a Harry Potter book. I don’t know anyone that organized.

That if anyone ever comes your way using the phrase “blended diet”, get the hell out of there. If you can move, that is. My introduction to this was a tall glass of warm beet puree—as if this improved so mightily over beets in any other configuration. Other treats from the Devil’s Cuisinart included blended tossed salad—mmm, liquefied lettuce, with a piquant hint of ranch dressing—and the lasting indignity of needing to ask, “May I please have another sip of cake?”

The less said about my demoralizing assisted showers, the better. In my memory, it looms as a cruel mix of some 1950s hydro-therapy and the barren enclosure where they give circus animals a good hosing off.

I was not a big fan of rehabilitation therapy at first. In the best of times, I don’t suffer fools gladly, so...

Besides, I still felt in moments this was all part of a big ruse, that maybe I was at the center of an episode of “Punk’d.” The first therapist came to me, her arms laden with paperwork. I said, “Um, I may not be up to lots of administrative work quite yet.” Well, this is what I wanted to say; I couldn’t, you see, because the left side of my face was paralyzed. My speech was difficult, and uncharacteristically terse; think Clint Eastwood with lockjaw.

The next therapist asked me to examine a photograph and identify (*gesturing with an outstretched hand*) the Five Things Wrong with it. I said I couldn’t. She asked why. “Because there are six,” I told her. She was unamused. Unsurprisingly, this was the same young woman who one day peered at me over her clipboard and asked if my parents were still Hispanic.

I found more reward in my sessions with a neurologist named—bless his heart—Dr. Flitter. One afternoon—I was speaking more easily by this time—he asked if I could explain the significance of Hamlet’s soliloquy. Since I had written my thesis on the play, I was glad to oblige, and we had a nice conversation.

Around this time, I began to hear many of the personnel refer to me as “high functioning.” That’s great, I longed to shout—I have two Masters Degrees and I’m still not deaf. I decided, however, this would be impolitic and kept my mouth shut. In time, I soon deduced—high functioning, remember?—that much of their chatter was coded conversation for “Isn’t there some other hospital that can take a crack at this vile, over-educated bitch?”

And so, at my prodding, they made contact with Fort Worth’s Dr. Robert Nieto, a friend and neurologist—and playwright, as it happens. Shortly thereafter, I found myself being packaged and air-lifted back to Texas, closer to my family and a doctor who knew me, who understood my temperament and who just might, in time, give me a few answers in return for the millions of questions I’d been asked. But first, of course, I had to tell my story to a whole new cadre of nurses, therapists, secretaries, etc. Had I actually died and gone to Hell? I considered this scenario quite seriously for a few days; the warm beet puree gave credence to the idea, but I finally decided that it was ruled out by the absence of animatronic children singing “It’s a Small World After All.”

Post Brain Trauma Therapy only sounds like a self-important rock band. It’s actually an avenue of treatment designed to make a given patient functional, and even attempt to bring the individual’s abilities back to pre-trauma levels. Since I was regarded as “high functioning,” I was told that after I had mastered walking and talking and showering by myself, the focus would be on assessment. Lots of assessment. In other words, they wanted to determine exactly what sort of disabled, over-educated vegetable I was going to be.

Assessment means testing, and I was no stranger to taking tests. I had loved it in my pre-trauma existence, but now, the stakes seemed much higher, and I soon had an unshakable sense of myself as a failure. My self-esteem was further undermined by lots of people telling me what to do around the clock—you know I love that—and the strange assortment of persistent fears and worries that filled my thoughts. I worried that I was going to miss a day somehow—“what, it’s Thursday? What happened to Wednesday, where’d it go?” – or get hysterical if I realized I didn’t know what time it was. I hated being alone, ever. A misplaced pencil could bring me to tears. And let me emphasize, no one’s ego has ever started to soar as long they required an escort to go to the bathroom.

Now, here’s something you need to understand; as good and vital as they are, as much we need them, and owe them—hospitals are not the best places for people to heal. This is true for many reasons, not the least of which is that as you get better—or think you are getting better—you want out of the hospital.

Maybe you’re not ready to go rock climbing, or to swim the English Channel, or to resume your career in Theoretical Physics, but if you can feed yourself and construct simple sentences, you’re ready to leave. And odds are, the good folks at Our Sisters of Flagging Mercy are ready for your departure, too. I know a nurse who’s resisted many offers of advancement and promotion and increased income, all if she’d leave her work in the surgical recovery ward. This, of course, is the land of gauzy silence, where patients

spend their most immediate hours after leaving the operating table, comfortably mute in the pillowy bosom of noble pharmaceuticals. When asked why she turns down chances for money and position, my friend says simply, “I like my patients,” What’s so special about patients in Surgical Recovery, you ask? (*whispers*) “They’re quiet.”

Once everyone agrees you’re headed for Outpatient status, things really ramp up. Therapy intensifies and there’s no time for frivolity. Every evening, when the night nurse would ask if there was anything else I needed, I’d say, “Yes, a vodka martini with extra olives.” Tolerance for this banter ran out when everyone else in the brain trauma wing took to ordering cocktails, too. Similarly, my caretaker was predictably dour when a drop in my blood pressure had dictated that I be given an IV. “There’s not much else we can do,” she said flatly. I responded with “Oh, so I guess working on those one-handed cartwheels is out of the question, huh?” She considered this for a second, and then asked, without humor, “Is that what they’ve got you doing in therapy?” (*pause, regards the audience*) Yes, yes, it is. I’m actually not in therapy, I’m just preparing to audition for clown college.

On one occasion, my therapist insisted we play catch. I’m afraid it looked more like an oddly mean-spirited game of Dodgeball. Later on, she gave me the test of trying to walk the aisles of the hospital’s cluttered gift shop and not bump into anything; hell, I couldn’t have done that a day in my life.

Finally came the day when I was declared an Outpatient. Lest you overestimate the magnitude of this liberation, let me emphasize that being an outpatient is rather like being on parole; the tether is short, your circumstances are limited and lots of people have their eye on you. Still, I was free... free to stay in a patient friend’s home, free enough to have my own room and bathroom, free enough to only require the presence of a shower chair, and the rented wheelchair I’m happy to report I used but a few times. Most importantly, it was only now that I realized just how fiercely determined to recover—and recover totally—I really was. Finally, I was on my own and getting better really didn’t involve jumping thru hoops, or pleasing someone, or even trying to do enough just to shut some up.... Now, I was playing for keeps and playing for me. That made all the difference.

Outpatient therapy offered its own brand of hilarity, of course. I sorted screws and wing-nuts in a box and thought it not much different from a tech theatre class years before. There was a computer exercise entitled Tower of Hanoi—cheery, huh?—that involved stacking monkeys of various sizes atop one another until the topmost creature could reach the apple that dangled above his head. Two questions came to my mind: One, is Hanoi renowned for its plentiful orchards? Secondly, it bothered me that the bottom monkey never got to eat. Personally, I’d never allow a group of friends to clamber on top of my head if there was nothing in it for me. I kept this opinion to myself.

I did not remain silent, however, in performing a response-time test, which they told me, would determine if I’d ever be allowed to drive. On the wall they projected a giant grid, divided into several squares. My assignment was to press a button every time I saw a light pop up in any square.

Unfortunately, they discovered I was actually trying to predict which square would light up, sort of testing the test. Tersely, they switched me to a computer exam and reminded me that my future as a driver depended on the outcome. This time, I was to stare dutifully at the screen and pound the space bar each time I saw the letter “E.” I remarked that I’d driven for years and never, ever seen a giant E lunge into oncoming traffic. Again, they were not amused.

Many of the therapeutic activities concocted for outpatients seemed like bizarre hazing rituals; you know, do this stupid, repetitive thing for no good reason until we decide if you’re good enough. At least pledges get drunk..

The first time the therapist told me we were going to attend an Outing, I was really shocked; after all, I’ve spent a big chunk of my life in the theatre—and among theatre people—so that verb had a very specific meaning to me. Who was going to be “outed”? Another patient? That seemed unnecessarily cruel. (*pause*) Once again, I paid the price for thinking too much; our outing was a simply a van full of brain trauma patients dispatched to the grocery, to gather ingredients for next week’s Occupational Therapy.

I like to look back on this period and believe I was pretty stoic, if not outright tough, triumphant, a testament to the Human Spirit, or displaying other qualities well-suited to a movie on Lifetime. But one afternoon, after an especially rigorous battery of tests designed to “improve my processing speed”... I lost it. I really did. I was trying to assemble these blocks in a prescribed pattern and it was simple and I could see it in my head—but I couldn’t make my hands do the work. And so.. meltdown. I was sobbing, all over those goddamn blocks, and the therapist... she was great. She spoke softly, and she said, “Did anyone ever explain... exactly what happened to you? Did they tell you?”

And of course, no one had. They’d told me I’d be all right—after they’d told me I wouldn’t live thru it. They told me not to mind someone taking me to the shower, or feeding me liquid pie, they’d told me there was no substitute for hard work, not to be too hard on myself, that they just needed to ask a few questions and that sarcasm had no place in the therapeutic process. They’d told me that I was doing great, that I needed to work harder, that I’d be good as new and that I’d have to accept my limitations. They told me that they needed me to take just one more test, just one more time, just give it one more shot—and then they told me not to cry.

But nobody ever had explained what the hell went on in my head. “When my head blew up”.. what really happened? (*pause*) Well, this woman, with the soft voice and soft hands, did; she showed me a picture of the human brain and explained what a three centimeter bleed was.

And it occurred to me that I should quit crying and become aware—make myself aware—of just how lucky I was, to be walking and talking and to have enough cognitive power to—to cry and to get so goddamn mad because I could realize what my stumbling blocks were. That was the distance I’d traveled so far... so far.

A sense of proportion is a very valuable thing, to see things in scale to the world around you. See, I mastered those damned blocks, And my family and friends—so great!—accompanied me thru countless games of Boggle and Connect Four and Jumbles and word puzzles. I did ‘em all. *(pause)* Well, the results of my last test in Outpatient Therapy suggested that I may never be able to pass a timed test, like the SAT or GRE. *(pause)* I think I’ll get by.

I’ve even reached a point of being philosophical about the way I left that bewildered audience back in New Mexico. It had to have been a weird evening for them and I’m sorry, but you know, I’ve let myself off the hook for that one. And honestly, that night, as strange and unnerving and troubling as it must have been... really wasn’t even the stupidest thing I’ve ever been a part of on a stage. That would involve a musical.

LIGHTS OUT