

# A Bridge of Words

## Thoughts on Teaching Writing to Children in a Hospital Cancer Ward

EVAN CLEVELAND

**T**ucked into a wing of the pediatrics unit, the Behavioral Medicine Department of M.D. Anderson Cancer Center stretches the length of a tight hallway and features an innovative grouping of educational, behavioral, and support programs. Small offices, classrooms, a game room, and a library open like compartments on a submarine. Fellow writer Miah Arnold and I teach there twice a week through the Houston non-profit Writers In the Schools (WITS). In the final minutes before that day's WITS class, we hurriedly worked to select the best student pieces for our quarterly newsletter. Patti, a pediatrics teacher, interrupted our conversation with an innocuous request to print all the work of a particular student. We often make copies for students healthy enough to transition home, but Patti prefaced this by asking, "Did you know that Jeronimo died last week?"

Jeronimo had been a student of ours for much of the year. This bright fourteen-year-old came from Colombia to receive treatment for acute lymphocytic leukemia. He had freckles on his pale face beneath eyes that shifted between blue and gray. Jeronimo spoke English with a soft accent that swallowed vowels and teasingly asked why I was so cruel to make him write so much.

Since I began work at the hospital nine months earlier, I'd wrestled with understanding my role as part-time writing teacher to sick children. The tumultuous and self-absorbed pace of the hospital overwhelmed me during my first months there. Trying to teach creative writing to an ever-changing group of students felt like slogging through a Mardi Gras parade of startling images and cutting emotions. Navigating the bustle of the hospital unsettled my teaching and my own insecurities about working with this set of students tugged on my confidence. The collection of successful first- through fourth-grade lessons I'd amassed over the past two years struck me as irrelevant. Even the repertoire of skills I hoped to utilize in a typical classroom seemed trite for students hovering between recovery and complication.

Verbal aptitude limited our students less than the particulars of their treatments. Weakness from chemotherapy kept some from the physical act of writing. Brain tumors and the resulting surgeries in others slowed conversation with them to a crawl.

Beeping IV regulators and occasional vomiting broke the pace of every class. We constantly gained new students in addition to the regulars who moved between surgery, recovery, and even isolation after catching a cold. Each new grouping ushered in a new emotional and physical reality.

Through their shared struggle, the students created a social group that supported every child in his or her hardest moments. Gregarious fourteen-year-old Lorenzo befriended six-year-old Armani, a tiny girl full of adoration for him. She could write very little, and when her inability to draw an elephant made her miserable, I brought in Lorenzo for encouragement. He made two copies of her picture, telling her he liked it so much he needed one for either side of his bedroom. Katie, a slender thirteen-year-old made even thinner by her treatment, spent an entire Halloween party carrying another young girl terrified by the people dancing in costume. In the lulls, however, that close proximity brought about the usual frictions between individuals and subgroups. A young student with few social skills managed quickly to annoy the other students around him. Another highly intelligent teenager often alienated himself through snide observations. This collision of treatment and sudden adolescent expression made traversing the different needs and personalities more difficult than in my traditional classrooms.

I can go weeks without thinking too much about my experience at the hospital, but invariably, images of disease intertwined with otherwise everyday events and force me to pause. One day, I passed a mother pushing her tiny daughter in a stroller, an IV pole trailing behind. The little girl stared at me with inquisitive toddler eyes, too tired to smile back beneath the white mask, her skin mottled and dry from radiation. I remember seeing an IV threaten to rip from the chest port of a boy no older than five. For about a month, I saw him playing with complete abandon, oblivious to the classes we tried to conduct in his play area. He pushed toy trucks in another world while his frantic grandmother chased after him and the metal tower linked to his body. Graden, a student in our classes, experienced debilitating hot flashes that widened his eyes and made him beg for water in a voice parched with fear. Dhari, a gangly eleven-year-old from Kuwait, struggled with ever-present nausea and fatigue along with the strange, new language. A boy from Saudi Arabia named Duaij, in the same predicament as Dhari, wrote an “Ode to Pain” that said:


Pain, sick cough, swallow  
something too big.  
Smelly, sticky vomit,  
pinch, a shot that pinches my skin.  
The doctor says  
take your medicine.  
I want to make pain leave.

Until Jeronimo’s death, I had seen only minor changes in the students’ health. Sometimes children would be well enough to go home or at least transition to their

hometown hospitals. Off and on, a child disappeared for surgery or a virus, but until now they had always come back, thrilled at their return to a limited freedom. I knew that cancer could mean life or death, but this knowledge seldom broke into my classroom reality. In my brief experience it seemed a child in a wheelchair could have always been in that wheelchair. I found it almost impossible to take in any more than the immediacy of what I accommodated as their teacher.

Every visit to M.D. Anderson came layered with emotions: frustration, joy, the simple fatigue of teaching. Beneath it all, though, a sadness always seeped in like an invisible gas. I concealed it, knowing it would occasionally bubble to the surface. But finally, as I left the hospital that day, realizing Jeronimo was gone, the sadness became suffocating.

A friend and fellow WITS writer offered a different approach to dealing with this suffering. She told me to not to try to resist the sadness, but to “soften [my] heart and breathe it in,” then to “breathe back out something opposite—love, healing, something.” I began to experiment with different techniques in my teaching. Conflicts of agendas and desires thrive at any hospital, and I brought in poetry that reflected emotional turmoil and paradox. I focused less on a structured pre-write and more on a free discussion that I could shift into a natural exchange. I would start lessons by purposely rambling about specific moments in my life, and shared my experiences with little filter for the personal. One by one, my handful of students began to surrender their own experiences with the same honesty. The poetry on those days followed different paths from student to student. If I had seven kids, I would have seven distinct poems, none of which resembled the prompt. Regardless of the quality of the writing, we created a quiet place to explore our lives and emotions. That space might last for just a heartbeat; other days it stretched on. The depth of my students’ work didn’t matter so much as the connections we made to those intimate places.

I realized I had begun to breathe out fragments of myself, words for bridging and reaching out, and found that this comforted me. Everything at M.D. Anderson tries to assert itself—the children, the parents, the school, the doctors, the medication, the cancer. Though I would never be able to fully comprehend the situation of the kids I taught, I became aware that I could focus some sort of honesty onto each individual child. All of us could breathe that in, wrestle with it and rehash it, then release it once more with new understanding, a process much like the act of creation itself, and one that offered the possibility of healing. 

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