

# The Spirit of Writing

IT IS THE FIRST WRITING WORKSHOP I AM TEACHING AT THE state hospital, and when I say we'll start by writing a poem, Jill, a woman whose skin is soft and pallid from living much of her life indoors, says she can't write poems. So does Addie, a woman so tiny her chin just clears the tabletop. And Martha, who is wearing what looks like hospital scrubs, says she can't write at all.

These are three of my DMH students, resident patients under the jurisdiction of my state's Department of Mental Health. Some of them are allowed off their unit only to attend my class. Some are allowed off only if they are individually supervised.

They sit at a long table in an otherwise empty recreational room. The floor is polished beige linoleum, and it ends at a wall of windows. There's another woman there too, Miranda, tall, big-boned, dark-haired, powerful-looking despite her illness and the meds she takes that make her hands shake. She's also nervous, and restless, but more eager than fearful, and she is quick to encourage the other three. "You can do it. You'll be fine," she says. Otherwise, no one smiles, and all but Miranda look straight down at the table.

"Don't worry," I say. "Everyone is always a little afraid to start." But what I'm seeing here is more like white-knuckle terror, and I wonder if teaching writing to patients in long-term care is as therapeutic and enriching as I've written again and again in the kind of grants that fund these classes—what I've written along with my partners, the Massachusetts Cultural Council and the Vermont Arts Exchange.

I'm not alone in this. No one could be alone to establish an artist residency in a place like this hospital, or the Vermont Veterans' Home, or Union Hospital in Lynn, Massachusetts, where I may soon be teaching memoir-writing to a support group for patients with cancer. There are the logistics to work out; the scheduling, coordination, and communication among departments, so that my students aren't boarding a van to the movies or are not scheduled for an appointment with the ophthalmologist at the same time as my class.

There's also staff availability to consider. Support staff needs to be present to scribe for patients who can't write, to tell me if I should or shouldn't encourage a patient to explore emotionally difficult material, or simply to make copies or find some pens that roll faster on a page. But all that comes after the hardest work of all, which is to convince the health care professionals and potential funders that the opportunity for patients in long-term care to express themselves in the arts will make their lives better, will make them better, will help them heal.

Kevin is a member of the second session I am teaching. He is a big man, tall, broad-shouldered, and handsome and would be a little intimidating if he weren't sitting at a table and, like most of the others in the room, looking straight at it. Because he is considered to be at high risk for suicide, this is the first time since his admittance weeks ago that he has been allowed off his unit, something, he later says, is like breathing fresh air; it is a privilege that Victoria has fought for.

Victoria, hair in a braid to her waist and usually wearing a flowing purple print, is a relentless advocate for all the mental health patients here, someone whose no-nonsense, all-business exterior belies, at first, the steadfast loyalty, the commitment and compassion she shows her patients. She has told me that the writing class was the only activity Kevin wanted to join, although he along with the others, six in all, are beginning this class with the same fear and uncertainty as had Jill, Addie, and Martha. But now I know that despite an inauspicious start, all three had by the class' end each written a poem. Martha, smiling when I read hers back to her, had said, "I did that?" And Miranda, who it turned out was a gifted poet, wrote four.

By the end of this class, Kevin has written one too, and so has Jeannie, a woman who sits in a wheelchair and has been diagnosed with a form of psychosis and spends most of the other days of the week undergoing dialysis. She vows at the start of class that she never has and never could write a poem, and yet I learn later from Victoria that Jeannie, like Kevin, had been indifferent to all other activities but this one.

Jeannie writes two poems, startling in the sophistication of their structure and without a hint of the rhyme first-time poets think is mandatory. She continues to complete a draft of a poem in each subsequent class, professing, each time, to know nothing about what she's doing. "Is this a poem?" she asks. "I don't know how to write a poem; but I'm just writing, and is this a poem?" And yet she questions every line, considers my suggestions, and revises with the cool objectivity of a pro. In fact, everyone revises.

Although I am sure to offer encouragement, I do not laud every word my students put on a page. I am a teacher and I teach. And what I teach is form, how to make words into an effective poem, a story, or an essay, for it is the discipline of form that leads to true insight, a real message that is just as much the writer's discovery as it is his or her audience's. And whether my students are fifth-graders, un-

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dergraduates, high school students, or 90-year-olds with dementia, whether they hear voices, are blind, are dying of kidney failure, are living with cancer, or have for all their lives lived in an institution, my methods and expectations remain the same. With few exceptions, no matter what life has dealt us, and what stage we're in, we have the capacity to create and the ability to learn. And if these things lie fallow, so do we.

Four weeks after our first class Kevin stands at a lectern before 30 people seated in the large "old lobby" of the hospital and reads a poem about overcoming despair and a memoir about playing in the snow with his wife. Jeannie refuses to read her own work, but, not to my surprise, at the last minute changes her mind, wheels up front, takes the handheld microphone, and reads her poems with a poise similar

to Kevin's, similar to everyone's, in fact, like they've done this a million times.

And then it's Jerry's turn. He is not a mental health patient; rather, he is under the jurisdiction of the Department of Public Health and he has lived at this hospital for 30 years. He has come to every one of my DPH classes to hand me, each time, a complete and near-flawless section of a memoir about growing up in Yazoo City, Mississippi, during Jim Crow. He reads his story with the same quiet confidence with which he wrote it. And it is Jerry, later, who when asked on the evaluation form what it is that he has learned, writes simply, "I learned I could communicate."

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The riders in a race do not stop when they reach the goal. There is a little finishing canter before coming to a standstill. There is time to hear the kind voices of friends and say to oneself, "The work is done."  
—Oliver Wendell Holmes, Sr (1809-1894)