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# Good Form

## PART ONE: WHY YOU WRITE SESTINAS

**Y**OU WRITE SESTINAS because you ask your students to write sestinas. You think about this as the nurse takes a sample of your blood to make sure your white blood cell count is high enough for treatment, and you think about this as she inserts the IV into your arm. You will think about sestinas throughout each round of chemotherapy and during every session of radiation. You will think about sestinas the first time you use the feeding tube for real, not just to try it out, but when you can no longer swallow. You will think about sestinas and writing them along with your students, this complex poetic form from the twelfth century, because writing sestinas reminds you to ask (though you never will) if your oncologists have ever hooked themselves up to an IV drip that sends poison into their veins, poison that kills good and bad cells alike—mostly bad, you hope, they hope, but they don't know, don't know what it's like to sit in an infusion suite with poison coursing through your veins.

The first time you drink coffee and your partner is with you and you both have your laptops. You write emails to colleagues, where you muse over language's ability to hide the bitter truth: infusion suite, note the homonym. During the first visit you can mention but not really know, laugh at but only glimpse the irony of the homonym because you can actually eat the turkey sandwich they give you, and your white blood cell count is fine, and you even have your period. At the time you think this is unfair, but later you will repent that accusation of injustice (but to whom, really?) when the chemotherapy kills the cells necessary to produce your monthly bleeding, as they have done without fail for thirty-five years.

The first time the infusion suite is a sunny place. You and your partner chat over your screens. You can still talk. The chemotherapy has not yet begun to take effect, and you have only had one week of radiation. You are beginning to question what is so brutal (the doctors' word) about this treatment for stage IV squamous cell carcinoma of the left tonsil—the same diagnosis (but for the primary tumor in the base of tongue), same prognosis, same treatment as Michael Douglas. When he was asked which

of the seven weeks of treatment was the worse, he answered, “the eighth.” You know about this because everyone tells you what they have read in grocery store glossies about this famous Hollywood movie star and his relatively unknown cancer. Eighth week. You don’t know what that means. You know how to write a sestina, but Michael Douglas knows what the eighth week of treatment in a seven-week cancer treatment is like. Still, you feel fine. Or: you still feel fine. If you wrote your sestina today, it would be a happy sestina. Relatively.

For the second round of chemotherapy you are alone. Your partner is torn between you and your children, as she will be throughout treatment and recovery, as she perhaps always is, balancing the children’s needs with yours. She will almost forget her own, except in the evenings when the house is quiet and the children are asleep and she closes the door to the study that has become her bedroom to seek the comfort that thirty minutes of solitude can bring reading a Scandinavian mystery or watching a cooking show on TV. Mostly she gets the balance right, even this second round of chemotherapy because the first went relatively well, at least until you got home and a nausea like you did not know existed tipped you off balance, and even though you could still eat, you could not. She was with you then, reading the fine print on the anti-nausea medication, tucking you in, saying good night, closing the door.

But she is not with you today, for this second round of chemotherapy, which, like the first, still finds you with your laptop. You do not turn it on, however, preferring instead to plug into your iPod and listen to the music that will eventually also be silenced by your growing need for quiet. Your white blood cell count is fine, again, so they go ahead and hook you up to the kind of chemo they call Cisplatin, which sounds harmless enough. You cannot eat because your mouth is in too much pain, but you can drink and do, and after the IV is empty you are told that they are waiting for you down in radiation.

No matter what, they are always waiting for you in radiation—every afternoon at 3:30. You have not missed an appointment and will not miss an appointment, even when there are only two more to go and you can no longer talk and your neck is an open wound of burnt flesh, and your radiologist says, “Michelle, take tomorrow off, you can make up the day next week.” But you will not deviate from your course, this regiment of 35 blasts of Intensity-Modulated Radiation Therapy, every day except weekends, for seven weeks, which you want to end so much that even though you can barely walk, you will walk yourself through the doors

and into a johnny and onto the table where the technician gently places the mask on your face, apologizing, “I’m sorry Michelle, I am sorry to have to do this,” and screwing the mask down, one two three four bolts, but your face, puffy from the chemo, will not fit into the mask made back in January, one two three four bolts, “I am so sorry Michelle.”

But this is not how it is for your third and final round of chemotherapy — when you have no say in the matter — when your white blood cell count is so low they withhold the poison which you hope they will withhold for good (but which they won’t). You are dehydrated so they keep you in the infusion suite to pump you with fluids. You have long ago stopped eating and drinking by mouth, getting your nutrition from a feeding tube through your stomach. Your mouth is swollen and sore and secretes a burning wetness that you spit out into white tissues. There is talk of a possible blood transfusion; there is talk of postponing chemotherapy; there is talk. Everyone talks, but not you. No, you think, and write on a piece of paper, “No,” and think to yourself, stay the course, March 21st, the twins’ fifth birthday, the last day of treatment, the beginning of recovery, the beginning of the eighth week, the closer to that promised PET scan that will be administered when the sun is highest in the sky and the day is the longest, the test that you hope will confirm that all this was, after all, worth it.

But the PET scan is many months away, and once pumped with fluids and temporarily hydrated, you are sent home. There is nothing more degrading than being sent home from a chemotherapy suite, too sick to receive treatment. Sent away to return the next day, Friday. It is then you are infused with your last chemotherapy and blasted with your second to last round of radiation and sent home to return after the weekend on the first day of spring, for your final treatment.

And this is why you write sestinas: for your students because you ask them to; for your doctors because they don’t know what this journey is like; for yourself because you don’t ever want to forget being sent home from a place where you did not want to be, then asked to return. Sent away, asked to return, pumped, prodded, stuck with needles, cut with knives, sent home, asked to return, numbed with tranquilizers, shot up with morphine, bombed with radiation, sent home, asked to return, dripped with toxins, told to hope, given reason to dread, asked to accept: the side effects, the cancer, mortality, the virus, the absence of speech, loneliness. Persuaded to participate in a fatigue study that in the end you are too tired to participate in. Persuaded to trust, to have faith, in the

doctors, in the treatment, and you do, and that is what poetry also does, asks us to have faith, to trust in the rightness of words chosen to penetrate a mystery that may only exist in one moment, one gesture, one small thing, ordered and arranged by a poet who may be mad tomorrow, but in the act of creation is as clear-sighted as a pathologist staring through a microscope at a sample of malignant cells dividing with a furious need to live and perhaps be loved because everything, after all, wants to be loved.

And a sestina, because its engine is driven by repetition, a pattern of six words chosen to end six lines in six different arrangements and then to come together in a final three-line stanza. Six words each repeated seven times. Six words chosen to illuminate or instruct or elucidate. Six words, seven stanzas, thirty-nine lines. The sestina with its ceaseless repetition, almost to the point of predictability—but not, finding a new variation, or trying to, a new meaning to the original word once thought to be impermeable. The sestina's structure and programmatic presentation mirrors perfectly the regiment of cancer treatment: 35 x IMRT, 3 x Cisplatin, seven weeks, five days a week, monitored and regulated, sent home then asked to return, sent home and back again. The repetition of days and words; the certainty of a system, the solidity of a fixed form, with centuries of history and the firmness of tradition behind it. Certainly narrative, the way all cancer patients have a story to tell, even if it is just muttered in their sleep or whispered late at night in their lover's ear or scribbled in journals never to be read.

This is why you write sestinas.

## **PART TWO: THE BURDENED SESTINA**

I did not carry my favorite book, the one about war, though its disjointed style would have fit in my pack easily, would have mirrored the thought process of one just handed down that dreaded sentence. Cells divided, multiplied, then realigned, then gone the body's ability to suppress a tumor. A diagnosis like

a draft notice that unopened still screams you're not going to like this, and haven't you heard that we are in a war on cancer: tumors targeted, bombed, and once the cancer's gone you're a survivor. My father survived Patton's Third Army with packs of cigarettes, love letters, and a Leica camera, but when his cells

finally rebelled into malignancy, there was not a thing anyone could do for him. His last war was not a war to be won, but everyone is different, I am told, each cancer alike only in its most basic form: the proliferation of cells hungry and determined; cells waging their own war, finding safety in numbers, a microbiological pack of special operatives whose victory is a foregone conclusion. No, I did not take my books while I was gone. No use for words on paper, words on screens, no one to reach me where I had dug my foxhole. A pack of one, I retreated into captivity like a soldier who can't win the battle but knows the war is being won while he waits in his prison cell.

He knows that somewhere some terrorist cell has just been rooted out, and if not gone then weakened, and he can rest. But I am no prisoner of war; I am just a woman in a cancer ward, and soon someone will help me onto a table and into a perfect likeness of my face, and then every bone of me will be packed

down as the mask is bolted to the table, unpacking my nerves but allowing my eyes to watch the cold steel of my cell heat up with the hum of radiation from a machine likely to kill me if the cancer doesn't get me first. Either way a goner as the beams are unleashed from the arsenals of science, one more soldier following her marching orders, one more doomed warrior.

My purple heart, war torn and ravaged, is packaged in cellophane and mailed to the one who waited while I was gone. Like a Gold Star Mother, I receive the gift.