



# The Journal of the Assembly for Expanded Perspectives on Learning

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Volume 19 Winter 2013-2014

Article 6

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2013

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### Recommended Citation

Hochstetler, Sarah (2013) "A Teacher's Terminal Illness in the Secondary Classroom: The Effects of Disclosure," *The Journal of the Assembly for Expanded Perspectives on Learning*: Vol. 19 , Article 6.

<https://doi.org/10.7290/jaep19ooqq>

Available at: <https://trace.tennessee.edu/jaep1/vol19/iss1/6>

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## A Teacher's Terminal Illness in the Secondary Classroom: The Effects of Disclosure

### Cover Page Footnote

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## A Teacher's Terminal Illness in the Secondary English Classroom: The Effects of Disclosure

Sarah Hochstetler

My teaching partner Kathy first voiced to me her fear of metastasis at a technology conference for high school teachers in Southern California. It was fall of 2002, nearly twenty years after her original diagnosis of breast cancer, and she was confident the disease had returned. In our shared hotel room that night, as Kathy worried about how her family would handle a recurrence or how her body might tolerate cancer treatment the second time around, I agonized over our team-taught classroom, and how her illness—and death—would affect our common students and learning space.

In this essay, I attempt to provide a self-aware critique of my experience with one teacher's disclosure of her dying body in the secondary English classroom. I'll argue that context, pedagogical relevance, and ethical responsibility are vital considerations in a teacher's decision to disclose. I write with three goals. First, I'll contrast embodied disclosure in the high school classroom with similar disclosure in the college classroom, to foreground the effects of a more complex form of disclosure (e.g., related to death and dying) among younger students. Second, I'll problematize the empowerment pedagogy often used to advocate for disclosure by arguing that not all disclosure results in empowerment. Third, I'll reflect critically on this event from my first years as a secondary English teacher, to speculate on how a modified pedagogy of discomfort, applied in tandem with relevant curricula and post-disclosure support may have served as guiding principles for Kathy and I to better facilitate and manage the effects of Kathy's disclosure (see Boler, 1999).

Before further discussion, I want to address my subjectivity in this account. I was in my early twenties and only a few years into my career when I faced this traumatic experience. I was still forming my teacher identity and developing a sense of self in the classroom, which may account for the personal struggles that are a clear subtext to the analysis. Furthermore, Kathy was my district-assigned mentor, so throughout her illness I was witness to the deterioration of a friend, a colleague, a teaching partner, and a guide into the profession. I mention the specific context to address my bias and to show how my relationship with Kathy and her role in my life influenced how I managed the nature of her disclosure both personally and professionally. To suggest that Kathy should have disclosed in one way or another is to reveal my own reflections upon how she shaped her experience of teaching and dying. My intent is not to criticize Kathy, and I do not mean to judge how she dealt with her teacher's body by asking questions and making my reaction transparent. I share this story and examination of the pedagogical situation to extend the ongoing discussion about non-normative teacher bodies and to add to the conversation an alternative perspective on the effects of disclosing a terminal illness in the context of the secondary English classroom.

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Kathy and I team-taught a class of seventy sophomores in an urban area half-way between Los Angeles and Palm Springs. Our high school was the largest of the three high

schools in the city, both in the size of the facility and the student population. The school held nearly seven hundred students at the time, representing various socioeconomic, racial, ethnic, cultural, and linguistic groups. Most students came from working-class, single parent minority households, and nearly half were eligible for free or reduced lunch. Attendance was an issue throughout the school due to a long list of factors including gang affiliation and teen pregnancy, yet our students mostly came to class regularly. Kathy and I were proud of this point.

While Kathy taught world history and I taught English, we blended the curriculum into a two-hour block of both college-prep subjects. Engagement was key with this group, as with many adolescents, so we enticed our reluctant students into learning through units with specific guiding questions. As an example, we began second semester that year by exploring the question, “How does geography influence destiny?” while reading Kamala Markandaya’s *Nectar in a Sieve* in my class and studying the history of India in Kathy’s. Parents and administrators agreed that we made a great pair: she had decades of teaching experience, and I was new to the classroom and brimming with innovative ideas. Our students seemed to find our teaching relevant, and our collaborative class quickly built a reputation for high standards and high interest.

Shortly after returning from winter break, a few months after her admission in the hotel room, Kathy’s doctor confirmed her suspicions. When Kathy started treatment she told our class. After the bell rang and everyone was settled, she announced that she had metastatic breast cancer. She explained to the students what this meant—that stage IV breast cancer didn’t have a cure. Plainly, she said she was dying. Kathy then described how her hair would fall out from chemotherapy and she would be fatigued because of treatments to slow the disease’s progression. But she wanted to continue teaching and hoped the students would be understanding of her situation. Some students cried. Others seemed unaffected. Kathy confidently responded with reassuring smiles. Then, as with most “off-topic” discussions in our classroom, Kathy attempted to refocus the students, and we moved on to review the previous night’s history reading.

I could understand Kathy’s need for transparency. In telling our students about her disease that morning before we began discussing our class reading, she was speaking the cancer before it spoke for her. She could directly address what was happening, what was likely to happen, and what we could count on to happen. Kathy wanted to control her cancer in some ways by controlling the dissemination of information, such as who knew what and how they found out. This approach to teaching made sense for this population of adolescents, where sometimes school was one of the few reliable routines in the students’ lives: Kathy would want them to know why she might not be present every day, or why she might not seem like herself. Yet, when Kathy revealed to our class that her cancer was terminal, I felt she shifted her role from one who overcomes adversity to one who succumbs to it. Moreover, as Kathy shared the details of her disease she did so not for the purposes of enhancing student learning about English or world history, but to make them aware of her changing body.

I can speculate that perhaps Kathy was indirectly attempting to demystify the process of dying. In those moments when Kathy briefly addressed her cancer-ridden body, she might have been pushing back against the deeply entrenched Western fear of death. She was always a pragmatist, and I can imagine in some unspoken way, she may have seen

her impending death as an opportunity to demonstrate for our students that dying wasn't always the messy, undignified process sometimes shown in the media—or that it was—and that, too, was okay. Regardless of her intentions, Kathy felt her disclosure was not directly relevant in a pedagogical way. While she may have taught our students something about the fragility of life or drawn attention to the reality that teachers have bodies, her focus was not on finding a link between her dying and the students' coursework.

Shortly, the effects of her announcement were overwhelming, both for me as her teammate in teaching and to our students. I became increasingly frustrated by the illness' otherwise unassigned role in our classroom, by my sometimes choking grief, and my inability to answer student questions when Kathy was unexpectedly absent. On the days when she would mention her prognosis to the class in passing, I'd spend the remaining class time fighting back tears while facilitating activities. I couldn't always bottle my fears or emotions. But when I did share them with my students, I felt like I was losing precious instructional time. I didn't know how—or if—to connect our collective concern to the themes in our readings. I also worried over how my outward display of emotion impacted my ethos in the classroom, especially as a young female. In making myself vulnerable, was I disrupting the power dynamic in the classroom in positive ways? Was I demonstrating that fear and sadness in the face of Kathy's incurable cancer was appropriate? I recall being confused about my role in the classroom that semester. Then I thought if I was having this much trouble with Kathy's disease, I could only begin to imagine how our students were feeling.

Though a handful of students were voicing their fears to me, I suspected that others were meeting with their counselors and informally sharing their concerns with teachers around the school. I was pleased to think some students were reaching out for support and finding such healthy outlets. But then, otherwise "good" students started acting out in class soon after Kathy revealed her diagnosis, and still other students' grades began to drop and absences increased. I recall one student who told me directly that he couldn't focus knowing that Kathy was dying. Another transferred out of our class, and I discovered it was to avoid Kathy. And as Kathy's health deteriorated, so did some of our classroom management, which, while frustrating, seemed appropriate, given the circumstances and lack of any organized emotional scaffold for the class. I later met with some of the school's counselors who confirmed students were seeking help in coping with Kathy's illness because, I assumed, they didn't have opportunities to process their emotions as a class or with Kathy and me in any formalized way. The dearth of support for students in our situation leads me to highlight what Anette Ejsing calls the ethics of self-disclosure. She suggests that, "If, by using the powerful pedagogy of self-disclosure, we engage students but fail to guide them cautiously through the learning material, we have not taken seriously the ethical responsibility that teaching *also* implies" (235). Ejsing draws attention to the consequences of certain self-disclosures and the responsibilities teachers have for anticipating and/ or addressing them post-disclosure. She argues that if teachers choose to disclose, they must then take steps to develop post-disclosure "teaching practices that involve clear and objective (i.e., very content conscious) expositions of the learning material" (237). It seems that Kathy (and I) neglected our post-disclosure responsibilities.

I wondered if maybe Kathy had gone too far when she told our class she was dying. Experience told me my students and I could handle the idea of illness and the hardships

expected from a temporary plight. But I wasn't emotionally or pedagogically equipped for teaching through the finality of death, and I couldn't be sure that our students were ready or willing to learn from this situation. But what were Kathy's options? The consequences of not disclosing could be far more severe. For example, if students learned after her death that Kathy purposely kept her prognosis from them, they might have had to face disappointment, anger, or resentment in addition to other emotions stemming from the loss of their teacher.

Looking back on the day that Kathy told our students she was taking a medical leave of absence and would likely not return, I wish she had arranged for a school counselor to join our class. In many ways I was helpless, and the most I could do was distribute tissues and hugs. The latter I offered with caution because of the physical boundaries inherent in working with minors. The class said their goodbyes to Kathy that week. Some students made cards or drew pictures for her, and I wonder if they were scared that this might be the last time they ever saw her. At least I knew she and I would continue visiting outside of school, but our students didn't have that luxury. In Kathy's absence, the substitute and I continued through the curriculum as planned, and I only sometimes talked about Kathy's declining health with the class when asked. It struck me that if I didn't have good news to report, perhaps I shouldn't report at all. Once or twice before the school year ended, Kathy returned to school to take care of remaining professional obligations and to briefly see our students. Selfishly, I remember feeling relieved by her visits. With some luck, Kathy would survive until after the school year ended, saving me from the horrible task of telling our class that she died.

In fact, Kathy survived several months longer than anyone anticipated. I had moved on to teaching in a new position and was living in another city when I received the call from her sister. On my drive down to the town where we had taught together and where her service was being held, I was curious to learn how our former students were coping with Kathy's death. Many were present at the memorial service, and though they were devastated by the loss, most said they were glad Kathy disclosed her illness. One student explained why by philosophizing that death was a part of life. Several students went on to say they thought Kathy was brave; she was a role model. I smiled at those responses, but now I question if they truly believed Kathy's disclosure was beneficial to them. Perhaps they were parroting the dominant cultural narrative of women with breast cancer as heroic, a term and framework critiqued in current breast cancer scholarship (for example, see Sulik and Garrison). I also wonder if our students felt compelled to make statements that supported Kathy's choice for fear of sounding callous or "disrespectful" of the dead. I will never know, but in that moment, the teacher in me was comforted to hear them report that they weren't as distressed by the experience as I remembered them being.

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Kathy was not alone in blurring the boundaries of the public and the private in her choice to disclose. Cases of instructors at the university level sharing personal experiences with chronic illness, disability, and death with their students are available in many publications. Diane Freedman and Martha Stoddard Holmes, for instance, edited a 2003 collection of narratives on the teacher body in post-secondary classrooms. One goal of

this text, as explained in the foreword, is to investigate how teachers with bodies labeled as “other” by society—“inferior, inappropriate, private and embarrassingly exposed in their embodiment”—must negotiate the classroom space to show that those who are ill or disabled can still do the job of teaching (Garland-Thomson xxii-xxiii). The editors explain that we need to engage in helping students see how those experiential conditions and the classroom are connected (Freedman and Stoddard Holmes 6). Furthermore, they claim that teacher bodies (and student bodies, for that matter) should not be dismissed or elevated in the classroom, but *acknowledged* because “we are inevitably, ineluctably inspired, limited, plagued, and aided by [...] our increasingly self-conscious bodies” (6).

Several of the teacher stories in this volume include the decision to disclose details of private lives to students. One example is from Carolyn DiPalma who took a path similar to Kathy’s. She told her graduate students about her experience with breast cancer, from diagnosis through treatment, as it was happening.<sup>1</sup> At the end of the semester, DiPalma notes, her course evaluations showed support for her choice. Students even went as far to say that their learning was enhanced by their teacher’s disclosure (54). In another text, Brenda Jo Brueggemann explains how her hearing impairment influences her teaching, particularly in the disability-focused courses she developed. An objective for the class was to make visible her disability to disrupt stereotypical responses to othering. Though not all students ended the term with changed perspectives on normative bodies, Brueggemann continued to use her class and her impairment as a platform for challenging student thinking about disability.

One of the more public examples of college teachers revealing their marked bodies is that of Carnegie Mellon University professor Randy Pausch, whose “last lecture” became an internet phenomenon in 2007. Though his disclosure was not in the privacy of the classroom, the context was essentially the same. Pausch revealed his illness in an educational space in the role of instructor. His speech, officially entitled “Really Achieving Your Childhood Dreams,” was given to a few hundred students, faculty, and staff two months after his diagnosis of terminal pancreatic cancer. The lecture was later developed into a book that spent over one hundred and twenty weeks on *The New York Times* bestseller list, attesting to both the impact of his message and public support of his disclosure.

Secondary teachers working in the grey space between public and private are more rare, or at least seem so because evidence of this kind of disclosure is unusual. Publications that do take up marked teacher bodies in this context are typically framed in a way that encourages positive thinking or glosses over the drawbacks of disclosure.<sup>2</sup> In a 2010 *Dayton Daily News* story, teachers being treated for breast cancer explain the necessity of sharing their experiences with their students. One teacher said she shared her story because she wanted to be a role model; another said her primary motivation was to “give

<sup>1</sup> I’m actively resisting the common war metaphors of “battle” or “fight” in my description of cancer experiences, as such terms dehumanize the individual. I don’t want to equate others’ illnesses with words that may not resonate with them. For further reading on the topic of war metaphors and cancer, see Garrison, “The Personal is Rhetorical: War, Protest, and Peace in Breast Cancer Narratives” and Sontag, *Illness as Metaphor*.

<sup>2</sup> This is unsurprising given our cultural shaming of any admission of unhappiness, disappointment, or otherwise natural yet “negative” emotions. See Barbara Ehrenreich’s *Bright Sided* for a discussion of the societal pressure to maintain a positive attitude about breast cancer.

hope” and help her students see that cancer was “nothing to be scared of” (Robinson). Meredith Stewart discusses how her prominent physical disability allowed her to explore her own vulnerabilities with her students. She explains that allowing for this dynamic is important, as it can begin a dialog with students about life’s trials and allows teachers to model for students “the ways in which challenges of their own lives can be opportunities for growth and reflection” (30).

The frameworks presented in the above sources are, in part, aligned with what many feminist scholars argue: that to deny one’s teacher body is to perpetuate the mind/body split, privileging intellect over flesh. Feminist pedagogy suggests that this approach is problematic because, among other things, it ignores the identities (constructed through race, class, gender, sexuality, etc.) that affect teaching and learning. Essentially, to be blind to the body is to be blind of how we function in the hierarchies around us. For example, bell hooks makes the case that, “once we start talking in the classroom about the body and about how we live in our bodies, we’re automatically challenging [power structures]” (136-137). I agree that to remain silent about how our bodies position us can be counterproductive in any learning space. However, as I explain in more detail below, disclosing a dying body in a secondary context is different from taking up one’s racialized, gendered, disabled, or otherwise non-normative body—and this distinction is what is missing in the current research on teacher embodiment.

Many scholars and practicing teachers argue that the English classroom is an ideal platform for discussing topics like normalcy and difference. Some claim it’s sensible to integrate subjects like these into the curriculum because we make sense of the world through the practices of writing, reading, and speaking. These literacy acts form the foundation of learning in English. Groenke, Maples and Henderson assert that creating reading and writing assignments focused on traditionally ignored subjects provide an avenue for tackling topics that, if avoided, simply serve to perpetuate their “sensitive” label (30). In reference to the marked body specifically, Kennedy and Menten say that students often see these issues as isolated to the one person. Students “tend to think about disability as an individual issue—something they ‘have’ that can be stigmatized and/ or a person who suffers from a deficit or loss [...] needs to be ‘cured,’ pitied, or treated different from ‘normal’ people” (61).

I would suggest that students think about a chronic illness like cancer in a similar way, as something to be pitied or fixed. But through reading, writing, and speaking about difference and the body, students can work to disrupt stereotypes and question assumptions about what it means to be normal, both in the context of disability and chronic illness. And certainly, opportunities to challenge accepted thinking and values allow students chances they might not otherwise have to talk about the othered bodies around them, and the English classroom provides them a supportive space to do this work.

But I also want to suggest that what makes such conversations about teachers’ bodies in the secondary classroom possible is that they aren’t focused on teacher mortality. “Sensitive” topics like disability are accessible because they don’t engage death. A significant difference exists between what I see as a pedagogically purposeful disclosure like Meredith Stewart’s and a disclosure that has the potential to disturb students on a deeper level. Some maintain that when a secondary English teacher brings otherness into the classroom through the example of her own body, she can be “an inspiration” like Stewart or the

teachers in the *Dayton Daily News* article. Groenke, et al. might claim that by making a disability or chronic illness an acceptable topic of discussion, and not something to dismiss or (worse yet) be ashamed of, the teacher is empowering her students to dismantle misinformed beliefs about what it means to be different. Furthermore, when a teacher chooses to use her physical disability or chronic illness as a tool for learning, she begins discussions that may be uncomfortable, but not traumatic. But Kathy's disclosure that her body was dying indicated that she was making preparations for end-of-life care and that she would not survive to see our students graduate. This disclosure created tensions and conflicts that were not resolvable. Kathy had no happy ending, like with a teacher who has found professional or personal success despite a physical disability or a teacher whose chronic illness is managed with careful medical supervision.

Lad Tobin provides specific points for post-secondary instructors to consider when faced with the question of whether or not to disclose personal information to a student or class. Interestingly, his piece is prompted in part by an inexperienced instructor's question to him about whether she should divulge her mother's history of breast cancer to a student who is facing a similar family health challenge. She wonders if this disclosure would be helpful for the student generally, and the student's success in the class specifically, and seeks advice from Tobin. The instructor's query prompted Tobin to articulate more carefully his position on teacher disclosure in such a context. He argues, among other points, that teacher disclosure should be strategic. More specifically, the larger concern about disclosure is not the nature of the information, but the pedagogical effects of the disclosure (198-199). Tobin draws on critiques of expressionist pedagogy and the work of hooks and others to suggest that the "question is whether any particular disclosure [...] helps rather than hinders a teacher's ability to illustrate a particular concept, maintain an effective teaching persona, or establish a more productive relationship with a particular audience of students" (198). And while Tobin maintains that each pedagogical situation is unique and applications of self-disclosure vary, the overarching goal of disclosure should be pedagogically motivated. In the context of secondary students as audience, I maintain that Kathy's choice to reveal her diagnosis might have been helpful in that she could endear herself to our students, maintain some sense of regularity with our schedule by telling our class about upcoming absences, and continue to be a responsible adult figure in their lives. But the nature of the disclosure—death—did influence our classroom, and not in the way that perhaps she had hoped.

Part of what privileges the claims of DiPalma or Brueggemann is the intended audience. Both DiPalma and Brueggemann work with college students. In the college classroom, much about the learning context is different, including the expectations for engagement. For example, at the college level if a student objects to the content of the discussion, she can leave with only some risk to her grade (e.g., participation points). High school students don't have the option to remove themselves from a curriculum that makes them uncomfortable, as doing so could be viewed as insubordination. This is not to say that students shouldn't be introduced to ideas and concepts that push them outside of their comfort zones—this is exactly what Groenke et al. advocate, and I agree that the benefits to this pedagogy are many. I also don't mean to suggest that death, pain or loss, are inappropriate topics to include in the secondary English classroom. In fact, these subjects are standard fare in most reading curricula (e.g., "The Scarlet Ibis," *Romeo and Juliet*) and

typical for writing assignments (e.g., “compose an essay about a difficult time in your life”). But death, pain, and loss are sometimes easier to process when there is distance between the subject and the event, or when they are approached in a less direct way, as in reading assignments. When these topics happen daily and the concepts become personified, when they stand in front of a student Monday through Friday, it becomes difficult to engage with them at the secondary level, even when approached with transparent pedagogical goals and an emotionally supportive framework, which I would encourage.

Secondary school learning spaces and students can suffer if systems of support aren’t firmly in place to assist when a teacher discloses potentially upsetting personal information. Acting *in loco parentis* is part of the job. Options are more limited, unless a student shows signs of distress over an extended period of time or acts out in class in violent ways. If a student has any emotional difficulties, secondary teachers have to take action.<sup>3</sup>

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Recently, as my classroom-based research has come to include an interest in illness rhetorics and teacher embodiment, I have thought about ways Kathy or I could have made her disclosure more pedagogically purposeful as described by Tobin, and ethically responsible as described by Ejsing. I think about how Kathy could have maintained her disclosure, how we could have supported the emotional needs of our students better, and how, possibly, we could have made their experiences with the classroom content richer as a result. We may have been able to accomplish all or some of the above by employing a modified version of Boler’s pedagogy of discomfort as a theoretical framework.

Farrell and Young, who have studied the effects of teacher disclosure, argue that “creating an environment of discomfort is useful in encouraging students to explore their ideas and to express them as well” (44). A pedagogical framework like this supports much of the pro-disclosure literature, and is at the center of Boler’s proposed actions. She invites classroom inquiry through examination of how students and teachers perceive themselves and others. Boler explains, “Within this culture of inquiry and flexibility, a central focus is to recognize how emotions define how and what one chooses to see, and conversely, not to see” (177).

Boler suggests that a pedagogy of discomfort should invite students to “leave the familiar shores of learned beliefs and habits, and swim further out into the ‘foreign’ and risky depths of the sea of ethical and moral differences” (181). Given our specific context, I would modify this goal toward a more complicated view of death—through the experience of bearing witness to Kathy’s terminal illness in conjunction with historical and literary texts appropriate to our secondary curriculum. Instead of our open-ended focus on the “sea of ethical and moral differences,” Kathy and I could have used her inevitable death as an instrument for teaching and learning, following models of secondary and university teachers who chose to self-disclose. Here, I will provide a rough and retrospective outline for approaching our shared situation, using Boler’s caveats of pedagogical relevancy and attention to post-disclosure obligations.

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<sup>3</sup> Though in recent years, in light of events like the shootings at Virginia Tech and Northern Illinois University, college instructors are formally encouraged to report incidences of student distress in more systematized ways.

I would begin by mobilizing the appropriate support networks in the school to help support students—as well as faculty and staff—who would be affected by Kathy’s disclosure. The next step would take the form of note home to parents/guardians, with a concise description of Kathy’s upcoming death, the grief-themed readings, and related course projects (as per Ejsing recommendations). Reaching out to adults at home would also allow us to assess student willingness to participate, and gauge the necessity to prepare an alternative curriculum for students who may not want to take part in the special unit. A district counselor or other mental health professional would be present to facilitate a discussion at the moment Kathy revealed her terminal illness. The on-site counseling office as well as the district psychologist would be made available for students with immediate needs in the class periods or days following Kathy’s disclosure. Another option would include inviting a counselor to class on a weekly basis to further facilitate conversations about death and grief, in tandem with the course readings and activities. These specific steps—especially calling on those trained to work with adolescents and grief—would ensure our preparation for post-disclosure effects and assist us in meeting Boler’s objective to help students (and teachers) better understand how emotions affect individuals and groups.

What curricular changes could we have made? We could have shortened our unit on geography and destiny or replaced it entirely (assuming significant state learning standards wouldn’t be bypassed) to accommodate a unit guided by an essential question about death and grief, taking an historic and cross-cultural focus. In English, Mitch Albom’s *Tuesdays with Morrie* seems well-suited given the novel’s focus on a student-teacher relationship and the many available instructional materials available online. Excerpts from Anne Fadiman’s *The Spirit Catches You and You Fall Down* could emphasize differences between views on illness and death. Kubler-Ross’ stages of loss and grief could supplement. Students could journal, compose poetry or personal narratives, compile research, and otherwise explore their feelings about death and grief through writing. Though world history is not my area of expertise, I imagine Kathy could have addressed cultural and social practices surrounding death and grief in certain parts of the world and across time. A key component of teaching this unit in both content areas would be helping students think critically about normative reactions to grief and death, so they could not only process their own reactions to Kathy’s illness, but also gain insight into how rules about feelings are socially situated.

Is it possible that if Kathy had used her terminal cancer as an instrument for teaching and learning, as Meredith Stewart did with her disability, that the effect of her disclosure on the classroom would have been different? If Kathy had approached her disease in a pedagogically relevant and ethical way by, perhaps, comparing her situation to those of characters in our readings, or sharing her fears through counselor-supported discussion, or bringing cancer into our classroom in a holistic mode, would it have eased the students into the idea of her dying? If Kathy had not situated herself in the framework of what Freedman and Stoddard Holmes refer to as “heroically [or] tragically ill” or “not [a] subject matter related to our work,” would students have had more space to work through their uncertainties and curiosity surrounding death, by asking questions in a sympathetic environment? What if we had employed a version of Boler’s pedagogy of discomfort? Might the outcome have been different? I can’t be sure.

What I do know is that the implications of Kathy’s abrupt disclosure were emotionally

troubling and affected our students and me in significant ways. Student attendance dropped, as did academic progress for some, and I felt deserted, fearful, and unsure as an early career teacher. In retrospect, I think we could have harnessed Kathy's desire to be frank and transparent about her terminal breast cancer in ways that may have benefitted all of us both educationally and emotionally. Through a modified pedagogy of discomfort our secondary learning community may have become more comfortable learning with and through the dying teacher body in our classroom.



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