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Happy Feet:

A Service Learning Dance Project

Introduction

Chronic illness is often dominated by a soundtrack that plays the beep of heart monitors, bed alarms, and ticking clocks. What if a group of pediatric patients could drown it out with the clamor of taps, the scuff of shoes, and the revelry of music? With the support of the Neil Samuel Ghiso Foundation, four patients from Children's Hospital had this chance. As a recipient of this fellowship, I explored dance therapy as a form of palliative care by teaching tap to a group of adolescent girls who suffer from the same disease. Together we tapped our way through new moves that were steps apart from their frequent infusions, hospitalizations, and outpatient appointments.

During my rotations, I found that chronic disease too often causes patients to ascribe shame and frustration to their bodies. In face of this, I proposed that dance held the power to show patients that their bodies could actually produce something beautiful and healing. When shared with peers, I felt it also would provide both a social venue and an intimate, restorative connection with others and the self. There are many palliative care groups that enable people to write or speak together, but there are fewer opportunities for nonverbal therapy. Unfortunately, not everyone is able to talk about illness, which can bar many patients from healthy coping strategies. For such patients, alternative methods are needed to articulate their emotions and relieve stress, which is why movement therapy had my attention. After reading the words of Neil Ghiso, I felt challenged to carve out my own way of being a compassionate provider in the structured science of medicine. Since I have been dancing for more than twenty years, it seemed a natural extension to knit this passion together with the medical training I was ardently pursuing.

The Project

The project was simple: bring kids into a dance studio and teach them to tap. The preparation in getting there was more than I ever imagined, but the account of what we did is easy to explain. Four teenagers met every week for two hours and I taught them to tap. They had never danced before, but slowly, we built a repertoire of moves, developed combinations, and had new auditory rhythms unlike anything in the hospital. If someone had to miss a class because she was not feeling well, I choreographed around it so nobody would ever fall behind. If someone's medical therapy that week had left her fatigued, I taught the whole class a routine that took place in chairs so that everyone could participate. If someone made a mistake, I converted that error into a newly invented step she could show the whole class. Competitive attitudes or pressured training never walked into our studio. The intention was to keep everyone participating in a healthy manner that built self-esteem.

Success was not measured by the complexity we achieved in our footwork, but the feedback the parents shared with me or the emails the girls would send. I got to know some of the parents very well through the course of the class. While I had my doubts about how much the class might be benefitting the girls, the parents would volunteer their gratitude, reveal that the girls were tapping around the house, or share how anxious they were for the next week. I slowly learned how one of our tappers was on such heavy immunosuppression that she could no longer attend regular high school, had to give up all of her extracurricular activities, and could not even go out to the mall or the movies without risk of getting sick and all of its concurring setbacks. The only activity she was allowed was our dance class because the other girls were similarly sick and the environment was encouraging without prohibitive exertion. It was her one viable social and physical outlet. This also seemed to benefit her mother who confided how she struggles to find opportunities for her daughter, the grief she feels when she cannot, and the small relief she found in bringing her to this group. The teenagers themselves, although unwilling to reveal too much in person, sent me emails conveying their enthusiasm, or attaching tap steps they found on the internet and wanted to learn. One told me she was researching the history of tap and how she was “really getting into this tap thing.” Soon they were asking for more classes. It was becoming apparent that the girls had an activity that brought them excitement and kept them focused on not only what they were doing at present, but the potential for what they could continue to do.

Our relationships stretched further than the beginning and ending clock time in the studio. Since we had to wait outside before and after the class until all parents arrived, we had a lot of time to talk. The girls would tell me about teachers, friends, and school dances. They would ask me about college, how you get to medical school, and what I was studying. I had not anticipated getting involved in their lives in this way, but it was an honor to hear them speak of their dreams, to be asked my advice, and to regularly give them my encouragement. As with any volunteer project, I wonder if the gains were actually mutual or more my own, but I do know that we all developed friendships and took joy in our tap sessions. Every week, these girls suspended their illness. All we had to was tap.

Critical Assessment

While the premise of this project was straightforward, the preparation ahead of time was far from it. Since my project involved children, a host of unanticipated legalities and protections came with it. This project took approximately one and half years of gradual preparation before any of us ever touched foot in a dance studio. Much of this was from my own schedule when more intense rotations created gaps in how much I could do, but continual logistics were largely responsible as well.

I had to coordinate with Vanderbilt Hall Athletic Facility in order to use the dance studio, the medical school in allowing me to conduct any activity in its name, and the IRB to protect patients’ rights. Every party was rightly concerned about its liability, and everyone was guided by the children’s safety and well-being, which is why so many hurdles were in place. Since this was a volunteer service learning project, full review by the IRB was not necessary, but initial discussions with them were required to verify this.

Afterward, permission slips had to be drawn, rules and regulations drafted, documents presented to Harvard's Grand Council, and security notified about every activity. I had to undergo a background check, which came with the costs of time and money. Since I was working with minors who had to be under adult supervision at all times, I had to find an assistant to be present at all sessions so that there was a second adult who could accompany someone to the bathroom or help with an injury should one occur. Thankfully a friend volunteered, but she had to undergo a background check as well.

The legalities surpassed my knowledge quite swiftly, and it became necessary to involve many people with more experience. There are many individuals who became involved in this, and it was humbling to work with so many people who believed in this project. Three of them were absolutely indispensable and deserve the utmost recognition: Carla Fujimoto, Mark Frazier, and Bob Christiano. I never could have done this project without them. We had no prior project in place to follow, which meant this was a work in progress and everything had to be established for the first time. It required several meetings, countless emails, and numerous phone calls, but eventually we were ready to go into the studio and begin the class. Once we did, everything went very smoothly. The continual logistic struggle was confined to the preparatory phase, while the dance phase carried out uninterrupted. Although daunting, the caution and thoroughness ahead of time allowed such results.

Conclusion

The Ghiso Fellowship has been one of my most memorable and important experiences in medical school. I have always been vested in the expression of body, mind, and soul, and by continuum its relevance in the totality of my patients' care. In a place where time is limited, some of these aspects are labeled extraneous and become absent from our curriculum. It is very difficult to give them light on your own, but with the Ghiso Fellowship, a student has a sanctioned space and the means to explore these interests. The fellowship arrived at a much needed time when I was most searching for a restoration of the *art* in medicine.

I set out to share my passion for dance with others. When I walk on to the dance floor, I bring my personal concerns, the highlights and anguish from the hospital, the happiness and the frustration. My feet speak what my mind bundles all day when we round on patients, forge through research journals, and study in an environment that too often accentuates the science of medicine over the compassion of caring. I believed that if I brought patients to this floor, they might have the same opportunity to harmonize their struggles. Perhaps they would find someone who understood the mechanism of their condition but widened her attention to how they were feeling, coping, and what we could do beyond strict definitions of therapy. I think that we achieved this, not by my own doing, but by a collective participation in a venue that allowed it to happen. The simple act of dance brought it forward. For me, it afforded the opportunity to be more of the doctor I wanted to be, one involved in her patients' lives and practicing skills that were more than science bound.

The fellowship also allowed me to meet extraordinary people, like the Ghiso family, who

supports and cares about our education as students in a profound way. In person, they restore your hope in creative and compassionate doctoring, and through this foundation, they validate your ideas on palliative care. It has been a unique privilege to be a part of this organization. Through this project, I also met four brave girls who were already handling their illnesses with grace apart from any dance training. For these girls, the people who helped, and the lessons that came from this project, I will always be grateful and carry valuable experiences into my career ahead that will keep the shape of compassionate, holistic care.