

Things I Learned From Pole Dancing That I Did Not Learn From Residency

By Elise Mullen

I was in my second year of residency then. There was a lot going on. I was angry about COVID and tired of working nights. I missed sunlight. I felt stagnant. Despite all the hours I was putting into the hospital, I didn't feel that I was becoming a better doctor. I drank more coffee. And then more lattes. In the interest of efficiency, I switched to shots of espresso. Something needed to change. Rather than reflect on "what makes me happy?" in a fit of frustration I asked myself a different question, "What is the opposite of being a doctor?" And thus, I ended up in an "Intro to Pole Dancing" class.

The history of pole dancing is inextricably linked with sex and nightlife and more sex and one could write a whole separate article on the misconceptions and stereotypes that led me to taking that class. Mostly I wanted to do something that no one would expect me to do. Maybe I wanted to do something that people would not *want* me to do. For the first time in my life, at 29 and $\frac{3}{4}$, I felt angry enough to give in to the rebellious phase that I skipped in high school (because when you only know how to do things the "proper" way, taking a new dance class feels bold.)

In the first class, we learned two basic spins- a back hook spin and a dip turn. These are ground level tricks, only requiring that you float inches off the floor. Still, I was hooked and 4 months later I was in a level two class, hanging upside down from the ceiling. There was the "martini" where you sit in a piked position such that the combination of your body and pole resembles a tapered glass and the "chopper" in which you throw your legs over your head like the fins on the top of a helicopter. I remember on the Saturday before Easter I learned a new trick nicknamed "the crucifix" which I found particularly ironic.

In medicine, we draw strict boundaries around what is and what is not "professional." In the hospital, it's what you wear, your number of piercings or tattoos, what you say and how you conduct the exam. Despite the fact that marijuana is legal in many states, urine drug screens are common at the start of employment and at federal healthcare facilities any type of drug use is grounds for dismissal. So in this environment, I wonder where pole dancing falls. What if it is a recreational activity? What if it is for exercise? And what if you do it for money? Can you still be a doctor?

The women and men who teach the pole dancing classes are athletes, coaches and dancers. It takes an enormous amount of upper body and core strength to pull oneself up a stainless-steel pole and the slower a trick is performed the less you can rely on momentum to get your body where it needs it to go. When it is done right it looks like ballet- effortless. There is basic physics to this art form as well. Words from my pre-med classes gained new relevance:

“centrifugal force, “centripetal force,” and “angular velocity.” From practice you quickly learn that smaller the radius the faster you spin. And so in letting go of the pole, in shooting your arms or legs out the radius increases, and you actually gain more control. A pole, in comparison to a hospital, is laughingly simple. The hospital is comprised of layers upon layers of administration, technology, insurance, complicated anatomy and physiology and the individual needs of patients. It is impossible to see the whole hospital from any one vantage point. As a doctor, my knowledge of insurance is grossly inadequate. Despite the fact that I regularly order numerous medications for patients, in the hospital it is the nurses and pharmacists who actually know what the medications look like. They are the ones who know exactly how they are given; which medications can be run through the same IV and which ones need separate access points.

There is not much to say about a pole. It should be straight and sturdy enough to hold your weight. In Pictionary you can draw it accurately without lifting your pen off the paper. Outside the hospital this simplicity felt like an exhale. I liked that when I climbed up the pole it was just me and the pole. It was what my body could do or not do. Both the accomplishments and the bruises were mine alone. There is a sense of fear when you climb to the top that reduces things to what matters most in that moment (getting down safely). You don't think about the complicated things like your to do list (the laundry that is still unfolded next to the trash that really should be taken out), the half-finished applications for future jobs/fellowships/grants and the nightly wondering when your life is going to settle down so you can get pregnant and hoping that that point intersects with a point when you are still fertile.

In stark contrast to the baggy scrubs worn on inpatient days or the slacks and dresses that comprise the uniform of the outpatient clinic, most students opt to wear sports bras and bathing suit bottoms. The higher you climb and the more complicated the tricks are that you attempt, the more excess clothing becomes an impediment. I would even argue that wearing more can make pole dancing dangerous because it is solely the friction of your skin on the pole that keeps you from falling all the way to the ground. So here, surface area matters. I had a strange revelation while struggling to sit five feet above the ground during one class. There was the briefest of moments, in which I wished my thighs were larger. I swallowed the thought immediately. Having grown up in a world which repeated over and over again that the only option was for a woman's body to be smaller, the thought felt sacreligious. Even now I cannot help but return to that moment, grateful and still puzzled by this shift in perspective. In between the two extremes I discovered that there was an option for my body to be enough as it is and, in this thought, there was relief.

During my first intro to pole class the teacher told us that we could record ourselves and what we had learned at the end of the class. I didn't do it. I didn't want to see my body in a crop top and shorts. I cringed at the thought of there being video evidence of me stiffly attempting a seductive walk around the pole. But by the second class I was convinced to try it and at third class I willingly pulled my phone out at the end. The result is that I have accumulated a library of 30 second clips just for me. They are little reminders of how I have grown and what I have learned which I lean on when residency is hard.

Over the past year there have been moments which I felt so exhausted and unmotivated that I wondered if I made a mistake in pursuing a career as a doctor. Learning to climb a pole was a sprinkle of glitter in the darkness. It was a little giggle. It was something a little unexpected and something new. When I started taking classes in February, it was a buoy that gave me something to look forward to each week. This was how I made it through March, then April, then onto July. I kept climbing the pole and enjoying the slide back down. I think in medicine and in life, we frequently get stuck in a tangle of expectations about who we should be and what we should do. Here, eight feet above ground, I found an argument for giving myself an escape.

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