

## Witness

By Annie Robinson

### I.

A doula is a person trained to provide continuous emotional, informational and physical support. Though traditionally doulas are associated with labor and birth, I am a “full-spectrum doula,” meaning I offer support during experiences across the entire spectrum of pregnancy, specifically abortion and fetal loss procedures. I attend half-day shifts several times a month at clinics throughout New York City. Although as a doula my role is definitively non-medical, I am squarely situated in the center of a clinical encounter in which I am not passive but active, albeit in an understated and untraditional way. I am an interactive witness, I am a bridge, I am a space-holder; I am eyes and ears and empathy. I primarily support the patient, but also find myself occasionally supporting the medical practitioners, with practicalities like putting on a blood pressure cuff or wheeling the wheelchair into the lobby, or offering empathy to a doctor who seems overwhelmed by a patient or a tricky procedure, or to a flurried nurse whose recovery room suddenly filled to capacity. Doulas are responsive witnesses to the entirety of the environment, and as such must cultivate vigilant awareness of unspoken needs and currents of emotion, and discern the most appropriate and effective way of responding to them.

### II.

On a wet Friday in December, I arrive at the clinic in the Bronx right on time for the 1:30PM afternoon doula shift. The doctors are on lunch break. In addition to a morning of back-to-back patients, a resident is being trained. As the two morning doulas wind up their shift, waiting for their last patients to be deemed stable enough to go home, the other afternoon doula and I chat. The recovery room feels warm and light and safe, a jovial tone in the air. After Sherry, the recovery room nurse, takes a quick lunch break, the afternoon shift officially launches around 2:15PM. My fellow doula takes the first patient, and I take the next. She and I won't see each other for nearly four hours, as the doctors rotate between the two procedure rooms to keep the packed line-up of patients moving.

### III.

I grab the red file and head to the internal waiting room to call the first patient. Keisha is 26. Her two children, aged 3 and 7, are waiting in the lobby with their father. She is tall, polite. She smiles at me, reservedly, when I introduce myself. Once we are in the room, after she has

changed into the disposable gown and handed me the plastic bag filled with her clothes, she says she's scared. She perches on the edge of the table, covering her eyes with her hand. I assure her that she can do this, that it's a relatively short procedure, that the doctors are kind and that I will be right by her side throughout. She is silent, and keeps her palm glued across her eyes.

When the three doctors and the nurse Becky enter the room, they offer their introductions. Carolyn, the doctor who will perform the procedure, amplifies her voice when speaking to Keisha, as though she is a child or hard of hearing. Becky administers the moderate sedation Keisha requested, describing aloud each step. The three doctors, no longer particularly attuned to Keisha the scared patient but rather her vagina, speak clinically amongst themselves at the foot of the table. The senior doctor turns on a bright light, adjusting it to an angle that serves the resident's "teaching moment" that this procedure will offer. Keisha winces but says nothing, and I extend my hand about a foot away from her face to block the light. The senior doctor notices a few minutes later and repositions the light. I smile at her with gratitude.

The procedure begins, and Keisha's entire body tenses. She pushes up on the table, and all three doctors immediately begin commanding her to stay down, to stop moving up, chiding her for making the procedure difficult and dangerous. Keisha's fingers, still covering her eyes, grip her temples. She pleads with Becky for more medicine, she doesn't feel it yet, and can she have some more please. I try to bring her attention to me by asking distracting questions and talking her through breathing techniques. She is inconsolable. I cannot get her here with me. I offer my hand, and she rejects it, saying that covering her eyes is how she copes. I'm pleased to hear she has and knows a self-soothing technique, but the doctors' eyes are rolling and as their frustration with the physiological challenge of the situation grows, so too do their voices get louder and sharper and more impatient. Which causes Keisha to push away from them and up the table more, which causes them to get more frustrated, to the point of shouting at her. "I'm trying, miss. I'm trying. I'm trying..."

I'm shocked and heavy-hearted that the tension in the room has escalated like this, and feel helpless. The 5-7 minute procedure ends up taking more than 30 minutes. The doctors heave a collective exasperated sigh, raise their brows, roll their eyes, and shuttle out the door across the hall to the next procedure. Becky detaches Keisha's IV and blood pressure cuff, and I trail the wheelchair into the recovery room. Ideally, doulas stay with a patient while they recoup, swallow their ibuprofen and antibiotics, sip Ginger Ale and munch on Saltines, but today is already so backlogged that I know I will have to scoot off for the next patient shortly after settling Keisha into the squishy blue chair. She looks depleted. I ask her how she's feeling. "I just want to get out of here, miss." I know. I bet she does, and she will, soon. Despite the pressing look from Sherry to get a move on, I sit with Keisha for a few moments, trying to steer her thinking to lighter matters, what movie she will watch tonight and what the weekend brings. Her eyes are blank and her expression downcast. I squeeze her shoulder, tell her it's been a pleasure to meet her, and I hope she takes care of herself.

I enter these rooms expecting, hoping, that the sensitive circumstances of these procedures result in a room full of similarly oriented individuals whose tenderness and compassion do not waver. My idealism does not actualize – it comes close, often, but not always or fully. "You're

doing it, you're doing great, good job, good breathing, just like that, deep inhale, deep exhale, slow and deep, good, good..." I can only offer my soothing tropes, my hand, and my presence.

#### IV.

An overweight doe-eyed girl is already seated atop the procedure table when I enter the room. Her lower lip quivers, her eyes bubbling over with tears that she attributes to her fear of the needle. Her request for moderate sedation was declined due to her asthma, and only getting local (a numbing medicine shot into the cervix) terrifies her. Not on the same page, one doctor after the next enter the room and offer moderate sedation as a means of consoling her fears, only to be informed then that it was deemed dangerous in her case.

Ashley has two children, but never birthed vaginally. The doctors scrutinize her, trying to elicit answers to why she had C-sections, but she can barely speak through her sobs. Eye rolls commence. She wails. They try to convince her to go to another clinic, where she can be fully put under, but it would not be possible to be done today. She seems as distressed about the prospect of rescheduling as she does about the needle. She consents for them to proceed, despite her terror. They commence, then halt, then recommence, then halt several times as the waves of her wails peak and drop. She is told to stop, or they will not continue. She plugs her ears, all the doctors shouting at once is too much. They shout louder, trying to reach her, not perceiving that their shouts are driving her further into hysterics, retreating further into her isolated panic. I sense that her pain is mostly emotional, fear and terror, not physical. This seems incomprehensible for the harried doctors, whose own emotions of anxiety and pressure are overwhelming them. I stand on Ashley's right side, whispering calming words and reassurances, offering myself as a guide and a source for her to channel her fears into through a firm hand grip. When the doctor inserts the speculum, Ashley completely freaks, and begins slapping and punching my arm. They doctors freak out accordingly, screaming at Ashley, castigating her for being violent. I step aside, and assure everyone I'm okay. Ashley looks at me with huge, horrified eyes. I continue to assure everyone it's okay, I'm okay, let's proceed. I offer Ashley my hand, tell her to take that fierce energy and squeeze as hard as she wants, that my hand is "unbreakable." We proceed; my hand cracks as she takes me up on my offer. But then she enters a different space, and while the tears well and cascade down her cheeks, she's with me – we enter our own zone, our eyes locked, our hands gripped. I encourage her to channel her wails into moans, and we breathe together. The terror that before was aflame inside her begins to temper as it's transmitted through her eyes. It's awful and miraculous to witness, the primitive fear reflected in her face.

Afterwards, word spreads like rapid fire about the 'crazed' patient who 'beat up' the volunteer. I again assure everyone I'm fine. Ashley was the one in agony. I'm just incredibly grateful to have been able to reach her in that pain, and be there with her while she bore through it. Though I have no bruises, I know that this encounter left significant marks on me; how, precisely, I'm not quite sure.

V.

I meet four more patients that afternoon, all of whom are courageous and vibrant and distressed in unique ways. As the afternoon wears on, I feel increasingly strong in my role, more sure of what spaces are best for me to occupy at what moments. I feel increasingly attuned to the variety of emotions that patients and doctors exude, and end my shift heavy with awe, exhaustion, gratitude, and grief.

Raw. Vulnerable. Exposed. Shaky. Thirsty for a way to process, to make sense, to integrate the world I just occupied with the world I reemerge into – the crowded dank subways, the soggy dark December night, the endless trek home. I spend the following hours winding down, clearing, contemplating and practicing what self-care I need.

I wonder, how are the doctors and nurses who do this every day coping, reflecting, caring for themselves? And of course, I can't help but think, frequently, of each woman I encountered today, how they're feeling, what they're thinking, how today's interactions and experiences resonated, penetrated, and lodged within their hearts, bodies, and minds.

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