

Me Too

Category: Stories

written by Frozan Walyzada | October 12, 2018

It's late on a Friday afternoon in the outpatient clinic where I'm a third-year psychiatry resident. I'm wrapping up my appointment with Jane, a thirty-five-year-old woman with a mild intellectual disability who comes every month to refill her antidepressant prescription.

"Have you been watching the court case on TV?" she whispers.

I stop what I'm doing and look at her.

"The case with the judge and the doctor," she says.

I sit back in my chair and give her my full attention.

"I've been reading about it," I say. "Why do you ask?"

She looks down at her hands. "It's just so hard to watch."

She's always been a vulnerable person, and her history is fraught with physical abuse at the hands of her family, but she's never divulged any sexual abuse.

"Why does it resonate so much with you?" I ask, sensing that she has something to confide.

"When I was eighteen, the manager of the restaurant I was working at invited me to a party," she says. "When I got there, I was the only one, and he grabbed me and started groping me."

She tells me more about what happened, at one point saying, "I thought this was when I was going to get raped."

I can barely focus on her story, because years ago, as a medical student, I too had that very thought.

I was at home in my apartment, studying for a board exam, when I saw a leak in the kitchen ceiling. I called the landlord, who lived nearby, and he drove over to investigate.

He went upstairs, took care of the leak, then came back. One minute he was pointing to the ceiling, saying "The damage isn't that bad." The next, he'd locked his arms around me, pinning my arms to my sides, and was trying to kiss me.

I fought as hard as I could to free my arms and push him off me. All the while, I was thinking, *He's going to rape me.*

Coming back to the present, I brush aside my thoughts and focus on what Jane

is saying.

She managed to fight off her attacker, she says. Then she had to fix her clothes and hair before going home to her family, "because they would think it was my fault."

I fought off my attacker too, I think. When he finally left, I locked the door, then got into the shower and cried, feeling ashamed—and blaming myself. I kept replaying the events in my mind: Could I have prevented it by having a friend over? Did I provoke it by wearing a tank top? Did I somehow send signals that I was interested?

That happened five years ago. I'd completely put the episode out of my head—but now here it is again, playing out in my mind in response to Jane's simple account.

After the attack I told no one, because I was ashamed. My cultural background made it harder: I was born in Afghanistan and came to the US as a baby. Although I grew up in New York, I was raised with Afghan cultural norms. I'd been taught that for an Afghan woman, death is better than dishonor, and that was what I felt.

I installed a deadbolt on the door and spent the next two years checking to see if the landlord was around before I'd leave the apartment. Whenever I came home and saw his car parked outside, I'd turn around, walk around the neighborhood and come back later. The sound of his voice and the smell of his cigar filled me with dread; I'd have palpitations and worry that he might try it again.

I thought about moving, but wondered what I would tell my parents. I'd felt lucky to find an apartment only a block away from a children's hospital; my younger brother has a complicated medical condition, and if he were admitted, I'd be nearby. Even if I could find another apartment, I was unsure how I could afford it. My only solace was that I had a roommate; I convinced myself that there was strength in numbers.

I sit with Jane in silence for a minute, at a loss for words. Then I pull myself together.

"Thank you for sharing your story with me," I say quietly. "You're not alone—many women and men have suffered that kind of attack and have similar feelings. How are you feeling about telling me?"

"I feel better now," she says. She lifts her gaze to meet my eyes and offers a half-smile, which I return, trying not to cry.

Rising to go, she says, "I look forward to seeing you next month."

As I walk her to the door, I tell her, "You can always call or come in as a walk-in, if you need to."

She smiles and thanks me.

After Jane's visit, it takes me a few days to decipher all the different things that I'm feeling. I relive the anxiety and panic that accompanied me for the rest of my time in that apartment. I feel sad for Jane. Only eighteen at the time of her attack, mentally she'd been much younger, and so much more vulnerable than I.

My biggest realization while looking back is that, at that moment in my office, we were not physician and patient, but two women who'd shared a similar experience—except that Jane's greater vulnerability, and my role as her doctor, made me feel that I couldn't say, "Me too."

Thinking about it over the weekend, I realize that I have to talk about it, and I reach out to my friends. I tell them about Jane—and, with a lot of hesitation and embarrassment, I tell them why it upset me so much. With their support and encouragement, I decide to propose that my program's residents get more focused training on dealing with trauma—specifically with patients who've been sexually abused. When I raise this idea at the next residents' meeting, our program director agrees.

Up to this point, we've been trained to allow the patient to share what they want, without pushing, and to validate how they feel—but now that no longer feels like enough. We need more practical training to help survivors of sexual assault.

Also, this problem doesn't only affect our patients. Medical providers are not immune from sexual assault and other traumas. We need to acknowledge when we ourselves need professional help. Perhaps if I had reached out to a therapist after I'd been attacked, I wouldn't have suffered so much, or have been so overwhelmed by Jane's story.

Dr. Ford's testimony before the Senate stirred something in my patient, whose story stirred something in me. Many of us need to talk.

It's a first step.