“A Comparison of the Experience Described in Eve Ensler’s Monologue, ‘I Was There In The Room’, To My Own”

In *The Vagina Monologues*, Eve Ensler admits to having forgotten about the subject of a birth in her earlier version of the play. Ensler herself states this was a “bizarre omission,” and so she added “I Was There In The Room”, a monologue in which she reflects upon her own experience of watching her daughter-in-law give birth (Ensler 119). A bizarre omission this was indeed! This piece is perhaps the most empowering one for women of all, and her vivid imagery and comparisons in describing the birth convey the magnificent strength and capabilities of a woman’s vagina. I feel that I have shared some of what Ensler experienced since I, too, was in the room, once. My experience of witnessing a live birth for the first time was different from Ensler’s in many ways, but it was an experience that has made me reflect upon certain issues related to power and gender that are often associated with birth.

To begin with, perhaps one of the major ways in which my experience differed from Ensler’s was that she was invited into the room by her family; I, on the other hand, was not. In the experience that I had, there still remains the question as to whether I belonged in the room at all, and I feel that this greatly influenced the experience that I had there.

I was participating in a summer externship program at a community hospital, where I shadowed doctors of various specialties full time throughout this past summer. Since the timing of births tends to be rather unpredictable, the program did not include scheduled time to observe doctors and patients in the maternity ward. However, the program directors made it their personal goal to find a time for us to see a live birth, which had to be done rather spontaneously if we had some free time throughout the day. Permission from the patient must be granted in
order for a student to be in the room during any medical procedure. While this is a perfectly understandable rule ethically, I was disappointed to be turned away many times by women who were uncomfortable with having me watch them give birth. I was denied this privilege half a dozen times. In fact, when I actually witnessed my first live birth, I don’t recall ever receiving permission to be in the room; the nurses snuck me in along with another girl in the program and told us to stand still in the corner. It was rather intense and frightening. There were so many people there, and I suppose that since most of them were strangers to her, (between all the nurses, the doctors, and the residents), she couldn’t have known that there were two more people there who didn’t belong. We both stood there, huddled in the corner, shrinking, trying to seem invisible, and I think we succeeded. No one noticed us. No one seemed to care. I was excited for what I was about to see, but at the same time, I was terribly uncomfortable because I knew I didn’t belong there from an ethical standpoint and probably a legal one as well.

Ensler, as a family member, belonged in the room. She describes a more comfortable experience, as she even physically helped the process. She writes, “I was there when each of us, her mother and I, / held a leg and spread her wide pushing / with all our strength against her pushing...” (Ensler 123). The experience, while it may very well have been in a hospital like my experience, seems more personal. The woman had family around her helping and encouraging her, with only one doctor and one nurse described there to deliver the baby. Ensler’s description of her experience in the room lends power and strength to her daughter-in-law. As indicated by her lines, it took Ensler’s and the mother’s strength combined to push against their daughter in labor. The whole family was mesmerized, as Ensler writes, “We looked into her then. / We couldn’t get our eyes out of that place” (123). Ensler portrays this setting such that the woman giving birth wielded the power to essentially entrance those in the room with her. My experience
was quite the opposite at first. Perhaps it was because all of the people in the room, with the exception of her husband, were all strangers to her. For a hospital staff that sees over a dozen births each day, her delivery was nothing special to them. I, myself, was mesmerized by the experience— I was in awe of the color differences of the vagina that Ensler writes about, “…the bruised broken blue / the tomato red / the gray pink, the dark;” (122). And there was blood everywhere. Her vagina looked so foreign to me, like it was a different body part altogether. But in such a clinical setting, I viewed the woman who was about to give birth as almost powerless, contrary to Ensler’s experience. The doctor, an elderly little Indian woman, was yelling at her to push harder. She was harsh. She scolded her, saying she was “not doing a good job”. I thought this was demoralizing and downright cruel. I soon realized that the doctor was acting like this as a strategy to anger the woman so she would push harder. It still seemed cruel. It was apparent that she was in an inordinate amount of pain. She had refused any anesthetic, and thus was screaming, which was making the process more difficult. The hospital staff in the room grew impatient as the woman struggled. A nurse was holding her hand, but she didn’t seem sincere. I got the impression that everyone was thinking, “Alright, hurry up, let’s get this over with so we can get the next one in here.” At this point, the woman appeared powerless under all of these seemingly bothered “authorities” around her.

Considering the atmosphere I experienced in the room, and comparing it to Ensler’s description (while it also may have been in a hospital), I now understand why certain women today prefer to have a midwife come to their own houses to deliver their baby. A more personal, quiet setting is perhaps more comfortable. It puts the woman in more control of her delivery, thus empowering her to a certain degree. I think I also can understand why certain women want to have a natural delivery with no anesthetics. They may feel that this tolerance for pain is a
badge of strength or a symbol of power, for this is believed to be something that men cannot withstand.

In the end of the monologue, Ensler’s analogy between the vagina and the heart gives vaginas the ultimate strength. After illustrating the woman’s vagina after birth as “completely exposed / mutilated, swollen, and torn” (124), seemingly helplessly destroyed, Ensler quickly changes her language to empower the vagina, and therefore the woman, once again. In her comparison to the heart, she acknowledges the healing capability of the vagina, and its many powerful attributes. She writes:

The heart is able to forgive and repair.  
It can change its shape to let us in.  
It can expand to let us out.  
So can the vagina.  
It can ache for us and stretch for us, die for us  
And bleed and bleed us into this difficult, wondrous world.  
So can the vagina. (125)

I felt this during my experience in the room. The change in shape that I witnessed in woman’s vagina was incredible. I could never understand how a baby could fit through such a tiny space, and I was unaware of how drastic the transformation of the vagina is prior to and during birth. As the baby’s head finally popped out after hours of struggle, I felt paralyzed. I found it amazing how one person suddenly became two. And the aura in the hospital room transformed once the baby was born. The nurses suddenly became happy and warm, and the doctor smiled and kindly told the woman that she did an excellent job with the delivery and congratulated her. Hearing these compassionate words only minutes after her disparaging, berating remarks stunned me. It was as if the power that was taken from the woman from the stern, impatient attitudes of the hospital staff for the long hours before she delivered had suddenly been restored to her.