



Anjana Mishra

FIRST-PERSON

Hell of a Cure Life in a ‘Lunatic’ Asylum

○ Anjana Mishra

In an earlier article (*MANUSHI 116*), Anjana Mishra of Bhubhneswar, who lived through a very abusive marriage, had made a brief mention of her traumatic days in the Central Institute of Psychiatry (CIP), Kanke, Ranchi, where she was forcibly admitted by her husband. Here she shares with *MANUSHI* readers in detail her experiences as an inmate of the “lunatic asylum” for nine months and ten days. - Editor

Darkness, despair and dirt-spelling doom! If ever a hell exists on this earth, then this must be it. I lived through hell but miraculously survived it.

I was an inmate of the Central Institute of Psychiatry, Kanke, Ranchi, from July 15, 1996, to April 27, 1997, when I was rescued by the state’s Human Rights Protection Cell. I was dumped in this supposedly premier institute for psychiatry in India by my husband, Subash Chandra Mishra, an Indian Forest Service Officer, in a cold-blooded attempt to dispose off me while I was still alive.

Fortunately, I came out of that hell alive but the nightmarish memories continue to torment me, constantly reminding me of other women, young and old, whom I have left behind, probably doomed for life, and whose desperate letters, pleading to be rescued, remain unanswered.

The tragedy is that most of the inmates are capable of leading normal lives. It’s just that their guardians have conveniently forsaken them, as most of them seemed a burden on

society, being discarded wives – their husbands having married again. And the Institute is magnanimous enough to keep these women “safely” locked away, often for a lifetime.

Asha, Soni, Darwinder, Avantika (real names and real persons), all in their thirties, abandoned and condemned to live in a virtual hell.

Situated on the outskirts of Ranchi, the CIP has at least 700 inmates, both male and female. Its prison-like, high, red walls succeed in shutting out any sight or sound of the outside world. The only heart-warming feature of the premises is the greenery, mostly fruit-bearing trees, like guava and mango, and also the various types of berries.

The male and female sections are separated by a wall, with a common gate, guarded by a security guard, who scans all visitors before letting them in. As one enters the female section, one can catch a glimpse of the four wards situated right in front of the administrative building – the Tuke Ward, the Tuke Annexe Ward, the Cullen and the Pinnel Ward.

The female section houses six wards with two of them facing two other wards, and the fifth located a little in the interior, and the sixth located in the absolute interiors where the violent patients, some of whom are even chained, are housed.

As one approaches the wards, a strange stench hits the nostrils. The sight is even more horrifying and nauseating. To the wooden railings of the long verandah are tied — actually tied with ropes — the patients diagnosed as violent, sitting on their own human waste. On either side of the verandah are located the two toilets – unusable and filthy. The toilets have absolutely no water, either running or stored.

Inside, the wards are like any other hospital, with cots so tightly packed that they occupy almost the entire space, except for the space in a little room taken up by a few lockers. Beds, done up in a parody of the British style, are covered with white sheets and red blankets.

A typical day in the life of the inmates goes like this: most of the

inmates are out of their beds at about 2 a.m. in the morning, having been put to bed with sedatives at 6 p.m. in the evening. A familiar sight would be some of them laughing hysterically, a few crying their hearts out, some talking to themselves, some others just staring ahead blankly, while a few busy performing their ablutions right in the ward itself, since the doors are locked from outside. The *ayah* is still fast asleep. For the inmates it hardly makes a difference since the bathrooms have no water. The more energetic and rebellious ones climb out of their beds and bang upon the doors in turn, in the desperate hope that the *ayah* will listen and open the doors.

Finally, around 6 a.m. or 6:30 a.m., the *ayah* on morning duty walks in and gets every one to get up and make their beds in five minutes. At the same time, she returns them their *sarees*. For fear of attempted suicides, *dupattas* are not allowed inside the premises, and the *sarees* worn by the inmates are taken away at night and returned to them only in the morning.

The newly admitted, more alert inmates, brush their teeth; the old ones don't, having run out of toothpaste. Running water in the taps is made available only around 7 a.m. and that too for about forty-five minutes.

The patients diagnosed as violent are dragged from their beds where they had been tied for the night and are tied again to the wooden railing.

The early morning sweepers now turn up and thrash the entire verandah with their broomsticks, splashing phenyl water all around, totally oblivious of the patients tied there, many-a-times even drenching them with the same water.

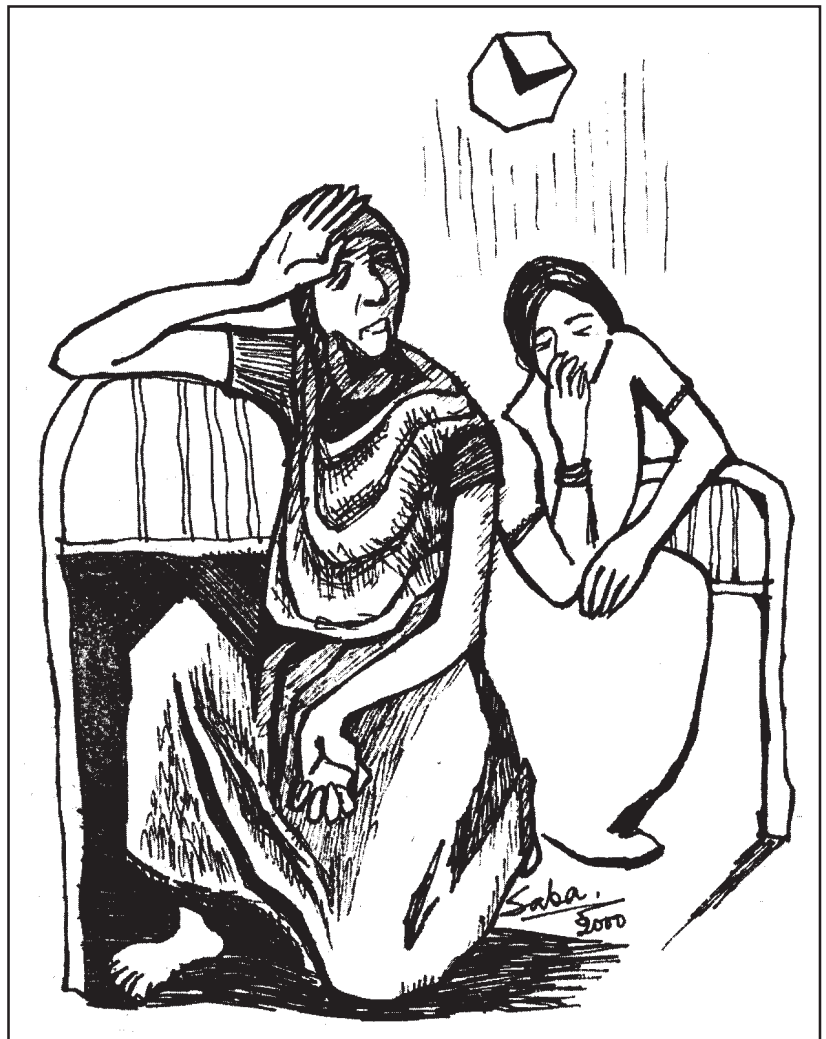
Then the *ayahs*, in navy-blue uniforms with white aprons, swing into action. Full of energy and enthusiasm, they turn to the more

aggressive patients to instill the fear of God in them (sorry *ayahs*), so that they dare not rebel against them during their stay in the Institute. The details of the process are as follows: The first step is the water treatment. The patient is pushed to the floor; her hands are held by one *ayah*, and she is firmly pinned down by the feet of another, while the third douses her with cold water uttering threatening, obscene words.

The greater the resistance of the terrified patient, the more the force of water – the message being loud and clear that there is no scope in the Institute for any rebellion whatsoever. The intensity of the water treatment is decided upon by the *ayahs*,

depending on when the patient becomes meek and subdued. The better behaved ones are left alone to look after themselves. A tiny piece of soap makes the round among, say, fifteen women. Since the toilets are unusable, the bathing process takes place in the verandah itself. Most of the patients who have become childlike strip themselves naked and pour water on themselves in obedience to the orders of the *ayahs*. Around 8 a.m. the taps go dry.

Around 8:30 a.m., breakfast, consisting of five pieces of bread with a tiny blob of jam and a cup of tea, is served. As my husband had taken care to dump me in the First Class of the CIP, I had some benefits like a

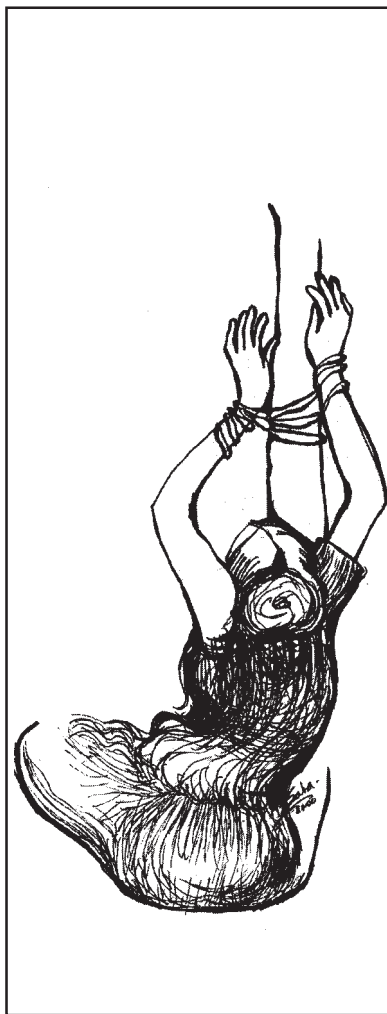


boiled egg and fruit, most often a tiny apple. In fact I have never seen tinier apples than those I ate there. The tea is served in dirty aluminium mugs.

As breakfast time draws to a close, the nurses in charge of the wards walk in, dressed in spotless white uniforms. The patients are then asked to recite their morning prayers as the sisters and nurses begin their early morning duties: giving injections, collecting blood samples, giving medicines, and so on. They also hand out hair oil to the inmates to oil and comb their hair. The hair oil is thick and pungent as it has been mixed with medicines to kill lice, which thrive on the patients' scalps in alarming numbers.

After this the patients are initially coaxed by the nurses and then threatened by the *ayah* into joining the occupational therapy classes. The OT classes are conducted in a centrally located building adjoining the library. Four lady teachers impart training in knitting and embroidery to interested patients. Very few women volunteer for these classes. So most of the time, the teachers are busy with their own embroideries, which are then put on sale for the outside world, once a year or even at regular intervals, with the false claim that these have been made by the patients. Some patients indifferently browse through magazines and newspapers. A few play Ludo but most of them sit idle, doing nothing.

The OT session winds up around 11 a.m., when the patients walk back to their respective wards, pick up their *thalis* and move towards the dining hall. The dining hall, situated a little away from the wards, constitutes the most unhygienic part of the entire establishment. Dirty wooden tables line the wall, with the remnants or leftovers of earlier meals, especially, rice and *dal* particles. Almost a dozen dogs loiter around.



The afternoon meal consists of coarse, half-cooked rice, watery *dal* and a tasteless, odourless curry. All of this put together can kill the appetite of even the hungriest human being. Again, privileged patients, like myself, were entitled to a piece of fried fish, a little curd and a *pappad*.

All the patients eat in a child-like fashion, hogging a mouthful and then taking a walk, then coming back for a second mouthful. The dogs happily lick the plates in this interval. The plate, merely rinsed in running water, might be yours at the next meal. Some of the very ill patients even put their food on the floor and have it along with the dogs, while the *ayahs* in charge exchange gossip.

After the meal, the washing of the plates also has a childlike simplicity about it. Patients dip their plates in a drum full of water and take them out. Almost all of them dip their plates again and again, scooping out some water, which is now semi-solid with floating rice and *dal* in it, and, horror of horrors, actually drinking it.

The patients then walk back to their wards and are asked to rest in their beds up to 3 p.m., when it's tea time. The tea is served in dirty aluminium mugs with a piece of rock-hard bun.

It's time again for the OT class, from 3 p.m. to 5 p.m. At 5.30 p.m. it's dinnertime. Again, the dirty *thalis* and the walk back to the dining hall. The dinner menu is no different in quality or variety from the afternoon meal, except that patients have the option of getting thick, burnt *rotis*, if they have expressed their preference beforehand. Dinner is over by 6 p.m. The patients are administered their daily dose of sedatives and put to bed. As the evening falls and the rest of the world is still active, most of the patients are snoring away in deep sleep. By 7 p.m. there is really nothing else left to do.

The Tuke Annexe Ward, in which I was put, fortunately boasts of a radio which some of us used to listen to songs in the evenings. But never to be forgotten are the mosquitoes, which form a vital part of life at CIP, along with the lice, the filth, the stench and, most importantly, the human misery.

India's Independence Day and Republic Day were celebrated with a parade by the inmates outside the administrative building. This was followed by the distribution of a packet, consisting of a *samosa*, a sweet and a piece of cake, to each inmate. Similarly, on Dussehra, the inmates breathed a little fresh air when they were asked to put on their

best dresses and come to the *puja pandal* erected outside the compound. Christmas too brought a welcome change in the form of a packet of goodies, the taste of a cup of coffee, and music and dance. An annual sports-meet was also organised where local socialites were invited to witness the event and distribute prizes.

On the whole, life in CIP amounts to a soul-destroying monotony. For me it spelt utter helplessness and despair. No wonder the patients often contemplated suicide, which would win relief for them. Pain and gloom was writ large on the faces of all inmates, subjected as they were to wretched living conditions, memories of separation from near and dear ones and also the daily atrocities of the *ayahs*.

Even more heart wrenching was the condition of those patients who were perfectly fit to live normal lives but who had been abandoned for life. They were forced to carry out filthy chores, including washing clothes stained with the excreta of sick patients. They dared not refuse for fear of annoying the *ayahs*. For inmates of CIP, Kanke, "Hell hath no fury like an *ayah* scorned". An inmate, Avantika (true name), of about my age, a very friendly and quite normal girl, was subjected to the shocking cold water treatment by the *ayahs* at least thrice for refusing to do certain chores on a day when she wasn't feeling well.

The cold water treatment consisted of four *ayahs* holding her by her hands and legs and dipping her in a tub of cold, dirty water at 10 p.m. on a peak winter night, for at least an hour. This happened for quite a number of days till she fell sick and had to be hospitalised. But even then she dared not report the *ayahs* to the authorities and pleaded with me not to do so either.

I was also subjected to their crude behaviour when, one afternoon instead of resting I told the *ayah* that I preferred to walk. She squeezed my nipples so hard that I screamed in agony.

Dumped there deliberately by my husband in an attempt to traumatise me and prove me insane, I had to undergo nine months and ten traumatic days in CIP. The horrors of the place, its unhygienic conditions, will probably take me more than a lifetime to forget, but certain questions nag my mind constantly and painfully.

Isn't it time the laws were amended so that 'mental asylums' are not used as dumping grounds or torture cells by vindictive husbands and cold-blooded relatives, who condemn perfectly healthy women to live with absolute lunatics?

The asylum authorities shrugged their shoulders and pleaded helplessness as their repeated letters to my husband and the State Human Rights Protection Cell failed to evoke any response. The letters of discharge to my husband, stating that I was normal, beginning with the seventh day of my admission, got no response from him.

The State Human Rights Protection Cell also failed to protect my rights since I was left languishing there for months, in full knowledge of the HRPC authorities. Significantly, the state HRPC did not even respond to the enquiry reports of its own Inspector, who visited Ranchi a couple of months after I was admitted and gave a report recommending my release. As the HRPC paid no heed to my father's pleas for help, he turned to the *Utkal Mahila Samiti*, one of the leading women's organisations in Orissa, for help. It is only through their intervention that he managed to prevail upon the HRPC to rescue me.

My repeated pleadings to the asylum authorities, that since I was an adult and had also been certified normal, I therefore should be discharged, irrespective of whether my guardian, husband or the HRPC cared to rescue me or not, were met with stubborn refusal. The crucial question is: is not being closeted in an institution for life, an infringement of our basic freedom as adult human beings? Is it not a situation worse than being jailed. Even those charged with crimes can be released from jail, if they are declared innocent by the courts, regardless of whether their families are ready to take them back or not.

My plea to them, that they should bring my husband to book by writing to his senior officers, as he was a government servant, met with hearty laughter as the consultant's response to me was, "Who would look after the patients if the doctors made the rounds of courts?"

No wonder my scheming husband took advantage of this situation to file a divorce suit in December 1996, while I was languishing helplessly inside the asylum. His effort was thwarted, thanks to my father, who stepped in to rescue me by appearing as an intervener in court.

During the time I was admitted in the asylum, my husband never cared to visit me or to send money. As a result, except for Rs.100 given to me at the time of admission as pocket money, I was without any money to buy bare necessities such as soap, shampoo and toothpaste, for almost seven months. With only two cotton outfits and no warm clothes, I had to face the biting chill of the Ranchi winter. I refused to wear the 'official' winter clothing provided by CIP, Kanke, which was no more than a tattered robe that had never been cleaned.

Now that I am back in the 'saner' world, my painful memories take me back frequently to the heartrending scenes of young mothers, separated from their tender infants, clinging and singing lullabies to bundles of clothing. One then realizes that real life is not much different from reel life, and that real life is often very realistically portrayed in reel life.

Yet, amidst all that gloom, agony and despair, with inmates bereft of any hope but still yearning for freedom, in the face of death and degradation, I witnessed rare glimpses of humanity.

Having lived all these months with so-called 'abnormal and insane' people, I realised how mistaken our belief is and how false our illusions are about 'sanity.' The peacefulness inside me is in stark contrast to the violent and dangerous world outside. These so-called 'insane people' are actually simple, innocent and harmless souls, blessed with extraordinary sensitivity and totally bereft of the complexities of human nature, such as jealousy and hatred. Except on rare occasions, I never saw physical fights between the patients in CIP. Instead, I saw a human bond between them of which I too became a part. That bond survives even today.

I was also astonished to see how talented some of the inmates were. One inmate had knitted imaginatively designed sweaters for almost all the staff and their relatives. She invested the meager amount that she earned from knitting on her bare necessities, such as soap, oil, and clothing, as she had been there for quite a number of years and had finally reconciled herself to remaining there for life. Her poor father, with five daughters, is not likely to ever rescue her. Many of them were adept singers, their melodious voices enlivening the atmosphere in the evenings.



The memory of the day when I was finally discharged through police intervention is etched in my mind. And, also, their desperate pleadings that after I had been discharged, I should ask the police officers, who had come to my rescue, to free them also. The memory pricks my conscience. While fighting court battles for my rights and my dignity as a human being, I overlooked trying to secure the basic rights of my fellow human beings who are trapped for life in that hell-hole. Many Sonis and Avantikas have lived an entire lifetime in that place and passed away into the other world.

Will some human rights agency please initiate a proper investigation into the treatment of inmates of mental asylums and ensure that they

are provided with basic amenities. There is also an urgent need to amend the rules that insist that only a 'guardian' can secure the release of a patient from the asylum. □

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