

I Call This Institutionalized Rape

Erin Soros

The three men knew what to do. They'd done it many times before. They pinned my arms and legs, leaning their hips against mine while I screamed for help and writhed against their strength. One of them unzipped my pants, yanking them down.

A woman injected the drug deep into my flesh — my bottom bare while my mind braced itself for resistant intelligence to disappear into oblivion.

If this encounter had taken place outside of a psychiatric ward, if I were physically assaulted and then penetrated while being held down by multiple men on the street or in any other public or even private place, I would be able to press charges or at least to speak of the crime.

But what if the ordeal is sanctioned by the very justice system to which I might turn? What if the police were the ones to deliver me to my treatment?

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In her book *Refusal of Care*, Elyn Saks, herself a survivor of psychiatric incarceration and involuntary drugging, considers the medical reasons given for forcing someone to incorporate a substance she has refused. First, psychiatrists deem such a decision preferable to an extended stay in a hospital, a requirement which would seem to be, at least to the psychiatrists, a greater constraint. Involuntary drugging is certainly a cheaper option: other forms of intervention are simply deemed too expensive. The second reason Saks gives is that such dosing prevents potential future damage that a mad patient might cause — damage to the self, damage to others. Saks does consider that involuntary treatment might itself be a form of damage — that it ruptures one's sense of dignity, for example, and betrays one's independence. But she does not consider, never in so many words, that the process of involuntary drugging might be a form of sexual assault.

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When the police brought me to the psychiatric ward, I do not believe they thought they were protecting others from me, but rather protecting me from others. The fear is that a crazy white woman will make herself vulnerable. Hospital staff communicated this collective apprehension directly. I would

put myself in danger's way. We know that a Black man whose behaviour is deemed aberrant could very well be captured by police, but if he manages to live past that encounter, and if he reaches the psychiatric ward, he will be drugged for different reasons than the ones that had lurked behind my needle. When a white woman enters the ward, the worry is that if she were to be left to her own mad devices, she could get hurt. She'll get herself raped. She needs the protection of the police, the shelter of the psychiatric system, because the fragility of her white femininity is put at risk by her madness. The psychiatrists took away my freedom for my own good.

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Article three of the *International Declaration of Human Rights*: everyone has the right to life, liberty and security of person.

Article five: no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article nine: no one shall be subjected to arbitrary arrest, detention or exile.

But Article one states that all humans are endowed with reason, as if a capacity for reason were the fragile base upon which access to dignity — and human rights — rests.

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“The state of exception,” writes philosopher Giorgio Agamben, “is not a special kind of law (like the law of war); rather, in so far as it is a suspension of the juridical order itself, it defines law's threshold or limit concept” (4).

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As I share this essay, I am cognizant of the worth of my words, here, in this venue, where I am free to say them. As you sit calmly engaging with this reflection, people flail and resist in psychiatric institutions, which we do not call prisons. This morning a nurse called for a group of men, the burliest men on the ward, to do the inevitable chore of holding a patient down while the nurse injected the serum.

We do not hear what this patient is saying, what he or she or they are calling this thing that is happening to an unwilling body, an unwilling mind. These words will not be included in hospital records — or if they do grace a page, they will be noted only as further evidence of a symptom, never as testimony against a crime.

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The third reason Elyn Saks gives for the use of involuntary medication is that it stops the course of madness. Independent of any risk to self or other, and any cost to the state, this reason can stand alone. Madness is an illness and this illness requires treatment. Patients can refuse to be treated for an illness, but only if they are deemed competent in this refusal. Mad people are by definition incompetent.

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If you are a mad woman, your *no* does not mean *no*.

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Disease. Illness. The unhealthy person. I underline each time Elyn Saks uses these words, her words, the words used for her.

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I asked the nurse: *how do you feel giving me the injection? How do you feel afterwards?*

What I recall is her shrug: easy, defensive. This act that I saw as violence was just her job. All my fuss and floundering and yet it's so simple.

You are sick. These are the drugs to make you better.

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In a state of exception, the boundaries collapse between law and lawlessness, private and public, inside and outside. A person stripped of rights is reduced to bare life, a purely biological state of existence.

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One legal defense is that the patient is not, in fact, mad: the patient might have been disoriented, or upset, or misunderstood, but not genuinely mentally ill. So the drugs do not need to be administered. But what if the patient *is* mad, knows indeed she is mad, and finds value, even meaning, precisely in this liminal state? What if she is taking notes, frantically, in her room, while she still can, trying to record what her mind now wants to tell her before this strange insight will be stolen? What if she wants to understand the very limit of what can be understood, to listen to the fissures of her psyche as they open? Who are you to tell her that she cannot?

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During a long, wintry spring in which I was being involuntary injected, I packed my bag with my notes and walked to a small room on the hospital

grounds, full of mental health pamphlets and two beige, boxy computers. I typed away. *Porn porn porn* said the man next to me, leaning over to blurt into my ear, as if this incantation would manifest what he was hoping to find on his screen or on mine. In these conditions I managed to complete an application for a position as a writer-in-residence at Cambridge University and was selected as a finalist. I submitted the same proposal the following year, and received the fellowship. My original cover letter to Cambridge is included in my 2013 psychiatric file. The Haldol injections continued for another month after I submitted the proposal.

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In 1993, the United Assembly approved the *Declaration on the Elimination of Violence against Women*. Whereas the original Declaration makes no reference to sexual assault, the declaration intended to protect women does. I struggle with this gender-specific declaration, even as I understand its intent and use. People who are not women — boys and men, nonbinary people — can also be violated sexually, can also experience the betrayal of their bodily boundaries. Women are not, uniquely, rapable. But because I am a woman, I apparently have these specific rights, which are intended to shield me not just from sexual violence perpetrated by the family and the community, but by the state.

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The injection left the smallest mark, a simple red bruise, neat as an asterisk.

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Anishinaabe legal scholar John Borrows speaks of how an 1838 French River community responded to a man who was exhibiting symptoms of madness. He was self-mutilating and drinking his own blood. He was deemed to have become a Windigo. The remote community feared for their safety given the threat imposed by this troubled individual. The community began their deliberation by travelling on foot through deep snow to join their friends. Borrows emphasizes that this journey was a tough one: their procedures demanded intense labour. When they reached this other community, they formed a counsel and started a process of slow deliberation based on observation. Tradition demanded speaking with the Windigo and working through the madness with him. When they finally decided that the Windigo must die, his most intimate friend was chosen to shoot him. The autopsy revealed a chamber where his heart should be, where they found a lump of ice. So

Borrows points out the metaphorical resonance in this telling — and I wonder if this story can be read as a reflection on the communal necessity, in certain circumstances, to kill madness.

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The drugs were created to last days in my system so after an initial series of weekly doses, the involuntary injections occurred only every two weeks. Before each dose, I read aloud a statement. *I call this institutionalized rape*, the statement began, and then I detailed how I would be submitting to the injection only because otherwise I would be restrained by force.

My submission should in no way be construed as consent. You are doing this against my will.

At the end of the statement, I explained that one day I would write and publish an essay titled, “I Call This Institutionalized Rape.”

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For years in the 1990s, based in Vancouver’s Downtown Eastside, I worked as a rape crisis counsellor. I cannot disclose stories that belong to the women who trusted me with them. I will not list the objects that were used to penetrate their bodies. I can say that when I met these women at the hospital, I would attend to and nurture the first moments of agency. *Do you want me to accompany you into the examination room? Do you want to wear your sweater? Do you want me to hold it? Do you want to grasp my hand?* They responded with the simple quivering power of a *yes*, a *no*, heard and honoured.

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You’ve got to stop reading that statement, the nurse told me after she had injected the drug into my left buttock. *The psychiatrists are using it as evidence that you are still mentally ill.*

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In the Soviet Union, state agents administered Haldol, generic name Haloperidol, as a form of punishment to dissidents or as a means to break the will. Here are the words of Leonid Plyushch, a scientist and political dissenter held in a Soviet mental hospital:

[. . . after dosing with a small amount of Haldol] I was horrified to see how I deteriorated intellectually, morally and emotionally from day to day. My interest in political problems quickly disappeared, then my interest in scientific problems, and then my interest in my wife and children.

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How do you fight a foreign substance that is within you?

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When Canadian rape laws were rewritten in the 1980s in response to feminist critique, the word *rape* was replaced by *sexual assault*. In the 1990s, *rape* was still the word most commonly used by women who called the crisis line. *I was raped*, they would announce, making themselves the subject of the sentence as if to usurp agency through this most devastating statement. One key element of the new sexual assault laws is that many acts — and not just sexual intercourse — are considered to be sexual assaults. Coerced removal of clothes is a sexual assault. Unwanted touching is a sexual assault. And penetration can be enacted by any object, not just a penis. The sexual gratification of the offender is not necessary to make a given act sexual. For what difference does it make which instrument is used to violate you or how the assailant experienced the act? The key element is the physical and psychological effect of the violation on the victim.

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Elyn Saks gives psychiatrists what she calls “one free shot.” The first time a person presents as psychotic, this person can be involuntarily injected and incarcerated. Mad people will then be returned to reason, and from this place of reason they are deemed able to decide how they would like to be treated in future circumstances, should their reason again begin to slide. When I read this proposed approach, although I understand her motivations for initiating it, I wondered about the possibility of finding some form of competence *through* madness, even in our first encounter with it. What does one’s madness say? What does it mean? Do I have permission to experience my own mind? Do I have a right to be mad? We speak of madness as illness, but what of its signifying power, even or especially at the very cusp of our shared symbolic systems?

In my case the psychiatrists had one free shot, then years later a second, then a third shot, a fourth, a fifth. I tried between the second and the third admission to create a living will, but none of my reasoned words were respected. In total I experienced five involuntary hospitalizations, each with forced drug use that numbed my mind.

What potential moments in my life, my own discovery of my life, were irretrievably lost? What specific fears and desires, fantasies and memories, would I have discovered through the very experience of madness had the drugs never entered my flesh?

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The injections happened at night, and I had trouble consuming my dinner before the procedure. Afterward, one attendant told me to eat because food would help the drug to metabolize.

Try, he said, to get something down.

I sat in my room and spooned dry Rice Krispies to my mouth, my hand shaking so the Rice Krispies sprinkled across the mattress and then I folded on top of them as the drug weighted my head.

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When I read Elyn Saks's *Refusing Care*, which is really about a mad person's legal *inability* to refuse care — to refuse, I would argue, something that is not care — I have nightmares. I am in the hospital once again. Doors open and close. The men are coming for me. I scream for help but no one will listen or I cannot scream I cannot speak I cannot voice anything that is a word.

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Any words I manage to use here are dull, bare, plain. Drip of the fluid down the syringe.

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As I continued to be injected with Haldol, I found my fierce, passionate attachment to life begin to ebb. If you turned off our black-and-white television when I was a child, the image wouldn't disappear all at once, but slowly, sound disappearing first, and then, just before darkness, there burst a strange afterglow, not the image of the show we had just been watching, but something else, a grey otherworldly flicker where a story used to be.

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But I have a patient, said a psychoanalyst during the question-and-answer period at a conference, *who was happy to be in a psychiatric hospital. She felt safe there.*

The room nodded.

The issue, I want to say but do not say, is consent.

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What struck me most powerfully in John Borrows' recounting of the case of the Windigo were the many stages of responsibility, companionship and accountability. The long walk with the madman in the snow, the finding of friends, the collective decision process, how the Windigo's most beloved friend was chosen to end his life, and finally and most evocatively how the

young man who led the counsel to make their deadly decision in turn gives himself to the father of the one who is no more — to hunt for this grieving man, to plant for him, and to fulfill all the duties of a son. Borrowes calls us to see a demanding, restorative element here, an ongoing commitment to healing and to essential human bonds, despite or rather because of the harshness of the action.

It left me wondering what form of symbolic, material and relational reparation I might be owed by those men, that nurse, the psychiatrists who issued the orders. If we deem it necessary to kill someone's madness, what do we give them in exchange? What attention could be traded for the state violation of someone's body and mind?

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No one in the hospital ever spoke to me about the enduring psychological effects of surviving non-consensual treatment. I do not think they considered them.

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Humans are endowed with reason and conscience. This second attribute stated in the *Human Rights Declaration* is a poor translation of a concept that contributor P. C. Chang tried to introduce (Lui, Lydia H). The word he knew is *ren*, its symbol in Chinese a human figure and two bars, for the double human, the plural human. It captures not just our empathy for each other — empathy still implies separateness — but rather our intrinsic co-constitution. When one is mad, one might lose reason, but gain a more intense sense of the everyday mystery of plural humanness, our inherent connection to others that makes us all both vulnerable and resilient. Perhaps an ethical response to madness demands considering that at some times we are, together, mad — that madness brings to crisis not just the one experiencing it, but the one encountering it from the apparent outside.

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How would others have treated me if they saw themselves in my madness, if they found madness in their own fear? And what would it mean for psychiatric staff, therefore, to respond not just with reason, but with *ren*? Would they speak with me, instead of for me? Could they have done something so simple as to ask me what I needed — how I wanted to care for my madness and how I wanted to be cared for by others?

Would they have looked me in the eye?

Works Cited

- Agamben, Giorgio. *State of Exception*. Chicago: U Chicago P, 2005.
- Borrows, John. "Drawing Out Law." Lecture to the University of Victoria's Indigenous Law Research Unit, University of Victoria, June 2015. Posted to youtube Oct. 5th 2015. <https://www.youtube.com/watch?v=axpw2FRt0ac>.
- Declaration on the Elimination of Violence against Women*. 20 December 1993. <http://www.un.org/documents/ga/res/48/a48r104.htm>
- International Declaration of Human Rights*. 10 December 1948. <http://www.un.org/en/universal-declaration-human-rights/>
- Liu, Lydia H. "Shadows of Universalism: The Untold Story of Human Rights around 1948." *Critical Inquiry* 40.4 (summer 2014): 385-417.
- Plyushch, Leonid. "Excerpt from Statement by Dissident on His Detention in Soviet Mental Hospital." *Special to The New York Times*. 4 February 1976.
- Saks, Elyn. *The Refusal of Care: Forced Treatment and the Rights of the Mentally Ill*. Chicago: U of Chicago P, 2002.