

ED - History

SHOCK "TREATMENT": A CHRONOLOGY OF PSYCHIATRIC ABUSE

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INTRODUCTION

Modern shock was introduced in psychiatry during the 1930s. The procedure is used primarily on people who psychiatrists believe are "suffering from psychosis," an umbrella term for various type of major "mental illness" including "clinical depression," "manic-depression," and "schizophrenia." There are three major forms of shock treatment:

The first of these, called insulin coma treatment (ICT), was developed in Vienna by Manfred Sakel between 1927 and 1934. ICT involves the injection of a large dose of insulin, which depletes sugar from the bloodstream, leading eventually to coma. A typical series numbers 50 sessions. Electroconvulsive shocks often accompany the insulin comas. During the 1940s and 1950s, ICT was the "treatment of choice" for schizophrenia. Psychiatrists abandoned ICT during the mid-1960s, opting for the then recently introduced neuroleptic drugs (Thorazine, Haldol, Prolixin, etc.) and/or electroconvulsive treatment.

Next came Metrazol convulsive treatment (MCT), which Laszlo von Meduna introduced in Budapest in 1934. Metrazol, a synthetic drug related to camphor, is injected into psychotics which produces a seizure. MCT was replaced by electroconvulsive treatment during the 1940s.

The last, best known, and most widely used shocking technique is electroconvulsive treatment (ECT, EST, electroshock). Ugo Cerletti and Lucino Bini introduced ECT at the University of Rome in 1938. Electroshock involves the production of a grand mal convulsion by passing through the brain 100 to 400 volts of electric current for from 0.5 to 5 seconds. The most common indication for ECT is clinical, i.e., severe, depression. An ECT series typically consists of six to 12 sessions. Every year in the United States, psychiatrists electroshock an estimated 100,000 people, two-thirds of whom are women. Upwards of 50 percent of ECT subjects are 65 years of age and older. A typical electroshock series for a hospitalized patient costs between \$30,000 and \$40,000. ECT defenders vehemently assert that the procedure is a very safe and highly effective treatment for certain kinds of mental illness; critics, no less vehemently, charge that electroshock is a punitive, dehumanizing, brain-damaging, brainwashing, and memory-destroying social-engineering technique. Media reports indicate that ECT use in the United States is increasing.

CHRONOLOGY

Already towards the end of the Middle Ages and the beginning of the new period an interest developed in attempting to treat schizophrenics by some form of shock. In Switzerland schizophrenics were put into nets and lowered into lakes until they were almost drowned and then pulled out again. Sometimes short-lasting remissions were witnessed. In other countries patients were hit with chains and whips. Some of these patients died. But again there were some very impressive recoveries and remissions. This kind of primitive shock treatment was considered to be of a magic nature. It was believed that the devil had possession of the human body and mind, and the only logical consequence of such ideas seemed to be the attempt to make the devil's stay in these strange places of residence as miserable as possible.

HANS HOFF (Austrian psychiatrist), "History of Organic Treatment of Schizophrenia," in Max Rinkel and Harold E. Himwich, eds., *Insulin Treatment in Psychiatry*, 1959

Probably the first electroconvulsive treatment for mental illness was administered by the French physician J. B. LeRoy in 1755 on a patient with a psychogenic blindness.

FRANZ G. ALEXANDER and SHELDON T. SELESNICK, *The History of Psychiatry*, 18, 1966

Aldini was reported to have cured two cases of melancholia by passing galvanic current through the brain in 1804. In England, Clifford Allbutt in 1872 used the passage of electric current through the head for treatment of mania, brain-wasting, dementia and melancholia.

PETER SKRABANEK, "Convulsive Therapy - A Critical Appraisal of Its Origins and Value," *Irish Medical Journal*, June 1986

The pattern of mounting anxiety [during a Metrazol shock reaction without a grand mal seizure] is... frequently so severe that at times, it may amount to a real fury.... Certain individual and characteristic differences, are noted in that instead of a fury, the patient will undergo an uncontrollable episode of agitated weeping. In all cases, however, there is given the definite impression that the patient is transferring his preoccupations with accessory symptoms to a serious consideration of what is happening to him. Obviously, certain delusional elements of torture by the injection and medication are verbalized.

EMERICK FRIEDMAN, "Irritative Therapy of Schizophrenia," *New York State Journal of Medicine*, November 1937

When I saw the patient's reaction, I thought to myself: This ought to be abolished.

UGO CERLETTI, recalling the first use of ECT on a human being in April 1938, in Frank J. Ayd, Jr., "Guest Editorial: Ugo Cerletti (1877-1963)," *Psychosomatics*, November-December 1963 [Cerletti

conducted his first electroshock experiments on a human being, identified only as "S. E.," without his or anyone else's permission. Earlier in Rome, Cerletti had experimented with pigs and later wrote, "Having obtained authorization for experimenting from the director of the slaughterhouse, Professor Torti, I carried out tests, not only subjecting the pigs to the current for ever-increasing periods of time, but also applying the current in various ways across the head, across the neck, and across the chest." Cerletti, "Old and New Information About Electroshock," *American Journal of Psychiatry*, August 1950]

One patient refused to undress [in preparation for Metrazol convulsive treatment]. A second one complained that he "didn't want to die." A third patient asked why we wanted to "kill her."

Physical resistance is shown not only by the refusal of certain patients to go to bed, but in many instances by combativeness....

Such statements as, "These treatments scare me to death." "Please don't do that to me," and other tearful and frightened protests are frequent....

From the therapeutic standpoint perhaps the most important feature in the post-convulsive behavior is the increased accessibility of the patient following the convulsion. This affords opportunity for psychotherapy. Following certain treatments some patients showed much greater friendliness, accessibility, and willingness to cooperate.

WILLIAM C. MENNINGER (President of the American Psychiatric Association), "The results with Metrazol as an Adjunct Therapy in Schizophrenia and Depression," *Bulletin of the Menninger Clinic*, September 1938

One patient said, "I dreamed I was on a roller coaster and the place where the roller coaster was, was in Hell."

HAMLIN A. STARKS, "Subjective Experiences in Patients Incident to Insulin and Metrazol Therapy," *Psychiatric Quarterly*, 4, 1938

Almost since the beginning of the application of the convulsive therapy to the psychoses, it has come frequently to our attention that this therapy ought to be widely applied in the field of psychopathology as an agent to "frighten a patient to his senses" or to "scare the devil out of him." To the scientific minded this expression harks back to medieval times and ought not to be employed in scientific discussions.

LASZLO von MEDUNA and EMERICK FRIEDMAN, "The Convulsive-Irritative Therapy of the Psychoses: A Survey of More than Three Thousand Cases," *Journal of the American Medical Association*, 11 February 1939

These sundry procedures [i.e., lobotomy and several forms of shock treatment] produce "beneficial" results by reducing the patient's capacity for being human. The philosophy is something to the effect that it is better to be a contented imbecile than a

schizophrenic.

HARRY STACK SULLIVAN, referring to, in his phrase, psychiatry's "decortication treatments," "Conceptions of Modern Psychiatry," *Psychiatry*, February 1940

All of the above-mentioned methods [i.e., various forms of shock and drug treatments] are damaging to the brain, but for the most part, the damage is either slight or temporary. The apparent paradox develops, however, that the greater the damage, the more likely the remission of psychotic symptoms....

It has been said that if we don't think correctly, it is because we haven't "brains enough." Maybe it will be shown that a mentally ill patient can think more clearly and more constructively with less brain in actual operation.

WALTER FREEMAN (neurosurgeon who in 1936 introduced lobotomy in the U.S.), "Editorial Comment: Brain-Damaging Therapeutics," *Diseases of the Nervous System* ("A Practical Journal of Psychiatry and Neurology"), March 1941

In October 1941, the United States Public Health Service Shock Therapy Survey reports 121 deaths among 2457 state hospital inmates (4.9%) subjected to insulin coma treatment. [LRF's summary]

FRANKLIN G. EBAUGH, "A Review of the Drastic Shock Therapies in the Treatment of the Psychoses," *Annals of International Medicine*, March 1943

What then of... our vitamin capsules, our electric therapies, our ultra-violet lamps, our shortwave treatments and our shock therapy - in particular our shock therapy, whether it be insulin or Metrazol or electric. Do we use these as empirically as our predecessors did their leeches and their bleedings?... I ask the question, are we, in the light of others who come after us, going to be accused of being users of stupid, bizarre or crude methods? Will they think us no better than quacks? Will they read our shock therapy methods with horror and say, "Why, they should have used baseball bats - it would have been just as productive of results?"

C. C. BURLINGAME, 1941, in David Herman and Jim Green, "What Treatment?" *Madness: A Study Guide*, 1991

Another schizophrenic asked us, "Why do you kill me every day?" One of our paranoid female patients compared the physician forcing her into [insulin] coma with someone pulling the wings off a fly. This patient had formerly expected to be killed by her husband, and to avoid that had cut her wrist. The treatment, especially the going into unconsciousness, was experienced as the realization of her persecutory ideas. Another patient told us she was nailed to the cross like Jesus as soon as she lost consciousness.

LUCIE JESSNER and V. GERARD RYAN, *Shock Treatment in Psychiatry*, p. 42, 1941

The disturbance in memory [caused by ECT] is probably an integral part of the recovery process. I think it may be true that these people have for the time being at any rate more intelligence than they can handle and that the reduction of intelligence is an important factor in the curative process.

ABRAHAM MYERSON, in discussion of Franklin G. Ebaugh et al., "Fatalities Following Electric Convulsive Therapy: A Report of 2 Cases with Autopsy Findings," *Transactions of the American Neurological Association*, June 1942

[Lucino] Bini in 1942 suggested the repetition of ECT many times a day for certain patients, naming the method "annihilation."
UGO CERLETTI, "Old and New Information about Electroshock," *American Journal of Psychiatry*, August 1950

With chronic schizophrenics, as with confirmed criminals, we can't hope for reform. Here the faulty pattern of functioning is irrevocably entrenched. Hence we must use more drastic measures to silence the dysfunctioning cells and so liberate the activity of the normal cells. This time we must *kill* the too vocal dysfunctioning cells. But can we do this without killing normal cells also? Can we select the cells we wish to destroy? I think we can.

MANFRED SAKEL, referring to insulin coma treatment, remarks to the author, in Marie Beynon Ray, *Doctors of the Mind: The Story of Psychiatry*, 13, 1942

Perhaps we are doing the right thing but in a very crude way just as if one were trying to right a watch with a hammer.

HAROLD E. HIMWICH, "Electroshock: A Round Table Discussion," *American Journal of Psychiatry*, November 1943

When [insulin coma] patients are actively resistive, force is used, but not without explanation.... [The new insulin patient] is prevented from seeing all at once the actions and treatment of those patients further along in their therapy. This can be managed by placing him in a single room, or by terminating the hypoglycemia a little earlier, if he is in a dormitory. Thus, as much as possible, he is saved the trauma of sudden introduction to the sight of patients in different stages of coma - a sight which is not very pleasant to an unaccustomed eye.

ALEXANDER GRALNICK, "Psychotherapeutic and Interpersonal Aspects of Insulin Treatment," *Psychiatric Quarterly*, 1, 1944

[Psychiatrist D. Ewen Cameron proposed] that after the war each surviving German over the age of twelve should receive a short course of electroshock treatment to burn out any remaining vestige of Nazism.

GORDON THOMAS, *Journey into Madness: The True Story of Secret CIA Mind Control and Medical Abuse*, 8, 1989 [According to Thomas, Cameron and other psychiatrists served on an ultrasecret committee which met regularly in the offices of the American

Psychiatric Association in Washington to assess the changing attitudes of Germany and its leaders during World War II. The committee's evaluations and suggestions were passed on to the OSS (Office of Strategic Services) which later became the CIA (Central Intelligence Agency). Cameron's suggestions had struck Allen Dulles as "original and far-reaching." Dulles, who at the time headed up the OSS's Swiss-based espionage operations in Germany, later became CIA Director. In 1978, previously secret documents revealed that during the 1950s, on Dulles's watch, the CIA partially funded Cameron's "brainwashing" experiments as part of its MKULTRA (Mind Control) Project. See D. Ewen Cameron entry ahead.]

Anyone who has gone through the electric shock... never again rises out of its darkness and his life has been lowered a notch. ANTONIN ARTAUD (French dramatist and actor), "Insanity and Black Magic," 1946, *Antonin Artaud: Selected Writings*, ed. Susan Sontag, 1973

Dr. Gaston Ferdière, head doctor at the Rodez Asylum, told me he was there to reform my poetry.

ANTONIN ARTAUD, "Van Gogh: The Man Suicided by Society," 1947, *Antonin Artaud Anthology*, ed. Jack Hirschman, 1965

I died at Rodez under electroshock.

I died. Legally and medically died.

ANTONIN ARTAUD, "Electroshock," 1943-1947, *Antonin Artaud Anthology*, ed. Jack Hirschman, 1965

The most persistent impression obtained is that the shock patients show a picture resembling the post-lobotomy syndrome. LEON SALZMAN, "An Evaluation of Shock Therapy," *American Journal of Psychiatry*, March 1947

[Theories given to explain the healing mechanism of the various forms of shock treatment include the following:]

Because prefrontal lobotomy improves the mentally ill by destruction, the improvement obtained by all the shock therapies must also involve some destructive processes....

It decreases cerebral function....

Helpless and dependent, the patient sees in the physician a mother....

Threat of death mobilizes all the vital instincts and forces a reestablishment of contacts with reality....

The treatment is considered by patients as punishment for sins and gives feelings of relief....

Victory over death and joy of rebirth produce the results. HIRSCH L. GORDON, "Fifty Shock Therapy Theories," *Military Surgeon*, November 1948

This brings us for a moment to a discussion of the brain damage produced by electroshock.... Is a certain amount of brain damage

not necessary in this type of treatment? Frontal lobotomy indicates that improvement takes place by a definite damage of certain parts of the brain.

PAUL H. HOCH, "Discussion and Concluding Remarks," *Journal of Personality*, 1948

We started by inducing two to four grand mal convulsions daily until the desired degree of regression was reached.... We considered a patient had regressed sufficiently when he wet and soiled, or acted and talked like a child of four....

Sometimes the confusion passes rapidly and patients act as if they had awakened from dreaming; their minds seem like clean slates upon which we can write.

CYRIL J. C. KENNEDY and DAVID ANCHEL, "Regressive Electric-shock in Schizophrenics Refractory to Other Shock Therapies." *Psychiatric Quarterly*, 2, 1948

[In April 1950, a "mute and autistic" 34½-month-old boy was administered 20 ECTs after being referred to the children's ward of New York's Bellevue Hospital. A month later he was discharged.] The discharge note indicated "moderate improvement, since he was eating and sleeping better, was more friendly with the other children, and he was toilet trained."

LAURETTA BENDER, "The Development of a Schizophrenic Child Treated with Electric Convulsions at Three Years of Age," in Gerald Caplan, ed., *Emotional Problems of Early Childhood*, 1955

[On small hospital ships returning to the U.S. from the Pacific war zone during World War II] it was discovered that the usual electric shock therapy application, administered in the morning and afternoon of two successive days, worked nothing less than miracles in converting wildly disturbed patients into quiet, tractable, cooperative, and often improved individuals....

It was decided to try this intensive therapy at Willard [State Hospital in New York] - a modality which the employees concerned came to dub the "Blitz," ultimately leading to the term "B.E.S.T." (Blitz Electric Shock Therapy). The authors think time and results have justified this descriptive classification.

The first question was the matter of selection. In most research investigations two groups are chosen, one for control and one for experimentation. In the Willard case, one group could well stand for both, pre-treatment histories and recorded activities serving for control comparison. It was further decided to apply the traditional physiological concept of "all-or-none," and 50 of the most disturbed female patients were selected. JAMES A. BRUSSEL and JACOB SCHNEIDER, "The B.E.S.T. in the Treatment and Control of Chronically Disturbed Mental Patients - A Preliminary Report," *Psychiatric Quarterly*, 1 (supplement), 1951

All patients who remain unimproved after ECT are inclined to complain bitterly of their memory difficulties.

LOTHAR B. KALINOWSKY and PAUL H. HOCH, *Shock Treatments, Psychosurgery and Other Somatic Treatments in Psychiatry*, 3.B.13, 1952

What counts alone with most shock therapists is the "adjustment" their fearful apparatus and its brain-searing explosion produces. In effect, there is little difference between the white-coated psychiatric shock specialist and his primitive forebear, the mud-daubed witch doctor, who also treated diseases of the mind by scaring out, shaking out, routing out, and exorcising by dire agony and inhuman ordeal the demons or devils - today disguised by scientific-sounding names - which they believed cause patients to behave in such deplorable, tactless, or irritating ways. In the name of this adjustment, and in order to bring about the desired quiet and submissiveness, the patient is put through a crucifixion of such torment as one would wish to spare the lowliest animal.

ROBERT LINDNER (psychoanalyst), *Prescription for Rebellion*, 2, 1952

Something has... happened to the patient: he has been pulverized into submission, thrashed and smashed into adjustment, granulized into cowed domesticity. If he can now meet the criteria of the "shockiatrist" who has attended him - if he can be polite, keep himself tidy, respond with heartiness to his physician's cheery morning greeting, refrain from annoying people with his complaining and, above all, make no noise, everything will be well. If not - Quick, nurse, the little black box!

ROBERT LINDNER, *ibid.*

D. H. White female, age 31, was admitted to the hospital April 27, 1953.... [After undergoing a series of 11 ECTs, she was discharged "in good social remission."] As she still had a few psychotic residuals, it was arranged for her to return for outpatient treatments. She returned four days after the last hospital treatment and the decision was made to change the technique to the Reiter [ECT machine] and use Atropine, Anectine, and Sodium Pentothal. Patient was given treatment at 9:40 A.M. She apparently never took another breath nor was anyone sure that another heart beat was felt or heard. She was pronounced dead at 10:40.

G. WILSE ROBINSON, JR., and JOHN D. DeMOTT, "How Important Is Liver Damage in the Use of Anectine Controlled Electroshock?" *Confinia Neurologia*, 4, 1954

One of us (J. A. E.) has collected these statements over a period of eight years in Britain and the United States. Most of them have been heard on many occasions. Colleagues who have seen the list of comments have confirmed our findings that many affect-laden colloquialisms are regularly used by shock therapists in

referring to their therapy....

1. "Let's give him the works."
 2. "Hit him with all we've got."
 3. "Why don't you throw the book at him?"
 4. "Knock him out with EST."
 5. "Let's see if a few shocks will knock him out of it."
 6. "Why don't you put him on the assembly line?"
 7. "If he would not get better with one course, give him a double-sized course now."
 8. "The patient was noisy and resistive so I put him on intensive EST three times a day."
 9. One shock therapist told the husband of a woman who was about to be shocked that it would prove beneficial to her by virtue of its effect as "a mental spanking."
 10. "I'm going to gas him."
 11. "Why don't you give him the gas?"
 12. "I spend my entire mornings looking after the insulin therapy patients."
 13. "I take my insulin therapy patients to the doors of death, and when they are knocking on the doors, I snatch them back."
 14. "She's too nice a patient for us to give her EST."
- DAVID WILFRED ABSE and JOHN A. EWING, "Transference and Countertransference in Somatic Therapies," *Journal of Nervous and Mental Diseases*, January 1956

It has been recognized that one of the striking characteristics of the schizophrenic patient is his inability to form interpersonal relationships. Both transference and countertransference are often appallingly lacking in the treatment of schizophrenics, and long before the shock treatment era it had been obvious how difficult it is to establish a warm emotional rapport with many schizophrenics. This lack of empathy has even been used as a diagnostic sign in schizophrenia. In insulin treatment it is often the first indication that the patient's isolation is mellowing when he shows an urge for love from his doctor, and thus begins to form an attachment in which the physician can also more readily reciprocate.

LOTHAR B. KALINOWSKY (German-born, U.S. psychiatrist [1899-1992], for many years world's leading shock-treatment authority), "Problems of Psychotherapy and Transference in Shock Treatments and Psychosurgery," *Psychosomatic Medicine*, September-October 1956

Far from recognizing their plight for what it was, the witch hunters and exorcists fought the witches' delusions on the level of the deluded, and whenever the patient failed to respond to exorcism by persuasion, prayer or the sacraments, they saw no choice but to resort to their own brand of shock treatment: burning at the stake.

JAN EHRENWALD, ed., *From Medicine Man to Freud*, 7, 1956

This report is based on the study of 214 electroshock fatalities reported in the literature and 40 fatalities heretofore unpublished, made available through the kindness of the members of the Eastern Psychiatric Research Association.

The death rate in electroshock therapy has been estimated to be approximately one in one thousand patients [of all ages] treated The death rate is approximately one in 200 patients, or 0.5 percent, in patients over 60 years of age....

[Of the 254 ECT fatalities], one hundred patients died from cardiovascular causes; 66 patients from cerebral, 43 patients from respiratory; and 26 patients from other causes. In 19 patients the cause of death was not stated.

DAVID J. IMPASTATO (Italian-born U.S. psychiatrist, a leading ECT proponent), "Prevention of Fatalities in Electroshock Therapy," *Diseases of the Nervous System*, July 1957

We reported to the 2nd World Congress of Psychiatry in 1957 on the use of depatterning in the treatment of paranoid schizophrenic patients. By "depatterning" is meant the extensive breakup of the existing patterns of behavior, both normal and pathologic, by means of intensive electroshock therapy usually carried out in association with prolonged sleep. We have recently extended this method of treatment to other types of schizophrenia, to intractable alcoholic addiction and to some cases of chronic psychoneurosis impervious to psychotherapy....

[During the "third stage of depatterning" the patient's] remarks are entirely uninfluenced by previous recollections - nor are they governed in any way by his forward anticipations. He lives in the immediate present. All schizophrenic symptoms have disappeared. There is complete amnesia for all events of his life.

D. EWEN CAMERON (Scottish-born U.S. psychiatrist, President of the American Psychiatric Association, Canadian Psychiatric Association, and World Psychiatric Association), describing "depatterning treatment" which he developed during the 1950s at the Allan Memorial Institute of McGill University in Montreal, "Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia," *Comprehensive Psychiatry*, February 1960 [In an earlier article, co-authored with S. K. Pande ("Treatment of the Chronic Paranoid Schizophrenic Patient," *Canadian Medical Association Journal*, 15 January 1958), Cameron "found (his treatment for schizophrenia) to be more successful than any hitherto reported." Along with prolonged sleep and Thorazine lasting 30 to 60 days, Cameron used the Page-Russell method of ECT administration in twice-daily sessions. Each session consisted of six 150-volt, closely-spaced electroshocks of one-second duration. The third stage of depatterning occurred after 30 to 40 such sessions, between 180 and 240 electroshocks in all. This stage was followed by a "period of reorganization," during which Cameron applied his "psychic driving" technique. As described by John Marks (*The Search for the "Manchurian Candidate": The CIA and Mind Control*, 8, 1980), this entailed

bombarding subjects with tape-recorded, emotionally loaded messages repeated 16 hours a day through speakers installed under the subjects' pillows in "sleep rooms." Several weeks of negative messages, to wipe out unwanted behavior, were followed by two to five weeks of positive ones, to induce desired behavior. Cameron established the effect of the negative tapes by "running wires to (the subjects') legs and shocking them at the end of the message." Marks concluded, "By literally wiping the minds of his subjects clean by depatterning and then trying to program in new behavior, Cameron carried the process known as "brainwashing" to its logical extreme."]

This is the Psycho, the
home of the buzz and the prod,
Where the electric shock patients
speak only to the insulins
The insulins only to God.

ANONYMOUS PATIENT (in a hospital newspaper), quoted by Milton Greenblatt, in Max Rinkel and Harold E. Himwich, eds., *Insulin Treatment in Psychiatry*, 10 (discussion), 1959

Attention must be called to the habit formed by certain psychiatrists [during the Algerian War] of flying to the aid of the police. There are, for instance, psychiatrists in Algiers, known to numerous prisoners, who have given electric shock treatments to the accused and have questioned them during the waking phase, which is characterized by a certain confusion, a relaxation of resistance, a disappearance of the person's defenses. When by chance these are liberated because the doctor, despite this barbarous treatment, was able to obtain no information, what is brought to us is a personality in shreds. FRANTZ FANON (Martiniquan-born, Algerian psychiatrist), *A Dying Colonialism*, 4, 1959, tr. Haakon Chevalier, 1965

Every morning I woke in dread, waiting for the day nurse to go on her rounds and announce from the list of names in her hand whether or not I was for shock treatment, the new and fashionable means of quieting people and of making them realize that orders are to be obeyed and floors are to be polished without anyone protesting and faces are made to be fixed into smiles and weeping is a crime.

JANET FRAME (New Zealand author), *Faces in the Water*, 1.1, 1961

Suddenly the inevitable cry or scream sounds from behind the closed doors which after a few minutes swing open and Molly or Goldie or Mrs. Gregg, convulsed and snorting, is wheeled out. I close my eyes tight as the bed passes me, yet I cannot escape seeing it, or the other beds where people are lying, perhaps heavily asleep, or whimperingly awake, their faces flushed, their eyes bloodshot. I can hear someone moaning and weeping; it is someone who has woken up in the wrong time and place, for I know that the treatment snatches these things from you, leaves you

alone and blind in a nothingness of being, and you try to fumble your way like a newborn animal to the flowing of first comforts; then you wake, small and frightened, and tears keep falling in a grief that you cannot name.
JANET FRAME, *ibid.*

I tried to forget my still-growing disquiet and dread and the haunting smell of the other ward, as I became to all appearances one of the gentle contented patients of Ward Seven, that the E.S.T. which happened three times a week, and the succession of screams heard as the machine advanced along the corridor, were a nightmare that one suffered for one's own "good." "For your own good" is a persuasive argument that will eventually make man agree to his own destruction.
JANET FRAME, *ibid.*, 2.1

What these shock doctors don't know is about writers and such things as remorse and contrition and what they do to them. They should make all psychiatrists take a course in creative writing so they'd know about writers....

Well, what is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient. It's a bum turn, Hotch, terrible.

ERNEST HEMINGWAY, remarks to the author who was visiting him at the Mayo Clinic where Hemingway was being electroshocked, 1961, in A. E. Hotchner, *Papa Hemingway*, 14, 1967 [A few days after being released from the Mayo Clinic following a second ECT series, Hemingway killed himself with a shotgun. Four years later, Howard P. Rome, his Mayo Clinic psychiatrist, was elected President of the American Psychiatric Association.]

There are some of us Chronics that the staff made a couple of mistakes on years back, some of us who were Acutes when we came in, and got changed over. Ellis is a Chronic came in as an Acute and got fouled up bad when they overloaded him in that filthy brain-murdering room that the black boys call the "Shock Shop."
KEN KESEY, *One Flew Over the Cuckoo's Nest*, 1, 1962

"The Shock Shop, Mr. McMurphy, is jargon for the EST machine, the Electro Shock Therapy. A device that might be said to do the work of the sleeping pill, the electric chair, and the torture rack. It's a clever little procedure, simple, quick, nearly painless it happens so fast, but no one ever wants another one. Ever."

"What's this thing do?"

"You are strapped to a table, shaped, ironically, like a cross, with a crown of electric sparks in place of the thorns. You are touched on each side of the head with wires. Zap! Five cents' worth of electricity through the brain and you are jointly administered therapy and a punishment for your hostile go-to-hell behavior, on top of being put out of everyone's way for six hours

to three days, depending on the individual.
KEN KESEY, *ibid.*

A person who does not have a memory is not able to perform as an actress. I'm still able to do things - that is, I'm able to do them in a very limited way as a kind of hobby. I have to work terribly hard to do it. Recently, I did a public theater appearance. I had to drive around with the tape on saying the lines over and over and over and over. Previously, I'd just do a couple of readings... and that would be enough. I don't have this quick ability anymore. I don't like to appeal to emotionalism, but I'm furious about the whole thing. I mean my life changed radically....

Since the shock treatment [in 1964] I'm missing between eight and fifteen years of memory and skills, and this includes most of my education. I was a trained classical pianist.... Well, the piano's in my house, but I mean it's mostly just a sentimental symbol. It just sits there. I don't have that kind of ability any longer....

I lost people by losing those eight to fifteen years. People come up to me and they speak to me and they know me and they tell me about things that we've done. I don't know who they are. I don't know what they're talking about although obviously I have been friendly with them....

[The shock treatment] diminished me.... I am certainly nothing like I was, and my life is nothing like it would have been.
CONNIE NEIL, testifying at electroshock hearings conducted by Toronto's Board of Health, January 1984, in *Phoenix Rising* (Electroshock Supplement), April 1984

The [unmodified electroconvulsive] treatments were continued on a three-times-a-week schedule. Gradually there began to be evident improvement in the behavior of the patients, the appearance of the ward, and the number of patients volunteering for work. This latter was a result of the ECT's alleviating schizophrenic or depressive thinking and affect with some. With others it was simply a result of their dislike or fear of ECT. In either case our objective of motivating them to work was achieved.

LLOYD H. COTTER, describing his use of ECT on 120 male Vietnamese mental patients who had refused to work. (Later he used the same approach with 130 female work-refusers in the same hospital. The ECT was less effective with them; after 20 ECTs only 15 women were working. He told the remaining women, "If you don't work, you don't eat." Twelve women immediately agreed to work, and by the end of three days without food, all the rest "volunteered" for work.), "Operant Conditioning in a Vietnamese Mental Hospital," *American Journal of Psychiatry*, July 1967

[Commentary, "The significance of the Cotter article is not that one psychiatrist so ingenuously reported on his use of violence - electroshock and starvation - to force mental patients to work. That is revealing only about the individual. The significance lies, rather, in what is revealed about professional standards by

the fact that the psychiatrist's work resulted not in censure or sanctions, but in publication of his article in the official journal of his professional association [the American Psychiatric Association]." Edward M. Opton, Jr. "Psychiatric Violence against Prisoners: When Therapy Is Punishment," *Mississippi Law Journal*, 3, 1974]

When we are concerned with schizophrenic and paranoid psychoses, [electroconvulsive] treatment must usually be given more intensively, in spite of which, full freedom from symptoms is not attained. Instead, the symptoms become less marked at the same time as a general lowering of the mental level occurs. JAN-OTTO OTTOSSON, "Psychological or Physiological Theories of ECT," *International Journal of Psychiatry*, February 1968

In my department at the Vienna Polyclinic, we use drugs, and use electroconvulsive treatment. I have signed authorization for lobotomies without having cause to regret it. In a few cases, I have even carried out transorbital lobotomy. However, I promise you that the human dignity of our patients is not violated in this way.... What matters is not a technique or therapeutic approach as such, be it drug treatment or shock treatment, but the spirit in which it is being carried out. VIKTOR E. FRANKL (Austrian psychiatrist who developed the theory of logotherapy), "Nothing but-': On Reductionism and Nihilism," *Encounter*, November 1969

In more modern and progressive mental hospitals the aides are not allowed to beat up on the patients. It is necessary for the aide to report that the patient cannot control his hostility so that the doctor can bang the patient in the head with a shock machine. JAY HALEY (family therapist), "The Art of Being Schizophrenic," *The Power Tactics of Jesus Christ and Other Essays*, 1969

Based on force and fraud, and justified by "medical necessity," the prime purpose of psychiatric treatments - whether utilizing drugs, electricity, surgery or confinement, especially if imposed on unconsenting clients - is to authenticate the subject as a "patient," the psychiatrist as a "doctor," and the intervention as a form of "treatment." The cost of this fictionalization runs high: it requires the sacrifice of the patient as a person; of the psychiatrist as a critical thinker and moral agent; and of the legal system as a protector of the citizen from the abuse of state power.

THOMAS S. SZASZ (Hungarian-born, U.S. psychiatrist, a leading opponent of involuntary psychiatry and author of *The Myth of Mental Illness*, *The Manufacture of Madness*, and *The Myth of Psychotherapy*), "From the Slaughterhouse to the Madhouse," *Psychotherapy, Theory, Research and Practice*, 1971

Today ECT is a relatively harmless treatment, not significantly more distasteful than having a tooth filled under Novocain,

though it is usually done in a hospital.
DAVID ELKIND and J. HERBERT HAMSHER, "The Anatomy of Melancholy,"
Saturday Review, 30 September 1972

Carmen: I got scared of the shock treatments. It's a very scary feeling, especially when you feel like the metal things of the electricity goes through you - it's like a hammer hitting your head. I was afraid of the third one.

Phyllis: Did you say you didn't want it?

Carmen: Oh, I fought against it. But they gave it to me by force.

Phyllis: Who signed for it?

Carmen: My husband did. He said the doctor said, "She's not doing any good so let's try shock treatments."

PHYLLIS CHESLER (psychotherapist), *Women & Madness*, 8 ("Third World Women"), 1972

Doctor Gordon was unlocking the closet. He dragged out a table on wheels with a machine on it and rolled it behind the head of the bed. The nurse started swabbing my temples with a smelly grease....

"Don't worry," the nurse grinned down at me. "Their first time everybody's scared to death."

I tried to smile, but my skin had gone stiff, like parchment.

Doctor Gordon was fitting two metal plates on either side of my head. He buckled them into place with a strap that dented my forehead, and gave me a wire to bite.

I shut my eyes.

There was a brief silence, like an indrawn breath.

Then something bent down, and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant.

I wondered what terrible thing it was that I had done.

SYLVIA PLATH (poet), *The Bell Jar*, 12, 1972

Finding that the patient has insurance seemed like the most common indication for giving electroshock.

DAVID S. VISCOTT (psychiatrist), *The Making of a Psychiatrist*, 26, 1972

Psychiatry is the New Priesthood. Now, instead of stretching heretics on the rack, they are plugging people into the wall socket for shock "therapy."

MICHAEL WHITFIELD, letter to *National Observer*, June 1973

Even today, the fantasy persists of being required to expose the body, of being attacked, wiped out, obliterated, of dying from electrocution, and of suffering permanent memory loss or impaired intellectual functioning. Therefore, a most important aspect of preparing a patient for therapy is to correct his/her fantasies in order to reduce anxiety, and in some cases, even get them to

willingly accept treatment.

JAMES STRAIN, "ECT: A Classic Approach Takes New Forms,"
Psychiatry, 1973

The central idea of ELT is the selective loosening and erasure of traumatic and bad memories of a given personality pattern for the purpose of immediate reprogramming so the patient can develop into a new personality.

H. C. TIEN, "100 Questions and Answers on ELT: The Electrolytic Therapy of Psychosynthesis," *World Journal of Psychosynthesis*, February 1974 [In the same article Tien, who introduced ELT in 1962, described the procedure as a form of "therapeutic programming" that combines ECT with psychotherapy, long-term family therapy, T.V. monitoring, bottle-feeding, and "transnomation" ("therapeutic name-change"). Following an ECT treatment, "The patient is prepared and transferred in the infant-like state for immediate reprogramming in the family session. The patient is usually transferred on cart to a private bedroom for the family session [in which] the patient is actually bottle-fed by a relative, parent or spouse in order to re-establish rapport and a new consciousness with significant others in the family.... Most patients accept best the formula of half-chocolate and half-white milk. Funny enough. One of the patients was said to be 'allergic to chocolate' milk by his mother, but his wife programmed him to like chocolate milk during ELT: he now drinks chocolate milk." Tien asserts that there is "no going back" to traditional ECT in treating "involutional depression," because "patients are often left alone and confused after shock treatment without the love of a relative or the personalized attention of the wife or husband or of a parent. Whereas in ELT, the patient and his family work together, such that E stands for Electricity, L stands for Love and $E + L = T$, therapy!"]

The day after I was discharged, my hospital roommate, Ruth, escaped and jumped from the University of Texas tower. She died on impact - a heap of broken bones to go with her broken spirit. Only three days previous she had told me that she was tired of walking around like a zombie. She blamed this zombiness on a series of shock treatments she had recently received.

JIMMIE BREWER, in "NAPA News," *Madness Network News*, June 1974

I came home from the office after that first day back feeling panicky. I didn't know where to turn. I didn't know what to do. I was terrified. I've never been a crying person, but all my beloved knowledge, everything I had learned in my field during twenty years or more, was gone. I'd lost everything that professionals take for granted. I'd lost my experience, my knowing. But it was worse than that. I felt that I'd lost my self. I fell on the bed and cried and cried and cried.

MARILYN RICE (cited as Natalie Parker), describing her return to work following a series of 8 ECTs in the early 1970s, in Berton Roueché, "As Empty as Eve," *New Yorker*, 9 September 1974

Interviewer: You say you'd rather have a lobotomy than electroconvulsive shock? Do you have some pretty solid ideas about what electroconvulsive shock does?

Pribram: No - I just know what the brain looks like after a series of shocks - and it's not very pleasant to look at. KARL PRIBRAM (neurosurgeon), "From Lobotomy to Physics to Freud... an Interview with Karl Pribram," *APA Monitor* (American Psychological Association), September-October 1974

I do not know any formal use of [shock treatment] in brain washing [sic] but it seems possible it could be so used. One can conjure up an image of large groups of dissidents in a police state being kept in a contented state of apathy by shock treatment.

ROBERT PECK, *The Miracle of Shock Treatment*, 8, 1974

He [the old personality] was dead. Destroyed by order of the court, enforced by the transmission of high-voltage alternating current through the lobes of his brain. Approximately 800 mills of amperage at durations of 0.5 to 1.5 seconds had been applied on twenty-eight consecutive occasions, in a process known technologically as "Annihilation ECS" [i.e., ECT]. A whole personality had been liquidated without a trace in a technologically faultless act that has defined our relationship ever since. I have never met him. Never will.

ROBERT M. PIRSIG, *Zen and the Art of Motorcycle Maintenance*, 7, 1974

Recent memory loss [produced by ECT] could be compared to erasing a tape recording.

ROBERT E. ARNOT, "Observations on the Effects of Electric Convulsive Treatment in Man - Psychological," *Diseases of the Nervous System*, September 1975

During the course of ECT, particularly between the fourth and eighth [treatments], the level of anxiety is often markedly increased and may sometimes be accompanied by an apparent state of confusion.... The patient may say that he is being made worse and insist that the treatments be discontinued. But, for a satisfactory result, it is important to continue the ECT through this phase until the excessive anxiety subsides. The concomitant use of major and minor tranquilizers also help through this phase.

ROBERT E. ARNOT, *ibid.*

A way of administering electroconvulsive therapy so that the shock reaches a fully conscious patient at the same time his most disturbing thoughts are present in the "mind's eye" has produced dramatic improvement in some previously hopeless cases, Dr. Richard D. Rubin said at the silver anniversary meeting of the Canadian Psychiatric Association....

"One case was that of fireman whose particular hallucination

was that he talked to Jesus Christ. I sat by his bed for 3 hours, waiting wired up throughout this time, a syringe of succinylcholine [a muscle relaxant] inserted in a vein, and my finger resting near the button.

"When his hallucination finally occurred, the 40 mg. of succinylcholine was injected to prevent risk of fracture and, at the very instant fasciculation was observed, the ECT was administered."

INTERNATIONAL MEDICAL NEWS SERVICE, "ECT Timed with Disturbing Thoughts," *Clinical Psychiatry News*, December 1975

We would go together victims of our genes, our dreams, our hurts, and tough stubborn angers, casualties of a vast clean-up campaign. They would burn it out of us - whatever it was that made us all possessed, or heavy with the pain of being, or odd beyond endurance, or "sick." They would set fire to our heads, convulse our poor bodies, befog the brain that screamed and wept and would not interpret proverbs.

JANET GOTKIN, describing electroshock, *Too Much Anger, Too Many Tears: A Personal Triumph over Psychiatry*, 1 ("Dr. Sternfeld / Monroe Park"), 1975

I open my mouth and the scream surrounds me. My body a lurch and a scream of pain. I am impaled on a pain. A firecracker, pain and lights, burning, screaming, my bones and my flesh. I am on fire. Shorter than a second. The fragments of a bomb sear my body. Blue-white lights, fiercer than God, going through me, my body, poor body, a contortion, a convulsion of ripping, searing. Pain incarnate. Branded. I cannot comprehend. Burning, burning, my fingers and toes, my limbs rigid with pain, stretched longer than the night. Shooting, shooting again, my body is charred. No breath. Hiroshima. The living dead.

JANET GOTKIN, *ibid.*, 1 ("Franklin Central Hospital")

That night I dreamed I was being electrocuted. Again I felt the white-hot shocks screech through my body and I woke up screaming.

"Why Janet, what is the matter with you?"

"They're trying to kill me, Miss Jones"....

I wondered when they would be over, these ritual burnings. The pain, I would never survive the searing pain.

"Paranoid delusions," they wrote on my chart. "She thinks there is a conspiracy to kill her by electrocution."

JANET GOTKIN, *ibid.*

Shock Treatment Is Not Good for Your Brain.

JOHN FRIEDBERG (neurologist), book title, 1976

Between February 1977 and October 1978 Freeman and Kendell interviewed 166 patients who had ECT during either 1971 or 1976 in Edinburgh. Of this group, 64% reported "memory impairment" (25% "thought symptom severe," 39% "thought symptom mild") Twenty-eight percent agreed with the statement that "ECT causes

permanent changes to memory." Squire reported findings of his three-year follow-up study of 35 people who had received an average of 11 bilateral ECTs. Of the 31 people available for interview, 18 (58%) answered "no" to the question, "Do you think your memory now is as good as it is for most people your age?" All but one of the 18 attributed their memory difficulties to ECT.

LEONARD ROY FRANK, "Electroshock: Death, Brain Damage, Memory Loss, and Brainwashing," *Journal of Mind and Behavior*, Summer-Autumn 1990 [The article by C. P. L. Freeman and R. E. Kendell was published under the title of "ECT: I. Patients' Experiences and Attitudes" in the *British Journal of Psychiatry*, July 1980; Larry Squire's study was summarized in his letter to the *American Journal of Psychiatry*, September 1982]

The principal complications of EST [i.e., ECT] are death, brain damage, memory impairment, and spontaneous seizures. These complications are similar to those seen after head trauma, with which EST has been compared.

MAX FINK (foremost U.S. ECT advocate, editor [1985-1993] of *Convulsive Therapy* ["Official Journal of the Association for Convulsive Therapy"]), "Efficacy and Safety of Induced Seizures (EST) in Man," *Comprehensive Psychiatry*, January-February 1978 [Eleven years later, Fink was quoted as saying, "I can't prove there's no brain damage (from ECT). I can't prove there are no other sentient beings in the universe, either. But scientists have been trying for thirty years to find both, and so far they haven't come up with a thing." (in Russ Rymer, "Electroshock," *Hippocrates*, March-April 1989)]

An extensive American Psychiatric Association membership survey reports that 41% of the respondents agreed with the statement, "It is likely that ECT produces slight or subtle brain damage"; 26% disagreed. [LRF's summary]

AMERICAN PSYCHIATRIC ASSOCIATION TASK FORCE on ELECTROCONVULSIVE THERAPY, *Electroconvulsive Therapy* (Task Force Report 14), 1, 1978

ECT is a technique particularly susceptible to misuse for purposes of mind manipulation. It is cheap. It is quick. In many people it inspires terror. As Dr. [Mark] Zeifert says, "Anticipation of ECT could, of course, be used as an instrument of torture...."

Electroconvulsive shock is only one way to inspire terror, but it is one that has advantages, from the user's point of view, that are shared by few others. It is legitimized as a standard medical practice, a fact of tremendous importance in a society that condemns torture and terror under their own names....

And finally ECT leaves no visible marks.
ALAN W. SCHEFLIN (professor of law) and EDWARD M. OPTON, JR. (attorney and psychologist), *The Mind Manipulators*, 9, 1978

[Electroconvulsive] treatments must be described and given with compassion. After all, patients are likely not to be stupid, insensitive, deaf, or blind. They fear the currents that will pass through their body; they fear pain and brain damage; they anticipate and dread the loss of memory. After the first treatment, they are concerned about their feelings of unreality, confusion, unsteadiness, headache, and nausea. A special concern may be for the feeling of being conscious and unable to breathe, of suffocation, particularly when the anesthesia has been ineptly administered. It is of little help to a waiting and anxious patient to hear the bustle and comments associated with the treatment of another patient or to see a patient in post-ECT confusion or delirium. Proper attention to the courtesies and considerations due patients will do much to relieve their anxiety and our preoccupation with consent procedures and malpractice suits.

MAX FINK, *Convulsive Therapy: Theory and Practice*, 16, 1979

Within hours of arriving at the hospital, I was very carefully treated with electric-shock therapy. ECT is horribly misunderstood. People have this ghastly image of someone standing in a tub of water and putting his finger in a socket. I knew better. I had done some shows about it. The hospital requires a release for ECT. I was so disoriented I couldn't figure out what they were asking me to sign, but I signed anyway. In my case, ECT was miraculous. My wife was dubious, but when she came into my room afterward, I sat up and said, "Look who's back among the living." It was like a magic wand. ECT is used as a jump starter to get you back. From that point on - six weeks I was in the hospital and to this day - I've been treated with medication. DICK CAVETT (television talk-program host), describing his experience with ECT during "my biggest depressive episode" in 1980, "Goodbye, Darkness," *People*, 3 August 1992

One advantage in the use of this treatment as far as hospital staff is concerned is that the effect of successive shock treatments makes the patient more and more confused, regressed, compliant, and - above all - forgetful, until the patient no longer remembers that he is fighting his hospitalization and the use of electroshock treatment. If there is any question whether the patient meets the criteria for commitment, several shocks later all doubts will have disappeared as the patient becomes increasingly more disoriented and confused.

JONAS ROBITSCHER (psychiatrist), *The Powers of Psychiatry*, 16, 1980

The brain- and mind-disabling hypothesis states that the more potent somatic therapies in psychiatry, that is, the major tranquilizers, lithium, ECT, and psychosurgery, produce brain damage and dysfunction, and that this damage and dysfunction is the primary, clinical or so-called beneficial effect. The individual subjected to the dysfunction becomes less able and

more helpless, ultimately becoming more docile, tractable, and most importantly, more suggestible or easy to influence.

PETER R. BREGGIN (psychiatrist, a leading opponent of psychiatry's physical treatments and author of *Toxic Psychiatry*, *Talking Back to Prozac*, and *The War Against Children*), "Disabling the Brain with Electroshock," in Maurice Dongier and Eric D. Wittkower, eds., *Divergent Views in Psychiatry*, 1981

In 1982... [Ted] Chabasinski organized what eventually became the Berkeley ban, a citizens' movement aimed at stopping electroshock in Berkeley [California] and specifically at Herrick Hospital, a general hospital with a psychiatric ward. An overwhelming victory was won at the polls as the people of Berkeley voted yes on a proposition to say no to shock. But within a few weeks the American Psychiatric Association had obtained a court order overturning the vote. Eventually the case was won by organized psychiatry, but for forty-one days in the winter of 1982 there was a "power outage" at Herrick.

As far as anyone knows, that was the only time anywhere in the world that shock treatment actually was banned. The following year Herrick Hospital shocked more people than ever before, and it is still going strong.

PETER R. BREGGIN, *Toxic Psychiatry*, 9, 1991 [Chabasinski, who is now an attorney, was electroshocked by world-famous child psychiatrist Lauretta Bender at New York City's Bellevue Hospital in 1946 when he was 6 years old. He was one of 300 children who took part in Bender's experimental ECT program. Since 1972, he has been a leading activist in the struggle against electroshock. See Lauretta Bender entry above.]

After a few sessions of ECT the symptoms are those of moderate cerebral contusion, and further enthusiastic use of ECT may result in the patient functioning at a subhuman level.

Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means....

In all cases the ECT "response" is due to the concussion-type, or more serious, effect of ECT. The patient "forgets" his symptoms because the brain damage destroys memory traces in the brain, and the patient has to pay for this by a reduction in mental capacity of varying degree.

SIDNEY SAMENT (neurologist), letter to *Clinical Psychiatry News*, March 1983

It's a matter of losing skills, losing learning that I had accumulated.... My entire college education has been completely wiped out and besides that all the reading and learning that I did on my own in the past three years.... I guess the doctors would consider [that ECT] had beneficial effects because it has "cured my depression," but it's cured my depression by ruining my life, by taking away everything that made it worth having in the first place.... It's really important to point out what [ECT] does to the emotions. It's like I exist in this kind of nowhere

world right now. I don't feel depressed. On the other hand I don't feel happy. I just kind of feel nothing at all.
LINDA ANDRE, after undergoing 15 ECTs at New York's Payne Whitney Psychiatric Clinic in 1984 at the age of 24, radio interview, WBAI (New York), 1985

My behavior [following ECT] was greatly changed; in a brain-damaged stupor, I smiled, cooperated, agreed that I had been a very sick girl and thanked the doctor for curing me. I was released from the hospital like a child just born. I knew where I lived, but I didn't recognize the person I lived with. I didn't know where I had gotten the unfamiliar clothes in the closet. I didn't know if I had any money or where it was. I didn't know the people calling me on the phone.... Very, very gradually - I realized that three years of my life were missing. Four years after shock, they are still missing.

LINDA ANDRE, "The Politics of Experience," testimony before the Quality of Care Conference, Albany (New York), 13 May 1988, in Leonard Roy Frank, "Electroshock: Death, Brain Damage, Memory Loss, and Brainwashing," *Journal of Mind and Behavior*, Summer-Autumn 1990

Expert in public propaganda
They go to work on me - convinced
of euphemism. Sure of number.
determined both will burn the term
splashed upon my face.

they try out some occupational tricks....EXPERIMENT,
they think it clever to baptize torture with initials.
they think it subtle to call it TREATMENT
they talk of cures
reciting tales of miraculous salvation.

I don't buy it
I've seen the disasters, the mistakes
I call it ELECTROCUTION.
NIRA FLEISCHMAN, in Dian Marino lithograph, 1985

Dr. Max Fink of the State University of New York at Stony Brook, a leading proponent, believes ECT should be given to "all patients whose condition is severe enough to require hospitalization."

EDWARD EDELSON, "ECT Elicits Controversy - And Results," *Houston Chronicle*, 28 December 1988

Husbands might wish to have their wives forget the emotional troubles, including marital strife, which precipitated hospitalization. Mr. Karr commented on his wife's long-term memory loss as proof of her successful cure by ECT, saying that her memory was still gone, especially for the period when she felt ill, and that "they did a good job there." These husbands

used their wives' memory loss to establish their own definitions of past situations in the marital relationship....

Mr. Karr later expressed pleasure to the research interviewer that electroshock therapy had made his wife forget her hostile outbursts against him in the pre-hospital period.

CAROL A. B. WARREN (psychologist), "Electroconvulsive Therapy, the Self, and Family Relations, *Research in the Sociology of Health Care*, vol. 7, 1988

Rita Vick had forgotten, after ECT, the five of her seven children who had been removed from her custody. One day she found an album in the Vick house and asked her husband "who were all those children?" For fear of upsetting her with renewed thoughts of the custody loss, Mr. Vick told her that they were a neighbor's children.

CAROL A. B. WARREN, *ibid.*

[Gary] Aden was a founder and the first President of the International Psychiatric Association for the Advancement of Electrotherapy (now the Association for Convulsive Therapy)... A newspaper account dated September 27, 1989, in the *San Diego Union* [reported]: "Dr. Gary Carl Aden, 53, of La Jolla gave up his medical license effective September 8 after allegations that he had sex with patients, beat them and branded two of the women with heated metal devices, including an iron that bore his initials."

In another story a patient describes Aden as drugging her with a hypodermic before sexually abusing her and beating her with a riding crop [*San Diego Union*, January 1, 1989].

Aden was permitted to forfeit his license without admitting guilt. He was not subjected to being psychiatrically diagnosed or treated involuntarily, nor was he criminally charged.

PETER R. BREGGIN, *Toxic Psychiatry*, 9, 1991 [Aden was Medical Director of the San Diego Neuropsychiatric Clinic for Human Relations Center in addition to being the plaintiff in *Aden v. Younger*, which challenged the 1976 law regulating the use of ECT and psychosurgery in California.]

What shock does is throw a blanket over people's problems. It would be no different than if you were troubled about something in your life and you got into a car accident and had a concussion. For a while you wouldn't worry about what was bothering you because you would be so disoriented. That's exactly what shock therapy does. But in a few weeks when the shock wears off, your problems come back. These patients need to deal directly with their lives, and make the changes that will help them feel better.

LEE COLEMAN (psychiatrist and author of *The Reign of Error*), in Vince Bielski, "Electroshock's Quiet Comeback," *San Francisco Bay Guardian*, 18 April 1990

With "therapeutic" fury
search-and-destroy doctors
using instruments of infamy
conduct electrical lobotomies
in little Auschwitzes called mental hospitals

Electroshock specialists brainwash
their apologists whitewash
as silenced screams echo
from pain-treatment rooms
down corridors of shame.

Selves diminished
we return
to a world of narrowed dreams
piecing together memory fragments
for the long journey ahead.

From the roadside
dead-faced onlookers
awash in deliberate ignorance
sanction the unspeakable -
silence is complicity is betrayal.
LEONARD ROY FRANK, "Aftermath," *Phoenix Rising*, July 1990,
reprinted in Frank, "Shock Treatment IV: Resistance in the
1990s," in Robert F. Morgan, ed., *Electroshock: The Case Against*,
1991

In recent years, to allay growing public fears concerning the use of electroshock, proponents have launched a media campaign, claiming among other things that with the introduction of certain modifications in the administration of ECT the problems once associated with the procedure have been solved, or at least substantially reduced. These techniques center around the use of anesthetics and muscle relaxants, changes in electrode placement, and the use of brief-pulse electrical stimulation. However, investigation and common sense indicate that while these modification may offer some advantages..., the basic facts underlying the administration of electroshock have not changed at all. The nature of the human brain and that of electricity are no different today than they were more than 50 years.... When a convulsogenic dose of electricity is applied to the brain, there is going to be a certain amount of brain damage, some of which will be permanent. There is even evidence that the drug modifications make ECT more destructive than ever, for, as central nervous system depressants, anesthetics and muscle relaxants raise the subject's convulsive threshold, which in turn makes it necessary to apply a larger dose of electricity to set off the convulsion. And, the more current applied, the more amnesia and brain damage. As Reed noted, "The amnesia directly relating to ECT depends on the amount of current used to trigger

the generalized convulsion."

LEONARD ROY FRANK, "Electroshock: Death, Brain Damage, Memory Loss, and Brainwashing," *Journal of Mind and Behavior*, Summer-Autumn 1990 [The quotation is from Ken Reed, "Electroconvulsive Therapy: A Clinical Discussion," *Psychiatric Medicine*, 1988]

Brainwashing means washing the brain of its contents. Electroshock destroys memories and ideas by destroying the brain cells in which [they] are stored. A more accurate name for what is now called electroconvulsive therapy (ECT) would be electroconvulsive brainwashing (ECB).
LEONARD ROY FRANK, *ibid.*

In light of the available evidence, "brain damage" need not be included [in the informed-consent form for ECT] as a potential risk.

AMERICAN PSYCHIATRIC ASSOCIATION TASK FORCE ON ELECTROCONVULSIVE THERAPY, *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging*, 3.5, 1990

There is an extensive literature on brain damage from ECT as demonstrated in large animal studies, human autopsy studies, brain wave studies, and an occasional CT scan study. Animal and human autopsy studies show that shock routinely causes widespread pinpoint hemorrhages and scattered cell death.

PETER R. BREGGIN, "The Return of ECT," *Readings* (a publication of the American Orthopsychiatric Association), March 1992 [Glen Peterson, a major ECT proponent and a former Executive Director of the International Psychiatric Association for the Advancement of Electrotherapy, sees the brain-damage issue differently: "The possibility of brain damage is absolutely refuted by brain scans, by neuropsychological studies, by autopsies, by animal studies, and by analysis of cerebrospinal fluid and blood chemicals that leak from damaged cells that aren't detected in ECT patients." (in Russ Rymer, "Electroshock," *Hippocrates*, March-April 1989)]

The report under review [referring to the American Psychiatric Association's *Practice of Electroconvulsive Therapy*, 1990] makes clear that organized psychiatry and leading electroshock advocates are determined not to tell patients about the risks of ECT. As long as those in control and authority paint so benign a picture of so dangerous a treatment, psychiatrists and mental health practitioners in general are not likely to feel obliged to warn potential patients about its hazards. This report provides a shield for those who administer ECT — an "official" APA report that maintains there is no serious risk of harm — behind which they can hide from all manner of personal responsibility.
PETER R. BREGGIN, *ibid.*

ECT may effectively silence people about their problems, and even convince some people that they are cured by numbing their faculties and destroying their memories. It may fulfil a socially-valued function in reinforcing social norms and returning people to unhappy or abusive situations, or to isolation and poverty without any expenditure on better services or community development. It is easier to numb people and induce forgetfulness than to try to eradicate poverty, provide worthwhile jobs and deal with people's demands to be listened to, understood, loved and valued as part of the community.

JAN WALLCRAFT, "ECT: Effective, But for Whom?" *OPENMIND* (British journal), April-May 1993

15% of ECT practitioners in the USA prescribe up to eight inductions of ECT during the first two anesthetics [i.e., treatment sessions] in severely ill patients (personal communication, Dr. Harold Sackeim, member of the APA Task Force).

ALLAN I. F. SCOTT and LAWRENCE J. WHALLEY, "The Onset and Rate of the Antidepressant Effect of Electroconvulsive Therapy," *British Journal of Psychiatry*, June 1993

What I think it did was to act like a Roto-Rooter [a weed-remover] on the depression. It just reamed me clear and the depression was gone.

ROLAND KOHLOFF (New York Philharmonic timpanist), in Lisa W. Foderaro, "With Reforms in Treatment, Shock Therapy Loses Shock," *New York Times*, 19 July 1993

A vast medical literature provides strong evidence that electroconvulsive therapy causes permanent brain damage, including loss of memory and catastrophic deterioration of personality....

During my 20 years as a community psychiatrist I have treated many patients who have been subjected to shock therapy. My experience as a clinician corroborates the many empirical studies that conclude that electroconvulsive therapy is abusive and inhumane, and causes irreversible physical and emotional damage.

HUGH L. POLK, letter to *New York Times*, 1 August 1993

If the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade, violate, and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul.

LEONARD ROY FRANK, "Should ECT Be Prohibited?" in Stuart A. Kirk and Susan D. Einbinder, eds., *Controversial Issues in Mental Health*, 1994

ADDITIONS (1/96)

We were unable to confirm earlier reports that treatment with ECT or adequate amounts of antidepressants are associated with lower mortality in depressed persons. In fact, neither general (all cause) mortality rates nor suicide rates varied significantly among treatment groups.

DONALD W. BLACK, GEORGE WINOKUR et al., among conclusions in "Does Treatment Influence Mortality in Depressives? A Follow-up of 1076 Patients with Major Affective Disorders," *Annals of Clinical Psychiatry*, September 1989

[This follow-up study conducted at the University of Iowa Psychiatric Hospital in Iowa City divided 1076 inpatients admitted between 1970 and 1981 into four "treatment groups": ECT (372 patients), adequate antidepressants (180), inadequate antidepressants (317), and neither ECT nor antidepressants (207).]

[The 65 severely depressed subjects of this study were 80 years of age or older upon admission to the Rhode Island Hospital in Providence between the years 1974 and 1983. Thirty-seven were treated with ECT and 28 with medication.] At 1 year [following treatment] we established a 73.0% survival rate for the ECT group and a 96.4% survival rate for the non-ECT group. At 3 years, the survival rate of the ECT group was 51.4% compared with 75.0% survival rate for the non-ECT group.

DAVID KROESSLER and BARRY S. FOGEL, "Electroconvulsive Therapy for Major Depression in the Oldest Old," *American Journal of Geriatric Psychiatry*, Winter 1993

[The authors reported that "two patients had only 2 ECTs: one withdrew consent, and the other developed CHF (congestive heart failure) and died before ECT could be continued." They also revealed that "lasting recovery was achieved in 43% of our patient population (22% in the ECT and 71% in the non-ECT group)." The authors attributed the poor outcomes of the ECT patients to "their advanced age and physical illness."]

Since the late 1980s, hundreds of private and teaching hospitals across the country have added or expanded ECT units. And on most psych wards, ECT-in-the-morning is as routine as any pill in the *Physicians' Desk Reference*.

MARK COHEN, "Not with My Hippocampus You Don't: The Unnerving Return of Electroshock Therapy!" *GQ*, December 1994