The Fury of Shock Treatment— A Patient’s View

By Elizabeth Wertz

In the high days of summer, breaking into the endless political discussions of welfare and China and peace and war, came Sen. Thomas F. Eagleton, Democratic vice presidential candidate, telling the country that in a time of depression, he had been hospitalized and received shock treatments. He slid off the ticket amid murmur's about fingers on the button and how he’d let down the team, and behind him he left a renewed discussion of an old controversy—the value of shock in treating the mentally ill.

Doctors have split on the subject since the treatment first gained popularity in the ‘40s. Some feel it helps certain types of mental illness—those springing from the immediate past and not the roots of childhood. Others argue that the dulling and erasing of memory interferes with future treatment.

Dr. Zigmond M. Lebensohn, a Washington psychiatrist who was one of the earlier practitioners of electric shock treatment, says its use has diminished since the introduction of tranquilizers and anti-depressant drugs. Such drugs take weeks to work, how-ever, and during that time, says Dr. Lebensohn, “a person may suicide.”

Dr. Lebensohn reacts angrily to attacks on shock treatment, calling it a “dramatically effective instrument to curtail deep depression and in certain types of problems it can be lifesaving.”

There are patients who feel shock treatments have given them back their lives, but there are also those who take years to recover from what they see as a violation of their person and their past.

The author of the following article is opposed to shock treatment because of what she saw it do to others and because of what it did to her. The names and places in her article have been changed. The experience, which took place in the ‘50s, has not.

Shock treatments are a controversial manner of treating emotional problems, notably depression. The treatment is rendered unconscious and experiences quick to the many troubled people who turned to them for help with their problems. The chief of the clinic was such a psychiatrist.

I don’t know whether the chief ever tried to talk with Anne, to find out what was on her mind or what she might like to work out. He did not talk with me at all, ever. I am certain, however, that he did fully expect Anne to be cured from her depression and become a happy, busy person after he was through with her. This was his reason for giving her shock treatments, and her own without any insight into what she was thinking during each of these treatments.

She was in terror of them. So was I, though I wasn’t getting any at that time. So was every mental patient I knew.

“Too much. The machine will break down,” Anne said, the last night of her life, as she picked at her food.

We ate supper from trays in our room, sitting on our beds and facing each other across the little table. The food was good, the place was quiet and the location was safe. It was there, in the midst of all the treatments, and her own thoughts, that she was a patient. And Anne was a model roommate in many ways; she was always thoughtful and pleasant.

She tried to “be good,” so that she would get out of the hospital. The only way she knew to be on good behavior was to behave the same way she would at a dinner party she did not want to attend but felt she should for her husband’s sake. She kept up appearances by being poised and pleasant, dressing carefully. She didn’t discuss politics or religion; she sought tirelessly to find topics of mutual interest, and she was never rude. A suburban housewife who dressed up with no place to go. She told me what was on her mind or what she might like to work out. She didn’t even know that she was being treated for depression.

It was her hospital food, the meals she was given, that she could not help herself with. The only thing she could do was to eat it. She was in the hospital because she was depressed, and she had to eat the food that was given to her.

Anne was my roommate in a private Midwest mental hospital and she died during an electrolyshock treatment. At that time, during the ‘50s, tranquillizers were not in use. Shock treatments were the only answer for those psychiatrists who wanted to do something practical, efficient, and effective in treating depression.

The patient is rendered unconscious, and experiences the punishment is justified. In the hall, the next in a maximum security prison, shock treatments are used.

The fury of shock treatment is upon us. It has not. The experience, which took place in the high days of summer, was a violation of the patient’s person and the hospital past. The punishment is justified. In the hall, the next in a maximum security prison, shock treatments are used.

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March, isn't it? Do you have much opportunity to get out and enjoy yourself?"

He was a kind type. Years behind where he should have been in his profession, he was a refugee. He fled from Germany to Argentina, and then to Cleveland trying to make a life for himself. He was bigboned, and calm. He had learned to be cautious, both in what he said and in what he did not say. He talked about inconsequential things in a deep voice, with a charming accent; but he never really said anything. I suppose he couldn't. He was not in charge and made no decisions at the clinic.

There we sat, as darkness came on outside. Each of us was worried about a real and pressing situation. My own was that I could be transferred, at any minute, to a state institution. Or I could be, like Anne, put on shock treatments. We talked some more about the weather. Then Anne brought up real life, trying to sound very casual.

"Tell me, doctor, am I scheduled to get a shock treatment tomorrow?"

"Now, what makes you think of that? Here you have plenty of leisure time, somebody to cook your meals and bring them to you, a charming companion, all that a woman could hope for. Yet, you bring up such a subject. Shame on you."

Madinouses really are quite mad.

Morning. Breakfast came for me and none for Anne. This is the signal that one is going to get a treatment, no breakfast. Anne was white. She had no expression at all. You bring up such a subject. Shame on you."

Outside the room, everything was bustle and busyness. A doctor arrived and began to direct activities in the hall. It is the spring housecleaning sort of atmosphere. You want to get out of the way until it is over.

When the treatments were over that day, everything was quiet again. The psychiatrists were gone, the attendants were gone. The hall was nearly empty. All that remained to show for the morning's great burst of energy was a corpse, wrapped in a sheet, lying on a high cart. It was Anne. Alone, she had gone to her treatment, to her death.

"Help me. Help me!" John was calling to me, wanting me to do something for him as he struggled with two men. The men were dragging him down the hall without any explanation. As far as I was concerned, he was being accosted. Bewildement mingled with anger in his voice.

He was going to the shock treatment room. He was one of the few who went, and he did not know, that first day, what was happening to him. He was in his room, the room somebody told him to stay in, when the men came in and dragged him out. They were attendants at a Massachusetts mental hospital.

Nobody moved, none of the patients tried to help him. Everybody was afraid of shock treatments. If you talked with somebody on the treatment list, you might be signed up too.

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They wanted her to get out of their hair. But in the suburbs, in the rambling Siegel residence with the sensible black Cadillacs in the garage, marriage was not a word to be spoken of until favorite sons had graduated, a word of other important things, like college after prep school and a suitable internship in the family business. By the time Jerry was a junior at Cornell University, Ruthann had gone through her second black leather jacket, had dyed her hair, first red, then orange, then black, then platinum and had let it grow long enough to be teased into a beehive. She was a senior at Orange, N.J.'s public high school.

"Her courtship was rather brief," says Jerry. "They met in February and got married in July as soon as Ruthann got out of high school." The day she weddings Jerry had an appendicitis attack. She told him later that she had looked for him, all during the ceremony. "He was some low life guy," Jerry says. "It didn't last very long, I was seeing her again by the next summer." Ruthann and "low life" had separated by then and when Jerry came home from Cornell at Thanksgiving, she had gotten a divorce. "We spent the whole next summer together. I was going to Syracuse in the fall to do some graduate work and we made plans for her to come up and live with me. But, right at the end of the summer, she met some other guy and all of a sudden she didn't want to see me anymore."

"Well, she broke my heart so bad that I went up to Syracuse and I took one look around and all I could think of was Ruthann, and I said to myself, 'This is a terrible job. I don't want to go to Syracuse.' It took him one hour to pack up. He flew home. Nothing mattered but Ruthann. Not Jews or gentiles, schools or parents; red hair or blonde hair; tight sweaters, short skirts, cheap jewelry, black leather jackets or chewing gum. He had to have her. Let the rest go. Tempt the hand off fate."

"There wasn't a lot of love in the family," says Jerry, "and her parents encouraged her to get married right out of high school."

"He felt sadder than usual when he left her. He had to shake hands, instead of kiss her good-bye because her daughter was there. And he felt slightly scruffy in his worn leather and denim jacket. "She looked just like Judy Collins," he said. "She's a beautiful girl. Always has been." Ruthann, in the classic camel's hair coat, still touches his life. But, it's the Ruthann with the leather jacket and the too-short skirts, who did the real channeling of his life, sending him to a young, still pained, success as the owner of one of Capitol Hill's most popular and wealthiest pubs.

But for her, Jerry would have stuck it out at Syracuse and probably would have ended up in the family business. She lured him into the bar business in the first place, back behind the taps in Jersey; and her rejection sent him off to Washington, far from Orange.

He has flirted with matrimony, but never come close. And though Jerry doesn't know if his feelings for Ruthann will prevent him from someday marrying someone else, he says earnestly, "I'll tell you. If I got divorced and came to Washington she would definitely knock any competition out of the picture. I can tell you that... definitely."
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"Sometimes, I would feel as though people could see how afraid I was. But they couldn't, you know. I just imagined that. I should have stayed there and tried harder. I did the wrong thing to go back home. I am in a mess now, with a bad record." And he was.

John's parents came to the hospital, and they looked just like anybody's parents. Middle-class, respectable people. They all seemed respectable people, the parents of mental patients. They all seemed ashamed, just like John's parents were. His parents were ashamed of him, ashamed of themselves, and ashamed of the hospital. I suppose that is why they signed for shock treatments. What did they expect shock treatments to do? As usual, things just keep getting worse. Respectability went out the window, that wild day, and so did common sense.

The psychiatrists, too, were jumpy about respectability. John was clearly a bad person in their minds. As a matter of fact, John was about the only one in that place who was trying to work out his problems, and wanted to grow up. Had a judge just given him a reprimand for what he did — for his 

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Escape, for those undergoing the treatments, was impossible. It was impossible because we were not allowed outside. The doors were locked and they stayed locked until the course of treatments was over. How long would it be? How many treatments? If one is a patient, one is not told. One is not asked. Your job is to endure, to live through it. To wait until it is over.

The hospital was as grim as any prison. They administered both insulin shock and electroshock. Nothing, no human feeling or tears or pleas, were allowed to interfere. This was efficiency. The place was set up to give shock treatments and that is all they did. As many as possible, as quickly as possible.

There was no recreation. There were no rules. Only two meager, unappetizing meals and a place to sleep at night. No concession to beauty, either, in the ugly surroundings there.

It looked very nice from the outside. Grass, trees, and a dignified building. Passers-by must have felt relieved to think of the poor, troubled people who were being helped inside, no doubt imagining that we were talking things over with some intelligent, compassionate expert. Nobody would believe the human misery that was there.

First was the X-ray of skull and spine. I was led into a stainless steel room, put on a stainless steel table, and had my head measured with a stainless steel caliper. My doctor, the psychiatrist and part-owner, made one of his rare appearances that day. He did not talk to me. I was not supposed to talk or ask questions.

This strange procedure, the preliminary exam before shock treatments, ends as abruptly as it begins.

Then the shock treatments start, and they last for about three months. The nurse drives up each morning, in a car with leopard seats, and she parks efficiently. What kind of a woman is she who can look on while people suffer so? She is well paid, in any event, and has better jewelry and clothing than most nurses. She enters the room and the shock treatments begin.

We are turned around in the beds, so that our heads are at the wrong end, the foot. Then the shock machine, and a table with needles and tubes are wheeled up. First, there is the shot of insulin. Then, the shock to your head. You are terrified. You are clammy and cold with fear. When it is too much, your feelings shut off, although your mind goes on recording events around you. The last thing that you remember is the sharp noise, the peculiar sound of the electric shock machine. Your head, your brain completes the circuit. You have a convolution, you moan in an unnatural, animal way, and after the seizure, you go into a coma. You know this, because it happens to the others.

Hours later, you wake up. You are sweaty from the insulin, dopey and foolish. You feel as though...
you have been shut in a steam room too long, so long that you are passing out, and can no longer turn the handle to shut off the steam or open the door for fresh air. Then, you have to drink orange juice loaded with sugar to counteract the insulin and stay awake at all. It is sticky and gooey from the sugar. You cannot brush your teeth, and you drink sugary juice all day.

You turn into a semi-comatose zombie who cannot think, cannot feel, and cannot remember anything. You gain weight rapidly, and your clothes won’t fasten anymore. You don’t like yourself, what you are turning into. You just want the whole thing to be over. That is all that matters. You no longer care about anybody, or anything. You are no longer a human being.

Neither are the others, who sit around the tacky room half there. Mouths half-open, eyes half-closed, half-awake and half-asleep. It is an opium den without the dreams.

Finally, you do leave. Rather, you are turned out into the streets. I felt like a rat climbing out of a slimy sewer, dragging a humiliated spirit in my fat body. It took me years to recover, to feel like a human being again.

Most of the people at the hospital were, like me, very young and very gullible. None had ever done anything to anybody. I got there by going to see a doctor in a private office. I believed the movies. I believed in Freud and all the marvelous things that psychiatry was supposed to do. I felt tired and discouraged and I wanted to feel more alert and alive.

I paid $5,077.06 for the experience. Of this, $3,042.06 went to the hospital and $2,035 to the doctor. His son, he told me, was in business school; his tuition at that time was $2,000. In money, and in suffering, I paid a terrible price and gained nothing, and yet the same shock treatments are being given today, to other young people who have been declared mentally ill, and surely that, too, is mad.

It was an uphill struggle. He learned soon enough that the beautiful Josephine had a boyfriend, much older and bigger and, yes, better-looking, than he. He bought a lot of jaw breakers and licorice sticks that winter. “My friends kept saying, ‘don’t waste your time, Lou.’ But I let all that go right in one ear and out the other.” He snuck out of high school early, every day, so he could venture that far, looking for a friend of his. “She was just beautiful,” he remembers, “and me not being exactly what you’d call handsome, I was surprised she said hello to me. Even that she spoke to me inflamed my ego. She had on a sweat shirt, about two sizes too big for her. It came all the way down over her knees. So I said ‘Can’t you afford to buy anything that fits better than that?’ and she laughed and said, ‘Oh this. This is my brother’s. I just wear it in the store. But, next time... .’”

He first saw her behind the counter in a candy store on her block, when at 15-years-old, he had ventured that far, looking for a friend of his. “She was just beautiful,” he remembers, “and me not being exactly what you’d call handsome, I was surprised she said hello to me. Even that she spoke to me inflamed my ego. She had on a sweat shirt, about two sizes too big for her. It came all the way down over her knees. So I said ‘Can’t you afford to buy anything that fits better than that?’ and she laughed and said, ‘Oh this. This is my brother’s. I just wear it in the store. But, next time... .’”

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One night, when his block’s “club” was having a guest night dance, he suited up in his best dress and coat. He sat in the lobby of the hotel, which was filled with middle-aged men in suits and ties, waiting for his date. He was not the only one waiting. After a while, he saw her coming down the hall, and he stood up and said, “Josephine.”

“Surely that, too, is mad. *"