Wiswall Hospital: Shock Therapy Abuse

By Anita Harris

A four-week investigation by the Boston Phoenix has revealed that several private hospitals in the Boston area, named hereafter the first time, have been administering electroconvulsive shock therapy (ECT) for years. The hospitals include:

- several private facilities where patients have received as many as 1000 shocks
- patients have been given particularly by

According to a recent report published in the New England Journal of Medicine, the use of ECT has been controversial among psychiatrists who own or operate in-profit facilities. The report states that ECT has been over-prescribed and over-administered, leading to the abuse of patients.

Women and adolescents were among the patients who have received ECT. According to the report, some of these patients have received up to 1000 shocks, and some have been admitted to hospitals for treatment of depression, anxiety, and other mental health conditions.

The Boston Phoenix article highlights the need for stricter regulation and oversight of ECT treatments to prevent the abuse and misuse of this medical procedure.
According to a recent report, shock shops have been permitted to treat a variety of conditions, including depression and insomnia. However, the investigation revealed that many patients have received shock treatments for conditions that were not approved by the Massachusetts State Mental Health Department. The investigation also found that many patients were subjected to shock treatments without proper medical supervision.

One Patient's Story

Jane Smith, a pseudonym used for privacy, sought professional help when she found herself overcome by a severe depression. She was treated with electroshock therapy at a shock shop in Wellesley Hills.

Doctors would not recommend electroshock therapy for depressed patients, but Jane Smith's lawyer argued that it was the best treatment for her condition.

The investigation included undercover visits to shock shops, and doctors were found to recommend shock therapy for patients who did not require it. The investigation also found that shock shops were not properly regulated by the state, and that patients were not informed of the risks and benefits of shock therapy.

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Continued from page 1.

Like other private hospitals in the area, suffering from drug addiction were given shock treatment, though few psychiatrists, Wiswall, is known as a "buzz farm" in some medical circles because its doctors primarily prescribe shock treatment for their patients. But shock opponents and psychiatrists alike said on-and-off the patient: "I don't approve of giving shock to patients.

One argument that psychiatrists use for ECT is that it's a cheaper and quicker way to help people who have had "heard stories" about Wiswall. Kaplan, the Deputy Commissioner, said that the hospital was a "buzz farm" in the area. The death of a patient at the hospital led to legal action. Patients pay $60 a day and an additional $25 per shock treatment.

Patients are encouraged to undergo shock treatment in the absence of complaints, the state can take no legal action. But in spite of the availability of direct rather than other forms of therapy and the evidence; much of the psychiatric toll by medical insurance companies is paid for treatment and psychiatric hospitalization.

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Inside Wiswall

The four-building hospital has the outward appearance of a colonial estate. There is no identifying nameplate or sign, so one must know the street number to find the place, in its exclusive, treelined location in Wellesley. As one approaches on a long, L-shaped drive, the main building, a white, three-story frame house with shutters, comes into view. I was later informed that the less manageable patients are kept in the main house. There is also a new two-story brick administration building, where doctors hold daily office hours for outpatient shock treatments, and a doctor's residence, where two families live full time. A second building for patients reopened recently to combat complaints of overcrowding in the main building, according to Assistant Commissioner Kaplan. It is located across the driveway from the doctors residence. The grounds are beautifully kept and set off by trees for privacy.

Inside, the residences, which can accommodate fifty patients, looked like any college dormitory. The first floors were fairly plush, with rugs, sofas, lounges and bored-looking patients and nurses sitting around watching television. Upstairs, the institutional accommodations were tackier—uncarpeted linoleum floors, dull pastel walls and cheap orangey chenille bedspreads. At the time of my visit, it was clear Wiswall had improved since a surprise pre-breakfast inspection by the State Mental Health Department inspection team last year. At that time, the Globe reported, Wiswall was cited for using restraints for patients who were not potentially harmful to themselves or others and sloppy nursing procedures in regard to medication and cleanliness. There had been no lockers or closets for patients' clothes, and there was overcrowding to the point where patients slept on whatever bed or cot happened to be available.

I was shown two unused restraint rooms, which, with brown bedspreads and emptied of equipment, looked unfrightening enough. I was assured by a hospital employee that Wiswall was “Very careful now” about using restraints. I was also informed that in the main building, all doors lock from the outside, even those leading from hallways to the stairs. According to Kaplan, the Wiswall administration has been cooperative in making the physical changes suggested by the state, has installed pay telephones, and established regular visiting hours. Most of the patients, mainly women, were in their thirties and forties.

Menopausal depression is a major reason for ECT prescription, sat staring or watched television. Those who walked appeared listless, eyes glazed. The late Sylvia Plath derived her impression of ECT patients in her novel "The Bell Jar." She received ECT at Wiswall in 1957. Plath calls the hospital "Walton," and recalls waiting for her first shock treatment. "I focused more closely, trying to pry some clue from their stiff postures. I made out men
A gray-faced man was counting out a deck of cards, his gaze fixed on the ceiling. The girl he was about to talk to looked up at him, her face expressionless, even while those around her were laughing. She described herself as so confused she thought she was attached to the forehead. When the doctor left, her hair jutted out of her lobes, and she could not remember what happened. She had worked as a secretary and had never been able to remember her work. She took things too seriously, and always did things right up the stairs, so she'd always be there for her patients.

"I think that's when it started," she said. "I got upset and quit working." She had been referred to a psychiatrist, Ben Aspill of the Boston Psychiatric Medical Center, for drug addiction treatment. He repeated signed consent forms that had been at Wiswall, or why she had been committed in the first place. She had not remembered anything from the week previous to the treatment. When the treatment began, she had resisted returning to the hospital. She was allotted to go on weekends, a preliminary step to she was no longer depressed and quit working. She had been at Wiswall for a second series of treatments, the memories return — usually within a few treatments. She had been at Wiswall for a second series of treatments, the memories return — usually within a few treatments. She had been at Wiswall for a second series of treatments, the memories return — usually within a few treatments.

The wall-eyed nurse came back. She lay down on the bed. Doctor Gordon was unlocking the closet. He had finished counting, he started over again, liked and admired her doctor, Flanagan, University Medical Center, problems or so the theory goes. According to Alexander, voltage levels are determined largely by the effects they produce. It is known that a low level produces less excitation to the nervous system, so a low level produces less skeletal damage. Electrodes are attached, and an oxygen mask is applied to her face. Within half a minute, she is undergoing a series of muscular twitchings for five seconds, which means the relaxant has begun to work. Within a few seconds, a preliminary step to the procedure is under way. The patient is immobilized, is restricted to the foot or the head, and an oxygen mask is applied to her face. Within half a minute, she is undergoing a series of muscular twitchings for five seconds, which means the relaxant has begun to work. Within a few seconds, a preliminary step to the procedure is under way.

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Wiswall Hospital: Shock Therapy Abuse

By Anita Harris

A four-week investigation by the Boston Phoenix has revealed that several private hospitals in the Boston area, named hereafter the first time, are overadministering electroconvulsive shock therapy (ECT) for treatment of mental illness. Women, adolescents, and drug addicts, some of whom have received as many as 100 shocks, have been particularly vulnerable.

According to a recent report issued by the State Mental Health Department, no accurate records have been compiled concerning the administration of ECT. The department also announced that psychiatrists who operate and profit from the shock shops have been guilty of abusing the procedure, which is used to treat depression, schizophrenia, and drug addiction. Psychiatrists who operate and profit from the shock shops have been guilty of abusing the procedure.

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For years, Massachusetts psychiatrists who operate and profit from the "shock hops" have been guilty of abusing the control of medical treatment. Women, adolescents, and drug addicts, some of whom have received as many as 100 shocks, have been particularly victimized.

According to a recent report commissioned by the State Mental Health Department, no accurate records have yet been compiled concerning the deleterious effects of ECT. But incidences of suicide, long-term memory loss and unforeseen personality changes have been reported. Psychiatrists, however, claim that ECT advocates, when asked to publish their findings, "They never have the chance to publish or have them approved.

The investigation included an undercover visit to Wissall Hospital in Wellesley, a particularly well-run shock shop. The doctor who attended Jane Smith's first treatment at Wissall told her she would not recommend more therapy at this time. When she found herself out of control, her psychiatrist prescribed antipsychotic drugs, and her condition could hardly be called "recovered." She came to Wissall Hospital, a Wellesley Hills Hospital which she found more efficient because it was closer to her home.

The doctor, who was a prominent psychiatrist, said the treatment was a "quick fix." She was discharged after two weeks, but her condition was not really improved.

"This is an electroshock box. It can be set low, medium or high."
Like other private hospitals in the area, suffering from drug addiction, areGlenside and Bournewood. Shock treatment, though few psychiatrists are

widely known as a "buzz farm," in some medical circles because its doctors primarily prescribe shock treatment for their patients. But shock opponents and advocates alike said an on and off the patient's treatment for excessive numbers of treatments and psychiatrists Leo Alexander, a well-known shock treatment advocate who has...

Every psychiatrist interviewed said he patients pay $60 a day and an additional $25 per shock treatment, and had heard stones about Wiswall and patients who, according to Deputy Commissioner Kaplan, had been treated there. But none Kaplan. These rates are comparable to those of other hospitals which use a good deal of shock but considerably less than those of McLean's Hospital which shocks none. Kaplan said that in for treatments now and then when they don't know how or where to come. Psychoanalysis often seek out shock therapists for short-term relief. Byivt been treated for mental illness, or alleviating their symptoms, shock allows continued living. shrimp patients are encouraged to undergo shock treatment. But in spite of the lack of direct treatment rather than other forms of therapy to...
trans successul attempted for two weeks to contact Wiswall spokesman Thomas Flanagan, MD., who inherited the largest share in the hospital from his father, also a doctor, and Superintendent McGraw, whose first name the institute's receptionist refused to supply. Neither responded to approximately eight phone calls. I decided the only way to gather information was to go in and see for myself. Since Globe reporter Jean Letz, who wrote the Globe expose, and Stephen Mosner, executive director of the Massachusetts Mental Health Association, warned me that even doctors had been referred entry during an inspection, I was assumed not to know how I got in, in order to protect the patients and patients who had been referred entry during an inspection.

Inside Wiswall

The four-building hospital has the outward appearance of a colonial estate. There is no identifying nameplate or sign, so one must know the street number to find the place, in its exclusive, treelined location in Wellesley. As one approaches on a long, S-shaped drive, the main building, a white, three-story frame house with shutters, comes into view. I was later informed that the less manageable patients are kept in the main house. There is also a new two-story brick administration building, where doctors hold daily office hours for outpatient shock treatments, and a doctor's residence, where two families live full time. A second building for patients reopened recently to combat complaints of overcrowding in the main building, according to Assistant Commissioner Kaplan. It is located across the driveway from the doctors residence. The grounds are beautifully kept and set off by trees and bushes, which form the entrance to the grounds.

An employee of the residence, which can accommodate fifty patients, showed me around the building. The first floor has two unused restraint rooms, which with brown bedspreads and empty walls are described as being unconsummated. The receptionist, who was informed by the psychologist of the hospital that no control of medication was necessary, showed me around the building. I was shown two unused restraint rooms, which with brown bedspreads and empty walls are described as being unconsummated. I was shown two unused restraint rooms, which with brown bedspreads and empty walls are described as being unconsummated. I was shown two unused restraint rooms, which with brown bedspreads and empty walls are described as being unconsummated.
ECT as a treatment for depression

The use of electroconvulsive therapy (ECT) as a treatment for depression has been the subject of much debate and controversy. ECT involves the administration of a brief electrical current to the brain, which induces a convulsion. The treatment is usually administered to patients who have not responded to other forms of therapy, or who are at high risk of suicide.

ECT is typically administered on an outpatient basis, with the patient under general anesthesia. The procedure is usually performed in a hospital setting, and the patient is typically awake for the entire procedure.

While ECT has been shown to be effective in treating depression, it is not without its side effects. Common side effects include confusion, memory loss, and amnesia. In some cases, ECT can also cause physical injuries, such as fractures and dental injuries.

Despite its potential risks, ECT remains a widely used treatment for depression, and is often considered a last resort for patients who have not responded to other forms of therapy. However, there is ongoing research into the effectiveness and safety of ECT, and new treatments are being developed to reduce the side effects of the procedure.
I didn't even wake up the first time I was shocked. I was just lying there, feeling a strange sensation in my body. The nurse said something about 'this is just the beginning of treatment.' I didn't understand what she meant.

On the second shock, I was conscious. I could feel the electricity passing through my body. It was a strange feeling, like being hit by lightning. I heard the nurse say it was just the beginning of the process.

On the third shock, I was more aware. I could feel the pain increasing. I asked the nurse why it was so painful. She said it was because my brain was responding to the shock. I asked her if it was worth it. She said it was for my own good.

On the fourth shock, I was fully conscious. I could feel the pain increasing. I asked the nurse if this was the end of the treatment. She said it was just the beginning. She said I had to go through this for a few more weeks.

On the fifth shock, I was in pain. I told the nurse I couldn't take it anymore. She said it was just the beginning of the treatment. She said I had to go through this for a few more weeks.

On the sixth shock, I was in pain. I asked the nurse if this was the end of the treatment. She said it was just the beginning. She said I had to go through this for a few more weeks.

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permanent if a patient says he never had shock treatment again, it's the fault of the doctor. The committee wrote that ECT can be very helpful in establishing control in a disintegrating personality which may then be in a better position to negotiate a psychosurgical approach that could establish the presence of such a condition. It can be used in a better position to establish a diagnosis in the relative omnipotence of the patient. The committee finds ECT more efficient, safer, and faster than the psychoanalytic approach, but care should be exercised to administer ECT and find drugs that are disintegrating before ECT is administered. These drugs are likely not to be effective in some patients. The committee recommends that ECT be administered to patients who have received shock treatment and been treated for schizophrenia, depression, and other conditions. The committee acknowledges that ECT can be dangerous and that the patient should be monitored closely. The committee finds ECT potentially hazardous and overused. It should be administered with caution and under anesthesia. The committee also recommends that ECT be administered only to patients who have received close to a full course of the treatment. They should have received at least six treatments. The committee notes that ECT can be administered with caution and that the patient should be monitored closely. The committee finds ECT potentially hazardous and overused. It should be administered with caution and under anesthesia. The committee also recommends that ECT be administered only to patients who have received close to a full course of the treatment. They should have received at least six treatments. The committee notes that ECT can be administered with caution and that the patient should be monitored closely.
Continued from page 33:

prior to shock treatment indicate that they met one such Wiswall patient as she had been "functioning but sick." It was about to leave the hospital. She was twenty-seven, a brunette with Memories. . - plucked eyebrows. She sat for almost an

Adolescent Shock hour in a chair, holding a cup of coffee :. - and staring straight ahead. Later, she said she had been at Wiswall for ... leave because her four children the oldest were described a teen-ager arrested on a was 17 were staying with relatives. She

said: When I told Alexander about the

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Regulating Shock

While the Greenblatt report "concluded

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"If the State were regulating p-vchiatry a hundred years ago in Vienna," McGarry pointed out, Sigmund Freud would probably have been run out of town." He expects that the state will probably require all hospitals using shock outside accepted norms to research and document the beneficial effects of their treatments, or at least require doctors from outside the particular hospital to approve them. Because there is so much disagreement among psychiatrists on the usefulness of shock treatments to patients, their use is difficult to regulate. Even if strict regulations are drawn up, there are bound to be loopholes. Dr. Lewis McGarry, the legal expert for the Mental Health Department who would presumably draw up any regulations, said it could be dangerous to regulate treatment too strictly because presently untried or unaccepted methods might possibly prove to be of great benefit to the profession.

If the State were regulating psychiatry, the Mental Health Department would have the power to dictate what and how treatment is given. Its report, which is scheduled to be released in the next few weeks, will be a major study on how psychiatrists are now treating mental patients. The report will also look at what is being done in state hospitals, where treatment is usually more severe. The report will examine whether or not patients are being treated according to accepted medical standards. It will also look at the work of the state's special hospitals, which have a higher incidence of shock treatment.

The report will be released in time for the legislative session, which begins in January. The report will be made available to the public, but the state will have the option to keep some of its findings confidential. The report will be used by the state to make decisions on how to treat mental patients.

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