

Toronto public hearings on electroshock: Testimonies from ECT survivors – Review and content analysis

Emmeline Froede and Steve Baldwin

School of Social Sciences, University of Teesside, UK

Abstract. There is a controversy about whether or not ECT is a “beneficial” treatment. Critics have emphasised the major side effects, such as disturbed memory, impaired comprehension, automatic movements, dazed facial expressions, motor restlessness, confusion, dizziness, nausea, vomiting and headaches. Supporters have argued it is a safe, reliable, effective procedure. Testimonies of eighteen ECT survivors were subjected to document analysis and content analysis, to determine the main themes/effects ECT had on recipients.

The main themes identified were: fear, physical symptoms after ECT, consent, memory loss, attitudes towards ECT, degradation/dehumanisation, control, information about treatment. These data suggest that ECT is not a form of healing, but instead the *cause* of more damage. Alternatives to ECT should be used more frequently, as ECT removes feelings of control. Human rights are often ignored. ECT is invasive and destructive and should be prohibited.

1. Introduction

Many professionals argue that ECT is a beneficial type of treatment. Others criticise this view and believe electroshock should be banned. ECT supporters have argued that “ECT is a safe, reliably effective procedure requiring that the practitioner have a theoretical and practical background in order to perform it well... ECT remains the most reliably effective treatment for serious depression” [16]. Scott [22] supported this idea “Electroconvulsive therapy (ECT) is an effective and important treatment for severe depressive illness and for other depressive illnesses that have not responded to drug treatment”. According to Kellner et al. [16] “Most studies have found a response rate of 80–90% for major depression treated with ECT”. Kellner et al. continued “The risk of injury to the patient or the practitioner from being shocked is very small”. Supporters of ECT treatment also claimed that criticisms about the treatment were “based largely on either outdated or incorrect information” [16].

However, critics believed electroshock/electro-convulsive therapy (EST/ECT) may cause more damage to patients’ welfare than any apparent “benefits”. Some psychiatrists believed that ECT is a healing process for many psychological and physiological disturbances [16]. There is however no real evidence that ECT cures these problems [8]. Most research has suggested that ECT causes even more problems, such as increased memory loss, loss of intellectual ability, loss of motor control (arms and legs) and comprehension problems. Breggin [8] continued “ECT causes severe and irreversible brain neuropathology including cell death. It can wipe out vast amounts of retrograde memory while producing permanent cognitive dysfunction”. The UK mental health organisation MIND [19] have only condoned the use of ECT when there is an immediate risk to life, and even then only when the broad “second opinion process” has been applied.

Electroshock was first given to humans by Cerletti and Bini [9] in 1938. It was originally developed for use in a slaughterhouse. According to Baldwin and Oxlad [6] ECT was originally used with an adult population until 1947. However by the end of the 1940s ECT was also administered to children and adolescents. ECT is not currently used in some countries, such as Holland and Germany, and recently in Texas, ECT has been prohibited for children, due to the actions of NAES (National Association of Electroshock Survivors). However in Britain there is no prohibition against ECT. In the USA Breggin [8] stated "ECT is an ineffective, dangerous, anachronistic treatment that should be abandoned by modern psychiatry".

ECT is often administered to people with eating disorders, severe depression, epilepsy, thought disorder, violent or aggressive behaviours [10] and other conditions such as schizophrenia, AIDS/HIV, Parkinson's disease, pregnant women, mania, catatonia, eating disorder, mood disorder, Alzheimer's disease, intellectual disability and Gilles de la Tourette syndrome [6]. For many of these conditions there are many alternative treatments that could be more effective in the long term. According to Elkins et al. [11] "drug therapy has a better outcome for more severely depressed people, and psychotherapy is better for the less severely depressed". Scott [21] suggested cognitive therapy for "drug resistant" chronic depression. Her "cognitive therapy milieu" involved sessions with patients and their family. Retzer et al. [20] have agreed with the idea of involving the relatives by suggesting family therapy. Baldwin and Oxlad [6] stated there are many other treatment alternatives, such as "behaviour modification, behaviour therapy, family therapy, counselling, contingency contracting, individual psychotherapy, and social skills training". Kazdin [15] has listed more than 230 different therapies; many of these could be used instead of ECT. None has the severe side effects that ECT can cause.

According to Coelho and Baldwin [10] ECT causes violent seizures in the brain, which can activate neurotransmitters to cause a "chemical cocktail with resultant changes in serotonin levels and unknown neuro-behavioural sequelae". There are two ways of administering ECT, unilaterally or bilaterally. According to Coelho and Baldwin [10] ECT is an electric current between 180 and 460 volts passed across the brain (bilateral) or the side-brain (unilateral) for between 1.0 and 2.0 seconds. Unilateral ECT starts with the "lowest threshold necessary to induce a bilateral tonic-clonic fit, usually 150 milicoulombs pulsed" [10]. Bilateral ECT is regarded by psychiatrists as more effective even though it is associated with more memory loss [13]. According to Kellner et al. [16] "Bilateral electroconvulsive therapy (ECT) may act more rapidly or completely than right unilateral ECT, but bilateral ECT will have greater cognitive side effects".

ECT has many documented side-effects, of which memory loss is the most common. Some people have lost as many as 18 years of their life, due to memory loss after ECT administration. Other side effects according to Baldwin and Oxlad [6] include disturbed memory, impaired comprehension, automatic movements, dazed facial expressions, motor restlessness, confusion, dizziness, nausea, vomiting and headaches. Moreover researchers such as Baldwin and Oxlad [6] and Breggin [8] have emphasised that ECT can have even more severe effects such as death and brain damage. ECT supporters such as Kellner et al. [16] stated "ECT typically causes predictable memory loss and other cognitive effects that are generally not serious and are very acceptable, given the substantial relief from serious depression that most patients can expect from ECT". Kellner et al. [16] expanded that ECT affects memory/cognition in three ways: an acute postictal confusional state, anterograde memory dysfunction and retrograde memory dysfunction. Postictal confusional state was described as confusion and disorientation after ECT administration, with the inability to "follow commands or speak". However this was said to resolve within an hour after treatment. Anterograde memory dysfunction was described as the inability to record new memories after receiving ECT. This was said to resolve within days or a few weeks. Retrograde

memory c
ment.

Kellner
the benefi
any resid
and statec
concentra
new, to fi
suicidal o
amnesia ti

Kellner
According
provision
upon such
and Baldu
fully unde
negative s
consent in
descriptio
complicat
Oxlad [6]
than 5%
understan
during the
not aware
to give co
means los
current U
which me

The On
ings on th
ing about
be heard"
seem to be
treatments
to report a

2. Metho

Three p
ECT. The
between 1
teen peop
and opinio

memory dysfunction, was explained as forgetting memories a few weeks or months prior to ECT treatment.

Kellner et al. [16] stated that "most patients report that the amount of memory loss is acceptable, given the benefit of recovery from severe depression, and that as more time elapses, they are less bothered by any residual memory gaps". Breggin criticized any positive views about the actual side effects of ECT and stated that "Often they have been impaired in their ongoing ability to focus or pay attention, to concentrate, to make sense out of complex situations, to remember names and places, to learn anything new, to find their way around, and to read and think effectively. . . . Often they feel depressed and even suicidal over the loss of their mental function. . . . Many have been left with such devastating retrograde amnesia that they can no longer function as professional persons or homemakers" [8].

Kellner et al. [16] believed that it is vital to obtain informed consent from the patients or their relatives. According to the American Psychiatric Association (APA) in 1990, informed consent requires "(1) the provision of adequate information, (2) a patient who is capable of understanding and acting intelligently upon such information, and (3) the opportunity to provide consent in the absence of coercion". Jones and Baldwin [4,5] supported this idea and stated "valid consent" should mean that the individual has fully understood the "nature, purpose and expected consequences of the treatment (including potential negative side-effects)". The APA [3] stated "Essential information to be included for ECT informed consent includes the following items: The indication for ECT, the effectiveness of ECT for the condition, description of the procedure itself, routine side effects, more rare adverse events (e.g., major anesthetic complication) and any condition that may place the patient at increased risk". However Baldwin and Oxlad [6] in a survey of 217 cases of shock administration to children and teenagers, stated that "less than 5% of cases reported valid or informed consent". The APA also stated that "The patient should understand that consent can be withdrawn at any point and should know whom to contact with questions during the treatment course". Many people do not seem to understand the full effects of ECT and are also not aware of what ECT is meant to achieve [6,14,17]. It may appear as if people are given the "choice" to give consent, but their voice is often not heard by psychiatrists. Loss of choice about giving consent means loss of human rights and loss of control over their own lives. According to MIND [19] under current UK legislation if ECT is viewed as an "urgent treatment" it can be administered without consent, which means there is no choice by the patient.

The Ontario Coalition to Stop Electroshock (OCSE) based in Toronto (Canada) organised public hearings on three consecutive Saturdays in October 1984, to emphasise that the people who should be speaking about ECT were the recipients and the public. They stated "this is a public issue - the public should be heard". Usually it is professionals who voice their opinions but the recipients and the public never seem to be asked. Therefore the OCSE held public hearings for people to voice their opinions about ECT treatments. The OCSE formed a document of their hearings to determine what the recipients of ECT had to report about their experiences.

2. Method

Three public hearings were held to offer people a chance to voice their opinion or experience of ECT. These hearings were held on three consecutive Saturdays in 1984 (13th, 20th and 27th October), between 10 a.m. and 4 p.m. in Committee Room 4 on the second floor of the City Hall, Toronto. Eighteen people who gave their testimony had been given ECT. Nineteen others offered other experiences and opinions about ECT (e.g., representing a friend who had been given ECT or talking about family

members who had been given ECT). The focus of the current study was based on the eighteen former ECT recipients (survivors). Nine were female and eight were male. The gender of the other person who gave a testimony was not known. Ages were not specified. The testimonies were audiotaped by the Coalition and then transcribed into a written document, unedited (published in 1984). The document of testimonies about ECT, created by the Ontario Coalition to Stop Electroshock, was subjected to document analysis and content analysis. Content analysis was completed to determine the main themes [18] for people who had been given ECT treatment. The Ontario Coalition gathered the testimonies to Stop Electroshock.

3. Results

Content analysis of the public hearings document identified eight major themes. These major themes were: fear, physical symptoms after ECT, consent, memory loss, attitudes towards ECT, degradation and dehumanisation, control, information about treatment.

3.1. Fear

Patients were scared about the administration of ECT and also of the social stigma about ex-ECT patients. Examples of fear of ECT were: *"I was scared to death"* and *"I lay there paralysed trying desperately just to move a finger to let them know that I was still there so they wouldn't turn the electricity on because I had heard from one of the other young guys on the ward that it really hurts"* or *"I felt like I was dying every time one of them was administered"*. These were very strong fear statements. There were also examples of fear of ECT in a social context: Patients were *"afraid for their job... I have lost jobs"* and they were *"afraid to come out and talk about electroshock because it instantly makes them have a stigma"*. This fear however seemed to continue after ECT treatment: *"I fear that somebody else might eventually overpower me in that way"*. Fear was dominant for most ECT survivors, and some experienced terror.

3.2. Physical symptoms

Physical symptoms after ECT administration were very common among survivors. In the statements there were many serious after-effects, such as: weakening of the muscles; loss of control in fingers, arms and legs; headaches; brain damage; spells of unconsciousness; epilepsy; skin rash; sexual problems and divorce; concentration problems; loss of intellectual ability; weight gain; loss of imagination and loss of artistic creativity.

Physical symptoms were often severe and one survivor stated: *"I was a complete vegetable for two years"*. Others informed the panel of *"weakening in my muscles, primarily on the right side of my body in the lower spinal area and as I was lifting one day, I became paralyzed"*.

Loss of artistic abilities and artistic performance were a major psychological factor. One survivor reported: *"For artist and writer the main source of inspiration is her imagination and emotion. These important values electroshock destroyed"*. Others reported *"The treatment makes the patient child-like, it returns the patient to a very primitive state and if it goes on a long series, to a sub-human level"*.

3.3. Memory

The memory loss of my memories was erased even and they who I was throughout "I'll lose wanted to

3.4. Consent

Consent "I okayed due to other. Another it was my gave the I had no c

3.5. Control

Most people and vulnerable taken away in to it and having the the slaughter blackness is a very in their own their own

3.6. Degradation

ECT survivors These feelings like an animal to put on a way they Most people dehumanized

3.3. Memory loss

The most common and possibly most important side-effect of ECT is that most survivors suffer some memory loss. For many people this memory loss is severe. One survivor stated: *"I lost nearly 18 years of my memory"* and others stated *"It's taken me 30 years to find out what happened, because the shock erased everything that happened before and after the treatment"* and *"twenty-three years after the fact and they have not come back"*. Other experiences of memory loss were described as: *"I did not know who I was; where I was; what I was doing"* and *"I've got isolated islands of memory that I treasure throughout the whole episode, and I expand on them as much as I can, but I can't tie them together"* and *"I'll lose the train of thought... I have to... try hard to remember what I was going to say or what I wanted to say... this happens frequently"*.

3.4. Consent

Consent was also examined. Some survivors either gave consent as they thought it would help them: *"I okayed it thinking that it would help me"*. Others objected to the treatment, but were still given ECT, due to other people signing consent (e.g., medical staff or family members).

Another survivor who had not give consent (although other people had) stated: *"I didn't sign any paper, it was my husband's signature"* and *"I did not give consent for this treatment, but my former husband gave the consent, thinking that this was going to be good for me"* and *"With two doctors' signatures, I had no choice, it is automatically given"*.

3.5. Control

Most people did not feel they were in control of the situation or their life: *"I never felt so helpless and vulnerable in all my life"*. The loss of power and strength was strongly voiced: *"It seemed to be taken away from me as a decision... because of being under that control or power, I just kind of gave in to it and didn't really fight for my right to be heard"*. The knowledge of what ECT does, but not having the power to control this, was strongly voiced by another survivor: *"The feeling of being led to the slaughter on treatment mornings and knowing when they put the needle in my arm again, it meant blackness and waking up with a splitting headache and not knowing where my room was even"*. Control is a very important feature in people's lives. People became extremely vulnerable in lacking control over their own actions and other people having control over their lives. For a person not to have control of their own life is disempowering: *"I was helpless in stopping this kind of treatment"*.

3.6. Degradation and dehumanisation

ECT survivors often felt feelings of degradation and dehumanisation: *"It's degrading, it's humiliating"*. These feelings of dehumanisation can be quite threatening to the person as a human being: *"I totally felt like an animal and a victim of crime"*. Some recipients were asked to perform degrading actions: *"asked to put on a monkey suit"* and *"strip you of your whole self-worth"* and some people felt degraded by the way they were treated by medical staff: *"treat you like a baby"* and *"patients are treated a bit like cattle"*. Most people feel degraded enough by mental health treatment, without being made to feel even more dehumanised.

3.7. Information about treatment

For many survivors ECT was a totally new experience. Many people did not really know what ECT was about, neither the process of ECT nor the likely after-effects: *"It wasn't explained to me why I should need it"*. Most survivors did not know about ECT nor what would happen after the treatment: *"I had no idea of what ECT is about"* and *"They never described what would happen to my memory or how you function afterwards"* and *"They never explained anything to me about brain damage or anything like this"* and *"I was given no information as to what this was supposed to do for me or what it might do to me"*. Survivors that received information were given inaccurate accounts of ECT, and were certainly not told about the major negative side effects produced by ECT. One survivor stated: *"He explained to me that electroshock treatment is supposed to be like banging on the top of a television set – when it gets out of focus, you bang on the top and it goes back into focus"*.

3.8. Attitudes towards ECT use

ECT survivors usually have very strong negative feelings towards the treatment. Out of the 18 survivors only one thought that ECT was not bad and saw it as a useful form of "therapy". However seventeen were negative about ECT: *"Dead against shock treatment"* and *"I would never, ever want shock treatment again"* and *"I wouldn't wish it on a dog"* and *"It's in the neighbourhood of halfway to an electrocution"* and *"I would die before I would submit myself to electroshock again"* and *"ECT makes the problem much bigger than it was"* and *"Electricity is a destructive element in the brain, where light is a healing element in the brain"*. A survivor who was opposed to electroshock treatment believed that: *"All psychiatric patients need understanding, support and protection"*. Another survivor had an extremely strong view against ECT: *"ECT has never been an alternative... In my case I would much have preferred it to be final, something like the guillotine, would have been for me a much better alternative"*.

4. Discussion

Discussion about whether ECT should still be administered, and whether ECT is a beneficial type of treatment, has usually been considered only from the professionals' point of view, and not from the recipients'. The document created by the Ontario Coalition to Stop Electroshock gave the recipient and the public a voice. ECT is a public matter and citizens have a right to be heard.

The content analysis of the document by the Ontario Coalition to Stop Electroshock showed there were eight major themes about ECT from the recipients' perspective. These were fear, physical symptoms after ECT, consent, memory loss, attitudes towards ECT use, degradation and dehumanisation, control, information about the treatment. All eight themes were strongly represented by the recipients. The experience of ECT was shown to have been very traumatic for the recipients. Coelho and Baldwin [10] conducted a content analysis of audiotaped testimonies of adolescents, to gain an insight into their experiences of ECT treatment and found similar themes.

About consent, the survivor did not have much involvement about whether or not they wanted to be given this type of treatment. Often their decision was overruled by family members or professionals. Recipients seemed to lack their human rights and they were not given much choice. Thus they were not in control of their own lives and actions. Human subjects should have the right to decide whether they want treatment, especially as it can have severe side effects. The findings of the content analysis

show that
recipient:

All rec
done son
recipient:
intellctu
areas had
of the Sa
to expres
fied desc
declared
the findin
Kellner e
supports

Epilep
ECT [7,1
troshock,
these cor
to the co
other psy
necessary
administi

One su
to solve t
it causes
the reasc
Coalition
protectio
represent
little info
effects; e
of Coelho
dangero

5. Conc

Psychi
not seem

ECT i
effects, f
caused b
memory

Remo
ence the

show that the requirements of informed consent suggested by the APA [1-3] were not followed. Most recipients did not receive adequate information about ECT treatment and its side effects.

All recipients of ECT had some negative reaction to the treatment. Only one recipient thought it had done some good, however this person still suffered from memory loss. Administration of ECT causes recipients to lose control of their body, mind and social life. Physical after-effects, memory loss, loss of intellectual ability and fear about loss of social standing were found in analysed testimonies. All these areas had a strongly traumatic influence on the recipient's life. According to Breggin [8] a representative of the San Francisco Board of Supervisors, Angela Alioto, organised a public hearing on ECT, for people to express their experiences. Figueroa [12] reported that about two dozen "shock survivors" who testified described permanent damage to brains and minds. None testified in favour of ECT. The resolution declared that the Board of Supervisors opposed the "use and financing" of ECT in San Francisco. With the findings of this study and the statements made by researchers opposing ECT, it is naïve to agree with Kellner et al.'s view [16] that the damage caused by ECT could be "acceptable" and "not serious". This supports Breggin's argument [8] that ECT is not a beneficial treatment.

Epilepsy and intellectual disability, which have been recorded as preconditions for not administering ECT [7,10] were also found to be a major negative *after-effect* of ECT (Ontario Coalition to Stop Electroshock, 1984). ECT is not a good treatment for epilepsy and intellectual disability, as it can worsen these conditions. There is scant evidence that ECT is beneficial at all [16,22]. There is more evidence to the contrary [6,8,10]. Therefore alternative therapies may be more promising. There are at least 230 other psychosocial treatment alternatives [11,15,20,21]. With so many treatment alternatives ECT is unnecessary in the 2000s. About after effects and the possibility of brain damage and even death, even one administration of ECT is too many.

One survivor reported: "you can't remember specifically what the problem was so you're never going to solve the problem... if you don't have the information to do it". ECT is not a beneficial treatment, as it *causes* loss of memory. Access to these memories is however necessary to help the person understand the reason for their condition. One recipient who testified at the public hearings in Toronto (Ontario Coalition to Stop Electroshock, 1984) stated, "All psychiatric patients need understanding, support and protection". This is not offered by ECT; and feelings of degradation and dehumanisation were strongly represented in the testimonies. ECT also produces in recipients feelings of strong fear, loss of control, little information about the treatment and its effects, a strong negative attitude towards ECT, physical after effects, exclusion from consent and especially substantial memory loss. These are similar to the findings of Coelho and Baldwin [10] and Breggin [8]. These findings support the view that ECT is a damaging, dangerous and ineffective treatment. ECT is not effective and the use of ECT should be prohibited.

5. Conclusion

Psychosocial alternatives to ECT should be used more frequently. Application of electric currents does not seem appropriate to physical or psychological dysfunction/conditions [8].

ECT is not a form of healing. Shock only causes more damage, memory loss, other physical side effects, fear, brain damage and death [7,8]. It would be naïve to agree with Kellner et al. [16] that damage caused by ECT is not serious and is acceptable. Side effects of ECT cause further depression, due to memory loss, physical symptoms, fear and loss of control.

Removal of a person's human rights is degrading and dehumanising. Survivors of ECT often experience these feelings and are not in control of their lives.

Survivors of ECT often hold strong opinions against the treatment. The general public and many professionals also oppose the treatment. People need to know about their problem but ECT just makes people forget about the origins of their problems.

People should not experience the cruelties reported by OCSE survivors. ECT is an invasive and destructive treatment [7] and should be prohibited.

Appendix

A.1. Fear

I was scared to death/I said I don't want to become like these people, get me out/I lay there paralysed trying desperately just to move a finger to let them know that I was still there so they wouldn't turn the electricity on because I'd heard from one of the other young guys on the ward that it really hurts/was always afraid that this was going to happen to me/you can't inhale and you're getting kind of panicky/afraid to come out and talk about electroshock because it instantly makes them have a stigma/afraid for their job... I have lost jobs/I was really afraid/fear... that they would destroy me/there was always the fear and the fear is that you are going to appear a little outside the norm/I felt like I was dying every time one of them was administered/fear that somebody else might eventually overpower me in that way/I remember being very anxious about these treatments since I needed to understand and know more of what was happening/my anxiety became more intense and felt/you live with that fear that this is going to happen, I have hidden in the house enough...

A.2. Physical symptoms after ECT

I was a complete vegetable for two years/two years after those treatments I was a vegetable/what was missing was my intellectual impact/the Czech language... I wasn't able to maintain/gained 80 pounds when I came out... went from 140 to 220 pounds in a period of six months/lost the feeling in my fingers/losing control of my arms and legs/cannot undo the buttons of my shirt/Parkinson-like symptoms have gone on and increased/headache like crazy/I couldn't even sit down to read/blurred vision/tardive dyskinesia/from a University level to a child. My comprehension, my dealings with people, I was innocent again/my imagination has been a little bit affected/I sometimes find myself stuttering, looking for words/I no longer had what Shakespeare would call the mind's eye/some brain damage in my case/gained about 45 pounds while in hospital/I left the hospital with a damaged brain/spells of unconsciousness which would come at random. A form of epilepsy/skin rash/I couldn't perceive music/I couldn't write stories and poetry/I could not paint and create/For artist and writer the main source of inspiration is her imagination and emotion. These important values electroshock destroyed/when I cried I tried not to be seen/I could not learn English as a foreign language/sexual problems and divorce after treatment is most common/can't sit down and concentrate on a piece of music like I used to/can't play the way I want to/would have heat prostration. I would go all red and white blotchy/As far as the piano is concerned, ... I can't play anymore. I used to compose too. I can't do that anymore/electroshock not only removed a lot of my intellectual ability but it removed a lot of my feelings/suffered from insomnia/organic brain syndrome/The treatments make the patient child like, it returns the patient to a very primitive state and if it goes on long series, to a sub-human level or even the... functions are uncontrollable/epilepsy was caused directly because of the treatment/The physical damage is still very evident in my muscles for lifting/There are times when my mouth can't form the words right/lost the use of my right arm and leg at

times/we
was lifting
side and

A.3. Con.

I guess
psychiatr
choice, it
knowledge
sign it: I
take it so
in/a blan
standing
signed p
but my f
I did not

A.4. Men

I lost l
memory/
anymore
was blan
shot, I d
throughc
taken me
the treat
in that y
that I'd e
teenage
really do
deficit/g
now sev
or anyth
be/The c
memory
they we
up you
are/Twe
part and
names, c
to the n
you're r
if it was

times/weakening in my muscles, primarily on the right side of my body in the lower spinal area and as I was lifting one day, I became paralysed./Weakening kept happening in my arms, especially on the right side and the leg.

A.3. Consent

I guess the treatment paper was signed by my husband/I okayed it thinking that it would help me/the psychiatric doctor... had arranged for another doctor to sign/with two doctors' signatures, I had no choice, it is automatically given/I agreed to it against my mother's wishes/I do know, to the best of my knowledge, that none of my-members of my family-signed my consent form, neither did I/At first I didn't sign it: I didn't give permission/I thought to myself that I didn't have too much to lose so I might as well take it so that's what I did/my husband signed/My husband had signed a blanket consent when I had gone in/a blanket consent was signed/It wasn't signed by me/I was asked to sign the papers with my father standing there and I did/I didn't sign any paper, it was my husband's signature/I just accepted it and I signed papers because somebody else thought that I needed it/I did not give consent for this treatment, but my former husband gave the consent, thinking that this was going to be good for me./I do know that I did not give consent.

A.4. Memory loss

I lost between 8 and 15 years of my memory/I lost 7 (?) years of my life/lost nearly 18 years of my memory/I do not remember/got no memory/all the friends that I had made beforehand I did not know anymore/I did not know who I was; where I was; what I was doing/I don't remember/In other words I was blank and they just put in the parts/3 or 4 years ago... according to my husband/my memory was shot, I don't remember anything at all/a memory gap/I've got isolated islands of memory that I treasure throughout the whole episode, and I expand on them as much as I can, but I can't tie them together/It's taken me 30 years to find out what happened, because the shock erased everything that happened before the treatment and after/I've lost part of my memory/couldn't remember where I'd gone to school earlier in that year/I don't remember a thing after that/I had trained as a pianist from age five and I had forgotten that I'd ever knew how to play the piano/I really wish I could remember whatever it was I was doing/My teenage years are gone/I have a few snippets of memory that are crystal clear. Everything else is gone/I really don't recall. I only have impressions about what I was like as a teen/memory problems/a memory deficit/getting short term into long term memory doesn't work. I've tried Grade 12 levels education now seven times/I don't know what it was I was doing. I don't remember what it was I was thinking or anything else so there's a hole in there/I don't remember what kind of person I was growing up to be/The only memories I have of my teenage years are from the hospital/memory blanks/amnesia-like memory loss, which covered between 8 and 15 years/entirely wiped out/I would not even know what they were talking about/no idea who these people were/short-term memory is gone too/when you wake-up you won't know who you are, where you have been, what you have done, or who all these people are/Twenty-three years after the fact and they have not come back/I can only remember this part and this part and there's no middle and there is no end/not being able to remember people's names, mixing up names, calling him John when he is called George or whatever/communication problem which was due to the memory loss, and then it came back/you can't remember specifically what the problem was so you're never going to solve the problem... if you don't have the information to do it/Can't remember if it was explained to me that the procedure for shock treatment and that/I can't remember signing for

it or not. I don't know/I remember certain things that happened in the hospital but I can't remember what happened during that six day period/I'd forget people's names which I never used to do before/The memory loss from these treatments is still painful, since I cannot remember a lot of the good times, or raising the younger two girls, since it was closer to the treatments, the two older children, I do not their High School graduation even/Many times the family will bring up happenings that I have to question about to test whether the memory will come back, and most times, not/Going for the children's school interviews even was terrifying since I was supposed to remember many things going on, what went on but removed from my memory, was very difficult/I'll lose the train of thought... have to... try hard to remember what I was going to say or what I wanted to say... this happens frequently/I do not remember even talking about it/I still have problems with remembering the words that they apply/no doubt in my mind that my memory has been effected/my memory is worse now after the ECT/What was your question again?

A.5. Attitudes towards ECT use

Dead against shock treatment/I do feel that they should be done away with/I would never, ever want shock treatment again/I wouldn't wish it on a dog/It is not successful/Electricity is a destructive element in the brain, where light is a healing element in the brain/Anything that makes the staff's life a little easier is done, at the expense of the patient's well being/I would not take it again/anyone who would actually give their free and informed consent to such a thing is someone who is really looking for trouble/I'm opposed to shock, period/It's in the neighbourhood of halfway to an electrocution/I would die before I would submit myself to electroshock again/ECT makes the problem much bigger than it was/it's a cruel and last resort type of thing/I don't think they should be allowed/I'm totally against it/I don't think it should be used at all/to me that wasn't treatment.

A.6. Degradation and dehumanisation

I just was treated as an animal/I totally felt like animal and a victim of crime/it's degrading, it's humiliating/asked to put on a monkey suit/strip you of your whole self-worth/treat you like a baby/patients are treated a bit like cattle/it felt like death/it's embarrassing/There was a period that I spent in a glass cage where they were supposed to be observing me/I felt wrung out, very rubbery/I wasn't treated in a humane manner as to why someone thought that I should need it/I feel so alienated, many times because of this damage/I prefer to be dead/I prefer death to life.

A.7. Control

I really didn't know what happened to me/take away your belongings/you have no rights/I never felt so helpless and vulnerable in all my life/my hands were tied, and there was nothing could do about it/I was sort of pressured into taking the electroshock treatment/I was committed, without my knowledge/I would never recommend that anybody go in a place where all control is taken from them/I didn't want to be with a man who did that to me. The power of a signature/I was a very passive sort of person/I was helpless in stopping this kind of treatment/The feeling of being led to the slaughter on treatment mornings and knowing when they put the needle in my arm again, it meant blackness and waking up with a splitting headache and not knowing where my room was even/uncomfortable vagueness/when the anxiety got so bad I would completely avoid people, and especially social gatherings/It seemed to be taken away from me as a decision/because of being under that control or power, I just kind of gave in to it and didn't really fight for my right to be heard/unable to support myself.

A.8. Info

I neve
describ
that I mi
me that c
out of fo
damage
of us rea
informat
what it n
idea/The
on the or
tell me a
wasn't e
of what
be final,
patients

Referen

- [1] Amei
- [2] Amei
- [3] Amei
Reco.
pp. 8
- [4] S. B:
319-
- [5] S. Ba
treati
- [6] S. Ba
of Me
- [7] S. Ba
and a
- [8] P.R. J
11 (1
- [9] U. C
Frenu
- [10] D. C
Psyci
- [11] I. Elk
tial tr
Journ
- [12] A. Fi
- [13] C. Ja
(1990
- [14] Y. Jo
Psyci
- [15] A.E.
A.E.
- [16] C.H.
DC,

A.8. Information about treatment

I never was told anything about any kind of psychiatric treatment/nothing was explained/they never described what would happen to my memory or how you function afterwards/I wasn't prepared/They said that I might have short-term memory loss, but it would come back to me in the long term/he explained to me that electroshock treatment is supposed to be like banging on the top of a television set when it gets out of focus, you bang on the top and it goes back into focus/never explained anything to me about brain damage or anything like this/definitely not given enough information about electroshock treatment/none of us really knew what electroshock was supposed to do or what being committed would mean/pieces of information they will come back/I was given no information as to what this was supposed to do for me or what it might do to me/not knowing what shock treatment was supposed to do/I was told nothing. I had no idea/They explained it to me that it would make me better and I'd be able to work and probably do better on the outside/I didn't know what was happening to me/you don't know what they are doing/They didn't tell me anything/at the time when it was administered I wasn't informed a lot about it or its effects/It wasn't explained to me why I should need it/I don't remember anything of being informed/I had no idea of what ECT is about/ECT has never been an alternative/In my case I would much have preferred to be final, something like the guillotine, would have been for me a much better alternative/All psychiatric patients need understanding, support and protection.

References

- [1] American Psychological Association, *Specialty Guidelines for the Delivery of Services*, Author, Washington, DC, 1981.
- [2] American Psychological Association, Ethical principles of psychologists, *American Psychologist* 45 (1987), 390-395.
- [3] American Psychiatric Association, Task force on electroconvulsive therapy, in: *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging*, American Psychiatric Association, Washington, DC, 1990, pp. 84-89.
- [4] S. Baldwin and Y. Jones, ECT and minors: when more is less, *Behavioural and Cognitive Psychotherapy* 24 (1996), 319-322.
- [5] S. Baldwin and Y. Jones, Controversial issues-ECT, infants, children and adolescents: shocking abuse of power, or valuable treatment medium?, *Behavioural and Cognitive Psychotherapy* 24 (1996), 291-305.
- [6] S. Baldwin and M. Oxlad, Multiple case sampling of ECT administration to 217 minors: review and meta-analysis, *Journal of Mental Health* 5(5) (1996), 451-463.
- [7] S. Baldwin and M. Oxlad, ECT and minors: social sciences solutions will reform the psychiatric abuse of infants, children and adolescents, *Social Sciences in Health* 2(3) (1996), 174-188.
- [8] P.R. Breggin, Electroshock: Scientific, ethical, and political issues, *International Journal of Risk and Safety in Medicine* 11 (1998), 5-40.
- [9] U. Cerletti and L. Bini, Le alterazioni istopatologiche del sistema nervosa nell 'Electroshock', *Rivista Sperimentale di Freniatria* 64 (1940), 311-359.
- [10] D. Coelho and S. Baldwin, Teenage narrative of electroshock, *Changes: An International Journal of Psychology and Psychotherapy* 17(2) (1999), 102-108.
- [11] I. Elkins, R.D. Gibbons, M.T. Shea, S.M. Sotsky, J.T. Watkins, P.A. Pilkonis and D. Hedeker, Initial severity and differential treatment outcome in the National Institute of Mental Health. Treatment of depression collaborative research program, *Journal of Consulting and Clinical Psychology* 63(5) (1995), 841-847.
- [12] A. Figueroa, SF Supervisors vote against shock treatment, *San Francisco Chronicle* no. 13, 12th February 1991.
- [13] C. James, The use of ECT in adolescents: a reply to Jones and Baldwin, *Behavioural and Cognitive Psychotherapy* 24 (1996), 307-310.
- [14] Y. Jones and S. Baldwin, More ECT, more children and more clinical psychologists: new shocks to the system, *Clinical Psychology Forum* 32 (1991), 13-15.
- [15] A.E. Kazdin, Psychotherapy for children and adolescents, in: *Handbook of Psychotherapy and Behaviour Change*, A.E. Bergin and S.L. Garfield, eds, 4th edn, Wiley, New York, 1994.
- [16] C.H. Kellner, J.T. Pritchett, M.D. Beale and C.E. Coffey, *Handbook of ECT*, American Psychiatric Press, Inc., Washington, DC, 1997.

Res
hep

L. Jaber
^a The Bri
 Children
^b Depart
 Faculty
^c Microb
 of Medic

Abstract.
 months, w
 the time o
 ($n = 63$),
 by measur
 96.6% of
 and 186.5
 ($p < 0.00$
 B vaccine
 but with a
 levels belc
 Keywords

1. Intro

Hepat
 such as c
 a major
 monetary
 vaccinati
 Severa
 persisten
 infant pc
 Israeli A

2. Subj

The st
 east of T

*Corres

0924-6479

- [17] J. Mann, ECT and young minds: Why choose it?, *Behavioural and Cognitive Psychotherapy* **24** (1996), 311-317.
- [18] M.B. Miles and A.M. Huberman, *An Expanded Sourcebook: Qualitative Data Analysis*, 2nd edn, Sage, Thousand Oaks, CA, 1994.
- [19] MIND, *Safe and Effective? MIND's View on Psychiatric Drugs, ECT and Psychosurgery*, MIND Publications, London, 1993.
- [20] A. Retzer, F.B. Simon, G. Weber, H. Stierlin and G. Schmidt, A follow-up study of manic-depressive and schizoaffective psychoses after systemic family therapy, *Family Process* **30** (1991), 139-153.
- [21] J. Scott, Chronic depression: can cognitive therapy succeed when other treatments fail?, *Behavioural Psychotherapy* **20**(1) (1992), 25-36.
- [22] A.I.F. Scott, Contemporary practice of electroconvulsive therapy, *British Journal of Hospital Medicine* **51** (1994), 334-338.