Special Fall Music Supplement

B.A.D.

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Wiswall Hospital : Shock Therapy Abuse

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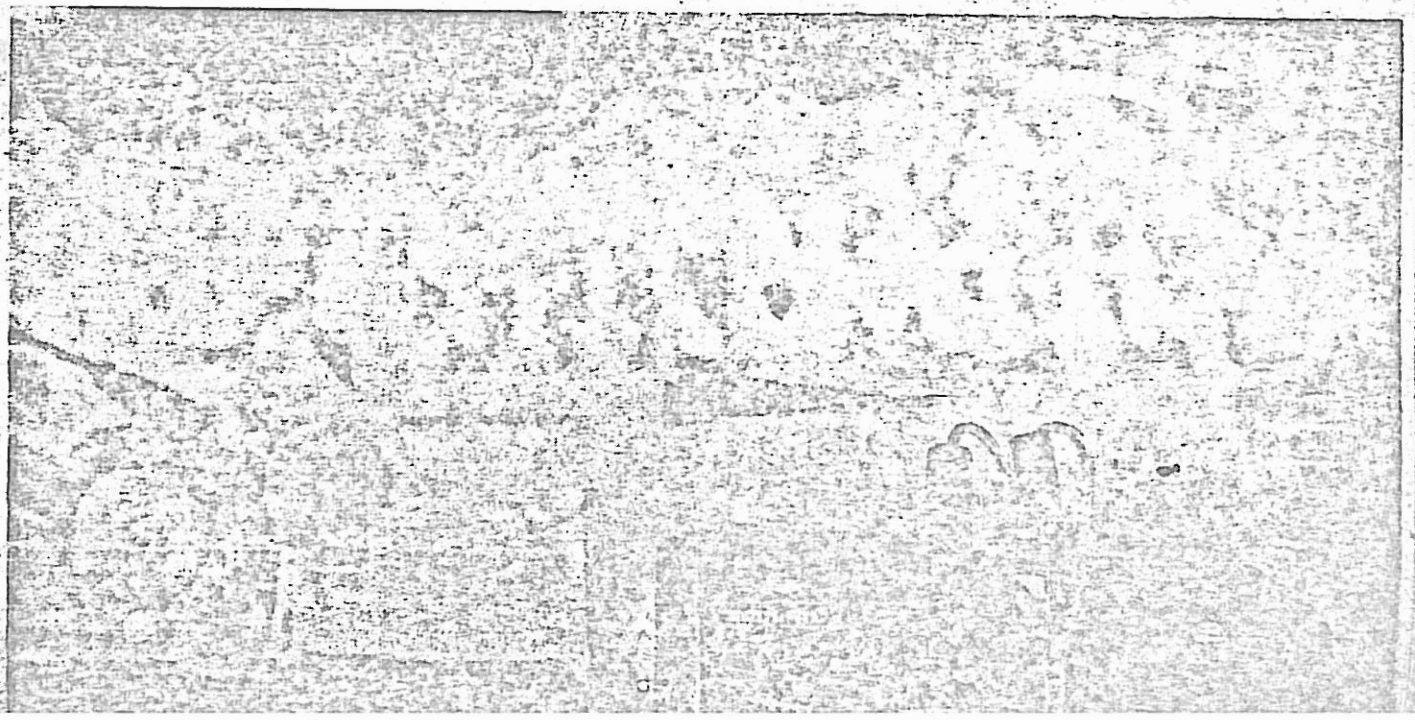

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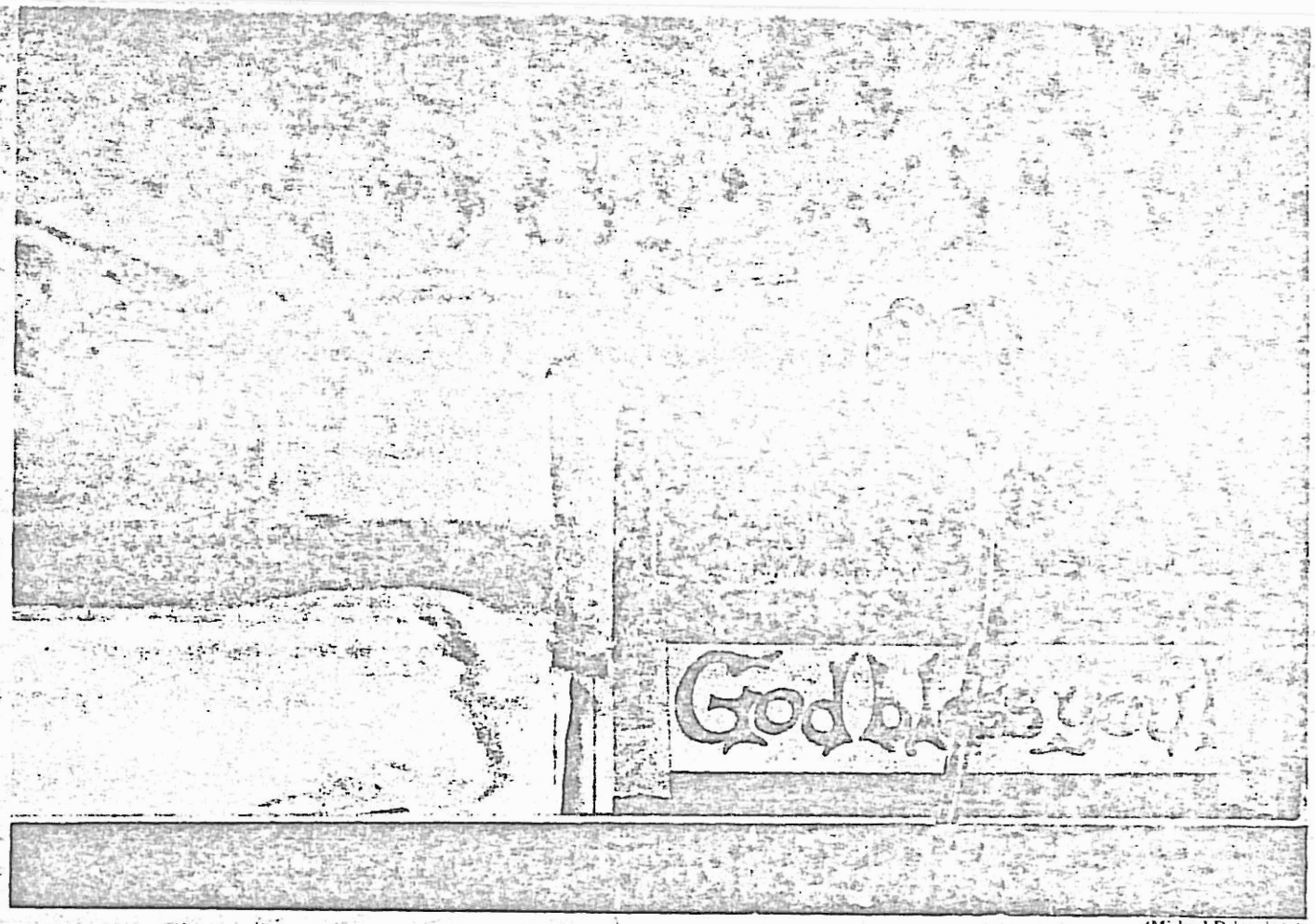

(Michael Dobo photo)

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Unluckily for her she found Wiswall, a Wellesley Hills hospital flippantly described by a prominent ECT advocate who does not send patients there, as a place where "they figure that if twenty treatments are good, then two hundred are better."

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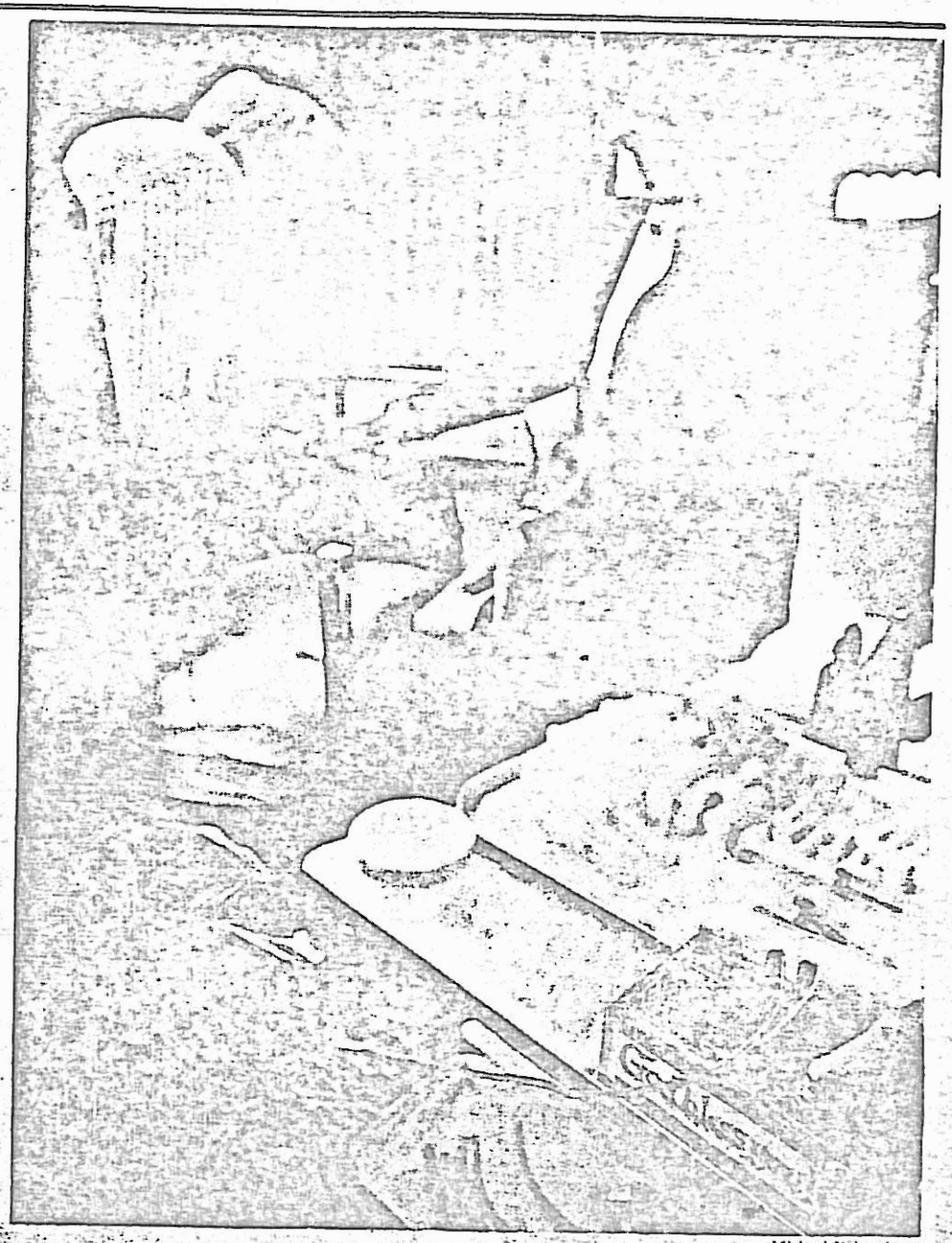

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At the time of my visit, it was clear Wiswall had improved since a surprise pre-breakfast inspection by the State Mental Health Department inspection team last year. At that time, the Globe reported, Wiswall was cited for using restraints for patients 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 flopped on whatever bed or cot happened to be available.

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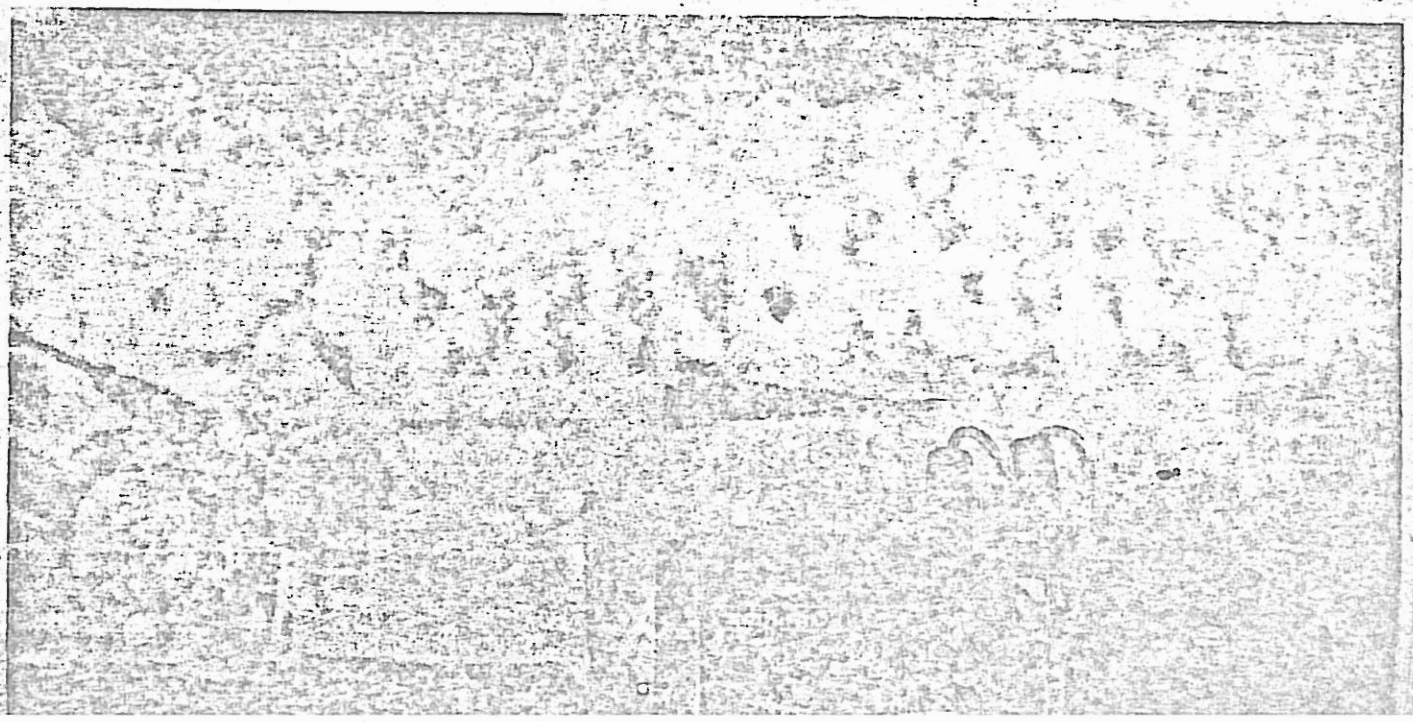

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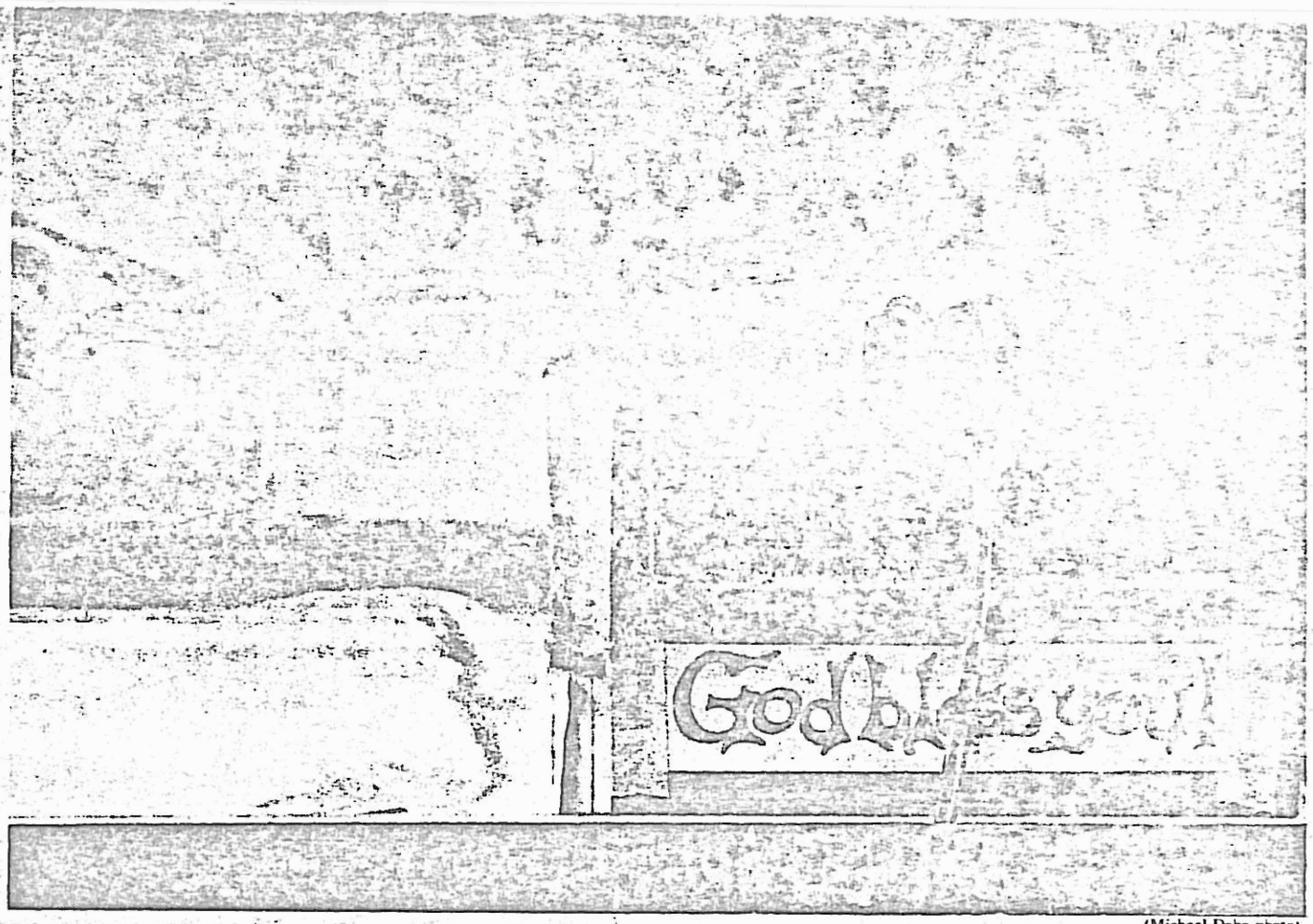

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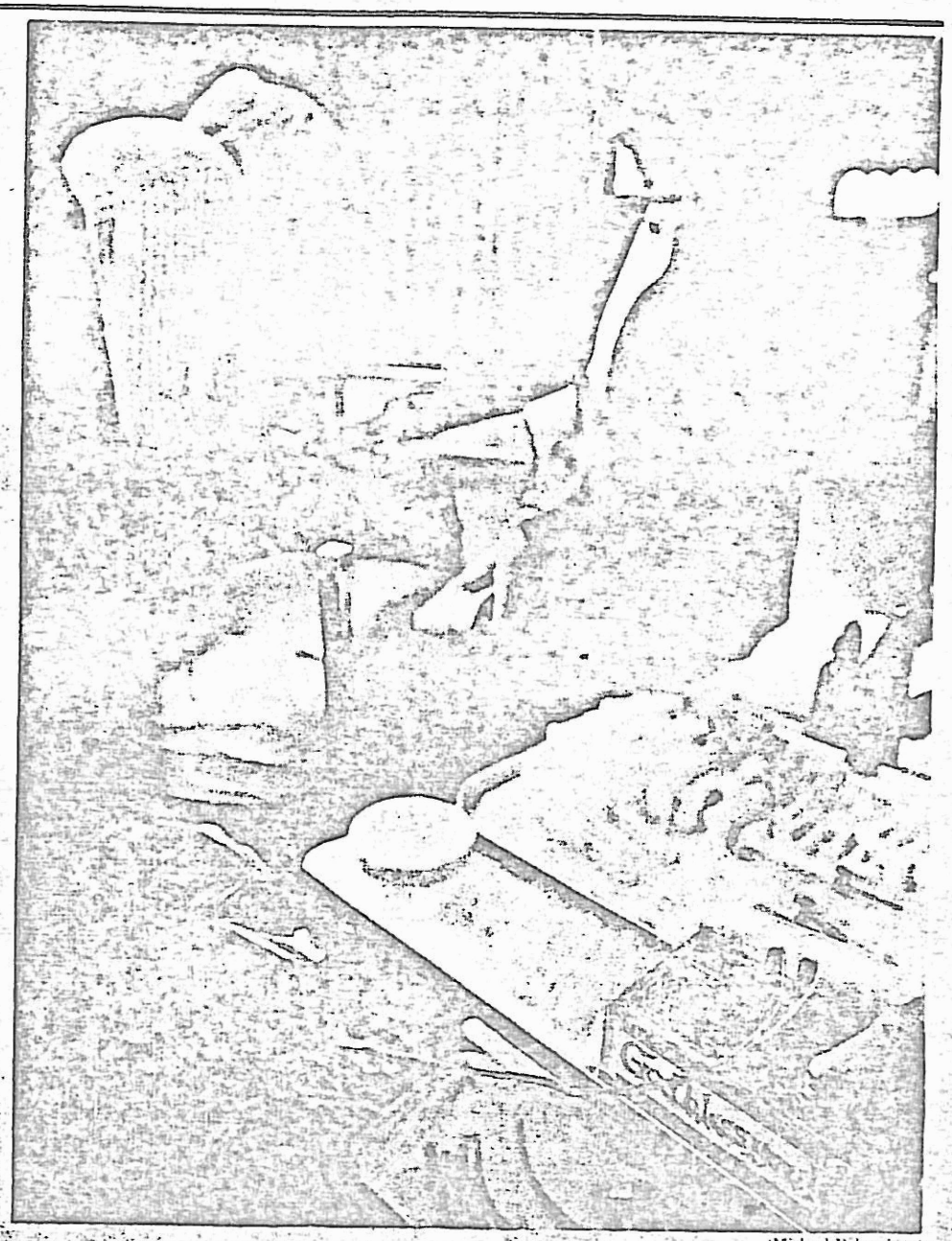

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As she leaned over to reach the side of my head nearest the wall, her fat breast muffled my face like a cloud or a pillow. He dragged out a table on wheels with a machine on it and rolled it behind the head of the bed. The nurse started swabbing my 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 like the end of the world. Whee-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 split and the sap fly out of me like a split plant.

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

The Rationale for Shock

Shock shops exist partly because there is a genuine controversy in the medical profession as to just when, why and how much electroconvulsive shock therapy should be given. As there has been little research done in the area, there are no "acceptable standards," so doctors have been left to do pretty much as they please. The result is patients who end up like Jane Smith.

The professional spectrum ranges from the organic therapists who take a biochemical approach to mental illness to traditional psychoanalysits who rely on verbal interviews.

Many analysts criticize organic psychiatrists who administer only physical treatments like shock or lobotomy, charging that such doctors deal with symptoms rather than causes. By the same token, some organic psychiatrists feel analysts waste a lot of time and money by not using shock on patients who fail to respond to psychotherapy. Interviews with psychiatrists Alexander, who teaches at Tufts, and Stephen Howard of Boston University Medical Center, provided these contrasting views.

Alexander said he considers shock therapy "the master treatment for depression" and recommends its use in suicidal depressions and acute schizophrenic psychoses. He suggests that it may also be of use in all mental and emotional disturbances found to be unresponsive to psychotherapy and drugs.

He maintains that ECT is essentially a safe treatment, and any abuses are caused by doctors who don't know what they're doing.

"What do I call abuse?" he asked himself. "Shock administered by someone else." While he held firmly that shock should be used only in conjunction with other forms of therapy, he denied that overshocking or shocking patients in questionable cases could be harmful. Because of improved apparatus, he said, skeletal damage has been reduced to a minimum, and circulatory problems that used to arise are avoided by the administration of oxygen for the duration of a shock treatment.

Alexander described several cases where patients hospitalized for years emerge from depressions after a few shock treatments. I met one of his patients about to enter hypnosis who had received 12 shock treatments at the beginning of what Alexander considered an imminent breakdown. Though the woman heard voices and was psychologically unwell, he explained, shock treatment had allowed her to continue working and avoid a year's hospitalization. The woman said she did not like shock treatments, but that when she felt unstable, a single maintenance treatment made her feel "much better."

Alexander dismissed the notion that patients find shock treatments upsetting, and denied memory loss could be

permanent. If a patient says he never wants shock treatment again, it's the fault of the doctor. "I charm my patients into loving treatments," he boasted.

A Case Against Shock

B.U.'s Stephen Howard, who favors a psychoanalytic approach, said he rarely needs to administer ECT and finds drugs more efficient, safer, and faster for his patients. He feels ECT is potentially hazardous and frequently overused. He pointed out possible physical dangers under anesthesia, and said he has seen cases where patients convulsed too much because they were not properly paralyzed. Such convulsing could lead to skeletal damage, as even Alexander admitted. Howard also warned of possible brain damage, should oxygen supply to the brain be cut off by damage to the circulatory system during convulsions.

Physical reasons aside, shock treatment could be traumatic, he said. "A patient shouldn't be subjected to trauma unless there's a damn good reason for it."

No one knows just what ECT does to the brain. While Alexander has studied the chemical effects of ECT on cats and writes that he found no damage, the cats were put to death after only nine days. According to the Mental Health Department Report, little work has been done to determine whether permanent damage could result in humans.

Despite the disagreement, shock shops administer ECT freely, sometimes using bizarre methods. A committee of twelve psychiatrists appointed by Mental Health Commissioner Milton Greenblatt recently submitted a study on the use and abuse of ECT and developed a set of recommendations. From the answers of the relatively few psychiatrists who responded to the questionnaire, they conclude that, contrary to norms accepted by most psychiatrists, some doctors recommend shock "for almost all patients, believing, with only their personal experience to support their opinions, in the relative omnipotence of ECT."

The committee wrote that ECT "can help to reestablish control in a disintegrating personality which may then be in a better position to negotiate a crisis, but care should be exercised to establish the presence of such disintegration before ECT is recommended. But according to Stephen Rosner, "The shock box boys perform shock routinely on anyone who comes into the office."

While in most private hospitals 30-40 per cent of patients may receive shock, according to an estimate by Commissioner Kaplan, shock boxes administer shock and little else. In part, this may be because doctors accurately diagnose patients who could be helped by shock treatment and send them to hospitals set up to give treatments. These same doctors are likely not to believe in psychoanalysis.

Howard described two patients who were shocked at Bournewood, a private hospital in Brookline. The first, a 16-year-old girl, he diagnosed as having "more than usual difficulties in adjusting." The five or six treatments she received had no effect and left her confused.

The second was a 23-year-old woman diagnosed as a neurotic depressive with no evidence of a psychosis. According to the Greenblatt report, ECT is not generally indicated for either diagnosis. The Greenblatt study concluded that a maximum of about twenty treatments total should be given to any patient.

Several psychiatrists said that patients who reached them after 60 to 180 shock treatments by other doctors were left with "irrecoverable memory gaps." Psychiatrist Aspill described several patients who had received close to a hundred shock treatments who "looked like zombies. They were basically vegetables who had to be fed and clothed." Psychiatric reports on the same patients

[Continued on page 34]

(Michael Dobo photo)

A metal plate is applied to each temple, and a wire placed in the mouth. Then the current goes on.

Shock Therapy...

[Continued from page 33]

prior to shock treatment indicated they had been "functioning but sick." It would take each a year to recover their memories.

Adolescent Shock

Although the Greenblatt report states that there has been no established use for ECT in children or adolescents on a routine basis, young people are given electro shock treatment in Massachusetts.

As I described earlier, I spoke with a teen-aged patient during my visit to Wiswall. According to Kaplan, Wiswall has been known to accept children.

The Boston Globe this summer described a teen-ager arrested on a marijuana charge who was ordered to undergo psychiatric treatment by the juvenile court. He was reportedly "whisked off to have his head put together" by electroshock therapy at a "Wellesley Hills hospital," which was obviously Wiswall.

Shock shops sometimes perform excessive treatments without adequate follow-up and without being sure patients are fully recovered by the time they leave. While the Greenblatt report concluded that ECT is beneficial only when used in conjunction with other forms of treatment, some doctors do not even make clear to their patients what is being done to them or why.

I met one such Wiswall patient as she was about to leave the hospital. She was about twenty-seven, a brunette with plucked eyebrows. She sat for almost an hour in a chair, holding a cup of coffee and staring straight ahead. Later, she said she had been at Wiswall for five and a half months and was glad to be leaving. She couldn't remember why she had been admitted, but figured the treatment (in five and a half months she must have received quite a few) "must have helped or otherwise they wouldn't be letting me go home ... They tell me I was pretty bad when I first came, but I don't remember anything about it." She was anxious to leave because her four children (the oldest was 17) were staying with relatives. She did not know what she would do when she left.

When I told Alexander about the patient he replied that he'd never allow a patient to leave a hospital without adequately understanding her situation, the way this one was about to. Her doctor did not make himself available for comment.

Regulating Shock

Because there are no treatment regulations, shock shops cannot be hit for doing anything illegal. Right now, the Mental Health Department is evaluating the committee report, and has yet to decide whether to issue guidelines or regulations, as the committee report recommends. Mental Health Commissioner Greenblatt said he plans to submit the report for publication in professional journals, and expects to reach a decision within a month.

Presently, the Mental Health Department has jurisdiction in the licensing of mental hospitals, but has control only in the areas of civil rights, staff qualifications, and building and facilities.

But 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 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 in diagnosing illnesses, it is unlikely that regulating uses of shock treatment for specific illnesses could be effective. Because one man's psychosis can be another man's neurosis, there's no guarantee that a doctor who thinks shock helps a neurotic depressive can't just label him a psychotic so he might qualify for treatment.

(Michael Dobe photo)

Even if there were laws against shock abuse, and even if patients realized they had been harmed and were not afraid to speak out, malpractice would be difficult to prove. Courts consider mental patients incompetent, and their testimony usually counts for very little. In the end, it will be up to psychiatrists to protect their patients.

Hopefully, both doctors and patients will begin to speak out against ECT abuse so that future Jane Smiths will not be so easily manipulated.