

ECT a "Preferred Treatment," says NYT Magazine

A November 22, 1987 *New York Times Magazine* article ("Shock Therapy's Return to Respectability," by journalist Susan Squire) claims that a person who is "overwhelmed by feelings of hopelessness and worthlessness" and "broods about death" has an "illness" with "about a 15 percent mortality rate from suicide." The sufferer is a "prime candidate for ECT, the most powerful anti-depressant available." And shock treatment is "now accepted by growing numbers of psychiatrists as the preferred treatment for major depression and mania for patients who cannot take or do not respond to medicine."

Squire admits that former "patients" say shock causes irreversible brain damage and long-term memory loss, but gives more weight to "the procedure's proponents — whose ranks include organized psychiatry and the scientists involved in memory research ... who vigorously contest these points."

The article laments that "Like the current controversy over the forced hospitalization of mentally ill homeless people in New York City [see story, Page 7], the ECT dilemma underscores the sometimes-irresolvable clash between civil rights and medical need."

The invention of ECT, we are told, was based on the observation that epileptics rarely seemed to suffer from schizophrenia ("a severe illness characterized by delusions and hallucinations"), which led doctors to figure that brain seizures were "anti-psychotic."

Although shock was overused in the old days, people get fewer shocks now, and are "put to sleep" with anesthetics. Furthermore, "temporary paralyzing agents" are now used to "prevent bone fractures from violent muscle contractions during the seizures."

"One patient," Squire reports, "may require ten times the amount of

current as another before a seizure occurs. Experimental medication to block seizure-induced amnesia is now undergoing trials in hospitals in New York City and Philadelphia."

While she mentions the fact that Marilyn Rice of the Committee for Truth in Psychiatry "says that she lost 'decades of knowledge' ... including her entire professional memory" after eight shock treatments, Squire also asserts that "It is at present impossible to prove or to refute categorically the charge that electroconvulsive therapy causes brain damage."

She further points out that people who receive ECT stay in hospital for an average of thirteen fewer days than those on medication — a saving of about \$6,400 per "patient": "If you're a responsible administrator, you don't want a patient to wind up in a state hospital because he had only 60 days' [medical insurance] coverage ... your job is to get him stabilized."

Squire's article essentially rehearses the concern expressed by psychiatrists that people who want and need ECT may be denied it because of the actions of "misinformed" lawyers.

The December 20 issue of the magazine ran three letters in response to the article: one from a pro-shock MD, one from a social worker who wants to "see research focus on the long-term, emotional impact of ECT," and one from Linda André, who is suing the New York Hospital, her doctors there, and three shock machine manufacturers for a million dollars (see *Phoenix Rising*, Vol. 7 No. 1).

"I had a course of ECT at a prestigious New York hospital in 1984," wrote André. "Today, I struggle with a permanent loss of normal function. I don't need to wonder whether ECT causes brain damage; I have the result of my own brain scan to prove that it does.... One hundred twenty-three former patients have volunteered for a study of the effects of ECT. However, the Food and Drug Administration, which is responsible for the regulation of ECT machines, has so far denied our petitions."

How to produce normality with electricity

"Classic" methods of treatment aim to change the organism in order to produce a change of mood. This applies to electroshock. Hanfried Helmchen, leader of the university "clinic" in West Berlin, said in 1982 that "The electrical stimulation produces the highest possible activity of all parts of the brain at the same time...."

The control of motion is regulated by the nerve cords from and to the brain; therefore a current passed through the brain becomes noticeable all over the body; this causes the so-called jumping-jack motion.

Psychiatrists have known for a long time that "patients" don't receive electroshock with enthusiasm. In a 1961 article called "A study about the permanent treatment — the point of view of the patients and staff," published in Volume 5 of the journal *Medicina Experimentalis*, three French psychiatrists explained:

"ECT in many cases led to the apprehended persistent disturbance of memory, or to confusions, which were even harder to interpret. ('You've weakened my heart' ... etc.) One of the patients experienced the electroshock treatments, which occurred at regular intervals, as regularly repeated torture. Even when the general condition had sufficiently improved ... the electroshock treatment showed a ... destructive result."

But it is not only the emotional and intellectual damage it does that makes electroshock a "classic" treatment. During autopsies performed in the 1950s, individual case-examinations were done on the brains of "schizophrenics" who had undergone electroshock, and psychiatrists and neurologists often found many different kinds of brain deformation, including softening of whole parts of the brain, destruction of the hippocampus, bleeding and thrombosis at brain vessels, and change of nerve cells at the thalamus, the hippocampus, and the neocortex.

The number of patients who showed hypersensitivity to this kind of treatment (with or without curare), and therefore didn't survive, cannot be counted. The Zurich neurosurgeon Hartwig Heyck, after examining the brain of a "schizophrenic" whose heart couldn't endure a 355th electroshock, came to the conclusion in 1955 that "The result doesn't permit one to presume that electroshock treatment is harmless."

We owe knowledge of how electroshock affects cats to a 1971 study by East German neurologist Helma Sommer: from the third electroshock on she observed in her "patients" an essential change of mind, a shaken sense of direction, which became obvious when the animals quickly fled into the protecting darkness. In addition, she observed a decline of sexual instincts and of appetite. With a growing number of electroshocks, these effects increased, and some months later they apparently caused permanent damage.

In the course of examining the advancing destruction of brain cells after an increasing number of electroshocks, Sommer thought about the exact origin of the brain damage: "It is possible that the repeated effect of the current used causes a gradual blocking of the metabolism between brain cells, by which means the metabolism of the cells is slowed down temporarily. Eventually the irreversible malfunction is inevitable."

Sommer calls this an acute cell disease: "As we can see from our tissue preparations, the destruction of the nerve cell starts with the disintegration or atomization of the Nissl-substance [accumulation of nucleic acid, which, as the fundamental substance of the cells, receives all information about the construction and function of the body organs]. Also, the cell

membrane dissolves. The disintegration finally spreads to the cell's nucleus, and the end of the progressive development is that the cell dies."

Former acting sublieutenant Erwin Pape, who underwent this treatment more than 100 times in the 1950s, described in 1972 how the procedure strikes the person concerned:

"Dragged to a rubber mattress, the rubber gag between his teeth; both electrodes, which end with a common wire in an electric box, are attached to his temple by the doctor. Sometimes with a long cry, always accompanied by a heavy gasp, begin

of electroshock has hurt a psychiatrist.) In 1982, Hanfried Helmchen, in whose "hospital" the electroshock room was insulated against noise, called electroshock treatment "particularly humane."

According to Erwin Pape, it was the second world war, a year after Ugo Cerletti's pioneer work, that brought the triumphant march of electroshock. Pape wrote in 1981: "Raging patients, strong as an ox, who previously had beaten up several nurses and had torn thick leather belts, would suddenly become sleeping 'apostles of peace' [conscientious objectors] ... [and] were all at once cured. And malingerers, who before had remained in the station in spite of large doses of castor oil, quickly learned that it was more agreeable to fight against hostile gunfire than to suffer from electroshock."

According to psychiatrist Detlef Ploog from the Max Planck Institute in Munich, electroshock treatment is often "the only remaining method to normalize the state of mind." Other psychiatrists report the safety and success of the treatment with stubborn soldiers on a warship, where electroshock "therapy" had "turned raging patients into quiet, obedient individuals, who were willing to cooperate. The port authorities ... were astonished to receive a shipload of obedient and controllable patients...."



From *The History of Electroshock*, edited by Leonard Roy Frank

the cramps – so violent that they sometimes cause fractures of the jaws, vertebra, thighs or arms. Soon half a dozen unconscious patients lie in their beds, and the others – with horror in their limbs – are glad that it wasn't their turn."

California psychiatrist Leon Epstein was quoted in a 1977 issue of *Psychology Today* as saying that electroshock was "safer than Aspirin." (Indeed, no known incident

Excerpted from Die Chemische Knebel (The Chemical Gag), by Peter Lehmann. Translated by Ulrike Stamp, Berlin. To order a copy of Die Chemische Knebel, write to Peter Lehmann c/o Irren-offensive, Pallasstrasse 12, 1000 Berlin 30, West Germany.