

End Electroshock Now: An Anti-psychiatry Perspective

By Don Weitz

(This article is a substantially revised and edited version of my keynote address delivered during a conference titled “Who Is Mad?: Critical Perspectives on the Canadian Mental Health System”, at the University of Alberta in Edmonton on March 1, 2008.)

“If the body is the temple of the spirit, the brain may be seen as the Inner Sanctum of the body, the holiest of places. To invade, violate and injure the brain, as electroshock unflinchingly does, is a crime against the spirit and a desecration of the soul”.

— Leonard Roy Frank, shock survivor, anti-shock activist, and editor of *The Electroshock Quotationary*, 2006 [online]

“Freedom from torture or cruel, inhuman or degrading treatment or punishment
No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation”.

— Universal Declaration of Human Rights, Article 15, adopted by General Assembly of United Nations, December 10, 1948

1. “The Personal Is Political”

I want to briefly discuss some personal background information as context for understanding why I identify myself not only as a psychiatric survivor but an anti-shock/anti-psychiatry activist. It took me almost 25 years since being released from a psychiatric institution to start speaking out and protesting against electroshock and the psychiatric system including the fraudulent medical model. (Weitz, 2003)

The terms “mental illness” and “mental health system” are euphemisms, a sham. As I’ll point out, the system invariably causes harm, not health or healing. It was 1950 during the Korean War when I dropped out of Dartmouth College. My grades were falling. I was feeling very tense and confused. I didn’t know what I wanted do with my life and made the mistake of seeing the college psychiatrist who was cold and distant and no help. After seeing a Boston psychoanalyst (another big mistake), I ended up in a Massachusetts sanitarium called Austen Riggs Foundation. Seven months later, I was locked up for 15 months in McLean Hospital (a Harvard-affiliated psychoprison a few miles outside Boston), labeled “schizophrenic”, and underwent the torture of insulin subcoma shock treatments — against my will and despite repeated protests.

As “the treatment of choice for schizophrenia” for approximately 25 years (1938-1963), insulin shock was finally discredited as unsafe, dangerous and ineffective, and Austrian psychiatrist Manfred Sakel, who introduced the procedure in 1933, exposed as a fraud. By the late 1960s, insulin coma and subcoma shock treatments were no longer

prescribed. Insulin shock was a convulsive psychiatric procedure; it drastically lowered the blood sugar (“hypoglycemia”), triggered agonizing hunger, severe trauma, and frequently produced coma and brain damage and sometimes death. For almost three decades, tens of thousands of patients labeled “schizophrenic” in North America and Europe were made to suffer incredible agony and torture. Many died from insulin coma shock; its death rate was 5%-7% — facts that psychiatrists don’t like to acknowledge. I was prescribed and endured 110 insulin subcoma shocks during six consecutive weeks of daily hell. The shrinks finally released me in 1953 after I told them what they wanted to hear: that I was ready to return to college, be a good middle-class boy, and see a psychiatrist for psychotherapy. A few years ago, when I obtained all my medical records, I noticed the words “suitable for insulin or electroshock” which a psychiatrist wrote on a hospital admission page. I was damn lucky to have escaped electroshock and brain damage. (Weitz, 2004)

In 1973, one year after I resigned from Toronto’s notorious Queen Street Mental Health Centre where I worked as a community psychologist and protested against its barbaric physical restraint of the ‘Cold Wet Pack’, I spent 10 consciousness-raising days as a guest of the Mental Patients Association (MPA) in Vancouver. I started questioning psychiatric ideology and practice — especially forced drugging, electroshock, “the medical model of mental illness”, and locking up innocent citizens labeled “psychotic” or “schizophrenic”, suicidal, and/or dangerous. I felt, in fact I knew, there had to be humane, self-help and other non-medical alternatives to the “mental health system” and psychiatry generally. I decided to get involved in what was then called the Mental Patients Liberation Movement — later called the Movement for Human Rights and Against Psychiatric Oppression, currently the Mad Movement or Psychiatric Survivor Movement.

During the next 12 years, I participated in the annual Conference For Human Rights and Against Psychiatric Oppression held in various cities, including the exciting 1982 conference in Toronto. It was hosted by the self-help group On Our Own (originally called Ontario Mental Patients Association which I co-founded with Harvey “Alf” Jackson and Bob Carson). During that period and in the following years, I felt solidarity with and empowerment from other survivors as they courageously voiced similar experiences of severe abuses and trauma from forced drugging and electroshock, commitment, discrimination and stigmatization. We shared successful organizing strategies and tactics in establishing self-help and advocacy groups, proudly marched and protested against several notorious “mental hospitals” or “shock mills” in Canada and the United States, published powerful personal stories and critiques of the system, and frequently demonstrated against the American Psychiatric Association and occasionally the Canadian Psychiatric Association at their annual meetings.

I was beginning to understand that the so-called “mental health system” was, and still is fundamentally coercive, fraudulent, harmful, torturous, dehumanizing, stigmatizing, and sometimes criminal. Once locked up, you’re lucky to get out alive.

After my release from McLean Hospital in 1953, it took me almost 30 years to develop a

political consciousness and analysis of the psychiatric system as a social control system controlled by psychiatry, supported by Big Pharma (the pharmaceutical industry) and the state, and promoted by the corporate-controlled mainstream media. To be blunt and honest, I'm not exaggerating when I assert that the psychiatric system has absolutely nothing to do with health or healing, nothing to do with helping people work through or prevent personal crises, nothing to do with care, compassion, emotional support, empowerment or respect. Instead, the psychiatric system has everything to do with social control, total control over people's health and lives, degradation, disempowerment, and torture masquerading as treatment—forced drugging, electroshock (ECT), psychosurgery (lobotomy), physical restraints, and solitary confinement (seclusion).

2. What happens during electroshock – the procedure

“Well, what is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient. It's a bum turn, Hotch, terrible.”

— Ernest Hemingway, Nobel Prize-winning writer, in A.E. Hotchner, *Papa Hemingway*, 1967 (A few days after being released from the Mayo Clinic following a second ECT series, Hemingway killed himself with a shotgun.)

Method of administration:

- injecting a sedative or tranquilizer (e.g., Valium);
- injecting a “muscle relaxant” (e.g., succinylcholine, a derivative of curare) that paralyzes all muscles in the body including the diaphragm so the person can't breathe;
- attaching an oxygen mask over the person's face so she or he can breathe (artificial respiration);
- applying electricity-conducting jelly to one or both sides of the head while the person is unconscious;
- inserting a rubber gag in the mouth that prevents the patient from biting or swallowing her/his tongue during the seizure;
- administering 150-200 volts (and sometimes a higher voltage) for 1-2 seconds (or longer) to one or both sides of the head, directly over the temporal lobes in the brain where memory function is mainly located.

Immediate effects during procedure:

- grand mal epileptic seizure and convulsion lasting approximately 60-90 seconds
- sudden rise in blood pressure
- small hemorrhages in the brain
- coma or unconsciousness lasting 10-20 minutes

Immediate after effects:

- severe headache lasting a few hours to 2 days
- disorientation (sometimes not knowing where you are, your name, date or day)
- confusion
- physical weakness and muscle ache or soreness
- cyanosis (skin turns blue from lack of oxygen)
- apnea (temporary stoppage of breathing)
- irregular or increased heartbeat (especially in elderly)
- nausea
- dizziness
- memory loss
(Frank, 2006)

Long-term or permanent effects:

- memory loss – retrograde amnesia and/or anterograde amnesia
- difficulty concentrating, reading, studying, or learning new material
- loss of artistic, musical or creative ability
- brain damage
(Breggin,1997, 1998; Frank,1990, 2006; Friedberg, 1976,1977; Sackeim et al, 2007)

3. Electroshock as Social Control

Electroshock is a paradigm of the psychiatric system—it is coercive and causes fear, terror, trauma, torture, disability, and disempowerment. Who can forget the shock scene in the film *One Flew Over the Cuckoo's Nest* — a riveting, iconic image and symbol of the awesome power of the psychiatrist and “machine” over the powerlessness of the patient-prisoner. “You mean they’re still doing it”? In disbelief, many people, even some academics and health professionals, frequently ask me that question. They’re alarmed when I inform them that electroshock is not only still prescribed and legal but has increased during the last 10 years in Canada and the United States.

Today, the chief targets of electroshock are women and the elderly, especially elderly women — clear indications of sexist and ageist factors in this criminal assault on the brain carried out by psychiatrists and sanctioned by the state. These facts and shock statistics are rarely reported in the mainstream, corporate-controlled media that consistently parrot the medical model of biological psychiatry, and promote the newest antidepressant and neuroleptic drugs as “medical breakthroughs”.

Here are a few highlights in the “ECT” statistics in Ontario for 2000-2002 I compiled. Unfortunately, these statistics are incomplete. (Source: Ontario Ministry of Health and Long-Term Care):

- The total number of electroshocks has decreased slightly from approximately 14,783 in 2000-2001 to 14,034 in 2001-2002. (Weitz, 2002)
- During 2000-2001, 1,759 people were electroshocked, in 2001-2002, the figure dropped slightly to 1,656 people
- Two to three times more women than men are electroshocked (68% vs 34%).
- Approximately 30% of people administered electroshock are elderly, 65 years and older. (Weitz, 1997)
- Approximately 75% of elderly shock patients are women (3 times as many women as men). (Burstow, 2006a, 2006b; Weitz, 1997)

A recent landmark study by psychologist/shock promoter Harold Sackeim and six other researchers scientifically proved and confirmed what most of us shock survivors and critics have known, but which shock doctors, the Canadian Psychiatric Association and American Psychiatric Association have denied for many years:

- electroshock causes permanent memory loss and brain damage
- women suffer more severe intellectual impairment and brain damage than men
- elderly patients suffer more brain damage than younger patients

Furthermore, shock-related deaths have been minimized or rarely mentioned in the psychiatric literature. However, researcher and editor Leonard Frank has documented upwards of 400 ECT deaths reported in the English language medical literature between 1942 and 1977. Estimated death rates for electroshock vary widely, from 1 in 10,000 to 1 in 100. One psychiatrist has estimated the ECT death rate for the elderly to be 1 in 200, five times higher than his estimate for the rest of the population. Two of the reasons for the gap in these estimates are:

- "no central tracking" system of ECT deaths
- under-reporting of shock-related deaths by hospitals (Frank, 1978. 2006)

In 1983 at the Annual Meeting of the American Psychiatric Association in New York, former US attorney General and human rights advocate Ramsey Clark told the psychiatrists that “electroshock is violence.” The APA didn’t listen or care. Last year, feminist and trauma specialist Dr. Bonnie Burstow published two papers asserting that electroshock is “a form of violence against women”. Dr. Burstow is the only academic and health professional in Canada who has publicly and repeatedly denounced electroshock as harmful and unethical and called for a total ban. In sharp contrast, Canadian neurologists and nurses including their professional associations have remained

conspicuously and inexcusably silent and therefore complicit in condoning this barbaric procedure.

The vast majority of women's organizations, senior organizations, and advocates for the elderly have refused to publicly condemn electroshock and call for its abolition. Amnesty International still refuses to acknowledge electroshock as torture or "cruel and unusual punishment". It's time health professionals and Amnesty broke their silence.

4. What Shock Survivors Say: Survivor Testimony and Shock Report

"People say there is no torture in Canada. Excuse my language but that's pure bullshit, there's torture being paid for by the Ministry of Health".

— Sue Clark, Canadian shock survivor (in B. Burstow "When Women End Up in Those Horrible Places" [video, 1994])

I had never met or spoken with anyone who had undergone electroshock until I met "Charlie" (a pseudonym) who was locked up with me in McLean Hospital's all-male Proctor House in the early 1950s. Charlie looked like a frightened ghost. His face was pale and pasty; he didn't walk; he padded along the halls so quietly, so unobtrusively you hardly knew he was there. Charlie didn't speak; he sometimes whispered; he was almost mute, but his silence spoke a thousand words. Another patient once told me Charlie had had ECT. I wondered, Did the shock treatments scare the hell out of Charlie?

Traumatize him?

My next encounter with electroshock survivors occurred about 5 years later in 1957-1958 when I worked as a psychometrist in Cleveland Psychiatric Research Institute in Cleveland, Ohio. I deceived myself into believing I was educating and training myself to become a clinical psychologist. In fact I was learning how to label and stigmatize patients and write psychological reports full of psychobabble — I'm still ashamed of that period in my life.

During the last 35 years, I have corresponded with or met well over 100 shock survivors; I've listened to their heart-rending public testimonies; I've read many of their painfully personal accounts of devastating traumas, "cognitive impairments", particularly permanent memory loss, ruined careers and lives. I've also participated with these courageous brothers and sisters in workshops, public hearings, and anti-shock/anti-psychiatry protests including nonviolent civil disobedience in several cities: New York, Syracuse, Washington, Cleveland, Burlington (Vermont), Vancouver, Montreal, and Toronto. Their honesty and courage continue to inspire me.

This is an excerpt from "ECT", a poem Nira Fleischmann wrote. Nira was a courageous psychiatric survivor, gifted poet and writer, an editor of *Phoenix Rising*, and good friend whose tragic death occurred 23 years ago. She escaped electroshock but witnessed some of its disastrous effects on sister survivors in Ottawa.

“They think it clever to baptize torture with initials.
They think it subtle to call it ‘treatment’.
They talk of cures
Reciting tales of miraculous salvation.
I don’t buy it.
I’ve seen the disaster, the mistakes.
I call it electrocution.”
— Nira Fleischmann, “E.C.T.” (*Phoenix Rising*, April 1984)

“I’d much rather have a small lobotomy than a series of electroconvulsive shocks. ... I just know what the brain looks like after a series of shocks — and it’s not very pleasant to look at.”
— Karl Pribram, M.D., Ph.D., *APA Monitor* [American Psychological Association], September-October 1974 (reprinted in Frank, *The History of Shock Treatment*, 1978)

The many traumatic, brain-damaging and -disabling effects of electroshock and psychiatric drugs have always been of great concern to the Coalition Against Psychiatric Assault (CAPA). In June 2004 at a public forum in Toronto City Hall sponsored by CAPA, more than 75 participants made history — they voted democratically to direct CAPA to make electroshock and psychiatric drugs its two strategic priorities, the first time in Canada that members of the public were given the opportunity to decide priorities for an anti-psychiatry organization. During two consecutive days of public hearings held in Toronto City Hall in April 2005, several survivors courageously testified — some for the first time. What follows are some excerpts from their powerful testimony (their testimony and recommendations are published in a report titled *Electroshock Is Not A Healing Option*, which is posted on the CAPA site <http://capa.oise.utoronto.ca>. (Weitz et al, 2005)

Some survivors like Wendy Funk had their professional careers ruined. After undergoing 40 shocks in 1989 in Lethbridge, Alberta, 30 years of experiences and knowledge were immediately erased. Wendy has virtually no memory of raising her children. (Funk, 1998)

”After 14 months of being locked inside the psychiatric unit, I returned home to a family I had no memory of. I didn’t know how to be a mother to my young sons or a wife for my husband. I had to learn my name, how to speak, do up buttons, brush my teeth and so on. I didn’t even recognize my own parents, sisters and brothers. My social work career and law aspirations vanished”.
Wendy Funk

Shock survivor and anti-psychiatry activist Sue Clark underwent 5 forced shock treatments in Brockville Provincial Psychiatric Hospital in the 1970s. Her heart stopped once during the procedure. More than 30 years later, Sue still has great difficulty remembering daily events.

“I felt tortured. ECT is a brutal method of torture and a crime against humanity.”

— Sue Clark

Wayne Lax had approximately 80 electroshocks over a 20-year period in Kenora, Ontario until 1992. He still has difficulty remembering material and recognizing some of the people he once knew. Shock promoters and many psychiatrists typically minimize or deny permanent memory loss and other “cognitive impairments” — the survivors do not.

“Part of me is missing forever. They treated us like guinea pigs. Why would delivering electricity through a brain be anything less than destructive and damaging?”

— Wayne Lax

“Once after I had shock treatment, when my mother and aunt came to visit me, I couldn’t tell one from the other”.

— Maynard, Toronto, unspecified number of ECTs during the 1980s

“I couldn’t memorize music anymore. I played the piano. I would spend 8 hours trying to memorize one page of music. ... There were huge chunks of my life that were missing. I kept waiting for them to come back, but they didn’t”.

— Carla McKague, 15 ECTs, Hamilton, Ontario, in 1963, written testimony

“[Electroshock] stunted many aspects of my creativity. ... I used to be able to use my imagination to paint. ... I had to relearn how to write a sentence, how to write a paragraph, how to calculate multiplication tables, I’m not as quick or smart as I used to be.

— Paivi Lane, 30 ECTs, Toronto, 1983-1984

“I can’t do research anymore. I can’t follow up on things. ... I was totally dazed”.

— Mel Starkman, 38 ECTs, Toronto, 1966-1968

The report also included several major recommendations arising from the survivor testimony and the panel, some of which were addressed to the Toronto Board of Health, others to the Ontario government’s Ministry of Health and Long-Term Care, and others to Health Canada:

- Ban electroshock
- Call an immediate moratorium on electroshock
- Network with survivor and social justice groups
- Provide counseling for electroshock survivors
- Launch public educational campaign on electroshock
- Draft an electroshock ban law
- Hold public hearings
- Establish a “healing house” as a government-funded pilot project

- Establish a national adverse electroshock reaction databank on a government website
- Establish a mandatory ECT Reporting Law
(Weitz et al, 2005)

The response of government officials to CAPA's report has been silence and denial. The Toronto Board of Health and its Medical Officer of Health, David McKeown, refused to meet with the CAPA Executive to discuss any recommendations. Ontario's Minister of Health George Smitherman never replied. Despite CAPA's outreach efforts and press conferences, the mainstream media in Toronto didn't bother showing up or mentioning our public hearings on electroshock, which was no surprise.

There was also no reply from Canada's Health Minister Tony Clement or any member of the Health Canada staff. Nevertheless, the personal stories and testimonies of shock survivors continue to surface and pile up as 'blogs' or personal stories on the Internet. Although rarely published in the mainstream media, these testimonies reveal an extremely disturbing pattern of trauma, massive memory loss, brain damage, and disability that should alarm health ministers, bioethicists, neurologists, nurses, human rights activists, lawyers, and the public — particularly women's, seniors' and health advocacy organizations.

5. Struggle and Resistance

“Stopping shock treatment will require public outrage, organized resistance from survivor groups and psychiatric reformers, lawsuits, and state legislation”.

— Peter Breggin, M.D. (psychiatrist), “Disturbing News for Patients and Shock Doctors Alike” [online] April 1, 2007; see also Morgan, 1991)

I now want to share with you some highlights in our proud 30-year long history of resistance against electroshock and the psychiatric system in North America. I know there have been similar demonstrations in other countries, my apologies for not mentioning them at this time. This is a small sample of acts of resistance against electroshock and psychiatry in Canada and the United States:

- 1982, May 17: Sixteen psychiatric survivors from the US carry out nonviolent civil disobedience, a sit-in at the Sheraton Centre Hotel to protest the forced treatment (including electroshock) practices and policies of the American Psychiatric Association during its Annual Meeting. The sit-in occurs during a counter-conference of the International Conference on Human Rights and Psychiatric Oppression organized by On Our Own. All protesters are arrested and released the same day. (Phoenix Rising
- 1982, November 2: In Berkeley, California in protest over the massive electroshocking of patients in Herrick Hospital and other psychiatric facilities, the Coalition to Stop Electroshock succeeds in putting a shock ban referendum (Measure T) on the city ballot — 61% vote to ban electroshock in Berkeley, after the Coalition collects 2,452 names on a petition. This referendum marks the first time US citizens were allowed to

vote on electroshock in a city election. The California State Supreme Court overturns the shock ban 41 days later, Herrick immediately resumes shocking patients.

- 1983, May 1: At the Annual Meeting of the American Psychiatric Association (APA) in New York City, former US Attorney General and human rights advocate Ramsey Clark tells the psychiatrists, “Electroshock is violence”.
- 1983, May 23-24: During the 11th Annual International Conference for Human Rights and Against Psychiatric Oppression in Syracuse, New York, 9 psychiatric survivors block the front doors of Benjamin Rush Psychiatric Center as an act of nonviolent civil disobedience. Five years later, Benjamin Rush stopped electroshocking patients.
- 1983, October 21: the first Public Forum on Electroshock and Other Crimes of Psychiatry in Canada is organized by the Ontario Coalition to Stop Electroshock. Many shock survivors and supporters give personal and political testimony against shock and other forced treatments in Toronto City Hall.
- 1983, October 22: North American Day of Protest Against Electroshock. Demonstrations, vigils, rallies and educational events are carried out by survivor, anti-psychiatry and human rights groups in Denver, San Francisco, Boston, Syracuse, and Toronto. In Toronto, some 30 former inmates and supporters march to and protest in front of the Clarke Institute of Psychiatry, Ontario’s “shock shop”.
- 1983, December 1-2: Toronto: the shock case of “Mrs. T”, whose psychiatrist and a review board threatened to shock her against her will, is heard in the Ontario Supreme Court. Electroshock survivor and lawyer Carla McKague advocates for “Mrs T.”, she argues that electroshock is a form of psychosurgery as defined in the Mental Health Act — both interfere with brain function and cause brain damage. The case loses but Mrs. T is not electroshocked. First shock case in Canada sparks national media and political concern over forced electroshock. A few years later, Ontario’s *Health Care Consent Act* is amended to prohibit shock without informed consent.
- 1984, January 17: At a public meeting of the Toronto Board of Health, seven members of the Ontario Coalition To Stop Electroshock convince the Board to call a moratorium on electroshock in Ontario. The Board’s decision marks the first time in Canada that a health body raises concern over and tries to restrict electroshock, but the Ministry of Health’s Keith Norton refuses to enforce the moratorium resolution.
- 1984, July 3-6: Three Coalition members organize nonviolent civil disobedience; they stage a sit-in in Keith Norton’s office requesting to meet with him. The protesters refuse to leave until Norton meets with them. He refuses and the peaceful protesters are forced out of the building. They all return on two consecutive days, security guards force them out again. On June 6, the Coalition issues a press release criticizing Norton and demanding he appoint a shock survivor to the ECT panel. A month later in July, Norton appoints Carla McKague to the 16-member ECT Committee. Carla is

the only survivor on this medical-psychiatrist-dominated committee, the only member advocating abolition.

- 1984, October 7, 14, 21: Since neither the Toronto City Council nor Ontario government holds public hearings on electroshock. The Coalition organizes 3 days of public hearings in Toronto City Hall. Approximately 50 people, predominantly survivors and a few of their relatives, give moving testimony about the devastating effects of permanent memory loss and brain damage on their lives. All but one survivor urge a total ban. (Froede & Emmeline, 1999)
- 1986, October 8: Several members of the Ontario Coalition to Stop Electroshock, human rights activist Kathleen Ruff and NDP justice critic Svend Robinson speak out against the Canada's Mulroney government on Parliament Hill in Ottawa. They protest against the government for refusing to compensate 9 Canadian victims of psychiatrist Ewen Cameron's brainwashing experiments. In the 1950s and 1960s, Cameron inflicted massive brain damage on more than 100 patients — mostly women — by “depatterning” their brains with massive, daily doses of electroshock, psychiatric drugs and “psychic driving”. The Mulroney government eventually offered “compensation” to many of Cameron's “depatterned” victims with a one-time lump-sum payment of only \$100,000. *Phoenix Rising* publishes a scathing critique on the Mulroney government's *Cooper Report* that claims the federal government is not legally or morally responsible for the brainwashing experiments it mainly funded.
- 1988, May 2: During another anti-shock demonstration organized by the Coalition in front of Toronto's Clarke Institute of Psychiatry, the Toronto police charge survivors Jack Wild and Don Weitz with “trespassing/refusing to leave premises when directed.” They're arrested after trying to hand out accurate shock information to patients on one of the wards during visiting hours. Many copies of the Coalition's pamphlet *Electroshock Facts: Your Right to Know the Truth About ECT* are handed out to people on the street to combat the misleading and inaccurate *ECT Guidelines/Patient Information* published by the Ontario government's Ministry of Health.
- 1989, January 28: Resistance Against Psychiatry (RAP), a new anti-psychiatry group that succeeds the Ontario Coalition to Stop Electroshock, organizes a protest against the Ontario Psychiatric Association (OPA) inside and outside Toronto's Sheraton Hotel where the OPA is holding its annual meeting. Electroshock, forced drugging and diagnostic labeling are targeted. Some signs read: “Drugs kill the will to live!” “Electroshock kills the memory!” “Labels destroy dignity!” Demonstrators chant “People have died, shrinks have lied, psychiatry is genocide!” More than 25 protesters including many shock survivors, AIDS activists, lesbian and gay liberationists, members of the Alliance for Nonviolent Action, and prisoner rights groups support the protest and picket.
- 1993, August 10: Prisoner Justice Day in Canada, approximately 75 psychiatric survivors and supporters protest in front of Toronto's Queen St. Mental Health Centre where thousands of patients, including On Our Own member and shock survivor Mel

Starkman, have been forcibly drugged, physically restrained and subjected to solitary confinement (seclusion). Resistance Against Psychiatry organized the protest. Mel is finally released two years later in 1995.

- 1997: 81- year-old Lucille Austwick, “the Rosa Parks of electroshock” and patient in an Illinois nursing home, refuses electroshock after a psychiatrist pressures her to consent. The state’s Office of Advocacy and Guardianship and Support Coalition International support her case. An Illinois appellate court judge rules in favor of Austwick’s right to refuse, a precedent-setting judgment.
 - 2005, April 9-10: The Coalition Against Psychiatric Assault (CAPA) holds its first public hearings on electroshock in the Toronto City Hall Council Chambers. Only shock survivors are invited to speak. A panel of health professionals facilitates the testimony and writes a report, *Electroshock Is Not A Healing Option*, based on the survivors’ testimonies. The full report and all the testimonies are posted on the CAPA site. (<http://capa.oise.utoronto.ca>)
 - 2006, April 24: The Coalition for the Abolition of Electroshock in Texas (CAEST) organizes a public rally and march to protest electroshock and demands Seton Shoal Creek Hospital in Austin, Texas to stop shocking patients. An excerpt from a Mission Statement on its website reads, “Our mission is to abolish electroshock in Texas, and we won’t rest until we do”.
 - 2007, May 13: On Mother’s Day, three anti-shock demonstrations are simultaneously held in Toronto, Montreal and Cork, Ireland with the theme “Stop Shocking Our Mothers and Grandmothers”. These protests highlight the fact that women, particularly elderly women, are the chief targets of electroshock. They indicate that the movement to abolish electroshock is becoming international. (See reports on <http://capa.oise.utoronto.ca>, and capacanada.wordpress.com)
 - 2008, May: Three anti-shock protests are held in 3 different cities on or close to Mother’s Day with the theme “Stop Shocking Our Mothers and Grandmothers”: on May 3 in Cork, Ireland; on May 10 in Montreal, Quebec organized by the Comité Pare-chocs in collaboration with Action Autonomie and Collectif Pour la Defense des Droits en Sante Mentale de Montreal; and on May 13 in Ottawa, Ontario organized by the International Campaign to Ban Electroshock.
- 2009, May: On May 10, Mother’s Day, CAPA organizes another march and a similar protest is held in Montreal, organized by Comité du Pare-chocs, Action Autonomie, en collaboration avec le Colectif la Defense en Sante Mentale de Montreal.
- 2010, May: Another Mother’s Day protest, organized by CAPA, is again held in Toronto with the theme “Stop Shocking Our Mothers and Grandmothers” to emphasize that women, particularly older women as well as young women labeled with ‘post-partum depression’ are the main targets of this psychiatric assault. The march and protest is held as a post-conference event on May 9, one day after the end of PsychOUT: A Conference

for Organizing Resistance Against Psychiatry. An anti-shock resolution opposing electroshock and unanimously passed by the conference is read out by Dr. Bonnie Burstow; a number of other antipsychiatry activists and shock survivors from Canada, Ireland, Germany and the United States also speak out;. On May 11, NDP-MPP Cheri DiNovo introduces a private member's bill to defund ECT in all public hospitals in Ontario in the Ontario Legislature; she gives a press conference--speakers also include CAPA members Dr. Bonnie Burstow, Mel Starkman and Don Weitz;. Cheri promises to fight for her anti-shock bill in the Ontario Legislature and continues speaking out against electroshock. On May 31, MindFreedom Ireland organize another shock protest in Cork, Ireland.

6. Alternatives

Many people ask me, "What are the alternatives to ECT?" I feel like replying, "What's the alternative to beating your wife or partner on the head with a 2 X 4?" Stop beating her — stop the shocks! The fact that such a question is even asked is a pathetic commentary on the public's ignorance and the power of psychiatry's fraudulent medical model that continues promoting the myth of "mental illness", "safe and effective medication" (antidepressants and neuroleptics), "biochemical imbalance", and "lifesaving" electroshock.

Here are some of many safe and humane alternatives to psychiatric drugs and electroshock: peer counselling, safe supportive and co-op houses, crisis centres, advocacy groups, meditation, exercise and diet, friendships, withdrawal centres (from psychiatric drugs), and trauma centres — especially for women shock survivors. Unfortunately, the latter two do not exist in Canada.

When people ask me, "What can I do to help stop electroshock?" I offer these practical suggestions:

If you're a shock survivor, psychiatric survivor, anti-psychiatry or social justice activist:

- Get together and network with other survivors, relatives of survivors, activists and allies.
- Organize educational workshops, public forums or town hall meetings, rallies, marches, and demonstrations against electroshock in your community or city.
- Organize anti-shock demonstrations at annual meetings of a provincial psychiatric association or the Canadian Psychiatric Association.
- Participate in or help organize anti-shock protests in front of "shock mills", psychiatric hospitals where shock is administered.
- Tell your shock story to a newspaper, radio or tv reporter.

- Write and publish your personal shock story, post or blog it on anti-shock websites: such as capa.oise.utoronto.ca, capacanada.wordpress.com, ect.org, geocities.com/sueclark2001ca, endofshock.com and ect.org

If you are a concerned citizen or student, you can get involved by taking these actions:

- Write letters to the editor and op-ed pieces combating pro-shock articles.
- Help organize a letter-writing campaign or anti-shock petition, mail them to MPPs provincial health ministers, the federal minister of health, and Health Canada.
- Lobby national and international human rights organizations, including Amnesty International, Human Rights Watch, and the United Nations Committee Against Torture, urging them to publicly condemn electroshock as torture or “cruel and unusual punishment”.
- Urge your organization, college or university to help sponsor or endorse provincial, national or international conferences that denounce electroshock and support anti-psychiatry.

7. Banning Electroshock

“I now endorse public efforts to ban ECT. The banning of ECT should be supported by all concerned mental health professionals”.

— Peter Breggin, M.D., *Brain-Disabling Treatments in Psychiatry*, 1997

Although electroshock has been regulated and restricted in some 30 states in the United States and perhaps in one or two European countries, no state or country has officially banned or declared a moratorium on electroshock. Nevertheless, I am convinced that electroshock will be banned, but probably not in my lifetime.

Achieving a national or international ban or moratorium on electroshock will take much more public education and organizing at grassroots, local, provincial, state and national levels including many more public rallies, demonstrations and protests. Getting a shock ban demands the commitment of many thousands of health professionals, including neurologists who know more about the destructive effects of convulsions and seizures and brain damage than psychiatrists – so far they’ve been silent.

Many other physicians, nurses, and lawyers must also get involved in the anti-shock movement. Health professionals and lawyers must break their long and inexcusable silence and start publicly denouncing electroshock as a serious violation of medical ethics, particularly informed consent.

Achieving a ban will also demand the personal commitment and direct action (including nonviolent civil disobedience) of thousands of psychiatric survivors, anti-psychiatry

activists, social justice and human rights activists, and dissident health professionals who understand that electroshock is a brutal, brain-damaging psychiatric procedure, a serious violation of our human rights.

Let's start working together to end electroshock now, then let's abolish the coercive psychiatric system.

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