



By Tana Powell/The Tribune

Electroshock: psychiatry's cruel and inhuman punishment

By Leonard Roy Frank

The modern version of electroshock "treatment" began in the 1930s, but one can go much further back in time and find the shock principle practiced as a form of "healing."

For example, the son of Jean Baptiste van Helmont, a celebrated Dutch physician, wrote about the ducking technique his father introduced in the early part of the 17th century. Its purpose was to shock the victim out of his supposed madness or, as the younger van Helmont put it, "suffocate the mad Ideas." Mad people were stripped, bound to a bench and lowered by pulley "more or less deep into the Water . . . and there left till he judged that their upper Parts were drowned; It may happen indeed that some through fear, or because they are not strong enough to stand out this method, may miscarry and die." But this was of no concern because "Fools or distracted Persons, by being bereft of their understanding, are of no use in the Commonwealth."

For some, the phrase "of no use" when applied to the psychiatrically labeled may have a familiar ring to it. During the 1920s, German psychiatrists, in formulating theories to justify their sterilization and "euthanasia" programs against the so-called mentally disabled, referred to them as "useless eaters" and persons "devoid of value."

Shock in its modern form was introduced during the early 1930s in Austria and Hungary. Soon after, insulin coma and Metrazol shock spread rapidly throughout psychiatry. But it was left to two Italian psychiatrists, Ugo Cerletti and Lucino Bini, to develop electroshock, the mainstay of contemporary shock "treatment." Partly instigated by observing the electroconvulsive pacification of hogs in a Rome slaughterhouse before they were stabbed and bled to death, and having tested the method on experimental dogs, Cerletti in 1938 found a fit candidate for human experimentation in the person of "S.E.," a 39-year-old engineer who the police commissioner of Rome had sent to his institution "for observation."

The man had just been arrested at a railroad station "while wandering about without a ticket on trains ready for departure." He was diagnosed "schizophrenic" and readied for treatment. The first shock jolted his body but failed to produce the desired coma. As the psychiatrists were discussing plans for making a second attempt the next day, (and I quote Cerletti here), "The patient, who evidently had been following the conversation, said clearly and solemnly, without his usual gibberish: 'Not another one! It's deadly.'" In spite of this emphatic request, Cerletti went ahead with the experiment and S.E. became the first of

literally millions of human beings to undergo electroshock.

Since then psychiatrists have modified electroshock in numerous ways, often hailing individual changes as breakthroughs in making the procedure safer and more "effective." But the essential features of electroshock, also called electroconvulsive "treatment" or ECT, remain unchanged. The nature of the brain and of electricity are the same today as they were then. And when one applies to the brain enough current to produce a convulsion, there is going to be a certain amount of brain damage.

The amount of that damage will be proportionate to the intensity, duration, number and spacing of the administered shocks. Nowadays, several drugs are used to lessen the convulsion and suppress fear. These drugs, particularly muscle paralyzers and anesthetics, make the procedure less unsightly for observers but they in no way change electricity's effect on the brain.

Memory loss is far and away the most common complaint of electroshock survivors. For years psychiatrists have denied that ECT produced permanent amnesia, asserting that this complaint is itself indicative of an unimproved mental state which may be used as grounds for ordering more electroshock for the complainer.

With attitudes such as this, it is almost certain that psychiatrists hear fewer complaints from ECT survivors than the facts warrant. But the facts have a way of intruding upon even the most strongly held opinions. In the last few years, several psychiatric journals have reported convincing evidence of permanent ECT-caused amnesia. One 1982 three-year follow-up study of 35 people who had undergone an average of 11 bilateral ECTs showed that of the 31 available for interview 18 (or 58 percent) answered no to the question, "Do you think your memory now is good as it is for most people your age?" All but one of the 18 attributed their memory difficulties to ECT.

Statistics, however, can never adequately convey ECT's ruinous effects. And I'm not even sure that a survivor's words are up to that task. I've been electroshocked and insulinshocked, and I know I'm unable to describe the horror, the humiliation and the loss I feel I've experienced as a result. I find it encouraging that growing numbers of ECT survivors are speaking out about their experience.

Connie Neil, a friend of mine from Toronto, Canada, had been electroshocked more than 20 years ago. Previously, as an aspiring actress in college, she had won a "Best Actress" award. Here is some of the testimony she gave before Toronto's board of health last January: "A person who does not have a memory is not able to perform as an actress. I'm still able to do things — that is, I'm able to do them in a very limited way as a kind of hobby. I have to work terribly hard to do it. Recently, I did a public theater appearance. I had to drive around with the tape on saying the lines over and over and over and over and over.

"Since the shock treatment, I'm missing between eight and 15 years (of memory and skills), and this includes most of my education. I was a trained classical pianist . . . Well, the piano's in my house, but I mean it's mostly just a sentimental

symbol. It just sits there."

The ECT-produced amnesia, learning disability, fear, apathy and loss of creativity and energy make the victim less of a human being. In a society marked by the extremes to which it will go to control individuals, ECT turns out to be a near-perfect instrument. In the guise of a medical treatment, ECT offers control through dehumanization. By intimidation and disablement, the individual is rendered helpless and harmless.

An instrument with so vast a potential for social control was destined to gain the attention of certain government agencies. On Sept. 15, NBC's evening television news program carried a story about nine Canadian citizens each of whom is suing the Central Intelligence Agency for \$1,000,000. During the 1950s and early 1960s, they had been unwitting participants in psychiatric experiments conducted at McGill University's Allan Memorial Institute in Montreal. In 1978 the press obtained documentation through the Freedom of Information Act which disclosed that the CIA had partially funded these experiments as part of its MKULTRA "mind control" project.

The NBC program emphasized the project's secret nature. But aside from the funding source and the fact that the subjects were not told they were being experimented upon, there was nothing secret about the project. It was being fully described in a number of articles published in leading psychiatric journals while the experiments were being conducted and shortly thereafter.

Since the 1950s, the Western world has been barraged with propaganda about so-called brainwashing techniques which were supposedly being used in communist countries. It is astonishing to me that the CIA-funded experiments were not discerned as a classic example of brainwashing in the most meaningful sense of the term. Memories are stored in the brain. Intensive ECT "washes" the brain of memories. Conventional ECT does the same thing, only to a lesser extent.

Who has spoken out against these monstrous practices? In the case of depatterning which I have described, some people have criticized the CIA for secretly funding the project. The criticism is well deserved. Yet CIA funding covered only a small portion of the project's overall cost. It was the experimental subjects and their families that paid the bulk of the costs.

The role of psychiatry in this foul business is only too clear. Still, there has been no public outcry against the psychiatric profession for using a brain-damaging, life-threatening procedure without the knowledge, let alone consent, of the experimental subjects.

These are but a few instances of psychiatry's denial of the most fundamental of human rights, which people in a free society imagine they have. It's happening every day, wherever psychiatrists hold people against their will and forcibly subject them to "treatment," which in fact is not treatment at all, but cruel and inhuman punishment.

So exalted is the place of psychiatry in our society that it is now effectively beyond serious criticism. No rebukes, no civil or criminal charges can be made to stick to psychiatry

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