Insulin Shock Torture: A Personal Account

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[Author's note: This personal account of my insulin shock experiences is a revised and expanded version of a lecture I delivered on September 13, 2003 at the School of Disability Studies, Ryerson University, Toronto. Historian Geoffrey Reaume, who currently teaches at York University, had invited me to talk about insulin shock to students in his "Mad People's History" course. Another version was published in the *Journal of Critical Psychology, Counselling and Psychotherapy* (vol. 4, no.3, Autumn 2004).]

Although the *Sakel Borderline (subcoma) Insulin* Treatment and the *Classical Sakel Shock* Treatment have been at the disposal of the medical profession for more than a quarter of a century, thousands of sufferers from psychiatric illness have not been given the chance to benefit by them. There is, it is true, no explanation sufficiently substantiated by experiment of why the Borderline Insulin Treatment and the Classical Shock Treatment are effective, but the favorable results obtained over a period of 28 years of *constant experience with all kinds of psychiatric problems have established their value beyond any possibility of doubt.* Manfred Sakel, M.D., discoverer of insulin shock treatment, 1956 (1)

Shortly after dropping out of Dartmouth College, psychiatrists, my parents and sister colluded in arranging my involuntary commitment to McLean Hospital on November 6, 1951. McLean is a major psychiatric teaching-and-research institution affiliated with Harvard University Medical School and Massachusetts General Hospital. McLean is a heavily funded drug-and-shock mill located in the town of Waverley, a few miles outside of Boston.

On the admission sheet, I was labeled "schizophrenia — acute undifferentiated reaction." At the bottom of the admission sheet, a psychiatrist wrote, "Suitable for insulin or electroshock." Fortunately, I was able to escape the brain-damaging full-coma insulin shock and electroshock, but less than two months after entering McLean, psychiatrist Douglass Sharpe prescribed a course of subcoma insulin shocks. He never warned me about the major effects or risks of this so-called "treatment."

According to my psychiatric records, on December 26, close to seven weeks after entering McLean, Dr. Sharpe started me on 5 units of insulin and rapidly built up the dosage to 75 units a day. Altogether there were 110 insulin subcoma shocks forcibly administered to me. During each session, I perspired heavily and after each one ate like a pig, because the insulin lowered my blood sugar and made me ravenously hungry. The doctors call it hypoglycemia. Before the shocking began, I weighed roughly 145 pounds and by the time it ended I weighed 194 pounds.

My insulin-induced hunger or forced starvation was intense and excruciatingly painful. It went to the core of my very being. There are two types of insulin shock — coma and subcoma — I got the latter. However, I remember once going into a coma which neither Dr. Sharpe nor anyone else warned me about, and which was omitted from my medical chart.

Subcoma shock, also called hypoglycemic shock, was extremely debilitating and torturous. Each insulin session lasted three-to-four hours, "mercifully" terminated by drinking fruit juice laced with glucose or dextrose.

The rest of this account consists of verbatim excerpts of the nurses' observations of and comments on the insulin subcoma sessions I was made to endure. These are followed, in some instances, by my comments in brackets. Note especially my complaints and attempts to resist the treatment.

Day 6 — Treatment 15
"Dramatically calling out, 'I can't take this any longer. It's too unjust. I'm not strong enough.' mild perspiration." [Within a week they were giving me each day three shots of insulin in doses of 25 units. This routine lasted six weeks — it felt like six years.]

Day 10 - Treatments 25 and 26
"Sweating profusely.... Skin very cold & clammy. Does not want insulin anymore, he stated. He asked to see the Head Nurse to discontinue the treatment — he terminated himself with cookies and oranges, etc breakfast. [A few hours later] Dr. Sharpe notified about termination and said to just continue as usual."

Day 12 — Treatment 31
"Perspiring moderately. Alert and responsive. Whining that, 'He can't stand it.'" ["Whining that he can't stand it." I felt tortured.]

Day 17 — Treatment 49
"Profuse sweating. Drowsy and tossing in bed. Patient saying: 'I can't take it.' Still perspiring profusely, pupils dilated. Patient very drowsy yelling, 'I can't take it.' Perspiring profusely. No response from patient. Patient still had cough reflex so juice was given until revived. Just before terminated patient had muscle spasms, eyes became glassy and starry pupils and no response could be obtained. Patient was terminated with difficulty with p.o. [by mouth]. Patient remembers nothing. Patient was seen by Dr. Horwitz." [I was probably in a coma but the staff either didn't notice it or didn't have the honesty to report it in their clinical-nursing notes. At that time, I was being subjected to a total of 270 insulin units every day — 90 units in each of three sessions.]

Day 20 — Treatment 52
"'What happened?'" [That's a quote from me. I didn't know what was going on .] "Patient showed moderate perspiration, slowness of speech and mild tremor just prior to termination at end of full course. Patient could not remember last end of

treatment — says he fell asleep again." [I was probably going into a coma or about to. Tremors are very common as the insulin dose is increased. I also remember sometimes shaking and convulsing uncontrollably.]

Day 22 — Treatment 57
"Severe twitching — tremors — face very pale. No response. Terminated with some difficulty, weeping occasionally." [The staff likes to use the word "terminate." For weeping and uncontrollable emotional outbursts, the staff often uses the euphemism "insulin excitement." These are common effects of insulin shock. As the insulin dose increases, there is usually loss of emotional and physical control. There is pain, big. There is suffering such as I've never experienced before, or since. My weeping, shouting, and screaming were to no avail. The torture continued.]

Day 23 — Treatment 60
"Some tremors, response poor, face very pale, some twitching of face, hands trembling, moderate to severe crying"

Day 24 — Treatment 63
"Pt. became drowsy about 4pm and had to be awakened several times. Continued progressive drowsiness, perspiration, facial tremors & fits of crying"

Day 25 — Treatment 66:
"Perspiring profusely, very slow response, skin cool, Pt. remarked, 'I can't take it.'"

Day 29 — Treatment 77
"Slow tongue-mouthing [?], grimacing, twitching of facial muscles and extremities."

Day 32 — Treatment 84
"Pt. seeking reassurance. Says he's had enough of this insulin. Pt remarked this was the biggest reaction. Skin was moist. Response slow."

Day 33 — Treatment 86
"Apprehensive about going into coma — states he was very worried about his condition this AM."

Day 34 — Treatment 90
"Emotional outburst, mildly moist, shouting and sobbing up and down hall that he must get out of here, that he can't stand insulin any longer, etc.... In his own room now and a bit more quiet, but still sobbing frequently and unpredictably, faint tremors.... Sl[ight] twitching of facial muscles in addition to above. Becoming quite confused.... Very confused, responses slow."

Day 36 — Treatment 98
"Perspiring freely. Myoclonic [sudden, irregular] twitching of the face. Tremor of the hand. Bizarre movements. Resistive to termination. Terminated with a great

deal of resistance, using pure dextrose." [Twitching, shaking or convulsing indicates that the brain is suffering a bad reaction. Luckily, I didn't suffer any brain damage, as far as I know.]

Day 40 — Treatment 104
"Stumbled twice on returning from bathroom (? incoordination) — jerky movements of arms & legs." [After these incidents, one of the nurses wrote in an "Accident Report" that I had received an insulin injection at 5:30 a.m. and that] "on return to his room at 7:45 he fell (was seen raising his buttocks off the floor), got up moving quickly and stumbled again. The latter occurred so rapidly that no one could assist him. As he stumbled the 2nd time, however, a nurse reached him and assisted him to bed. The reason for his stumble could also have been due to ill-fitting slippers.... Upon examination no abrasions or bruises or any kind were noted, and on questioning, patient states 'he doesn't hurt anywhere.'"

Day 45 — Treatment 110 [last treatment]
"No tremors. Delayed reaction. Recovery."

At this point, I felt wasted physically, emotionally, and intellectually. I was totally wiped out from this supposedly "safe and effective treatment" for "schizophrenia." I wasn't the only McLean patient to be insulin shocked; there was also a 17-year-old blond man getting the treatment.

I was 22 when finally released from McLean in 1953, about a year after they stopped shocking me. The main reason for releasing me was that I told the staff what they wanted to hear which was that I planned to return to college or university and continue psychotherapy with Dr. Sharpe or another psychiatrist as an outpatient. I still recall asking Dr. Sharpe, "Why are you torturing me?" He just smiled at me patronizingly and said, in so many words, that my complaints were "part of my illness." This was what I came to know as typical shrink logic — blame the patient-victim!

The following is an excerpt from Dr. Sharpe's clinical summary of my "case." "From time to time in his temper tantrums he would be destructive of furniture in his room. The patient was finally placed on sub-coma insulin and after a month of sub-coma insulin three times a day he showed tremendous improvement in his general over-all picture. There was [*sic*] no longer the outbursts of temper.... He spends most of his time trying to figure out what the effect of insulin has on him."

I was damn lucky to have escaped the worst that psychiatrists were doing to people at the time: electroshock, full coma insulin, and lobotomy. Literally, hundreds of thousands were not so lucky. Most of them suffered permanent brain damage and some form of disability from these procedures. Many also died. I don't know what the death rate was for insulin subcoma, but the estimated death rate for insulin coma treatment was 5 percent (2). During the 1960s, psychiatrists stopped using both kinds of insulin shock treatment, however, they've never been banned. But today in the United States an estimated 300

people a year undergo lobotomy-type operations and every year more than 100,000 people, especially elderly women (3), are electroshocked. In Canada, an estimated 10,000 people are electroshocked every year — a rough estimate since no accurate and reliable "ECT" statistics have been published. But that's really just the tip of the iceberg as far as psychiatric abuse is concerned for many millions of people, including millions of children, are regularly coerced into taking psychiatric drugs, such as neuroleptics, antidepressants and stimulants (4). These drugs are often devastating and permanently disabling; their most serious adverse effect is brain damage.

Psychiatrists frequently endanger our health, violate our human rights (5) and diminish and sometimes destroy our lives. There are and always have been non-medical alternatives to the "mental health" system, which is inherently abusive, coercive, and dehumanizing.

REFERENCES

1. Sakel, M. "Sakel Shock Treatment," in A. M. Sackler et al. (eds.), *The Great Physiological Therapies in Psychiatry: An Historical Perspective.* New York: Harper & Brothers, pp. 13-14, 1956.
2. Ebaugh, F. G. "A Review of the Drastic Shock Therapies in the Treatment of the Psychoses," *Annals of International Medicine,* pp. 294-295, March 1943.
3. Weitz, D. "Electroshocking Elderly People - Another Psychiatric Abuse," *Changes: International Journal of Psychology and Psychotherapy*, vol. 15, May 1997.
4. Breggin, P. R. and D. Cohen. *Your Drug May Be Your Problem.* New York: Perseus Books, 1999.
5. Weitz, D. "In the Name of Mental Health — Psychiatry's Human Rights Violations." (Unpublished two-page handout distributed at the Annual Meeting of the American Psychiatric Association in Toronto in May 2006).

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