

ELECTROSHOCK ABUSES

by Leonard Roy Frank

From the beginnings of psychiatry with its chains, whips, restraining devices, rotating chairs, hysterectomies, and continuous baths, to the present with its drugs, shocks and lobotomies, the victims have repeatedly shown themselves to know more about what these procedures do to people than the psychiatrists.

It is testimony to psychiatry's tremendous mystifying and political power that it has been able to get away with such inhumanity for so long. Psychiatrists are inflicting the most dreadful harm on people they denigrate as "mentally ill." Moreover, this is happening with virtually no challenge from professional circles or the lay public.

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."

Soon after gaining power in 1933, Hitler enacted compulsory sterilization laws, under which hundreds of thousands of psychiatric inmates were eventually victimized.

The official euthanasia program against German "mental patients" started in 1939. This slaughter continued into 1945, even for a short time after the war had ended.

All told, German psychiatrists gassed, starved, beat and drugged to death an estimated 275,000 state hospital inmates. Significantly, the gassing techniques used in Auschwitz, Treblinka and other death camps were developed by psychiatrists in German state hospitals with mental patients serving as guinea pigs.

Shock treatment 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, Cerletti tested the method on experimental dogs. In 1938 he found a fit candidate for human experimentation.

The first shock jolted the subject's body but failed to produce the desired coma. Cerletti described what happened next. As the half dozen or so psychiatrists who were attending the session discussed plans for making a second attempt the following day, "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 the subject 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 electricity and the brain are the same today as they were then.

When one applies to the brain sufficient current to cause a convulsion, there will be a certain amount of brain damage. The amount of that damage is proportionate to the intensity, duration, number and spacing of the administered shocks, as well as the age, physical constitution, and health status of the person being shocked.

Currently, several drugs are used to lessen the convulsion and suppress the understandable fear and resistance of many people to this kind of assault. The drugs, particularly muscle paralyzers and anesthetics, make the procedure less difficult to administer and less ghastly to watch, but in no way change electricity's effect on the brain.

In fact, even some proponents of ECT have acknowledged that these drugs carry their own risks and raise the individual's convulsive threshold. The additional current required to produce the convulsion makes the procedures more destructive than ever.

ECT-induced amnesia, learning disability, irreversible brain damage, fear, apathy and loss of creativity and energy diminish the victim's humanity. 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.

With so vast a potential of social control, electroshock was destined to gain the attention of certain government agencies which serve this function. On September 15, 1984, NBC's evening television news program carried a five-minute segment about nine Canadian citizens, each of whom is suing the United States Central Intelligence Agency for \$1,000,000. During the 1950s and early 1960s, they had been unwitting participants in an intensive electroshock experiment conducted at the Allan Memorial Institute, a psychiatric facility affiliated with McGill University in Montreal.

In 1977 the press obtained documentation through the Freedom of Information Act which disclosed that the CIA had partially funded this experiment as part of its MKULTRA "mind control" project.

This experiment was devised and supervised by D. Ewen Cameron (1901-1967), a world famous psychiatrist. At various points in his career, Cameron's colleagues had elected him president of the American Psychiatric As-

sociation, the Canadian Psychiatric Association, the World Psychiatric Association and the Society of Biological Psychiatry. He called the major component of his experimental program "deprogramming" and in 1958 wrote that as a treatment for "chronic paranoid schizophrenia" it was "more successful than any hitherto reported."

The deprogramming method involved sleep "therapy" and large doses of Thorazine along with intensive electroshock. Each victim had an average 30-40, with some as many as 60, ECT sessions over a 4-8 week period. Each session — and there were two a day — consisted of six individual electroshocks spaced so closely that the convulsion occurred only after the last shock had been administered.

Cameron employed a reprogramming method, which he called "psychic driving," during the reorganization period when, in Cameron's words, "There is complete amnesia." The subject was placed in a "sleep room" and forced to listen to a brief taped message for 16 hours every day for several weeks. There were "positive" as well as "negative tapes." With the latter, "Cameron intensified the negative effect by running wires to their legs and shocking them at the end of the message."

Since the early 1950s the western world has been battered with a barrage of propaganda about so-called brainwashing techniques which were supposedly being used in communist countries. It is hard to believe that Cameron's deprogramming method was not discerned as a classic example of brainwashing in the most meaningful sense of the term.

Brainwashing means washing the brain of its memories, which is precisely what intensive ECT does. Conventional ECT, to a lesser degree, does the same thing. A more accurate name for what psychiatrists call "electroconvulsive therapy" would be ELECTROCONVULSIVE BRAINWASHING.

Cameron's deprogramming technique was not developed in a vacuum. There are many articles in the psychiatric literature dealing with intensive electroshock. A number of these had their own distinctive names, such as "annihilation therapy," "regressive electric shock treatment" ("R.E.S.T."), and "blitz electric shock treatment" ("B.E.S.T."). The developers of one such method commented that after the treatment "their [patients'] minds are like clean slates upon which we can write." These techniques were developed in the 1940s and 1950s and have been abandoned, as far as we know.

However, another form of intensive electroshock, introduced in 1966 and called "multiple monitored electroconvulsive therapy" ("MMECT"), is in current and apparently growing use. MMECT involves 4-8 seizures at two-minute intervals during a single treatment session.



Who has spoken out against electroshock? In the case of deprogramming, some people have criticized the CIA for secretly funding the project. The criticism is well deserved. CIA funding, however, covered only a small portion of the project's overall cost, the bulk of which was paid by the experimental subjects and their families. Incredibly, the victims were paying to take part in an extremely dangerous experimental program!

But there's 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. And what about the victims of the other experimental programs involving intensive electroshock?

These are but a few of the more flagrant instances of psychiatry's denial of the most fundamental human rights. In less spectacular ways, such denials are happening every day, wherever psychiatrists hold people against their will and forcibly subject them to treatment. This in fact is not treatment at all, but cruel and inhuman punishment.

So lofty is the place of psychiatry in our society that it is now nearly beyond serious criticism. We need to recognize that psychiatry today functions throughout the world as a Teflon Profession, to which, like a Teflon-coated pan, nothing sticks.

That there is a much greater awareness of psychiatric tyranny today than there was even a few years ago is a hopeful sign. But those who have seen through the fakery are not speaking up in sufficient numbers.

Individuals are responsible not only for the lies they speak, but also for the truths they do not speak. In the face of evil, silence is complicity and self-betrayal.

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