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“Electroshock” Psychiatry: ECT Therapy Damages the Human Brain

Electroconvulsive “Therapy” (ECT): If the Brain Is a Terrible Thing to Damage, Why Do Psychiatrists Electroshock People?

By Dr. Gary G. Kohls
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A couple of days ago I wrote to an internet acquaintance who had mentioned that a severely depressed friend of hers was at the end of her ropes after failing to improve with a recent series of electroconvulsant therapy (ECT), something that had helped in the past. The following is part of my response:

In response to your testimony about the person who had a temporary improvement from a series of ECT “therapy” sessions (AKA, “sub-lethal electrocutions of the brain that reliably produces seizures and coma”).

ECT is usually administered daily for a week or two. It is important to understand that electroshock psychiatrists can easily get rich if they have enough desperate or hopeless, medication-intoxicated patients in their practice who are drug-treatment “failures”. ECT is usually only recommend when every imaginable, potentially brain-damaging psych drug cocktail of neurotoxic or psychotoxic psych drugs has been tried and failed (or actually made the patient worse).

The variety of the cocktail combinations of the hundreds of different psychiatric drugs and doses approaches infinity, and none of the combinations has ever been tested for safety or efficacy (either short-term or long-term) even in rat labs! The experimentation with different combinations of psychiatric drugs is pharmacology at its worst. But the iatrogenic damage (iatrogenic means “an illness caused by a physician or a drug prescribed by a physician”) done to an innocent, trusting patient will hardly ever be proven in a court of law – only partly because lawyers who will take such cases are so rare, especially in an area where a lawyer’s livelihood depends on not offending the prestigious health care community.

Sadly, there are also close to zero psychiatrists who would consider going through the time-consuming effort of gradually and systematically eliminating potentially neurotoxic and psychotoxic drugs that might actually be making their psychiatric patients worse. To spend valuable clinic time trying to eliminate neurotoxic and neurotransmitter-depleting drugs would be akin to admitting that the patient might have an iatrogenic illness, and that seems to be a taboo subject.

Unfortunately, most physicians are not trained at safely helping to get their patients off potentially toxic drugs or admitting that the prescribed drugs could be poisonous and disease-producing. Physicians are, however, very good at putting their patients on drugs. As I have written many times in this column, it only takes 2 minutes to write a prescription, but it takes 20 minutes to NOT write a prescription.

ECT typically adversely affects both short-term and long-term memory (often permanently destroying it!), so that some of any perceived temporary "improvement" occurs because the patient may no longer remember the traumatizing interpersonal/sexual/social/psychological/spiritual conflicts that previously made them feel sad, nervous, depressed, anxious or hopeless.

Studies have shown that many physicians reach for their prescription pad within minutes of most clinic encounters. Knowing that time is money, it doesn't take a rocket scientist to know which of the "two-or-twenty-minute" options is promoted by medical clinic administrators or the many profit-making sectors of Big Medicine, Big Psychiatry and Big Pharma.

The excerpts below come from a vitally-important article that most electroshock psychiatrists can't bring themselves to read, much less acknowledge or understand, and that closed-mindedness also may include the physicians who refer patients for ECT after the experimental trials with drug cocktails have failed.

The piece was written by Leonard Roy Frank a "psychiatric survivor" (google the term) who lived in San Francisco until his death in 2015. Frank was also an electroshock/insulin coma survivor, a long-time activist for human rights, and an editor/writer.

In 1962, after finishing college, his alarmed parents found him living a hippie/vegetarian/meditative alternative life-style in California and, "logically" assuming that he was mentally ill, committed him – against his well – to psychiatric facilities where he was mis-diagnosed as schizophrenic. Frank somehow survived the large number of insulin shock/coma treatments that were followed by the "new and improved" electroshock treatments. He lost his memory but retained his intellectual ability to relearn what he had lost.

In 1974, after he recovered from those diagnostic and therapeutic misadventures, he co-founded the Network Against Psychiatric Assault (NAPA). He edited The History of Shock Treatment (self-published) in 1978.

A major part of the following article is based on his testimony on behalf of Support Coalition International at a public hearing on the dangers of ECT conducted by the Mental Health Committee of the New York State Assembly in Manhattan on May 18, 2001. Frank was deeply involved in MindFreedom International and often picketed the American Psychiatric Association's annual meetings.

The story of Frank's life is summarized at:

http://www.madinamerica.com/2013/05/the-journey-of-transformation/.

If the Brain Is a Terrible Thing to Damage, Why Do Psychiatrists Electroshock People?

By Leonard Roy Frank (2001)

For more information, see: http://www.ect.org/news/newyork/franktest.html

"*Electroshock is psychiatry's way of burying its mistakes without killing the patients.*" –Leonard Roy Frank

Introduction

Electroshock (also known as electroconvulsive “treatment” or electroshock “treatment” [ECT or EST]) is one of psychiatry’s physical methods for ”treating” people diagnosed as “mentally ill.”

The technique as presently used involves the administration of anesthetic and muscle-relaxant drugs prior to applying 100 to 400 volts of electricity for .05 to 4 seconds to the brain thereby triggering a grand-mal convulsion lasting from 30 and 60 seconds.

The convulsion is followed by a coma, usually lasting a few minutes, after which the subject awakens to experience a number of the following effects: fear, confusion, disorientation, amnesia, apathy (“emotional blunting”), dizziness, headache, mental dullness, nausea, muscle ache, physical weakness, and delirium. Most of these subside after a few hours, but amnesia, apathy, learning difficulties, and loss of creativity, drive, and energy may last for weeks or months. In many instances they are in some measure permanent. The intensity, number, and spacing of the individual electroshocks in a series greatly influence the severity and persistence of these effects.

Surveys indicate that two-thirds of those undergoing ECT today are women and that upwards of half are 60 years of age and older. Reports of ECT use on individuals as old as 102 (Alexopoulos, 1989) and as young as 34 months (Bender, 1955) have appeared in the professional literature. For people diagnosed with “depression,” the group most commonly electroshocked, an ECT series usually consists of 6 to 12 individual electroshocks administered three times a week on an inpatient basis. For people diagnosed with “manic-depression” (also called “bipolar disorder”), a series may consist of as many 20 seizures usually administered at the same rate but sometimes given daily. For people diagnosed with “schizophrenia,” as many as 35 electroshocks may be administered in a single series.

Since the procedure was first used in the United States in January 1940, having been introduced by psychiatrists Ugo Cerletti and Lucino Bini at the University of Rome two years earlier (Szasz, 1971), I estimate that 6 million Americans have been electroshocked. Based on a 1989 survey, psychiatrist and ECT textbook writer Richard Abrams has estimated that 100,000 Americans undergo ECT annually. He believes that “it is likely that between 1 and 2 million patients per year receive ECT worldwide” (Abrams, 1997, p. 9).

Over the last thirty-five years I have researched the various shock procedures, particularly ECT, have spoken with hundreds of ECT survivors, and have corresponded with many others. From these sources and my own experience as someone who underwent ECT in combination with insulin comas (in 1963), I have concluded that ECT is a brutal, dehumanizing, memory-destroying, intelligence-lowering, brain-damaging, brainwashing, life-threatening technique. ECT robs people of their memories, their personality and their humanity. It reduces their capacity to lead full, meaningful lives; it crushes their spirits. Put simply, electroshock is a method for gutting the brain in order to control and/or punish people who fall or step out of line, and intimidate others who are on the verge of doing so (Breggin, 1991, 1998; Frank, 1978, 1990; Morgan, 1999).

Seven Reasons for ECT’s Persistence

If electroshock is an atrocity, as I and other critics maintain, how can its widespread and growing use in psychiatric facilities in the U.S. and throughout the world be explained?

(1) ECT supports the biological model

ECT reinforces the psychiatric belief system, the linchpin of which is the biological model of mental illness. This model centers on the brain and reduces most serious personal problems down to genetic, physical, hormonal, and/or biochemical defects which call for biological treatment of one kind or another. The biological approach covers a spectrum of physical treatments, at one end of which are psychiatric drugs, at the other end is psychosurgery (which is still being used, although infrequently), with electroshock falling somewhere between the two.

The brain as psychiatry's focus of attention and treatment is not a new idea. In 1916 Swiss psychiatrist Carl G. Jung wrote: "The dogma that 'mental diseases are diseases of the brain' is a hangover from the materialism of the 1870s. It has become a prejudice which hinders all progress, with nothing to justify it" (Jung, 1969, p. 279). Eighty-six years later, there is still nothing in the way of scientific proof to support the brain-disease notion.

The tragic irony is that the psychiatric profession makes unsubstantiated claims that mental illness is caused by a brain disease (or is, in fact, a brain disease) while hotly denying that electroshock causes brain damage, the evidence for which is overwhelming.

As psychiatrist Peter R. Breggin (1998, p. 15), ECT's foremost critic, has written summarizing more than 30 years of study: "[Brain] damage is demonstrated in many large animal studies, human autopsy studies, brain wave studies, and an occasional CT scan study. Animal and human autopsy studies show that ECT routinely causes wide widespread pinpoint hemorrhages and scattered cell death. While the damage can be found throughout the brain it is often worst in the region beneath the electrodes. Since at least one electrode always lies over the frontal lobe, it is no exaggeration to call ECT an electrical lobotomy."

(2) ECT is a money-maker

American psychiatrists specializing in ECT earn $300,000 to 500,000 a year compared with other psychiatrists whose mean annual income is $150,000. An in-hospital ECT series costs anywhere from $50,000 to $75,000. Assuming that 100,000 Americans undergo ECT annually in the U.S., I estimate that in this country alone electroshock is a $5 billion-a-year industry.

(3) Informed consent about ECT does not exist

While outright force still occurs, it is no longer commonly used in the administration of ECT. However, genuine informed consent today is never obtained because ECT candidates can be coerced into "accepting" the procedure (in a locked psychiatric facility, it is often "an offer that can't be refused") and because ECT specialists refuse to accurately inform ECT candidates and their families of the procedure's nature and effects.

Electroshock psychiatrists lie not only to the parties vitally concerned, they lie to themselves and to each other. Eventually they come to believe their own lies, and when they do, they become even more persuasive to the naïve and uninformed. As Ralph Waldo Emerson wrote in 1852, *"A man cannot dupe others long who has not duped himself first."* Here is an instance of evil so deeply ingrained that it is no longer recognized as such by the perpetrators themselves. Instead we see such outrages as ECT specialist Robert E. Peck titling his 1974 book, *The Miracle of Shock Treatment* and Max Fink, a leading ECT

proponent who for many years edited *Convulsive Therapy* (now called *The Journal of ECT*), the most influential journal in the field, telling a *Washington Post* reporter in 1996 that "ECT is one of God's gifts to mankind" (cited in Boodman, p. 16).

(4) ECT serves as backup for "treatment-resistant" psychiatric drug users

Many, if not most, of those being electroshocked today are suffering from the ill effects of a trial run or long-term use of antidepressant, anti-anxiety, neuroleptic, and/or stimulant drugs. When such effects become obvious, the patient, the patient's family, or the "treating psychiatrist" may refuse to continue the drug-treatment program. This helps explain why ECT is so necessary in modern psychiatric practice: it is the treatment of *next* resort. It is psychiatry's way of burying its mistakes without killing the patients – at least not too often.

Growing use and failure of psychiatric-drug treatment has forced psychiatry to rely more and more on ECT as a way of dealing with difficult, complaining patients, who are often hurting more from the drugs than from their original problems. And when the ECT fails to "work," there's always – following an initial series – more ECT (prophylactic ECT administered periodically to outpatients), or more drug treatment, or a combination of the two. That drugs and ECT are for practical purposes the only methods psychiatry offers to, or imposes on, those who seek "treatment" or for whom treatment is sought is further evidence of the profession's clinical and moral bankruptcy.

(5) Psychiatrists are accountable to no one

Psychiatry has become a "Teflon profession": what little criticism there is of it does not stick. Psychiatrists regularly carry out brutal acts of inhumanity and no one calls them on it – not the courts, not the government, not the people. Psychiatry has become an out-of-control profession, a rogue profession, a paradigm of authority without responsibility, which is a good working definition of tyranny.

(6) The government supports the use of ECT

The federal government stands by passively as psychiatrists continue to electroshock American citizens in direct violation of some of their most fundamental freedoms, including freedom of conscience, freedom of thought, freedom of religion, freedom of speech, freedom from assault, and freedom from cruel and unusual punishment.

The government also actively supports ECT through the licensing and funding of hospitals where the procedure is used, by covering ECT costs in its insurance programs (including Medicare), and by financing ECT research (including some of the most damaging ECT techniques ever devised). One recent study provides an example of such research. This ECT experiment was conducted at Wake Forest University School of Medicine/North Carolina Baptist Hospital, Winston-Salem, between 1995 and 1998 (McCall, 2000). It involved the use of electric current at up to 12 times the individual's convulsive threshold on 36 depressed patients. The destructive element in ECT is the current that causes the convulsion: the more electrical energy, the greater the brain damage. This reckless disregard for the safety of ECT subjects was supported by grants from the National Institute of Mental Health (p. 43).

(7) Professionals and the media actively and passively support the use of ECT

Electroshock could never have become a major psychiatric procedure without the active collusion and silent acquiescence of tens of thousands of psychiatrists and other allied

health professionals. Many of them know better; all of them *should know*better.

The active and passive cooperation of the media has also played an essential role in expanding the use of electroshock. Amidst a barrage of propaganda from the psychiatric profession, the media passes on the claims of ECT proponents almost without challenge. The occasional critical articles are one-shot affairs, with no follow-up, which the public quickly forgets. With so much controversy surrounding this procedure, one would think that some investigative reporters would key on to the story, but until now this has been a rare occurrence. And the silence continues to drown out the voices of those who need to be heard.

I am reminded of Martin Luther King's 1963 "Letter from Birmingham City Jail," in which he wrote, "We shall have to repent in this generation not merely for the vitriolic words and actions of the bad people, but for the appalling silence of the good people."

Soul Crime

In these perilous times especially, Dr. King's words need to be taken seriously. So long as it is being used anywhere on anyone and I am free to express my views, I will continue to write and speak the truth about electroshock. I will do so not only on behalf of those of us who have survived electroshock more or less intact, but on behalf of those who are right now undergoing ECT or who will be faced with the prospect of undergoing ECT at some future time. I will also do so on behalf of the silenced ones, the ones whose lives have been ruined and those who died or whose lives were shortened as a result of ECT; they are the true victims of electroshock, all of whom bear witness through my words.

By way of summary, I will close with a short paragraph and with a poem I wrote in 1989.

If the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade, violate, and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul.

References (abbreviated)

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http://duluthreader.com/articles/categories/200_Duty_to_Warn,

http://www.globalresearch.ca/authors?query=Gary+Kohls+articles&by=&p=&page_id=

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