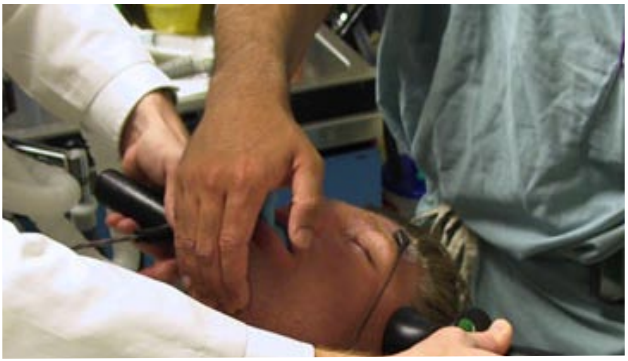
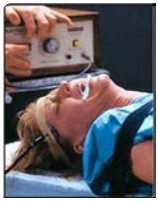
THE FINAL SOLUTION



WHY ECT MUST BE BANNED

Michael Corry, MD

THE FINAL SOLUTION



Electro Convulsive Therapy (ECT) is the deliberate administration of electric shocks to the brain. As described by the British Department of Health in 2007:

‘*ECT is carried out under general anaesthetic, and a strong muscle relaxant is administered to patients to prevent the violent muscle spasms that the treatment would otherwise cause. The patient is strapped on their back to a flat table which, in the event of a patient vomiting, can be spun upside down.*

In the presence of an anaesthetist and psychiatrist, electrodes are attached to the patient's head and the electrical voltage is administered until the psychiatrist observes the patient's toe twitch. This is a sign that the patient, despite the relaxant drugs, is convulsing. ***Up to 400 volts are used.***

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1,483 psychiatric patients were subjected to shock treatment in Ireland in 2003

WHY ECT MUST BE BANNED

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The Final Solution
Electric Shocks to the Brain

An Italian professor of psychiatry, Ugo Cerlitti, decided with his colleague Lucio Bini to try using electric shocks on patients after they saw pigs being subdued in preparation for their slaughter in an abattoir in Rome in the 1930s.

'I went to the slaughter house… The hogs were clamped at the temples with metallic tongs which were hooked up to an electric current… They fell unconscious, stiffened, then after a few seconds they were shaken by convulsions in the same way as our experimental dogs… I felt we could venture to experiment on man.'

Cerlitti experimented on his first patient in 1938. His reaction was enthusiastic:

'As soon as the current was introduced, the patient reacted with a jolt, and his body muscles stiffened; then he fell back on the bed without loss of consciousness… It was proposed that we should allow the patient to have some rest, and repeat the experiment the next day. All at once, the patient, who evidently had been following our conversation, said clearly and solemnly, without his usual gibberish: "Not another one! It's deadly!" '

'Old and New Information about Electroshock', American Journal of Psychiatry, August 1950

As the use of Electro Convulsive Therapy (ECT) spread worldwide it came to be accepted that its effectiveness resulted from the brain damage which it caused. In 1941, Dr Walter Freeman, who introduced ECT to America, in a paper entitled 'Brain-Damaging Therapeutics' wrote:

"The greater the damage, the more likely the remission of psychotic symptoms… Maybe it will be shown that a mentally ill patient can think more clearly and more constructively with less brain in operation.'

Another American psychiatrist, Dr J Stainbrook, wrote in an article published in the American Journal of Psychiatry, May 1942, entitled 'Observations on Mental Patients after Electric-Shock', wrote:

"I believe there has to be organic changes or organic disturbances in the physiology of the brain for the cure to take place. I think the disturbance in memory is probably an integral part of the recovery process. I think that it may be true that these people have, for the time being at any rate, more intelligence than they can handle and that the reduction in intelligence is an important factor in the curative process. I say this without cynicism. The fact is that some of the best cures one gets are in those individuals who one reduces almost to amentia."

Dr Peter R Breggin, a Harvard-trained psychiatrist and one of the world's leading critics of ECT, wrote in The Need To Ban Electroconvulsive Therapy (Springer Publishing, 1997, pp 155-156):

" I have long argued that ECT is an ineffective, dangerous, anachronistic treatment that should be abandoned by modern psychiatry. Yet, despite the urging of many victims of ECT, I refused for many years to endorse public or legislative efforts to ban it. It was my position that the practice of medicine and the rights of patients were better served by insisting on informed consent and by holding liable those psychiatrist who fail to convey to their patients the controversial nature of ECT and its potentially damaging effects. Unfortunately, organised psychiatry is determined not to inform professionals or patients about the risk of ECT.

"Some patients do feel 'helped' by ECT. Often they have been so damaged that they cannot judge their own condition, They suffer from iatrogenic denial and helplessness. But should treatment be banned when some people believe it has helped? In fact, it is commonplace in medicine and psychiatry to withdraw treatments and devices that have caused serious harm to a small percentage of people, even though they may have helped a very large percentage. The risk of serious injury to a few outweighs helping many.

"In the case of ECT, a large percentage of people are being harmed, and there's little evidence that many are helped. There's no evidence that the treatment prevents suicide or rescues desperate cases. At best the treatment offers a very poor trade- off: potentially irreversible brain damage and mental dysfunction in exchange for docility and temporary emotional blunting or euphoria that results from the damage."

I have a brain, therefore I am

The first large-scale prospective study of objective cognitive outcomes of patients treated with ECT was carried was carried out by Dr Harold Sackiem and his colleagues in Columbia University, New York and published in 2007

in the journal *Neuropsychopharmacology*. The study reveals findings consistent with long term brain damage.

It is probably true to say that the evolution of *homo sapiens* is comparable to the first emergence of matter and the first emergence of life itself. For whatever reason, a new species emerged from the animal kingdom which started to think, reason and became aware of itself, of its own existence and the cycle of birth, death and renewal. No longer 'lived through' unconsciously by instincts and the biological laws of nature, this new anomaly, humankind, found itself separated from the harmony of that more primitive existence through having acquired the ability to be self-conscious, and yet still as much a part of it as before. We have managed to survive within this paradox and arrive where we are now.

The brain, that most delicate and complicated of bodily organs, which has facilitated and mediated this evolution in consciousness, is shielded from injury by a thick bony skull within which it floats in a buffering fluid.

A protective blood-brain barrier, functioning as does the placenta in relation to a foetus, screens off toxic materials from entering its fragile organisation.

Our brain, comprising billions of cells with trillions of interconnections, is a universe that never sleeps, operating as a vast transducer, receiving, transmitting and creating new information. The electrical field it generates is referred to as the mind, a matrix of activity which facilitates access by our human brain to the full spectrum of personal awareness and consciousness.

> **“In 2003 in Ireland, 1,483 psychiatric patients were subjected to shock treatment”**

Snapshots of the brain in action taken by advanced technologies such as magnetic resonance imaging (MRI) confirm that certain areas of tissue are designated responsible for highly specific brain functions.

To borrow from software terminology, the 'folder' where the memory of a name is filed, for example, differs from that for the memory of a face.

Different neural pathways are activated in recalling a historical fact, as opposed to remembering the date of your best friend's birthday. Any given mental task involves an almost infinite web of interconnecting circuits and electromagnetic intersections all 'talking' to each other, with even those that are not directly involved eavesdropping on the conversation, ready to play their part if required — like instruments in a gigantic holographic symphony orchestra.

The impact of electric shocks on the brain

Memory loss

Memory is the place the mind calls home. When we awake each morning we are completely reliant on our memory to inform us who we are, and 're-mind' us of our roles and responsibilities as it places us correctly in our respective worlds. These specifications of our autobiographical history held by our memory are fired at us point blank the moment we become conscious each day, helping us to re-create anew our sense of identity, which encapsulates the essence of our being. Our past memories form the platform to create our future: to time travel.

These memory programs comprise the software of our mind, with the cellular matter of the brain acting as the hardware through which they are run. Much like TV programmes are delivered to us via the TV set, the brain delivers our memory programmes into our awareness. Unlike those of other organs, brain cells once damaged, through disease, head injury or electric shocks, cannot be replaced.

Memory loss is the first obvious result of electric shock treatment. The individual, now lacking his or her previous map, is plunged into a state of confusion, fear and vulnerability. Other areas of intellectual functioning also compromised include the ability to solve problems, process new information, prioritise, concentrate, plan, make decisions, and engage fully in the acts of self-awareness, imagination, creativity, abstraction, and reflection. This level of brain impairment is similar to that resulting from a violent trauma to the head. With one notable difference: after head injury it would be expected, but after a so-called 'healing' intervention such as ECT it comes as an unpleasant surprise.

Emotional shutdown

Feelings and emotions make things real, and locate us at the very centre of our being. We automatically gravitate towards pleasurable feelings and avoid painful ones. Feelings shape our thoughts, our actions, and our behaviours, and being strictly personal, define our inner climate, deepening our personal sense of identity. We can empathise with, but cannot ever fully experience the particular joy or grief that may be affecting another human being.

Following ECT, the ability to experience the full range of feelings is damaged, creating a state of emotional numbness and an inability to empathise with others, resulting from the extensive damage caused to the emotional or limbic brain, which sits on top of the reptile brain where the spinal cord commences. The limbic brain is estimated as being 400 million years old, and provides the main biological avenues to bonding, attachment, and to the feelings and expressions of love. It contains millions of receptors

for oxytocin, commonly known as the 'love hormone'. One area involved in the damage to the limbic brain is the amygdala, which controls the feelings of fear and anger, and their opposites safety and calm. After ECT, alertness and responsiveness give way to docile behaviour.

Many survivors, in particular the elderly, reveal brain wave recordings showing a predominance of delta wave activity, usually associated with sleep. Notably absent are the normal levels of beta brainwaves seen during states of alertness and concentration during the waking state.

Disorientation and epileptic seizures

The hippocampus, another area of brain tissue in the limbic brain, plays a role in learning new information and in the storage of new and old memories. Its normal function is crucial to the faculties of orientation and spatial navigation — knowing where one is, and avoiding getting lost — and is one of the first parts of the brain to suffer neurological degeneration with Alzheimer's disease and epilepsy.

Electric shocks to the brain artificially induces epileptic fits that are much more violent than those experienced in the medical disorder itself. In this way a double impact is administered to the brain — the destructive force of electric shock itself and the secondary *grand mal* seizure it produces. It has also been demonstrated that successive electric shocks creates an excitability in the brain which increases the potential for future *grand mal* seizures to occur in the aftermath of ECT treatments.

> **"As soon as the current was introduced, the patient reacted with a jolt, his body muscles stiffened; then he fell back on the bed"**

ECT as a treatment programme

Many individuals have been administered hundreds of electric shocks and thus have experienced hundreds of seizures in the course of their treatment programs. It must be understood that the *grand mal* eizure in the brain is believed by psychiatrists to be the mechanism which brings about the cure. It is pure speculation by psychiatrists that a seizure triggers a compensatory surge of 'wellbeing' neurotransmitters, and hormones, and that this chemical cascade soothes the symptoms of the psychological distress being targeted such as depression, schizophrenia, mania, obsessive convulsive disorders and anorexia. A chemically-induced transient euphoria can occur, particularly in the depressed population, immediately after ECT, creating the illusion

of a breakthrough. In actual fact, this is a phenomenon which can occur after any acquired head injury or physical trauma, even a natural one such as prolonged labour.

In an effort to 'eradicate' a patient's symptoms, a course of treatment can involve a series of shocks stretched over months at a time, at the rate of two to three per week. If the symptoms diminish, only to return later, then another course of treatment is prescribed, and in order to prevent the possibility of further relapse, maintenance ECT is then administered each month. These 'top-ups' are deemed necessary when the shock treatment does not 'take' sufficiently. This is particularly so in the elderly.

In this way, the classic revolving door patient is created, who, like the penguins in the Antarctic, find themselves condemned to a life they have little control over. Left floundering with their awareness in tatters, many feel estranged, a burden, riddled with fear, panic, shame and guilt — needing an ECT machine to sustain their mental and emotional equilibrium. An irony, since the procedure carries a risk of causing physical death through heart attack.

The electrical brain storm

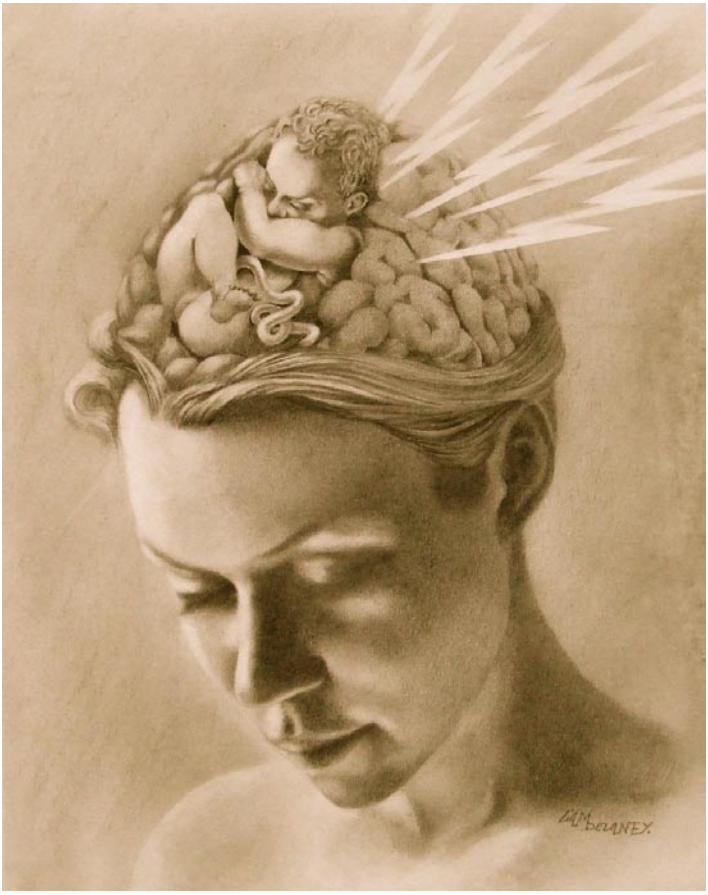
When an electric shock is administered, in some cases up to 400 volts, the current surges through the brain. It causes an electric brainstorm of such magnitude that its exponential energy is released in a series of spasmodic outbursts involving the entire nervous system.

- A coma occurs as consciousness is lost
- Breathing is interrupted
- Stress hormones are released
- Blood pressure rises, and the muscles go into a rhythmic series of violent contractions.

Brain autopsies have revealed micro haemorrhages, and the protective blood-brain barrier is ruptured, Given these effects, it would be inconceivable that anyone in their right mind would sanction such a procedure for administration to a developing foetus as it floats in fluid suspended within the uterus, with the goal of improving its 'wellbeing'.

Is the adult brain any less fragile?

Before the use of muscle relaxants and general anaesthesia, evidence abounds that bones were broken, teeth cracked, and damage rendered to muscles and ligaments due to the ferocity, and the length of the convulsions. If the heart's independent electrical system is overwhelmed by the electric storm nearby, abnormal rhythms are caused leading to cardiac arrest and death, particularly in the elderly. In this vulnerable population some die from strokes and pneumonia in the days and weeks following a course of ECT treatment, as they are known to do following any major trauma.



Is the cure worse than the disease?

Within whichever medical speciality they occur, it is universally agreed that the occurrence of seizures in a patient is always harmful to their brain. Within neurology as a speciality, every effort is made to prevent seizures.

Incredibly, psychiatry stands out as the only branch of medicine which specialises in deliberately causing seizures.

Psychiatry seems blind to the possibility that after an electric shock to the brain it is the befuddled state of confusion, sometimes tinged with a mild euphoria, regularly encountered in the aftermath of some types of head

injuries, which obscure the individual's original symptoms, to be classified by psychiatrists as an 'improvement'.

In this way a powerful physical intervention is used to jolt dysfunctional metaphysical thoughts and feelings into alignment, as if they were cogs in a machine requiring a kickstart. Such interventions are counter-intuitive and lack scientific rigour. Mental distress does not emanate from a malfunctioning, diseased brain but rather results from problems of living: family breakdown, school and work pressure, bullying, financial difficulties, relationship dilemmas, fear, loss, a broken heart, grief, sexual abuse, violence, traumas, drug abuse, physical illness, loneliness, abandonment, lack of meaning, ageing and the titanic sense of being overwhelmed that sensitive children and teenagers experience. Using ECT is the equivalent of sending the TV for repair if the programmes being broadcast are not to one's liking. The problem, in reality, is not in the hardware but rather in the software.

Ethics and accountability

Lofty ideas fill our airwaves about dignity, freedom, human rights and the inalienable rights of each individual as enshrined in the Constitution, yet there is a deafening silence when it comes to the treatment of the mentally distressed.

ECT is frequently given involuntarily, forced against one's will, and repeatedly so. Those receiving it are emotionally vulnerable individuals who may have already suffered bullying, coercion and violence. ECT re-traumatises them, with the additional burden of brain damage.

One would imagine that most reasonable people would ask questions like: "Why is this terrible and devastating human rights abuse allow to go on? Where are the legislators and the human rights activists? Where are the voices of the intellectuals, the philosophers, the poets and the musicians? Where is the heart of humanity?"

If we were to hear that a group of people, somewhere in the world, were being given electric shocks to change their thoughts or feelings, we would immediately think of death camps, the horrors of concentration camps, the way the Americans treat detainees at Guantanamo Bay.

No branch of medicine except psychiatry has engendered such terror, such stress and such condemnation from those at the receiving end. The literature and the internet is replete with stories of lost personal histories and ruined lives. Anti-psychiatry movements abound, populated by survivors who want their opinions respected and who are motivated to protect those who may come after them.

No one is immune. If we became mentally unwell, would we not join these survivors in demanding better treatment for ourselves and for our loved ones? How has psychiatry been allowed to place itself above question,

beyond the reach of accountability? Where is the humane logic?

The truth is there is no logic or reason when it comes to mental distress. There appears to be a collective denial of its validity, its rightful place in the human condition. It is related to as something to be feared, denied, condemned, subdued, crushed, and driven out like a demon, at any cost.

People suffering from mental distress are not taken seriously, and are rarely given the luxury of being understood.

Their objections to ECT, and their reporting of its side-effects, often go unheeded, rationalised away as a manifestation of the disease process itself, a possible side-effect of medication, delirium, paranoia or a coincidental relapse rendering them non compos mentis.

From this perspective, ECT can be seen as a covert punishment for a group stigmatised by society.

“The truth is that there is no logic or reason when it comes to mental distress. Instead, there is denial of its validity”

Mental illness: a problem for society or medicine?

Psychiatric patients historically have been segregated from society, badly cared for in dehumanising unhealthy environments, treated as sub-human, many detained against their will, warehoused out of sight behind high walls, consciously forgotten by relatives and friends, and with no advocates professional or otherwise to monitor their care. No other minority group, and certainly no patients in any other medical speciality, continue to suffer such ordeals — utterly abandoned by the normal societal impulses towards reason, dignity and compassion.

The follow is a quote from a document I wrote in 1981 of my experiences of working in the so called ‘back wards’ in Dublin’s biggest psychiatric hospital, a custodial Dickensian workhouse.

“I was stunned and changed by what I witnessed in the back wards of St. Brendan’s Hospital. The conditions were repulsive. The impact of seeing hundreds of unkempt human beings of all ages lying, sitting, and walking in smelly, shabby hallways and corridors, looking like inmates of a concentration camp, was staggering. This human zoo was caused by diffusion of authority, lack of accountability, lack of interest, conceptual gaps, the culture of silence, the inappropriateness of the medical model, involuntary detention and pure staff

laziness. This was the undeniable barometer, the true measurement of care, love, respect, and civil liberties."

A psychological apartheid towards the mentally distressed exists, with stigmatisation and the collective blind eye central to the process of denial. This lack of vision also allows the worldwide use of lobotomy, a surgical procedure which involves the severing of nerve pathways in the frontal lobe of the brain in order to cure 'intractable mental disorders'. The frontal lobe is the last area of the brain to reach maturity, and the seat of the so-called executive brain — the place required to facilitate social judgements, consider and weigh up alternatives, develop future plans and hold destructive emotions and behaviours in check.

ECT and lobotomy share similar characteristics, the use of a traumatic physical intervention to dislodge non-physical phenomena. This might be compared to applying a defibrillator to interrupt the cardiac electrical rhythm in the hope of easing the pain of a broken heart.

Psychiatry at the crossroads of change

Psychiatry derives its name from the Latin for soul healing. All its practitioners supposedly subscribe to the central tenet of the Hippocratic oath: first do no harm. Are the medically trained proponents of ECT failing in their duty? The answer is 'no', at least not deliberately.

They genuinely believe they are doing the very best for their patients and will rigorously defend this position. Most endorse the use of ECT in the belief that the relief of symptoms in the short term is worth whatever secondary disabilities occur as a 'side effect', and that symptom relief and cure should always be the primary goal, even at the expense of healthy parts; as if mental distress was a disease process comparable to a tumour needing irradiation, or a heart requiring resuscitation. In this modern era of psychiatry, privy to such a vast array of psychiatric medications claiming to treat mental distress safely and effectively, any reasonable person would exclaim "How can such an outdated procedure be still in use?"

Where repeated use of medication has failed, and with their arsenal now depleted, an attitude of 'things can't get any worse' develops in the psychiatrist's mind. ECT is therefore frequently seen as the final solution, the last stop. Facing the risk/benefit choice point, the risk of secondary disabilities is thought to be worth the possible benefit, and the decision swings in favour of ECT.

It can be argued that if psychiatrists were to do an about turn and condemn the use of ECT, they would be opening the door to loss of power, possible litigation and moral indignation. The fact that ECT is common practice does not automatically make it morally right, or the best choice

of therapy for the patient. It is no longer sustainable to continue giving it simply because one's colleagues do.

Alarmingly, then, ECT is experiencing a revival, with articles appearing in national and international psychiatric journals approving its use. One recent Irish publication commenced with the quote 'It should not be relegated to a treatment of last resort' (Lamprect et at, 2005). (The same journal had a photograph of a lightning bolt on its cover.)

There is a paucity of information regarding the use of ECT in the south of Ireland, making it a researcher's nightmare. The last recorded figures reveal that in 2003, 859 individuals were treated with a series of electric shock treatments, 628 in the north of Ireland. Amongst other problems, we have no information as to gender breakdown, age distribution, or the numbers of individuals to whom it was forcibly applied, and most importantly the numbers of fatalities.

> **"To abolish ECT would draw a line in the sand: it would pave the way for understanding, prevention, and healing, allowing a person-centred approach"**

Proponents of ECT write about 'modified' ECT, an intervention 'devised' to minimise brain damage. Instead of giving an electric shock to both hemispheres at the same time, its given exclusively to one hemisphere: the non-dominant one. This is the hemisphere where neuroscientists have located the key processing area of the higher or spiritual self: the seat of our personal God, or what some call their 'inner wise being'.

A serious question has to be raised where so called 'modified' ECT is concerned — what's the difference between one or two, fast or slow moving bullets, travelling through the brain?

Abolish!

To abolish ECT would draw a line in the sand. It would allow a psychosocial, humanistic understanding of mental distress to emerge, and pave the way for prevention and healing. It would facilitate an approach that is person-centred: based on the science of individuality, their heart and soul. And in so doing, it would deconstruct the procrustean bed of outdated psychiatric models and practices.

The story from Greek mythology of Procrustes, 'The Stretcher', is particularly apt in relation to ECT. Procrustes would capture innocent

travellers and compel them to sleep the night on his iron bed. He would sadistically force his victimes to fit the bed perfectly, by stretching the ones who were too short until they died and cutting off the limbs of those who were too tall. Either way, the bed remained the same in spite of those sacrificed. His name has survived him as a byword for cruelty and obstinacy.

By any standard, the continued use of electric shock treatment is irrational, archaic and barbaric. It's a form of therapeutic nihilism and has no place in the 21st century. Continued use of ECT is the biggest obstacle to creating a person-centred psychiatric service which honours the exquisite uniqueness of every human being.

In my practice I come across individuals of all ages who have been damaged intellectually and emotionally by ECT. There is a deadness about them, a tiredness, as if they are living in the twilight zone, with their spirit broken, merely going through the motions of living. Some of the younger people I have encountered are unable to complete their second level education or engage in further studies following the procedure, so compromised are their cognitive abilities. Many of the elderly frequently report becoming disorientated in their own homes, and regularly phone family members with a cry for help: 'I'm lost, where am I?'

It is self-evident that ECT is unsustainable. If it were seeking a licence today, it would be rejected on grounds of safety. No independent scientific body would consider it as a viable intervention for human beings. The risk benefits ratio would just be considered too great.

It seems virtually impossible for psychiatrists who have given ECT to acknowledge the true risk of death and the real extent of the brain damage caused. The magnitude of their error of thinking is too great and the consequences so enormous and far-reaching that most find it impossible to admit the possibility of being wrong. The imperative to believe in the efficacy of their treatment appears to negate objective judgement on their part.

ECT, electric shock 'treatment', is a Holocaust of the brain: a brutal Final Solution which must be stopped.

The time to abolish electric shock treatment is now.

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

First Article, Universal Declaration of Human Rights 1948

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 3, Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms

If a medical practitioner charged with negligence defends his conduct by establishing that he followed a practice which was general, and which was approved of by his colleagues of similar specialisation and skill, he cannot escape liability, if in reply, the plaintiff establishes that such practice has inherent defects which ought to be obvious to any person giving the matter due consideration

Finlay CJ. (1989) I.R.
(The case of Dunne V National Maternity Hospital)