

# SELECTED ATROCITIES

## NUTS AND VOLTS FROM THE E.C.T. MAIL BAG

### DEAR EDITOR

Every day many people in Vancouver receive electroshock therapy for treatment of depression (especially involuntarily melancholia), catatonic schizophrenia, manic-depressive psychosis.

Suicidal tendencies, lack of insight, agitation, refusal to eat or talk, delusions, crying spells, apathy, stupor, negativism (refusal to co-operate) and hostility are all characteristics which suggest to many psychiatrists that EST may be in order.

During the month of September, 187 treatments were administered at Riverview Hospital alone. The majority of shock treatments are administered to the patients in psychiatric wards of the general hospitals (Vancouver General Hospital, Lion's Gate Hospital, Health Sciences, etc.).

The technique of administration of electroshock therapy at Riverview goes something like this.

The person is not allowed to eat or drink anything for four hours before EST. During this period tranquilizers or sedatives may be used to reduce the subject's fear and "resistance to treatment".

Graphite jelly, applied to the two areas of the head where the electrodes are to be placed, increases conductivity and prevents burns. A fast-acting intravenously-injected anaesthetic renders the subject unconscious in moments.

Then succinylcholine, a muscle relaxant, is administered to reduce the risk of bone dislocations and fractures. It causes almost complete paralysis, including respiratory paralysis, so that the subject's breathing must be assisted artificially.

The psychiatrist presses a button which releases 70 to 175 volts of electricity for one-tenth to 1½ seconds. The electricity penetrates the skull into the brain. This induces a convulsion, the movements of which are modified by the muscle relaxants. The convulsion is followed by a coma lasting several minutes.

Upon reviving, the subject experiences some of the following: headache, dizziness, muscle ache, nausea and vomiting, confusion, disorientation ("where am I", "who am I"), fear, panic and combativeness, physical weakness and memory loss.

The nature, extent, and duration of EST-induced amnesia have always been a controversial subject. The Committee to Investigate Shock Treatment is a group of people working out of Mental Patients Association. We are going to hospitals to talk to psychiatrists and reading material written about shock treatments.

More importantly, we want to collect reports written by people who have received shock treatments because we feel that these are the people most able to report the ongoing side effects of shock treatment.

If any reader has received shock treatment or knows someone who has received shock treatment, and would be willing to share this experience either verbally or in writing, please contact the Mental Patients Association, Committee to Investigate Shock Treatment, 2146 Yew, phone 738-5177 or 738-1422.

LAWRENCE BELFRAGE  
KATHY KIDD

(MPA's Committee to Investigate Shock Treatment)

### TO WHOM IT MAY CONCERN:

I am presently 42 years old. About sixteen years ago I was hospitalized in another Canadian city, although I had committed no crime, I was placed in a psychiatric ward where I was subjected to repeated shock treatments. Incidentally, I was not rendered unconscious prior to the treatments, as your article suggests is the practice today. I found the experience extremely painful and disorienting, and threatened one of the doctors who was administering the shock treatments with a law suit. His reply: "Why don't you?" I have never felt as physically strong since receiving the treatments as I was before receiving them.

After giving the matter considerable thought, I have come to the conclusion that the psychology of administering shock treatments is basically one of guilt and punishment----a punishment which takes the form of a ritualistic near-killing and in some instances leads to actual death, as is well known. (I have also experienced insulin shock treatments, against my will, and the doctors had to suspend the procedure when I didn't awaken from an insulin-induced coma for several hours.) The patient feels guilty and is punished by being symbolically slain. We have not basically advanced from the middle ages, where such methods as water torture were used. (Of the two, I would prefer water torture.) The fact that psychiatrists admit they do not know how electroshock works is tantamount to an admission of the truth of what I am saying. Believe me, it is barbaric, and will someday be regarded with the abhorrence with which we now regard the burning of witches. While I am on the subject, I would like to add that I was once instrumental in saving someone from having a lobotomy performed on that person, and she is now leading a normal life.

I am a professional man, and for obvious reasons I do not wish to reveal my name.



When I look back at my experiences in a Mental Institution and the different forms of treatment especially ECT I am filled with fear of ever having to be subjected again to the cold and callous manner in which the staff treated myself and other patients. I certainly would never return voluntarily, my first experience with ECT was very terrifying. I had just been admitted to the institution and after a few days had started to talk to a couple of patients. One girl I had been talking to was having ECT treatments, the first time I had seen her and the other patients who were having ECT I felt numb with fear, as I watched them come back looking white-faced and staggering, some being physically supported by staff, they looked like zombies as they were being led to a table set up with toast and coffee for them.

I tried talking to this girl after the treatment and she did not recognize me at all. A short time after seeing this I was painting my nails one night and a nurse seen me and told me to take the nail polish off because I was having ECT in the morning. I was told nothing of this until then and was terrified. I stayed awake all night and the next morning was taken into a dorm, half of the dorm was partitioned with white sheets and I heard some short strange noise, a nurse gave

me a shot in the arm, she said it was to dry up my saliva.

I started screaming loudly I wanted to see the doctor and finally the nurse contacted my doctor. I was let out of the dorm shaking all over and was taken back again by another nurse who wouldn't believe that I was to see the doctor first. It was soon straightened out to my relief when I seen the doctor he told me not to take it as a threat but if I did not participate in occupational therapy I would have to have ECT. I was discharged shortly after.

A few years later I was in the hospital again. This time I was forced to have ECT. I was terrified and was dragged by the nurses down the hallway to a room - the hall door was locked behind me and I was put into a bed with my head at the foot. The sheets were folded back to expose my feet. I thought all sorts of terrible things. I saw a machine being wheeled in and I completely panicked. I was held down by male and female nurses as the doctor forced a needle into my arm.

I had six of these treatments the first time, the second series of six I had on another ward and the fear had increased. I was led up to another ward with other patients. We were all lined up in single file in beds one by one. A bed was dragged behind a curtain until it was my turn. I was pulled into a brightly lit room and given a shot. After each treatment I awoke very confused and with a severe headache, and, supported by a nurse, I was led back to my ward. I begged the doctor not to give me anymore and he would not listen. At the time I was epileptic but did not know I was - I was told what I had was "panic attacks". The panic attacks have now progressed - into Grand Mal seizures - and I cannot help but think I was lucky these treatments did not kill me.

After I left the hospital I found a couple of letters written to me by an ex-



patient who had left my ward. She wrote me these letters while I was still in the hospital. The letters were ones you would receive from someone who you would know well - I have no memory of her at all, and at a few different times when I was out I was approached by people that said they had been with me in the hospital. They were total strangers to me and yet they knew me well enough. I have an extremely poor memory now. These blank spots in my life have made me afraid of seeing people I THINK I know because I really don't know whether I know them from hospital or have met them elsewhere. It has been very embarrassing for me to explain to some people I had no memory of them or to explain to someone I vaguely recognize.

Based on my experiences of having ECT, being given no explanation why I was having it and the lack of concern about my fears, my poor memory and the blank spots, I certainly feel it did not do anything good for me but rather the opposite. I do not advocate this inhumane "treatment".

Sharon Mae Douglas

