



CCHR FLORIDA WHITE PAPER: ELECTROCONVULSIVE THERAPY

WHAT IS ECT? It is a medical procedure where a psychiatrist administers an electric shock *with the intention to trigger a convulsion* in the patient.

HOW SEVERE IS THE CONVULSION? The convulsion is similar to a grand mal epileptic seizure. It must last for at least 15 seconds to be “effective”.

HOW STRONG IS THE ELECTRICAL

CURRENT? The current is usually 200 or so volts that shoots through the brain for two seconds or more. This is a powerful electrical force, as great as that found in a wall socket. It could kill the patient by heart failure if one of the electrodes were connected to an extremity. The electrical current can burn the skin, which is why conducting gel is used.



WHY USE ELECTRICAL CURRENT?

It *overrides the brain's natural defenses* and triggers a convulsion.

IS A PATIENT CONSCIOUS DURING ECT? Modern ECT is performed with a patient that is under general anesthesia. But anesthesia raises the brain's seizure threshold, so more electrical force is needed today to trigger a convulsion.

HOW IS ECT PERFORMED?

1. ECT treatment is generally administered in the morning, before breakfast. The patient is wheeled or led into the operating room and placed on the operating table.
2. The patient receives an anesthetic via an IV in the arm and usually is asked to count until he or she becomes unconscious.
3. The patient gets an intravenous muscle paralyzer (such as succinylcholine) to prevent a breakage of bones or a fracture of the spine during the seizure.
4. A nurse places a rubber bit between the teeth to prevent that the patient bites off the tongue. Occasionally a patient gets a drug to inhibit salivation.
5. Usually a breathing mask is placed over the mouth to ensure oxygen flows to the brain.
6. A nurse rubs conducting jelly onto the temples.
7. Two electrodes from the ECT device are connected to the patient's head, usually on each side.
8. The psychiatrist sets the duration of the shock and pushes the button. The current shoots through the patient's brain.
9. The psychiatrist measures the duration of the convulsion to make sure that it lasts for at least fifteen seconds. It is not uncommon for a convulsion to last 45 seconds.
10. The patient is wheeled out of the operating theatre and into the recovery room.

PSYCHIATRY'S THEORY ABOUT ECT Psychiatry tries to reduce all human problems to chemistry; that our fears and worries are biological. The underlying reason for triggering a convulsion is to bring about "organic changes". This derives from psychiatry's theory of "chemical imbalance", a theory that also drives the psychiatric drug industry. It began when psychiatrists discovered that the drug Thorazine influenced *neurotransmitters*, brain chemicals that carry electrical signals between nerve cells. Psychiatrists then "reasoned" backwards that mentally ill patients were "deficient" or had an "imbalance"

in these neurotransmitters. But medicine has to this date not been able to devise a test that measures the correct “balance” or the “normal” levels of our neurotransmitters. Without such a test, it is impossible to make an accurate diagnosis of neurotransmitter “deficiency” or “imbalance”.

PSYCHIATRY’S OWN WRITINGS ON WHY ECT “WORKS”

(These quotations have been taken from published research papers by psychiatrists—see References).

- ECT works to “*knock out the brain and reduce the higher activities, to impair memory [so that] the pathological state is forgotten*”.
- The “*disturbance of memory is...an integral part of the recovery process...people have...more intelligence than they can handle and a reduction in intelligence is an important factor in the curative process.*”
- “*There must be...organic changes in the brain, and the cure is related to these organic changes.*”

STRUCTURAL BRAIN DAMAGE

(This is a summary of findings from published medical research papers—see References).

- ECT can form scar tissue (gliosis) around nerve cells damaged by the electricity. This is otherwise seen in Alzheimer's disease and multiple sclerosis;
- ECT can cause brain hemorrhages, large and small;
- ECT can kill nerve cells;
- ECT can cause nerve cells to disappear;
- ECT can cause what psychiatry calls "Large Areas of Devastation" in the brain;
- ECT can cause brain tissue to shrink (atrophy);
- ECT can cause brain swelling (edema);
- ECT can cause the formation of "shadow" brain cells—where genetic material and other cellular components have disappeared, leaving only the shell of the cell.

COGNITIVE SIDE EFFECTS FROM ECT

Cognitive refers to mental processes, rather than brain structure. There are numerous such side effects that have been documented by medical studies (see References).

MEMORY LOSS

According to ECT patients, the one cognitive side effect that stands out above all others is long-term or permanent memory loss. This is not like normal forgetfulness or a gradual loss of memory as in Alzheimer's. The amnesia is sudden and absolutely unexpected. A period of time is wiped out from the patient's memory as if it never happened. It is as if part of a life was “unlived”. Decades of a life can be erased. A whole life can be erased if the psychiatrist continues ECT.

THE TAMING EFFECT

Another commonly-reported side effect from ECT patients is that life just “isn't the same again”. It's as if some part of the patient's personality has been destroyed. It is a loss of core identity, the sense of who you really are. It even has a name in psychiatric literature: *the taming effect*. The person is less able to perform intellectual or creative tasks. A musician is not able to play, a scientist can no longer conceptualize a problem. There is a famous but sad example of this: Before he killed himself with a shotgun after a second series of ECT, Ernest Hemingway, one of America's greatest writers, said: “*What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient.*” This ECT side effect has been described as the “agonizing experience of the shattered self”.

OTHER COGNITIVE SIDE EFFECTS

- ECT can cause inattention and an inability to concentrate;
- ECT can cause a difficulty carrying out manual tasks for which a person has been trained;
- ECT can cause a patient to be dazed and stupefied;
- ECT can cause a drop in IQ, as measured by tests.

FATALITY RATE FROM ECT

The fatality rate of modern modified ECT is as high as 1 in 200 for people over sixty years of age. This rate is higher than the rate for the unmodified ECT administered in the 1940s and early 1950s in the USA, when the electrical current required to trigger a convulsion was lower.

WHEN IS ECT USED?

American Psychiatric Association guidelines say that ECT is indicated when a person is “treatment resistant”. This means a “lack of therapeutic response to two antidepressants”. According to psychiatry, “loss of appetite and interest in food, or overeating” and a “loss of interest and pleasure in your usual activities” qualify as symptoms of major depression. The 2001 APA ECT guidelines also say that ECT may be safer than alternative treatments of the “infirm elderly and during pregnancy”.

PSYCHIATRISTS KNOW

Psychiatrists know that ECT causes memory loss and a “taming effect”. They know it causes permanent brain damage. But they are not telling their patients, as they are required to do under “Informed Consent” regulations. How else can a psychiatrist expect for someone to agree to a treatment that reduces the IQ from 156 to 118 (an actual example)? Or makes a patient lose part of his personality and memory of his life? Either the electroshocking psychiatrist glosses over these effects as “minor” or “temporary”. Or an institutionalized patient is coerced to sign after being threatened with further confinement. A trick that has been reported by ECT patients is for a psychiatrist to assure that memory loss cannot happen. Then when a patient complains of it after ECT, the psychiatrist insists that it didn't happen, “proving” how crazy a patient really is.

AN ETHICAL ISSUE IN MEDICINE

Neurologist Robert Grimm has pointed out in a statement to the American Psychiatric Association that *“the use of convulsions by one branch of medicine (psychiatry) to effect therapeutic response while another branch (neurology) labors to prevent convulsions reveals a serious ethical problem ...”*

NATIONAL COUNCIL ON DISABILITY

In the year 2000, the National Council on Disability, the federal agency that is responsible for making disability policy recommendations to the President and Congress, after reviewing scientific evidence, made a policy recommendation that ECT should be eliminated as an *“unproven and inherently inhumane procedure”*.

A HUMAN RIGHTS VIOLATION

ECT is a serious human rights violation. It is directly contradictory to the UN Declaration of Human Rights (Section 5), which opposes “cruel, degrading and inhumane treatment and punishment”. The majority of ECT is given without a fully informed consent and is therefore administered either forcibly or by deceit.

HOW MANY RECEIVE ECT?

It is estimated that more than 100,000 patients receive ECT annually in the USA, by consent or forcibly.

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