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# Former ECT Patients Urge That Procedure Be Abandoned

By CARL SHERMAN  
Contributing Writer

NEW YORK — In one of the few such encounters at a scientific meeting, a panel of former patients at an international conference on ECT sponsored by the New York Academy of Sciences narrated their adverse experiences with electroconvulsive therapy and strongly urged that the procedure be abandoned entirely and immediately.

"The real issues are not medical and scientific but moral and political," said Lenny Lapon, author of "Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States."

The panel was arranged several weeks in advance, in response to demands that former patients' viewpoints be heard. Harold Sackeim, Ph.D., co-chairman of the conference, told this newspaper.

Fewer than 50 conferees were on hand at the luncheon presentation to hear electroconvulsive therapy (ECT) denounced as "a monstrous evil" and the conference itself characterized as "a promotional meeting to hype a brain-damaging, spirit-crushing, pseudo-medical procedure."

"For those who receive it, the experience of ECT differs markedly from what is represented in the literature," said John Parkin, of New York, chairman of the panel and member of the Greater New York Coalition for Human Rights and Against Electroshock.

Other former patients emphasized the pain of the procedure and severe cognitive impairments that followed its use.

Leonard Roy Frank, of San Francisco, editor and publisher of "The History of Shock Treatment," described a court-ordered series of 50 insulin coma treatments and 35 ECT treatments, 22 years ago, as "the most horrible experience in my life."

Janet Gotkin of Westchester County, N.Y., an activist in the mental patients' rights movement and author of "Too

Much Anger, Too Many Tears," said that a series of 100 ECT treatments, some without anesthesia, administered between 1961 and 1971, "caused excruciating pain, psychic and physical."

Members of the panel described memory loss as the most severe lasting cognitive deficit that followed ECT. "The major effect of shock therapy was obliteration of the most recent 2-year period; it also rendered vague the memory of my entire early life," Mr. Frank said. Ms. Gotkin described "large, unpredictable blank spots in my life history—gaping holes I can never fill."

Mr. Frank charged that "brain damage isn't unfortunate or accidental but desirable and intentional. The apparent beneficial effect of ECT results from the brain damage it causes." Psychiatrists interpret the temporary euphoria, apathy, and denial of complaints as proof of recovery, he said.

## Brain Damage Charged

The panelists asserted that informed consent safeguards are neglected when ECT is administered. Mr. Parkin said, "We want respect for basic human and civil rights. We want the right to live our lives as we wish and to refuse treatment unless given adequate information."

Don Weitz, of Toronto, equated his experience with insulin shock treatment, administered against his will 34 years ago, with modern ECT practice. "In the same way, no information about brain damage and memory loss is given to today's victims. This is unethical and unacceptable," he said.

"Have you ever told patients the price of the tradeoff—permanent brain damage for temporary relief of pain?" asked Ms. Gotkin.

Of the 100,000 patients who receive ECT in the United States yearly, 70% are women and more than 80% are over age 65. "These are the most vulnerable, helpless people in society; the most passive and least likely to resist, who have been coerced and manipulated into

undergoing this treatment," she charged.

The panelists faulted the scientific auspices of the meeting, claiming that there was no free exchange of ideas. Mr. Frank noted, "Not one major critic from within the field of psychiatry or science has been invited to present his or her views. You can tolerate hearing from shock survivors—what we say can be easily discredited—but you specialists don't want to hear the truth from fellow professionals."

Mr. Parkin noted that the patient panel was not to be included in the published annals of the conference, which violates scientific ideals, he asserted.

Mr. Lapon compared ECT to psychiatric practices in Nazi Germany, noting that pioneering work was done in Fascist Italy. "Electroshock is itself an abuse, not a medical treatment sometimes abused. You are guilty of crimes against humanity. You violate international law. We slowly but surely move toward the day when you will pay for your crimes," he said.

Other panelists observed that patients' rights groups addressing alleged psychiatric abuses have gained power in recent years. "We were a handful in 1971; now we're an international network," Mr. Parkin said.

Mr. Weitz noted legislative attempts to outlaw ECT in Berkeley, Calif., and

observed that a similar movement was gaining strength in Canada. "I predict that under the Canadian Charter of Rights and Freedoms there will be many court challenges to shock," he said at the conference cosponsored by the National Institute of Mental Health, Rockville, Md.

One of the few audience members who commented on the panel presentation said, "Your accounts have been painful for most of us here as physicians. There is little doubt that this modality has been abused in the past."

But the efficacy of modern ECT in major depression has been established beyond question, the physician said, and he invited the panelists to observe patients before, during, and after ECT at the two New York institutions with which he is affiliated.

In a later telephone interview, Dr. Sackeim praised the opportunity for contact facilitated by the panel but pointed out that many of the experiences described by the panelists had happened many years ago. "They don't reflect current practice—or at least as ECT should be done," he noted.

The meeting was originally planned as a purely scientific convocation, with no consideration of philosophical or ethical issues. It is for this reason that the patients panel will not be included in the conference annals, he said.

## Social Security Administration Proposes Easing Disability Criteria for Mentally Ill

International Medical News Service  
WASHINGTON — The Social Security Administration has proposed to broaden eligibility criteria for disability benefits for people with mental disorders.

The proposed amendments would cover people with organic, schizophrenic, affective, anxiety-related, somatoform, and personality disorders, as well as substance addiction and mental retardation. Specific language has been proposed to cover agoraphobia as well as chronic schizophrenia, which prevents the patient from working even though his or her symptoms have been treated with medication or supportive therapy.

The new amendments recognize that many individuals who have a history of schizophrenia may have a remission induced either by treatment or by living in a supportive environment. However, these same individuals may remain dis-

abled because they experience a return of symptoms when they encounter stressful circumstances or when they leave the supportive environment, the SSA says.

In providing compensation for people with agoraphobia, the SSA recognizes that the condition constitutes a severe anxiety disorder.

The new amendments are the result of a congressional request for rules revisions after a long fight over Reagan administration crackdowns in the disability program. In drawing up the revisions, the SSA consulted with the American Psychiatric Association and other organizations and entered into a contract with the APA to provide for an ongoing review of disability evaluation criteria relating to mental disorders.

The proposals were printed in the Feb. 4, 1985, edition of the Federal Register, and the SSA will accept comments from the public until March 21.

## The Ranch—opening a window to the future for the head-injured.

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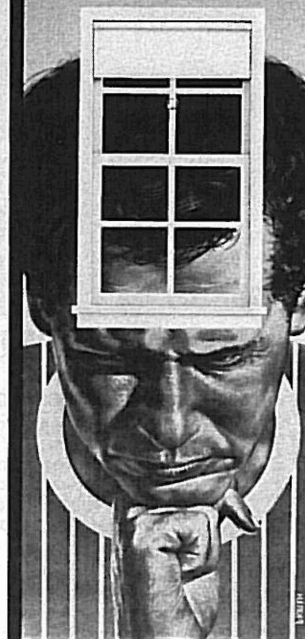
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## Court Upholds Psychotherapy For Disabled

*International Medical News Service*

WASHINGTON — The U.S. Supreme Court refused to review a decision by the Third Federal Circuit Court requiring a New Jersey school board to pay costs of psychotherapy for an emotionally disturbed student enrolled in the state's handicapped program.

The Court's refusal to hear the case allowed to stand the rule that psychotherapy is a guaranteed service for the handicapped if provided by a social worker or other nonmedical professional. Margo Wallack, an attorney for the Center for Law and Education, Cambridge, Mass., told this newspaper.

Under the federal Education for All Handicapped Children Act, passed in the mid-1970's, special educational and related services for the handicapped are guaranteed, but medical services for other than diagnostic or evaluation purposes are not, Ms. Wallack said.

In the New Jersey case, *Piscataway v. T. G.*, the school board argued that it did not have to pay for the student's psychotherapy because the state's treatment program was administered under the supervision of a psychiatrist and was considered a medical service.

### Can't Be "Medical" Service

However, because the actual weekly therapy was conducted by a "staff member with no more credentials than a master's in social work," the circuit court, confirming an earlier ruling by a district court, ordered the school board to pay for it.

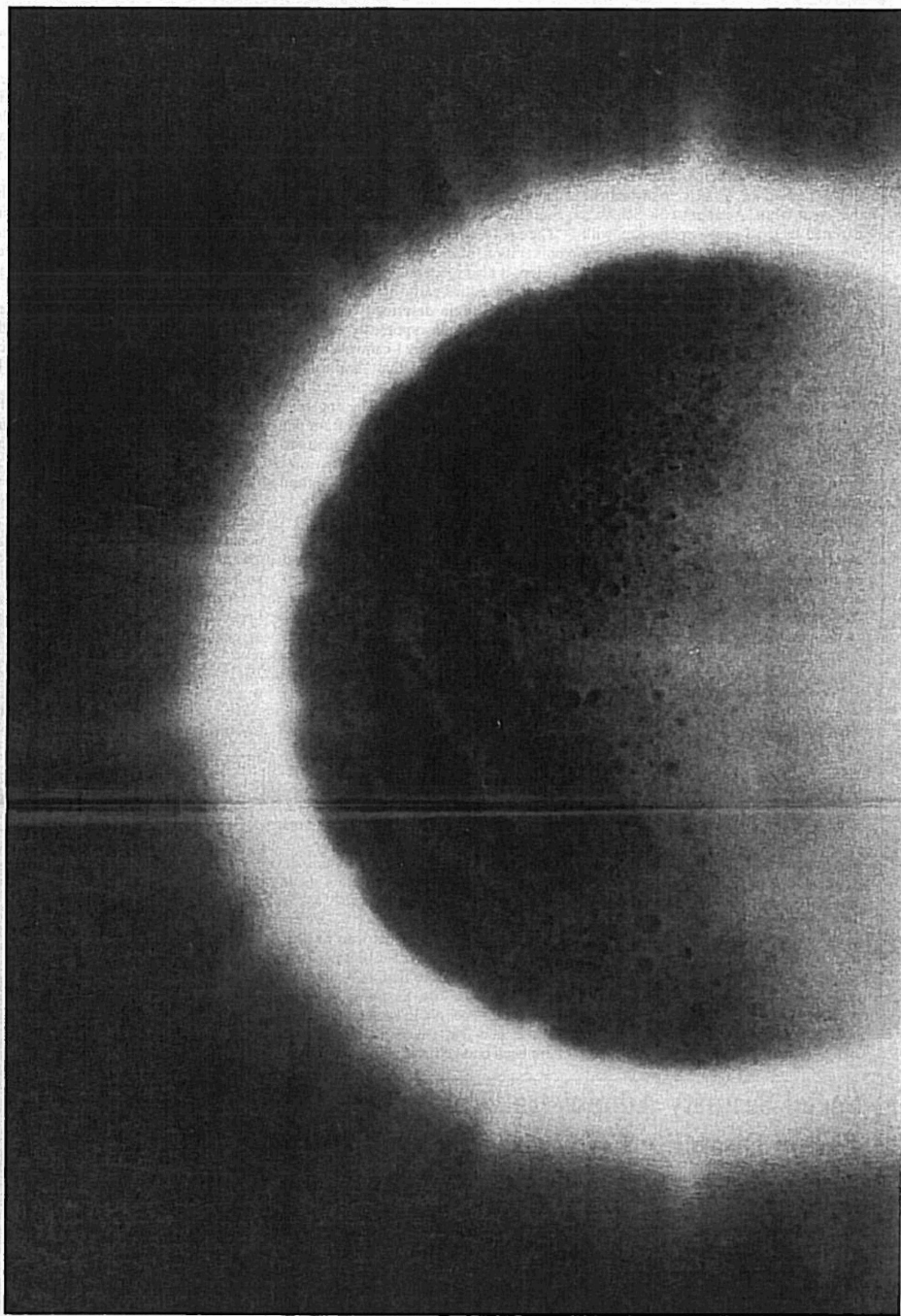
Psychological counseling is included in the federal law's definition of "related services," providing it is necessary for the child to benefit from his educational program and is not a "medical" service. It is this distinction that allows for psychotherapy provided by a social worker or other nonmedical professional but not that provided by a psychiatrist, Ms. Wallack said.

The Piscataway case is not the first to address the issue of guaranteed psychotherapy for the handicapped. The American Psychiatric Association has long argued that denying public funds for psychotherapy provided by a psychiatrist is an unfair, arbitrary distinction. Jay Cutler, APA director of government relations, Washington, said in a telephone interview.

### New Psychiatric Group

*International Medical News Service*

PHILADELPHIA — The American Association of Community Mental Health Center Psychiatrists is a new organization for addressing issues faced by psychiatrists practicing in community mental health centers and to encourage training and research in psychiatry within these centers. Further information about the organization can be obtained from Dr. Carol L. Glaskin, vice president for membership and programming, Washington House, A-309, Presidential Boulevard and City Line, Philadelphia, Pa. 19131.



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