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Ferment subscribers who have not already re-subscribed so are encouraged to do so before the first issue of Vol. XII is published in April. Thanks, R. Lisker

Malicious

Malpractice, II

The Theater of Absurd Cruelty

"From late nineteenth century times onwards, the teachings of psychologists and the ministrations of psychiatrists have come to play an increasingly dominant role in moulding the American mind, to a degree surely unparalleled in any other nation." - Roy Porter: A Social

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Drug medication, taken voluntarily, under orders, or if necessary by force, has been the prevailing fashion in psychiatry since the mid 50's . Psychiatrists consider it a badge of distinction that , in opposition to ordinary psychologists, they alone have the legal right to prescribe drugs. Tranquilizers, anti-depressants, anti-psychotics, neuroleptics and their offshoots have resolved so much of the incurable tragedy that has , literally, 'bedeviled' the asylum for 3 centuries, that it is unlikely that their use will be curtailed in the foreseeable future.

Many of these drugs are both dangerous and addictive. It is unfortunately true that, barring some spontaneous advance in the evolution of the species , we will not be able to dispense with them. The neuroleptic drugs appear to have ratified an historic compromise, momentous in its consequence as the transistor and the home computer, between the population of those who, allegedly afflicted with Unreason, are deemed not responsible for their actions, and the apostles of Reason , the mind doctors , (who, in their default, have assumed responsibility for them) , so many of whom have shown themselves to be just as afflicted with savage drives to ruthless domination and power.

Neuroleptic drugs can cause psychomotor disability , (tardive dyskinesia) and brain damage ; yet they have also done away with major abuses of a far more devastating character. In particular, they are responsible for

(A) An end to the tradition of long incarcerations, frequently for life, of the supposedly hopeless insane in pestholes that fully deserved the name of 'snake pits'.

(B) The abrupt decline of the golden age of cruel somatic therapies. Most of these originated in the 30's in countries under fascist governments or their sympathizers, yet went on to flourish primarily in

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Western democracies proud of their strong liberal traditions: insulin shock, metrazol shock, malaria injections for paresis , (syphilitic paralysis) , electro-convulsive therapy (ECT) , and psychosurgery.

Today most of them are prohibited or marginally employed . Only ECT remains, the last of the 'caveman's clubs' ; (for all of these therapies were based on insights no deeper than that bopping someone on the head with a club will sometimes improve his behavior.) As of this date the position of ECT within established psychiatry seems secure. In spite of the fact that there has always been substantial documentation testifying to the production of major brain damage, permanent memory impairment, cardiac injuries, fractures and other destructive consequences from ECT, about 100,000 persons undergo a regimen of shock treatments in American hospitals each year.

Sigmund Freud has had to put up with a lot of unfriendly criticism in the pages of Ferment, yet it is certain that he was completely on target when he observed that all of us have the potential to become vessels for destructive passions of enormous amplitude, of which we may be completely unaware. For me this is the only model that begins to make sense in dealing with the sadistic fanatics who devised, then promoted and employed the somatic psychotherapies: Egas Moniz and Walter Freeman, champions of leucotomy and lobotomy; Ladislav Meduna, the father of metrazol therapy and all the convulsive therapies ; Cerletti and Bini, promulgators of ECT; Manfred Sakel, insulin coma therapy; Werner Jauregg, whose brilliant insight was that by giving malaria to catatonics, their fevers might inflame , and thereby relax, their frozen muscles.

Perhaps Ferment can even proffer a (very slight) apology to the foolish, (when not outright stupid) , therapists of recovered memories of

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incest. That their ignorance has done lots of harm cannot be denied ; but verily the somatic therapists of the 30's, 40's and 50's are the real heavies of the sordid history of destructive psychotherapy. These men, (and they are overwhelmingly men, even as their victims are disproportionately women and the elderly), reach to the fabled heights of Hitler, Caligula, Attila . Their modern descendants in comparison appear like petty despots, Saddam Hussein perhaps, or Milosevich, or George Bush .

It is the psychiatric drugs, not compassion, intelligence or even sanity, to which we are indebted for the eradication of their shameful legacy. It must always be kept in mind that, although lithium medication is unpleasant, sometimes dangerous, and probably worthless, lobotomy is for life. This statement reflects a gulf separating half a century, and it is not a triviality.

I must confess that in reviewing the life and times of Walter Freeman, crusader of prefrontal and trans-orbital lobotomy, I could not rid myself of the sense that I was looking into the face of Evil. An examination of Freeman's career , exemplifying as does every traditional American value - work ethic, inventiveness, rugged individualism, aggressivity, naive optimism, the manic enthusiasm for universal cure-alls, incorrigible self-righteousness and so on - lays to rest the comforting notion that we are any safer in a democracy than persons living under totalitarian systems like fascism and communism.

One quickly becomes fascinated with the problem of trying to understand how any human being , (given that we all share in a common frailty) , can by imperceptible steps and through ordinary errors in judgment, become locked into a regime of self-deception until he finally emerges a full-blown monster. Such questions do not have ready answers. Whatever one might come up with must have a decided bearing on the principal thesis of these articles: that the Western medical

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tradition of psychotherapy is a threat to civilization, a throwback to barbarism, one of the most serious among the numerous assaults on a humane or rational social order that have arisen in our calamitous century.



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Soma or Psyche ?

The methods of modern psychotherapy are neatly summed up in Act V, Scene iii of "Macbeth". Lady Macbeth has been seen wandering about doing mad things. This prompts Macbeth to ask her doctor:

*" Canst thou not minister to a mind diseased ¹
Pluck from the memory a rooted sorrow ²
Raze out the written troubles of the brain ³
And with some sweet oblivious antidote ⁴
Cleanse the stuffed busom of that perilous stuff
Which weighs upon the heart? "*

Consistent with the atmosphere of hypocrisy and denial that Shakespeare weaves about the drama, Macbeth knows all too well wherein lies the cause of Lady Macbeth's "rooted sorrow". Just as we do today, he wants a medical doctor to come up with some somatic procedure for excising a guilty conscience - and, as she has been blabbing state secrets, shut her up in the process.

The doctor's reply is refreshingly honest, given the claims made by his modern-day descendants:

" Therein the patient must minister to himself. "

"Ancient wisdom" is often an oxymoron: the invasive somatic psychotherapies of the 30's were inspired by very old ideas. Boring holes in the brain (trepanning) for the relief of mental distress was already being done in ancient Egypt. The magical and religious arguments for this procedure - releasing the dark vapors or opening up escape routes for the trapped demons - were *less* far-fetched than those advanced in the 20th century for the various forms of psychosurgery. There are 3 dilemmas that have confounded all systems of political control,

¹ Psycho-Analysis

² Lobotomy

³ Electro-Convulsive Therapy

⁴ Psychiatric Drugs

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psychiatry among them , since the Industrial Revolution of the late 18th century: overpopulation, cost-effectiveness, and human variability.

The overcrowding of mental hospitals, by persons who, diagnosed as insane, deteriorated rapidly beneath the axiomatics of asylum logic then lingered in them indefinitely , had by the turn of this century reached a point of no return:

“ The first two decades of the present century have been aptly referred to as the alarmist period in the study and treatment of mental defect. ” (Deutsch, *The Mentally Ill in America*, pg. 354)

The United States in particular has always led the world in its eagerness to throw non-conformists, deviants or eccentrics into asylums, hospitals , institutes, programs. This is as true today as it has ever been : the deluge of homelessness catalysed by the emptying out of the mental hospitals now swells the shelters and the jails. In the last two decades alone, our prison population has augmented 15-fold.

“ ...The desperate problem, of course, was the huge number of mentally disturbed people around the world who were receiving little or no help and were, as a result, deteriorating in overcrowded and understaffed institutions....

...According to the Census Bureau data of 1904, nearly 40 percent of all persons in mental hospitals had been there 5 years or more. The figures were even more discouraging for state mental hospitals, where the duration of confinement had been steadily increasing....

...”Jacob Norman’s 1947 report on Massachusetts reported that from 40 percent to 45 percent of patients in state hospitals were suffering from psychoses caused by organic brain disease, mainly senile dementia, cerebral arteriosclerosis, and neurosyphilis. The second largest group were the chronic, “burned-out” schizophrenics, most of whom had been living in their own world within the hospitals for many years.... It was a hopeless, depressing atmosphere; and psychiatrists themselves had to struggle not to be engulfed by it....

...The American Psychiatric Association estimated overcrowding in mental hospitals even in 1948 to be in excess of 50 percent....More than 230,000 hospital beds for the mentally ill were judged to be substandard, and many more people needed hospitalization....” (Valenstein, ‘Great and Desperate Cures ‘ , pg. 174)

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Intensified by the series of economic disasters that overwhelmed the world in the 1930's, the intractable problem of the overcrowding of the asylums came to be perceived as an intolerable burden. Anything at all that might reduce their populations suddenly became permitted.

Nazi Germany opted, not surprisingly, for 'solutions' of mass murder:

" Before the war was finished 275,000 psychiatric inmates were gassed, beaten, starved and drugged to death not on orders from Hitler but by psychiatrists acting on their own volition. " (Friedberg, "Shock Treatment..." pg. 135, quoting from *Madness Network News* paraphrasing Frederic Wertham, " The Sign of Cain" ; Paperback Library, 1969)

The father of all the convulsive therapies and inventor of metrazol shock, the Hungarian doctor Ladislas Meduna, though of Marrano descent, had worked for the government of Admiral Miklos Horthy. Insulin coma therapy, invented by Manfred Sakel, was developed in Vienna in the early 30's. It came into its own in the United States, after Sakel emigrated here in 1938 and his books were translated into English.

ECT was a product of fascist Italy, having been first tried out on human subjects by Ugo Cerletti and Lucio Bini in 1938. Portugal, under the Salazar dictatorship, was the provenance for the formal announcement of lobotomy in 1936. Its inventor, Egas Moniz, although belonging to the old aristocracy, appears to have been liberal conservative, even mildly socialist in his politics. This does not change the fact that his methods received strong support from Portugal's rulers.

Each and every one of the somatic therapies was immediately picked up in the United States, the world's greatest democracy and capital of cost effectiveness. A disturbingly large number of Americans adhere to the doctrine that 'failures', 'losers', 'walking wounded', and so on are human refuse without redeeming value, burdens on society. Indeed, they are best disposed of, were it not that such genocide can't be done without violating some ersatz version of the Graeco-Judaic ethic.

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Dubbed scientific and applied on a grand scale, they were eventually incorporated into the standard curriculum of medical schools and training hospitals.

Psychosurgery

"The notorious obscurity of the concept of 'mental illness' is well illustrated by the fact that psychosurgery has been performed to correct neurotic anxieties, hyperactivity, restlessness, warmheartedness, conscientiousness, perfectionism, thoughtfulness, homosexuality, frigidity, promiscuity, strong emotions, gambling, alcoholism, drug addiction, depression, violence and childhood misbehavior, among others."

-Rem. B. Edwards, "Ethics of Psychiatry", pg. 333

Psychosurgery, including leucotomy, prefrontal lobotomy, trans-orbital lobotomy and stereotactic surgery, occupies a privileged place in the history of science. Today it is generally accepted that lobotomy constituted pseudo-science at its worst. As we shall learn, the 50,000 mind-crippling operations produced by the lobotomy fad were all based upon the systematic misinterpretation of a single experiment done on a pair of chimpanzees in 1935 at Yale University.

Its' prime movers, Egas Moniz and Walter Freeman, were neither neurosurgeons nor psychologists. Both had previously achieved high, (and merited) distinction in branches of neuroscience unrelated to psychology: Moniz in cerebral angiography, (color photography of the brain), Freeman in diseases of the nervous system.

Untrained and too old to do surgery, Moniz worked through his assistant, Almeida Lima. Walter Freeman did his own operations: a crude butcher, he didn't bother to sterilize his instruments, using whatever lay at hand, hammers, knives, cannulas, scapulas, icepicks, and a barbaric weapon of his own contrivance called an 'orbiclast', to enter the

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brain through the front, the sides and the eye sockets, opening infections, splintering the skull, rupturing blood vessels, breaking his picks, sending metal splinters into the brain and optic nerves. Many deaths were directly attributable to his incompetence as a surgeon. To put his patients into a coma, Freeman zapped them with electroshock drawn directly from wall current at 110 volts. He advocated lobotomy for headaches, psychic pain and even gastro-intestinal complications. He performed it on children, and delighted in showing films of this horrible and bloody operation to high school classrooms.

" After watching the electro-convulsive shock, followed by the leucotome being tapped into the brain over the eye, and hearing the sound of the orbit fracturing when the handle was forced up toward the brow, this experienced clinician, [Edward Zabrisky, a seventy-four year old professor emeritus of neurology at Columbia University] fainted. " (Valenstein, op. cit., pg. 217)

Lobotomy became a standard procedure in most state mental hospitals in the 40's. Spurring on its' growing acceptance was a virtual firestorm of laudatory endorsement in the popular press: Time, Newsweek, Harper's, The Reader's Digest, The Saturday Evening Post, city and small town newspapers, and even the New York Times stumbled over one another to be the first to herald science's new path to salvation and the wonder-working powers of its' Messiah, Walter Freeman .

On June 7,1937, the NY Times announced that this ' *new surgery of the soul* ' relieved ' *tension, apprehension, anxiety, depression, insomnia, suicidal ideas, delusions, hallucinations, crying spells, melancholia, obsessions, panic states, disorientation, psychalgesia (pains of psychic origin), nervous indigestion and hysterical paralysis.* " (Valenstein, op. cit., pg. 156)

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" Turning the Mind Out ", an influential article written by Waldemar Kaempffert, science editor of the New York Times, was carried by The Saturday Evening Post on May 24, 1941. In it he wrote:

" Freeman ... explained that the operation worked by separating the frontal lobe 'rational' brain from the thalamic 'emotional brain' ".

" While Life described the effects of lobotomy as destroying the superego, Time implied that the operation created a superego where apparently there had been none before. " (Valenstein, op. cit., pg. 180)

As a result of all this publicity there was a waiting list of people begging Walter Freeman to give them lobotomies. Nor was Freeman one to refuse to render assistance when asked.

Asylum psychiatrists who favored lobotomy at this time expressed undisguised contempt for orthodox Freudians, not because of the dubious worth of his theories, but because all psycho-analysts could come up with was a lot of empty talk, and didn't know how to roll up their sleeves and get the job done. Although analysts in general appear to have opposed the procedure, much of their criticism comes across as not much better than its target :

" { Smith Ely] Jelliffe criticized not so much the concept of lobotomy as the fact that those doing the operations had neglected psychoanalytic theory:

'If we accept the general Freudian formula, and I see no reason not to, then the compulsion neurosis uses the mechanism of displacement from early erotic fixations..... This is the cathexis of the anal sadistic with its massive hostility drive.'

Asserting that the prefrontal brain area is where many of the different 'fixations' identified by psychoanalysis are located, Jelliffe argued that what was needed was a more selective lobotomy severing only the fibers connecting the frontal lobe with the brain area that receives sensory information from the anus:

'...it would seem to me that if there could be an isolation of the frontal association wires of these anal sensory perception areas, one might do some definite cutting instead of putting the whole instrument out of commission in order to correct a difficulty...' " (Valenstein, pg. 184)

To summarize: The lobotomy paradigm contains a valuable lesson. It is a prime example of the way by which a figment of pseudo-science, less credible than Cold Fusion or Piltdown Man, can thrive within the jurisdiction of psychiatry, a branch of medicine unconstrained by ethical, scientific or intellectual standards. Unopposed for 30 years, it left in its wake unimaginable hecatombs of human suffering. Doctors of distinguished reputations in fields unrelated to psychology gave it, vicariously but effectively, the seal of authority. Coinciding with the

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onslaught of great historic catastrophes, it was enthusiastically endorsed by an irresponsible press, its credulous readership, and the administrators of bankrupt state mental hospitals. Indeed, it faded away only because the psychiatric drugs were finally able to solve age-old problems of management and administration endemic to the asylum .

Becky and Lucy

Both Egas Moniz and Walter Freeman were present at the Second International Congress of Neurology, held in London in August, 1935 . Moniz's fame was such that an entire wall of the exhibition hall was given over to displays of brain images obtained through his techniques of cerebral angiography. At a day-long symposium on the effects of damage to the frontal lobes, John Fulton and Carlyle Jacobsen presented their findings from experiments conducted on chimpanzees. (Later published as *Jacobsen: "Studies on Cerebral Function in Primates"*, *Comparative Psychological Monographs* 13(3)(1936): 1-60) .

" [Jacobsen} ...described the emotional changes in one animal after the operation .This animal ...began to have temper tantrums and refused to go to the test chamber. Following the surgery, however, the chimpanzee seemed to approach the test almost cheerfully..... Fulton, who was chairing his session, later reported Moniz's reaction after the presentation : ' Dr. Moniz arose and asked if frontal lobe removal prevents the development of experimental neuroses in animals and eliminates frustrational behavior, why would it not be feasible to relieve anxiety states in man by surgical means?

At the time we were a little startled by the suggestion....' "
(Valenstein, op. cit., pg. 77)

3 months later, Moniz was lobotomizing human beings in his neurology division at the Santa Marta Hospital in Lisbon:

" With a minimum of preparation, with no animal experiments to test the safety of the procedure, he initiated the operations ... less than three months after his return from the London Neurological Congress... "
(Valenstein, op. cit., pg. 79)

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Moniz's conviction that cutting out chunks of brain matter would eliminate anxiety and worry appears to have been derived solely from the

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anecdotes of Fulton and Jacobsen during the London symposium. It is most unlikely that Moniz ever studied their paper. Had he done so he would have recognized that their experiments were not about the emotional behavior at all, but about problem-solving:

" The major conclusion of the study was that, following bilateral damage to the frontal lobes, chimpanzees can no longer solve problems they could do easily before the surgery. " (Valenstein, op. cit, pg. 95)

Becky was the name of the chimpanzee who had exhibited 'temper tantrums' . She had to be dragged, kicking, shitting, screaming and pissing, to the test chamber depicted in the adjacent diagram . After the destruction of most of her frontal lobes, Becky went willingly, even eagerly, into the test chamber:

" Jacobsen described Becky's changed behavior by stating that she appeared to have joined a 'happiness cult' " (Valenstein, op. cit, pg. 96)

The post-operative behavior of the other chimpanzee, Lucy, was in complete contradiction to the Moniz theory of primate psychoneurology. Before the removal of her frontal lobes, Lucy enjoyed going into the test chamber. After being operated on, she screamed, banged on the doors and walls of the cage and in every other way exhibited extreme rage whenever she failed to find the morsel of food hidden in an over-turned cup placed in front of her , (see diagram) .

Briefly: The conclusions that Egas Moniz drew from the Fulton-Jacobsen experiment had nothing to do with its findings; yet, it was on the strength of those conclusions that brain mutilation was inflicted on 50,000 persons in 10 countries between 1936 and 1967 (followed by a few hundred each year after that up to as late as 1972). For his pioneering work, Egas Moniz was awarded the Nobel Prize for Medicine in 1949. It remains , to date, Portugal's only Nobel Prize in any category. In its' summary of Moniz's research, the Nobel Prize Committee makes explicit reference to the 'findings' of Fulton and Jacobsen, that

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'experimental neuroses' could not be induced in animals with damaged frontal lobes - rendered *permanently* free from anxiety.

Electro-Convulsive Therapy

"I'd rather have a small lobotomy than a series of electro-convulsive shock I just know what the brain looks like after a series of shock - and it's not very pleasant to look at." - Karl Pribram, then head of the Neuropsychology Institute at Stanford University; in the Monitor of the American Psychiatric Association, 1974

1988, the 50th anniversary of the invention of electro-convulsive shock therapy (ECT) was the occasion for lavish celebrations around the world. The miracle of ECT was vaunted through commemorative articles, lectures in hospitals and medical schools, and through symposia and special sessions at the annual conventions of such organizations as the American Psychiatric Association, the Society of Biological Psychiatry, the Royal College of Physicians and the International Psychiatric Congress.

By the late 1980's, all other somatic therapies had been largely abandoned, used only on extreme conditions and subject to strong legal restrictions. ECT claimed this field with no rivals, as it still does today: at least 100,000 persons undergo a regime of shock treatments every year in the United States.

ECT belongs among the 'convulsive' therapies. The others had been far more dangerous and costly. The mortality rate for insulin coma shock therapy was about 1 in every 200 cases. In 1976 mortality from ECT was 1 in a thousand; it is probably less today. Metrazol shock convulsions could cause severe, often lethal fractures. Fractures still occur in applications of ECT, notably on the dorsal or rigid spine,

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although they have been greatly reduced by injections of the paralyzing drug succinylcholine (Anectine).

There exists a voluminous research literature unequivocally demonstrating that ECT produces widespread irreversible brain damage in animals and human beings. The causes are also known: the grand mal seizures themselves; the muscular spasms and attendant fractures; the damage to the brain-blood barrier; the burning of tissues by the heat of the current. Those psychiatrists who employ ECT are unlikely to be swayed by this evidence. Apart from its lucrative payoffs - a shock therapist can generate over half a million dollars in yearly revenue for less than one 8-hour day per week combining treatments and consultations - the practitioners of ECT, ever sensitive to the aroma of quackery that clings to non-somatic "verbal" psychotherapy, can lay claim to being real doctors who administer a truly medical therapy.

" It seems safe to say that psychiatrists will continue to fight for the right to use ECT, one of the only 'medical treatments', as they wish, and with as little regulation and standardization as possible. " (Louise Brownell, "Ethics of Psychiatry" , pg. 364)

This presumption is bizarre, to say the least. The goal of ECT, quite simply, is to induce grand mal seizures. Professional neurologists, who have no identity crisis about being doctors, devote much of their working life to the treatment, prevention and cure of epilepsy. How is it possible that two distinct branches of "somatic" medicine should find themselves at such cross purposes?

Well, yes, there is a rationale : it harkens back to an old idea, first propounded by Ladislav Meduna in the early 30's, that schizophrenia and epilepsy never occur in the same person. Meduna claimed that his experience with autopsies had given him the knack of detecting subtle differences in the brain cells of (deceased!) epileptics and schizophrenics. There has never been a shred of any other evidence in support of this hypothesis, which has been soundly contradicted by the

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thousands of persons who have subsequently been diagnosed as both schizophrenic and epileptic ! Yet, in the 30's, Meduna's 'discovery' was sufficient grounds for setting doctors all over Europe busily to work inventing ways of curing insanity by causing epilepsy:

" The idea that there might be, however, antagonism between a convulsion and schizophrenia had been widely accepted in the 1930's; and there were even some attempts to treat schizophrenics by injecting blood drawn from epileptics immediately after a convulsion " (Valenstein, pg. 50)

In 1936, the inventor of ECT, the Italian doctor Ugo Cerletti, modified Meduna's discredited hypothesis to fit the new evidence:

"...Cerletti... became convinced that the body produces a 'vitalizing substance' in response to the stress of a convulsion. Later Cerletti called this hypothetical substance 'acro-amines' (a substance produced by extreme struggle), and tried to produce it by shocking animals with a device built by Bini. While they could produce convulsions without any difficulty, many of the animals died. ...When the position of the electrodes was changed from the mouth and anus to the sides of the head, none of the animals died.....

In April of 1938, a man was found to be wandering lost and confused around a train station. He was sent to the psychiatric clinic. Cerletti and Bini immobilized him and applied an ECT jolt to the head. The patient did not lose consciousness. When he heard the two doctors talking about the possibility of a second dose, he sat up quickly and cried : " Not another one! It's deadly!" . They ignored him, shocked him at a much higher voltage level, and produced a convulsion. " (Valenstein, pg. 50)

All the convulsive therapies, and at one time there were quite a number of them, were based on Meduna's hypothesis of the antagonism of schizophrenia to epilepsy. ECT has never been shown to be effective in the treatment of schizophrenia; nor have any of the others. The only condition for which ECT seems to give some relief , temporary or permanent, is major chronic depression. Why this is so is unknown: some doctors argue that the permanent memory loss induced by ECT causes the patient to forget the things that were depressing him. Unspoken is the obvious rejoinder that the therapist cannot possibly

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know which brain cells will be killed and which won't. The patient may equally forget how to dress himself, or how to go to the bathroom.

Others have speculated that the stress and injury caused by the convulsions shift the focus of the depressive's attention from imaginary worries about hypothetical disasters to the urgency of dealing with a present one: the caveman's club argument. Ultimately no-one knows why ECT may work in certain cases of depression, nor, even here, if it is any good in the long run. The specific correlation of ECT with the alleviation of chronic depression has not hindered its' employment for every known species of mental distress, nor on every kind of person, from children to the elderly. Indeed, old women are, far and away, *les victimes de préférence* for ECT. It's easy to see why this is so:

(1) Elderly women, having lost family and friends, can quickly become isolated from the rest of society. Loneliness, the sense of being abandoned, the lack of meaningful work, can create a morbid mental climate leading to extreme depression.

(2) Psychiatrists who defend the imposition of ECT on the elderly,⁵ have argued that anti-depressants and other psychiatric drugs are particularly dangerous and counter-indicated for elderly patients. This is true, but does not explain why ECT is any safer, given that their brains and cardio-vascular systems are correspondingly more fragile.

(3) The elderly are helpless and vulnerable. In a country where competition rages like a forest fire out of control, anyone who commits the error of revealing his/her state of desperation runs the risk of being exploited as a stepping stone for ambitious professionals eager to get

⁵See for example the article by Donald Hay "ECT Safe and Effective Treatment for Elderly Psychiatric Patients", in *Psychiatry Times*, November, 1990; also the scandalously biased official report issued by the American Psychiatric Association, "The Practice of Electroconvulsive Therapy" (1990)

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ahead. For such people, the temptation to brow-beat or terrify the elderly into unwanted therapies may prove difficult to resist. Courts, lawyers and doctors can also acquire complete freedom to ignore their wishes and fears by having them declared incompetent.

(4) Certainly, and not least, senior citizens represent a huge, reliable and almost inexhaustible source of revenue for the medical profession via insurance, Social Security, S.S.I. and Medicare. We have already seen how a psychiatrist can make himself into a millionaire by investing one day out of each week to ECT related activities.

“ Sadly, those whose lives are least treasured in the society are those most likely to be afflicted with psychiatry’s most destructive treatments. ”

(Breggin, op. cit. , page 193)

The Brain Is Such a Terrible Thing To Waste

There exists an influential school of thought within psychiatry that concedes that ECT does cause serious brain damage, but goes on to argue that it is the brain damage itself which is the cure. As this is the position of Max Fink, the editor of the leading journal in the field, *“ Convulsive Therapy ”*, it naturally carries great weight within the profession as a whole. Fink of course does not call it brain damage; *altered state of brain function* is his particularly delightful euphemism . Such altered states show up as deformed brain wave patterns on encephalograms, Fink has correlated the degree of improvement with the degree of these abnormalities, (which of course are a measure of the amount of damage to the brain.)

“ Clearly describing a patient with an organic brain syndrome following shock treatment, Fink declares that when a patient becomes ‘jovial and euphoric despite his problems and sees his previous thoughts of suicide as ‘silly’, a rating of ‘much improved’ is made. Fink declares that the basis of improvement is ‘similar to that of craniocerebral trauma’ or

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head injury... in the January/February issue of Comprehensive Psychiatry, Fink makes a statement that could have been attributed to those of us who oppose shock: 'The principal complications of ECT are death, brain damage, memory impairment and spontaneous seizures. These complications are similar to those seen after head trauma, with which ECT has been compared.'" (Breggin, op. cit., pg. 198)

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" By the end of this intensive course of treatment ("4 grand mal seizures daily, spaced so that two were given in the morning at one- to two-hour intervals and two in the afternoon, for seven consecutive days), practically all [52 schizophrenic] patients showed profound disturbances. They were dazed, out of contact and for the most part helpless. All showed incontinence of urine, and incontinence of feces was not uncommon. Most of them were underactive and did not talk spontaneously. Many failed to respond to questions but a few patients would obey simple requests. They appeared prostrated and apathetic. At the same time most of them whined, whimpered and cried readily, and some were resistive and petulant in a childish way. They could usually be made to walk if led and supported, but their movements were slow, uncertain and clumsy. Most of them like to be coddled. Masturbation was not uncommon. They seemed to have lost all desire to eat or drink and showed no discrimination as to what they were eating. They had to be spoonfed, and most of them lost from 3 to 12 pounds in weight during the course of treatment. They could not dress themselves and none of those tested during this period could complete the task of extracting a match from a matchbox and lighting the match.

- Friedberg, op. cit., pg. 144, quoting from 'Regressive Shock Therapy in Schizophrenia', Rothschild, Gordon and Varjabedian, Diseases of the Nervous System, Vol 11, May, 1951, pg. 151)

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In a profession in which one finds few guidelines or protections, it should not be surprising, (though thoroughly revolting), to uncover a small faction committed to pushing therapies known to be destructive even in moderate doses, to brutal extremes. Nor is it uncommon that such practitioners frequently find themselves showered with honors and awards, or elected to high positions of prestige and responsibility within the professional societies. Guided by a philosophy that maintains that there exists a universal psychological *tabula rasa* upon which 'personality' is erected, they advocate the administration of massive , multiple shock treatments expressly for the purpose of reducing patients to a state of pre-linguistic infantile helplessness, wherein they are dependent on a nursing staff even for their basic bodily functions . Having reduced them to vegetables, such psychiatrists claim to be able to reprogram or 'repattern' them into functioning beings while at the same time 'curing' their supposed mental illness.

The depredations of this school , which one might describe as a kind of neo-Nazi sect within the psychiatric tradition , are documented in such studies as John Mark 's " *Search for the Manchurian Candidate* ", Jeffrey Masson's "*Against Therapy* ", on pages 201-204 of Peter Breggin's "*Toxic Psychiatry* ", and in other places (see Bibliography) . Their grand-daddy appears to have been Ewan Cameron, the Canadian psychiatrist who conducted re-patterning experiments during the 50's at his Allan Memorial Institute at McGill University in Montreal.

Cameron was greatly assisted in this work by CIA funding. He was not influenced by the Agency; it was the CIA who became interested in him because of the work he was already doing. Psychiatric malpractice being one of those plagues that, like the rain, falls equally upon rich

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and poor, his patients were generally from well-to-do , even socially and politically elite families . Once committed to his care, they were shocked a minimum of twelve times a day, until they became nearly comatose and totally disoriented.

Other means were also used to attain this end result: injections of curare, and forced restraint in 'Rush tranquilizing chairs' for weeks at a time. Their identities destroyed , Cameron set out to 'repattern' them. His favorite method consisted of forcing them to listen to short recorded messages played over and over again hundreds of thousands of times. When , as mental wrecks and permanently debilitated, his patients were eventually returned to their families, Cameron pronounced them 'cured' .

During these same years, similar experiments were being done at a private hospital, Stoney Lodge, in Ossining, New York. The philosophy of repatterning continues to animate psychiatric practice in our own time. The report of the American Psychiatric Association Task Force on ECT, published in 1990, notes that *multiple-monitored ECT* , the invention of Barry Maletsky, was being used by a 'substantial minority' of practitioners. MMECT keeps its victim in sustained convulsions for 50 minutes , as 5 ECT shocks are induced in close succession.

" The field of medicine is well acquainted with the effects of multiple, continuous seizures on the brain, or caused by injury to the brain. A patient who suffers several convulsions in a row without regaining consciousness is defined as being in status epilepticus, which is recognized in neurology and medicine as a severe medical emergency requiring immediate intervention before it produces permanent brain damage. " (Breggin, op. cit.. pg. 204)

(3rd in a series.)

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Announcements

>>> My application for admission to the graduate program in World Music at Wesleyan University, was turned down for this year. This is unfortunate for many reasons. It's an excellent program; it would have required hard work which I would have enjoyed ; after graduation even the universities would have had to start calling me " doctor" ; every composer and several of the musicians in the department either are , or have at one time, been Ferment subscribers. Although I had no guarantee that Wesleyan would accept me, its rejection of my credentials , (which are considerable though definitely unorthodox) , is consistent with its undeviating descent into an portable imitation of the Ivy League - which, furthermore, its new administration proclaims overtly as its

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principal objective. The Wesleyan connection would have completed my domestication within the Middletown parameters, which only means that it would have provided me with strong reasons for 'settling down' here for a protracted stay.

As it is, I feel that , despite the security and friendship that this charming town has bestowed on me , ambitions and career are sharply constrained by my present situation . There are no plans to re-locate before June of 1999. However, unless there are major developments on the horizon, (which there may well be), I doubt that I will be staying on after that date.

>>> > ,4 "political" articles, all of which have appeared in Ferment, may now be read and downloaded from the Internet.

At <http://www.umsl.edu/~skthomalferment.htm> , one will find the first article on psychotherapy, plus a reprint of an article written in 1991 at the start of the Gulf War : " *The Cripple Factor: Arms, Oil and the Balance of Payments in the Middle East* "

<http://www.rendezvous.com/tangledweb/ferment.htm> is carrying an article written in 1993: " *Goodbye Columbia* ", about the Columbia Corporation and its record in running homes for the elderly on Cape Cod. Also an article written in 1995, comparing the perspectives of Robert McNamara and Noam Chomsky on J. F. Kennedy and the escalation of the Vietnamese War.

I would like to take this occasion to thank Mr. John Dean-Lee, pastor of the 1st Congregational Church in Middletown, for having generously donated its office equipment and his time to producing this issue of Ferment.

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