

**Electroshock Must Be Banned Now: Strategies of Resistance**

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*If the body is the temple of the spirit, as I believe, the brain may be seen as the body's inner sanctum, the holiest of places. To invade, violate, and injure the brain is a crime against the spirit, a desecration of the soul.*

- Leonard Roy Frank, electroshock survivor, activist, and author (1991)

*A part of me has been wiped away – ECT should be banned absolutely, no question.*

- Paivi Marshall, electroshock survivor (2005)

*ECT is brutal, unethical, torture...a crime against humanity...it must be stopped.*

- Sue Clark-Wittenberg, electroshock survivor (2005)

*Stopping shock treatment will require public outrage, organized resistance from survivor groups and psychiatric reformers, lawsuits, and state legislation.*

- Peter Breggin, M.D., psychiatrist (2007)

As many of us are aware, electroshock (“ECT”) has never been officially banned or phased out anywhere in the world. I wish it were, and so do many other shock survivors, antipsychiatry activists, and human rights activists. I pay tribute to several shock survivors in Canada, the United States and Ireland who have courageously and publicly testified against shock and demanded its abolition: Sue Clark-Wittenberg, Wendy Funk, Carla McKague, Paivi Marshall, Linda Andre, Barbara Cody, Janet Gotkin, Wayne Lax, Mel Starkman, Leonard Frank, George Ebert, Ray Sandford, Mary Maddock - to name a few. Electroshock is not a medical treatment – it is an extremely serious violation of our human rights—and always causes harm, always causes brain damage (Frank, 1990;

Breggin, 1998; Weitz, 2008). Although a few hospitals rarely administer electroshock or have stopped it, many continue to administer and promote. So far, no country has officially outlawed electroshock. I have heard that Slovenia banned electroshock, but this claim is unofficial and not supported by any official document published by the Slovenian government. As a memory-destroying, brain-damaging “treatment”, electroshock is arguably the most violent, traumatic, and brain-damaging procedure in psychiatry today. Women and the elderly, particularly women 60 years and older and mothers diagnosed with postpartum depression are ECT’s main targets. (Burstow, 2006a, 2006b; Weitz, 1997). Sexist and ageist factors obviously influence its use. ECT statistics I’ve obtained for Ontario and British Columbia show that two to three times more women than men are electroshocked; elderly women are at greatest risk (Ontario Ministry of Health, 2007; B.C. Ministry of Health, 2008). Since electroshock was first used as a psychiatric treatment in Canada and the United States in the early 1940s, there has been conclusive scientific evidence that it always causes epileptic seizure, (inaccurately labeled “therapeutic”), convulsion, coma, and brain damage including blood vessel hemorrhage, destruction of nerve cells, permanent memory loss, other “cognitive dysfunction” including impairments in concentration, learning and creativity, and sometimes death (Breggin 1998; Frank, 1978, 2006). Despite this evidence, shock promoters including the Canadian Psychiatric Association and American Psychiatric Association irresponsibly minimize permanent memory loss as a “side effect” or “transient”. In a recent position paper, the Canadian Psychiatric Association greatly minimized permanent memory loss claiming “a small minority of patients...[have] subjective complaints” and flatly denied brain damage-- “[ECT] causes no detectable evidence of irreversible structural brain damage” (Enns & Reiss, 2001)

However, in the United States and Ireland, several physicians have publicly called for a ban on electroshock and severely criticized its continued use (Friedberg, 1977; Breggin, 1997; Breeding, 2001; Sterling, 2002; Corry 2008). In sharp contrast, Canadian psychiatrists continue to fraudulently promote 'ECT' as a "safe and effective" or "lifesaving" treatment for depression. Further, Canadian neurologists have remained conspicuously silent; in the early 1990s, I wrote a letter to the Canadian Neurological Society asking them to criticize or speak out against electroshock. I never received a reply.

Before discussing strategies that work and don't work, I think it's important to recognize the many acts of resistance against electroshock. Since 1982, this grassroots resistance has been organized and carried out by many courageous shock survivors, antipsychiatry activists, advocacy and human rights groups in the United States, Canada, and since 2007 in Ireland. What follows are a few highlights of this significant and continuing resistance:

### Acts of Resistance

- 1982, November 2: In Berkeley, California in protest over the massive electroshocking of patients in Herrick Hospital and other psychiatric facilities, the Coalition to Stop Electroshock succeeds in putting a shock ban referendum ('Measure T') on the city ballot — 61% vote to ban electroshock in Berkeley, after the Coalition collects 2,452 names on a petition. This historic democratic vote is later ruled invalid by the State Supreme Court.
- 1983, May 23-24: During the 11th Annual International Conference for Human Rights and Against Psychiatric Oppression in Syracuse, New York, nine psychiatric survivors block the front doors of Benjamin Rush Psychiatric Center as an act of nonviolent civil disobedience. Three years later, Benjamin Rush stops electroshocking patients.
- 1983, October 21: the first Public Forum on Electroshock and Other Crimes of Psychiatry in Canada is organized by the Ontario Coalition to Stop Electroshock. Many shock survivors and supporters give personal and political testimony against shock in Toronto City Hall.
- 1983, October 22: North American Day of Protest Against Electroshock Demonstrations, vigils, rallies and educational events are carried out by survivor, anti-psychiatry and human rights groups in Denver, San Francisco, Boston, Syracuse, and Toronto. In Toronto, approximately 50 psychiatric survivors and supporters march and protest in front of the Clarke Institute of Psychiatry, Ontario's "shock shop".
- 1984, January 17: At a public meeting of the Toronto Board of Health, seven members of the Ontario Coalition To Stop Electroshock convince the Board to call a moratorium on electroshock in Ontario. The Board's decision marks the first time in Canada that a board of health or any health body tries to restrict electroshock, but Ontario's Ministry of Health refuses to enforce the moratorium resolution.
- 1984, July 3-6: Three Coalition members organize nonviolent civil disobedience; they stage a sit-in in Keith Norton's office requesting to meet with him. The protesters

refuse to leave until Norton meets with them; he refuses, and security guards force the peaceful protesters out of the building. They all return on two consecutive days, guards force them out again. On June 6, the Coalition issues a press release criticizing Norton and demanding he appoint a shock survivor to the ECT panel. Two months later, Norton appoints lawyer-shock survivor Carla McKague to the 16-member ECT Committee. Carla is the only member advocating abolition. A partial victory.

- 1984, October 7, 14, 21: Since neither the Toronto City Council nor Ontario government has held public hearings on electroshock, the Coalition organizes three days of public hearings in Toronto City Hall. Approximately 50 people, predominantly survivors and a few relatives, give moving testimony about the devastating effects of permanent memory loss and brain damage on their lives. All but one person urge a total ban (Froede & Baldwin, 1999).
- 1991, February 11: The San Francisco Board of Supervisors passes a resolution to stop public funding of electroshock in San Francisco following public hearings. (later overturned by a court)
- 2005, April 9-10: The Coalition Against Psychiatric Assault (CAPA) holds public hearings on electroshock in the Toronto City Hall Council Chambers. Only shock survivors are invited to speak. An independent panel facilitates the testimony and writes a report, *Electroshock Is Not A Healing Option*, based on the survivors' testimonies. The full report is posted on the CAPA site (Report, 2005).
- 2006, April 24: The Coalition for the Abolition of Electroshock in Texas (CAEST) organizes a public rally and march to protest electroshock and demands Seton Shoal Creek Hospital in Austin, Texas stop shocking patients. An excerpt from its Mission Statement reads, "Our mission is to abolish electroshock in Texas, and we won't rest until we do" (Frank, 2006).
- 2007, May 13: On Mother's Day, three anti-shock demonstrations are simultaneously held in Toronto, Montreal and Cork, Ireland with the theme "Stop Shocking Our Mothers and Grandmothers". These protests highlight the fact that women, particularly elderly women, are the chief targets of electroshock. They indicate that the movement to abolish electroshock is becoming international. (See reports on <http://capa.oise.utoronto.ca>, and [capacanada.wordpress.com](http://capacanada.wordpress.com))
- 2008, May: Three anti-shock protests are held in 3 different cities on or close to Mother's Day with the same theme "Stop Shocking Our Mothers and Grandmothers": on May 3<sup>rd</sup> in Cork, Ireland organized by MindFreedom Ireland; on May 10<sup>th</sup> in Montreal, organized by the Comite Pare-chocks in collaboration with Action Autonomie and Collectif Pour la Defense des Droits en Sante Mentale de Montreal; and on May 13<sup>th</sup> in Ottawa, organized by the International Campaign to Ban Electroshock.
- 2009, May: Three anti-shock protests are held. On May 10<sup>th</sup> in Toronto, a march and rally organized by the Coalition Against Psychiatric Assault (CAPA) in Queen's Park attracted over 100 people, and New Democratic Party Member of the Ontario Parliament Cheri DiNovo announced she will introduce a bill to ban electroshock; similar protests are held in Montreal on May 9<sup>th</sup>, and Cork, Ireland on May 31<sup>st</sup>.

## Strategies That Don't Work

### *Letters & Petitions*

Despite good intentions, letters to the editor and letter-writing or petition campaigns organized by psychiatric survivors and rights activists are generally ineffective. Editors, who are generally elitist and psychiatrically biased, frequently publish letters from shock promoter-psychiatrists and other mental health professionals and a few shock survivor celebrities who parrot psychiatry's "safe and effective" myth. At the same time, they routinely reject critical letters from 'ungrateful' shock survivors and other critics. In the mainstream media, letters from survivors, activists and advocates carry no political clout; no matter how articulate and truthful, survivor letters don't persuade government health officials, ministers or politicians to question or criticize electroshock. 'ECT' letters published in the mainstream press or read on radio and TV are typically written by "mental health experts" (e.g., University of Toronto historian Edward Shorter) who parrot shock myths and lies: electroshock is "safe and effective", not brain-damaging, "lifesaving," despite the continuing lack of medical and scientific evidence.

A notable exception was the successful 2008-2009 letter-writing campaign organized by MindFreedom International (MFI) on behalf of shock survivor Ray Sandford. Despite his repeated refusals, Sandford was electroshocked as an outpatient, judged incompetent and put under the guardianship of social workers with the Lutheran Church in Minnesota. Soon after he asked Mindfreedom International to intervene, an intense six month letter-writing campaign was launched with letters targeting the Church, Sandford's psychiatrist, other hospital doctors, and Minnesota Governor Tim Pawlenty. After hundreds of letters mailed and over 40 forcibly administered ECTs, Ray Sandford was no longer electroshocked in April 2009 and after that time. MFI's letter-writing campaign focused state, national and even some international attention on electroshock; it succeeded in pressuring Sanford's psychiatrist and other hospital doctors to stop shocking him against his will. Although a big victory for Sandford and MFI, the success of this letter-writing was obviously limited, because it did not stop or significantly reduce the use of electroshock in Minnesota (Oaks, 2009)/

### *Petitions*

Or consider petitions. Around 1985 or the mid-1980s in Toronto, the Ontario Coalition to Stop Electroshock collected over 1000 signatures on a petition that demanded a moratorium or ban on electroshock in Ontario and submitted it to the Ontario Legislature. It was essentially ignored, never debated, and there was no media coverage. In the United States, the Committee for Truth in Psychiatry (CTIP) organized a letter campaign against the Food and Drug Administration's threat to reclassify shock machines from class-III (hi-risk/unsafe) to class II (low-risk/safe). Despite intense pro-shock lobbying by the American Psychiatric Association, the FDA has not yet reclassified these machines currently capable of delivering over 400 volts of electricity. A partial victory for CTIP and other shock survivors and allies who wrote letters urging the FDA to keep the machines classified in Class-III. Nevertheless, this threat and electroshock continue. (Andre, 2009; MindFreedom, 2009). In Canada, Health Canada has also never tested shock machines for their medical safety and effectiveness (Lyons, 2002).

### Public Hearings

Unfortunately, public hearings have had essentially minimal impact on politicians and the public including the media. In the United States, the state governments in California, New York and Texas have held public hearings. These hearings have had three major effects: 1. outlawing 'ECT' to children under the ages of 14 (Texas) and 12 (California),

2. providing more detailed information regarding the shock procedure and its major effects, and 3. spelling out informed consent including the person's right to refuse 'ECT'. However, despite public hearings in San Francisco where the city's Board of Supervisors passed a resolution to stop public funding of shock in that city, electroshock resumed in local hospitals (Figueroa, 1991; Frank, 1991). Also, despite public hearings held by the New York State Assembly in 2002, forced electroshock is still legal in New York. Unfortunately, there has been no significant reduction in electroshock in these and other states.

In Canada, so far no provincial government has called or endorsed public hearings. In October 1984 the Ontario Coalition to Stop Electroshock held three days of public hearings in Toronto City Hall. Approximately 50 people, mostly shock survivors and relatives, gave gripping and moving testimony; all but one urged a total ban on electroshock. (Froede & Baldwin, 1999). One year later, in December 1985, the Ontario government's 'ECT' Review Committee issued a report with many recommendations, spelled out informed consent to 'ECT', but minimized the common and disastrous effects of brain damage and permanent memory loss; it also refused to recommend a moratorium or ban. In 2005, the Coalition Against Psychiatric Assault (CAPA) held two days of public hearings in Toronto City Hall. This public event was very empowering and supportive for the shock survivors who courageously testified, but no reporters showed up, and there was no media coverage. In Toronto, the media have consistently refused to cover anti-shock or antipsychiatry events (Report, 2005).

### Strategies That Could or Should Work

#### *Class Action*

For some mental health lawyers and rights advocates, the fact that there are still no class action lawsuits in Canada that limit or ban electroshock is frustrating - there definitely should be. Class actions, perhaps modeled on successful class action lawsuits against multinational drug companies, could have powerful and rippling effects. The argument that shock machines as 'medical devices' have never been independently tested or government-inspected for medical safety should be relevant and helpful evidence. (Lyons, 2002; Andre, 2009; MindFreedom, 2009). However, numerous scientific studies and critical reviews that conclusively prove brain damage together with expert testimony from several psychiatric critics and neurologists, as well as personal testimony from many shock survivors who have been seriously disabled and traumatized by 'ECT' provide more powerful evidence. (Breggin, 1998, 2008; Calloway, 1985; Sackeim, 2007; Report, 2005). Unfortunately, there are two major problems in launching class action cases against electroshock: 1. Many shock survivors are understandably afraid or ashamed to testify, to 'go public', and so they refuse to testify in court, and 2. The legal costs are prohibitively high, and legal aid is insufficient or nonexistent for civil cases.

Possible solutions could include the following: providing community support or advocacy groups for shock survivors who intend to sue shock doctors and/or 'shock mills'; urging hi-profile shock survivors – nationally respected actors, writers, scientists or politicians – to initiate or join the class action; and finding lawyers or law firms willing to represent shock survivors on a 'pro-bono' or contingency basis - very difficult to find.

#### *Political Strategies- Legislative Bills*

We need more political action at the provincial and state legislative levels. We need to educate and lobby politicians about electroshock, convince them to speak out publicly

denouncing electroshock as unsafe and inhumane, and introduce seriously restrictive or abolitionist legislation. Although California and Texas passed regulatory legislation that outlaws ECT for children under 12 and 14 years old and spells out written informed consent, electroshock was not significantly reduced or abolished in these states; in fact it increased (Andre, 2009). Besides, “informed consent” to electroshock as well as psychiatric drugs is and always was a sham – this legal right and ethical principle is constantly violated. Cheri DiNovo, a New Democratic Party Member of the Ontario Provincial Parliament, has publicly denounced electroshock as “inhumane” during Mother’s Day protests in 2008 and 2010 in Toronto. On May 11, 2010, she also held a press conference at which three members of the Coalition Against Psychiatric Assault spoke out in support of her bill. Titled “Ending Public Funding of Electroconvulsive Therapy Act”, Ms DiNovo’s bill seeks to stop funding electroshock in all public hospitals under the Ontario Hospital Insurance Plan (OHIP). Although the bill does not affect electroshock in private hospitals where ‘ECT’ would still be legal, this is a very important step in our struggle to limit and eventually ban electroshock in Ontario. Ms. DiNovo is the first politician in Canada to publicly denounce electroshock and take legislative action. Unfortunately, her bill will not be heard or debated until 2011; because it is a ‘private member’s bill’, her bill has a very slim chance of being passed. Nevertheless, Ms. DiNovo’s political initiative is strongly supported by CAPA and several other social justice groups. Her defunding bill could have a ‘ripple effect’ in persuading other politicians to speak out against electroshock and urge many advocacy and human rights organizations in Ontario and other provinces to initiate lobbying campaigns and other political action (DiNovo, 2010).

#### International Coordinating Body

Probably a more useful and comprehensive strategy involves establishing a transnational committee or organizing group – perhaps titled The International Coordinating Committee to Ban (or Abolish) Electroshock. Currently, there is no such organization that could coordinate and facilitate a wide variety of anti-shock events including protests, networking and political lobbying in several countries. For many years, there have been pockets of anti-shock protests and rallies in various cities but the turnouts have been typically low (50-100) and marked by little or no media coverage and minimal coordination. This must change soon if the anti-shock movement is to achieve public credibility and political clout. This is starting to happen. For example since 2007 there have been annual protests with the theme “Stop Shocking Our Mothers and Grandmothers” held on or close to Mother’s Day in Toronto, Ottawa, Montreal and Cork, Ireland – thanks to the initiative and continuing support of CAPA in Toronto, together with MindFreedom Ireland in Cork, Ireland, Action Autonomie in Montreal, and the International Committee to Ban Electroshock in Ottawa. Resistance against electroshock is about to go global. These protests can and should spread transnationally and be held on a specific day in many other major cities such as Vancouver, New York, San Francisco, London, Paris, Berlin, and Rome – to name a few. December 10<sup>th</sup>, International Human Rights Day, seems an appropriate date for an international anti-shock protest, since electroshock is fundamentally a human rights issue and violation; it also marks the date when the Universal Declaration of Human Rights was adopted by the United Nations General Assembly in 1948.

More specifically, The International Coordinating Committee could develop and carry out some or all of the following tasks: initiate public educational campaigns focused on permanent memory loss, brain damage and other major effects and risks of ECT;

provide literature and technical support for anti-shock demonstrations and protests including nonviolent civil disobedience; consult with survivors and advocates in class-action cases; launch networking campaigns involving psychiatric survivor, disability rights, feminist, social justice, and human rights organizations; strike a media subcommittee to handle requests for information from the media and provide spokespeople for interviews; develop fundraising strategies. The Committee should consist of a maximum of 15 members with a majority of shock survivor-activists (70%-80%) and some dissident health professionals and academics (20%-30%) who have publicly called for or advocated a ban. Members should come from European, North American, South American and African countries, as well as New Zealand and Australia. The process must be democratic and transparent. All members should be elected as representatives of their organizations, all meetings should be open to the public, but only members should be permitted to vote. The Committee should also create and maintain a website with several links including event updates, a schedule of rallies-demonstrations-protests, legislative initiatives, brief summaries or abstracts of relevant legal cases, a list of organizational members, and contact email addresses.

Of course, no single strategy will abolish electroshock. However, I am convinced that a combination of well-coordinated strategies in several countries - such as successful class actions, nonviolent civil disobedience, political lobbying, and restrictive or abolitionist laws – can speed the day when electroshock will be universally banned, because it always causes harm, degrades, traumatizes, and violates our human rights.



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