POLITICS, PRACTICE, AND BREAKING NEWS

ECT Damages the Brain: Disturbing News for Patients and Shock Doctors Alike

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Something most remarkable and unexpected has occurred in the field of psychiatry. Led by lifelong defender and promoter of shock treatment Harold Sackeim, a team of investigators recently published a follow-up study of 347 patients given the currently available methods of electroshock, including the supposedly most benign forms, and confirmed that electroshock causes *permanent* brain damage and dysfunction (Sackeim et al., 2007).

Based on numerous standardized psychological tests, 6 months after the last ECT every form of the treatment was found to cause lasting memory and mental dysfunction. In the summary words of the investigators, "Thus, adverse cognitive effects were detected six months following the acute treatment course" (p. 244). They concluded, "This study provides the first evidence in a large, prospective sample that adverse cognitive effects can persist for an extended period, and that they characterize routine treatment with ECT in community settings" (p. 253).

After traumatic brain damage has persisted for 6 months, it is likely to remain stable or even to grow worse. Therefore, the study confirms that routine clinical use of ECT causes *permanent* damage to the mental faculties.

The term *cognitive dysfunction* covers the entire range of mental faculties from memory to abstract thinking and judgment. The ECT-induced persistent brain dysfunction was global. In addition to the loss of autobiographical memories, the most marked cognitive injury occurred in "retention of newly learned information," "simple reaction time," and most tragically, "global cognitive status" or overall mental function. In other words, the patients continued to have trouble learning and remembering new things, they were slower in their mental reaction times, and they were mentally impaired across a broad range of faculties.

Probably to disguise the wide swath of devastation, the Sackeim study did not provide the percentages of patients afflicted with persistent cognitive deficits; but all of the multiple tests were highly significant ($p < .0001$ on 10 of 11 tests and $p < .003$ on the 11th). Also, the individual measures correlated with each other. This statistical data indicates that a large percentage of patients were significantly impaired.

Many patients also had persistent abnormalities on the EEGs (brain wave studies) 6 months after treatment, indicating even more gross underlying brain damage and dysfunc-

tion. The results confirm that the post-ECT patients, as I have described in numerous publications, were grossly brain injured with a generalized loss of mental functions.

Some of the older forms of shock—and still the most commonly used—produced the most severe damage; but all of the treatment types caused persistent brain dysfunction. The greater the number of treatments given to patients, the greater was the loss of biographical memories. Elderly women are particularly likely to get shocked—probably because there is no one to defend them—and the study found that the elderly and females were the most susceptible to severe memory loss.

DESTROYING LIVES

The study does not address the actual impact of these losses on the lives of individual patients. Like most such reports, it's all a matter of statistics. In human reality the loss of autobiographical memories indicates that patients could no longer recall important life experiences, such as their wedding, family celebrations, graduations, vacation trips, and births and deaths. In my experience, it also includes the wiping out of significant professional experiences. I have evaluated dozens of patients whose professional and family lives have been wrecked, including a nurse who lost her career but who recently won a malpractice suit against the doctor who referred her for shock. Her story is told on my Web site, www.breggin.com.

Even when these injured people can continue to function on a superficial social basis, they nonetheless suffer devastation of their identities due to the obliteration of key aspects of their personal lives. The loss of the ability to retain and learn new material is not only humiliating and depressing but also disabling. The slowing of mental reaction time is frustrating and incapacitating. Even when relatively subtle, these disabilities can disrupt routine activities of living. Individuals can no longer safely drive a car for fear of losing their concentration or becoming hopelessly lost. Others can no longer find their way around their own kitchen or remember to turn off the burner on the stove. Still others cannot retain what they have just read in a newspaper or seen on television. They commonly meet old friends and new acquaintances without having any idea who they are. Ultimately, the experience of "global" cognitive dysfunction impairs the victim's identify and sense of self, as well as ruining the overall quality of life.

Although unmentioned in the Sackeim article, in addition to cognitive dysfunction, shock treatment causes severe affective or emotional disorders. Much like other victims of severe head injury, many postshock patients become emotionally shallow and unable to relate on an intimate or spiritual level. They often become impulsive and irritable. Commonly they become chronically depressed. Having been injured by previously trusted doctors, they almost always become distrustful of all doctors and avoid even necessary medical care.

DECADES OF OPPOSITION TO SHOCK TREATMENT

This breaking scientific research has confirmed what I've been saying about shock treatment for 30 years. In 1979 I published *Electroshock: Its Brain-Disabling Effects*, the first medical book to evaluate the brain-damaging and memory-wrecking effects of this "treatment" for

depression that requires inflicting a series of massive convulsions on the brain by means of passing a traumatic electric current through it. After many rejections, the courageous president of Springer Publishing Company, Ursula Springer, decided to publish this then controversial book. Dr. Springer told me about venomous attacks aimed at her at medical meetings as a result of her brave act in publishing my work. She never regretted it.

Over the years, I have continued to write, lecture, testify in court, and speak to the media about brain damage and memory loss caused by electroshock (e.g., Breggin 1991, 1992, 1997, 1998). At times my persistence has resulted in condemnation from shock advocates such as Harold Sackeim and Max Fink whom I have criticized for systematically covering up damage done to millions of patients throughout the world. It would require too much autobiographical detail to communicate the severity of the attacks on me surrounding my criticism of ECT. It was second only to the attack on me from the drug companies for claiming that antidepressants cause violence and suicide.

Given the vigor with which shock doctors have suppressed or denigrated my work, the study further surprised me by citing my 1986 scientific paper "Neuropathology and Cognitive Dysfunction from ECT" published in the *Psychopharmacology Bulletin*, noting that "critics contend that ECT invariably results in substantial and permanent memory loss" (Sackeim et al., 2007, p.244). They contrast this critical view with "some authorities," specifically citing Max Fink and Robert Abrams, who have argued against the existence of any persistent shock effects on memory. The implication was clear that the critics were right and the so-called authorities were wrong. Sackeim was among those authorities.

Fink's "authoritative" testimony at a number of malpractice trials has enabled shock doctors to get off scot-free after damaging the brains of their patients. Abrams used to testify successfully on behalf of shock doctors until I disclosed his ownership of a shock machine manufacturing company.

Unfortunately, the Sackeim group did not cite the work of neurologist John Friedberg (1976, 1977), who risked his career to criticize electroshock treatment. Nor did their article give credit to the published work of psychiatric survivor Leonard Frank (1990, 2006) or the antishock reform activities of the survivor moment led by David Oaks of MindFreedom. They also didn't cite Colin Ross's 2006 review and analysis showing that ECT is no more effective than sham ECT or simply sedating patients without shocking them.

Will the latest confirmation of ECT-induced brain damage cause shock doctors to cut back on their use of the treatment? Not likely. Psychiatrists and their affiliated neurosurgeons always knew that lobotomy was destroying the brains and mental life of their patients, and that knowledge did not daunt them one bit. It required an organized international campaign to discredit, to slow down, and to almost eliminate the surgical practice of psychiatric brain mutilation in the early 1970s (Breggin & Breggin, 1998). The ECT lobby is much larger and stronger than the lobotomy lobby, and much better organized, with its own journal and shock advocates positioned in high places in medicine and psychiatry. To impede this medical steamroller called shock treatment will require public outrage, organized resistance from survivor groups and psychiatric reformers, lawsuits, and state legislation.

REFERENCES

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