

# Electroshock Facts

*If the body is the temple of the spirit, the brain may be seen as the Inner Sanctum of the body, the holiest of places. To invade, violate and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul.*

- Leonard Roy Frank, ECT survivor, anti-shock activist, author, editor of *The Electroshock Quotationary* (2006).

- Electroshock (“electroconvulsive therapy”/“ECT”) was invented by Italian psychiatrist Ugo Cerletti. In 1938, he shocked a homeless “schizophrenic” engineer. Despite the man’s loud protests, Cerletti shocked him with 75 and 110 volts of electricity, the latter voltage produced a grand mal seizure and convulsion. The first shock treatment was coercive and unethical.
- Since the early 1940s, ECT has become a widely-used psychiatric procedure in Europe, the United States, Canada and other countries. Electroshock is administered in general hospitals and virtually all psychiatric facilities.
- Women and the elderly are its main targets; 2-3 times more women than men are electroshocked, which reflects a fundamentally sexist and ageist bias in the procedure. (Burstow,2006)
- Each year, approximately 100,000 citizens in the United States and 15,000 in Canada are administered ECT.
- Electroshock is administered mainly to people diagnosed “depressed”, “bipolar,” “schizoaffective” or “schizophrenic”
- Today, most people are administered a “course” of 10-12 ECTs., sometimes more.
- During every ECT, the person is drugged, unconscious, and paralyzed by a “muscle relaxant” while 150-400 volts of electricity are administered to her/his brain for 2 seconds, sometimes longer; the electricity immediately causes a grand mal seizure and convulsion. Upon waking up 10-15 minutes later in a coma, the person experiences many of these effects: severe headache, muscle or physical weakness, disorientation, confusion, nausea, vomiting, and memory loss.
- Memory loss is frequently permanent, lasting many months or years. Permanent memory loss is a clinical indication of brain damage, which is not mentioned in most ECT patient consent forms and minimized by the American Psychiatric Association (APA) and Canadian Psychiatric Association in their position papers. (Breeding, 2000; Breggin, 2008; Andre, 2009)
- The most comprehensive scientific study to date clearly shows that women and the elderly suffer significantly more memory loss and brain damage than men and younger patients. (Sackeim, 2007).
- Since the early 1980s, there has been growing public resistances to ECT. Many survivor and human rights organizations such as MindFreedom International, the International Committee to Ban Electroshock, Action Autonomie and the Coalition Against Psychiatric Assault (CAPA) have organized successful protests. In 2005 in Toronto, CAPA organized 2 days of public hearings on electroshock; many survivors testified about their health and careers ruined, and urged an immediate ban. (CAPA,2005;Weitz,2013).
- In 1978, the United States Food and Drug Administration has officially classified ECT machines in Class-III as “unsafe” or “dangerous.” In 2011, the FDA re-affirmed its earlier ruling, despite lobbying by the APA and other psychiatrists to get the machines classified in Class-II as “safe.” Health Canada has classified shock machines as “potentially hazardous.”
- During the International Day of Protest Against Electroshock on May 16, many survivors, supporters and allies are protesting against electroshock and demanding a total ban.

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Coalition Against Psychiatric Assault/[coalitionagainstoppsychiatricassault.com](http://coalitionagainstoppsychiatricassault.com) (May 2015)