

## Book Review

### *Doctors of Deception: What They Don't Want You to Know about Shock*

#### *Treatment*

By Linda Andre

#### Reviewed by DAVID SMUKLER

*Doctors of Deception* is a meticulously documented journey through the history of electroconvulsive “therapy” (ECT), the technique generally known as shock treatment. Linda Andre describes her own experience as a mental patient who received ECT in the early 1980s, presents the origins of the practice of putting electrical current through the brains of people considered mentally ill in order to change their behavior, and considers the implications of the ways that shock treatment has been promoted and implemented over time. As well as examining the effects of shock treatment on mental patients, Andre documents the history of the struggle for appropriate regulation of the practice, and the resistance of the psychiatric establishment to criticisms of ECT.

Linda Andre writes both from the point of view of a shock “survivor” (she received shock treatment in the early 1980s) and an activist researcher who directs a patients’ rights group, the Committee for Truth in Psychiatry (CTIP). Since its formation in 1984, the efforts of CTIP have been to educate the public and government officials. CTIP does not advocate for the prohibition of the technique, but for research into its effects and a transparent and candid process of informed consent.

#### *My Mother's Story*

ECT has had a significant impact on my family. My mother, who has struggled with several episodes of depression during her life, received shock treatment in the 1950s when I was a small boy. This was shortly after one of her closest friends had died of cancer, and my mother was very depressed and talking about hurting herself. My brothers and I were not told much about the situation at the time. I just knew that my mother “wasn’t feeling well,” and was at the hospital for a while. When she came back home, she was disoriented and seemed somewhat distant. I only learned more details about what had happened years after.

Now, some 60 years later, my mother still recalls the experience as one that inspired intense fear. Indeed, she was surprised to learn that ECT is still being used. She had the impression that it was a discredited approach. I told her that I’d learned from Andre’s book that the prevalence of the use of ECT has not really changed greatly since the 1950s, but that patients are more frequently sedated, which means that the larger shocks are necessary, because anesthesia raises the brain’s seizure threshold (shock “works” by

inducing seizures). She said, “Oh, they sedated me, but boy was I aware.” When I asked if she thought ECT had helped her in any way she replied, “All it did was give me an absolute terror of it.” But the shock treatments did nothing about her underlying depression.

The treatments were delivered to patients in groups at the same time. My mother and all the other patients scheduled for treatments were placed in cubicles where they could not see one another, but any of them could easily hear what was happening to the others. “It wasn’t so bad if you were the first to go, but if not, you’d hear the sounds of other patients thumping and gurgling. It was awful.” She described losing awareness and coming to herself in another part of the hospital, walking with a nurse. She is convinced that she lost memories and cognitive ability, although she thinks that she was fortunate that she was only shocked six or seven times, and assumes that she might have lost more ability if she had stayed longer. However, after each successive shock she became more and more terrified of repeating the experience, and eventually her psychiatrist agreed to stop the treatments.

Ultimately, my mother felt betrayed by her caregivers. She remembers her last fight with the psychiatrist who prescribed the treatments. The doctor said, “You have to understand that I am the doctor and you are the patient,” and my mother replied, “Not any more.” She also remembers nurses saying over and over to her and the other patients, “This is going to make you feel so much better.” But it did not; she remained depressed. She has since decided that her depression is cyclical, and must be endured and survived with knowledge that it will ease again over time as it has in the past. She said, “They don’t like to do nothing, even if nothing is the best treatment.”

One legacy of the shock treatments was that my mother has since had an enduring horror and suspicion of being manipulated by professionals. As she has aged and become more physically needy, she has tried to live a couple of times in assisted living facilities, but finds herself becoming panicky in those settings. “When I see other residents who are elderly and confused, I have flashbacks to the psychiatric hospital.” She is living independently now, but at increasing risk as her physical needs multiply. When I asked her if I could share some of her experience in this book review, she agreed readily, but the conversation was a painful one, and ended with her asking me to promise that, no matter what happened, I’d never agree to allow anyone to use shock with her again.

### *Who benefits?*

Andre contends that ECT benefits psychiatrists and companies that make the equipment, but not necessarily the people who are shocked. Indeed, shock treatment, she contends, if it “works” at all, does so by damaging the patient’s brain. An appropriate informed consent process should make this clear to patients and their families, but it rarely does. Official language about ECT tends to emphasize potential benefits and downplay risks. It is true that ECT sometimes provides relief for people who are in distress, but it almost never does so without cost. Andre includes descriptions of her own experience and that of

many others who recount problems with memory loss and diminished cognitive function, very similar to what my mother describes.

Much of *Doctors of Deception* is a direct attack on specific “shock doctors.” Andre names names, and describes a consistent pattern of conflicts of interest (many of the proponents of ECT are closely tied to companies that profit from it), manipulation of the media, and cozy relationships with regulators. Whether cynically motivated by profit, or simply conveniently unaware of points of view that would prove inopportune, proponents of ECT are vocal and powerful, and have gotten away with murder.

### *Multiple approaches*

Andre attacks the use of ECT from various vantage points. First, she systematically lays out scientific evidence to support her position. In so doing, she attempts to fight the psychiatric establishment on its own terms, using a thorough and critical analysis of the literature in relevant professional journals. Andre ferrets out inconsistencies, omissions, distortions, or methodological problems. She also examines the public record regarding government regulation, and the way that shock treatment has been represented in the media and in popular culture over its history.

However, Andre is at her most compelling when she draws on her own experience, both as a mental patient and as an activist. At various points in the narrative, she recounts examples of manipulation, lying, misrepresentation, or simply the silencing of inconvenient protests by “doctors of deception.” The stories she shares are fueled by anger and written with passion. Andre provides a variety of evidence that suggests that the proponents of the technique cannot be fully trusted, exposing connections between ECT’s strongest promoters, the manufacturers of the equipment used for shock treatments, and the American Psychological Association. Andre also draws parallels to what she sees as similar connections with the psychiatric establishment and the drug industry.

Andre’s anger underlies the book’s most ambitious undertaking: a social analysis of ECT. She begins with some of the stereotypes of people with labels of mental illness as “crazy,” or “ticking time bombs.” High profile media stories such as the tragedy at Virginia Tech have created a strong association of mental illness and violence in the popular imagination that is not supported by statistical evidence. This sort of stigmatizing discourse may be intensified when mental “fitness” is not easily separated from other social factors, including gender roles or poverty. Andre notes, for example, that most psychiatrists are male, while the majority of the patients who undergo ECT are female (although my mother’s psychiatrist was a woman). As people are identified as mentally ill, they are no longer regarded as reliable sources of information, even about their own feelings. The patient’s point of view becomes disregarded, and patients’ liberties are often not respected. The power to speak and to define is typically accorded to care providers, while patients are patronized or ignored. Those who try to speak out are silenced.

Andre borrows the term “eugenic conceptions” from Robert Whitaker (2002) to refer to this pattern of devaluing of people, but the term is used loosely, as a proxy for “dehumanization” or simply “evil.” While there were eugenicists in the US and Germany who advocated elimination of the “insane” as well as the “mentally defective,” at times it seems as if Andre is appropriating the history of poor people and those with intellectual disabilities as a history of people with depression. Historically, people who are considered mentally retarded have certainly been mistreated as well, including being manipulated by the use of electric shock when their behavior is inconvenient (Selden, 1999), but for the most part they are not a population that has had to endure ECT to change disturbing patterns of thought. Nevertheless, Andre’s underlying point is an important one: a discourse that dehumanizes certain populations, whether mental patients *or* people with intellectual disabilities, leads to the potential for abuse. Thus it is that mental patients can be deprived of liberty and subjected to aversive treatments against their will, even if (as is almost always the case) they have committed no crime.

### *Ethical Practice?*

The penultimate chapter in *Doctors of Deception* (“Should ECT Be Banned?”) is a crucial one; in many ways it is the linchpin of this history of shock therapy. Despite the critical nature of her book, Andre does not consider the question of whether or not to ban ECT to be self-evident, because all people undergoing ECT do not have the same experiences or reach the same conclusions. While I will not share Andre’s moral calculus in detail, her reasoning is dazzling. She accounts for the current state of professional research, the existing regulatory apparatus, and a nuanced discussion of associated values.

What makes *Doctors of Deception* an important book is not just the particular issues it raises about the use of shock treatments. Andre’s exploration of ECT provides an exquisite example of the need for professional humility in a variety of fields and situations.

### *References*

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