

An exchange on the use of shock therapy in psychiatry

11 July 2001

The following is an exchange on the article “Deteriorating conditions in Sri Lankan psychiatric hospitals” posted on the World Socialist Web Site on June 25.

To the WSWs,

I am appalled that one of your writers could somehow equate the crude, barbaric practice of ECT—which has so often been used as a means of domination, torture and oppression—with enlightened medical care.

The last place I expected to read such an article is on the WSWs—a forum for socially-enlightened, progressive views and analyses—or so I thought.

What were you thinking? And—what is infinitely more troubling—what was your editor thinking—when he/she approved this article for publication?

You owe your readers an apology. Anyone who has been brutalized and subdued with ECT or even less invasive forms of “psychiatric” or “medical” brainwashing is likely to be very offended—as they ought.

If you are interested in progressive views on psychiatry, you may want to try consulting, Robert Mendelssohn, Thomas Szasz, RD Laing, and their colleagues. Or Janet Frame. Or Ken Kesey. Et al.

To approve of ECT is to embrace violence and oppression.

I cannot think that any scholar or writer, with even a passing acquaintance with women’s struggles would ever EVER countenance the administration of ECT. Remember Frances Farmer? Probably not. What of all the other brilliant women who have been intellectually and emotionally [and sometimes even physically] raped by quasi-medical torture devices?

Are they invisible?

You have done a great great disservice to the socialist cause.....

RW

Dear RW,

I am writing in reply to your email to the *World Socialist Web Site* concerning the article “Deteriorating conditions in Sri Lankan psychiatric hospitals” written by Ajitha Gunarathna and published on June 25.

I appreciate your concerns about the original article posted on the WSWs, which may have given the impression that we uncritically accept the use of electroconvulsive therapy (ECT), or shock treatment, for psychiatric patients.

The purpose in writing the article was not to examine the pros and cons of what the original posting acknowledged was a controversial treatment. It was to point out that the lack of access to ECT at the major psychiatric institution in Sri Lanka is a symptom of the appalling conditions not only at this hospital, but throughout the country.

After some discussion, we modified that article to make its purpose clearer and to point more explicitly to the controversy that surrounds the use of ECT. We also changed the headline from “Lack of shock therapy underscores gross inadequacies of psychiatric care in Sri Lanka” to the one above. In case you did not look at the revised version, we summed up the question as follows:

“ECT is a controversial therapy which critics argue has side-effects and is open to abuse. But it is regarded by a significant number of psychiatrists in Sri Lanka and elsewhere as an effective form of treating certain types of disorders, including acute depression, as long as it is properly administered and followed up.”

Without going into the details of the debate, let me just say that we do not accept uncritically the claims of psychiatrists about the efficacy of ECT. The entire subject of psychiatric illnesses is a complex one, as it involves the impact of social relations and pressures on an individual as well as his or her particular physical

weaknesses. As a number of critics have pointed out, the very definition of mental disease is open to social prejudice and abuse. Moreover, given the nature of their profession, psychiatrists are inclined to focus on the individual to the exclusion of the social causes of mental illnesses.

For all of those reasons any form of psychiatric treatment has the potential to be abused, particularly under capitalism, where crude considerations of profit and cost-effectiveness play a major role. In addition, the critics of ECT point to the fact that the basis of shock treatment—I would add, like many other medical procedures—is not well understood. They also argue that memory loss and brain damage are greater than is generally claimed by the supporters of the treatment, which include major associations of psychiatrists in the US, Canada and elsewhere.

Having said that, we do not subscribe to your claim that “to approve of ECT is to embrace violence and oppression.” We are not inclined to accept Ken Kesey as an authority on psychiatric illness, nor hold the film based on Kesey’s book *One Flew Over the Cuckoo’s Nest* to be the final word on shock treatment. To make the obvious point, ECT is not currently administered as was depicted in the film, but takes place under general anaesthetic and with the use of muscle relaxants to minimise both the pain and the physical risks. As the article explained, the problem in Sri Lanka was that the Angoda hospital did not have either anaethetists or drugs. The hospital stopped using the procedure altogether after putting the lives of patients at risk when carrying out the treatment without the necessary precautions.

We are also not convinced by critics of psychiatry like Thomas Szasz, for instance, who assert that there is no biological basis for any of the conditions recognised by orthodox psychiatry. Criticisms of the way in which psychiatry is used and abused (under capitalism)—individual case studies along with isolated research studies—do not constitute proof that, as Szasz puts it, “mental illness” is just a “logical and semantic error” which refers solely to “[socially] disapproved thoughts, feelings and behaviours”.

As Marxists, we, more than anyone, are sensitive to the social component of psychiatric illness—the various ways in which enormous pressures are brought to bear on the individual. But as materialists, we insist that

mental processes have a biological basis, that is, they are a function of a material organ—the brain. We do not subscribe to the vulgar and mechanical version of materialism that seeks to reduce thought in general, and psychiatric disease in particular, to an examination of biology and chemistry and exclude the role of society. At the same time, however, we do not reject out of hand methods of treatment that, by altering functioning of the brain, may provide relief to people suffering from psychiatric illnesses.

As socialists, we defend the rights of psychiatric patients and their families, but that includes the right to have access to treatment. The reason for the discontinuation of ECT at Angoda was not because the government, the health department or the management had decided it was an inappropriate form of treatment. It was simply that there were no funds. As a result, the patients and their relatives do not have the luxury of debating the pros and cons of ECT—the matter has been decided for them.

We reject your claim that the WSWs article as it originally appeared was a “great, great disservice to the socialist cause”. Socialism has nothing in common with radical-sounding, but one-sided and unscientific, criticism that tends, with regard to ECT as with other issues, to throw out the baby with the bathwater.

Certainly, one of the tasks of a socialist government would be to critically review the operations of psychiatric institutions and to encourage an objective and scientific debate on the methods of psychiatry. It may turn out with the advance of science and medicine that shock therapy will be replaced by other treatments, and that with the development of a socialist society, the social causes of psychiatric illnesses will begin to disappear. In the meantime, however, we do not reject the use of ECT out of hand, especially in extreme cases where there are no effective alternatives.

Yours sincerely,

Peter Symonds

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