

# Letters in response to "An exchange on the use of shock therapy in psychiatry"

16 July 2001

Dear Sir,

I am a regular reader of WSWS and would like to commend you for your emphatic response to "RW" who wrote about the "barbaric" use of ECT and "psychiatric" or "'medical' brainwashing" in response to your article "Deteriorating conditions in Sri Lankan psychiatric hospitals" posted on the *World Socialist Web Site* on June 25.

I fully expected after reading your piece that there would be criticism from the "anti-psychiatry" community who not only reject the use of ECT and more invasive forms of treatment, but deny the existence of mental and emotional illness altogether.

While their arguments are based on some facts that are undeniable, e.g., that pharmaceutical companies have emphasised drug treatment for mental illness to the exclusion of more cost intensive but less invasive interventions such as psychotherapy, family therapy, etc., they tend to do exactly as you said, throw the baby out with the bath water. Their insistence that ALL mental health professionals are part of a grand conspiracy to "label" people mentally ill and thus deprive them of their freedom and turn them into drug addicts, that no psychiatric medicine is EVER helpful in any case, that mental illness itself is a myth and a fraud and that the professions of psychiatry and mental health are only schemes to defraud people of money are a throwback to the dark ages and, perhaps not coincidentally, play right into the hands of the most reactionary and right-wing elements in our society.

They seek to roll back the progress that people with disabling emotional symptoms have made over the last century and push them and those trying to help them back into the shadows and behind the bars of asylums. This is analogous to the arguments of the AIDS dissidents whose motives and covert agenda were brilliantly exposed by Chris Talbot in a recent series of articles.

No reasoning human being would argue that there have been excesses on the part of psychiatry and, yes, psychiatrists have at times been willing and unwilling dupes of governments and other interests, but to claim that as a

justification for abolishing mental health research and treatment is a deranged viewpoint.

As WSWS has correctly pointed out, these excesses and abuses are simply a sequela of psychiatrists being as much victims of an inhuman, profit-based capitalist system as anyone else.

To be sure, when the capitalist system gives way to a more equitable and humane socialist society, the incidence of these illnesses may decrease (or we may simply see a transformation into newer forms; these conditions have been with mankind since antiquity); either way, to deny care to people who need it and to even deny their grief and pain, that is barbaric.

I am delighted to see WSWS taking an enlightened approach to this controversial subject. I expected no less.

AH

11 July 2001

Dear Peter Symonds,

I admire the thoughtfulness of your response to RW in the recent editorial exchange on the *World Socialist Web Site*. That said, I would like to raise a few additional points concerning the use of ECT.

I'm an astronomer, not a medical practitioner, to place my comments in perspective. My concern is with what I perceive as an attitude still too permissive toward the use of ECT as a therapy.

It is now well established that ECT, as a repeated therapy, is connected with irreversible pathology—of course, the same is also true for the more profound neuroleptics such as Haldol, when used over long periods of time. So how best to treat profound depression, the usual indicator for use of ECT?

What is certainly true is that ECT and chemical therapy make for more easily managed patients, and is far less costly than individualized and labor-intensive personal attention by therapists. The definition of gain, however, in the use of any of these therapies is a question involving both individual and social metrics. The social component in particular is influenced by the economic and philosophical basis of the prevailing society.

One core tenet of medicine is, “first, do no harm.” In the absence of a clear understanding of the perceived therapeutic aspect of ECT, and in recognition of its demonstrated potential for lasting harm, its use must be balanced against the possible harm of non-use to a patient at possible risk to self. Ideally, the range of alternative therapies should be evaluated from the perspective of social cost and benefit, rather than that of maximizing profits (or simply minimizing burden to a bureaucracy operating within a capitalist government).

I am not familiar with the literature comparing ECT to other therapies, but I would question the metrics, both social and economic, which would recommend it as a preferred therapy.

As a socialist, I share your insistence that patients and their families have a right to access to treatment. But as a scientist, I also insist that that treatment be efficacious and safe, or at least optimal within the limitations of our art.

I do not believe that ECT has met those burdens, compared with more labor-intensive methods of counseling, perhaps combined with milder neuroleptics.

Whether this means that we as socialists should reject ECT entirely or not in a world not likely to provide the resources for these more expensive interventions is a more difficult question, and one which I do not intend to address in this letter. But we should certainly think about it.

Yours truly,

DB

11 July 2001

Re ECT—please—the person who responded, RW, makes some valid and valuable points. Come on, don’t you think you could have used another measure to “judge” access to medical care other than ECT? Your is choice absurd and I am appalled to the extent that I am considering unsubscribing from your e-paper!!! ECT is largely about power and control—not healing. There are other more humane and more effective options. And certainly you could have discussed the lack of access to other medical care as an example of need, rather than a lack of access to ECT. This was poor judgment highlighting a scary bias on your part. Hello???

NL

11 July 2001

To whom it may concern:

I was pleased to read your rebuttal—to the person who wrote in about ECT being barbaric and torturous ... he is an ignorant fool.... ECT is typically a last resort type of therapy for treatment-resistant psychiatric patients ... however, it’s effectiveness for certain patients has been proven by empirical studies.

One comment I have about one of your claims:

“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.” An effective and caring mental health professional always considers the social aspects of a person’s life—most psychiatrists accept the diathesis model for psychopathology in that a person’s constitutional factors may make him or her vulnerable to a certain disorder or disorders, which may or may not be triggered by the individual’s environment/social conditions—early formative years are most important to a person’s development, which are certainly influenced by social conditions (i.e., a mother is raising her child alone, living in a community with little or no resources, in poverty, consequently she is unloving and depressed with her infant, the child may grow up with a myriad of psychological problems). Furthermore, ongoing or current psychosocial factors are always evaluated to gauge how much stress the patient is enduring.

Also, if I remember correctly, in *One Flew Over the Cuckoo’s Nest*, doesn’t Jack Nicholson’s character get a frontal lobotomy (instead of just ECT), as the primary modality that turns him into a “vegetable”?

Regards,

JC

11 July 2001

I read your articles on WSWs almost every day and feel that WSWs often presents alternative and stimulating ideas. However, on the ECT issue, I think you are out in right field. As an observer of the after affects on a patient (my own mother) who endured this cruel and inhumane treatment (the shock was so great that she fell off the table!), I can only say that ECT should be banned from the field of psychiatry. The treatment left her with deep gaps in her memory and did nothing for the depression which was suppose to be “miraculously taken away” by the therapy. She has suffered from even more severe depression since that treatment 15 years ago.

I am not a trained psychologist, but I have been involved with counseling as a Buddhist priest for many years. I am sorry, but on this one, I think you are way off the mark.

Keep up your good work,

TW

Kyoto, Japan

12 July 2001



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