

Electroconvulsive Therapy (ECT) as a Psychological/Psychiatric Prognosis Is Harmful, Not  
Worth It, and Will Be Discontinued from Healthcare.

Daniel A. Olivo

Lehman College

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Author Note

Daniel A. Olivo is a professional healthcare worker and has been working in the medical field for over 8 years. After numerous encounters, taking care of great numbers of diverse and different types of patients, the comments made by patients, has created the picture that ECT is no good as a treatment. Daniel Olivo is now at CUNY Lehman College.

Any correspondence concerning this article should be addressed to

[Daniel.Olivo1@lc.cuny.edu](mailto:Daniel.Olivo1@lc.cuny.edu)

### Abstract

Electroconvulsive therapy (ECT) also known as electric shocks, is harmful, not worth it, and will be discontinued from healthcare. The research done for this paper on ECT varies in time, location, gender, age, and culture. ECT is reaching its end and this paper explains some of the major points on why and how will it be discontinued. Examples are given with data about ECT. Research from a study by Shiwach, MD. R., Reid, MD. W., & Carmody, ph.D., T. (2001) specifically more, if not all, done in Texas, USA, and has been done discussing ECT and its methods. This paper concludes that ECT is of no productivity to medicine, healthcare, and patient care.

*Keywords:* psychology, history, patient care, medical, ECT, electroconvulsive therapy, operations, shocks.

Electroconvulsive therapy (ECT) as a psychological/psychiatric prognosis is harmful, not worth it, and should be ban from healthcare. A lot of patients are suffering from psychological problems and putting them through electroconvulsive therapy (ECT), also known as electric shocks or electrical shock therapy is frankly making matters overall worse instead of providing better patient care. Psychological disorders are common in the general population.

Approximately 47% of adults in the United States have suffered from a psychological disorder at some time in their lives (Kessler et al., 2005a) (Deborah C. Beidel, 2013). ECT has been an option for patients that suffer primarily of major depression, if all other treatments have failed, as a last resort but there are side effects that has been and still are underestimated. ECT has been used worldwide and it's trying to gain its usage without clearly stating its side effects, tracking its effects through long-term studies, and it's not a 100% effective treatment for depression. I've worked in the medical field for years, am currently employed by a huge healthcare system in a hospital, worked with numerous patients who were diverse and different, and realized that ECT as its supporters like to call it a "treatment," is no good as a treatment.

Approximately half the general population has a psychological disorder so there would be about half of the population that will have these underestimated side effects of ECT. The side effects of ECT aka electrifying the brain are the following (not precisely in order): increase blood pressure, cause changes in heart rhythm, produces seizures that last longer than expected, headaches, muscle pain, nausea, short-term and possibly long-term memory problems. (Healthwise, Inc., 2005-2014). Also adverse reactions to anesthesia, cardiovascular complications, dental and oral trauma, pain and discomfort, physical trauma, pulmonary complications, skin burns, and stroke (Lawrence Park, 2011). Oh yes, let's not forget the most harmful side effects of all, death. Many patients have already used ECT due to it being a

prognosis, and some have died because of it. Morality rate hasn't really been documented worldwide with this procedure. There have been 30 deaths linked to ECT in Texas alone from a 5-year research starting in 1993. Among more than 8,000 patients who received 49,048 ECT treatments between 1993 and 1998, a total of 30 deaths were reported to the mental health department between 1993 and 1998 (Shiwach, Reid, & Carmody, 2001). Few doctors are starting to realize the harmful effects of ECT, take for instance Dr. Fisher who stated:

“I saw a 19-year-old young man in an outpatient clinic. He suffered from major depression, was slow to respond to Prozac. He was admitted to an inpatient facility where the psychiatrist immediately started a series of eight ECT treatments. Upon discharge, his depression had slightly lifted, but he could no longer recognize his friends. He was so distraught over the side effects of ECT that he hung himself (Fisher, 2011).”

And in that same article, Dr. Fisher, MD. referenced that the American Psychological Association (APA) also underestimated the mortality rate of ECT along with its general side effects (Fisher, 2011). People like to call this ECT a “treatment” when it's harming the patient in the long run. Erasing memory, something that is like a gift, a blessing, an advantage to being human, a privilege, along with events that are special and hard earned knowledge/education (education is even lost with ECT as Linda Andre stated in article which included some famous people who were patients that were treated with ECT (ALT, 2011).), is not the solution to depression. It's almost as if ECT is replacing depression with Alzheimer's. I see very little to no benefits in replacing major depression with schizophrenia, a condition where patients are mostly treated with harmful and addictive drugs. The medical field should see that this unnecessary, ineffective, evil trend, phase, immoral procedure known as ECT is just the modern day prefrontal lobotomy and just ban it already.

Education and generally memories are the aftermath of our unique experiences and taking them away is inhumane. The history of ECT data shows earliest usage of it so far back by the ancient Romans (who used electric eels to treat the headaches of the emperor), Italian psychiatrist Ugo Cerletti is credited with the introduction of electroshock therapy (ECT.org, 2006). Even back then with less education, less technology, less options, and less information overall, that same psychiatrist who invited it, also had doubts about it due to it being dangerous.

Is it good to remove what we've tried so hard to achieve, our experiences from the start of birth, our knowledge, and have us act like it never happened? Legendary psychologists have tried to study particularly only memory to the depths and great techniques have been developed such as the Nonsense Syllabus. Therefore, to erase memory it's a degenerating action, a reversal, and the opposite of productivity in the field of psychology. Hermann Ebbinghaus (1850 –1909) invented nonsense syllables, which revolutionized the study of learning. Wundt's student, E. B. Titchener, noted that the use of nonsense syllables marked the first significant advance in the field since the time of Aristotle (Schultz & Schultz, 2011, p. 79). Psychology at one time, studied the mind, then a new school was developed called behaviorism where people thought that psychology "lost its mind" for studying the behaviors of patients more than the mind. Here, with ECT, we are not studying behavior more than the mind or any other subject; we are simply trying to not study the mind at all when we just erase thoughts, knowledge, habits, and memory. Some treatments involve confrontation, facing the problem, reliving, and/or talking about the past such as those for phobias. Our memories can make us greater. Take for instance, Dr. Carl Jung, a pioneer in psychology, who suffered from problems but he referenced his own memories often to make positive and moral decisions. He resolved his dilemma in essentially the same way Freud did, by confronting his unconscious mind. Although he did not analyze his dreams

systematically, as Freud had done, Jung followed his unconscious impulses as revealed in dreams and fantasies. As with Freud, this period became a time of immense creativity for Jung and led him to formulate his personality theory. He wrote, “The years when I was pursuing my inner images were the most important in my life—in them everything essential was decided ” (Schultz & Schultz, 2011, p. 326). Before the memory lost, ECT initiates tremors or seizures that are strong enough to cause bones to break if not properly tied down, or drugged to be paralyzed. Another similar procedure that break bones and requires being tied down and/or drugged to be paralyzed is the lobotomy. ECT will ultimately be discontinued but before that happens, similar steps as what happened to lobotomy will come first. Notice a brief historical data study of lobotomy:

A total of 771 patients subjected to lobotomy during the years 1947-1958 were identified. From these, a sample of 105 patients was selected for the purpose of obtaining detailed data on socio-economic status, diagnosis, symptomatology, other psychiatric treatments applied before the pre-frontal lobotomy operation, time spent in hospital before operation, praxis of consent and mortality. The diagnosis of schizophrenia was found in 84% of the 771 lobotomized patients. The post-operative mortality was 7.4% (57 deaths), with the highest rate in 1949 (17%). The mean age of the patient at the time of operation was 44.8 years for females and 39.5 years for male patients. The average length of pre-operative time in hospital for females was 10.7 years and for males 3.5 years. It remains unclear why this mental hospital conducted the lobotomy operation to such a comparatively great extent. Factors such as overcrowding of wards and its status as a modern mental hospital may have contributed (Mo, 2014). Perhaps it be more drugs that will replace ECT but at least we will not have patients who may be our family members,

loved one, even ourselves under some sort of anesthesia being prep for a memory deletion operation and a swap psychological condition for Alzheimer's or some sort.

In conclusion, ECT will be stopped. As history has shown immoral and inhumane procedures declining in usage to a point where it just becomes a thing of the past. The popular therapy now is cognitive behavior therapy (CBT) along with rational emotive behavior therapy (REBT) rising its way as well. As ECT is a psychological perspective approach that got its ideas, structure, or genes if you will, from lobotomy the way it tries to attack brain areas, it has some physiological perspectives as well. This is a matter where neurologists, psychologists, and even surgeons (orthopaedic/general) would share minds to see that ECT is against the Hippocratic Oath because it does do harm, there's not enough pro-ECT studies, and it's not worth it. Hospitals spend money on these ECT tools, which are for no good. ECT will end for better patient-care sakes. Is it correct that healthcare is about advancements, productions, and improvements, not conducting immoral operations to reverse or delete the intangibles of life?

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