



BRUTAL THERAPIES

Harmful Psychiatric 'Treatments'

Report and recommendations
on the destructive practices of
electroshock and psychosurgery

Published by
Citizens Commission on Human Rights
Established in 1969





IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and "diseases" of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental "diseases" have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, Professor of Psychiatry Emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDER." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A "CHEMICAL IMBALANCE" IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: "[T]here are no tests available for assessing the chemical status of a living person's brain."

5. THE BRAIN IS NOT THE REAL CAUSE

OF LIFE'S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable "brain diseases" that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

BRUTAL THERAPIES

Harmful Psychiatric 'Treatments'

CONTENTS

Introduction: Destroying Lives.....	2
Chapter One: Deadly Electrical Assault	5
Chapter Two: Devastating Effects.....	9
Chapter Three: Psychosurgery: Human Butchery.....	15
Chapter Four: Provide Help, Not Harm	21
Recommendations.....	23
Citizens Commission on Human Rights International.....	24





INTRODUCTION

Destroying Lives

Electroshock treatment—also known as electroconvulsive therapy (ECT)—and psychosurgery “treatments” are reportedly trying to stage a comeback. Yet, since their inception, these procedures have been dogged by conflict between the ECT psychiatrists who swear by them, and the multitudes of victims and families of victims whose lives have been completely ruined by them.

So who is telling the truth? Anyone who has seen and been sickened by a recording of an actual ECT or

psychosurgery procedure knows the answer too well. They have all the marks of physical torture methods that might instead belong in the armory of a KGB (secret police of the former Soviet Union) interrogator, rather than in the inventory of a “medical practitioner.”

However, very few people have seen such recordings, including, it would seem, those who legislate their mandatory use—and fewer still have witnessed them firsthand.

Psychiatrists deceptively cloak these procedures with medical legitimacy: the hospital setting, white-coated assistants, anesthetics, muscle paralyzing drugs and sophisticated-looking equipment. The effects of shock treatment are horrific, but the full ramifications are not explained to the patients or families. Worse, when objections are raised, they are overruled.

That both procedures are extremely profitable to psychiatrists and hospitals, while resulting in continued long and expensive psychiatric “care” afterward, guaranteeing future business and income to

the psychiatrist, is not mentioned in conversations to convince the unwilling or unsuspecting.

And, as Maria Garcia [not her real name] would attest, if all else fails, psychiatrists will readily resort to coercion or fear to extract “consent” for treatment.

Maria, a middle-aged Hispanic housewife, consulted a psychiatrist after feelings of depression persisted and was prescribed psychiatric drugs. After experiencing uncontrollable body movements—the direct result of drug-induced damage to her nervous system—the

psychiatrist recommended ECT. She refused, but when later admitted to the hospital for drug detoxification treatment, ECT was recommended again. Although she resisted, the psychiatrist told her, “Your fears are nothing but Cuban superstitions” and “unless you have these treatments you

are going to die.” She was given five shock treatments.

Her husband relates what happened: “As a result of the ECT treatments ... my wife’s memory has been greatly impaired. ... Although she spoke English as a second language for 42 years, she has lost most of her ability to speak and understand it. ... The whole experience has been a deception, a lie, a bully’s punch. ... Her depression was not cured and her memory is quite defective now ... we are both enraged at what has taken place. I feel as if she had been raped right in front of my eyes.”¹

With literally billions in profits realized from ECT and psychosurgery, there is an appalling level of misinformation about them today, most of it spread by psychiatrists.

“Despite the general belief that ECT ceased to be administered with the death of Jack Nicholson’s character of McMurphy in ‘One Flew Over the Cuckoo’s Nest,’ hundreds of thousands around the world are still subjected to it each year.”

—Jan Eastgate

There are many scientists critical of the procedure.

Dr. John Friedberg, a neurologist who researched the effects of ECT for over 30 years, stated, "It is very hard to put into words just what shock treatment does to people generally. ... it destroys people's ambition, and ... their vitality. It makes people rather passive and apathetic. ... Besides the amnesia, the apathy and the lack of energy is, in my view, the reason that ... [psychiatrists] still get away with giving it."²

Mary Lou Zimmerman understands about losing her ambition and her vitality at the hands of a psychiatrist. In June 2002, a jury ordered the Cleveland Clinic in Ohio to pay \$7.5 million (€6 million) to the 62-year-old following a horrific psychosurgery operation. Mrs. Zimmerman had sought treatment for compulsive hand washing after she read glowing reports about the procedure on the clinic's website.³ The reality was a nightmare. She was subjected to an operation in which four holes were drilled into her head and sections of her brain, each approximately the size of a marble, were removed. After the ordeal, she found she was unable to walk, stand, eat or use the bathroom by herself. Her attorney, Robert Linton, stated, "She lost everything—except her awareness of how she's now different. ... She is completely disabled and needs full-time care."⁴

Today, the psychiatric industry in the United States alone takes an estimated \$5 billion (€4 billion) from ECT per year. In the U.S., 65-year-olds receive 360% more electroshock than 64-year-olds, since Medicare (government health insurance) takes effect at age 65, evidence that the use of ECT is guided, not by medical compassion, but by profit and greed. Although psychosurgery is less common today, up to 300 operations are still performed every year in the United States, including



the notorious prefrontal lobotomy.

In spite of their sophisticated trappings of science, the brutality of ECT and psychosurgery verifies that psychiatry has not advanced beyond the cruelty and barbarism of its earliest treatments. This report has been written to help ensure that just as whipping, leeching and flogging are now unlawful, these "treatments" should be prohibited or prosecuted for the criminal assault they are.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate".

Jan Eastgate
President, Citizens Commission
on Human Rights International

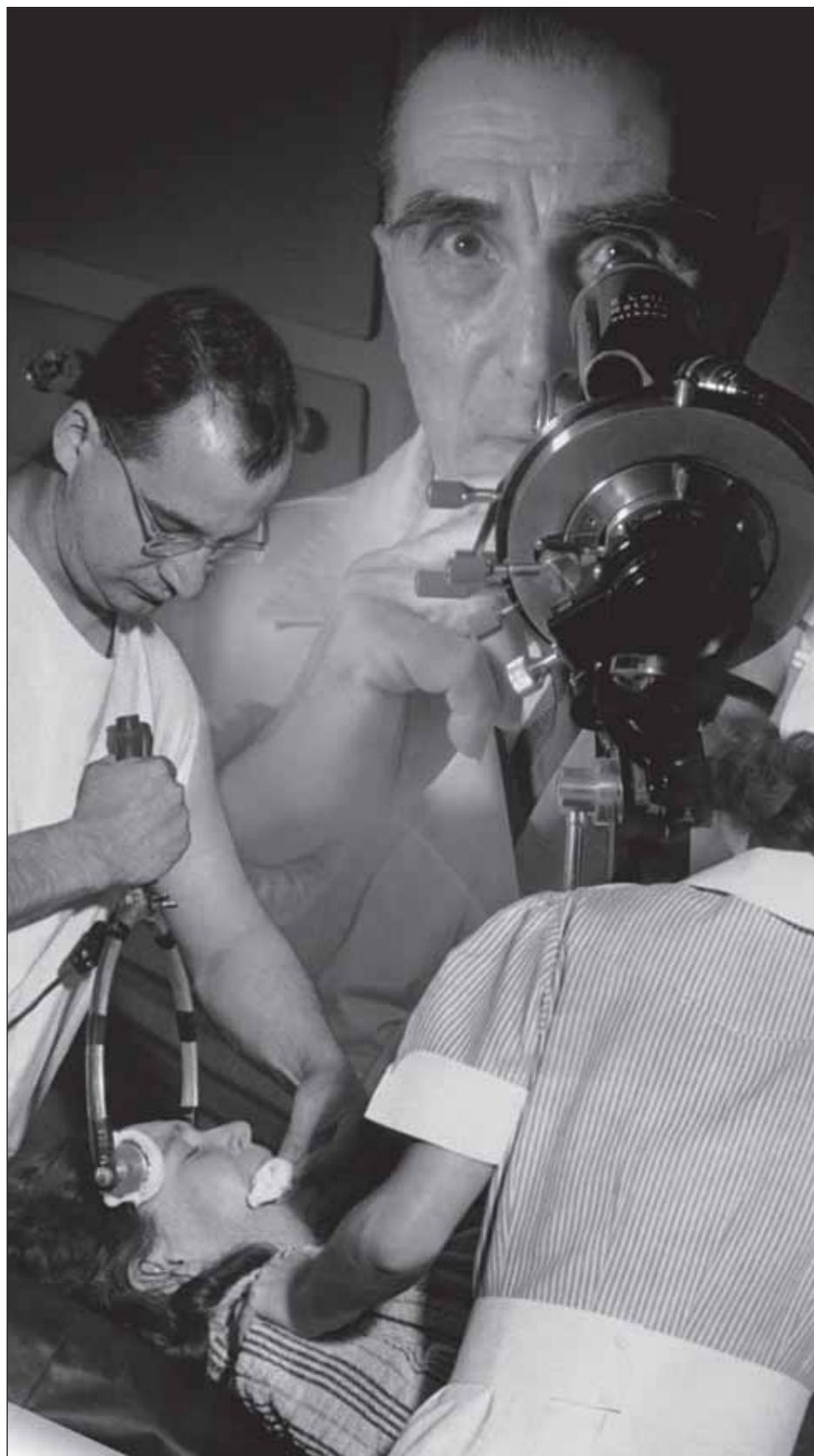
IMPORTANT FACTS

1 It was psychiatry's premise that by inducing an epileptic fit with electricity, one might "cure" insanity. Why? Because epileptics did not seem to suffer from mental illness, and mental patients did not have epilepsy.

2 Theories abound, but psychiatry cannot explain how electroshock "works."

3 The ECT procedure itself is no more scientific or therapeutic than being hit over the head with a bat.

4 Despite legislative bans and laws limiting its use, ECT is still practiced today.



Psychiatrist Ugo Cerletti's (top right) first victim was involuntary — a prisoner. After the first electric shock had seared through the man's head, he screamed, "Not another one! It's deadly!"



CHAPTER ONE

Deadly Electrical Assault

Few are aware that a Rome slaughterhouse inspired the so-called scientific procedure known as shock treatment or electroconvulsive therapy (ECT).

In the 1930s, psychiatrist Ugo Cerletti, the chairman of the Department of Mental and Neurological Diseases at the University of Rome, began experimental electric shock treatments on dogs, placing an electrode in the dog's mouth and another in its anus. Half of the animals died from cardiac arrest.

In 1938, Cerletti changed his experimentation by applying electric shocks to the head, following a slaughterhouse visit where he observed butchers incapacitating pigs with electric shocks

prior to slitting their throats. Inspired, he conducted further experiments on the pigs, finally concluding that "these clear proofs caused all my doubts to vanish, and without more ado I gave instructions in the clinic to undertake, next day, the experiment upon man. Very likely, except for this... circumstance of pigs' pseudo-electrical butchery, ECT would not yet have been born."⁵

Cerletti's first victim was involuntary—a prisoner. After the first electric shock had seared through the man's head, the man screamed, "Not another one! It's deadly!" A witness recounts that, "The professor [Cerletti then] suggested that another treatment with a higher voltage be given."⁶

German psychiatrist Lothar B. Kalinowsky, who witnessed this first ECT as a student of Cerletti, became one of its most ardent and vigorous proponents. He developed his own electric shock machine and in 1938 introduced his procedure to France, Holland, England, and later, the United States. By 1940, ECT was used internationally.

In 1938, after visiting a Rome slaughterhouse to observe butchers incapacitating pigs with electric shocks to render them more docile prior to slitting their throats, Italian psychiatrist Ugo Cerletti developed ECT for humans.

A Pseudoscientific Hoax

Ask a psychiatrist today about how the mind or brain works and you will discover he doesn't know. Ask him about how ECT "works" and he will also tell you he doesn't know, that he isn't an "expert on electricity." However, he

does have endless theories about it.

These include (actual quotes):

- It "is a destructive process that somehow makes for improvement."
- "Yields a beneficial vegetative effect."
- "Yields the unconscious experience of dying and resurrection."
- "Yields fear, which in turn causes remission (recovery)."
- "...[B]rings the personality 'down to a lower level' and so facilitates adjustment."⁷
- "Teaches the brain to resist seizures" which "dampens abnormally active brain circuits, stabilizing mood."⁸

■ “Depressed people often feel guilty, and ECT satisfies their need for punishment.”⁹

Imagine that same scenario with a heart surgeon who claims he doesn’t know how the heart works, while he explains that there are dozens of theories about why a coronary bypass operation should be performed, despite there being no scientific facts to support the procedure.

Even worse, what if the doctor were to tell a patient the following was the likely outcome of an upcoming operation: “brain damage, memory loss, disorientation that creates the illusion that problems are gone.” Yet these are the results of shock treatment according to the 2003 U.S. Mental Health Foundation *ECT Fact Sheet*.

This is the outcome psychiatry has long sought

as evidenced by a 1942 quote from psychiatrist Abraham Myerson: “The reduction of intelligence is an important factor in the curative process. ... The fact is that some of the very best cures that one gets are in those individuals whom one reduces almost to amentia [feeble-mindedness].”¹⁰

The theory behind ECT hasn’t advanced beyond that of the ancient Greeks who tried to cure mental problems using convulsive shock created by a drug called hellebore. It may sound crude but it is a fact: the ECT procedure itself is no more scientific or therapeutic than being hit over the head with a bat.

Today, ECT remains a psychiatric treatment, solely because it is highly lucrative, despite legislative bans and laws limiting its use, its lack of science and its high risk of harm.

DAMAGING RESULTS

A History of ‘Shock’ Treatment

Insulin shock treatment (right) was used together with Metrazol shock throughout most of the 1930s and 40s.

Below: ECT inventor Ugo Cerletti experimenting with electroshock on pigs at a Rome slaughterhouse.



Late 1920s: Viennese psychiatrist Manfred Sakel induced a coma by injecting large doses of insulin into an unfed patient, which produced a hypoglycemic (the medical condition of an abnormally low level of sugar in the blood) reaction, convulsions, neuronal shrinkage and a 5% death rate.

1934: Hungarian psychiatrist Ladislaus Joseph von Meduna developed Metrazol shock, injecting a mixture of camphor and olive oil that caused violent convulsions and bone fractures.

1938: Italian psychiatrist Ugo Cerletti, after being inspired by a visit to a Rome slaughterhouse to

see pigs shocked into docility before being killed, developed ECT for humans.

1975: Neurologist Dr. John Friedberg wrote that ECT “is demonstrably ineffective and clearly dangerous. It causes brain damage manifested in such forms as severe and often permanent loss of memory, learning disability, and spatial and temporal disorientation.”

1976: California passed a precedent-setting law prohibiting the use of ECT without patient consent and banning its use on children under the age of 12. It became a model for mental health law reform around the world.

1978: Max Fink, professor of psychiatry at the State University of New York at Stony Brook and recipient of \$18,000 (€14,472) in fees for two ECT instructional videos, wrote: “The principal complications of electroshock therapy are deaths, brain damage, memory impairment and spontaneous seizures. These complications are similar to those seen after head trauma, with which ECT has been compared.”¹¹

1993: Texas passed the strictest law on shock treatment to date, banning the use of ECT on children under the age of 16 and requiring all deaths that occur within 14 days of ECT to be reported to the Department of Mental Health and Mental Retardation.

1998: The Piedmont Regional Council in Italy passed a resolution, stating that because psychiatrists do not know how ECT “works” and its scientific veracity is “questionable,” its use should be prohibited, at least, on children, the elderly and pregnant women, and no doctor must be obliged to recommend ECT.¹²

Today: “Shock damages the brain, causing memory loss and disorientation that creates an illusion that problems are gone, and euphoria, which is a frequently observed result of brain injury.”—U.S. Mental Health Foundation *ECT Fact Sheet*.





ECT
Machines:
Since the first
ECT machine was
developed in the
late 1930s, this form
of "therapy" has been
a lucrative practice
for psychiatry. Today
the administration of
electroshock brings
in an estimated \$5
billion annually to
the psychiatric
industry in the
U.S. alone.

IMPORTANT FACTS

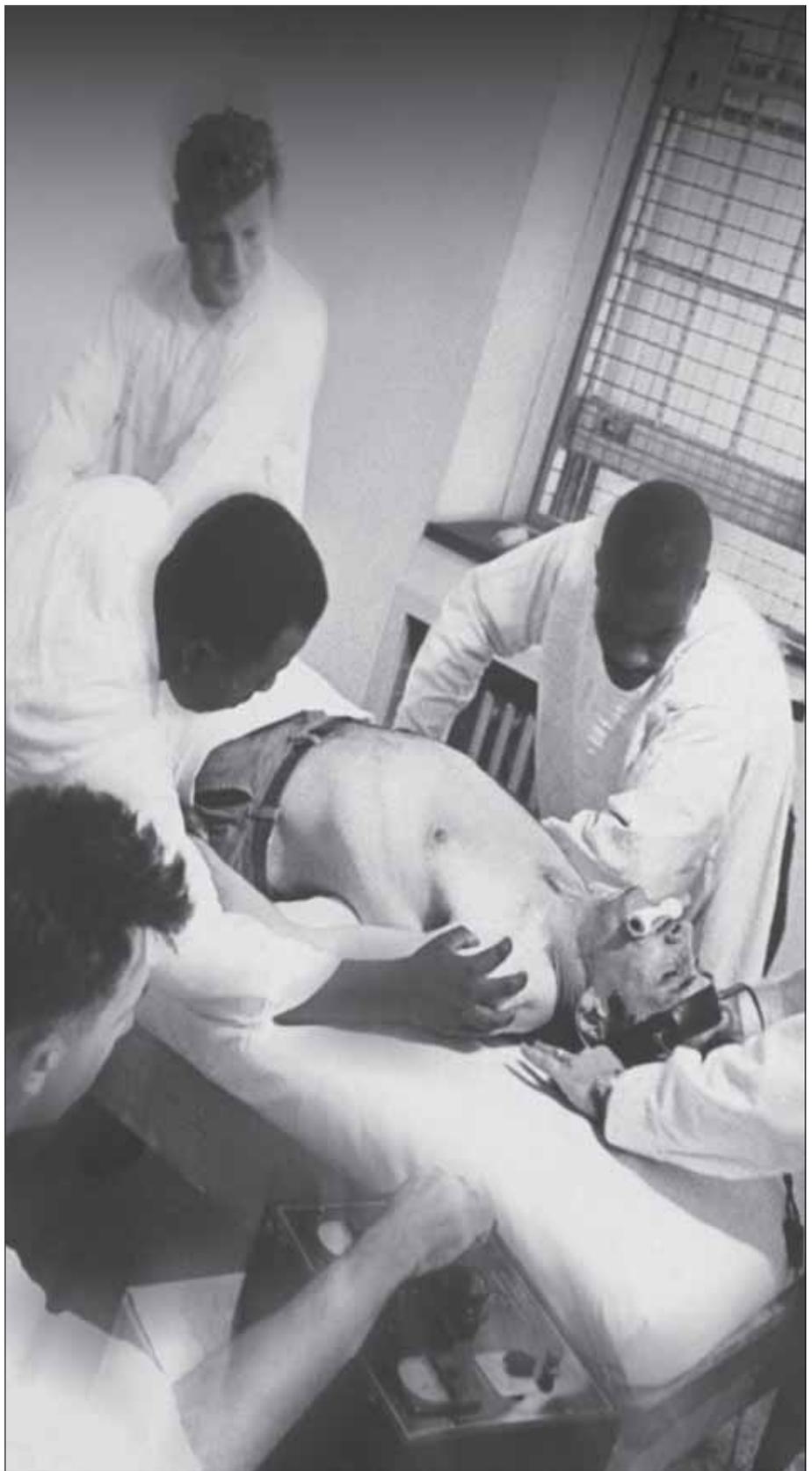
1 A Columbia University study found ECT so ineffective at ridding patients of depression that nearly all who receive it relapse within six months.

2 The U.S. Medicare health insurance program has stopped coverage of "multiple seizure" ECT as it was found to place patients at severe risk.

3 In 2007, ECT proponent, psychologist Harold Sackeim, conceded ECT causes memory loss even six months after treatment.

4 An Australian judge determined that the use of ECT on individuals without their consent is "an assault."

5 Psychiatrists rarely disclose to prospective ECT patients the very real risks of memory loss, intellectual impairment and death.



Psychiatrists persist in inflicting electroshock on patients even though no valid medical or scientific justification exists for this practice. After more than 60 years, psychiatrists can neither explain how ECT is supposed to work nor justify its extensive damage.



CHAPTER TWO

Devastating Effects

An ECT consent form used in the United States advises that memory of recent events “may be disturbed; dates, names of new friends, public events, telephone numbers may be difficult to recall.” However, the “memory difficulty”—amnesia—is supposedly gone “within four weeks after the last treatment” and “only occasionally do problems persist for months.”¹³

Quite aside from a large body of scientific literature that proves otherwise, tens of thousands of shock victims would disagree. Delores McQueen of Lincoln, California, received 20 electroshocks. Three years later, she had yet to recover large parts of her memory. She forgot how to ride horses, which she’d once trained; she couldn’t remember family hunting and fishing trips; and she couldn’t remember her old friends. For this “safe and effective therapy,” taking approximately 15 minutes of the psychiatrist’s time for each treatment, the payment was \$18,000.¹⁴

Psychiatrists continue to tell patients that ECT will help their “depression,” but numerous studies have found that after three to six months, there is no notable, long-term change.¹⁵ A 2001 Columbia University study found ECT so ineffective at ridding patients of their depression

that nearly all who receive it relapse within six months.¹⁶

The U.S. Medicare health insurance program has stopped coverage of “multiple seizure” ECT, after an investigation revealed that the practice is unworkable and places patients at severe risk.

“...public policy should move toward the elimination of electroconvulsive therapy and psychosurgery as unproven and inherently inhumane procedures.”

—U.S. National Council on Disabilities

Memory Loss

The loss of memory and the intellectual abilities that require memory to function properly are often devastating to the person treated with ECT. In California in 1990, out of 656 complications reported as the result of ECT, 82% included memory loss. More than 17% of the complications related to

apnea (cessation of breathing) and at least three people suffered bone fractures.¹⁷

■ A British Royal College of Psychiatrists survey conducted on psychiatrists, psychotherapists and general practitioners, confirmed memory loss as an effect of ECT. Of the 1,344 psychiatrists surveyed, 21% referred to “long-term side effects and risks of brain damage, memory loss [and] intellectual impairment.”¹⁸ General practitioners reported that 34% of patients whom they had seen in the months after receiving ECT “were poor or worse.”

■ One of America’s key proponents of ECT, psychiatrist Harold A. Sackeim, stated, “As a

field, we have more readily acknowledged the possibility of death due to ECT than the possibility of profound memory loss, despite the fact that adverse effects on cognition [consciousness] are by far ECT's most common side effects."²¹

In 2007, Sackeim released the findings of a long-range study of ECT recipients, conceding that adverse cognitive (remembering, reasoning) effects occur even six months after treatment.²²

■ The Food and Drug Administration's website regularly updates the list of adverse effects resulting from the use of electroshock machines. Reports tell of a pregnant woman who received a bout of

electroshock that killed her unborn child; a patient who experienced permanent memory loss, seizures and miscarried. And this frightening example: "As physician administered the ECT stimulus (shock to the brain), a flash of fire erupted across the [patient's] right cheek, resulting in mostly 1st and 2nd degree burns (burns in which the skin is reddened and blistered). The physician extinguished the flame immediately and provided treatment."

■ Nobel prize-winning author Ernest Hemingway committed suicide shortly after being subjected to a series of electric shocks. Before his death he wrote, "What is the sense of ruining my head and erasing my memory, which is my



"What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient."

—Ernest Hemingway,
Nobel prize-winning author

capital, and putting me out of business? It was a brilliant cure but we lost the patient."

■ According to the U.S. government's National Council on Disabilities, "Mental treatment should be about healing not punishment...Also, public policy should move toward the elimination of electroconvulsive therapy and psychosurgery as unproven and inherently inhumane procedures. Effective humane alternatives to these techniques exist now and should be promoted."

Deliberately Inflicting Brain Damage

Normally shock treatments are given by placing electrodes on each temple. This is

called bilateral (two sides). Unilateral (one side) is a variation in which the electrodes are placed on the same side of the head. Psychiatrists claim that there is less damage with electroshock when it is administered unilaterally.

In the article, "ECT: Shock, Lies and Psychiatry," authors Yvonne Jones and Steve Baldwin said that claims that less damage occurs when the electric shock is administered unilaterally are false: "This procedure assumes that one side of the brain is less valuable than the other. ... EEG (recording of electrical activity in the brain) results one month after unilateral ECT confirm that it is possible to detect which side of the brain is damaged."²³

Continued on page 12

SEARING THE BRAIN

How Electroshock 'Works'

Ugo Cerletti's original 1938 machine used 125 volts of electricity. Later, shock machines began to deliver up to 480 volts, four times the voltage in an electrical wall socket in the United States. The brain seizures and convulsions caused patients to bite their tongues, break teeth or jaws, and fractures of the spine, pelvis or other bones were common. Today, pre-oxygenation of the brain, muscle relaxants and anesthetics are administered to hide the barbaric external effects of ECT, but the electric current searing invisibly through the victims' brains is just as harmful as ever.

Today, when administering Electroconvulsive Therapy [ECT]:

1. The patient is injected with an anesthetic to block out pain, and a muscle-paralyzing agent to shut down muscular activity and prevent spinal fractures. Dr. Clinton LaGrange, an anesthesiologist, describes the procedure as it is still performed: "... when the psychiatrist is ready and the patient has been pre-oxygenated (administered extra oxygen) for a few minutes, then we administer ... Methohexital (a barbiturate)" to put the patient to sleep.

"Then we place a tourniquet on the patient's leg. ... We want to be able to determine if the patient is having an adequate seizure and the only way to be able to tell that is if you have a portion of the body that is isolated from the bloodstream so that you can see the muscles seizing." The tourniquet, he says, "prevents that muscle relaxant from reaching that part of the body."²⁸

A muscle relaxant, Succinylcholine, is then administered, to cause paralysis. When used to capture animals, Succinylcholine paralyzes them but they remain awake, are completely aware of what is happening to them and can feel pain.²⁹

LaGrange explains further: "It paralyzes the muscles, relaxes the muscles ... so that the muscles can't work at all." The patient is not able to breathe so "we have to breathe for them. ... We have a mask and a bag that we ventilate (oxygen administered artificially) them with ... the patient is not completely relaxed ... there are times when the patient may move their arms, or the rest of their muscles, their neck muscles [or] clench their jaw."³⁰

2. Electrodes are placed on the temples bilaterally (from one side of the head to the other) or unilaterally (front to back on one side of the head).

3. A rubber gag is placed in the mouth to keep teeth from breaking or patients from biting their tongues.

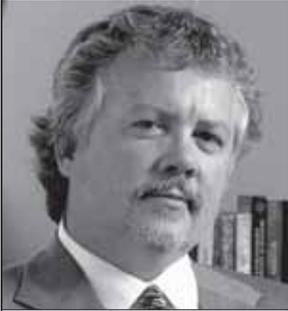
4. Between 180 and 480 volts of electricity send a current searing through the brain.

5. To meet the brain's demand for oxygen, blood flow to the brain can increase as much as 400%. Blood pressure can increase 200%. Under normal conditions, the brain uses a blood-brain barrier to keep itself healthy against harmful toxins and foreign substances. With ECT, harmful substances "leak" from blood vessels into the brain tissue, causing swelling. Nerve cells die. Cellular activity is altered. The physiology of the brain is altered.

6. Most patients are given a total of six to twelve shocks, once a day, three times a week.

7. The results are memory loss, confusion, loss of space-time orientation, and even death.





“There is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn’t go down. There are a lot of dangers and side effects.”

—Dr. Colin Ross, psychiatrist, U.S.A.

Dr. Friedberg has testified under oath that some memory loss “happens in every single case of shock treatment.” The memory loss can be “permanent and irreversible. ...” It’s “...enormously patchy and variable. That’s always the case with brain injuries. It’s very unpredictable what’s going to be the final outcome.”²⁴

Dr. Colin Ross, a Texas psychiatrist, explains that existing ECT literature shows “there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn’t go down. [I]f those are the facts from a very well-designed, big study, then you’d have to conclude we shouldn’t do ECT. ... [T]he literature that exists strongly supports the conclusion that it isn’t effective beyond the period of time of the treatment and there are a lot of dangers and side effects and a lot of damage.”²⁵

The American Psychiatric Association claims an ECT death rate of one in 10,000 patients. However, Texas statistics reveal the death rate among the elderly receiving ECT is one in 200.²⁶

An estimated 300 people die each year from ECT in the United States. Approximately 250 of these are elderly, a defenseless and “malpractice-free” patient group, since memory loss following ECT can be easily attributed to “senility.”

In Australia, the Honorable Justice John P. Slattery, head of a New South Wales government inquiry into the psychiatric practice known as “Deep Sleep Treatment”—a combination of drugs and ECT—reported on the practice of administering ECT without consent: “The doctors and the nurses who treated patients without the patient’s consent, contrary to the patient’s consent, or on the basis of consent obtained by fraud or deceit, committed a trespass to the person of each of these patients and were responsible for an assault on them.”²⁷

Rarely do psychiatrists tell patients these facts, violating “informed consent” and, in doing so, committing assault and malpractice. Criminal statutes should apply to any psychiatrist who administers ECT and so harms a patient.



“The doctors ... who treated patients [with ECT] without the patient’s consent, contrary to the patient’s consent, or on the basis of consent obtained by fraud or deceit, committed a trespass to the person of each of these patients and were responsible for an assault on them.”

—The Honorable Justice John P. Slattery, New South Wales, Australia

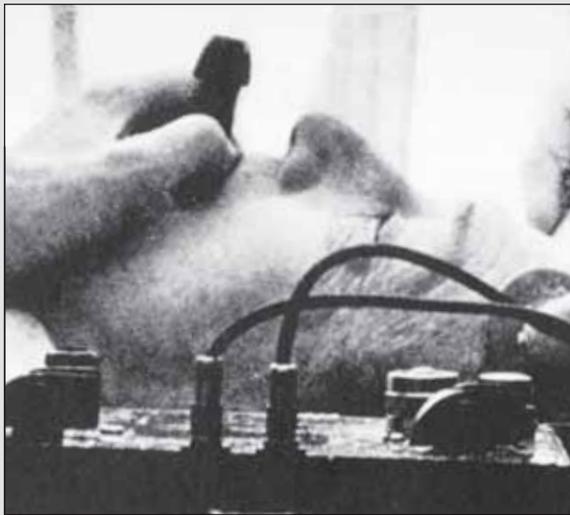
ROBBED OF LIFE

Abuse Case Reports

Doctor Barthold Bierens de Haan of Switzerland says, "If psychiatrists don't know what they do with their electroshocks, the patients themselves know. ... First, a considerable fear, reaching terror, they all testify; then serious memory troubles, from which they sometimes never fully recover."

■ Dolphin Reeves wrote to the *Los Angeles Times* in 2003, calling for a full investigation into ECT use on elderly citizens: "My father had a series of three hospitalizations in New York where he underwent numerous ECTs. ... He was 90 years old when he received the last of at least 11 ECTs. I voiced my opposition, but he was nevertheless subjected to the jolts to his brain. ... [He was] unable to remember where he lived, his memory was so impaired that the administering doctor decided he could not return to his home. I had expressed concern to this doctor about the possible danger of administering the shocks to my father's brain at his age.

"The doctor assured me that there was no danger. He failed to mention the deleterious effects the electroshock would have on my father's memory. Medicare pays for shock treatments for the elderly. I believe it is an abuse not only of the patient but of the Medicare system.³¹



"The doctor assured me that there was no danger. He failed to mention the deleterious effects the electroshock would have on my father's memory. Medicare pays for shock treatments for the elderly. I believe it is an abuse not only of the patient but of the Medicare system."

■ Carole from New Zealand suffered from depression after the birth of her daughter, was hospitalized and prescribed drugs that only made matters worse. "I would have done anything to get well," she said. She was given 15 electroshocks. As for "consent," she said, psychiatrists told me, "I would get two weeks' memory loss. ... But I can't remember what it was like to have my wee girl. I have lost the birth experience and what it was like to be in labor."

Because of the damage she suffered from ECT, she has lost custody of her daughter.³²

■ A Scottish family won an \$82,600 (€66,414) settlement from the Greater Glasgow Health Board (GGHB) over the death of 30-year-old Joseph Doherty, who committed suicide while undergoing ECT. Doherty's medical records show that before being electroshocked, he had repeatedly refused to consent to ECT.³³

■ Psychiatrist Eric Lewkowiez was found guilty of malpractice and ordered to pay \$635,177 (€501,164) to his former patient Peggy S. Salters of South Carolina who suffered memory loss and impaired thinking as a result of ECT administered her. Salters, who has a Masters of Science in nursing and had enjoyed a long career as a nurse, lost her knowledge of nursing skills and was unable to return to work.

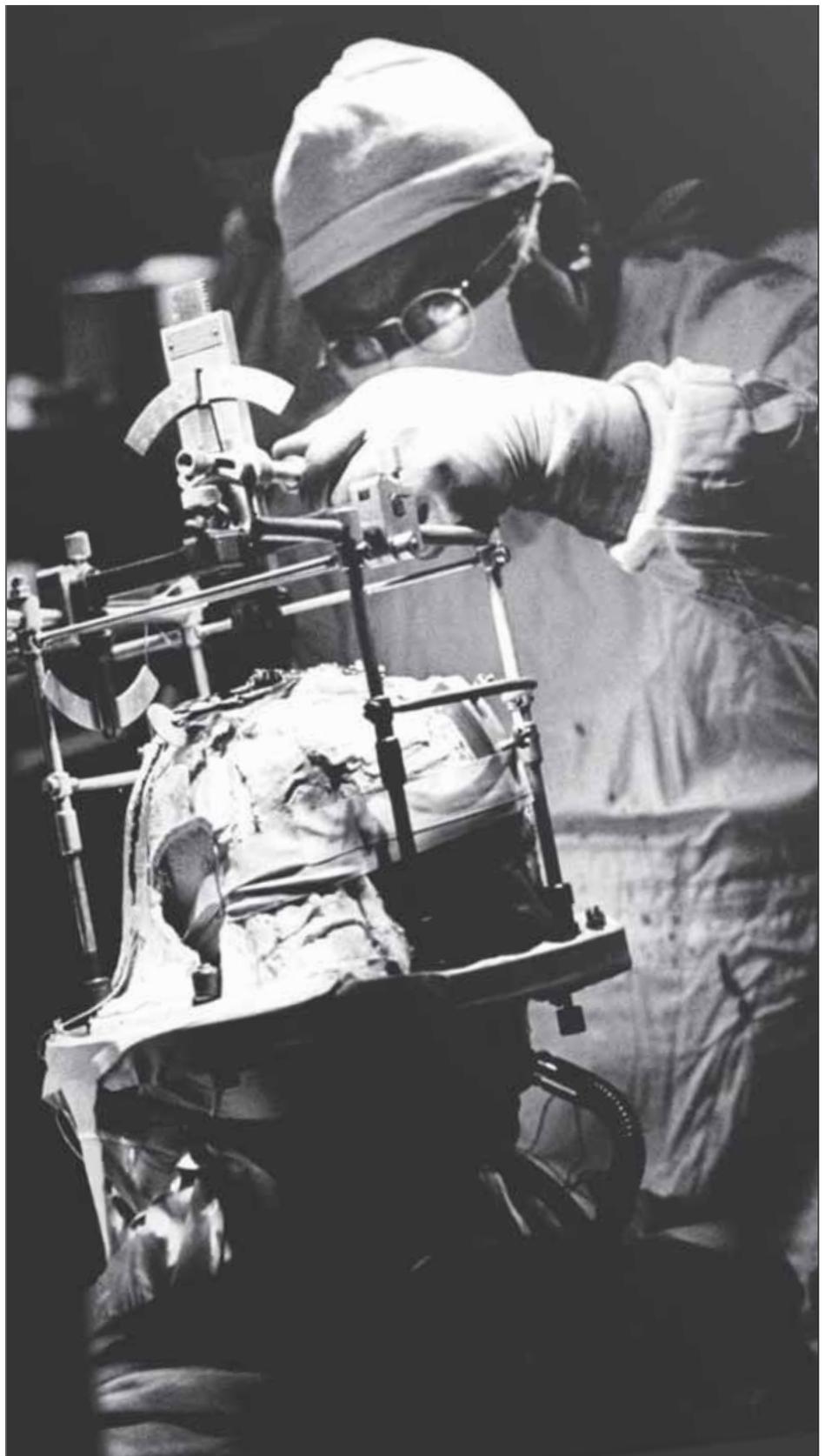
IMPORTANT FACTS

1 The side effects of psychosurgery—loss of bowel and bladder control, epileptic seizures and brain infections—have been well known since the late 1940s.

2 Psychosurgery attempts to control and brutally alter the person and behavior by destroying perfectly healthy brain tissue.

3 Psychosurgery has as much as a 10% death rate. Suicide following psychosurgery has been considered by some psychiatrists to be a “successful” outcome.

4 “Deep-brain stimulation” (DBS), “transcranial magnetic stimulation” (TMS) and the like are psychiatry’s latest experiments in treatment of the “mentally ill.”





CHAPTER THREE

Psychosurgery: Human Butchery

Unlike medical brain surgery that alleviates actual physical conditions, psychosurgery attempts to brutally alter behavior by destroying perfectly healthy brain tissue.

The most notorious psychosurgery procedure is lobotomy. It was developed by Egas Moniz of Lisbon, Portugal, in 1935, but it was U.S. psychiatrist Walter J. Freeman who became its leading proponent. He performed his first lobotomy using electroshock as an anesthetic. He inserted an ice pick

beneath the eye socket bone and drove it into the brain with a surgical mallet. Movement of the ice pick then severed the fibers of the frontal brain lobes. This caused irreversible brain damage. Freeman claimed, however, that the procedure would remove the emotional component from a person's "mental illness." He later conceded

that lobotomy did produce a zombie-like state in one out of every four persons treated. Twenty-five percent of the lobotomized patients could be "considered as adjusting at the level of a domestic invalid or household pet," he said.

Between 1946 and 1949, the number of lobotomies increased tenfold. Freeman himself performed or supervised 3,500 procedures. He traveled across the country in a camper van that he called his "lobotomobile," promoting lobotomy as a miracle

procedure and performing the procedure in theatrical fashion for all to see. The media dubbed his circus tour "Operation Ice Pick."

During that time, the psychiatric community successfully convinced state governments that psychosurgery could reduce their mental health budgets. The superintendent at Delaware State Hospital, for example, was so taken in by the propaganda that he hoped to reduce the number of mental patients by 60% and save \$351,000 (€282,222).

By the late 1940s, the crippling and lethal effects

of psychosurgery were becoming a matter of public record and smashed its false image as a miracle cure. Alarm bells were being rung due to the following signs of harm:

- A death and suicide mortality rate of up to 20%

- Infections leading to cerebral abscesses

- Meningitis (seri-

ous infectious disease in the brain)

- Osteomyelitis (infectious inflammatory bone disease) of the skull

- Cerebral hemorrhages

- Weight gain, loss of bowel and bladder control

- Epileptic seizures in more than 50% of recipients

- Deleterious changes in personality

Despite the lethal and damaging effects of the operation, psychiatrists continue to advocate its use.

Psychosurgery attempts to brutally alter behavior by destroying perfectly healthy brain tissue. Psychosurgeon Walter J. Freeman conceded that 25% of the lobotomized patients could be "considered as adjusting at the level of a domestic invalid or household pet."

In a 1990s *London Times* article on psychosurgery, British psychiatrist Paul Bridges, who had helped oversee some 1,200 psychosurgery operations at the Geoffrey Knight Institute at Maudsley Hospital in South London, defended the procedure: “The problem is prejudice. ... People just don’t seem to like the idea of psychosurgery because it sounds brutal.”³⁴ Ironically, years later, Bridges was convicted of charges concerning a pedophile ring and indecent assault on two teenage boys.³⁵

No such prejudice existed at the St. Petersburg Institute of the Human Brain in Russia. During a two-year period, Dr. Sviatoslav Medvedev supervised over 100 psychosurgery procedures given mainly to teenagers to “cure” them of drug addiction. “I think the West is too cautious about neurosurgery because of the obsession with human rights,” he said. The doctor chillingly explained his methods, “Addiction is a kind of obsession. There’s a kind of circle in the brain which has to be cut out. That’s our task. We take out a cubic millimeter from one hemisphere and

another cubic millimeter from the other hemisphere, and that stops the addiction.”³⁶

Alexander Lusikian, who successfully sued the Institute, disagreed: “They drilled my head without any anesthetic. They kept drilling and cauterizing [burning] exposed areas of my brain ... blood was everywhere ... During the three or four days after the operation ... the pain in my head was so terrible—it was as if it had been beaten with a baseball bat. And when the pain passed a little, I still felt the desire to take drugs.” Within two months, Alexander reverted to drugs.³⁷

Brain Implants: the Latest Psychiatric ‘Snake Oil’

Psychiatry’s history is strewn with false “discoveries” that were passed off at the time as the latest breakthroughs in mental treatment, but which were discovered in retrospect to be little more than brutal, debilitating punishments.

Continued on page 18

ICE PICKS TO THE BRAIN

The History of Psychosurgery



Egas Moniz—the father of psychosurgery

The following is a brief history of this destructive procedure:

1848: Modern psychosurgery can be traced to an incident when an explosion drove an iron rod through the cheek and out the top of the head of railway worker Phineas Gage. Before the accident,

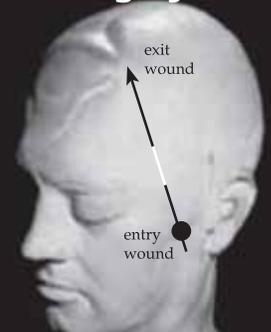
Gage had been a capable foreman, a religious man with a well-balanced mind and shrewd business sense. After the accident, Gage recovered, but he became fitful, irreverent, grossly profane, impatient and obstinate. Psychiatrists continued to be intrigued by the sudden mood change and began testing the use of psychosurgery to alter the behavior of their patients.

1888: Swiss asylum superintendent Gottlieb Burckhardt was the first known psychosurgeon. He removed cerebral tissue from six patients, hoping “the patients might be transformed from a disturbed to a quiet [lunatic].” Although one died and others developed epilepsy, paralysis and aphasia (loss of ability to use or understand words), Burckhardt was pleased with quiet patients.

1935: Egas Moniz, a professor of neurology

The Genus of Psychosurgery

1848—Fascinated with behavior changes in railroad worker Phineas Gage after his head was impaled by a tamping iron (below), psychiatrists of the day generated theories that led to the development of psychosurgery.



A plaster cast of Phineas Gage showing his head wounds (arrow).





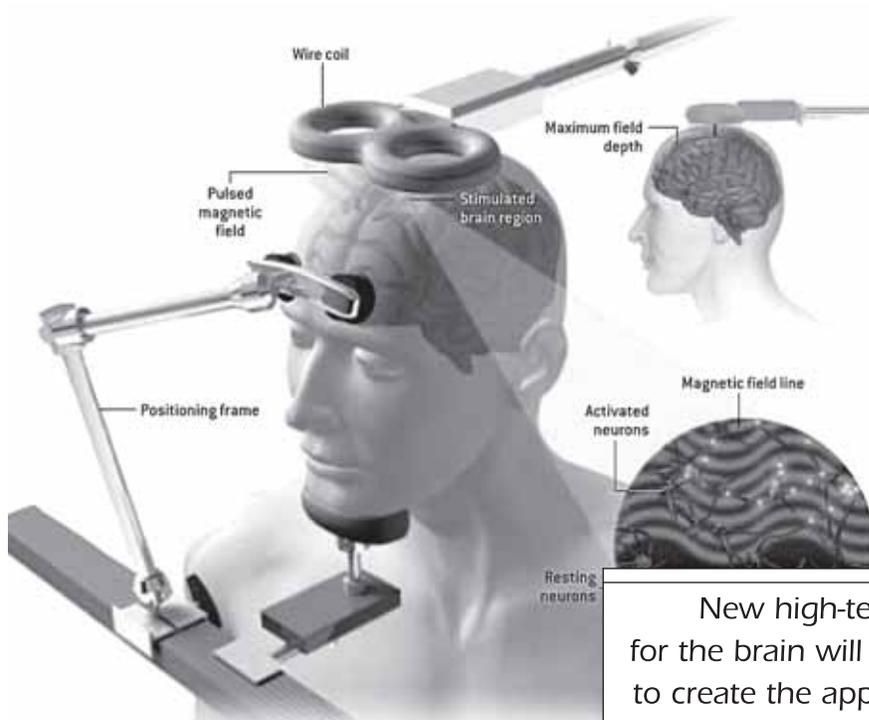
1935: Egas Moniz, a professor of neurology in Lisbon, Portugal, performed the first lobotomy, inspired by an experiment in which the frontal lobes of two chimpanzees were removed. Moniz conducted the same operation on humans, theorizing that the source of mental disorders was located in this part of the brain. "In accordance with the theory we have just developed," he said, "one conclusion is derived: to cure these patients we must destroy the more or less fixed arrangements of cellular connections that exist in the brain."³⁸ A 12-year follow-up study observed that Moniz's patients suffered relapses, seizures and death. Moniz was awarded the Nobel prize for psychosurgery. Ironically, he was paralyzed in 1939 by five gunshots in the back from a disgruntled patient. Sixteen years later, he was shot and killed by another dissatisfied patient.

1936: American psychiatrist Walter J. Freeman performed his first lobotomy. In 1967 Freeman lost his license to practice after killing a female patient with his brutal procedure. Postoperative death and suicide mortality rates resulting from his operations were as high as 10%.

Late 1940s: Psychosurgery was "refined" to burning the brain tissue with a fine probe. The result, however, was as destructive as ever.

Today: Despite killing thousands of people internationally and ushering in an era that American Psychiatric Association President Alan Stone called "a tragic and unfortunate chapter of psychiatry," psychiatrists around the world still practice psychosurgery.

Psychiatrist Walter J. Freeman performed thousands of lobotomies using only an ice pick and a mallet, often with the press corps looking on.



Deep brain stimulation (DBS) involves threading wires through the skull and into the brain. They connect to a battery pack implanted in the chest, similar to the heart pacemaker, and emanate high-frequency electrical impulses directly into the head.⁴⁰ The FDA has approved this procedure for patients suffering from Parkinson's disease, which is an actual brain-based pathology, but psychiatrists are using it experimentally on the "mentally" ill, charging around \$50,000 per patient.⁴¹

New high-tech "treatments" for the brain will continue to be used to create the appearance of scientific progress, but in the end, psychiatry will be no closer to identifying any causes or effecting any cures; instead, their betrayal and brutality in the name of mental health continues.

In TMS, a magnetic coil is placed near the patient's scalp and a powerful and rapidly changing magnetic field passes through skin and bone and penetrates a few centimeters into the outer cortex (outer gray matter) of the brain and induces an electrical current.⁴² Repetitive TMS

Science writer Robert Whitaker says: "Rarely has psychiatry been totally without a remedy advertised as effective. Whether it be whipping the mentally ill, bleeding them, making them vomit, feeding them sheep thyroids, putting them in continuous baths, stunning them with shock therapies, or severing their frontal lobes—all such therapies 'worked' at one time, and then, when a new therapy came along, they were suddenly seen in a new light, and their shortcomings revealed."³⁹

In *Blaming the Brain*, Elliot Valenstein, Ph.D., wrote, "Prefrontal lobotomy, insulin coma, and other treatments that are now totally rejected were claimed, in their time, to be just as effective in treating mental illnesses as it is now claimed that drug treatment is."

With ECT and psychosurgery under intense critical public scrutiny, psychiatry is now feverishly searching for a new "breakthrough miracle" — "deep brain stimulation," "transcranial magnetic stimulation" (TMS) and "vagus nerve stimulation" (VNS) (vagus nerve: the cranial nerve that connects the brain to the internal organs in the body) are the new catch phrases.

can cause seizures or epileptic convulsions in healthy subjects, depending upon the intensity, frequency, duration and interval of the magnetic stimuli.⁴³

VNS is a nerve-brain stimulator. An electrode is wrapped around the vagus nerve in the neck and then connected to a pacemaker implanted in the patient's chest wall. The apparatus is programmed to produce electrical stimuli in the brain.⁴⁴

Over the past few decades, many critics have drawn comparisons between psychiatric experiments and the unconscionable "science" perpetrated by Nazi practitioners in concentration camps. Psychiatrists will not be able to dispel these notions, unless and until they stop claiming scientific value for their brutal techniques. If history is anything to go by, they will once again plead to be given "another chance" and new treatments will be used to create an appearance of scientific progress. But in the end, they will be no closer to effecting any cures; all they will have accomplished is assault and mayhem in the name of therapy.

CASE ABUSE REPORTS

Greatness Destroyed

Unaware that psychiatry and its dangerous treatments are not based on medical science, many great artists whose gifts have enriched our lives, have fallen victim to ECT and psychosurgery.

■ Frances Farmer was a screen and stage actress whose career lit up Hollywood and Broadway in the '30s and '40s. The world was shocked when she revealed the ruin psychiatry had inflicted upon her. Jessica Lange later portrayed her story in the movie, *Frances*. Upset over a string of failed relationships, Farmer had been committed to an institution in 1943. She was subjected to 90 insulin shocks and electroshock. She told of being "raped by orderlies, gnawed on by rats, poisoned by tainted food, chained in padded cells, strapped in strait jackets and half drowned in ice baths." Her last "treatment" was a lobotomy at the hands of the infamous Walter J. Freeman. Freeman arrogantly described lobotomy as "mercy killing of the psyche," adding that "patients ... must sacrifice some of [their] driving force, creative spirit and soul."

Following the operation, Farmer never regained her abilities and died at the age of 57, destitute.

■ Vivien Leigh, star of classic movies such as *Gone with the Wind* and *A Streetcar Named Desire*, was subjected to repeated ECT in psychiatric facilities in England, one treatment leaving burns on her temple. Husband Sir Lawrence Olivier was devastated by the changes in Leigh's personality: "I can only describe them by saying that she was not, now that she had been given the treatment, the same girl that I had fallen in love with. ... She was now more of a stranger to me than I could ever have imagined possible. Something had happened to her, very hard to describe, but unquestionably evident."

■ Judy Garland, one of America's all-time greatest performers, saw her career and life ruined, as she became a victim of prescribed psychiatric drugs and electroshock.

■ Bud Powell was a child prodigy. As a pianist and composer he became the creator of the

sound we know today as *bebop*. Subjected to repeated electric shocks and administered brain-damaging psychiatric drugs, he died at the age of 42.

■ In the 1960s, Stevie Wright, the teenage lead singer of Australia's number one rock band, The



Judy Garland

Many notable personalities and celebrities have been lost to us after seeking help from psychiatry. In each case they were betrayed and placed on a path that ensured their destruction.



Frances Farmer

Easybeats, was enjoying a string of hits such as "She's So Fine" and "Friday on My Mind." By the age of 21, however, the fame was over. The band folded. Wright developed a heroin habit. He was admitted to Chelmsford private psychiatric hospital in Sydney where he underwent a deadly drug and ECT combination called deep sleep treatment. His brain was so badly damaged by the 14 electroshocks and drugs he was incapable of writing songs for the next 10 years. The years of lost creativity were unbearable. He ended up living on government sickness benefits.



Vivien Leigh

IMPORTANT FACTS

1 There are numerous *medical* conditions that can cause mental symptoms such as anxiety and depression.

2 In one study, 97% of cases of visual hallucinations were found to be of medical origin.

3 A California state Mental Health Medical Evaluation publication states, "Mental health professionals ... have [an] obligation to recognize ... physical diseases in their patients ... physical diseases may cause a patient's mental disorder."

4 There are many workable alternatives to ECT and psychosurgery.





CHAPTER FOUR

Provide Help, Not Harm

Physically intrusive and damaging practices such as ECT and psychosurgery violate the doctor's pledge to uphold the Hippocratic Oath and "Do no harm."

The first and most obvious solution to the psychiatric abuses described in this publication is to eliminate funding for psychiatric practices that perpetrate those abuses. If insurance companies and governments did not pay for psychiatrists to deliver brain-damaging shocks and psychosurgery, these methods would quickly fade into oblivion.

Once the psychiatrist who profits by keeping his patients ignorant of effective treatments is gotten out of the way, dozens of workable alternatives come into view. Persons who have been "diagnosed" to have a psychiatric disorder should get a full and searching clinical examination by a competent, non-psychiatric physician.

Fatigue, disorientation, delirium, confusion, inability to concentrate, inexplicable pains and hundreds of other symptoms can be caused by a plethora of known physical conditions, which psychiatrists never thoroughly investigate before prescribing their unworkable, debilitating treatments.

Researchers Richard Hall and Michael Popkin list 21 medical conditions that can cause anxiety, 12 conditions that can cause depression, 56 conditions that can cause mental disturbance

in general, and 40 types of drugs that can create "psychiatric symptoms."

They wrote, "The most common *medically induced* psychiatric symptoms are apathy, anxiety, visual hallucinations, mood and personality changes, dementia, depression, delusional thinking, sleep disorders (frequent or early-morning awakening), poor concentration, changed speech patterns, tachycardia [rapid heartbeat], nocturia [excessive urination at night], tremulousness and confusion.

"In particular, the presence of visual hallucinations, illusions or distortions indicated a medical etiology [cause] until proven otherwise. Our medical experience suggests this to be the most reliable discriminator [between medical and mental problems]. *We are able to define a specific medical cause in 97 of*

"Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients ... physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder."
—California Department of Mental Health
Medical Evaluation Field Manual

100 patients with pronounced visual hallucinations."⁴⁵
[Emphasis added]

Charles B. Inlander, president of The People's Medical Society, and his colleagues wrote in *Medicine on Trial*, "People with real or alleged psychiatric or behavioral disorders are being misdiagnosed—and harmed—to an astonishing degree ... Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return."⁴⁶



In 1993, the Texas governor with state legislators, signed an innovative ECT law, prohibiting ECT on children under 16 and implementing mandatory reporting on ECT usage, side effects and deaths. In 1999, the Piedmont region in Italy banned ECT use on children, pregnant women and the elderly.

non-psychiatric medical experts on staff and be required to have a full complement of diagnostic equipment, which could prevent more than 40% of admissions by finding undiagnosed physical conditions.

Psychiatry has proven one thing. Without the protection of basic human rights, there can only be diminished mental health.

With the inherent contradiction between alleged treatment and results, which create long-term psychiatric patients, it falls to the wider community to expose psychiatric abuse and demand reforms.

The educational institutions responsible for training psychiatrists should also

According to the California Department of Mental Health *Medical Evaluation Field Manual* (1991)—which CCHR assisted in introducing—“Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients ... physical diseases may cause a patient’s mental disorder [or] may worsen a mental disorder.”⁴⁷

Persons in desperate circumstances must be provided proper and effective *medical* care. Mental health facilities should have

be held accountable for the havoc psychiatry’s treatments wreak. The tuitions they are paid are spent on creating a clique of people who have no regard for human rights and, in many instances, human life. Harsh words? Maybe. But academic freedom cannot succeed when the final result is massive physical and emotional harm for countless people.

Psychiatric colleges, their institutions and psychiatrists themselves must be held accountable for the abuses of basic statutory and human rights committed daily in the name of “help.”



RECOMMENDATIONS

Recommendations

- 1 ECT and psychosurgery should be labeled what they are—torture—and they should be banned.
- 2 Where it is not yet banned, ECT and psychosurgery should never be given without the signed, informed consent of the patient. This consent procedure should be videoed to ensure the full proper information was provided, including that no scientific evidence exists to show such treatments “work” and that with the procedure comes a high risk of brain damage, physical complications and even death.
- 3 Psychiatrists administering ECT and psychosurgery should be held fully accountable, civilly and criminally, for their effects upon the recipient and be criminally prosecuted for any damage arising from their “treatment.”
- 4 Medical facilities must be established to replace coercive psychiatric institutions. These must have medical doctors on staff and have medical diagnostic equipment, which non-psychiatric medical doctors can use to thoroughly examine and test for all underlying physical problems that may be manifesting as disturbed behavior. Government and private funds should be channeled into this alternative program and funding cut to abusive psychiatric institutions and programs that have proven not to work.
- 5 All mental disorders in *DSM-IV*, to have any worth, should be validated by scientific, physical evidence. Government, criminal, educational, judicial and other social agencies should not rely on the *DSM* or the *ICD-10* mental disorders section and no legislation should use these as a basis for determining the mental state, competency, educational standard or rights of any individual.
- 6 File a police report on any mental health practitioner found to be using coercion, threats or malice to get people to “concede” to undergo psychiatric treatment. Send a copy of the complaint to CCHR.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Lucy Johnston
Journalist, United Kingdom:

"We must understand, and bring home to the public, the extent to which psychiatric practice is driven by fads. At the height of the leucotomy fad, tens of thousands of these psychosurgery operations were performed by a relatively small number of men. Tens of thousands of people were deliberately brain damaged as a result. This occurred because, at the time, nobody stopped them. The CCHR is fighting for those people who are among the most disenfranchised in our society, who do not have a voice and who cannot fight for themselves. It successfully carries out this fight and has been able to stop abuse."

Jonathan Lubell
New York attorney and former president of the National Lawyers Guild, New York City Chapter:

"Over a number of years, I had become familiar with the work of CCHR in the human

rights area as it pertains to psychiatric misconduct and the related psychotropic drug abuse. I found CCHR to be unrelenting in its efforts to expose the wrongdoers and to assure the end of their activities. CCHR's efforts to defend the victims of this misconduct and abuse has been impressive. Finally, it is clear beyond question that principles based upon concern for human rights motivates CCHR."

Dr. Julian Whitaker, M.D.
Whitaker Wellness Institute, USA:

"CCHR is the only nonprofit organization that is focused on the abuses of psychiatrists and the psychiatric profession. The reason it is so important, is that people do not realize how unscientific the psychiatric profession is. Nor does anyone realize how dangerous this labeling of people, this drugging of people, particularly children, has become. So the efforts of CCHR and the successes they have made is a cultural benefit of a great magnitude."

For further information:

CCHR International
6616 Sunset Blvd.

Los Angeles, CA, USA 90028

Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720

www.cchr.org • e-mail: humanrights@cchr.org

CCHR INTERNATIONAL

Board of Commissioners

CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

International President

Jan Eastgate
Citizens Commission
on Human Rights
International, Los
Angeles

National President

Bruce Wiseman
Citizens Commission on
Human Rights United
States

Citizens Commission on Human Rights Board Member

Isadore M. Chait

Founding Commissioner

Dr. Thomas Szasz,
Professor of Psychiatry
Emeritus at the State
University of New York
Health Science Center

SCIENCE, MEDICINE & HEALTH

Rohit Adi, M.D.
Ivan Alfonso, M.D.
Professor Garland Allen
Giorgio Antonucci, M.D.
Ann Auburn, D.O.
Mark Barber, D.D.S.
Lisa Bazler, B.A., M.A.
Ryan Bazler, B.S., MBA
Margarethe von Beck,
DLitt et Phil
Shelley Beckmann,
Ph.D.
Lisa Benest, M.D.
Peter Bennet
Mary Ann Block, D.O.
John Breeding, Ph.D.
Lisa Cain
Anthony Castiglia, M.D.
Roberto Cestari, M.D.
James Chappell, D.C.
N.D., Ph.D.
Beth Clay
Bishop David Cooper
Jesus Corona
Ann Y. Coxon, M.B., B.S.
Moirra Dolan, M.D.
Mary Ann Durham, B.S.
Dan L. Edmunds, ED.D.,
M.A., B.C.S.A.

David Egner, Ph.D.
Seth Farber, Ph.D.
Mark Filidei, D.O.
Nicolas Franceschetti,
M.D.
Marta Garbos, Psy. D.
Howard Glasser, M.A.
Patti Guliano, D.C.
Edward C. Hamlyn,
M.D.
Brett Hartman, Psy.D.
Lawrence Hooper, M.D.
Dr. Joseph Isaac
Georgia Janisch, R.D.
Dr. Derek Johnson
Jonathan Kalman, N.D.
Dr. Peter Kervorkian,
D.C.
Professor Oleg
Khilkevich
Kenichi Kozu, Ph.D.
Eric Lambert, R. Ph.
Anna C. Law, M.D.
Richard Lippin, M.D.
Otani Logi
Lloyd McPhee
Dr. Bari Maddock
Joan Mathews-Larson,
Ph.D.
Conrad Maulfair, D.O.
Colleen Maulfair
Clinton Ray Miller
Dr. Robert Morgan Ph.D.
Craig Newnes
Gwen Olsen
Mary Jo Pagel, M.D.
Vladimir Pshizov, M.D.
Lawrence Retief, M.D.
Franklin H. Ross, M.D.
Megan Shields, M.D.
Allan Sosin, M.D.
David Tanton, Ph.D.
William Tutman, Ph.D.
Tony Urbanek, M.D.,
D.D.S.
Margaret von Beck,
Ph.D.
Wanda von Kleist, Ph.D.
Julian Whitaker, M.D.
Spice Williams-Crosby,
BSc, MFS, CFT
Michael Wisner
Sergej Zapuskalov, M.D.
Norman Zucker, M.D.

POLITICS & LAW

Rep. Russell Albert
Lewis Bass, M.S., J.D.
Timothy Bowles, Esq.
Robert Butcher, LLB
Robert E. Byron, LLC

Lars Engstrand
Guillermo Guzmán de
la Garza
Sandra Gorcia Rojas
Steven Hayes, Esq.
Gregory Hession, J.D.
Sen. Karen Johnson
Erik Langeland, Esq.
Leonid Lemberick, Esq.
Vladimir Leonov, M.P.
Lev Levinson
Doug Linde, Esq.
Jonathan W. Lubell,
LL.B.
Jeff Lustman
Kendrick Moxon
Rep. Curtis Oda
Col. Stanislav Pylov
Rep. Guadalupe
Rodriguez
Sandro Garcia Rojas
Timothy Rosen, Esq.
Steven Russell, Esq.
Rep. Aaron Tilton, (UT)
Rep. Mark Thompson
Rep. Michael Thompson
Rep. Matt Throckmorton

ARTS, ENTERTAINMENT & MEDIA

Kirstie Alley
Anne Archer
Jennifer Aspen
Catherine Bell
David Campbell
Raven Kane Campbell
Nancy Cartwright
Kate Ceberano
Chick Corea
Bodhi Elfman
Jenna Elfman
Cerise Fukuji
Isaac Hayes
Donna Isham
Mark Isham
Jason Lee
Geoff Levin
Gordon Lewis
Juliette Lewis
John Mappin
Jaime Maussan
Jim Meskimen
Tamra Meskimen
Marisol Nichols
John Novello
David Pomeranz
Kelly Preston
Tariz Nasim
Kelly Patricia O'Meara
Leah Remini
Lee Rogers
Carrina Ricco

Raul Rubio
Harriet Schock
Dennis Smith
Michelle Stafford
Cass Warner
Miles Watkins
Kelly Yaegermann

EDUCATION

Dr. Samuel Blumenfeld
Cassandra Casey
Gleb Dubov, Ph.D.
Beverly Eakman
Professor Antony Flew,
Ph.D.
Dr. Wendy Ghiora, Ph.D.
Professor Hector
Herrera
Wendy McCants-
Thomas
Sonya Muhammad, M.S.
James Paicopolos
Nikolai Pavlovsky
Anatoli Prokopenko
Gayle Ruzicka
Joel Turtel
Shelley Ucinski
Micheal Walker
Charles Whittman, III

BUSINESS

Lawrence Anthony
Michael Baybak
Phillip Brown
Luis Colon
Bob Duggan
Joyce Gaines
James A. Mackie
Cecilio Ramirez
Sebastien Sainsbury
Roberto Santos

RELIGION

Rev. Doctor Jim Nicholls
Pastor Michael Davis
Bishop Samuel V.J.
Rowland

ACTIVISTS/HUMAN RIGHTS

Paul Bruhne
Janice Hill
Nedra Jones, Ph. D.
Elvira Manthey
Sheila Matthews
Lynette Riley-Mundine
Ghulam Abbas Sajan
William Tower
Ishrat Nasim
Patricia Weathers
Allan Wohnrntz, B.Sc.
Lloyd Wyles

CCHR National Offices



CCHR Australia
Citizens Commission on
Human Rights Australia
P.O. Box 6402
North Sydney
New South Wales 2059
Australia
Phone: 612-9964-9844
E-mail: cchranzo@tpg.com.au

CCHR Austria
Citizens Commission on
Human Rights Austria
(Bürgerkommission für
Menschenrechte Österreich)
Postfach 130
A-1072 Wien, Austria
Phone: 43-1-877-02-23
E-mail: info@cchr.at

CCHR Belgium
Citizens Commission on
Human Rights Belgium
(Belgisch comite voor de rechten
van de mens)
Postbus 338
2800 Mechelen 3, Belgium
E-mail: info@cchr.de

CCHR Canada
Citizens Commission on
Human Rights Canada
27 Carlton St., Suite 304
Toronto, Ontario
M5B 1L2 Canada
Phone: 1-416-971-8555
E-mail:
officemanager@on.aibn.com

CCHR Colombia
Citizens Commission on Human
Rights Colombia
P.O. Box 359339
Bogota, Colombia
Phone: 57-1-251-0377
E-mail: ccdhcol@hotmail.com

CCHR Czech Republic
Citizens Commission on Human
Rights Czech Republic
Obcanská komise za
lidská práva
Václavské náměstí 17
110 00 Praha 1, Czech Republic
Phone/Fax: 420-224-009-156
E-mail: cchr-cz@volny.cz

CCHR Denmark
Citizens Commission on
Human Rights Denmark
(Medborgernes Menneskerettig-
hedskommission—MMK)
Faksingevej 9A
2700 Brønshøj, Denmark
Phone: 45 39 62 90 39
E-mail: info@mmk.info

CCHR Finland
Citizens Commission on
Human Rights Finland
Post Box 145
00511 Helsinki, Finland
Phone: 358-9-8594-869

CCHR France
Citizens Commission on
Human Rights France
(Commission des Citoyens pour
les Droits de l'Homme—CCDH)
BP 10076
75561 Paris Cedex 12, France
Phone: 33 1 40 01 09 70
Fax: 33 1 40 01 05 20
E-mail: ccdh@wanadoo.fr

CCHR Germany
Citizens Commission on
Human Rights Germany
(Kommission für Verstöße
der Psychiatrie gegen
Menschenrechte e.V.—KVPM)
Amalienstraße 49a
80799 München, Germany
Phone: 49 89 273 0354
Fax: 49 89 28 98 6704
E-mail: kvpm@gmx.de

CCHR Greece
Citizens Commission on
Human Rights Greece
P.O. Box 31268
Athens 47, Postal Code 10-035
Athens, Greece
Phone: 210-3604895

CCHR Holland
Citizens Commission on
Human Rights Holland
Postbus 36000
1020 MA, Amsterdam
Holland
Phone/Fax: 3120-4942510
E-mail: info@ncrm.nl

CCHR Hungary
Citizens Commission on
Human Rights Hungary
Pf. 182
1461 Budapest, Hungary
Phone: 36 1 342 6355
Fax: 36 1 344 4724
E-mail: info@cchr.hu

CCHR Israel
Citizens Commission
on Human Rights Israel
P.O. Box 37020
61369 Tel Aviv, Israel
Phone: 972 3 5660699
Fax: 972 3 5663750
E-mail: cchr_isr@netvision.net.il

CCHR Italy
Citizens Commission
on Human Rights Italy
(Comitato dei Cittadini per i
Diritti Umani ONLUS—CCDU)
Viale Monza 1
20125 Milano, Italy
E-mail: info@ccdu.org

CCHR Japan
Citizens Commission on
Human Rights Japan
2-11-7-7F Kitaotsuka
Toshima-ku Tokyo
170-0004, Japan
Phone/Fax: 81 3 3576 1741
E-mail:
cchrjapan@bpost.plala.or.jp

CCHR Latvia
Citizens Commission on
Human Rights Latvia
Dzelzavas 80-48
Riga, Latvia 1082
Phone: 371-758-3940
E-mail: cchr-latvia@inbox.lv

CCHR Mexico
Citizens Commission
on Human Rights Mexico
(Comisión de Ciudadanos por
los Derechos Humanos—CCDH)
Cordobanes 47, San Jose
Insurgents
México 03900 D.F.
Phone: 55-8596-5030
E-mail:
protegelasaludmental@yahoo.com

CCHR Nepal
Citizens Commission
on Human Rights Nepal
P.O. Box 1679
Kathmandu, Nepal
Phone: 977-1-448-6053
E-mail: nepalchr@hotmail.com

CCHR New Zealand
Citizens Commission on
Human Rights New Zealand
P.O. Box 5257
Wellesley Street
Auckland 1141, New Zealand
Phone/Fax: 649 580 0060
E-mail: cchr@extra.co.nz

CCHR Norway
Citizens Commission on
Human Rights Norway
(Medborgernes
menneskerettighets-kommisjon,
MMK)
Postboks 308
4803 Arendal, Norway
Phone: 47 40468626
E-mail: mmknorge@online.no

CCHR Russia
Citizens Commission on
Human Rights Russia
Borisa Galushkina #19A
129301, Moscow
Russia CIS
Phone: (495) 540-1599
E-mail: cchr@g-telecom.ru

CCHR South Africa
Citizens Commission on
Human Rights South Africa
P.O. Box 710
Johannesburg 2000
Republic of South Africa
Phone: 011 27 11 624 3538
E-mail: suzette@cchr.co.za

CCHR Spain
Citizens Commission on
Human Rights Spain
(Comisión de Ciudadanos por los
Derechos Humanos—CCDH)
c/Maestro Arbos No 5-4
Oficina 29
28045 Madrid, Spain
Phone: 34-91-527-35-08
E-mail:
administration@ccdhes

CCHR Sweden
Citizens Commission on
Human Rights Sweden
(Kommittén för Mänskliga
Rättigheter—KMR)
Box 2
124 21 Stockholm, Sweden
Phone/Fax: 46 8 83 8518
E-mail: info.kmr@telia.com

CCHR Switzerland
Citizens Commission
on Human Rights Lausanne
(Commission des Citoyens pour
les droits de l'Homme—CCDH)
Case postale 5773
1002 Lausanne, Switzerland
Phone: 41 21 646 6226
E-mail: cchrlau@dplanet.ch

CCHR Taiwan
Citizens Commission on
Human Rights Taiwan
Taichung P.O. Box 36-127
Taiwan, R.O.C.
Phone: 42-471-2072
E-mail: tao5lanna@yahoo.com.tw

CCHR United Kingdom
Citizens Commission on
Human Rights United Kingdom
P.O. Box 188
East Grinstead, West Sussex
RH19 4RB, United Kingdom
Phone: 44 1342 31 3926
Fax: 44 1342 32 5559
E-mail: info@cchr.org.uk

REFERENCES

References

1. Statement on file at CCHR International, 2004.
2. Deposition of Dr. John Friedberg, M.D., 24 Mar. 2004.
3. Peter Page, "Jury Slams Cleveland Clinic, A Single Evaluation?," *National Law Journal*, 24 June 2002.
4. Roger Mezger, "Clinic Found Negligent Couple Get \$7.5 Million," *Plain Dealer*, 13 June 2002; Benedict Carey, "New Surgery to Control Behavior," *Los Angeles Times*, 4 Aug. 2003; Peter Page, "Jury Slams Cleveland Clinic," *National Law Journal*, 24 June 2004.
5. Ugo Cerletti, "Old and New Information About Electroshock," *American Journal of Psychiatry*, 1950.
6. *Ibid.*
7. Leonard Roy Frank, *The History of Shock Treatment* (Leonard Roy Frank, San Francisco, California, 1978), p. 36.
8. May 2003 ECT factsheet from the Mental Health Foundation, United Kingdom: "Electroconvulsive Therapy (ECT)."
9. *Ibid.*
10. Abraham Myerson, in discussion of Franklin G. Ebaugh, *et al.*, "Fatalities Following Electric Convulsive Therapy: A Report of 2 Cases With Autopsy Findings," *Trans American Neurological Association*, 68, June 1942, p. 39.
11. John M. Friedberg, M.D., *Epitomizing the Myth of Mental Illness, Electroshock—Epitomizing the Myth*, Address to the Szasz Symposium Liberty and/or Psychiatry 40 Years After *The Myth of Mental Illness*, Syracuse, New York, 15 Apr. 2000.
12. Piemonte Regional Council, Turin, Italy, Order of the Day, 22 May 1998.
13. "Consent for Electrotherapy," Martin Memorial Hospital, Stuart, Florida, 1992.
14. "For Patients, Treatment's Value Varies," *USA Today*, 6 Dec. 1995.
15. Dennis Cauchon, "Stunningly Quick Results Often Fade Just as Fast," *USA Today*, 6 Dec. 1995.
16. Pamela Fayerman, "After 130 Shock Treatments: They Hurt, I Don't Want It," Public Trustee's Office Investigates Riverview Case," *Vancouver Sun*, 17 Apr. 2002.
17. "Number of Patients Who Received Convulsive Treatment by Target Group (Age and Sex)," *A Report to the Legislature in Response to Chapter 1252, Statutes of 1977, 1990 Electroconvulsive Therapy (ECT) Report*, California Department of Mental Health, Nov. 1991.
18. "Electric Shock Treatment in British Hospitals," *ECT Anonymous* (United Kingdom), Apr. 1996, p. 5.
19. *Ibid.*
20. "ECT: Memories and Trust Lost," Letters from readers, *Los Angeles Times*, 1 Dec. 2003.
21. "Memory and ECT: From Polarization to Reconciliation," Editorial, *The Journal of ECT*, Vol. 16, No. 2, 2000, pp. 87–96.
22. Harold A. Sackeim, et al, "The Cognitive Effects of Electroconvulsive Therapy in Community Settings," *Neuropsychopharmacology* (2007) 32, 244-254.
23. Steve Baldwin and Yvonne Jones, "ECT: Shock, Lies and Psychiatry," *Changes*, June 1992, p. 129.
24. *Op. cit.*, Testimony of Dr. John Friedberg.
25. Testimony of Dr. Colin Ross, M.D., 10 May 2004.
26. *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging* (American Psychiatric Association, Washington, D.C., 1990), p. 157.
27. Justice John P. Slattery, "Consent and Disclosure," *Report of The Royal Commission into Deep Sleep Therapy*, Vol. 6., p. 96.
28. Deposition of Colin A. Ross, M.D., Manhattan Beach, CA, 12 April 2004.
29. John Blake, "Paralytics Cannot Be Used as the Sole Agent for the Chemical Capture or Restraint of Animals!," 23 Apr. 2001, Internet address: <http://www.uaf.edu>.
30. *Op. cit.*, Deposition of Dr. Friedberg.
31. "ECT: Memories and Trust Lost," Letters from readers, *Los Angeles Times*, 1 Dec. 2003.
32. Michelle Brooker, "Shock Therapy Scrutinized; Petition Urges ECT Review," *The Press* (New Zealand), 22 Apr. 2003.
33. Max Daily, "Electric Shock Victims Win Historic Victory," *Big Issue* (United Kingdom), 3 Oct. 1999.
34. Anjana Ahuja, "Psychosurgery Is Being Used to Combat Severe Mental Illness, but the Results Are Mixed," *London Times*, 19 Nov. 1996.
35. United Kingdom General Medical Council report, addressed to CCHR United Kingdom, 2001; "Paedo Ring Boss Jailed By Gardai," *The Mirror*, 23 Aug. 2000.
36. "Cutting Out Addiction," *The Observer*, World Press Review, June 1999.
37. Eugenia Rubtsova, "They Drilled My Head Without Any Anesthetic," *Novie Izvestia*, 19 June 2002.
38. Walter Freeman, and James W. Watts, *Psychosurgery* (Charles C. Thomas, publisher, Illinois 1942), p. xvi.
39. Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, New York, 2002), p. 253.
40. Benedict Carey, "New Surgery to Control Behavior," *Los Angeles Times*, 4 Aug. 2003.
41. *Ibid.*, Benedict Carey; Montgomery, Jr., Erwin, "Deep Brain Stimulation—A Sophisticated Therapy for Parkinson's Disease," *WebMD* website, Internet address: http://my.webmd.com/content/Article/2/1700_51708.htm, 2002.
42. Samuel K. Moore, "Electronic Antidepressant Up for Review," *Spectrum Online*, 9 June 2004, Internet address: <http://www.spectrum.ieee.org>, accessed: 23 June 2004; Mark S. George, "Stimulating the Brain," *Scientific American*, Sept. 2003.
43. *Ibid.*
44. *Ibid.*
45. Richard C. W. Hall, M.D. and Michael K. Popkin, M.D., "Psychological Symptoms of Physical Origin," *Female Patient*, Vol. 2, No. 10, Oct. 1977.
46. Sydney Walker, *A Dose of Sanity*, (John Wiley & Sons, Inc., NY 1996), P. 14.
47. Lorrin M. Koran, *Medical Evaluation Field Manual*, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991, p. 4.

Citizens Commission on Human Rights

RAISING PUBLIC AWARENESS

Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are

becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these includes:

THE REAL CRISIS—*In Mental Health Today*
Report and recommendations on the lack of science and results within the mental health industry

MASSIVE FRAUD—*Psychiatry's Corrupt Industry*
Report and recommendations on a criminal mental health monopoly

PSYCHIATRIC MALPRACTICE—*The Subversion of Medicine*
Report and recommendations on psychiatry's destructive impact on health care

INVENTING DISORDERS—*For Drug Profits*
Report and recommendations on the unscientific fraud perpetrated by psychiatry

SCHIZOPHRENIA—*Psychiatry's For Profit 'Disease'*
Report and recommendations on psychiatric lies and false diagnoses

BRUTAL THERAPIES—*Harmful Psychiatric 'Treatments'*
Report and recommendations on the destructive practices of electroshock and psychosurgery

PSYCHIATRIC RAPE—*Assaulting Women and Children*
Report and recommendations on widespread sex crimes against patients within the mental health system

DEADLY RESTRAINTS—*Psychiatry's 'Therapeutic' Assault*
Report and recommendations on the violent and dangerous use of restraints in mental health facilities

PSYCHIATRY—*Hooking Your World on Drugs*
Report and recommendations on psychiatry creating today's drug crisis

REHAB FRAUD—*Psychiatry's Drug Scam*
Report and recommendations on methadone and other disastrous psychiatric drug 'rehabilitation' programs

CHILD DRUGGING—*Psychiatry Destroying Lives*
Report and recommendations on fraudulent psychiatric diagnoses and the enforced drugging of youth

HARMING YOUTH—*Screening and Drugs Ruin Young Minds*
Report and recommendations on harmful mental health assessments, evaluations and programs within our schools

COMMUNITY RUIN—*Psychiatry's Coercive 'Care'*
Report and recommendations on the failure of community mental health and other coercive psychiatric programs

HARMING ARTISTS—*Psychiatry Ruins Creativity*
Report and recommendations on psychiatry assaulting the arts

UNHOLY ASSAULT—*Psychiatry versus Religion*
Report and recommendations on psychiatry's subversion of religious belief and practice

ERODING JUSTICE—*Psychiatry's Corruption of Law*
Report and recommendations on psychiatry subverting the courts and corrective services

ELDERLY ABUSE—*Cruel Mental Health Programs*
Report and recommendations on psychiatry abusing seniors

BEHIND TERRORISM—*Psychiatry Manipulating Minds*
Report and recommendations on the role of psychiatry in international terrorism

CREATING RACISM—*Psychiatry's Betrayal*
Report and recommendations on psychiatry causing racial conflict and genocide

CITIZENS COMMISSION ON HUMAN RIGHTS
The International Mental Health Watchdog

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.



Published as a public service by the
Citizens Commission on Human Rights

CCHR in the United States is a non-profit, tax-exempt 501(c)(3) public benefit corporation recognized by the Internal Revenue Service.

PHOTO CREDITS: Page 10: AP Wide World Photos; page 19: Shooting Star; page 19: AP Wide World Photos; page 19: Shooting Star; page 20: Jose Luis Pelaez/Corbis.

With electroshock treatment, “there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn’t go down. [I]f those are the facts from a very well-designed, big study, then you’d have to conclude we shouldn’t do ECT. . . . I don’t see why we would want to keep doing it. It doesn’t make sense to me.”

*—Dr. Colin Ross
Texas psychiatrist and author*

Get the complete series.

Order on-line at:

www.cchr.org

Citizens Commission on Human Rights International
6616 Sunset Blvd., Los Angeles, CA, USA 90028
Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720
www.cchr.org • e-mail: humanrights@cchr.org