



## **WOMEN AGAINST ELECTRIC SHOCK TREATMENT**

We are strongly opposed to the use of electric shock treatment, especially as it is used against women. It is used to control us, to make us forget the reasons for our anger, to silence our rebellion. Electric shock treatments are a part of the mental health system that makes women feel "crazy" when we become dissatisfied with our roles as defined by society.

We are a group of four women. Two of us have been inmates in mental hospitals and received electric shock treatment (EST). Two of us have worked in hospitals where shock is used daily as a major form of treatment. We feel a lot of pain over the way women are brutalized in this society. We know a great deal about this particular form of brutalization and want to share our knowledge.

We recently appeared on KQED-TV to speak out against the use of EST. As a result, one of the women on our panel was fired from her hospital job. We are furious. Yet we also feel good, for it's clear from how threatened the hospitals and psychiatrists were by our speaking out how much potential power there is in our anger. We intend to continue to expose how we feel and what we've seen.

This pamphlet supplements the transcript of the TV program. Our thanks to the Women's Press Collective, Mama's Press, and the Haight Women's Clinic whose encouragement, support, and labor have made this possible. We urge you to write to us, Women Against Electric Shock Treatment, 5251 Broadway, Oakland, Calif. 94618.

**ROBYN:** The following was written by Sylvia Plath, a woman who was confined in a mental hospital, received electric shock treatments, and later killed herself.

**JUDY:** (reading from *The Bell Jar* by Sylvia Plath) Dr. Gordon was fitting two metal plates on either side of my head. He buckled them into place with a strap that dented my forehead and gave me a wire to bite. There was a brief silence like an indrawn breath. Then something bent down and took hold of me and shook me like the end of the world. Wheee it shrilled through the air crackling with blue light and with each flash a great jolt struck me til I thought my bones would break and the sap fly out of me like a split plant. I wondered what terrible thing it was that I had done.

**ALMA:** In recent months there has been a resurgence in the use of electric shock treatment. While there are no exact statistics available, we know that shock treatment is used primarily as a method of control, especially over women. From witnessing and experiencing its effects, we know it is of no therapeutic value. So we ask: Why is electric shock treatment still being used?

**JANE:** That's a very political question. We are basically talking about having power and control over people. Electric shock treatment is used to control behavior. Because EST destroys memory, creates confusion, temporarily alleviates depression, and is accompanied by a great deal of positive feedback from psychiatrists, people often become dependent on the treatment, and of course, their psychiatrists. I strongly oppose any kind of treatment that encourages dependence and takes away the sense of power and control over one's own life.

I disagree with the doctors' assumption that women's depression is not valid, that something has gone quite wrong inside of the person—an unhealthy and unnatural response which must be adjusted or eliminated. I feel women's depression in this society IS valid, and is caused by external, political conditions. Women are the predominant victims of shock treatment. Because of the different standards for women and men in this society, EST is considered a success when a woman can function in the service of her family again even though much of her potential productivity and creativity has been shocked out of her. Any awareness she may have had concerning herself is destroyed—because EST destroys memory. And it is usually permanent!

**ALMA:** I think doctors are unaware and uncaring about the side effects of shock treatment, such as memory loss. If you lose your memory, you can't get at the causes of why you are upset or depressed. In addition, shock treatment has been known to cause heart attacks, brain damage, and epileptic seizures.

But more fundamentally, it is tremendously degrading. Think of it. Being tied down to a table, knocked out, having shock sent through your body, and then awakening feeling confused and not knowing why you are in this strange institution.

I was forced to have shock treatment. I think that most people who have shock treatment are badgered into signing consent. After I was in the hospital a few days on heavy drugs, the hospital doctors and nurses began to talk to me about shock. It seemed to me they gave it indiscriminately to everyone who was in the hospital. The doctors kept insisting I was depressed. Sure, I was. I was imprisoned against my will in an ugly mental hospital—a very depressing experience. I was so drugged I could hardly talk or walk, let alone be cheerful.



They kept pressuring me to sign consent for EST. For two months I refused. So the hospital summoned my relatives and coached them to tell me how good shock treatment would be for me. What an insult! When that didn't work, they began threatening me. They said, "You'll never be allowed to leave the hospital unless you have shock treatment."

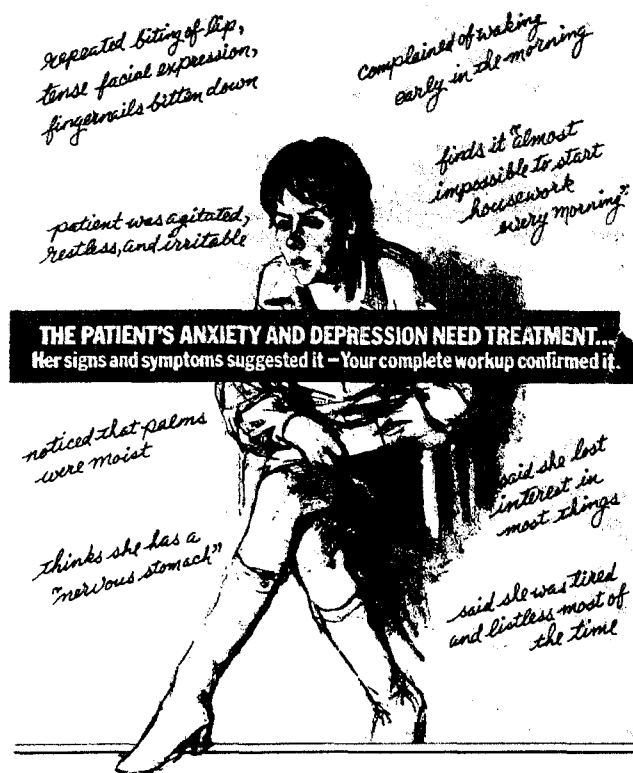
I wanted desperately to be released. So, I signed the form. I remember very clearly the day I signed the consent. I cried all day. During the time when the psychiatrist was trying to be persuasive he kept referring to another patient as an example. He said, "Mrs. Carter came into the hospital last week. She had shock treatment and was sent home immediately. You could be home already if you weren't so stubborn." The irony was that before I left the hospital, less than a month later, Mrs. Carter was back, having more shock treatments.

ROBYN: During the year and a half I have been a psychiatric technician in a private hospital in San Francisco, I've seen many women like Mrs. Carter come back for more shock treatments. Some have been back four or five times—in just a year and a half.

One thing I've learned is that EST is a big business. The doctor gets \$50 and the hospital gets \$25 for each treatment. The doctor can do three treatments in fifteen minutes. That's \$600 an hour.

The financial aspect of shock treatment is very significant. It's one more example of how our medical care is determined by what makes people rich rather than what makes people better. Shock treatment is an easy way for the doctors and the hospitals to make a whole lot of money. Most doctors don't even pretend to do any other kind of therapy with their patients. Because shock treatments make women forget their problems rather than help solve them, most women are forced to come back for more treatments as soon as their memory returns. They feel they have no alternative. The doctors convince them that shock is the only thing that will even help temporarily lift their depression. This keeps the patients dependent, and the hospital and doctors wealthy.

Most women who are given shock treatment come into the hospital with a feeling of having been betrayed. We are brought up to think we'll be happy being wives and mothers. When women realize how unfulfilling this can be—whether or not they have families of their own—they often become angry or depressed, and are sent to mental hospitals. Many doctors give these women shock treatments, hoping to numb them into acceptance of a more passive role.



JUDY: What you are saying, Robyn, relates to what happened to me. Five years ago, I was twenty-five. I had been married for seven years, and a mother for one. I got terribly depressed and upset. People told me I was having a nervous breakdown. I asked for help from my family and doctor. What I got was shock treatments.

Looking back, I realize that my depression came out of a struggle with myself. I was miserably dissatisfied with my life; yet everyone told me I had no right to be unhappy, because I had "everything a woman could possibly want." My husband worked 50 or 60 hours a week, while I sat at home watching TV and getting fat. I had no friends, no social life, no hobbies—largely because I was living my life through my husband. In many superficial ways, he was a "good husband." My life was the way I had grown up thinking it ought to be. But, since I was so isolated and I got no emotional support, it reinforced my feeling that there was something wrong with me.

ROBYN: What you're saying, Judy, is true for most women who are patients in mental hospitals. Most women become patients because they're dissatisfied with their role in society; yet they are given no support for this dissatisfaction. For example, I feel many women would choose to be lesbians if this were seen as acceptable. I'm a lesbian, but I've been forbidden to talk to patients about this. It makes me extremely angry, not only because it was very important for me to talk to other lesbians when I was coming out, but by demanding that I hide being a lesbian they're trying to make me feel "crazy" too. By trying to prevent me from giving support to other women, they want to increase our isolation. How threatened they feel proves how much power there is in women once we start acting on our feelings rather than others' beliefs.

It's part of the whole set-up in the hospital, which in turn reflects our society. Patients, especially women, are treated the way people treat naughty children. Women are made to feel humiliated and "crazy" because we're discontent about the way things are, politically and socially. The goal is to fit people into a mold. The staff is supposed to separate their feelings and ideas from those of the patients', to set an example of passive conformity to society. This is considered "sane."

The staff is discouraged from giving the patients any support for their anger, from talking about our lives, and how similar our feelings are to those of the patients. I feel much closer to the patients than to most of the staff. Yet anytime I'm open about my life or give people support for their anger, I'm threatened with being fired.

*in depression*



*first gets the patient moving.*



*then gets her mood improved.*

JUDY: I remember how much distance there was between most of the staff and the patients. I've often thought that if I had had one woman to talk with at that time in my life who would have validated my experience, it would have made all the difference. In the hospital, most of the women were menopausal or had just had a baby. The best part of my hospital stay was when we all sat around and talked about our problems. I'd tell you more about the hospital, but I just can't remember.

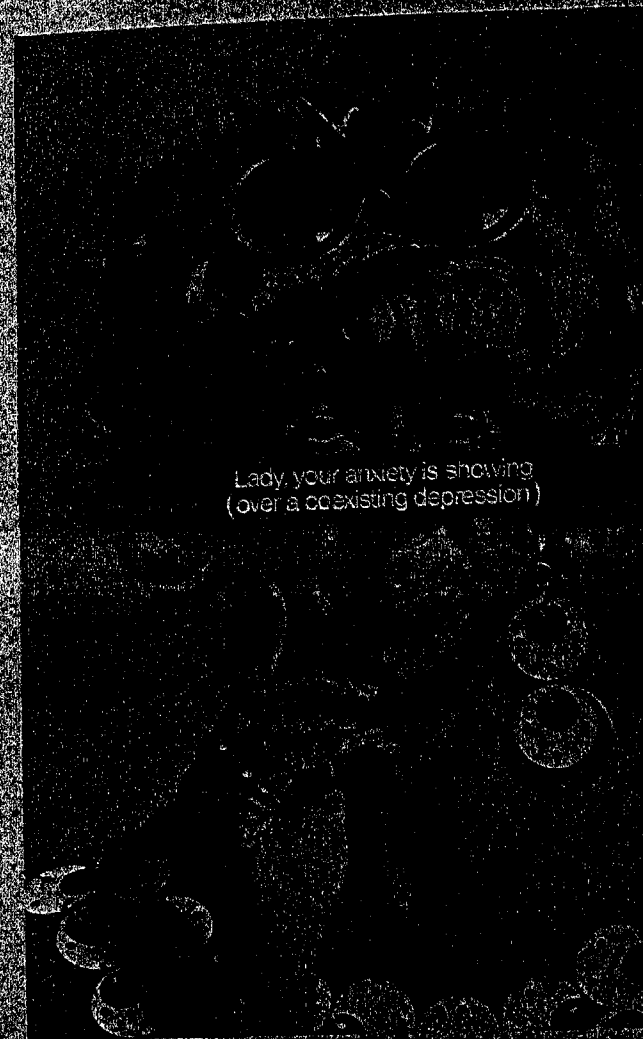
JANE: Judy, I was a patient in a mental hospital also. Now I'm a psychiatric nurse, and I feel the fact that I was a patient is one of the many things I can't talk about without risking my job. My feelings about EST is another thing I'm not free to express. Recently, my supervisor told me that the Director of our unit had asked her to find out who on the staff did not agree with the use of EST. He said those of us who didn't agree with the use of shock treatment should be fired immediately. Shortly thereafter my position was eliminated and I was forced to leave.

As to signing consents, I have seen patients "assisted" in signing the forms by having their hand held by a staff person. I have seen patients threatened with long term confinement if they don't submit—family members and friends are used to bring pressure.

I have never seen anyone told of the associated risks of receiving EST; i.e. that a general anesthetic will be used. A drug is given which paralyzes the respiratory system for up to four minutes so that the patient is unable to breath by herself. Trained assistants are required to get the patients to breath again.

Patients sometimes inquire about their memory loss. It is always described by the doctors as "minimal" and "temporary." That is simply not true. Significantly, memory of recent events is almost always affected—a built-in protection for psychiatrists who treat patients against their wishes. What frequently happens is that after two or three treatments the patient will try to refuse to have any more. Her refusal is totally disregarded. I have seen patients literally dragged into treatment rooms. The patients will be treated against her will, and will wake up not remembering she has refused consent.

ALMA: All in all, we feel that shock treatment is a barbaric tool which must be stopped. We wish to urge all people who have been subjected to this form of treatment to speak out against it. We wish to encourage others wherever and whenever possible not to use or receive shock treatments. **STOP SHOCK TREATMENT!**



On the right side of the page, there is a vertical column of text that is mostly illegible due to the dark, grainy quality of the image. It appears to be a list or a series of statements, possibly related to the testimonies on the left.