

# Summary of the Interaction between John Breeding, Ph.D., and Andrew Weil, M.D. about Electroshock

January 11, 2008

- I. Dr. Weil published the following on his website (July 9, 2004); it was still posted as of January 11, 2009  
<http://www.drweil.com/drw/u/id/QAA326655>

Question: Shock Treatment for Mild Depression?

What is your opinion of using electroconvulsive therapy for treating mild depression (meaning not suicidal and without weight loss) in a patient who cannot tolerate the side effects of antidepressant drugs?

Answer:

Electroconvulsive therapy (ECT), popularly known as shock treatment, is absolutely not indicated for mild depression. It is a drastic treatment with significant side effects that should be reserved for a subset of people with severe depression. If severe depression doesn't respond to antidepressant medications or psychotherapy and is characterized by suicidal or homicidal thoughts, intractable insomnia, or significant loss of weight, ECT may be indicated. It can also be used for severe mania that doesn't respond to medication. Common side-effects of ECT include temporary short-term memory loss, nausea, muscle aches and headaches. Some people develop longer-lasting memory problems.

The seizures that ECT triggers are believed to help the severely depressed by releasing neurotransmitters that improve the function of brain cells and, in turn, enhance mood.

- II. Dr. Breeding's letter (February 1, 2007) to Dr. Weil commenting on his response to the query "Shock Treatment for Mild Depression?" is posted at  
<http://www.endofshock.com/Weilletter2-1-07.pdf>

Andrew Weil, M.D. 2-1-07

Dear Dr.Weil,

I have been a practicing psychologist for 25 years and am a member of the Coalition for the Abolition of Electroshock in Texas ([www.endofshock.com](http://www.endofshock.com)). We are a local and international

coalition of citizens who are deeply concerned about the grievous harm done to individuals by the administration of psychiatric electroshock, also known as electroconvulsive therapy, or ECT. We are committed to the abolition of this destructive procedure.

I recently read with interest your July 9, 2004 response to a query about the advisability of electroshock as a treatment for mild depression (<http://www.drweil.com/drw/u/id/QAA326655>). Your answer that shock is “absolutely not indicated” is a good one, and you provide a few valuable alternatives. Thanks for that.

I am troubled, however, by your assertion that electroshock may be indicated for “severe depression” and “severe mania”. I think your advice here is mistaken and very dangerous for several reasons. First, you seem to accept the routine use of antidepressant drugs and don’t mention that they are also very dangerous and that the research generally does not show that they are any more effective than placebo. Even the infamous “chemical imbalance” theory said to justify these drugs has never been proven and does not hold up in the light of scientific research. I cite here just two recent articles that address these facts. I choose them because they are published in a free, peer reviewed journal that anyone can easily access without cost on the Internet. Here are the two articles and their respective links:

Lacasse, J.R. & Leo, J. “Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature.” (<http://medicine.plosjournals.org/perlserv/?request=getdocument&doi=10.1371/journal.pmed.0020392>)

Moncrieff, J. & Cohen, D. “Do Antidepressants Cure or Create Abnormal Brain States?” (<http://medicine.plosjournals.org/perlserv/?request=getdocument&doi=10.1371/journal.pmed.0030240>.)

So-called clinical depression is often caused or exacerbated by the antidepressants and other drugs that are used as “treatments.” See, for example, [www.drugawareness.org](http://www.drugawareness.org), for supporting evidence and the Food and Drug Administration hearings held during the last two years on antidepressant-induced suicide—information that had been deliberately suppressed by both the drug companies and the FDA.

These are crucial issues and without addressing them, you inadvertently support the ongoing tragic phenomena of misinformation in the field of psychiatry and the overall perversion of the crucial medical ethics principle of informed consent. This is true for psychiatric-drug use generally as well as for electroshock. See my chapter on electroshock for a discussion of informed consent in the practice of electroshock (<http://www.endofshock.com/breeding.htm>). You mention the following concerns with electroshock: “Common side-effects of ECT include temporary short-term memory loss, nausea, muscle aches and headaches. Some people develop longer-lasting memory problems.” It is good you mention these effects, but electroshock psychiatrists also inform ECT candidates about these relatively minor problems while failing to explain the more serious risks of the procedure.

These risks include the following:

- Death - As Leonard Roy Frank shows in his article on “Electroshock and Death,” estimates of ECT death rates range from 1 in 10,000 to as low as 1 in 4 among the very elderly (<http://www.endofshock.com/101i%20brochure%20on%20deaths%203-29.doc>).

- Brain Damage - The average electroshock procedure as administered today typically induces a level of electricity approximately two and one-half times greater than what is needed to induce a convulsion. Systematic brain damage is unavoidable, a fact that is documented in a number of brain scan studies and other reports. Even some electroshock advocates are finally acknowledging this. In an article in the journal Neuropsychopharmacology in January 2007, longtime ECT proponent and prominent researcher Harold Sackeim of Columbia University and colleagues, acknowledged ECT causes permanent amnesia and permanent deficits in cognitive abilities, which affect individuals' ability to function. The article notes, "This study provides the first evidence in a large, prospective sample that adverse cognitive effects can persist for an extended period, and that they characterize routine treatment with ECT in community settings." (<http://www.nature.com/npp/journal/v32/n1/pdf/1301180a.pdf>).

- Memory Loss - This sine qua non of brain damage is extremely well-documented. Sackeim admits in his 2001 editorial in The Journal of ECT that "...virtually all patients experience some degree of persistent and, likely, permanent retrograde amnesia." The only question is how much.

- Cardiovascular Complications - Well-documented.

- Extra risks on all three categories above for the elderly, who are the primary target population; about half of those undergoing ECT are 60 years of age and older.

- Seizures and Epilepsy - At least two members of our own local coalition have seizure disorders as a result of electroshock.

- Negative emotional effects of electroshock include terror, shame, helplessness and hopelessness.

- See our website at [www.endofshock.com](http://www.endofshock.com) for documentation of the above information. Your mission is clearly aimed toward improving the health of our citizens. The fact is that not only does electroshock directly violate the Hippocratic oath to first do no harm, the practice has never been proven effective. There are no lasting beneficial effects of electroshock; shamelectroshock (anesthesia but no electroshock) has the same short-term outcomes as electroshock.

Let me reference Harold Sackeim one final time, from an article he wrote with several colleagues in 2001 in the Journal of the American Medical Association, titled, "Continuation Pharmacotherapy in the Prevention of Relapse Following Electroconvulsive Therapy." They state in their conclusion, "Our study indicates that without active treatment, virtually all remitted patients relapse within 6 months of stopping ECT."

Before ending this letter, I want to briefly revisit the issue of informed consent. Even though various states have laws relating to informed consent for electroshock, these laws are seriously inadequate, and almost all states allow forced electroshock. When electroshock is not technically forced, the law still does not protect citizens who often are tremendously vulnerable when they are considering electroshock. There is no requirement that ECT candidates be of clear mind, unimpeded by psychoactive drugs. Often, in fact, these patients are victims of polypharmacy, taking three or more psychoactive drugs. Perhaps even more troubling, the information given candidates is rarely complete and accurate. Consent forms, for example, do not cite brain damage as an ECT risk.

Generally, state mental health codes mandate informed consent to mental treatment and ban deprivation of rights purely on the basis of mental illness. The right to informed consent is necessarily part and parcel of the most basic constitutional guarantees. Absent informed consent, any medical treatment is equivalent to battery.

It is our view that almost no one would consent, if they were truly and fully informed of the nature of psychiatric diagnosis and the real risk/benefit tradeoffs of psychiatric treatments. Thus, the main reason for the widespread use of electroshock (more than 100,000 people every year in the U.S. alone) is that candidates for ECT are being denied their right to informed consent. They've been misinformed, defrauded or coerced.

In conclusion, electroshock is damaging and ineffective. It is not only a breach of medical ethics, it is also a human-rights violation. You are an influential voice, and my request is that you publicly withdraw your advice that electroshock is a valid psychiatric procedure.

In all sincerity,  
John Breeding, PhD  
For the Coalition for the Abolition of Electroshock in Texas.

III. Dr. Weil posted this essay on his website (August 23, 2007) at <http://www.drweil.com/drw/u/id/QAA400268>

Question: Abolish Electroshock Therapy?

I've been reading about electroshock therapy because it's been recommended for a severely depressed friend. I'm horrified by the side effects. This seems to be a barbaric treatment. What are your views?

Answer:

Electroconvulsive therapy (ECT), popularly known as shock therapy, is sometimes used to treat severe depression, schizophrenia and other mental illnesses that haven't responded to drugs or psychotherapy. It involves the passage of a weak electrical current through the brain, producing a seizure that typically lasts 30 to 60 seconds. A series of six to 12 treatments is the usual recommendation.

No one knows how or why ECT works. It reportedly helps up to 80 percent of severely depressed patients, but opponents of treatment maintain that the relapse rate is high and that there is no proof that ECT remains effective for more than four weeks. A study by Harold A. Sackeim, Ph.D., of the New York State Psychiatric Institute, published in the March 14, 2001, issue of the Journal of the American Medical Association, found that without drug treatment afterward, all of the ECT patients participating relapsed within six months and that even with the most effective drug treatment the relapse rate was high.

Still, ECT has its adherents, including patients who credit it with short-circuiting their depression and restoring them to normal functioning. In that group are pianist Vladimir Horowitz, television personality Dick Cavett, Yale University professor of surgery and noted author Sherwin P. Nuland, M.D., and Kitty Dukakis, wife of former Massachusetts governor and presidential candidate, Michael Dukakis.

I've read the passionate arguments of those who believe that ECT should be banned. They argue that risk of death from the procedure is much higher than the estimated one in 10,000, perhaps as high as one in four among the very elderly. Side effects are also a significant concern. Some degree of memory loss affects virtually all patients and can be long-lasting, even permanent. When Dr. Sackeim and his team looked at several hundred patients with major depression who had been treated with ECT, they found cognitive deficits caused by the procedure that remained six months after treatment. These were worse among the elderly, women and those with lower IQs prior to treatment. The study was published in the January 1, 2007 issue of *Neuropsychopharmacology*. Other side effects, which usually occur in the immediate aftermath of treatment, include headache, muscle ache, nausea and confusion.

Clearly, this is a troubling issue, fraught with questions for which there are no good answers. Treatment that poses risks to memory, cognitive abilities and life itself should be considered worthwhile only if proved to be effective and long-lasting. ECT doesn't appear to meet that criterion. But for the severely depressed, suicidal, and those affected with other disabling and tormenting mental disorders, the relief it can provide may make it worth the risk and the probability of relapse. This is a tough call. Considering ECT is not unlike contemplating a difficult surgery that has both risks and benefits. I believe ECT should be looked at as an option when other treatment modalities have failed. Severe depression is a life-threatening illness; the risks of ECT may be acceptable in some cases when nothing else works to turn it around.

Andrew Weil, M.D.

#### IV. Dr. Breeding's comments on Dr. Weil's "Abolish Electroshock Therapy?" essay (January 11, 2009)

I'm pleased that Dr. Weil at least now reports the fact that electroshock causes brain damage and memory loss, which even shock practitioners acknowledge. Regrettably, he still minimizes the significance of this fact by using the softer language of risk to memory and cognitive ability, rather than the plainspoken reality of irreversible brain damage and permanent memory loss. I am also pleased that he acknowledges some research showing electroshock does not work and that virtually everyone who undergoes electroshock relapses. Again, however, he skirts this hard truth and writes that the decision to use ECT is a "tough call." He presents celebrity anecdotes to somehow balance the reality of brain damage and ineffectiveness.

As always in evaluating an essay, it is important to consider not only what is said, but also what the author chooses to ignore. A significant part of my original letter was to challenge the nature of the alleged "mental illness" said to be treated by electroshock and the effect of prior psychiatric drug treatments on the patient's condition. Dr. Weil ignores these crucial issues, therefore implicitly supporting the psychiatric belief that problems like sadness, melancholy, grief, anxiety and lethargy are due to "depression," which is said to be a brain disease, the result of a "chemical imbalance." They are not. As I showed in my original letter, the chemical imbalance theory is a belief

unsubstantiated by scientific medicine, and it is a shame, and I think a disgrace, that Dr. Weil does not confront that issue.

The consequences of the chemical imbalance theory of depression and the practice of administering brain-disabling psychotropic drugs that it justifies are tragic. People who are electroshocked have almost always been deeply hurt by polypharmic drug use, and are usually on a few or more psychotropic drugs before being electroshocked. Dr. Weil's failure to address this issue raises serious questions about his professional judgment.

The fact is that at least six million people in the U.S. have been electroshocked since the procedure was introduced here in 1940; more than 100,000 Americans are still undergoing the procedure each year. The extent of the damage ECT causes individuals, together with the number of people it has harmed, and continues to harm, surely makes the use of electroshock one of America's worst crimes. What does Dr. Weil have to say about this? Nothing! We are responsible not only for our words but also for our silences.

As a key spokesperson for the alternative medicine community, it is unfortunate that Dr. Weil refuses to take a strong stand against brain damage and disablement in the name of medicine.

John Breeding, PhD