

# CITIZENS COMMISSION ON HUMAN RIGHTS

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. Its co-founder is Dr. Thomas Szasz, professor of psychiatry emeritus and an internationally renowned author. Today, CCHR has more than 130 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

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.

## 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](http://www.cchr.org)  
e-mail: [humanrights@cchr.org](mailto:humanrights@cchr.org)



## THE BRUTAL REALITY HARMFUL PSYCHIATRIC 'TREATMENTS'



A Public Service Report from  
Citizens Commission on Human Rights



“Rather than being cherished and respected, too often our senior citizens suffer the indignity of having their minds heartlessly nullified by psychiatric treatments.”

— Jan Eastgate



## RECOMMENDATIONS

- 1 ECT and psychosurgery should be labeled what they are—torture—and they should be banned.
- 2 Until such a ban, criminal laws should specifically provide penalties for psychiatrists and staff who administer ECT and psychosurgery to any non-consenting patient or if the “informed consent” procedure was in any way shortened or falsified.
- 3 Psychiatrists administering ECT and psychosurgery should be held fully accountable, civilly and criminally, for their effects on the recipient and be criminally prosecuted for any damage arising from their “treatment.”

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



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- 1 Deposition of Dr. John Friedberg, M.D., 24 Mar. 2004.
- 2 Peter Page, “Jury Slams Cleveland Clinic, A Single Evaluation?,” *National Law Journal*, 24 June 2002.
- 3 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.
- 4 Ugo Cerletti, “Old and New Information About Electroshock,” *American Journal of Psychiatry*, 1950.
- 5 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.
- 6 “Memory and ECT: From Polarization to Reconciliation,” Editorial, *The Journal of ECT*, Vol. 16, No. 2, 2000, pp. 87–96.
- 7 *Op. cit.*, Dr. John Friedberg.
- 8 Testimony of Dr. Colin Ross, M. D., 10 May 2004.
- 9 *The Practice of Electroconvulsive Therapy*.

- Recommendations for Treatment, Training, and Privileging* (American Psychiatric Association, Washington D.C., 1990), p. 157.
- 10 “Cutting Out Addiction,” *The Observer*, World Press Review, June 1999.
  - 11 Benedict Carey, “New Surgery to Control Behavior,” *Los Angeles Times*, 4 Aug. 2003.
  - 12 *Ibid.*; Erwin Montgomery Jr., “Deep Brain Stimulation – A Sophisticated Therapy for Parkinson’s Disease,” WebMD website, address: [http://my.webmd.com/content/Article/2/1700\\_5170\\_8.htm](http://my.webmd.com/content/Article/2/1700_5170_8.htm), 2002.
  - 13 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.
  - 14 *Ibid.*
  - 15 *Ibid.*

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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.



## RESTORING RIGHTS

CCHR has successfully campaigned for legislative protections against brutal psychiatric “treatment”:

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

■ 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 government.

■ 1999: The Piemonte 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.

■ 1999: A Scottish family won an \$82,600 (£66,414) settlement from the Greater Glasgow Health Board over the death of 30-year-old Joseph Doherty, who committed suicide while undergoing ECT. Doherty’s medical records show that before being electro-shocked, he had repeatedly refused to consent to ECT.

■ 2003: The U.S. Medicare health insurance program stopped coverage of “multiple seizure” ECT, after an investigation revealed that the practice is unworkable and places patients at severe risk.

## 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.

Anyone who has seen and been sickened by a recording of an actual ECT or psychosurgery procedure knows too well they have all the marks of physical torture that belongs in the armory of a KGB interrogator, rather than in the inventory of a “medical practitioner.” However, very few people have seen such recordings—especially those who legislate their mandatory application—fewer have witnessed them first hand. The “treatment” involves up to 460 volts of electricity sent searing through the brain, creating a grand mal seizure and brain damage.

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 horrible, 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.

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. There are many scientists critical of the procedure.

In 2004, Dr. John Friedberg, a neurologist who has 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."<sup>1</sup>

Mary Lou Zimmerman understands about losing her ambition and her vitality, but as a victim of psychosurgery, not ECT. In 2002, a jury ordered the Cleveland Clinic in Ohio to pay \$7.5 million (€6 million) to the 62-year-old over a 1998 psychosurgery operation. Mrs. Zimmerman had sought treatment for compulsive hand washing. The clinic's website claimed a 70% success rate. She was told the remaining 30% of patients were unchanged but unharmed.<sup>2</sup> 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. As a result, 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."<sup>3</sup>

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 frontal 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.

Jan Eastgate  
President,  
Citizens Commission  
on Human Rights International

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."

In 1967 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."

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."

The educational institutions responsible for training psychiatrists should also 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 be upheld 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."

The first and most obvious solution to psychiatric abuses is to eliminate funding for psychiatric practices that perpetrate those abuses.

## CHAPTER THREE DO NO HARM



**P**hysically 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 psychiatric abuses 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 removed, 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

## CHAPTER ONE DEADLY ELECTRICAL ASSAULT



**F**ew are aware that a Rome slaughterhouse inspired the so-called scientific procedure of 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 to electric shocks to the head, after he visited a slaughterhouse to observe butchers incapacitating pigs with electric shocks to render them more docile prior to slitting their throats. Inspired, he conducted further

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!"



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

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 fortuitous and fortunate circumstance of pigs’ pseudo-electrical butchery, ECT would not yet have been born.”<sup>4</sup>

German psychiatrist Lothar B. Kalinowsky, who witnessed this 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.

Ask a psychiatrist today 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):

“Is a destructive process that somehow makes for improvement.”

“Yields a beneficial vegetative effect.”

“Yields the unconscious experience of dying and resurrection.”

“[B]rings the personality ‘down to a lower level’ and so facilitates adjustment.”

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

Imagine that same scenario with a heart surgeon claiming that he doesn’t know how the heart works, that there are dozens of theories—but no scientific fact—about why a coronary bypass operation should be performed.

ing 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.<sup>11</sup> Psychiatrists are using it experimentally on the “mentally” ill, charging around \$50,000 per patient.<sup>12</sup>

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 (gray matter) of the brain and induces an electrical current.<sup>13</sup> Repetitive TMS can cause seizures or epileptic convulsions in healthy subjects.<sup>14</sup>

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.<sup>15</sup>

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 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.

In the late 1990s, scores of Russian teenage drug addicts received brain surgery in a barbaric and failed effort to handle their addictions.



By the late 1940s, the crippling and lethal effects of psychosurgery were a matter of public record and smashed its false image as a miracle cure. Alarm bells rang due to the following signs of harm:

- A death and suicide mortality rate of up to 20%
- Infections leading to cerebral abscesses
- Meningitis (serious infectious disease in the brain)
- Osteomyelitis (infectious inflammatory disease of the bone) of the skull
- Epileptic seizures in more than 50% of recipients

Despite the lethal and damaging effects of the operation, psychiatrists continue to advocate its use. At the St. Petersburg Institute of the Human Brain in Russia, Dr. Sviatoslav Medvedev supervised over 100 psychosurgery procedures between 1997 and 1999, 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.<sup>10</sup>

Alexander Lusikian, who successfully sued the Institute in 2002, disagrees: “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—as if it was beaten with a baseball bat. And when the pain passed a little, I felt the desire to take drugs.” Within two months, Alexander reverted to drugs.

### BRAIN IMPLANTS: THE LATEST PSYCHIATRIC ‘SNAKE OIL’

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 is the cranial nerve that connects the brain to the internal organs in the body) are the new catch phrases.

Deep brain stimulation (DBS) involves thread-

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*.

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

### 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.”

In addition to the large body of scientific literature that proves otherwise, tens of thousands of shock victims would disagree with these claims. 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



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.

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.

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.<sup>5</sup>

Psychiatrist Harold A. Sackheim, a major proponent of ECT, when addressing the frequency with which patients complain of memory loss, 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."<sup>6</sup>

"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

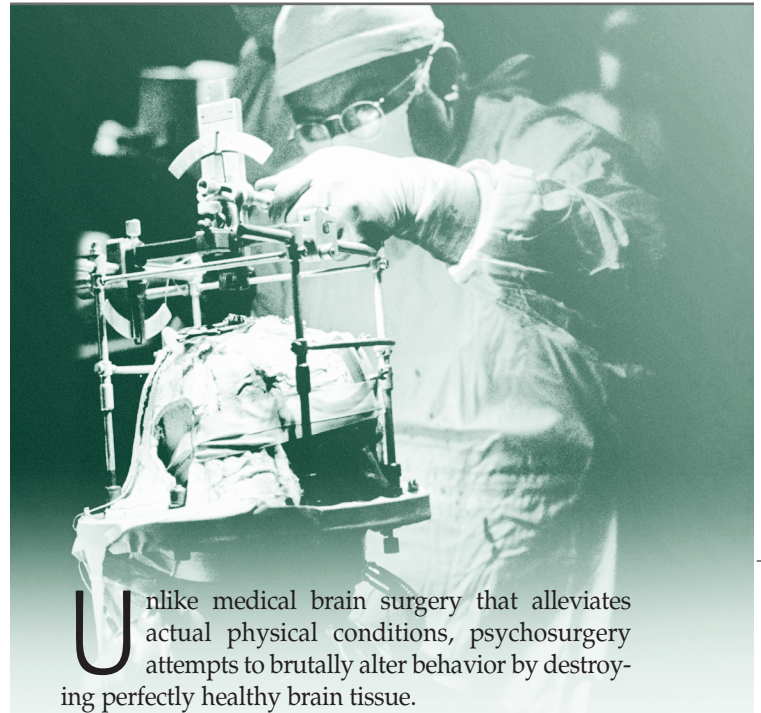
In 2004, Dr. John Friedberg testified that memory loss "happens in every single case of shock treatment." The memory loss can be "permanent and irreversible." It's "...enormously patchy and variable. That's always the case with brain injuries."<sup>7</sup>

Dr. Colin Ross 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."<sup>8</sup>

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 1 in 200.<sup>9</sup>

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.

## CHAPTER TWO HUMAN BUTCHERY STILL IN USE



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. Egas Moniz of Lisbon, Portugal, began it 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 conceded that 25% of lobotomized patients could be "considered as adjusting at the level of a domestic invalid or household pet." Moniz was awarded the Nobel Prize for his brain butchery; Freeman lost his medical license after killing a patient with lobotomy.



Egas Moniz — father  
of psychosurgery