

## Scientia Canadensis

Canadian Journal of the History of Science, Technology and Medicine  
Revue canadienne d'histoire des sciences, des techniques et de la médecine

Scientia  
Canadensis

### *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness.* By Edward Shorter and David Healy. (Toronto: University of Toronto Press, 2007. xii + 382 p., notes, index. ISBN 0-8020-9347-7 \$45)

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Volume 32, Number 1, 2009

Medical Sciences and Medical Buildings

URI: <https://id.erudit.org/iderudit/037637ar>

DOI: <https://doi.org/10.7202/037637ar>

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Publisher(s)

CSTHA/AHSTC

ISSN

0829-2507 (print)

1918-7750 (digital)

[Explore this journal](#)

Cite this review

Kroker, K. (2009). Review of [*Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness*. By Edward Shorter and David Healy. (Toronto: University of Toronto Press, 2007. xii + 382 p., notes, index. ISBN 0-8020-9347-7 \$45)]. *Scientia Canadensis*, 32(1), 85–87. <https://doi.org/10.7202/037637ar>

**Medicine / Médecine**

***Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness.* By Edward Shorter and David Healy.** (Toronto: University of Toronto Press, 2007. xii + 382 p., notes, index. ISBN 0-8020-9347-7 \$45)

No one familiar with David Healy or Edward Shorter's previous efforts will be surprised to discover that *Shock Therapy* carries some provocative freight. Electroconvulsive therapy (ECT), the authors argue, is one of the most effective available treatments for many forms of mental illness. Yet it has all but disappeared from psychiatry's therapeutic arsenal. To account for this paradox, the authors borrow from their previous books a group of perpetrators who play foil to "the unacknowledged heroes" of *Shock Therapy*'s epigraph; namely, those few psychiatrists who have steadfastly championed ECT when all around them were bent on its destruction.

The result is a fascinating, but unwieldy, chimera of scholarship and proselytization. The book relies heavily upon testimony gathered from ECT advocates, and its narrative is subsequently shaped around selected individuals championing their cause against colourless bureaucratic, political, or financial interests. But the novelty of the tale will encourage some historians to ignore how the book's quasi-hagiographic structure overlooks many conventions of contemporary scholarship in the field. Ideas trump artefacts in this story, as ECT first emerges during the 1920s out of a presumed antithesis between epilepsy and schizophrenia, not because of the medical community's fascination with all things electrical during this same period (p.270). Curing schizophrenia thus meant invoking some sort of shock, and a series of such therapies (fever therapy, insulin coma, and metrazol shock) eventually gave way to electrical shock as a treatment for a spectrum of mental illness. By the early 1950s, ECT had emerged as one of the most modern and humane treatments around. While its intellectual home had migrated from Central Europe to the U.S., it was commonly practiced throughout the western world. Even some pragmatically-minded psychoanalysts got in on the act, as they privately prescribed ECT to many of their patients even as they publicly derided (or more often, psychoanalyzed) its use.

But if ECT proved remarkably popular in institutional psychiatry, its mechanism remained shrouded in mystery. Alternative explanations based on the activity of neurotransmitters began to appear by the late 1950s, and with them came novel therapies based on the "rational drug design" of the 1960s and 1970s, with heavy institutional sponsorship by state bodies like the U.S. National Institutes of Health. Diagnosis, drug legislation and patient activism followed suit: the institutionalized won the right to reject treatment imposed on them by their doctors, while those suffering on the

outside quickly donned the mantles of “anxiety” and “depression” propagated by clinicians and the drug industry alike. The popular media, once supportive or at least neutral regarding ECT, now jumped on the antipsychiatry bandwagon and its corresponding patient-citizen-consumer base. *One Flew Over the Cuckoo’s Nest* (the 1975 film, not the 1963 book) emerges as the *bête noire* of ECT, but the extent or nature of its impact in the mid-1970s is not particularly well explained by the authors’ references to media reports from 2003 (pp. 152-53).

The 1990s brought considerable change. With evidence pointing towards the inefficacy of drug therapy in mental illness coupled with a growing recognition that talk of “neurotransmitter levels” was crudely reductionist, ECT has risen from the ashes. All that remains for its complete triumph, the authors suggest, is for the public to finally recognize (as brain scientists apparently already have) that ECT’s impoverished theoretical framework bears no relation to its clinical utility, and that its horrific image was the product of a misguided or even malicious cabal of interests.

The fact that there are very few large-scale trials of ECT that would meet current standards is cleverly avoided here by an appeal to interest (or lack thereof). After all, why would anyone conduct or finance such trials, given the near-complete lack of potential symbolic or financial benefit for the investigators or their sponsors? Hence the authors’ heavy reliance on historical ECT studies to help make their case regarding its efficacy. The book certainly makes the case that ECT was empirical from the start. I was amazed (I won’t say shocked) to discover that ECT and electroencephalography (EEG) ran virtually parallel for decades before there was any interaction between them. More problematic is the fact that the authors themselves repeatedly acknowledge the considerable diagnostic drift that transpired over the past century, which raises concerns that the schizophrenia or depression cured by ECT in the 1940s maps well onto our current categories. Equally problematic is the fact that current studies (cited favourably by the authors) frequently invoke “drug-resistant depression” as a category in which ECT seems most effective. Rather than supporting the replacement of one therapy by its superior, this sounds much more like a process of therapeutic accretion by differential diagnosis.

The treatment of patient activism in *Shock Therapy* is confusing. On the one hand, the authors acknowledge that patients should play some role in directing research. Yet whenever activists are mentioned, they typically appear in a negative light: scare quotes surround the term “survivors,” concerns about memory loss are dismissed as a neurotic complaint unrelated to ECT and fuelled by psychologists jealous of ECT’s ability to help desperate patients, and all are lumped together as “enemies” of ECT.

Corresponding enemies of informed consent are nowhere to be found, and consensus-building reports are criticized if patient advocates play a prominent role, or lauded if they do not, despite the fact that they reach similar conclusions regarding the limited but real efficacy of ECT.

The subtleties of such social dynamics—long essential to serious work in the history and sociology of medicine—are generally missing here. This is a shame, because the story Shorter and Healy have to tell is a genuinely interesting one. Worse, their one-sided presentation has led some on-line critics (anonymous and angry) to accuse them of conspiring to hide the book's supposed third author: Max Fink, a longstanding proponent of ECT, and the founder of the journal *Convulsive Therapy* (now *Journal of ECT*). To their credit, the authors acknowledge a "special debt" to Fink for providing interviews, a review of the manuscript, and for helping set up interviews with other "pioneers in the field" (p. xi). They also acknowledge the Scion Natural Science Association for support. But their failure to specify the precise nature of this organization (it has no entry in the *Encyclopedia of Associations*) or the details of their contractual relationship has opened them up to criticism. Fink's own (presumably outdated) website indicates that he is working "on a *History of Convulsive Therapy* with the Toronto (Canada) Professor of History of Medicine, Edward Shorter and the Reader in Psychopharmacology David Healy of Wales UK."<sup>1</sup> And public documents list Fink, along with Shorter and Healy, as co-recipients of a small (\$33, 900) grant from the "Scion Natural Science Association" for "a history of convulsive therapy."<sup>2</sup> Fink himself pays book royalties into the association.<sup>3</sup> This sort of confusion fuels ideological sparring at the expense of legitimate debate on an important topic. The growing number of historians receiving financial support from their subjects of interest (be they individuals, associations, or institutions) would do well to tread more cautiously. To do otherwise would be both a disservice to our profession, and a denial of the influential role of history in contemporary biomedical debate.

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1. School of Medicine, Psychiatry and Behavioral Science, "Max Fink, M.D.," [http://www.hsc.stonybrook.edu/som/psychiatry/fink\\_m.cfm](http://www.hsc.stonybrook.edu/som/psychiatry/fink_m.cfm), accessed 15 May 2008.

2. "DFCM Research Program—Research Grants and Awards 2003 to 2007," <http://dfcm.utoronto.ca/research/pdf/grants.pdf>, accessed 15 May 2008. The Department of Family and Community Medicine (University of Toronto) administered the grant.

3. See Fink's disclosure to Max Fink and Michael Alan Taylor, "Electroconvulsive Therapy: Evidence and Challenges," *Journal of the American Medical Association* 298, 3 (2007): 330-332.