

Commentary

Why electroconvulsive therapy still carries a stigma†

Joel Paris

Summary

Electroconvulsive therapy is a highly effective treatment in psychiatry but still carries a stigma. One possible explanation is that it can be seen as a threat to personal autonomy.

Keywords

Electroconvulsive therapy; depressive disorders; stigma and discrimination; history of psychiatry; antidepressants.

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The paper by Tania Gergel is an excellent literature review on the efficacy and side-effects of electroconvulsive therapy (ECT) as well as a gripping tale of personal experiences with mental illness.¹ This positive verdict on ECT has been supported for decades.^{2,3} More recent data have consistently come to the same conclusion, which clearly represents a medical consensus.⁴ This view is also shared by the vast majority of patients who have received ECT – including a psychiatrist who successfully recovered from depression after receiving the treatment.⁵ Moreover, patients who benefit from the treatment are likely to change their minds in its favour.⁶ Add to that the fact that ECT is highly cost-effective when prescribed for people with severe depression who have failed to benefit from antidepressants.⁴ Yet a survey of practitioners found that biases against ECT were among the factors restricting its availability.⁷

Why is ECT so often vilified?

How can we explain why one of the most effective treatments in all of psychiatry has been attacked so bitterly and frequently? We cannot look for an answer from the research literature, which consistently refutes the concerns of the critics. Rather, we have to frame these issues within a larger issue: the stigma of mental illness and the threat it represents to the autonomy of our minds.⁸ In this scenario, what experts recommend can be seen as a further threat to personal autonomy.⁹ Since this sense of threat can be even more intense when the problem lies in the mind, there will probably always be some degree of stigma associated with mental illness. But as more and more people seek mental health treatment, it could eventually decrease.

Stigma has to be understood in the same way as the anti-psychiatry movement⁹ and the critical psychiatry movement,¹⁰ which both reject a long-standing medical consensus about the value of medication for severe mental illness. Here, instead of focusing on the loss of autonomy related to mental disorders, psychiatric diagnosis and treatment are seen as making matters worse by offering ‘prescribed harm’.⁹ There is also opposition from some mental health professionals, who focus on the possible harm of biological treatments, but are less critical of risks associated with psychotherapies.

What can we do about it?

In the meantime, how can we combat the stigma associated with ECT? There have been reports of the use of educational videos to change the

minds of patients,¹¹ but this procedure has not been widely tested. For now, psychiatrists will bear the responsibility to educate patients who suffer from severe forms of depression, as well as their family members, about a full range of options for managing their illness.

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First received 4 Aug 2021, final revision 18 Aug 2021, accepted 25 Aug 2021

Data availability

Data availability is not applicable to this article as no new data were created or analysed in its preparation.

Author contribution

J.P. is the sole author of the article.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

None.

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Extra

Auschwitz: 1. Suicide – two doctors' accounts

Greg Wilkinson 

Viktor Frankl, a psychiatrist and psychotherapist, and Miklós Nyiszli, a general practitioner and forensic pathologist, recounted in 1946 their respective experiences and observations of earthly hell in *Man's Search For Meaning* and *Auschwitz. A Doctor's Eyewitness Account*.^{1,2}

Both shared differing interests in suicide. As a student in Vienna, Frankl organised youth counselling centres to address teenage suicide. After obtaining his MD in 1930, Frankl worked at Steinhof Psychiatric Hospital, Vienna's principal psychiatric hospital – the main site of the Nazi programme of euthanasia and enforced sterilisation – where he was responsible for the treatment of women who were suicidal. Nyiszli studied medicine in Hungary and Germany, graduated from Breslau in 1930, and began working as a general practitioner at home in Transylvania. His Doctoral dissertation was in forensic pathology – the indications of causes of death in suicide – and he also undertook autopsies for the courts and police.

Frankl and Nyiszli were Auschwitz contemporaries, whose versions crystallise the Holocaust, albeit contrasting in style, focus and purpose. Neither mentions the other. The former relates how everyday life in a concentration camp was reflected in the mind of the average prisoner, and influenced his development of logotherapy. The latter declares, 'I write not as a reporter but as a doctor ... in strict accordance with reality and without the slightest exaggeration'.²

Nyiszli reports that during his daily visits to the crematorium Sonderkommando (inmate units forced to aid the disposal of gas chamber victims) there was always someone who took him aside and begged him for a swift sure poison – 'I invariably refused';² and, their commonest method of taking their own life was an overdose of sleeping tablets, which they had no trouble procuring, for they found large numbers when they went through the belongings of the dead. He adds that hanging and electrocution against the high-tension wires were common.

Frankl says the thought of suicide, born of hopelessness, was entertained by nearly everyone, if only for a brief time. He made himself a firm promise on his first evening that he would not 'run into the wire ... the most popular method of suicide'.¹ He adds, 'A very strict camp ruling forbade any efforts to save a man who attempted suicide. It was forbidden, for example, to cut down a man who was trying to hang himself. Therefore, it was all important to prevent these attempts from occurring'.¹ He describes individual psychotherapeutic attempts with two would-be suicides: 'In both cases it was a question of getting them to realise that life was still expecting something from them; something in the future was expected of them'.¹ At a collective level, one evening, invited by the senior block warden to instil hope, at their lowest ebb, his response: 'The purpose of my words was to find a full meaning in our life, then and there, in that hut and in that practically hopeless situation'.¹ Among other encouragements, Frankl quoted Nietzsche '*Was nicht umbringt, macht mich stärker*'.

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The British Journal of Psychiatry (2022)
220, 114. doi: 10.1192/bjp.2021.171