

Why do you think there's such a stigma surrounding ECT?

Dr. Ghaziuddin:

In the 20th century, I think around 1928, 1925, somewhere around that time, electricity was used to induce a therapeutic seizure. So I think the stigma started somewhat early on. And the reason was that one, initially it was seen as like a new treatment—maybe somewhat scary.

If we think of the history of medicine in general, we know that informed consent only evolved itself after the Second World War, where the rights of patients were considered more carefully rather than a physician taking on a paternalistic attitude. Being a new treatment, use of electricity, the consent issue not being as it's done today.

Anesthesia was very, for want of a better word, I would say primitive. So a lot of these treatments were being done without anesthesia, or just with some sedation. As a result of that, the stigma started very early on.

I think then in the '50s a lot of new medications were discovered. That was a period of discovery. Thorazine came out, antidepressants—tricyclic antidepressants were being discovered. There was a period of time, maybe starting in the early '50s, where there was understandable euphoria that now we have medications. We don't need this. We don't need ECT. So ECT got ignored. And that just then propagated an exaggerated sense of dangerousness that, "Oh, we don't use it because we have such amazing medications." So that was the '50s. And then in the '60s and '70s, I think there were other very powerful movements: the anti-war movement, individual freedom—It's my life. I'm going to do what I'm going to do. Flower power. I think ECT got pulled into that era. The net result was that starting from maybe the mid-50s onwards till I think the mid-80s—so over a span of 30 years—psychiatrists were not learning enough about ECT.

It just became like a footnote. If the main treatment provider, i. e., a psychiatrist, doesn't know how ECT works, doesn't know how to use it, is not using it—then that just multiplied, adding to an exaggerated perception about its so-called "dangerousness," which is untrue. But my teachers didn't know much about ECT. So what were they going to teach me?

We learned a little bit, and I think I learned a lot more than many others of my generation, because I trained in England where things were taken more at face value and there was less stigma, at least at that time.

So it was a timing issue, and a lot of complex medical and also psychosocial events that resulted in this state—the stigmatized state—of ECT.