

Testimony for the Public Health Committee on Bill 5298, An Act Concerning Involuntary Shock Therapy

Hi, I'm Chris Dubey. I've written three articles for Examiner.com about electroshock therapy. My articles can be found online at <http://www.examiner.com/biology-in-hartford/chris-dubey>. The articles on electroshock are dated January 14, 2012; November 21, 2012; and February 4, 2013. The first article is about my personal experience of undergoing involuntary electroshock by probate court order at the Institute of Living from 2005-2006. My stay there was prompted by some intense suicide attempts while I was extremely depressed.

Although I survived those suicide attempts, with much permanent damage to my legs, the experience of being forcibly electroshocked involved far more emotional trauma. My article of January 14 gives the details of the ordeal.

After being lectured and watching an informational video, I objected to electroconvulsive therapy (also known as ECT or electroshock). My family agreed with me and supported my decision. However, several psychiatrists, including one hired by my family, disagreed with us, based on their "expert" knowledge. They minimized the risks and believed wholeheartedly in the therapeutic effect. The probate judge, Robert K. Killian, Jr., sided with the doctors, who included: psychologist Mark A. Tarangioli, psychiatrists Sanjay Banerjee and Radhika Mehendru, and Director of ECT Service Joanna H. Fogg-Waberski. Many questionable things occurred during my stay. I have obtained what I believe to be my complete medical record from the Institute, and there are things I remember, which I have written in my article, that I did not find recorded in my medical record. My diary from that time confirms some of this.

Let me make some things clear. Although some of my memories were affected by the electroshock, such as the names of several staff members and fellow patients, what I have written I remember quite clearly. I had PDFs made of my huge medical record, which I obtained from Hartford Hospital around 2008. I have nothing to hide. I wanted to include a 40-page PDF with this testimony. However, the PDF is too large to email (28 megabytes).

In my long history of psychiatric treatment, I have learned that medical records are never entirely accurate. (Not only are doctors' diagnoses and observations questionable, but they often make glaring factual errors in their records.) For example, page 3 of the PDF describes my suicide attempts in September 2005. The authors write, "In September of 2005, while staying in Sacramento with an aunt, he impulsively drove to San Francisco and met with a man and spent one evening with him. The patient said he felt very unnerved by this meeting and overdose with two bottles of wine and multiple over-the-counter medications." That's true, except that I never had a sexual encounter with a man that evening and I had no thought of doing so. In another example of the inaccuracies, page 4 of the PDF states, "He described that he had had problems with impulsivity including stealing and rage episodes over the years." I can only speculate how stealing got into my medical record, since the only shoplifting I can recall in my life is accidentally walking out of a bookstore with a nature guidebook when I was an elementary schooler.

My point is that you shouldn't believe everything doctors write in medical records. What I have also learned is psychiatric diagnoses and even supposedly scientific beliefs in the field of psychiatry are hindered by subjectivity and biases. Doctors, scientists, and other experts are as prone to biases as laypeople, despite what the news implies when experts are called in to comment on top stories.

When I was undergoing the horrific ordeal of involuntary electroshock, after I had complained, then yelled and screamed at the staff, there came a point where I realized that the only way to end the torture was to tell the staff what they wanted and expected to hear. So I did my best acting job and pretended to slowly feel a burgeoning therapeutic effect from the treatment. Judging from what the staff wrote in my medical record, they were duped. Even though I've only taken one course in psychology, I can now use my powers of critical thinking and give you my layperson hypothesis that their evaluation of my ECT was colored by such cognitive biases as confirmation bias, positive outcome bias, and bias blind spot. They observed what they expected and wanted to see: that electroshock would cure me. On page 13 of the PDF, the authors write, "The patient started having a response to depression with electroconvulsive therapy after about ten treatments." I believe that's when I made the decision to start lying. Even my family and friends were fooled by my act, as I feared that even telling them my true feelings was risky. But I did confess my lies to them a few years later.

Please read my articles in full. Not only did I describe my traumatic experience, but I believe I've uncovered a lot of information about electroconvulsive therapy that just hasn't reached the majority of the public. I've cited several insightful studies, legal records, YouTube videos, and commentary by other patients. When the FDA's Neurological Devices Panel voted against reclassifying electroshock machines to a lower risk status, my written commentary was considered along with about three thousand other comments. According to the 2011 testimony of attorney Kendrick Moxon, "78 percent of those comments were against reclassification." (See <http://psychcentral.com/lib/2011/attorney-kendrick-moxon-on-ect/>.)

In the times that I have mentioned to medical staff or laypeople that I had ECT, without telling them about the trauma or the details, I've often been asked, "Was it helpful?" You can imagine how such a naïve, but reasonable question, incenses me.

The truth about ECT has not been fully described to the public. After all the information I've found about electroshock and all the people I've communicated with about it, I can see now why even my doctors at the Institute of Living had an almost religious and magical belief in its efficacy and safety. The psychiatric establishment—the researchers on ECT and the major psychiatric groups—have repeated that the treatment is safe, effective, and justified. I have browsed through their opinions on the Web and in research articles. Their view of ECT is based on a simplistic neurobiological model of mental illness, which ignores social complexities such as in my personal experience. A person, their mind, and their behavior is not just a sum of chemical reactions. In the scientific opinions, it seems the experts don't see much difference between voluntary and involuntary ECT. Celebrities who promote ECT, such as Julie K. Hersh, Kitty Dukakis, and Carrie Fisher, appear to be equally ignorant of how intricately the treatment can go wrong, especially when it's forced on the patient.

Articles about ECT frequently imply that the primary reason for the public's misinformed view of ECT is its depiction in the 1975 movie *One Flew Over the Cuckoo's Nest*. Medical writers and people working in mental health treatment make it seem like this very old movie based on an even older novel about the barbaric use of electroshock in the long-ago past is the primary reason for opposition to modern ECT. This is another line I get so tired of hearing. It ignores the harm and risks of modern-day ECT, and the recent accounts of people like me and others, such as Liz Spikol, Simone D., Ms X, and Peggy S. Salters. You can read about their experiences in my articles.

Finally, I want to note that my motivation for this activism is not based on a desire for money or fame. It's nice to see my work published and to have some influence on policy. Yet,

even though my articles were published online, I have received only a token payment. My primary motive is to have this horrible experience resolved, to protect other patients, and to ease my burden of social responsibility. And if I seem a little or more vengeful in talking about the staff of the Institute of Living and the probate judge, I admit that's also true.

P.S. I'm attaching an image file of the court order that authorized my electroshock.

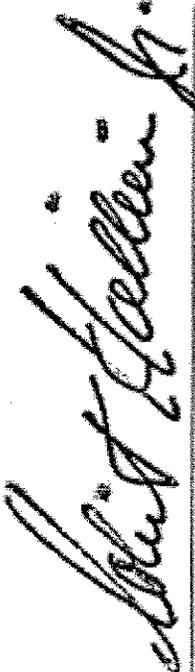
Christopher James Dubey
"Chris Dubey"

In Re: **Chris Dubey**, temporarily of Hartford, in said District.

PRESENT, HON. ROBERT K. KILLIAN, JR., JUDGE

At the time and place set by Order of this Court, passed on the 29th day of December, 2005, together with any continuances thereon, for a hearing upon the application of Institute of Living, by: Harold Schwartz, M.D. for an order of this Court allowing shock therapy to be administered to said respondent, a patient at said hospital, as per application on file more fully appears, in accordance with CGS §17a-543. After due hearing the Court finds that notice was given in accordance with the order of notice previously entered and subsequent adjournment. The patient is incapable of informed consent and there is no other less intrusive treatment. It is, therefore,

ORDERED AND DECREED THAT: Permission to administer shock therapy be and hereby is granted for a maximum period of forty-five (45) days from the date of this order.



ROBERT K. KILLIAN, JR., JUDGE.