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Professional accounts of electroconvulsive therapy: A discourse analysis

Peter Stevens[a,*], David J. Harper[b]

[a]*Oxleas NHS Trust, Dartford, Kent, UK*
[b]*University of East London, UK*

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Abstract

Electroconvulsive therapy (ECT) is a socially contested psychiatric intervention. However, the accounts of professionals involved in its use have rarely been systematically investigated. This study aimed to examine the accounts of clinicians who have used ECT on a routine basis. Eight health professionals (psychiatrists, anaesthetists and psychiatric nurses from a major city in the United Kingdom) with experience of ECT administration were interviewed about the procedure. Discourse analysis was used to interpret the interview transcripts. Interviewees appeared to draw on a repertoire, which constructed ECT recipients as severely ill. This was used to support claims which had the effect of: defining who should receive ECT; warranting the use of urgent physical psychiatric treatments; reformulating distress in biological terms; and discounting the therapeutic value of alternative, non-physical interventions. The interviewees managed concerns about ECT in a variety of ways, for example by: rendering it as a medical procedure with concomitant risks and benefits; downplaying a lack of clarity over its evidence base; and undermining the legitimacy of criticisms. Implications of these findings are discussed.

Keywords: Discourse analysis; Electroconvulsive therapy; Debates; Persuasive communication; UK

Introduction

Electroconvulsive therapy (ECT) remains one of the most widely used but contested and debated interventions in psychiatry. Advocates argue that the procedure is safe, effective and often life-saving (e.g., Abrams, 1997; Fink, 1979) whilst critics argue that it is ineffective and has the potential to cause psychological and neurological harm (e.g., Breggin, 1993; Friedberg, 1977; Johnstone, 2000, 2003; Read, 2004).

However, there are two neglected areas in the research literature. The first is the relative lack of interest in the experiences of ECT recipients. Recently, researchers, including those with direct personal experience of receiving ECT have tried to redress this imbalance (Johnstone, 1999; Rose, Wykes, Leese, Bindman, & Fleischmann, 2003; Rose, Fleischmann, & Wykes, 2004), and there is a need for further investigation in this area.

A second neglected area is the empirical investigation of the accounts of those involved in ECT administration. The two most popular investigatory

*Corresponding author. Tel.: +44 1322 297151; fax: +44 1322 293595.
E-mail addresses: peter.stevens@oxleas.nhs.uk (P. Stevens), d.harper@uel.ac.uk (D.J. Harper).

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paradigms here have been psychoanalytic and cognitive. We will briefly review studies from these two paradigms, arguing that these studies are both theoretically and methodologically limited, before making the case for the contribution of a discursive approach.

The unconscious motives of professionals: psychoanalytic research

In the two decades following the introduction of ECT in the late 1930s, a variety of theories emerged to explain how 'shock treatments' worked and affected patients—Gordon (1948), for example, reviews 50 of these. Less frequently, theorists examined the way ECT affected the professionals involved in its administration (e.g., Abse & Ewing, 1956; Fenichel, 1945; Wayne, 1955). Both were characterised by a psychoanalytic approach.

Abse and Ewing (1956) analysed 'off guard' statements made by psychiatrists who were experienced in administering 'shock treatments'. They suggested that such accounts were characterised by themes of hostility and punishment. For example, 'let's see if a few shocks will knock him out of it'; 'why don't you put him on the assembly line'; and the description of ECT as 'a mental spanking' (all p. 37). The authors suggested that 'the very nature of the treatment itself can produce the attitudes described' (p. 38).

In a more recent example, Levenson and Willett (1982) reported observing 'splitting' (divided clinical opinions), and disruption to the 'therapeutic alliance' (rapport and empathy) in a multidisciplinary team involved in the care of two patients who received ECT. They concluded that ECT was an upsetting procedure because it 'often produces rapid improvement in patients who had previously not responded to treatment' (p. 298) and the staff team experienced the therapeutic success as 'implying devaluation of their own therapeutic skills' (p. 302).

However, this paradigm suffers from a number of limitations. For example, these studies have tended to be based on anecdotal reports rather than a more systematic gathering of material. Moreover, the reported comments are open to a number of competing explanations. Since psychoanalytic interpretations rely for their plausibility on inferred constructs which lie, as it were, within the person's unconscious and thus cannot be demonstrated in the texts, they remain largely speculative.

From motives to attitudes, belief and knowledge: cognitive research

The second dominant approach in this area is cognitive, with questionnaires as the primary methodology. There have been a number of questionnaire-based studies investigating the attitudes and knowledge of professionals who are involved with ECT (e.g., Finch, Sobin, Carmody, deWitt, & Shiwach, 1999; Janicak, Mask, Trimakas, & Gibbons, 1985; Kalayam & Steinhart, 1981; Lutchman, Stevens, Bashir, & Orrell, 2001). Janicak et al. (1985) compared the knowledge and attitudes of psychiatrists, nurses, psychologists and social workers in relation to ECT. They reported that a positive attitude towards ECT in professional groups was correlated with increased knowledge about the procedure, and they concluded that educating staff about the facts of ECT would increase its utilisation in conditions where they suggested it should be the treatment of choice. Lutchman et al. (2001) used a similar design and drew similar conclusions finding differences in attitudes and knowledge across different disciplines, with psychiatrists being the most positive about ECT and psychologists the least.

However, as Diana Rose and her colleagues (Rose et al., 2003, 2004) have argued in relation to investigations of ECT recipients' experiences, questionnaire-based methods limit and reduce the responses available to participants (see also Rosier, 1974). As a result, the possibility that factors other than knowledge might correspond with attitudes towards ECT has remained unexplored. More importantly, perhaps, this paradigm is methodologically and conceptually limited as a result of its assumptions about what constitutes 'knowledge' and 'attitudes' which are, again, inferred constructs thought to lie within the individual's head.

A more fundamental problem with this approach is the way in which knowledge about ECT is presented as uncontested fact when the reality is much more complicated. Both the Janicak et al. (1985) and Lutchman et al. (2001) studies asked participants whether they agreed or disagreed with statements about the procedure. Despite being presented as 'factually correct' or 'factually incorrect' each statement could be interpreted in different ways and their facticity has been disputed in the literature. For example, the first statement from Janicak et al. (1985)—'the therapeutic effect of ECT is related to the induction of a seizure in the