

This comment is in relation to:

Docket No. 2014-N-1210 for “Neurological Devices; Reclassification of Electroconvulsive Therapy Devices Intended for Use in Treating Severe Major Depressive Episode in Patients 18 Years of Age and Older Who Are Treatment-Resistant or Require a Rapid Response; Effective Date of Requirement for Premarket Approval for Electroconvulsive Therapy Devices for Certain Specified Intended Uses”

My name is Julie Greene. I am a survivor of ECT, electroshock “treatments.”

My educational qualifications include the following:

I graduated from Lexington High School, Lexington, Massachusetts, in 1975.

I was educated at the following colleges and universities:

The University of Massachusetts at Amherst, where I studied Music Education from 1975 until 1978. Bennington College from 1978 until 1981 and returning part-time for miscellaneous coursework until 1986. I attended practical nursing school (the school has undergone re-naming several times) in Southwestern Vermont in 1984 four four months. I did miscellaneous coursework at Southern Vermont College in 1985 and 1986.

Returning to college, I earned my BFA in Writing, Literature, and Publishing from Emerson College in Boston Summa Cum Laude in 2003. I earned my MFA in Creative Writing from Goddard College in 2009. I have published two books and written nine books. I have been a National Novel Writing Month winner numerous times. I have written for numerous online and print publications including Mad In America and Asylum in the United Kingdom. I participated in the protests to free Justina Pelletier in Boston, Massachusetts. I am known online as a candid blogger and activist in the field of eating disorders. My upcoming book will highlight the myths

surrounding eating disorders and is intended to be helpful and informative, based on my own personal and lengthy experience in the Mental Health System.

For this comment to the FDA, I am including for reference other documents I wrote regarding my ECT called “Lest We Not Forget,” a work of memoir written in January 2016, and excerpts from a spoken-word oral presentation called “Sweet Evening Breeze” written May 2015. The commentary I am presenting here is entirely my own original material, otherwise written between March 20 and March 27. All materials are entirely my own. Readers may consider the copyright to be mine but may access them freely and use them for educational or research purposes as they wish. Please do not sell these works for profit nor use them for criminal purposes.

I was born in 1958 and grew up in the 1960’s in the shadow of the Kennedy assassination and the Vietnam War, in Lexington, Massachusetts, a suburb of Boston. My parents remained married throughout. My early family life was stable. I was the oldest. My two brothers, Phil and Ned, were four years younger, and six years younger. On our street in Lexington I could ride my bike right past McLean Hospital, and another place called Metropolitan State Hospital. When I asked my mother why she didn’t have my brothers born at one of those hospitals, she couldn’t quite explain why.

We were observant Ashkenazi Jews who regularly attended synagogue and observed traditional holidays, though we did not keep a Kosher home. The name Greene surprises people, since spelled like that, it’s invariably Irish or British. However, generations ago, our name had been Americanized from the Hungarian Grunstein, which was, and still is a common surname among German-speaking Jews of the Old Country.

My childhood friends recall me, even now, whenever we've reconnected, as brainy and on the quiet side. I was the short kid with glasses that all the other kids came running to when exam time came around, since I was certain to have all the correct test answers. I began elementary school a year early. This meant being somewhat less mature than my peers. I excelled at music and math. I enjoyed performing in musical plays at school and I could play any instrument. During childhood I was too lazy to do much homework, to the dismay of my teachers and parents. I buried myself in books of my own choosing instead. I kept secret journals, delighting in recording my thoughts on life and everything that happened to me. My father had told me that I might be a famous musician someday, so I figured I should keep good records of my life.

In high school, I befriended another girl who turned out to be abusive. Unfortunately, getting away from her was difficult. I had no voice since I was underage and female. Since my school turned a blind eye, I knew my only choice, therefore, was to keep it all secret. I vowed that after leaving my hometown, I'd never return. I'd start a new life. In fact, I managed rather successfully to do that.

I thrived in the college academic environment at the University of Massachusetts at Amherst, where I began study as a major in music education in the fall of 1975. My fellow students quickly learned that while I was lacking in maturity, I more than made up for in brains and musical ear. In 1977, I performed the Berlioz Requiem with a large college ensemble at Avery Fischer Hall in New York City. I was one of the two trumpet players in Brass Choir Number One, situated in one of the balconies. Whenever it came time to play, the conductor, Bruce McGinnes, had to turn around, facing the audience so that we in antiphonal choirs could see him waving his wand.

During the summers I found my menial waitress jobs exceedingly difficult. I never knew why, but I do now. Recent studies have shown that 25% of college students, regardless of IQ, do not know their right from their left. I am right-handed and my mother was left-handed as are my two brothers. I believe this was enough to cause my “right-left confusion,” which is a common neurological condition (not a mental illness nor to be confused with dyslexia). While I can follow maps, diagrams, or knitting patterns, and do not get lost easily outdoors or in cities, I always had difficulty following oral instructions and navigating around rooms in buildings other than my own home. A few years later, whenever I tried to tell my psychiatrists, they jeered at me. This was the main cause of my “spacey” demeanor. My mother had always encouraged me to get a different type of job. I know now that she was right, and the doctors’ accusations of “bad attitude” or even “anxiety” had always been completely incorrect.

I also found the world of work rather sexist due to unequal pay and unequal opportunity. I saw many instances of nepotism. I was annoyed by pressure to drink and party. I was even told at one job that to get a raise, I had to have sex with the boss. I was happy to leave that job behind. I concluded that I needed to stay in academia forever, maybe go to graduate school.

I transferred to Bennington College since at Bennington, musical composition was more appreciated. Therefore, I excelled even more. I was busy and loved all the musical activities in which I engaged. I felt I was at the prime of my life.

Unfortunately this is when I developed my eating disorder. I believe this was in part hereditary, as my mother had also had anorexia as a teen. I believe also I began my diet because I had spent time with a brainwashing religious cult. Like other ex-Moonies, I had gained weight I now wanted to lose. Also, I had many unresolved questions about God and life in general. I found ordinary life boring and petty, and wished that others had the desire to discuss meaningful

and deep topics as much as I did. I didn't desire the company of men anymore, whom I felt only valued me for sex. So I kept my thin body and all my questions about religion hidden, burying myself in academia and spent hours alone composing beautiful music.

I still have all the pieces I composed, in boxes, stored away. I remember I had so much talent and promise. The day I knocked on the doors of Mental Health "Treatment" my life as a girl composer came to a screeching halt.

I made the decision to take a semester off for "intensive therapy" since two months of seeing a therapist over the summer had done nothing for me. I felt heartbroken breaking the news to the music faculty at Bennington College. They regarded me in high esteem as I had been one of their best student composers. My favorite instructor, Jeffrey Levine, told me, "Julie, if you leave now, I fear you will never come back."

I wish I had listened. Instead, I argued with him, telling him that therapy was going to cure everything. I never knew what gave him so much wisdom and foresight, except perhaps he seen other talented students just like me go down the therapy route and never come back to life.

In hindsight, it was a mistake to go, first to individual therapy, then, to move in with my parents and attend day treatment outside of Boston, which was "highly recommended" by friend from our synagogue. The program was a terrible mis-match for me. I had an eating disorder and the program I went to, Options Day Treatment in Watertown, Massachusetts, was for people who were coming out of Metropolitan State Hospital. None of the "therapists" there had any knowledge of eating disorders. My parents paid for this program out-of-pocket nearly \$10,000. Looking back, I don't see how anything positive could have resulted from the nine months I wasted there. The program served to indoctrinate me in the Mental Health System's dogma. I learned a language of symptoms, diseases, and always, to Go To Staff if ever I had any

questions. This is how a fiercely independent, free-thinking and creative musical genius became a dependent and needy “patient” simply by believing these so-called “experts.”

I now see how the notion of “expertise” has gone astray. The individual is the expert on his/her own experience. No doctor, no clergy, nor our legal system can possibly possess greater expertise regarding that individual’s lived experience nor more fully understand that person’s point of view. In my master’s level training as creative writer and writer of memoir, this basic concept was made even clearer to me, several decades later. To me, the idea that any doctor or therapist can take over a person’s life and provide “expert” guidance is ludicrous, constituting abuse.

A decade later, in the 1990’s I was still trapped in the Mental Health System. I was called “treatment-resistant” simply because not once had any therapist ever addressed the problem I’d come into therapy for: my eating disorder. I know now that this is because the Mental Health System was ill-equipped to handle eating disorders since it didn’t yet find this challenge profitable. This is why I was assigned all sorts of other diagnoses that never fit me.

For instance, in the early 1990’s I saw a therapist I rather liked named BR, Psy D, for five years. BR is one of the few who was willing to speak to me, now that I have seen no need for mental health treatment. I was amazed to learn that during the five years while I was seeing BR twice a week, she never knew I had an eating disorder. I know I informed her and spoke of it. Is her memory selective? Or had she only noticed what she thought mattered?

I recall suffering immensely during those years from multiple eating problems. I recall massive eating binges done in secret. For days following, I was often so physically uncomfortable, I couldn’t eat at all. I remember hiding food wrappers and making excuses to

cover up my odd habits and changes in weight. Sometimes, all I thought about was food. During the final year that I saw BR, my weight dropped considerably, but BR didn't seem to notice.

These "experts" also didn't notice I had diabetes insipidus since the age of 26 when I started the drug lithium. This, for me, was permanent kidney damage that went undetected for 27 years. I had dutifully reported my thirst level and also explained urinary output. Instead of responding with appropriate medical tests, the "experts" bullied me over my thirst, claiming it was psychological, or an "addiction to water." Whenever I was hospitalized the staff often forced me onto a water restriction, which was potentially medically harmful or even fatal for a person with diabetes insipidus.

Many people wonder why I was put on Lithium Carbonate, also called Eskalith, in the first place. The year was 1984. At the time, my parents and I were frustrated that my current providers in Vermont quite clearly know what they were doing, and, I might add, had been deceitful from the start that they "knew all about eating disorders," (direct quote from the attending outpatient psychologist). My parents had heard from a dear friend in their hiking club about Gould Farm in Monterrey, Massachusetts. The therapeutic country setting sounded idyllic and perhaps "alternative" in the farm's literature. We were all completely convinced that this was the answer. However, after agreeing to attend, I found out that the Farm didn't treat eating disorders, and I learned that the personnel there didn't know any more than any of my prior providers did. Not only that, I was told that eating disorders were "unimportant." I was told to work, to refrain from complaining, and to take my pills, that these were the most important things, and to never share with the other patients the reasons that brought me to Gould Farm.

More and more, I kept my eating disorder secret. I gave up on ever getting better. The Mental Health System had plenty of answers for depression, moodswings, or voices, but no

answers nor any knowledge of nutrition-related concerns. Maybe I was barking up the wrong tree entirely.

My first pill of Eskalith in 1984 did, indeed, help my eating disorder, so I agreed to continue taking this “medication.” I was not told of the long-term consequences. I was shocked a few months later, when I petitioned the Farm for release, to learn that they never believed I had an eating disorder in the first place. They discredited my claim that the Lithium had helped me eat normally, stating that “this was impossible.” Yet more recent studies published in medical journals show that Lithium can indeed help people who suffer eating disorders. I am certain, though, that very few patients would opt for lithium if they were honestly informed of the life-shortening consequences of taking this drug.

Since none of my providers acknowledged my eating disorder, they gave me drugs based on speculation only of whatever psychiatric diagnosis was most economically advantageous or convenient for the institutions at the time. My doctors often catered to my parents, who had become active leaders in the National Alliance for the Mentally Ill. Most likely pleasing my parents was the reason for the switch from “schizophrenic” to “bipolar” around 1987. I didn’t fit either diagnosis, but I knew it was all out of my hands.

When the drug Clozaril emerged, I was chosen as guinea pig because I was reliable and extremely compliant. What I was told was that I “might benefit from the new drug,” I wondered what “benefit” they were expecting since I wasn’t manic nor psychotic to begin with. I secretly hoped that this brand new drug, designed for psychosis, would help my eating disorder. It didn’t. The next antipsychotic, Risperdal, caused me to miss so many menstrual periods that I developed osteoporosis and later, fractured my femur. Why was I even given those drugs? For many years, doctors convinced me to take three antipsychotic drugs simultaneously, all at highest doses.

Eventually, subsequent treators incorrectly assumed I had been psychotic and manic since I had been taking antipsychotic drugs. However, no one ever asked me what was bothering me all those years.

ECT was first mentioned to me in a conversation with my outpatient psychiatrist, Dr. Michelle Kosche, who was in her fourth year of residency at McLean Hospital in Belmont, Massachusetts. I had been held inpatient at North Belknap, one of the adult units at McLean. When Dr. Kosche came to see me, we met together at the end of a long corridor, which afforded us enough privacy to discuss my progress.

I recall I was always overjoyed to see anyone from the outside, especially Dr. Kosche, whom I adored. Surely young and smart Dr. Kosche had been a welcome relief from the mediocre psychiatrists I'd seen in the past. McLean Hospital, too, seemed state-of-the-art compared to any place I'd ever been before.

McLean had its own art studio, and amazing orchards and fields, a recreation center, a pottery studio, and all kinds of specialists and programs. Underground tunnels connected the buildings to facilitate transport. Such a fancy place!

In hindsight, I now know that patients who come to places like McLean are so overwhelmed by the fixtures and décor that they never realize the foundation is crumbling or even completely absent. Patients do not get well there any more than the budget places. Instead, they enjoy the pampering, stay longer, and are more prone to the “revolving door syndrome” since “care” is so cozy. For this reason, there is more danger where treatment that is overly palatable than that which can easily be shown to be in violation of human rights laws. Likewise, ECT now has a slick look, done under anesthesia, but underneath remains the cruel and barbaric atrocity it always was.

Seated at the end of the hall, Dr. Kosche said to me, “The fastest and most effective treatment that we know about is ECT.” I am unsure if she used the word “electroshock” or “electroconvulsive” or “shock treatments” rather than the initials, ECT. Whatever words she chose, I understood what she meant, since I had known fellow patients who had been through the procedure. My reaction was a single word, spoken rather vehemently.

“No!”

Dr. Kosche then explained to me that ECT had changed. She told me that she could have the unit staff show me a video about ECT that would “explain” the pros and cons to me. I agreed to watch the video that night. What I didn’t realize was that while this video appeared to be impartial, it was actually highly selective in its content, giving patients the false impression and confidence that they are being given full informed consent.

Years later, even well after I wrote *This Hunger Is Secret*, completed my MFA in Creative Writing and my book was published, I learned the truth about what had occurred. At the time of ECT, I was told that I “might be confused for a few hours following each treatment.” I was also told that for some, the state of confusion can last longer, and that memory loss of events immediately prior to the ECT is common. I was not informed that for many, the confusion and cognitive problems can be either permanent or extremely long-lasting.

One day, while in one of the common rooms at McLean, a fellow patient who had also had ECT leafed through a paper address book, explaining to me, “I cannot recall a single one of these people. I don’t know who they are. I am trying so hard. I can’t remember.” She tossed her address book into the trash bin by the door and shuffled slowly down the hall.

Upon seeing this, I jumped up from my easy chair to dig into the waste bin. I searched among materials patients had discarded such as connect-the-dots, half-colored-in mandalas, and

Word Finds. Finding the address book, I ran after this patient, saying, “Don’t you want this?” I felt as if she were throwing away her precious record of the past that was nothing but a blank to her now.

However, despite what I had seen, I agreed to the ECT. Oddly, though, this was in all certainty not the lowest time of my life, nor was I in any way at a personal critical point. I know that McLean Hospital and my doctors didn’t see me as dangerously suicidal. If they had, they would have singled me out and used extra suicide precautions. I ask now, therefore, why did they choose that particular time for ECT? Likewise, if ECT was so efficient and effective, why had it not been suggested to me back in 1984, a time that by all means I had been far more depressed and discouraged?

I know now that the introduction of ECT had nothing to do with new technology, as the ECT technology has not changed. The addition of sedation and anesthesia is not new technology but a chemical means to cover up the barbaric nature of this hideous act. That was all nicely “covered” by my insurance, that is, taxpayers. However, the damages to me, to my family, and to my boyfriend Joe ran so deep that I’d say money could never repay nor repair what had occurred.

This time was chosen had nothing to do with severity of my own mental state. I was no more depressed nor was there any urgency in my own mental condition. It was not possible that I could be “treatment resistant.” I had not responded to treatment since my eating disorder was never addressed nor even acknowledged, so all treatment I’d received from 1981 until 1995 wasn’t even relevant nor helpful. Trying to tell anyone was useless. Instead, I secretly hoped ECT might help my eating disorder, assuming I had no choice.

I know now that Medicare limits its covered days in private mental facilities such as McLean Hospital. I had known about Medicare’s 190-day limit, however, I had pushed this

knowledge out of my mind at the time. I truly believed I'd never even come close to using up all those days. Now that I have convened with other survivors of ECT, I know that the application of ECT is commonly done when a Medicare recipient's Medicare days are nearing the end. Still, I wonder why, since ECT does not quickly nor effectively solve anything. Instead, it lengthens disability considerably, worsening one's condition or creating disability when one was able to work before.

My first ECT ended at four "treatments" and I was sent home, feeling better. After three weeks the initial euphoric effect wore off. It all seemed like a waste, but I didn't want to say anything. I was told I should have had more shock, since four "treatments" alone wasn't enough to "stick." By January, I was back inpatient at North Belknap at McLean. This time, I had a different attending inpatient psychiatrist, a new resident named Dr. Montgomery Brower. Like many of the McLean residents, Brower struck me as quite youthful in appearance. Dr. Kosche told me Brower was working on his second residency year. She told me, "We always know Dr. Brower by his bowtie. That's his trademark." Sure enough, Dr. Brower never wore any other sort of tie. Eventually, Brower became my outpatient psychiatrist after Kosche left. My boyfriend, Joe, confided in me one day, "I'll bet you Dr. B went to prep school. Ask him."

Amusingly, Joe was right. I had to explain to Brower how Joe had managed to guess correctly. "It takes one to know one," I explained to Brower. Overall, my relationship with Dr. Brower was on the relaxed side. I never felt afraid of him. He eventually went on to specialize in forensics.

I was the one who asked for ECT early in 1996. I remembered that the ECT had "snapped me out of it" in 1995. Why not now? Brower didn't want it, though. I didn't understand his reasoning. If it "worked" before, why would it not "work" now? He didn't explain to me in a

way I understood, although I knew he had convened with the neurologist I had seen, Dr. Kirk Daffner, formerly of Beth Israel Hospital in Boston, who had moved to Brigham and Women's Hospital in Boston.

Daffner had been convinced I had "possible Temporal Lobe Epilepsy." My parents, my mother especially, had been rather impressed with Daffner. Perhaps she wanted a disease-model explanation for why I had had so much trouble with my waitress jobs as a teen, or why I couldn't tell my right from my left. Sometimes, people assume if a trait is called a disease, then medical science will have an easy fix for it. Imagine a world without the immense variety of human capabilities!

Finally, someone decided to go ahead with the ECT. I was introduced to the new ECT doctor, Dr. Michael Henry, newly hired by McLean Hospital. I was told that Henry was an "ECT specialist." I know now that these doctors are hired to administer ECT smoothly, slickly, and when incident occurs, to slide it under the rug quietly and tactfully. Dr. Henry fit the job well. I found him handsome, with dark, striking features, and one of those winning smiles you'd expect to see on the face of a politician or insurance salesperson. He appeared to be around 35 or 40 years old, but I am not a good judge of age.

This decision, that I myself had made, was a mistake I couldn't undo. How many are ever in such a position? Our minds cannot fathom what we have done. Most every child has experienced this. We recall the guilt and shame. We have broken a favorite toy. Dropped the best china plate. Scratched our parents' antique table. Or broken a favorite aunt's cherished violin.

Imagine if that cherished object is your own brain. We have only one life and only one brain. Now, it's broken. Now what? Because the event is so shameful, in our minds, we rationalize what had occurred. We justify and re-justify the ECT.

This is easier than outsiders may initially think. Because the ECT itself wipes out memory of events just prior to ECT, the patient is then highly susceptible, a blank slate waiting to be filled with suggestions of what these events may have been. I recall the nurses in the ECT clinic telling me and telling other ECT patients “You have had an ECT treatment. You are at McLean Hospital.” They also told many patients, “You had that because you were very depressed.” Was that true? I highly doubt the nurses at the ECT clinic even knew the stories of each and every one of us, as the patient volume there was so high.

This is far easier than being upfront and telling patients, “You were coerced into the destruction of a cherished and unreplaceable thing: your own wonderful brain.”

The first treatment was a dud, or so I was led to believe. To best describe what occurred, kindly allow me to refer back to a document I wrote a few months ago titled “Lest We Not Forget” which I self-published in my own personal blog. Here is an excerpt from that piece, which I wrote earlier this year, January 2016:

I was happy because Brower, as part of his psychiatry residency, was planning to witness my shock treatment. I was his prize guinea pig.

That never happened. The treatment was mis-scheduled and postponed over an hour. They finally brought me in. I looked around frantically, realizing Brower wasn't there as they instructed me to lay on the table. The anesthesiologist, who seemed to be the same old geezer doctor each time, always said the same thing to me, “Pick a nice dream.” The odd thing was that I never dreamed during ECT. Does anyone?

Upon awaking, something was horribly amiss. I wondered what had happened. Was I dead? Was someone else dead? Maybe they couldn't find my eyeglasses or had

broken them. It wasn't any of those things, but still, the nurse's face was deathly gray, as if she herself were frightened. She looked at me with that ghost-like look as if she were telling me a very close relative had just died, and was saying, "We regret to inform you...."

I would have grabbed her but it would have been rude to do so. "What happened?" I demanded. "What?" She continued to shake her head, almost tearfully. Oh no. What was wrong?

I remember she and the regular nurse, Kate, who always reeked of cigarettes, approached me rather gently and explained that they had turned on the shock machine but I had failed to have a seizure. Prior to ECT, I had not been taken off my anticonvulsant medication in a timely manner. So Brower, or someone, screwed up. I was supposed to forgive and not even think about the thousands of Medicare tax dollars that had gone to waste on this, never mind the fraud and stupidity, and a few more of my 190 Lifetime Medicare days wasted as well.

Today, I want to dig deeper into this one event. What about my brain? While I was anesthetized, they zapped electricity into my brain which failed to produce a seizure. Then what? Did they apply a second and higher voltage zap of electricity? Was there a third attempt or fourth until they realized they might cause extremely serious damage or even kill me if they tried harder? Brower had not witnessed this as previously planned. I was unconscious and am left to speculate. Even obtaining my medical records from McLean may not provide accurate answers, since we know records are often fudged.

The ECT was continued. Subsequent “treatments” were said to be “successful,” that is, the electricity produced a seizure. What ultimate good, if any, that did for me, I do not know, but I do know that I became more and more confused with each “treatment.” As to my so-called mood, which was not the problem to begin with (not that they had ever asked), this was no longer even relevant, as now, my cognitive function had become a grave concern. My boyfriend spoke out vehemently, trying to point out to the doctors that to continue would surely be a mistake.

Here again, I return to my earlier document titled “Lest We Not Forget” to describe how I was given bogus “informed consent” to switch to bilateral:

I recall the day I was switched from unilateral to bilateral. I don’t know why the decision was made. I assume the decision was arbitrary by the way my permission was obtained. I arrived at the ECT clinic as usual. I waited my turn in the posh waiting room with all the magazines and the colorful rug. When my turn came, I lay on the table. The usual anesthesiologist stood right there with the needle. I was all ready for the usual command to pick a nice dream. But Dr. Henry, as he was preparing all the wires and tubing and goo for my head, asked me, “Do you mind if we do bilateral?”

He might as well have asked me, “Do you want a fries with your burger?” or, “Do you mind if I have a smoke?” I only wanted the “treatment” over with at that point. As usual, the clinic was running behind and I was thirsty for the drink of water I’d get afterward. It’s not easy to go all night without fluids in the summer. In response, I nodded. I did not say yes nor no.

Dr. Henry said, “Is that a yes or a no? Can we do bilateral?”

My response was to say the word “Yes” out loud. Within half a minute they put me under. I did not sign any papers nor was informed of the consequences.

I had about 30 treatments total in 1996, all McLean Hospital. Many were given outpatient as I am sure the administration was in a hurry to get me, whom I am sure they considered a waste of their time, as I was not generating enough income for the institution, off their inpatient unit as quickly as possible to warehouse more patients through.

As patients, we rarely see the administrative viewpoint. We are sheltered in our therapy and groups and told we must cope with our multiple false sicknesses and limited lives. We are socially trapped in treatment ghettos, blinded by side effects of our “meds.” If only we could see beyond the walls and locked doors that said to protect us, but in reality, hide from us the deceit of the institutions to which we have long since sacrificed our souls in the name of wondrous healing.

Now, many of us who are still living are reclaiming what is rightfully ours. We are speaking out against atrocities such as ECT.

Joe and my parents spoke out against the ECT many times, but this didn't stop the treatments. I remember several incidents of these vehement protests on the part of my parents and Joe. In prior documents I have illustrated this. In my piece, “Sweet Evening Breeze,” which I wrote and then orally narrated onto Spreaker and You-Tube in May 2015, I described a family session which was run by Dr. Baldesserini of McLean Hospital. Here are the paragraphs from that document:

My dad, a former president of the National Alliance for Mental Illness, said, “Julie, maybe being in the hospital so much is making you more depressed. Have you considered that?” But I would hear none of it. My dad was an amazing scientist and had full understanding of what made sense and what was illogical. He sure didn’t think destroying brain cells was going to cure anything. To my dad, who was suffering from cancer at that time, it only made sense to eradicate what didn’t belong there, not my precious brain.” (Note: My father had been president of the Massachusetts chapter, not a national NAMI president.)

The cancer in him continued to spread. My parents became more and more preoccupied with his health. That was how Joe got assigned to the dreaded chauffeur task, as designated driver to and from the shock treatments. He told me later on that he felt like he was driving me to the guillotine.

It was one thing taking me to that place. It was another bringing me home afterward. Joe watched in horror as I got progressively worse and worse and worse. I began to lose awareness of what was real, and what wasn’t. I felt like I was in a foggy dream.

Clearly, after ECT, I was changed in a way that no one that knew me well had ever seen before. Here I recall a conversation with my father in my document titled “Lest We Not Forget”:

One evening, I finally telephoned my father and broke down sobbing. He repeated back what he heard. “Scrambled dots.”

“No, Dad,” I said. “I said that wrong. I’m sorry. I meant to say, ‘Scrambled thoughts’. Thoughts, Dad. Thoughts.”

My father always wanted to be clear and make sure we had an understanding between us. “What happens?” he asked.

“They get mixed up.” I told him. “Words come out wrong. And I forget things.”

My mother got on the other line. “Julie, all these years, you have never been like this before. Alan, do you think...” She left off, unable to finish her sentence. My father told me he wanted to see me. He assured me we would somehow get to the bottom of it all.

I recalled a family meeting assembled with many doctors and a doctor who was said to be one of the top dogs at McLean, Dr. Baldesserini. Brower had assured me Baldesserini was “very nice.” I wondered if niceness mattered. This meeting was large, and I wondered why so many needed to be there. What important things were to be determined there, if anything, or was it all for show? Both my parents attended. It was clear that my father was quite ill with the cancer at that time. These haughty doctors were poking fun at my Ashkenazi Jewish family. It was almost as if they were saying, “So look at your all-important NAMI father now....” Within a year, my father would be dead. Did these doctors have not one respectful bone in their bodies?

As my mother painstakingly guided my sick father to his seat, I felt rather humbled. Who was I to claim I was sick at all, when these two people, my own wise parents who had raised me, were now surely fighting a battle far greater against this cancer thing? My own battles seemed trivial and stupid. My mere moderate depression had been nothing and McLean had shocked me for no real reason except that the

institution knew they had to get me out of inpatient. We were all well aware of the facts, and my father's frail state made what McLean had done to me all ever the more stark and horrible.

What was worse, I had requested the ECT myself. I had wanted this. To admit this now, even to myself, would mean facing the notion that I had willingly and deliberately agreed to the destruction of my own brain. If it was that hard for me, how can the American public bear to know that hundreds of thousands more will be shocked each year?

The fake family session with these stuffy doctors began. What is Julie's problem, anyway? No one could pinpoint it after all these years. Finally, my mother, never one to spare anyone anything, spoke. "It was the shock treatments that ruined her, wasn't it?"

With a sweeping dismissive gesture, Dr. Baldesserini said, "Oh no, Mrs. Greene, that's not possible." The other important doctors, including shock doc Dr. Michael Henry, nodded in agreement. Not even possible. In a flash, it was over.

Not guilty. There was no crime, no wrongdoing, no malpractice, no treatment-induced damage. It's all in the patient's head. The Holocaust didn't happen, either. Maybe it was her Ashkenazi Jewish upbringing after all.

I honestly do not know to this day what fueled the decision to stop ECT, nor who made this decision. Due to ECT, I was rendered incapable of being assertive. I could barely put a sentence together.

The human memory alters how we see our past. I earned my MFA in Creative Writing at Goddard College in 2009. As a master's-level writer of memoir, I know human memory well. A

writer of memoir understands that the beauty of human memory is its ability to learn and consider new angles. As we mature, our wisdom grows. We develop humor. Sometimes, we take life less seriously, or more seriously. We learn to look back at our past experiences differently each time we remember them, even though we remember the exact same facts. This is why a single writer of memoir can write several memoirs about a single life experience, and each book can be vastly different.

All humans do this rewriting. This is part of growing up. It's also how we heal from trauma. This is not a trait of writers alone. In fact, the memory of an ECT patient is especially subject to such alteration after ECT. Immediately after ECT, just like all ECT victims, I was told "That was done for your own good. It was lifesaving." I was led to believe I had had no choice, that there were no alternatives, that otherwise, I would have withered up and died of deep depression, or committed suicide. Many patients who are now staunch supporters of ECT will report this and firmly believe this. This is what they are told. I, too, believed the same thing for many years. Then, the memory I had lost from ECT came back and I realized none of what I had been told was true. Sometimes, the memories can take a decade or longer to return. This is well-documented and confirmed even by ECT specialists themselves.

The confusion following the ECT in 1996 lasted approximately a year and a half, then ended. My doctors allowed me to believe my confusion was "illness" and never told me the confusion was from ECT. I was left on my own to find answers to the obvious. Because I had already been called "Schizophrenic," I wondered if the confusion was psychosis. My doctors then rushed in to claim I was faking whatever psychosis I may have claimed to have. They told me over and over that I had "coping problems," but I saw no evidence for this. Even over a decade later while writing *This Hunger Is Secret* I still didn't realize the confusion came from the

ECT. However, upon connecting with fellow patients that I had known in 1996, I discovered that they had been well aware that I had been suffering aftereffects of ECT.

During the year and a half, I stayed at a residence called Hall-Mercer at McLean Hospital. This was not a posh nor cushy place for the well-to-do, but a run-down residence hall with several roof leaks and ancient plumbing, formerly designated for autistic children that was slated to be torn down. McLean didn't know what to do with us there, so we'd been put there and were told to attend "groups" which were then billed per group to Medicare. The group leaders had no particular skills, qualifications, nor training. We weren't supposed to notice this. They kept us adequately drugged and silent. Any complaint got a resident sent quickly to inpatient or threatened to be shipped off to a State facility.

I did speak up. I was not going to remain silent. I continued to ask what had happened to my brain and questioned what was wrong with me. I was told that my repeated complaints constituted a severe personality disorder. I was quietly handed to a new therapist after I finally revealed to my social worker that Ronningstam had been irresponsible, missing appointments and falling asleep during our sessions.

Dr. Melissa Myers, who was a second-year resident at the time, was undoubtedly told that the extremely thin patient she had been given was a "severe borderline." When I first saw her, it was as if she had one hand on the panic button at all times, as is often the attitude toward such patients. Still, I found her an uncommonly good listener compared to most therapists. She was also more intelligent than most of them. Her level of extreme caution with me was entirely unnecessary, as my confusion was not due to some phony personality disorder that had suddenly come over me at age 38.

It took me years to realize that the claim of “Borderline” was only used as a coverup. Many McLean personnel were aware of this, while others were undoubtedly swayed by the Borderline dogma and claims of my “poor coping.” The cover-up diagnosis worked smoothly to absolve Dr. Michael Henry and McLean as a whole for any damages from the ECT. In 1996 and 1997, the institution had no way of knowing if the damages were going to be permanent or if my brain would heal. Around the end of December 1996, when it was apparent I had not improved, I was told my condition was permanent, but was not told that the confusion was due to ECT. In fact, I was deceptively led to believe I had been like that all my life. Of course, this wasn’t possible. I wouldn’t have been able to attend college in such a condition.

Brower continued to come up with new phony theories, claiming he and Daffner were working hard to “research” my problem. Whenever I complained, I was told by other staff how ungrateful I was. Daffner and Brower tried their next theory on me, claiming that my confusion was from my menstrual cycle. They tried to put me on hormones. Daffner claimed I had Temporal Lobe Epilepsy.

Finally, McLean administration decided I should go to the State Hospital, since there was nothing more that could be done for me. Now, it was September 1997. The weather was turning colder and drier. I recall telling my mother there was nothing that could be done, that it was inevitable that McLean was going to transfer me to Westborough State Hospital and I’d lose my housing. I would be separated from my dog and from Joe indefinitely. Someone told me, “It’s not that bad there,” but I knew better than to believe that. I had been in Metropolitan State Hospital in 1986 briefly. These places are no more than prisons.

By some quirk of fate, I threatened suicide and that got me freed from not only McLean but the State threat ended as well. The Department of Mental Health took over at that point. Then, I was allowed to return home.

That fall was highlighted by the Nanny Trial in Boston. A young, 20-year-old British au pair hired by a wealthy couple in Newton, who were both doctors, was said to have shaken a baby to death. I, too, had worked at age 20 as a nanny. I wondered how that young girl felt right then. Otherwise, wouldn't she have been at the prime of her life?

I had an idea. I asked my mother for a new computer. There were two reasons for this. One was that my father, who had earned his second master's degree in computer science at age 55, believed that computer use can sharpen the mind. The second reason was that I had heard of this thing called email. I decided that email might be a good way to make friends. I wanted to rekindle my interest in writing and correspondence.

I was right. I was able to teach myself how to use a mouse and use Windows 95. I began to write using the keyboard, not only email, but short stories as well, and finally, I wrote my first novel, completing a draft in eight months. Perhaps this was what sped up my brain's healing, but I will never know, nor were my doctors admitting to anything.

For whatever reason, I saw through the neurologist Daffner eventually. I noted that during my time alone with him, he his tone became haughty and demeaning. A few years after ECT, I realized there was no true evidence of TLE, and it seemed that my appointments with Daffner were a waste of time, so I stopped seeing him on my own. Many years later I had more EEG testing with different neurologists. One neurologist informed me that Daffner tended to overdiagnose TLE for his own purposes. I was told then that the "activity" in my temporal lobe

was to be expected in anyone's brain. Therefore, Daffner's suggestion of "possible TLE" was completely dismissed.

Dr. Gunderson, the Personality Disorder guru, had claimed I was incapable of sitting in room full of people and of relating to others. I found out this was completely untrue. Knowing he was wrong, I went back to college and had no trouble academically. I did not claim any disability at all, nor need accommodations. The personality disorder diagnosis was taken off my medical record after I left McLean. I attended the Adult Degree Program at Emerson College part-time, and after five years had finished my Bachelor's degree in Writing, Literature, and Publishing with a 3.95 grade-point average, Summa Cum Laude.

A month following my graduation, Joe died. We were 45 years old. He never saw the Red Sox win the World Series in 2004. He didn't see me graduate from grad school in 2009, nor see *This Hunger Is Secret* go into print in 2012. I dedicated the book to his memory.

After the confusion from ECT wore off, I returned to functioning. However, this does not mean there were no damages. I lost a year and a half of my life. I lost many friends during that time and I lost my job. I lost my relationship with my two brothers, who to this day, barely speak to me. I never experienced the joy of being an aunt and never attended any family celebrations such as graduations. One of my brothers lived an hour's drive from me, but never visited. My mother died recently and now we are fighting over the inheritance. I believe none of this would be happening if I had not submitted to Mental Health "Care." That "care" was not "care," but "treatment" for nonexistent brain diseases, therapy for imaginary issues I never had, denial of my rights and denial of personhood, and complete ignorance, stupidity, bigotry, antisemitism, and sexism. Many describe this complete degradation as soul-murder.

In 2012 I finally came to realize that Mental Health “Care” violates so many human rights principles that it is not care, but mostly abuse, imprisonment, and genocide. I stopped psychiatric drugs when I realized they were destroying my body’s organs. I stopped therapy when I realized it was destructive brainwashing. I was amazed to feel much better! I do not experience depression nor moodswings nor psychiatric symptoms. I am not that person full of angst and suffering as my doctors previously described me. I would like to see procedures such as ECT stopped so that others will not have their lives so interrupted as mine was. These days, I try to show other people to trust themselves rather than seek the advice of a person an office claiming to know better. We are each the authority on our own selves.

I have tried to contact many in my past. One was Joe’s sister Rosemary, at the time that a number of us were protesting ECT in May of 2015. I was saddened when I found out online that she had just died.

It is on my conscience, and perhaps mine alone, that while we all assumed Joe had died of heavy smoking, I know that smoking alone did not kill him. He had submitted to the drug Clozaril, which he took under duress due to court-ordered guardianship. Only a person with the ability of a god can determine what causes a heart to stop beating. However, I knew Joe intimately, and there were secrets the two of us had shared for years. In the year 1989 or thereabouts, Joe told me he didn’t believe he was ever bipolar. He told me his initial psychosis had been the result of alcohol withdrawal.

Now, over a decade has passed since Joe’s death. I know he had been correct. At the time of our brief discussion of the possibility that neither of us was mentally ill at all, but had been hastily misunderstood and then, called “crazy” with all the family expectations on our shoulders,

we had concluded that we'd better stay mum and stay on the drugs. Nothing more had been said.
I have that on my conscience to this day.

Julie Greene

(Written between March 18 and March 27, 2016, except where portions have been quoted
from previously-written documents.)