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With a 3-month waitlist in Norfolk, electroconvulsive therapy is overcoming its reputation

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Dolores Orrico watched her psychiatrist flip a switch and turn a knob. She stared hard as adjustments were made to the machine that'd soon send her into a seizure.

She was lying in a bed on the second floor of Sentara Norfolk General Hospital in October. Red and black cables snaked from her chest to a heart monitor on the wall. A meter clipped to her thumb checked oxygen levels. And her attention abruptly turned, startled by a sudden shadow, as a resident doctor leaned over the bed to run a cleaning wipe across her brow.

"Don't," she told him, smirking. "Don't mess up my hair."

He said not to worry and gently affixed EEG leads, neurological sensors, to her forehead. Then she was all prepped. Her psychiatrist held her hand as she slipped into general anesthesia. Another resident, Dr. Rizwan Hassan, held two black paddles equipped with electrodes at the sides of her head, just forward of her temples, and delivered a perfunctory countdown:

... Three ...

... Two ...

... One ...

The machine generated a current, and for several seconds, electricity pulsed through the frontal lobe of Orrico's brain.

At 71, Orrico has suffered from severe depression for over 45 years, having tried talk therapy and more than 15 antidepressants. She says electroconvulsive therapy, commonly called ECT, is the closest thing to a cure she's ever found. She undergoes treatment every six weeks at Norfolk General, and her family now describes her as a brighter person.



Rotating resident Griffith Wood places electrodes on Dolores Orrico's head as Dr. Shriti Patel's, left, team prepares to administer electroconvulsive therapy at Sentara Norfolk General on Friday, Oct. 24, 2025. (Stephen M. Katz / The Virginian-Pilot)

And they feel lucky. The waitlist for treatment is three months long and growing, according to Shriti Patel, who oversees the ECT program at Norfolk General, the only hospital in Hampton Roads to offer electroconvulsive therapy. Last year, it administered 972 ECT sessions to 68 patients.

It's so in demand because it's effective, Patel said, and it's employed when other treatments prove ineffective.

Medical researchers have often cited ECT as the best acute treatment for severe depressive illness, and it's also effective for treatment of mania, schizophrenia and catatonia. In 2021, the National Institutes of Health cited a study that found ECT had a 78.7% remission rate for non-melancholic depression and a 62.1% remission rate for patients with more severe forms.

ECT is particularly effective for older adults, with 80% of patients over 65 experiencing positive results. About 60% of people between 30 and 40 have positive results, nearly double the percentage of positive outcomes from typical antidepressants, Patel said. Many postmenopausal and perimenopausal women as well as Parkinson's disease patients struggling with depression respond exceptionally well to ECT.

Unlike many pharmaceuticals that target specific areas of the brain, ECT affects the entirety of the brain.

An electrical current is applied to the brain for up to 10 seconds to induce a 20- to 60-second seizure. The purpose is to stimulate axons, the part of nerve cells capable of releasing and responding to neurochemicals.

"The big picture of ECT is not that we're targeting a specific region, but we're trying to re-stimulate the brain to start responding normally to stress," Patel said.

ECT machines are calibrated on a case-by-case basis to meet the needs of individual patients to minimize risk. The most common side effects, waking up with a headache and short-term forgetfulness, are expected to improve with time.

The Norfolk hospital has offered ECT for over 35 years, but Patel said the treatment, originally referred to as electric shock therapy, was first conducted in the 1930s on people diagnosed with schizophrenia as a humane alternative to a lobotomy. Anesthesia initially was not used, and although the complete sedation of patients was adopted as standard practice by the 1940s, ECT has never fully escaped its earliest reputation — often thought of as an abuse.

Like many medicines and illnesses involving mental health, it is stigmatized.

ECT sessions are mentioned with foreboding in literary works such as Sylvia Plath's "The Bell Jar," and famously, it's characterized as a punishment for the fictional mental health patients trapped in the asylum setting for Ken Kesey's 1962 novel "One Flew Over the Cuckoo's Nest." One of Kesey's characters describes an ECT machine and the procedure to the novel's protagonist Randle McMurphy as "a device that might be said to do the work of the sleeping pill, the electric chair, and the torture rack. It's a clever little procedure, simple, quick, nearly painless it happens so fast, but no one ever wants another one. Ever."

Jack Nicholson won the 1976 Academy Award for best actor for his portrayal of McMurphy in the film adaptation of Kesey's book. In one scene, Nicholson's character is restrained, tied to a bed, huffing and wincing in apparent pain as he endures a seizure induced by ECT.

However, ECT sessions at Norfolk General look nothing like the movie.

"I think it was the media kind of used to look at this treatment with an idea of 'Let's reimagine this sort of treatment as a punishment', Patel said, "which ECT was never, ever to be."

Patients are spoken to gently while they're prepped. Patel asks her patients if they'd prefer she dim hospital room lights and offers her hand to hold as they're placed under general anesthesia. They're also given powerful muscle relaxants that pacify the convulsions of their seizure. The procedure causes little to no bodily shaking. They wake up within 20 minutes and are free to go home.

"I always hold the hand," Orrico said. "And I wake up. It's like nothing happened."



Resident physician Rizwan Hassan administers electroconvulsive therapy to patient Dolores Orrico at Sentara Norfolk General on Friday, Oct. 24, 2025. (Stephen M. Katz / The Virginian-Pilot)

Orrico became depressed for the first time in 1979, three months after she and husband Bill had their first child. They later moved to Chesapeake, but at the time were living in their home state of New Jersey — where one morning she woke up with a “down feeling.” And it didn’t go away. She struggled but managed to function in her daily life: cooking, cleaning and taking care of the baby. But every task and socializing felt hard, like a dragging chore.

“You don’t want to talk to anybody. You don’t want to see anybody,” she said. “You just do what you have to do, and that’s it.”

Then one morning, after seven months, the feeling stopped.

“Like clockwork,” she said. “It just disappeared.”

In total, she’s suffered seven, months long depressive episodes during which she hid her symptoms from friends, her children and neighbors the best she could while seeking help from many different doctors. And when professional help failed, her husband tried peppering her up the best he could.

“You’re trying to be overly nice. That didn’t work. If you try to be a little bit stern about something and maybe say, ‘You should do this,’ that didn’t work either. Nothing,” he said. “So it was like, in my mind, she was a piece of glass, and I didn’t want to be the person that shattered it.”

Each episode started as spontaneously as it would end, and when she wasn’t depressed, she lived in fear of her symptoms returning.

When they did in March 2023, they lasted into the fall and led to insomnia. When she finally got to sleep after four days without rest that November, her husband was unable to wake her and called 911. She awoke in a state of psychosis and spent nearly two weeks in different Hampton Roads psych wards.

“Once she reached that point, the state owned her. Eventually, I couldn’t make any decisions,” her husband recalled. “It was really tough.”

When she finally got home, she still wasn't sleeping well. She wasn't speaking like herself and manically paced at night. Her daughter, Laura Marshall, recommended ECT. Depression often runs in families, and years before, ECT helped Marshall with postpartum psychosis.

"When you tell people that you've had ECT, they kind of, like, look at you sideways," Marshall said. "But that's what brought me home and really turned everything around for me."

Maybe, Marshall thought, it could help her mother as well?



Dr. Shriti Patel watches Dolores Orrico's vital signs as her team prepares to administer electroconvulsive therapy at Sentara Norfolk General on Friday, Oct. 24, 2025. (Stephen M. Katz / The Virginian-Pilot)

Orrico voluntarily sought treatment at Norfolk General to receive ECT and had two sessions in late December 2023, before contracting COVID delayed further sessions for several weeks. Once feeling better, she started receiving three sessions a week the following month.

During her time in the hospital, Orrico felt her old self gradually come back — in a brighter form. She now receives ECT every six weeks as "maintenance" sessions to prevent a relapse. They've helped her reduce her antidepressant dosage, and Patel is hopeful that Orrico will soon require an appointment every eight weeks with the eventual goal of using ECT only as needed.

Psychiatrists determine the appropriate duration and number of sessions required on a patient-by-patient basis. Patel recommends at least six.

Since receiving electroconvulsive therapy, Orrico hasn't been depressed. Her husband often hears her laughing while talking on the phone — something that rarely, if ever, used to happen — and has noticed an uptick in his wife's eagerness to socialize at home and even take trips with friends to the Outer Banks.

"It's a great personality," Bill Orrico said.

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Link to article and photos on the Virginian-Pilot website:

<https://www.pilotonline.com/2025/11/03/electroconvulsive-therapy/?clearUserState=true>