Depression is a mental illness that affects millions of people. The symptoms can vary, but common signs include loss of interest in activities, changes in appetite or sleeping patterns, and feelings of hopelessness. Treatment options include medication, therapy, and lifestyle changes. It's important to seek help if you or someone you know is struggling with depression.
Dr. Rubin described the use of the method in two patients:

"One case was that of a fireman whose particular hallucination was that he talked to Jesus Christ. I sat by his bed for 3 hours, waiting for this to occur, while he remained wired up throughout this time, a syringe of succinycholine inserted in a vein, and my finger resting near the button.

"When his hallucination finally occurred, the 40 mg of succinycholine was injected to prevent risk of fracture and, at the very instant fasciculation was observed, the ECT was administered."

Patients who are not hallucinatory but have obsessions and compulsions are instructed to act them out.

"In one such case, a female patient was given a rubber knife and told to use it on her enemies. While she was stabbing the air in a frenzy the shock was administered." Dr. Rubin said.

The development of the technique was based on the hypothesis that the most important determinant of success in ECT is what the patient has "in mind" at the time of the treatment.

His theory has stemmed from earlier studies in animals of the effects of ECT on conditioning and memory. The results of such studies showed that the retrograde amnesia produced by ECT had its greatest effects on memories with which it was contiguous. That is, the amnesia for a memory event occurred if the shock was given immediately following it; amnesia did not occur when 24 hours elapsed between the event and the shock.

Further, and particularly significant, the age of the particular memory ablated by the ECT was not a crucial factor. Rather, it was the degree of contemporaneousness of the memory, Dr. Rubin said.

If the memory was active at the time of the ECT it would be inhibited, whether it was an old retrieved memory or a newly acquired one.

Dr. Rubin's current "model" of ECT action in humans considers that "attention" is the effective selector of the contents of consciousness, and that these contents are the "active memory" event that is to be disrupted by ECT.

"Since these active memories have their neural correlates, when you suggest imagery for the person's attention it necessarily activates the neural correlates of that imagery," he said.

Thus, when the main psychopathologic imagery is suggested to the patient for his attention, the neural correlates of that imagery are "selected," and if ECT is given at the same instant then these correlates are disrupted. Retrograde amnesia ablates that particular imagery and the patient thus "forgets" his symptoms.

Dr. Rubin acknowledges that "the model is oversimplified, as most theoretical models are;" however, he believes such models have been useful in early stages of investigation.

In the light of this model, it is understandable why contradictory results have often been obtained from the routine method of ECT, and why it has been beneficial in some conditions and not in others, Dr. Rubin said.

Remedy for Depression

For example, symptoms treated by ECT can be divided into two broad categories: intermittent states and steady states. Intermittent ones, such as hallucinations, delusions, and compulsions may escape the effects of routine ECT because they are already protected in the inactive memory state, by anesthesia or by "attention", being linked to environmental and irrelevant stimuli.

Conversely, routine ECT is a tried and true remedy for depression because the symptoms are primarily in a steady state, he said.

"Predictably, acute schizophrenics also respond well to routine ECT because during the series of treatments the pathological neural correlates are bound to be affected sooner or later."

Using the modified method will increase the probability of successful treatment and reduce the number of treatments necessary for any one patient. It will also increase the number of patients who can benefit from ECT and possibly have application to parapsychiatric conditions, such as habitual criminality and drug addiction, Dr. Rubin said.

(Continued on page 23)
CHEESE!
LIKE SWISS
MY MIND'S
BESS MESS TRIAL

Sukhreet tells of electroshocks
New York

When a grand jury began looking into her hiring by Bess Myerson, Sukhreet Gabel testified yesterday, the former beauty queen showed up at her apartment and declared: “You've got to keep your mouth shut. Don't you know you could be dangerous?”

During an hour-long, nighttime walk around the Upper East Side, Gabel said, Myerson told her: “The trouble with you is that you remember too much. You have to learn to forget more. I've forgotten more than you have ever known.”

No sooner had Gabel completed that account than the case took a dramatic turn, as Myerson’s defense lawyer began a cross-examination that led the witness into a thicket of contradictions and may have seriously damaged her credibility as the prosecution's star witness.

In a particularly devastating moment, attorney Frederick Hafetz read from a 1987 deposition in which Gabel had interrupted herself and said: “Oh dear, am I making this up? I'm not certain. . . .”

Repeatedly mentioning the electroshock treatments that Gabel has undergone for depression, Hafetz pressed the witness about another sworn statement in which she said her memory was “like Swiss cheese with holes in it.”

By the time Hafetz finished shouting questions at the 39-year-old woman, the fabric of her testimony was considerably more tattered.

Fourth Day on Stand

These rapid-fire events unfolded during Gabel's fourth day on the stand in the divorce-fixing case. Myerson, the city's former cultural affairs chief, her boyfriend Carl Andrea Capasso, and Gabel’s mother, retired Judge Hortense Gabel, are charged with conspiring to fix Capasso's $15 million divorce in exchange for arranging a city job for Sukhreet Gabel as Myerson's special assistant.

Myerson, who faces up to 30 years in prison if convicted, is also charged with obstruction of justice based on the conversation Sukhreet Gabel recounted yesterday.

Kept Off Balance

In launching his cross-examination, Hafetz attempted to portray Gabel as a mentally unstable witness with a tendency to invent conversations. He kept Gabel off balance by underscoring conflicts between her trial testimony and her voluminous statements to reporters, prosecutors and the grand jury.

Gabel quickly waded into quicksand by mistating the date of her 1985 electroshock treatments, saying they occurred a year later, in the spring of 1986 or during the same period as her nighttime walk with Myerson.

“Are you telling the jury you don’t remember those 15 . . . electroshock . . . treatments . . . to . . . your . . . brain?” Hafetz asked, drawing out each word.

Apparent Love of Limelight

Hafetz then opened fire on Gabel's apparent love of publicity, waving a gossip column from yesterday morning's New York Post.

The column quoted Sukhreet Gabel as saying she discussed the case with her mother over dinner Sunday night.

As Hafetz grew louder and the courtroom grew hushed, the witness said she did not recall speaking to the Post columnist on Sunday.

“You don’t remember yesterday?” Hafetz asked in a mocking voice.

The attorney then read from 1986 grand jury testimony in which Gabel said, “I'm getting confused between knowing something and thinking something must have been.” Gabel said she did not recall making that statement.

Gabel was confronted with a comment that she made when her mother was indicted last October.

“There's the thrill of having worked so hard to testify and to have something come of it,” Gabel told the New York Daily News.