

Why Did You Become Interested in Catatonia?

Dr. Northoff:

I saw some patients early in my residency, and what particularly struck me was that the movements, you know, usually you would compare catatonia with, let's say, Parkinson's disease — the akinesia when people can't move. But in this case, the akinesia was something different, and it was also accompanied by certain psychological subjective experiences. For instance, I'll tell you one example, a very tragic case: each time this person fell in love, she became catatonic. Why couldn't she control the intensity of her emotions? Of course, often it's anxiety. But let's say when you have strong paranoid delusions like in schizophrenia, or when you're severely depressed, but it can also be positive. So it's really the individually meaningful life events and how it affects your emotion and your control of the emotion that seems to transform into this movement.

One of the most fascinating things is subjectivity — the meaning of the symptoms. The motor is not just like pure motor symptoms like in Parkinson's patients, but it's really the symptom has a meaning in this relation to the subjective biography. That was for me the most impressive thing, and that's why I developed this psychomotor concept of catatonia.

It's not just a motor disorder, like dystonia, like tremor, like Parkinson's, like Huntington's, with some secondary psychological manifestations. No, it's a primary psychological, which transforms into motor changes.