

What are some of the misconceptions in psychiatry about catatonia?

Dr. Carroll:

In psychiatry, the patient may exhibit a behavior that's a catatonia behavior, but it is interpreted as willful, or psychological, or intentional. But there are some other things that the patient cannot do, like waxy flexibility is not something that would be intentional or that the patient would be doing bullishly. Certainly it's difficult, but if we have a catatonia assessment that's complete, we can at least address that question