

How did you become interested in catatonia?

Dr. Ghaziuddin:

I became interested in severe mental illness. That was the first thing. And because of my interest in severe mental illness, and what I mean by severe mental illness is, not mild symptoms that may be the result of everyday stress or breakups or just minor loss, but illness that was severe, that really impaired the life of the person. And that was not fully responsive to treatment.

Because of that kind of disorder, a range of disorders, I became interested in electroconvulsive therapy. Both my original medical background in India and also my training in England, the kind of negative reaction that a lot of clinicians and the lay public had towards electroconvulsive therapy 25 years ago, 30 years ago, I had not encountered. So I was like, “Hey what about ECT? That’s really effective.” And my interest in and my suggestion used to be met with a blank stare, or sometimes with a negative reaction. So I started using electroconvulsive therapy—including in younger patients—about 30 years ago.

That’s one piece of my background that’s relevant to the question about, “How did I become interested in catatonia?” The other relevant and interesting point is that catatonia had totally been ignored in our training. Everywhere. Catatonia was just a footnote. It was considered as a subtype of schizophrenia.

So a lot of clinicians who belong to my time of training and experience were self-taught. I would see patients who were somewhat different in their presentation, who were not responding to the usual medications—in particular antipsychotics and antidepressants that we generally use for severe mental illness—and would respond very robustly to electroconvulsive therapy.

So it was a journey and it was largely self taught.