



## Are there any remarkable recoveries you'd like to share?

### **Dr. Beach:**

One of the reasons why people get so excited about catatonia is that, as psychiatrists, most of us have seen amazing recoveries or have amazing stories of patients who were catatonic. For me, one of the most memorable is when I was a fellow, a woman was admitted to the cardiac ICU because on her 25th wedding anniversary, she had stabbed herself through the heart with a butcher knife, and she had a cardiac tamponade. So she had blood in the sack surrounding the heart and had to get that drained.

I saw her after she had come back from the O.R., and the consult question—the reason we got involved was that the nurse was concerned that the patient was—the term that was used—was, "playing possum," or faking things, because there would be moments when the nurse was trying to engage her when she was completely immobile and completely mute and non-responsive, and then the nurse would turn her back for a second and notice that when she did that, the patient opened her eyes. Or there would be a time when the patient sort of...nobody was around, but somebody saw the patient move. So there was this idea that there was a volitional component to it.

I came in as the consultant and fairly quickly diagnosed catatonia. This was not a tough diagnosis to make. This wasn't a subtle presentation. This was a woman who had pretty striking features and was more on the extreme end of the spectrum. So when I lifted her hand and let it go, it stayed up there for minutes before I gently repositioned it. And so I let the nurse know that I was concerned that she was catatonic, and we decided to give her some IV lorazepam. When we do this, we often tell teams, and I often tell my trainees, you read about these dramatic responses. But the most common response is that over the span of 30 minutes, sometimes up to a couple of hours, people will gradually improve a little bit.

This woman, I happened to still be at the bedside. She got, as we say, she got spritzed with Ativan through the IV, and almost immediately sat up straight in bed, looked at me and said, "What's going on?," and began talking and conversing normally. That was the Lazarus effect that you read about, and as a fellow, that was mind-blowing.

I had never seen a patient respond that quickly and that dramatically. And then I was able to do a psychiatric interview with her. I was able to have a conversation, and she understood and remembered that she had stabbed herself—that she was feeling tremendously guilty about her anniversary, and she had been struggling with depression, and so was able to let me know that all of this had been happening. Her catatonia was probably related both to her underlying

depression, but I suspect also related to the trauma of recognizing that she had done this to herself and stabbed herself in the heart.

One of the things that we think about in terms of catatonia from an evolutionary perspective is that it's our fear response. It's a human's extreme fear response. It's the same thing as a lower mammal, like a possum, playing dead. So this woman had an intense fear response and became locked up and mute. And so what makes it interesting in the end is the nurse saying she was playing possum is actually probably 100 percent correct.

She was playing possum. She was having the same fear response that possums have when they play dead. And we call that catatonia in humans.