

How did you become interested in catatonia?

Dr. Caroff:

How I became interested in Catatonia is very important as I look back over the course of my career. When I was in training in the late '70s, it was a very fertile time in psychiatry where things were changing up until that point. Still at that point, a lot of the training programs and departments in psychiatry throughout the country were really psychoanalytically oriented. And although psychoanalysis/psychotherapy is very good for many people with personality disorders or problems of everyday life, it really doesn't offer anything for people with major psychotic conditions like schizophrenia or mania. And for people who have catatonia, for whatever reason, it really offers practically nothing.

There were a lot of changes at that time, and some groups were reconsidering how to approach people with these serious conditions. One group was Richard Abrams and Michael Taylor, who were younger psychiatrists at that time. And really, they went back to the older descriptive literature of how to understand and recognize and diagnose people with major psychotic conditions like schizophrenia and mania and so forth. And also catatonia.

They were pioneers at that time, as other groups were as well, in looking at catatonia as a neuropsychiatric syndrome that wasn't just caused by schizophrenia. It was common in mood disorders, as they did some wonderful landmark studies at that time in New York, and also — especially Richard Abrams — were experts in the administration of electroconvulsive therapy. So I happened to wind up in Stony Brook where Abrams and Taylor were involved in the training program, and although they left in my first year, unfortunately, the program, their teaching and the program, had a tremendous impact and impression on me. I can remember going on clinical rounds with Richard Abrams demonstrating the remarkable signs of catatonia, and I learned ECT under him, which I feel very honored and grateful to have done.

Dr. Fink was there at the same time, although I didn't have direct contact with him during my days at Stony Brook. He was very influential then and really was a champion historically and almost the lone voice in continuing to advocate and report the efficacy of ECT in depression and other conditions and catatonia. That was through the psychoanalytic era when many of the major authorities wanted nothing to do with ECT and catatonia.

Later when everything became more pharmacologic and drug-oriented, Dr. Fink also was a singular voice in continuing to support the efficacy of ECT. So he's definitely a giant in the area for that. But for me again, I was impressed with the phenomenologic approach of Abrams and Taylor and then had a continuing impact on me throughout my career and up until this day, so that's how I got started.