

WKL  
international

international society  
2<sup>nd</sup> web-meeting

SATURDAY THE 28<sup>TH</sup> OF JANUARY 2023

BERLIN-PARIS 11:00 – 13:00  
BUENOS AIRES 7:00 – 9:00  
PERTH 18:00 – 20:00

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Main topic

How could we improve our communication  
with non-WKL trained psychiatrists without  
losing our identity?

Web-symposium  
28<sup>th</sup> of January 2023

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# Who starts?

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## The international WKL society is committed



1. To preserve the tradition of clinical excellence in differentiated psychopathology
2. To promote, teach and diffuse knowledge and clinical skills in differentiated psychopathology
3. To encourage, support and take part in scientific studies based on differentiated psychopathology

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## Back to September's discussion

Everybody seemed to agree for:

- Progressive periodic catatonia (Leonhard's): PPC.
- And chronic systemic catatonia: CSC

But there seem to be a reluctance to name motility psychosis as remitting periodic catatonia.

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## Context: review article on periodic catatonia

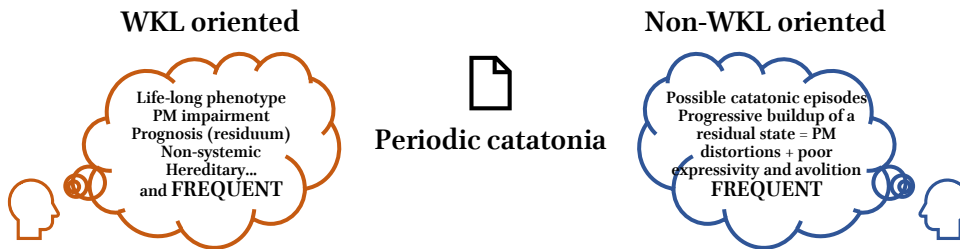
These changes were NOT proposed for WKL-members or other WKL trained investigators:

- We should NOT use PPC when talking to each other.
- We should not teach it in WKL courses.
- WKL publications should NOT use it.

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## Context: review article on periodic catatonia

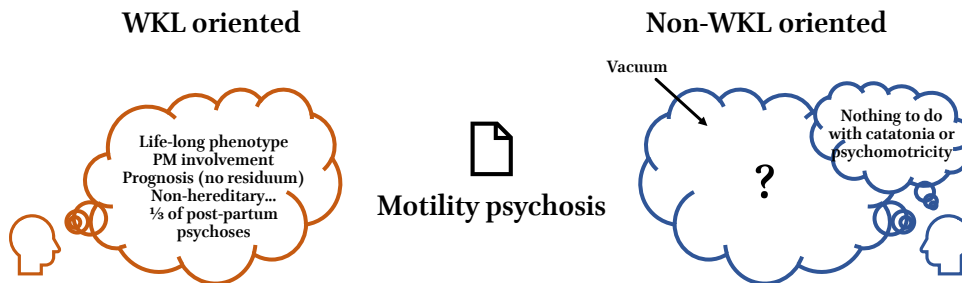
These new labels were proposed for investigators unfamiliar with WKL framework



Moreover PPC ≠ periodic catatonia – at best it can be viewed as a proxy

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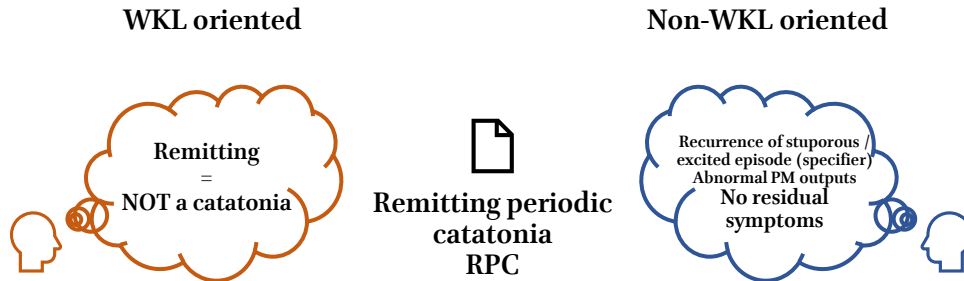
## Hence the problem with ‘motility psychosis’



How could we name it in a way which could generate the intuition of what we are talking about using current definition of words (ICD/DSM)?

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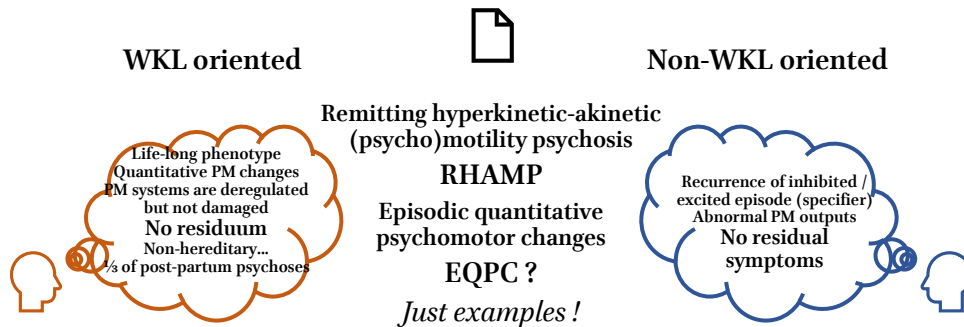
Giving the intuition of the clinical picture to others



But now too problematic for us... (Gabor, Bruno, Andreas, Clément and many others ...)

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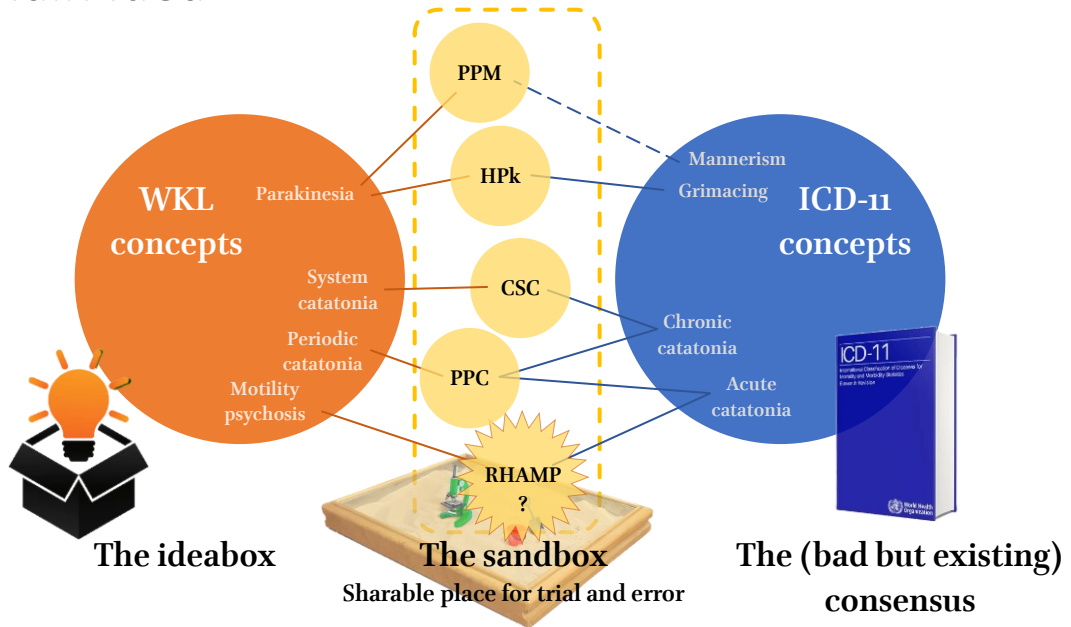
Giving the intuition of the clinical picture to both



But anyway RHAMP/EQPC ≠ motility psychosis – only a sharable proxy

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## Main idea



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## Too many different paradigms

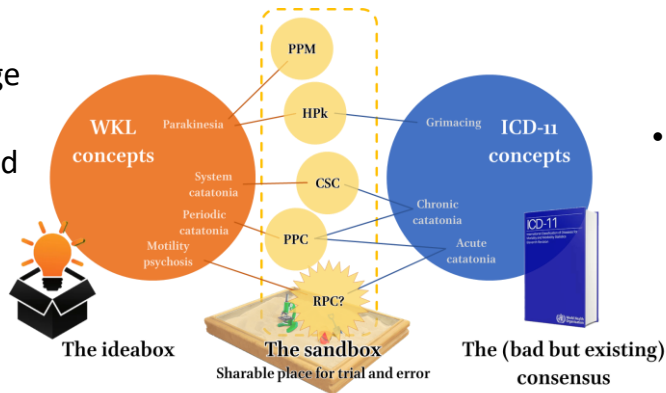
Systems neuropsychiatry vs atheory – even the most basic vocabulary has a completely different meaning:

- |                            |  |
|----------------------------|--|
| • Psychosis                | • Psychomotricity                                    |
| • Endogenous, neurotic     | • Flat affect  |
| • Schizophrenia            | • Indirect emotions<br>( <i>mittelbare Gefühle</i> ) |
| • Catatonia                | • Parakinesia  |
| • Hebephrenia              | • Gegenhalten...                                     |
| • Manic-depressive-illness |  |

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# Main idea

- WKL 'works' in clinical setting
- Changing anything in it could challenge its 'face validity'
- WKLIS is committed in preserving this tradition, promote and teach it.

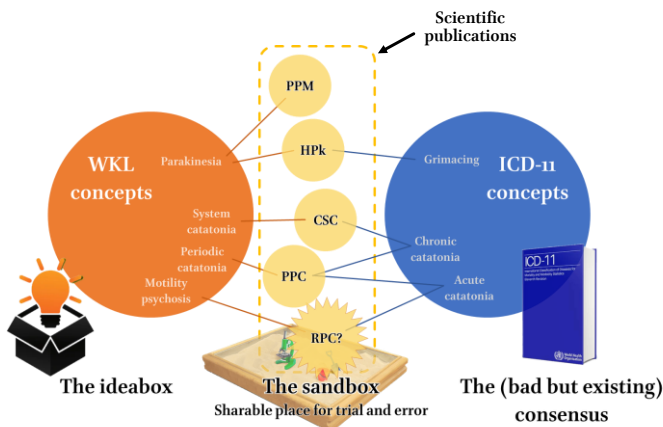


BUT

- We shouldn't expect others to make any efforts in our direction.
- But we need to find a way to publish our findings on something they can understand.

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Main idea: we need to adapt to others (unfortunately) – still without losing our identity

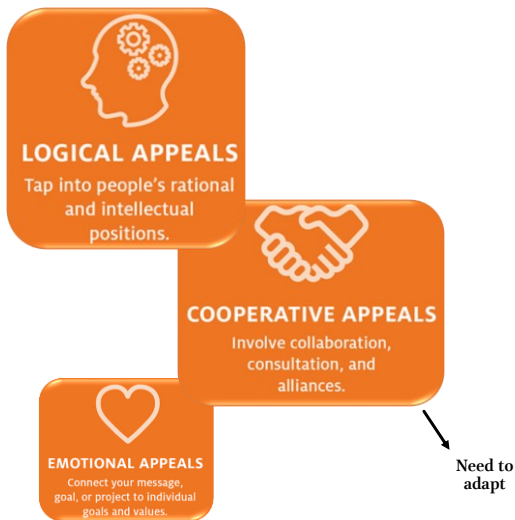


Using other words to name 'sandbox' concepts that can be:

- Sharable (understood without the knowledge of WKL framework)
- Testable (duplicated by others)
- Yet without threatening the whole WKL paradigm.

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## Other ideas: Public relation – targeting influencers?



- Previous experiences:
  - Gabor (papers)
  - Gerald (symposia)
  - Ours (Walther, Hirjak)
- Possible on specific (sharable points) – not the whole framework

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## Other ideas: Own publications, diffusion...



- Sufficient number of publications to have specific journal?
- Special issues (psychopathology, frontiers)
- Web site (glups ☹️)
- Videos of our communications

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