



Letter to the Editor

Is “*praecox feeling*” a phenomenological fossil? A preliminary study on diagnostic decision making in schizophrenia



Dear editors,

The “criteriological revolution” has profoundly modified the practice and teaching of psychiatric nosology. DSM-III was based upon third-person data which aimed to be context- and observer-independent. The origin of this epistemological shift lie in the late 1970's reliability concerns about diagnosis in disorders such as schizophrenia (Aboraya, 2007; Robins and Guze, 1970; Sartorius et al., 1972). However, by focusing on reliability only, contemporary nosologies may have neglected the issue of validity (Parnas et al., 2013). Validity is usually related to the “comprehensive manifestation of an underlying psychopathological disorder” (American Psychiatric Association, 2013). However, validity is not solely related to physiopathological mechanisms, but also to the clinical capacity to identify and correctly capture valid symptoms (Berrios and Marková, 2013; Phillips et al., 2012; Micoulaud-Franchi et al., 2018). In particular, in schizophrenia research, several authors have recently expressed renewed interest in determinants that influence the validity of diagnostic judgment such as motor and affective attunement in the doctor-patient relationship and the subjective experience of clinicians (Nordgaard et al., 2013; Stanghellini and Rossi, 2014). In the phenomenological literature, the *Praecox Feeling* (PF) refers to a characteristic feeling of unease or bizarreness experienced by the psychiatrist while encountering (or interviewing) a person with schizophrenia. The notion of PF, coined by Rümke in 1941 (Rümke, 1941), was considered a core symptom of the schizophrenia spectrum, with high diagnostic specificity and validity. According to Rümke, the diagnosis of schizophrenia may be strengthened by an ineffable intuition, which is probably based on the inaccessibility of the patient to empathic understanding. Rümke also insisted that extensive clinical experience is required to use PF during diagnostic judgment (Schwartz and Wiggins, 1987). Only a few empirical studies explore PF systematically. Two cardinal studies were based on the same empirical design: the first exploratory study was conducted by Irls (Irls, 1962) in West-Germany in 1962, and the second by Sagi and Schwartz (1989) in the USA in 1989. The first survey took place in the pre-DSM era on a population of 2324 senior psychiatrist. Irls aimed at exploring judgment processes involved in the diagnosis of schizophrenia, but was initially skeptical about the notion of PF. The second study took place in the DSM-III era and included 502 psychiatrists registered in the American Psychiatric Association New York County branch.

1. Methods

Our aim in this preliminary study was to explore the possible persistence of PF in diagnostic decision-making in the DSM-5 era. For this

reason, we have designed a French version of the original studies' survey. From January to June 2017, a web-based multi-centric survey was circulated among a population of 1811 psychiatrists in Toulouse and Marseilles (France), and additionally to members of the Association of French Psychiatric Trainees (AFFEP). Our objective was to evaluate the declaration of PF in diagnostic decision-making.

2. Results

463 responses were obtained (response rate was lower than in previous studies). 90.1% of participants ($n = 417$) acknowledged having experienced “feelings strongly suggestive of the diagnosis of schizophrenia”. This result is significantly higher than in previous studies ($p = .015$). 74.1% of participants ($n = 343$) found these feelings reliable, in a significantly larger proportion than previous studies ($p = .009$). 12.3% of participants ($n = 57$) considered PF as more reliable than all other symptoms for schizophrenia diagnosis. This last result is significantly lower than in previous surveys ($p = .004$). Table 1.

3. Discussion

Given the democratization and increasing accuracy of operationalized diagnostic tools since the 1980's and the usage of DSM 5 and ICD-10 in psychiatry residency program in France, a decrease of PF was expected. Indeed, considered too subjective or for some arbitrary, it is no longer present in current psychiatric semiology and nosology, making this phenomenon inaccessible to any psychopathological investigation and obsolete for pedagogy (Andreasen, 2007). From the IIIrd to the IVth-TR versions of the DSM, the only diagnostic criterion of schizophrenia - indirectly related to the notion of PF - was “bizarre delusion”. But “bizarre delusion” was limited to delusional content alone, and did not take into account the conditions of intersubjective encounter (Cermolacce et al., 2010). This criterion was removed from the fifth version of the DSM. Paradoxically, the teaching of these methods as cardinal diagnostic skills did not lead to any significant relegation of PF from diagnostic decision-making, as some scholars have suggested (Maj, 1998; Andreasen, 2007). The results of our replicated study suggest instead a persistence of PF as a perceived sign of schizophrenia, although PF is apparently no longer as often considered “the most reliable symptom.” As several scholars suggest, PF-like experiences should not be opposed to a criteriological attitude in diagnosis (Schwartz and Wiggins, 1987; Nordgaard et al., 2013). It is very likely that physicians' reasoning navigates constantly between basic, non declarative, empathic intuition and criteriological verification of that intuition. Systematic explorations of anomalies in patients' experience, for example, of self, body, or time, may be complemented and even completed by an assessment of the physicians' experience in the doctor-patient relationship as a specific determinant of diagnostic validity. The study raises several issues. Might there be a larger role for phenomenological methods and assessment in psychiatric nosology? What is the role of cultural context and differences in diagnostic processes? Is there a

Table 1

Comparison of the "Praecox Feeling" acknowledgment (PF+), the feeling of reliability and PF being "the most reliable symptom of schizophrenia," citing Irle's (1962), Sagi and Schwartz's (1989), and the present survey.

	1962 Irles (15)	1989 Sagi & Schwartz (16)	2017 Present study
Population	2324	502	1811
Number of respondents: n (%)	1196 (51%)	257 (51.2%)	463 (25.6%)
PF as present	85.9%	82.8%	90.1%
PF as reliable	53.9%	64.6%	74.1%
PF as most reliable	25.1%	20.6%	12.3%

"French exception"? The results call for further investigation, in particular because of possible risk of selection bias due to low response rate and an international survey on diagnostic processes in psychiatry is necessary.

References

- Aboraya, A., 2007. The Reliability of Psychiatric Diagnoses. *Psychiatry* 4 (1), 22–25.
- American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Author, Washington, DC.
- Andreasen, N.C., 2007. DSM and the death of phenomenology in America: an example of unintended consequences. *Schizophr. Bull.* 33, 108–112.
- Berrios, G.E., Marková, I.S., 2013. Is the concept of "dimension" applicable to psychiatric objects? *World Psychiatry* 12 (1), 76–78.
- Cermolacce, M., Sass, L.A., Parnas, J., 2010. What is Bizarre in Bizarre Delusions? A critical review. *Schizophr. Bull.* 36 (4), 667–679.
- Irle, G., 1962. Das 'Praecoxgefühl' in der Diagnostik der Schizophrenie. *Arch. Psychiatr. Ztschr. Ges. Neurol.* 203, 385–406.
- Maj, M., 1998. The critique of DSM-IV operational criteria for schizophrenia. *Br. J. Psychiatry* 172, 458–460.
- Micoulaud-Franchi, J.A., Quiles, C., Batail, J.M., Lançon, C., Masson, M., Dumas, G., Cermolacce, M., 2018. Making psychiatric semiology great again: a semiologic, not nosologic challenge. *L'Encéphale* <https://doi.org/10.1016/j.encep.2018.01.007>.
- Nordgaard, J., Sass, L.A., Parnas, J., 2013. The psychiatric interview: validity, structure, and subjectivity. *Eur. Arch. Psychiatry Clin. Neurosci.* 263 (4), 353–364.
- Parnas, J., Sass, L., Zahavi, D., 2013. Rediscovering psychopathology: the Epistemology and Phenomenology of the Psychiatric Object. *Schizophr. Bull.* 39 (2), 270–277.
- Phillips, J., Frances, A., Cerullo, M.A., Chardavoyne, J., Decker, H., First, M.D., Ghaemi, N., Greenberg, G., Hinderliter, A.C., Kinghorn, W.A., LoBello, S.G., Martin, E.B., Mishara, A.L., Paris, J., Pierre, J.M., Pies, R.W., Pincus, H.A., Porter, D., Pouncey, C., Schwartz, M.A., Szasz, T., Wakefield, J.C., Waterman, G.S., Whooley, O., Zachar, P., 2012. The six most essential questions in psychiatric diagnosis: a pluralogue part 3: issues of utility and alternative approaches in psychiatric diagnosis. *Philos. Ethics. Humanit. Med.* 7, 9.
- Robins, E., Guze, S.B., 1970. Establishment of diagnostic validity in psychiatric illness: its application to schizophrenia. *Am. J. Psychiatry* 126, 983–987.
- Rümke, H.C., 1941. Das Kernsyndrom der Schizophrenie und das 'Praecox-Gefühl'. *Zentralblatt gesamte Neurologie und Psychiatrie* 102, 168–169.
- Sagi, G.A., Schwartz, M.A., 1989. The "praecox feeling" in the diagnosis of Schizophrenia; a survey of Manhattan psychiatrists. *Schizophr. Res.* 35, 1–2.
- Sartorius, N., Shapiro, R., Kimura, M., Barrett, K., 1972. WHO international pilot study of schizophrenia. *Psychol. Med.* 2, 422–425.
- Schwartz, M.A., Wiggins, O.P., 1987. Typifications the first step for clinical diagnosis in psychiatry. *J. Nerv. Ment. Dis.* 175, 65–77.
- Stanghellini, G., Rossi, R., 2014. Pheno-phenotypes: a holistic approach to the psychopathology of schizophrenia. *Curr. Opin. Psychiatry.* 27 (3), 236–241.

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