Specific diagnostic criteria for the major psychiatric disorders are presented as the result of an extensive review of the literature refined by clinical experience. [The SCI® and SSCI® indicate that this paper has been cited in over 3,950 publications, making it the most-cited paper ever published in a psychiatric journal.]

The Advent of the “Feighner Criteria”

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As a beginning resident in psychiatry at Barnes-Renard Hospital, Washington University Medical School in St. Louis, in 1966, it became painfully clear to me that the state of the art of psychiatric diagnoses was frankly in a mess. Trying to draw conclusions from the scientific literature with regards to virtually any area of the major psychiatric disorders was extremely difficult. Patients that were described in one article as having acute schizophrenia, showing a very positive response to electroconvulsive therapy (ECT), seemed quite different from patients described in other articles as having a similar disorder and responding poorly to ECT but positively to neuroleptics. Also, with the progressive use of lithium and other more specific pharmacological treatments at that time, it seemed imperative to me that we refine our diagnostic criteria to assist us in selecting specific treatments for specific patients and to improve communication between research centers.

At that time in the Department of Psychiatry at Washington University School of Medicine, there was an enormous amount of epidemiological and natural history studies being done in a variety of psychiatric disorders. In my contacts with numerous people in the department, particularly Dr. Eli Robins and his basic "no nonsense data oriented approach," it was apparent that something should be done and could be done to better delineate the major psychiatric syndromes. In my third year as a resident, I began to develop specific diagnostic criteria for the affective disorders; and in so doing I discussed with Drs. Robins, Sam Guze, and George Winokur the possibility of expanding these criteria to include the major psychiatric disorders. During my fourth year as a chief resident, I subsequently pursued this more vigorously and with my coauthor set up a Tuesday afternoon committee. At that time I reviewed close to 1,000 articles in the then-existing literature and distilled this data into proposed criteria for the various disorders that we were working on at the time. These criteria were refined by the committee's work, which they subsequently published. It was an exciting time to be in Washington University's Department of Psychiatry and to work closely with the existing faculty.

One of the things I learned in this process is that, even as a resident, if you have a specific idea and are willing to commit to that idea, much can be accomplished with persistence and hard work. In general I have been very pleased at the overall direction that psychiatric nosology has taken since the advent of our paper, which has generally become known as the "Feighner Criteria." Certainly, it was my idea and initial energy that started this committee to work, but without the astute, competent, and highly informed contributions of the other authors, it would never have been possible to complete the task that was done in 1969-1970. As an aside, when it came time to take my psychiatric board exam, having reviewed all of the papers necessary to formulate these criteria, it was, as the saying goes, "like a walk in the park." It was fun and exciting to have had the support of the department and to be provided with the resources of the department to pursue these endeavors.

In the training of any clinician, I think it is important to expose all of us to the research process because I think, frankly, it makes more astute clinicians out of us and makes us better able to evaluate scientific progress as it evolves.

[Editor's note: Two later derivatives of this Citation Classic are also frequently cited resources.]
