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The Prehistory of Schneider's First-Rank Symptoms: Texts From 1810 to 1932

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Importance: **First-rank symptoms (FRS), proposed by Kurt Schneider in 1939, subsequently became influential in schizophrenia diagnosis. We know little of their prehistory. How often were FRS described before 1939 and in which countries and time periods? Which FRS was most frequently noted?** ***Observations:*** **Forty psychiatric texts from 37 authors, published 1810–1932, were identified that described FRS. In a systematic subsample, half of the textbooks examined contained such descriptions with little differences between countries or over time. Somatic passivity was most commonly noted, followed by thought insertion, thought withdrawal, and made actions. This pattern resembled that reported in recent studies of schizophrenia. A novel term—*delusions of unseen agency*—was seen in psychiatric texts and then found, from 1842 to 1905, in a range of official reports, and psychiatric, medical, and general audience publications. The Early Heidelberg School (Gruhle, Mayer-Gross, Beringer) first systematically described "self-disturbances" (Ichstörungen), many of which Schneider incorporated into FRS.** ***Conclusions and Relevance:*** **From the beginning of Western descriptive psychopathology in the early 19th century, symptoms have been observed later described as first-rank by Schneider. A term "delusion of unseen agency"—closely related to Schneider's first-rank concept—was popular in the second half of the 19th century and described in publications as prominent as the Encyclopedia Britannica and New England Journal of Medicine. The descriptions of these specific symptoms, with substantial continuity, over more than 2 centuries and many countries, suggest that an understanding of their etiology would teach us something foundational about the psychotic illness.**

Key words: Schneiderian symptoms/history/schizophrenia

> We have emphasized these symptoms of first-rank importance … Following the order in which we have reviewed them, they are: audible thoughts, voices heard arguing, voices heard commenting on one's actions; the experience of influences playing on the body (somatic passivity experiences); thought-withdrawal and other interferences with thoughts; diffusion of thought; delusional perception and all feelings, impulses (drives) and volitional acts that are experienced by the patient as the work or influence of others. When any of the modes of experience is undeniably present, and no basic somatic illness can be found, we make the decisive clinical diagnosis of schizophrenia. (Schneider 1, pp. 132–134)

The first formal proposal of Schneider's "first-rank symptoms" (FRS) was contained in a 1939 monograph Schneider wrote on psychiatric diagnoses for general practitioners and "interested psychiatrists."[2] An English description of these FRS, quoted above, first appeared in the 1959 translation of Schneider's textbook, "Clinical Psychopathology."[1] Through the incorporation of several FRS into the psychosis section of the Present State Exam[3] and from there into the schizophrenia section of the Research Diagnostic Criteria[4] and the DSM-III,[5] FRS substantially influenced diagnostic approaches to schizophrenia for several decades and generated a large descriptive, empirical, and conceptual literature.[6–10]

In DSM-III, the classic FRS of thought broadcasting, thought insertion, and thought withdrawal were included as diagnostic criteria for schizophrenia and described as "characteristic delusions." This has generated confusion and debate in the subsequent literature as to whether these phenomena are best considered as primary, subjective experiences (hence the generic term "symptom") or a false belief accurately captured by the term "delusion." In this essay, we assume the former.

Schneider's Development of the FRS

Schneider was in large part introduced to phenomenology by the philosopher Max Scheler (a member of the "Munich Circle" of phenomenology), with whom Schneider in 1921 completed his postgraduate thesis. It has been recently argued that Scheler's philosophy played a minimal role in K. Schneider's further career as a psychiatrist.[11] Nevertheless, Schneider expressed strong advocacy for Jaspers' and the Early Heidelberg School's application of phenomenology to the clinic. He was well aware of the advantages and limitations of clinical phenomenology in the study of the patient's subjective experience of symptoms.[12,13]

Of relevance to Schneider's work on his FRS, Gruhle[14–17] proposed, in mid-teens and later, 2 components of "self-disturbances":

1. In "doubled I" (Doppelich), the self looks on its experiences passively as a nonparticipatory bystander—unable to detach but also unable to participate in these experiences. The automatic processing underlying perception, movement, feeling, thinking, and speaking are experienced as occurring independently of volition.
2. The paralyzed-I (Ichlähmung) experiences these automatic processes as brought under foreign control in violation of "the I's sphere of power" (Machtsphäre des Ich), a one-sided relationship attributed to omnipotent agents.

The person's original temperament and personality are lost such that one patient complains: "I have no power over myself. I am changed without being able to defend myself." Another patient states, "For two years I have been withering" (see ref. 17, p. 88). The old self drifts away without being able to stop it. Jaspers[18] comments that the previous personality may completely disappear. This leads to an entirely "new personality, developing in its own way analogously to the original one." In other words, the neurobiological process interrupts the development of personality with something completely new and foreign (see ref. 19, p.117, 121, ref. 20).

The foreign agents violate the patient's boundaries by means of intrusion into the person's most intimate sphere of personal existence.[21] The omnipotent powers can "rape" the patient sexually from a distance.[2] That is, the patient is barred from discussion or negotiation concerning the conditions under which the patient remains at the disposal of others.

In the early 1930s, before any of his formal writings on the FRS, Schneider exhibited familiarity and interest in the self-disturbances (Ichstörungen) indicated by his citations on this topic. During this time, he[22–27] was slowly working his way to the FRS concept, which he first fully articulated in his "Findings of Mental State and Psychiatric Diagnosis."[2] This was closely followed by second and third editions of this monograph.[28,29] In 1946 and 1948 editions, he changed the title to "Contributions to Psychiatry." In 1950, Schneider renamed the third edition of the "Contributions," and the many editions to follow, "Clinical Psychopathology."

Schneider[30] readily acknowledged the influence from the Early Heidelberg School's descriptions of the self-disturbances (Ichstörungen), some of which he adopted whole as FRS. His purpose for incorporating the self-disturbances into the FRS was that they were easy to understand and implement by the diagnosing clinician. As clearly stated in his "Clinical Psychopathology," he included the following self-disturbances as FRS: "bodily experience of influences, thought withdrawal, influenced thought [which includes thought insertion], thought broadcasting and everything 'made', feelings, drive, and volition." Those hallucinations listed as FRS (and, by all means not all hallucinations are FRS) are, nevertheless, not experienced as "made." These hallucinations and the delusional perception therefore belong to FRS but do not fall under the "self-disturbances formula."[30] Given this heterogeneity of symptoms, he concluded that the determination of a common structure, or unitary theory for the FRS was not feasible.

He stated emphatically that he had not selected the FRS for theoretical purposes but solely for their use as diagnostic criteria for the "qualitatively different abnormal experiences" of schizophrenia. In his critique of the "overly hasty formation of theories" (vorschnellen Theorienbildung), Schneider[30] found himself in alignment with the early Heidelberg school (Jaspers, Gruhle, Mayer-Gross). The Heidelberg School employed phenomenological rigor to stay as close to the clinical data as possible. They considered assertions of a core essence or fundamental disturbance (Grundstörung) of schizophrenia to be merely theoretical speculation, such as those put forth by Berze[31] and Carl Schneider[32] (for review, see ref. 33).

In his 1939 publication,[2] Schneider formally introduced the term first-rank symptoms of schizophrenia as "qualitative" alterations of experience. He distinguished these from second-rank symptoms (SRS), which include any other hallucinations or perceptual disorders not listed as FRS, delusional ideas (Wahneinfall, to be distinguished from the FRS of delusional perceptions (Wahnwahrnehmungen) [Following Gruhle, Schneider[2] defines delusional perception as the attaching of "an abnormal significance or meaning to an actual perception without (understandable) cause almost always in the direction of self-reference." That is, Gruhle and Schneider did not view the delusional perception as a disturbance of perception. This definition was later contested by Matussek, Conrad, Janzarik, Binswanger and other phenomenologically oriented psychiatrists.[34]),

perplexity, depressed or elated mood changes, the impoverishment of feelings as subjectively experienced. Notably, in his initial 1939 text, Schneider included other SRS, such as thought inhibition (slowing or poverty of thought), flight of ideas, incoherence or dilapidation (Zerfahrenheit), compulsion, etc., but was quick to abandon these and did not include them in his 1942 edition of the monograph).[28]

He initially understood the SRS as abnormal experiences which only deviated from normal experiences quantitatively by degrees (gradmäßig). In this way, he wanted to create "an absolute boundary between psychosis and the mere abnormal reactions to experience" embodied by the SRS.[2] Schneider attributes the initial framework of this argument to Gruhle's[15] "psychology of abnormal experiences," which opposes "qualitative" and "quantitative" differences of abnormal experiences. However, Schneider's use of this distinction was short lived. In the 1946 first edition of his "Contributions to Psychiatry"[35] (which incorporated the 3 earlier editions of "Findings of Mental State and Psychiatric Diagnosis"[2,28,29] but added a chapter on "abnormal reactions to experience"), he renounced his earlier view: "Indeed all FRS are qualitatively abnormal. However, we cannot thereby say that all SRS are only abnormal in the quantitative sense." In his chapter on "abnormal reactions,"[35] he writes: "The question whether reactive experiences also deviate qualitatively from normal in the manner that experiences in psychotic patients do is at this point hard to answer." Schneider[2,36] acknowledges that the FRS do not have to be present for a diagnosis of schizophrenia. If only SRS are present, then a diagnosis can still be made in particular clinical contexts based on their accumulation and connectedness to one another.

The Prehistory of FRS

Despite the intense clinical interest in FRS, surprisingly little has appeared about their prehistory. While references to early descriptions of FRS are sometimes noted in reviews,[9,10,37] we have been unable to find a systematic history of these symptoms, hence the focus of this article.

We sought to answer several questions about these symptoms including the following:

1. Given that K. Schneider was not the first to report these FRS, how frequently were they described in the psychiatric literature from 1810 to the early 1930s?
2. How distributed were these descriptions across time and place?
3. Were they associated with particular psychiatric disorders, and if so which ones?
4. Were the various FRS noted with equal frequency or were some more commonly described than others and did this vary over time?
5. What role could the FRS and their earlier descriptions play today?

Methods

The first task in this review was to set its time limits. We began in 1810 for 2 reasons. First, this was the date for the publication of Haslam's monograph on James Tilly Matthews which we knew described Schneiderian symptoms.[38] Second, in his comprehensive "History of Mental Symptoms," Berrios argues that our tradition of descriptive psychopathology began in the second decade of the 19th century,[39] emerging as a result of several key developments. These included the establishment of large-scale asylums that permitted the study of the course of psychiatric illness, an expansion of medical interest from the signs displayed by patients to the symptoms that they reported and the rise of psychological theories—especially faculty psychology—that provided an organizational framework for emerging psychopathologic constructs. We chose the end date of 1932, so that none of the work we reviewed would likely be influenced by Schneider's writings on FRS. This year also marks the publication of the celebrated volume of Bumke's Handbuch der Geisteskranken, devoted to the topic of schizophrenia, and dedicated to Karl Jaspers.[40]

The second task was to delimit the symptomatic focus. We chose to limit our inquiry to Schneider's classical nonhallucinatory symptoms of first rank: somatic passivity, thought insertion, thought withdrawal, thought broadcasting, made acts, made feelings, made impulses, and made actions. As indicated above, Schneider himself acknowledges that the special forms of auditory hallucinations that he proposes as first-rank for the diagnosis of schizophrenia are conceptually distinct from these symptoms and require study on their own. We also excluded consideration of delusional percept which as noted above is conceptually distinct from the FRS.

In the first phase of this project, we utilized bibliographic material collected by one of us (K.S.K.) for earlier projects on schizophrenia from 1900 to 1960[41] and on delusional psychoses from 1880 to 1900.[42] For both projects, K.S.K. sampled as many useful textbooks, written by physicians, as he could find using a range of bibliographic resources. The texts were all published in Europe or North America and in the second project were expanded to include texts published in French or German. In the detailed text review K.S.K. conducted, he systematically recorded the presence of "passivity symptoms" by which he meant symptoms broadly congruent with those called first-rank by Schneider. For the current project, K.S.K. re-reviewed relevant sections of those texts. For a few of the texts that were noted to be missing these symptoms, K.S.K. checked again, in most

cases using scannable PDFs, for their presence but confirmed that no such symptoms were noted.

In the next phase of the project, both K.S.K. and A.M. reviewed available resources on psychiatric texts from 1810 to 1932 to identify evidence for Schneiderian FRS. This was done less systematically than K.S.K.'s searches for the years 1880–1900 and 1900–1930. Particularly because of A.M.'s expertise in the German psychiatric literature of the late 19th and early 20th century, a number of additional psychiatric texts were identified from that period. We cannot claim to have surveyed all of the relevant European literature, especially those that are neither written in nor translated into English or German. We only included texts authored by physicians describing mental illness. We avoided the large spiritual literature that described trance-like "passivity" experiences, often religious in nature, and frequently occurring in individuals without obvious psychiatric illness. For non-English texts, if translations were not available, they were performed by the authors.

We identified 40 psychiatric monographs or textbooks from 1810 to 1932 that provided relatively clear descriptions of our Schneiderian FRS. These were from 37 different authors as it made most sense to list Kraepelin, Mayer-Gross, and Gruhle twice, for texts written years apart. For each of these texts, we give illustrative quotes of their symptom descriptions in table 1, sometimes editing them for concision. Unlike prior reviews of K.S.K.,[41,42] we included quotes from individual patient histories. For each symptom description, we assigned a specific Schneiderian FRS using the definitions provided by Mellor.[6] However, for a number of the descriptions, while we were confident that they involved some kind of passivity experience, insufficient details were provided to permit us to rate a more specific FRS. These were termed, "Passivity of unknown type."

Some judgment was involved both in deciding whether Schneiderian FRS were being described and which type they best fit. By examining the entries in table 1, the reader will obtain a good sense of the material with which we were dealing, although the original texts sometimes contained important contextual information. We were frequently, but not always, confident in our judgments.

Two unanticipated developments occurred during this bibliographic work. First, we found additional descriptions of FRS outside of psychiatric textbooks that we summarize for completeness. Second, K.S.K. came upon multiple descriptions of a term new to him: delusions of *unseen agency*. Becoming intrigued, K.S.K. researched this term using both standard and online resources.

Results

Main Analysis of Psychiatric Texts

Of the 40 texts from 37 authors identified as describing Schneiderian FRS and published between 1810 and 1932 (table 1), 11 were written by authors from Germany, 10 from the United States, 6 from the United Kingdom, 4 from Austria, 3 from France, 2 from Russia, and 1 each from Switzerland and Spain. Of the 3 main time periods covered in this review, 7 texts were from 1810 to 1879, 17 from 1880 to 1900, and 16 from 1901 to 1932. Because K.S.K. had systematically searched for informative texts from 1880 to 1900 and 1900 to 1930, we could, from the texts identified in these periods, derive estimates of how often FRS were noted. Mention of these symptoms was found in similar proportions of the identified texts published from 1880 to 1900 (54%) and from 1900 to 1930 (55%).

Of the 7 examples of FRS found from 1810 to 1879, the most thorough was the earliest published in 1810 by John Haslam from the Bedlam Hospital in London. It describes in detail—including extensive first person quotes and a picture of the "influencing machine" (a modified loom)—the case of James Tilly Matthews[38] (for more details, see ref. 86). This text provides clear descriptions of thought insertion (called "kiteing" and "thought-making" by Matthews), thought (or more precisely "sentiment") withdrawal and somatic passivity (one example called "Lobster-cracking" by Matthews):

> Kiteing … is a very singular and distressing modes of assailment … as boys raise a kite … so these wretches, by means of the air-loom and magnetic impregnations contrive to lift into the brain some particular idea which floats or undulates in the intellect for hours…. (ref. 38, p. 31)

Of the six other early descriptions, those from Esquirol,[44] Prichard,[43] Leidesdorf,[45] Kahlbaum,[49] and Fisher[48] clearly described somatic passivity and Leidesdorf[45] provided an unmistakable example of thought insertion: "Someone relentlessly crams a stream of foreign thoughts into me. This stops me from doing whatever I need to do that day…" (ref. 45, p. 212). The text from the influential mid-19th century German Alienist Griesinger was vaguer and judged to be "passivity of unknown type," although he did describe "systematically developed and dramatized delusions of physical and mental influences (ref. 47, p. 33)." With Fischer, we meet for the first time the phrase "unseen agency."

The descriptions of Schneiderian FRS from texts published in 1880–1900 are a particularly rich source of material. A number of them, especially those of Kraepelin from his 1st and 6th textbook editions,[42,55] Salgo,[61] Clouston,[62] Stearns,[66] Regis,[67] and Norman,[70] provided considerable clinical details and allowed for a relatively confident assignment of symptom type. In addition to the frequently described somatic passivity, these authors provided clear descriptions of thought insertion, thought withdrawal, thought broadcasting, and made impulses and acts. Clouston provided the first example of the term "Monomania of Unseen Agency":

Table 1. The Author, Diagnosis, Country of Origin, Year of Publication, and Description of the Schneiderian First-Rank Symptoms as Described in Texts Published From 1810 to 1932

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Haslam[38]	A case of insanity	UK	1810	Kiteing … is a very singular and distressing modes of assailment … as boys raise a kite … so these wretches, by means of the air-loom and magnetic impregnations contrive to lift into the brain some particular idea which floats or undulates in the intellect for hours…. Lobster-cracking—an external pressure of the magnetic atmosphere surrounding the person assailed so as to stagnate his circulation, imped his vital motions … "Thought-making"—while one of these villains is sucking at the brain of the person assailed to extract his existing sentiments, another of the gang … will force into his mind a train of ideas very different from the real subject of his thoughts … brain-sayings which may be defined a sympathetic communication of thought in consequence of both parts being impregnated with the magnetic fluid … it is not hearing but appears to be a silent conveyance of intelligence … but the person assailed is conscious that the perception is not in the regular succession of his own thoughts. (pp. 31, 32, 34, 35, 38, 39)	Thought insertion Thought withdrawal Somatic passivity
Prichard[43]	Monomania	UK	1837	Bodily sufferings are as numerous as they are strange and surprising. I well remember a lunatic who … fancied that the physician to whose care he was confided had the power of torturing him by electricity, and that invisible wires were spread through every part of the house as conductors of the fluid, which was used at night as the instrument of cruel and tyrannical persecution. (p. 34)	Somatic passivity
Esquirol[44]	Lypemania [melancholia], general insanity	France	1838 (1845)	A young man thinks himself subjected to electrical action which causes his sufferings. A woman attributes her sleeplessness and unpleasant feeling to magnetizers. (p. 40). This lypemaniac thinks that he is subject to the deadly influence of electricity or magnetism. By certain occult instruments, physical science is preparing for him a thousand ills, hears whatever he utters, however great the distance or even divines his thoughts. (p. 207)	Somatic passivity
Leidesdorf[45]	Insanity (mental states of weakness)	Austria	1857	Someone relentlessly crams a stream of foreign thoughts into me. This stops me from doing whatever I need to do that day…. (See ref. 45, p. 212). The magnetic state into which I was born should have remained a secret in order not to be martyred through its sympathetic effects on insane people, and thereby not constantly reminded of my unhappiness. Instead I am driven about at the disposal of every sort of physical experiment without any rights to protection. (See ref. 45, p. 213)	Thought insertion Somatic passivity
Griesinger[47]	Mental depression	Germany	1861 (1867)	The higher degrees of hypochondria, too, gradually pass, partly through increase of the feeling of anxiety, partly through the fixing of certain attempts at explanation, not only into true melancholia, but even complicated with delusions (ideas of being surrounded by an invisible agency, of being the victim of evil machinations, influenced by magnetism, & c.). (p. 215). [Griesinger described the cases of Matthews and Krauß—see table 3—as examples of "systematically developed and dramatized delusions of physical and mental interference." (See ref. 47, p. 33)	Passivity of unknown type

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Fisher[48]	Insanity	USA	1872	Reason is slowly eclipsed, and he seeks unreal causes for his misery, in the frown of God, or the machinations of his enemies. He attributes his bodily discomfort to magnetism, or spiritualism, or other forms of *unseen agency*. (p. 33)	Somatic passivity
Kahlbaum[49,50]	Catatonia	Germany	1874	He spoke about a secret machine, electrical or otherwise, that causes these complaints (headaches … someone sticking a needle into his head) …. He accused the physician of … trephining him with his electrical machine. (p. 43)	Somatic Passivity
Worcester[51]	Partial intellectual mania/monomania	USA	1882	In our day, the new forms of government, the watchfulness exercised over all citizens; the new and wonderful discoveries in physics and chemistry have given rise to the belief in persecution by the police and detectives, and that one is a victim to the mysterious tortures of electricity and magnetism. (p. 235)	Somatic passivity Passivity of unknown type
Hammond[52]	Intellectual monomania	USA	1883	It is not at all uncommon for the victims of delusions of persecution to imagine that they are being acted upon by some occult influence, or by some one of the forces of nature, as heat, magnetism, or electricity … the patient … had delusion that unknown enemies—freemasons—were acting on him by electricity, which they sent into his brain, through the top of his head, by powerful batteries which they had in their lodge-rooms. (p. 345)	Somatic passivity Passivity of unknown type
Meynert[53]	Paranoia	Austria	1884	After spending time in a Berlin asylum, a 38-year-old journalist relapses. A secret society follows him. Spies precede him when he travels…. He is a mere "keyboard" upon which the others play…. At night the others weaken him through artificial sweat, and during the day, they make him sleepy through dispensing narcotics that operate from a distance. … [Meynert comments]: Clearly this patient has hypochondriacal sensations, which combine with anxiety to produce the ongoing delusions of external influence and his persecutory state. (See ref. 53, pp. 148–149)	Somatic passivity
Kraepelin[42,55,56]	Primäre Verrücktheit and Dementia Praecox	Germany	1883–1899	1st edition (1883)—Patients experience "inner" voices, "mind speech", "telegraphy", … with the help of magnetic machines, they can swap his limbs around, empty out his brain, extract his semen, or, by means of magical incantations, withdraw his thoughts. (p. 287). 6th edition (1899)—Particularly common are ideas of an influence exerted on the body … someone is … pulling their thoughts out of their head … patients try to give a more detailed account of thought transference … various limbs are set in motion against the patient's will … a particularly crafty practice is "withdrawing of thoughts"	Thought withdrawal Made acts Thought insertion Somatic passivity
Kandinsky[57]	Unspecified psychosis	Russia	1885	For a long period during his illness, a patient was convinced that invisible spies were able to tap into his thoughts. They did so by employing a special machine which registered the "nearly imperceptible movements of his tongue." The patient notes that he made these movements involuntarily when thinking in words. Therefore, he made every effort to think without making the corresponding movements with his tongue. (See ref. 57, pp. 118–119)	Passivity of unknown type

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Folsom[59]	Primary delusional insanity	USA	1886	"Delusions of Unseen Agency"—The common delusions are of marital infidelity, attempts at poisoning, mesmerism, electricity, influence through telegraphs, telephones, poisoned air, etc. (p. 168)	Passivity of unknown type
Spitzka[60]	Paranoia	USA	1887	Men, as in one case of the writer's, complain that their foes are drawing out their semen through the nose by an invisible influence in the shape of an "ascending vapor." (p. 316)	Somatic passivity
Salgo[61]	Die Verrücktheit	Austria	1889	Distances are bridged by means of various electrical and magnetic machines. Telegraph and telephone enable the intertwined actions of the different agents. The patients are not alone even in their most secret and intimate moments. Their thoughts are exposed to their persecutors … they can barely have their own thoughts or write them down, for they are entirely in the power of their tormentors, who impose their thoughts upon them, and change all their actions at will.... By means of electric and magnetic apparatus they are maltreated in the most horrible manner, their genitals are irritated, their spine is dislocated, their bones are sawn, they are made constipated, their digestion is halted. (p. 270)	Thought insertion Thought broadcasting Made acts Somatic passivity
Clouston[62]	Monomania	UK	1892	"Monomania of Unseen Agency" … Such patients believe that they are electrified, that they are mesmerized … that persons read their thoughts, or have power over them to act on their thoughts…. One of the most typical examples of delusions of being affected by electricity—and this and mesmerism are the two most common of all unseen agencies of which the insane complain. (p. 252) … That persons read their thoughts and influence their thoughts are very current delusions. Patients almost always complain most of unseen agencies at night … [others] have delusions that they are worked on by electric batteries. (pp. 254–255)	Thought insertion Somatic passivity
Scholz[63]	Paranoia	Germany	1892	Electrified from a distance … delusions based on anomalies of sensation on the skin, as if being electrified from a distance or being stuck with needles. One could also call it the delusion of long-distance effects. Belonging to this is the delusion of being harassed by telephonic wires.	Somatic passivity
Shaw[64]	Paranoia	USA	1892	Electrical and telephonic machines are in some way made to act upon them.	Passivity of unknown type
Kirchhoff[65]	Paranoia	Germany	1893	The telegraph communicates his fate to the entire world. The letters that he writes are immediately read aloud by an invisible enemy; hardly has a thought developed in his mind before it is expressed aloud…. The knowledge of physical apparatus is generally utilized in explanation [of the voices]. The terms electricity and magnetism are usually employed to cover the indefinite notions concerning the supposed underlying physical processes. (pp. 239–241)	Thought broadcasting

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Stearns[66]	Primary Delusional Insanity	USA	1893	He is aware that there is an instrument or "Machine" ["which affects the spinal column"] in the Retreat, which leads to the suspicion that I am using it on him in the scheme which is being enacted against him. His thoughts become voices which he hears from persons whom he may pass in the street and speak aloud about the very subject of his mental operations. [A quoted letter from a patient] "This point is the great power that Mrs. J. possesses in venting her spite whenever she will, even to the death of the victim, by the aid of your powerful electrical or magnetic machine. … You spoke to me of its being unpleasant at home; but it is all caused by your women here at the Retreat abusing me at a long distance while at home. They think that physicians often, and sometimes attendants or friends, have the power of affecting the brain in such a manner as to render its mental operation visible to others. Their very thoughts are read by persons whom they may pass in the street, and may become converted into voices. (pp. 217, 221)	Somatic passivity Thought broadcasting
Regis[67]	Progressive systematized insanity	France	1895	Holes are made in the wall to … to electrify them; electric batteries are put up in their vicinity, or even in their chambers, also acoustic tubes and telephones, with the aid of which their enemies insult them and produce in them all kinds of disagreeable sensations. The patient hears his thought distinctly uttered as soon as it arises, not in a loud tone, but in a sort of more or less variable internal voice: and he then believes that others also hear them which is to him an inexpressible torture, since the thoughts he most desires to keep secret are those most distinctly heard. He perceives that others hear his thoughts since they respond before he has uttered them. (p. 223)	Somatic passivity Thought broadcasting
A Clark[68]	Partial insanity	UK	1897	In going through the wards of an asylum, we must be struck with the number of patients who … are subject to strange and perverted sensations, which they attribute to mesmerism, electricity, or other unseen agency. One of the most distracting phases of this obsession of persecution is the belief that a man's thoughts are read while still unuttered, that they are stolen. (pp. 126–127, p. 130)	Somatic passivity Thoughts withdrawal
MacPhearson[69]	Systematized delusions in the degenerate	UK	1899	This form of insanity … is variously known as Persecution Mania, Monomania of Persecution, [or] Monomania of Unseen Agency … [The persecutor] has at command certain occult influences, by means of which he pursues his nefarious practices…. Many patients complain of obscure pain, twitching of muscles, sensations of burning, and other anomalous feelings, generally of a localized nature, which they attribute to the action of acids, telephone or telegraph wires, or to spiritualistic agencies. (pp. 211–215)	Somatic passivity

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Norman[70]	Systematized delusional insanity	UK	1899	Some patients are tormented by hearing all their thoughts spoken. This has been called the echo of thought. The patient usually accounts for it in the belief that by some underhand means his thoughts are made public…. Thus it is a very frequent complaint that the patients' thoughts are read; his thoughts also are influenced; he is compelled to think of horrible or degrading subjects; by mesmerism or some such means he is rendered stupid and unable to think; he is made to sleep or rendered somnolent; he is kept awake—this may be by voices, by tortures, or by direct action upon the mind preventing sleep; he is compelled to be silent, or to say things which he knows to be wrong, or which he did not intend to say, or sometimes which he does not understand. Acts which have the appearance of impulse are sometimes accounted for in this way; that is, the patient states that he is made to do them by some external influence dominating his will. Some patients complain that their moral control is weakened, and that their moral feelings are tampered with; some assert that their mind is entirely in the hands of their enemies. A patient said to me, "They have my mind; they hold it in hypnotism." (pp. 392–394)	Thought broadcasting Thought insertion Made impulses Made acts
Paton[71]	Dementia praecox	USA	1905	Patients complain of receiving electric shocks affirming that they have been given to them by certain individuals…. Unexpected effects from unseen agencies. (p. 379, 398)	Somatic passivity
Wernicke[72]	Autopsychosis	Germany	1906	…a completely fresh patient claims that he must be in the immediate vicinity of a machine, admittedly hidden from him, that turns him continually around in circles? Of course, in such cases magnetic and electrical forces are commonly to blame as the effective agents. (p. 74). …Patients notice the emergence of thoughts which they consider to be alien to themselves…. Almost always, these thoughts are said to be "made," "looked for," "inserted …." (pp. 68–69). Just as the emergence of thoughts by local abnormal irritation is usually attributed to an external influence, so can momentary disappearance of thoughts occur as a symptom … to be interpreted in a similar way by a sick person … that thoughts were "drawn out of" them. (p. 199)	Made actions Thought insertion Thought withdrawal
Bechterew[73]	Delusion of magical hypnosis	Russia	1907	… the patient states that someone hypnotized him six years ago. "Some individuals have a secret power in their eyes. They need only look at someone and hypnotize that person against his will." …The patient noticed that people walking bye would address him intimately against his will. As soon as the passerby looked at the patient, the passerby had the patient read his thoughts: "There now, you are hypnotized. You will turn about face and go home." The patient did not actually hear this but rather a conversation of thoughts followed involuntarily in his head…. Such thoughts could also enter at a distance from unknown people…. Someone took hold of his tongue, larynx and lips, so that the patient could only mumble certain words, without being able to actively participate. (See ref. 74, pp. 204–205)	Made actions Thought insertion Somatic passivity

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Kraepelin[56]	Dementia praecox	Germany	1913	8th edition (1913)—characteristic of the disease … is the feeling of one's thoughts being influenced... people speak to the patient in his thoughts … transfer to him words, thoughts, pictures, smells and feelings…. A patient explained "They take my thought from me and nothing comes back" … Their thoughts are conveyed by a machine … the patient is terribly tormented in this body … these sensations are associated with electricity and similar action at a distance.	Thought insertion Thought withdrawal Made feelings Somatic passivity
White[75]	Dementia praecox	USA	1913	Thought deprivation "robbed of their thoughts by their enemies."	Thought withdrawal
Jaspers [76,77,78]	Schizophrenia	Germany	1913, 1920, 1923	Feelings, perceptions, acts of will, moods, etc., can all be made…. [Patients] almost always elaborate these experiences into delusions of physical and other influences, complex apparatuses, and machines which have power over them or supernatural influences…. A former patient at the Heidelberg Clinic, a well-educated individual, who a little later became acutely ill with schizophrenia, wrote an account of these "made" phenomena … "Everything is a riddle to me. On the following morning, I was put into a most peculiar mood by this machine … the machine–the construction of which was quite unknown to me- was fixed in such a way that every word I spoke was put into me electrically and I of course could not avoid expressing the thoughts in this peculiar mood... I was translated into a death-mood. …At the time my thoughts had been taken from me, so I don't know why I had to die. A joyous mood was put into me which prevented me from thinking anything. From that day onwards, I have been painfully tortured. …I feel the machine is getting me down mentally more and more and I have several times asked for the current to be turned off and my natural thinking returned to me…. I try to fight these thoughts with all my energy, but it cannot be done with the best will in the world as the thoughts are actually pulled out of me.' (See ref. 77, pp. 91–92; ref. 79 Eng., pp. 579–580). … [The patient] does not feel master of his own thoughts and in addition he feels in the power of some incomprehensible external force. "Some artificial influence plays on me; the feeling suggests that somebody has attached himself to my mind and feeling, just as in a game of cards someone looking over one's shoulder may interfere in the game." (See ref. 77, p. 68); ref. 79 Eng., p. 123). …A thought vanishes and there arises the feeling that this has come about from outside action. A new thought appears without context. That too is made from outside. A patient tells us: "When she wants to think about something—a business matter for instance—all her thoughts are suddenly withdrawn, just like a curtain. The more she tries the more painful it is a string pulling away from her head." (See ref. 76, p. 71; ref. 79 Eng., p. 123)	Made feelings Thought withdrawal Thought insertion

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Berze[31]	Paranoia Hypophrenia (Berze's replacement term for dementia praecox)	Austria	1914	The patient … reports … the doctor hypnotized him because upon leaving he noticed that foreign thoughts were influencing him…. When asked about the transmission of thoughts, he answered: "the thoughts always come unconsciously. Sometimes, I force myself to think different thoughts, and thereby fight against the foreign one by having ones of my own. But I never prevail. I then have both: my own and the foreign thoughts next to one another…." He has physical delusions, ideas of bodily influence…. He explains this as being "electrically suspended." They make him jump in the air…. He exhibits jerky, shaking, writhing movements ...The movements are experienced as made. The patient exclaims, "… Using electricity, a certain P. in Leipzig made these jerky movements in me…. I know that he is a prophet through the transmittal of thoughts. I hear one or two words and the entire sentence comes into my thoughts…. He appears to me as if I were hearing him, but I do not hear, but nevertheless know it. He comes directly into my brain as a thought. P [also] imposes these jerky movements … I am merely an instrument, helpless, an automaton." (See ref. 31, pp. 43–46) [Another patient reports] "Sometimes I feel like I have my own will. But then suddenly he is there and transports me through his will. Sometimes he lets me be free, but when he is there, I cannot compel myself to any action. Then I am completely under his will." (See ref. 31, p. 136)	Thought insertion Made actions
Buckley[80]	Schizophrenic psychoses	USA	1920	He may complain that something is wrong with his mind … that someone is interfering with his brain.	Passivity of unknown type
Gruhle[15]	Schizophrenia	Germany	1922	[A patient reports] "The one thing I have to deal with all the time is this dragging through me. I cannot express it any better than this. Sometimes this lasts the entire day, sometimes more forceful, sometimes less. …Sometimes, it is pulled through me from a department store, at other times, a mass grave and a falling to one's doom, or from Siberia, through the entire night. I no longer know the words. There is no tone or sound, just a passing through, sometimes greater, sometimes less. Someone tells something—but one does not hear it—it is just drawn through the head. … Sometimes, it is the thoughts of others that pass through. …I cannot do anything about it. It is something different than hearing, and it is not like thinking." (See ref. 15, p. 69)	Thought insertion
Bleuler[81]	Schizophrenias (dementia praecox)	Switzerland	1924	The feeling of "thought pressure" should be mentioned in which the patient has the feeling that he has to think, where against his will "it" thinks within him and where thoughts are incessantly "made" for him…. (p. 378). …in the case of the thoughts becoming loud, what is thought at the moment by the patients is spoken out loud. (p. 387) "…they are tortured with complicated machines or telepathic influences." (p. 390)	Thought insertion Thought broadcasting Somatic passivity

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
De Clérambault[82]	Chronic hallucinatory psychosis	France	1924	Patient # 1 [Quotes from the patient] … I am being given thoughts that do not belong to me… I can't find my own thoughts anymore… I know that I am being influenced… I smile about the things that are funny and that are being put into my mind... There is always something which comes and blocks my thoughts… I am constantly given new ideas… I am sent so many things… disgusting things, things that pertain to street women… I am awoken so that ideas may be put into my head…. They try to change the movements that belong to me… Thoughts are taken out of my head ... I am given all possible and imaginable desires … They rob my ideas … I make gestures that are ordered to me... I write with a hand that is not mine…. I recognize that these thoughts are not my own, because I do not think in this way… these sensations are not that of my body; these inclinations, these angry feelings, I disapprove of them all; all of this comes to me so abruptly. Why is it that everything I do is being tampered with? (pp. 169–184)	Thought insertion Made feelings Thought withdrawal Made actions Somatic passivity
Mira y López 1927[83]	Schizophrenias	Spain	1927	Another characteristic phenomenon of schizophrenia is termed "stealing of thoughts" where patients become convinced that their thoughts are being stolen by other beings who control them at will, forcing the sufferer to think in the way that they wish. Such patients interpret this conviction as "ideas of possession or influence"…. Patients claim to be "electrified," "hypnotized," "magnetized" by mysterious enemies, machinery and forces. (pp. 268–269)	Thought withdrawal Thought insertion Somatic passivity
Mayer-Gross[84]	Schizophrenia	Germany	1928	An older schizophrenia patient regularly complained that the hospital staff inflicted torture on her body. The cleaning of the floors (above her room), moving furniture, washing silverware in the kitchen, stirring the soup, all take place in her body…. She hears these things in her room, (such sounds could in fact could be heard in her room), but, at the same time, she feels these activities taking place in her body. The personnel do this deliberately to torture her.… the cleaning and stirring do not at all occur above or below her (the source of the sound) but entirely in her own body. (see ref. 84, p. 462)	Somatic passivity
Schröder[85]	Schizophrenia	Germany	1928	[A patient reports] "Someone's will, not mine, forced me to leave a lecture and go out into the street…" "Mr. K. suggests I buy a pound of meat, and I must do it. I am just an instrument without a will." "Someone forges the way for me, and I must go a different way than I wanted, that I must sit down, stroke my hair … I do these things, but it is not my will. I must do these things." (see ref. 85, p. 529)	Made Actions
Mayer-Gross[54]	Schizophrenia	Germany	1932	The patient attributed his reduction in activity, which was very painful for him, to his father's hostile influence. …Tears stream down his face, but he explains that the tears come by themselves. He is not sad but can do nothing to resist the tears…. His father's glance feeds on his body…. "I am no longer I … I am entirely someone else…" During conversation, he exhibits … repeated thought blocking. He describes this as: "All at once, the thoughts are taken away." …There are numerous made phenomena: made sexual arousal, made thoughts: "many of the thoughts only do what the other (the father) wants." (see ref. 54, p. 431)	Thought withdrawal Made feeling Thought insertion

Table 1. *Continued*

Author	Diagnosis	Country	Year	Description of the Symptoms	Form(s) of Specific Symptom
Gruhle[58]	Schizophrenia	Germany	1932	[A patient reports] I sensed something happening in my body. It was something being transferred, a transferal of a feeling into me. It brought me into such agitation that I wanted to kill myself. There is always a kind of turmoil in me. I sense this magnetism in myself. My limbs are brought to an absolute stop, both in my actions and in walking. And yet, I am wrenched away from certain places without any consciousness on my part. This magnetism must be transferred to me somehow. I also sense a hypnotism which goes through the entire house, which is related to the magnetism. (see ref. 58, p. 190)	Made feelings Made actions

Kraepelin—Patients experience "inner" voices, "mind speech," "telegraphy," … with the help of magnetic machines, they can swap his limbs around, empty out his brain, extract his semen, or, by means of magical incantations, withdraw his thoughts (see ref. 87, p. 287). Salgo—Distances are bridged by means of various electrical and magnetic machines. Telegraph and telephone enable the intertwined actions of the different agents. The patients are not alone even in their most secret and intimate moments. Their thoughts are exposed to their persecutors... (see ref. 61, p. 270); Stearns—He is aware that there is an instrument or "Machine" ["which affects the spinal column"] in the Retreat, which leads to the suspicion that I am using it on him in the scheme which is being enacted against him. His thoughts become voices which he hears from persons whom he may pass in the street (see ref. 66, p. 217).

Finally, the 16 texts published from 1900 to 1932 that noted FRS, particularly from Kraepelin's 8th edition,[56] Jaspers,[76–78] Berze,[31] Mayer-Gross,[84] Gruhle,[15] Bleuler,[81] De Clérambault,[82] and Mira y López,[83] contained especially rich descriptions that permitted confident judgments of examples of thought insertion, thought withdrawal, thought broadcasting, made feelings, made actions, and somatic passivity:

Jaspers—…A former patient at the Heidelberg Clinic … who a little later became acutely ill with schizophrenia, wrote an account of these "made" phenomena…. "Everything is a riddle to me. On the following morning, I was put into a most peculiar mood by this machine … the machine—the construction of which was quite unknown to me—was fixed in such a way that every word I spoke was put into me electrically and I of course could not avoid expressing the thoughts in this peculiar mood." (ref. 76, p. 91) Berze—The patient … reports … the doctor hypnotized him because upon leaving he noticed that foreign thoughts were influencing him…. "the thoughts always come unconsciously. Sometimes, I force myself to think different thoughts…. But I never prevail. I then have both: my own and the foreign thoughts next to one another…." He has physical delusions, ideas of bodily influence … being "electrically suspended." They make him jump in the air…. He exhibits jerky, shaking, writhing movements…. The movements are experienced as made. (ref. 31, p. 43) De Clérambault[82]—I am being given thoughts that do not belong to me…. I can't find my own thoughts anymore…. I know that I am being influenced…. There is always something which comes and blocks my thoughts…. I am constantly given new ideas…. I am sent so many things … disgusting things, things that pertain to street women … I am awoken so that ideas may be put into my head…. They try to change the movements that belong to me…. Thoughts are taken out of my head … I am given all possible and imaginable desires…. They rob my ideas … I make gestures that are ordered to me… . (ref. 82, p. 169).

As reported previously,[14,88,89] Gruhle first systematically described the "self-disturbances" (Ichstörungen), many of which Kurt Schneider later adopted as FRS.

Across all 37 authors, the frequencies of the various FRS were somatic passivity—22; thought insertion—14; thought withdrawal—10; made actions—10; thought broadcasting—6; made feelings—5, and made impulses—1. In addition, 7 authors described "passivity of unknown type." In table 2, we compare these rankings with four studies of the frequency of these FRS in schizophrenia patients assessed in the late 20th century.[6,90–92] The rank correlation between our historical sample and the 20th century samples ranged from +0.38 to 0.75. Deriving a single mean rank from these four modern studies produced a correlation with the rankings from our historical texts of +0.61.

We then examined whether the reporting of FRS changed over our period of inquiry. We did this by examining the proportion of authors in each period who reported forms of FRS other than passivity of unknown type or the most generic form of somatic passivity. We found an increased proportion of more specific FRS in more recent periods: 1810–1879 29% (2/7), 1880–1900 47% (8/17), and 1901–1932 81% (13/16).

Table 2. Rank Order of Frequency of Individual First-Rank Symptoms in Our Historical Review and in Four Empirical Studies of Schizophrenia Patient Populations

First-Rank Delusion	Our Study	Mellor—UK[6]	Carpenter—USA[90]	Koehler—Germany[91]	Malik—Pakistan[92]	Mean of Modern Studies
	Rank frequency of the individual first-rank symptoms					
Somatic passivity	1	3	4	1	1	2
Thought insertion	2	2	3	5	3	3
Thought withdrawal	3	4	5	3	5	5
Made actions	4	5	2	4	4	4
Thought broadcasting	5	1	1	2	2	1
Made feelings	6	6	6.5	6	6	6
Made impulses	7	7	6.5	7	7	7
Rank correlation with the current study		+0.61	+0.38	+0.68	+0.75	+0.61

Finally, we recorded the diagnostic category under which the FRS were described by our authors. They reflected the nosologic history of psychosis in Western psychiatry: paranoia/Verrückheit (and its near equivalents)—12, schizophrenia—9, dementia praecox—4, monomania—4 and a wide range of other terms including lypemania, "insanity," autopsychosis, catatonia, depression, and chronic hallucinatory psychosis.

Additional References to FRS

Our research identified, outside of psychiatric texts, 5 additional descriptions of FRS published from 1852 to 1918: 3 autobiographies,[74,93,95] 1 general psychology text,[94] and 1 psychoanalytic essay.[98] We present these for completeness in table 3 but do not examine them further.

Delusions of "Unseen Agency"

During this investigation, one of us (K.S.K.) found several references to a term with which we were unfamiliar: delusions of "unseen agency." We investigated the occurrence of this phrase and the closely related one of "monomania of unseen agency" using several web tools. As outlined in table 4, 17 references to this term were located in sources published in 1842–1905. These fell into 5 classes: (1) 3 official reports from asylums in Scotland in 1842 and Ohio in 1860 and from UK prisons in 1897; (2) 3 texts for the educated lay audience including "Plain Talk about Insanity" (1872), the Encyclopedia Britannica (1880), and a book "A Primer of Psychology and Mental Disease" (1894); (3) 2 references in general medical journals—the New England Journal of Medicine (1880) and the Dublin Journal of Medical Science (1887); (4) 7 references in a range of documents for alienists/psychiatrists including a talk in London by Skae to the Annual Meeting of the Association of Medical Officers of Asylums (9th July, 1863), textbooks on insanity by Clouston (1884), D Clark (1895), A Clark (1897), an entry in the Dictionary of Psychological Medicine (1892), and 2 articles in the Journal of Mental Science (forerunner of the British Journal of Psychiatry) (in 1899 and 1903); and (5) 2 miscellaneous source—patients' letters from the Royal Edinburgh Asylum in the latter decades of the 19th century and an entry in William James's "Principles of Psychology" (1905).

Many of these descriptions of delusions of "unseen agency" were vague and only suggested some form of passivity experience. However, others were more specific. The patients' letters from the Royal Edinburgh Asylum collected by Beveridge described experiences of thought insertion, made feelings, and made actions as well as rather detailed delusional elaborations of various "influencing machines." The entry into the Encyclopedia Britannica was also quite informative describing somatic passivity, made feelings, and made actions. A. Clark's text included clear examples of thought insertion and made actions (in this case of speech). While we cannot be certain, the available documents suggest that most of these references to delusions of "unseen agency" were describing Schneiderian symptoms of first rank as we define that term in this essay.

Discussion

Expanding on our list of aims in the course of our inquiries, we addressed 6 questions about the prehistory of Schneiderian FRS which we review in turn. Our first and most basic question was whether descriptions of these phenomena before K. Schneider were quite rare and known to only a very small group of psychiatric clinicians. We can answer this question in the negative with considerable confidence. At least since the early 19th century, these symptoms were commonly observed and noted both within the psychiatric literature and more broadly.

Second, while we cannot claim a precise estimate of the frequency with which these FRS were recorded in psychiatric sources over our time-periods of interest, over the 2 periods for which we attempted to systematically ascertain psychiatric textbooks (1880–1900 and 1900–1930), slightly more than half of those sampled described FRS. We would

Table 3. Other Documents Describing Schneiderian Symptoms 1852–1918

Author	Country	Year	Title	Description of the Symptoms	Form(s) of Specific Symptom
Friedrich Krauß[46,93]	Germany	1852	Cry of distress by a victim of magnetic poisoning	[At night] the murderous morons [the "gang"], raid-like, drive blazing heat up from the foot soles and these frissons of heat keep coming all night long.… They always keep track of my thoughts, besiege my ideas, seek to influence them and are on guard like a cat watching a mouse. They use my thoughts, persecute them, deride them, thereby stoke their rage so that they can properly enjoy it, and punish me with increased smoldering.… These rippers have their magnetizing apparatus in my bed or next to it, else they could not coil along con amore at their fancy and pleasure, and further drive in the ether. (See ref. 46, p. 32)	Somatic passivity Passivity of unknown type
Ireland[94]	UK	1886	The blot upon the brain	The insane are quick to catch at new scientific notions to explain their delusions. Complaints of being electrified and being magnetized against their will have long been common; and, since the invention of the telephone, they have said that there are telephones in their rooms, or that people use this instrument to torment them. (p. 344)	Passivity of unknown type
Kandinsky[95,96]	Russia	1890	About pseudohallucinations: critical clinical study	Kandinsky [a psychiatrist who suffered from psychotic illness] described [in this autobiographical book] numerous and varied psychopathological symptoms, such as delusions of persecution together with grandiosity, and delusions of influence which he experienced during the acute phase. He illustrated in detail all the symptoms included in "mental automatism" (telepathy, reading and broadcasting thought, enforced speaking and enforced motor movements). (See ref. 96, p. 106)	Thought broadcasting Made actions Passivity of unknown type
Schreber[74,97]	Germany	1903 (1955)	Memoirs of my nervous illness	[With] "the head-compressing machine" in consequence of the many flights of rays, there appeared in my skull a deep cleft or rent.… (p. 138). Miracles aimed at scattering my thoughts act on my nerves … the lower God starts the bellowing miracle until I am so breathless. (p. 176). They are tearing and pulling pains and are caused by the attempt of rays, tied-to-celestial bodies, to withdraw from me my soul-voluptuousness. (p. 201). When I hear individual words from well-known phrases, the "automatic remembering thought"—as this phenomenon is known in the soul-language, causes my nerves to vibrate till the sentence is finished. (p. 226)	Somatic passivity Thought insertion
Tausk[98]	Germany	Presented 1918 Published 1933	On the origin of the "influencing machine" in schizophrenia	The influencing machine … produces, as well as removes, thoughts and feelings by means of waves or rays or mysterious forces … its function consists in the transmission or "draining off" of thoughts and feelings by one or several persecutors.… It produces motor phenomena in the body, erections and seminal emissions … accomplished either by means of suggestion or by air-currents, electricity, magnetism, or X-rays.… (p. 521). [In one specific patient, Miss Natalija A.] those who handle the machine produce a slimy substance in her nose, disgusting smells, dreams, thoughts, feelings, that disturb her while she is thinking, reading or writing. Sexual sensations were produced in her through manipulation of the genitalia of the machine.… (p. 529)	Thought withdrawal Made feelings Somatic passivity Thought insertion

Table 4. Other Information Obtained About Psychiatric Syndromes Characterized by Delusions or Monomania of "Unseen Agency"

Author Year	Title	Quote
Macrobin and Jamieson (1842)[99]	Report of the lunatic asylum of Aberdeen	Ten [patients] appeared to labor under high delusions … and about double that number such depressing delusions as the dread of some frightful disease, poison or death—the dread of agents of justice—of devils and *various unseen agencies*….
(1860)[100]	Report to Governor of Ohio for 1860 on the Southern Ohio Lunatic Asylum	Since opening of asylum in 1855, 11 cases of *monomania of unseen agency* admitted compared with 122 cases of melancholia and 352 cases of mania.
Skae (1863)[101]	Talk given entitled "Of the classification of the various forms of insanity on a rational and practical basis"	Then the monomaniacs can with difficulty be distinguished from each other; what one calls monomania of fear, another tabulates as monomania of suspicion, another as monomania of unseen agency, and so forth … closely allied to these two forms we have a peculiar form of chronic insanity … one of the most constant and persistent symptoms of which are the hallucinations of the organ of hearing, which are its. almost invariable accompaniment; and not unfrequently hallucinations of the sense of touch, leading to a belief in mesmeric, electric, and other *unseen agencies*. (pp. 312, 317–318)
Fisher (1872)[48]	Plain talk about insanity	Reason is slowly eclipsed, and he seeks unreal causes for his misery, in the frown of God, or the machinations of his enemies. He attributes his bodily discomfort to magnetism, or spiritualism, or other forms of *unseen agency*. (p. 33)
(1873–1908)[102]	Voices of the mad: patients' letters from the Royal Edinburgh Asylum	Delusions of control featured frequently in patients' letters…. Patients complained that their thoughts, emotions, sexual impulses and physical actions were at the mercy of *outside influences.* Morningside's residents described a terrifying catalogue of contraptions, responsible for bodily and mental misery, such as air pumps, gas pipes, and machines strapped to the back. Patients commonly explained their passivity experiences in terms of electricity, hypnotism or mesmerism.
(1880)[103]	Encyclopedia Britannica	*Monomania of unseen agency*: Allied to these forms of partial insanity are those cases which has (sic) been described as monomania of unseen agency … the unhappy victims of the disease believe that they are the sport of some mesmeric or electrical operations; that gases are injected into their system; that they are subjected to some strange influence during sleep; that persons at a distance control and act upon them, and even strike them; or that some person is actually in the inside of their body, and sways their feelings and actions according to his own will. (Vol 14, p. 532)
Folsom (1880)[104]	The classification of mental diseases	In basing his nomenclature on the clinical history of the various forms of insanity, Dr. Clouston, of Edinburgh, has somewhat enlarged, and I think improved Griesinger's classification … [and included three forms of] States of fixed and limited delusion (monomania, monopsychosis): (a.) Monomania of pride and Grandeur, (b.) *Monomania of unseen agency,* (c.) Monomania of suspicion.
Clouston (1884)[105]	Clinical lectures on mental diseases	At the close of the year 1881, there were eight hundred and twenty-two patients of all classes in the Royal Edinburgh Asylum, and of these eighty-seven were cases of delusional insanity, viz.: thirty-five of grandeur, fourteen of *unseen agency*, and thirty-eight of suspicion. (p. 200)
Molony (1887)[106]	Fixed delusions in mental disease	Presents a case of chronic active melancholia with fixed delusions of persecution by *unseen agency*.
Tuke (1892)[107]	Dictionary of psychological medicine	*Monomania of unseen agency*: That form of monomania in which patients believe that they are influenced by some agency, unnatural, unseen or impossible. (p. 812)
Burr (1894)[108]	A primer of psychology and mental disease	Disturbance in the internal organs may occasion the belief that poison is administered; change in the action of the nerves of the skin, that electricity or some harmful agency is at work upon the body. (p. 11). Delusions of poison, *unseen agency* and suspicion attend constitutional disease. (p. 55)
D. Clark (1895)[109]	"Mental diseases": section on paranoia	There are three principal varieties [of paranoia]: 1st. With delusions of *unseen agency*, suspicion or persecution.

Table 4. *Continued*

Author Year	Title	Quote
A. Clark (1897)[68]	Clinical manual of mental diseases	*Delusions of unseen agency*. This form of delusion is not always so easily detected, because the patient is often suspicious, sometimes as if he half doubted his own judgment, and he is therefore not always willing to speak of it. He may apparently be quite rational on all other subjects. One patient complains that the ward in which she is placed in a battery, which is being made to work on her system so as to destroy life…. A further example is the case of a patient who believes that he is mesmerized, and has lost his personal identity through the machinations of his enemies. (p. 56) This man has delusions of *unseen agency*; he says that men are working on him with poison and electricity. He has the delusion that men control his speech and his thoughts. (p. 448)
(1897)[110]	Report of the commissioners of prisons—UK	Case with "*Monomania of unseen agency*" certified 15 July 1890 and removed 18 July 1896.
Pasmore (1899)[111]	"Observations on the classification of insanity"	On these hallucinations, theories or delusions are generally based, at first fleeting and changeable in character as a rule, later to become of a fixed persecutional type and ascribed to *unseen agency*….
Urquhart (1903)[112]	"Nomenclature of mental diseases"	Four forms of Delusional insanity or paranoia) are listed: i) Grandeur, ii) Suspicion, iii) *Unseen agency* and iv) Persecution.
James (1905)[113]	Principles of psychology	"*delusions of unseen agencies* working" given in a long list of possible delusions. (p. 2, 115)

conclude that in the half-century before Schneider's official description of them, inclusion of these symptoms in psychiatric textbooks was common but not universal.

Our third question regarded the distribution of descriptions of FRS over time and place. To examine place, we divided the textbooks examined from 1880 to 1930 into four geographical groups and calculated the proportion in each that reported FRS. These were United States 9/16, United Kingdom 4/8, Germany 4/4, and other 4/8. The German texts stand out in more frequently noting FRS. But given the small sample sizes, this could easily be a chance effect. With respect to time, the FRS were noted for a nearly identical proportion of the identified texts published from 1880 to 1900 (54%) and from 1900 to 1930 (55%). In our small sample of systematically ascertained documents, we found no strong evidence that the proportion of texts noting FRS differed by time or place. However, when we used our entire sample to explore the level of specificity of the reporting of FRS, we found a clear historical trend. The details of the reported symptoms increased over time permitting the retrospective diagnosis of more specific FRS such as thought withdrawal, made feelings and made actions.

Fourth, we wondered what names were applied to these FRS. No single name was close to universally applied over this long historical period. The most frequent, however, were delusion of "unseen agency" and later the German term "self-disturbances" or Ichstörungen. Often, associated with these symptoms were descriptions of "machines" acting on the patient with a range of specific "technologies" including electricity, magnetism, mesmerism, telegraphs, and telephones.

Fifth, the disorders with which these symptoms were associated changed over time. While in the 20th century, they were mostly diagnosed in individuals with dementia praecox or schizophrenia, across the 19th century, a much more diverse set of names—including almost all the terms used for primary delusional syndromes—were applied. Roughly, these syndromes would include all nonaffective psychotic cases with prominent delusions who did not have an obvious organic condition.[42] In only one instance—Griesinger—were these symptoms specifically related to a syndrome we might now call affective ("mental depression"). However, Griesinger viewed this syndrome as one phase in a unitary psychosis that would typically be followed by phases of prominent psychotic symptoms and often subsequent deterioration.

Finally, as to the how often individual symptoms were noted, they clearly were not described in our sources with equal frequency. Somatic passivity was by far the most commonly noted Schneiderian symptom, followed by thought insertion, thought withdrawal and made acts. However, when compared with articles describing the frequency of individual FRS in schizophrenia patients in the late 20th century, the frequency of the individual symptoms in our historical sample was relatively similar.

An unanticipated development from this project was the identification of, to our knowledge, a syndrome of delusions

of *unseen agency* previously unnoticed by most psychiatric historians. Aside from a brief reference to this symptom in Beveridge's 1997 article quoting patient letters from the 19th century,[102] web searches found no publications describing this syndrome after 1905. While many descriptions of the symptom are vague, enough of them are sufficiently detailed to suggest strongly that, as the name implies, this class of symptoms included a number that would have been described by Schneider as of first-rank.

Conclusions

From the beginning of the Western tradition of modern descriptive psychopathology in the early 19th century, patient experiences have been described that would later be listed in 1939 by Kurt Schneider as constituting FRS for schizophrenia. These symptoms were described in approximately half of the psychiatric texts published from 1880 to 1930 with about equal frequency across the United States, United Kingdom, Germany, and other European countries. The frequency with which the individual FRS were recorded in the 19th and early 20th century texts was similar to that seen in cohorts of schizophrenia patients in the late 20th century. This inquiry discovered a form of symptoms closely related to Schneider's first-rank concept—*delusion of unseen agency*—that was, from 1842 to 1905, used in official nosologies, commented upon in multiple psychiatric and general medical texts, and noted in prominent publications such as the Encyclopedia Britannica, New England Journal of Medicine, and James's Principles of Psychology. Substantial continuity in the psychiatric literature is seen in the description of these fascinating symptoms over a period now spanning more than 2 centuries.

Studying, as we have, the occurrence of these specific symptoms described over broad reaches of time and space, it is difficult to avoid the conclusion that an understanding of the etiology of these symptoms in their rich phenomenology (see also[114]) would teach us something foundational about the nature of psychotic illness. Although divested of their original diagnostic purpose, we propose that further phenomenological, experimental, and neurobiological study of the FRS has much to contribute to understanding and treating of symptoms which remain a major source of distress in our patients.

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