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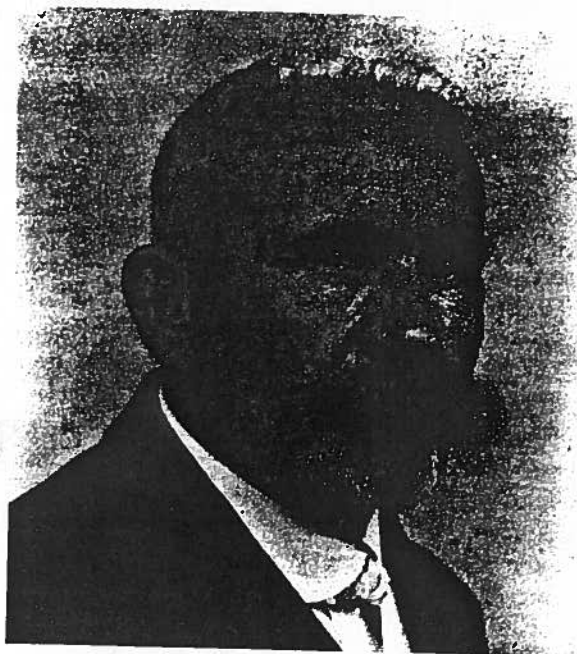
Emil Kraepelin

Emil Kraepelin was a German psychiatrist and physician. He is best known for his work on the classification of mental disorders, particularly in his book "Lehrbuch der Psychiatrie" (Textbook of Psychiatry). Kraepelin's work laid the foundation for the modern classification of mental disorders, which is now known as the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Kraepelin's work on the classification of mental disorders was based on the idea of "dementia praecox" and "manic-depressive psychosis". He argued that these two conditions were distinct and should be classified as separate entities. This was a departure from the traditional view that mental disorders were a continuum of symptoms. Kraepelin's work was influential in the development of the DSM, which is the standard classification of mental disorders used by mental health professionals around the world.

Kraepelin's work on the classification of mental disorders was also influenced by his work on the "dementia praecox" group. He argued that this group of disorders was distinct from other mental disorders and should be classified as a separate entity. This was a departure from the traditional view that mental disorders were a continuum of symptoms. Kraepelin's work was influential in the development of the DSM, which is the standard classification of mental disorders used by mental health professionals around the world.

As a result of the efforts of such individuals as Pinel, Tuke, Chiarugi, Rush, and Dix, patients with mental illness began to receive better treatment than they had during the Middle Ages and the Renaissance. However, this treatment involved only the patients' physical surroundings and maintenance. Effective treatment for mental illness itself was still lacking. Alexander and Selesnick (1966) speculate that there were three reasons for the patients' poor treatment, even after it was no longer believed that they were possessed by demons. The reasons were ignorance of the nature of mental illness, fear of those with mental illness, and the widespread belief that mental illness was incurable. The work of such individuals as Kraepelin, Witmer, and the early hypnotists dramatically improved the understanding and treatment of mental illness, and it is to that work that we turn next.



Emil Kraepelin

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Emil Kraepelin (1856–1926), who had studied with Wundt, attempted to do for mental disorders what Wundt and his colleagues attempted to do for sensations—classify them. In 1883, Kraepelin published a list of mental disorders that was so thorough it was adopted the world over and has lasted until recent times. He based his classification of mental diseases on what caused them, how much they involved the brain and nervous system, their symptoms, and their treatment. Some categories of mental disorders that Kraepelin listed, such as mania and depression, had been first mentioned by Hippocrates 2,300 years earlier. Some other categories of mental illness Kraepelin listed were dementia praecox, characterized by withdrawal from reality, excessive daydreaming, and inappropriate emotional responses; paranoia, characterized by delusions of grandeur or of persecution; manic depression, characterized by cycles of intense emotional outbursts and passive states of depression; and neurosis, characterized by relatively mild mental and emotional disorders. Kraepelin believed that most major mental illnesses, such as dementia praecox, were incurable because they were caused by

constitutional factors. When the Swiss psychiatrist Eugen Bleuler (1857–1939) found that dementia praecox could be successfully treated, he changed the name of the disease to schizophrenia, which literally means “a splitting of the personality.”

The list of categories of mental illness that many clinicians, psychoanalysts, and psychiatrists currently use as a guide is found in *The Diagnostic and Statistical Manual of Mental Disorders* (1994) published by the American Psychiatric Association. This manual, referred to simply as DSM, is a direct descendant of Kraepelin's earlier work. Although Kraepelin's classifications brought order to an otherwise chaotic mass of clinical observations, his work is now seen by many as standing in the way of therapeutic progress. People do not fall nicely into the categories that he created, nor are the causes for their disorders always physical in nature, as Kraepelin assumed they were. Still, Kraepelin went a long way to standardize the categories of mental illness and thus make communication about them more precise.

etsche's normal life took a brilliant mind to undertake and carry out.

Every monograph which came from the pen of Möbius teemed with pregnant thoughts, even if we are not disposed to accept them all. He could champion unpopular causes, as when he agreed to some extent with Gall the phrenologist; and in a book on mathematical endowment, argued on the basis of cranial conformations in mathematicians that there is a particular region at the forefront of the brain which is the organ of this endowment.⁵⁵ Moreover, he thought there were types of mathematicians—the algebraists and the geometricians each requiring a different kind of imagery—also that the French excelled in the one while the Germans were more proficient in the other.

Kraepelin, in his textbook,⁵⁶ credits him with the origination of the two types of etiology in mental disease: exogenous, that is, those disorders which are caused by outside factors; and endogeneous, those which stem from congenital or constitutional defects.

We thus see that there were tangential points between Möbius and the later Lombroso school (Max Nordau), the psychoanalysts, looking for kinks in every individual, and the typologists. His work on the mental inferiority of women because of physiological causes evoked a good deal of criticism from various quarters.

Kraepelin—The Systematizer

German psychiatry had been making strides since Heinroth, and Griesinger particularly had rescued it from the doldrums of verbiage and pedantic nomenclature, but Emil Kraepelin (1855-1926) was the man who brought it to its pinnacle. He seems to have been the epitome of all who preceded him, and may be considered as the follower of Griesinger, insofar

as he, too, believed in the somatic source of all mental disease. Revising and enlarging his *Psychiatrie—ein Lehrbuch*, which he first published at the age of twenty-eight, Kraepelin made out of it a work of four hefty volumes (eighth edition) comprising nearly 2,500 pages, in which every nook and cranny of psychiatry was examined and its contents brought to light.

Kraepelin was able to accomplish more than Griesinger, not only because he lived twenty years longer, but because he was more the researcher, and less the administrator. He was a glutton for work, and it is not just a coincidence that the journal he founded in 1897, and which died with him, was called *Psychologische Arbeiten*. Work was his gospel, and although he did not preach it, as did Carlyle, he certainly treated it as a sort of religion.

Contribution to Psychology

There was one other respect in which Kraepelin had the advantage over Griesinger. He was schooled in experimental psychology, and was one of the first students to enroll in the first psychological laboratory. Wundt's influence was gratefully acknowledged in a little book which he dedicated to the master. In this compact survey, he presented the results of his experiments to show the effects of certain drugs on a number of mental processes. One senses a note of hopefulness rather than the expression of satisfaction in the concluding paragraph:

At the beginning of experimental psychological studies, everything appears to be so easily without order, fortuitous, contradictory; we see here, however, that the conformity of law finally does emerge, that the impressions of subjective experience must finally lead to tangible scientific

formulation even in the sphere of individual psychology. The task is difficult and thorny, no doubt, but insoluble it does not appear to me.

General psychology is beholden to Kraepelin in no small measure; for his laboratory was organized as no other in this field, with specific problems assigned to graduate students and assistants. There were investigations on the depth of sleep, ergographical studies, experiments on expectation, surprise, and dis-appointment. Aschaffenburg's noted experiments on association, which Jung later adapted to psycho-neurotic cases, were conducted in Kraepelin's labora-tory; and here the British psychologist, Rivers, worked on fatigue and recovery. Kraepelin was the first to study the effect of work pauses on mental accomplish-ment, and the effect of tea, alcohol, bromides, for-maldehyde, and ether on mental processes.

His standards were rigid. Whether he could satisfy present-day statistical requirements is doubtful, but his computations were painstakingly charted, and his methodology was superior to that of the French and Belgian investigators, like Morel and Magnan, who were tackling similar problems.

His chief contribution was the work curve, estab-lishing the process at every stage. W. Weygandt, who wrote an elaborate obituary in *Psychologische Ar-beiten*, reveals that Kraepelin had hoped to receive the Nobel award for his labors on the work curve. A naïve expectation, perhaps, but it shows how much weight he placed on those extensive researches.

Contribution to Psychiatry

In psychiatry, Kraepelin has been hailed as the man who, once and for all, brought system into the classification of psychoses. Whether he introduced revolutionary ideas into the whole field is doubtful. Even the terms *dementia praecox* and *manic-depres-*

sive were not entirely new. Morel, in 1860, had al-ready used the term *démence précoce*, and in 1884, Théophile Bonet (1620-1689) had used the term *folie manico-mélancolique*. The term *folie circulaire* was introduced by Esquirol's successor, Falret, so that the nature of this disease was known long before Krae-pelin. It remained for him to consolidate the knowl-edge and concatenate the *disjecta membra* found in the various treatises.

If his predecessors, especially the French clinicians, may be said to have used a magnifying glass in their observations, then Kraepelin may be said to have ex-aminated details with a strong microscope. Abreast of all the psychological and psychopathological litera-ture of the day, he was able to relate one set of mi-nutiae to another, until the jigsaw puzzle made sense.

For the first time, the picture of dementia praecox embraced all types of cases. In his classification, the various catatonic reactions, hebephrenia, and mixed or borderline types are, at long last, fully described and illustrated. The same is true of the other large class of diseases—the manic-depressives, which are also pinpointed in the most orderly fashion. More aloof from the patient than, say, Pinel or Esquirol, Krae-pelin saw motives in a different light. The contradic-tions themselves, to Kraepelin, followed a regular course.

Kraepelin thought that while manic-depressive cases could recover, schizophrenia was far more seri-ous because the tendency toward deterioration was progressive. If someone diagnosed as schizophrenic did get well, the assumption must be either that the case had not been properly diagnosed in the first place, or else that the recuperant would experience a relapse. Prognosis, then, in Kraepelin's system became the condition or even the criterion for diagnosis—and that, too, on a premise which begs the question. It was be-cause of Kraepelin's supposition that schizophrenia was incurable that so little was done in most institu-

tions to find better treatment than the hospital routine. For many of these patients, the inscription to Dante's inferno could have been borrowed as a sign at the entrance of the ward. There was more faith in the Italian and French clinicians.

Kraepelin's road to success was not an easy one. His recognition as the arbiter in psychiatric issues came late in life and grew after his death. Many clinicians considered him a plodder who spent a great deal of time and energy obtaining results which they would be able to gather through their daily observations or infer as a matter of course. He sometimes projected opposing theories which threatened to topple the structure he had erected. These he would take cognizance of in later editions of his textbook. To take one instance: sudden seizures of violence, or paroxysms of laughter, or spells of unaccountable anxiety are, according to Bleuler, explained by the touching off of complexes in the schizophrenic. Kraepelin, on the other hand, attributes them to the loss of balancing and controlling values, which the normal person possesses.³⁷

Kraepelin's classification of psychoses has been generally accepted, with some modifications in consequence of cases which do not fit into the original scheme. Much greater hope is now held out for the schizophrenic, especially since experiments with certain drugs like mescaline and lysergic acid have shown that certain of the symptoms can be artificially induced in mild and temporary form. It must not be forgotten, however, that Kraepelin was the most persistent experimenter, decades earlier, in the effect of drugs on the mind.

In one of his many enlightening and entertaining conversations, Morton Prince told the author how, at a dinner given Kraepelin in Boston, the latter turned his glass upside down when it was about to be filled with liquor. Prince criticized the action as lacking in tact, as if he were censuring those who drank alco-

hol. He also told of Kraepelin's taking the trouble to untie the knot around a parcel, because it was more ethical than to cut it. A matter of ethics or not, it demonstrates Kraepelin's enormous self-discipline.

The man who, as Weygandt tells us, had difficulty entering the medical faculty at the University of Leipzig became one of its resplendent ornaments, a situation reminiscent of the metaphor in *Psalms*: "The stone, rejected by the masons, has become the cornerstone" in the end.

Dubois and the Psychoneuroses

Paul Dubois (1848-1918), one of the most popular names fifty years ago, when Jelliffe and his alter ego, W. A. White, translated his chief work on nervous disorders, is today hardly known even in psychiatric circles. Freud, in his derogatory reference to Jung's conception, implies that Dubois was his inspiration. Although both Jung and Dubois are Swiss, it is not likely that the latter had influenced Jung in any way. The moral aspect in psychotherapy is what links the two.

Dubois was primarily a psychotherapist. Perhaps it was because somatic research did not appeal to him that he centered his attention on what we call the psychoneuroses. The very title of one of his books, "*Die Einbildung als Krankheitsursache*" (*Imagination as Cause of Disease*) shows that he belongs with the French alienists, antedating the more recent trends in para-Freudianism which stress the rôle of the self and the function of the will in effecting a cure. His once popular *Education of the Self* is not without some value for the neurotic who wants to help himself. Nor is *Les Psychoneuroses et Leur Traitement Moral* (1904) to be brushed aside.

The principle which operates in Dubois's system is moral suasion—an echo of Heine's theological psychiatry. Dubois, however, merely sees in the de-