Emil Kraepelin (1856–1926) [1]

By: Dennert, James Walter


Emil Kraepelin [1] was a physician who studied people with mental illness in the late nineteenth and early twentieth centuries in modern-day Germany. Kraepelin’s examination and description of the symptoms and outcomes of mental illness formed the basis for his classification of psychiatric disorders into two main groups, dementia praecox, now called schizophrenia, and manic-depressive psychosis, now called bipolar disorder. He was one of the first physicians to suggest that those researching mental illness should gain scientific knowledge only through close observation and description. However, Kraepelin also believed that genetics played a role in the development and course of mental illness and characterized mentally ill people as weak-willed, which some have argued contributed to stigma about mental illnesses that persists today. Although some historians have pointed out issues with Kraepelin’s teachings, Kraepelin helped to establish psychiatry as a clinical science, which prompted future experimental investigations into mental illness.

Kraepelin was born on 15 February 1856 in Neustrelitz in the Duchy of Mecklenburg-Strelitz in what is now Germany. Kraepelin’s father, Karl Kraepelin, was a music teacher, actor, and opera singer who, according to historian Hannah Decker, was an alcoholic. Kraepelin remained with his mother, who he recalls with fond childhood memories in his autobiography, Memoirs, after his parents separated. Kraepelin’s brother, named Karl Kraepelin after their father, was ten years older than Kraepelin and later in life became an internist, or doctor who specializes in infections, scorpions, centipedes, and spiders. In his autobiography, Kraepelin wrote that his brother introduced him to natural sciences such as botany, the study of plants, and the theory of evolution [6]. While Kraepelin was still in grade school, a friend of Kraepelin’s father, physician Louis Krueger, brought Kraepelin with him to observe medical rounds in the country. Kraepelin wrote in his autobiography that it was that experience that led him to study medicine. Kraepelin discussed his interests with Krueger, who advised Kraepelin to become a psychiatrist, which would allow him to study a form of psychology while earning a physician’s salary.

Kraepelin completed his early schooling in present-day Neustrelitz. He then went to the University of Leipzig in Leipzig, Germany, in 1874 to begin his medical training, and transferred to a different university in 1875, the University of Heidelberg in Heidelberg, Germany. While at Heidelberg, Kraepelin contributed to the medical studies in 1878. He took his first position as a physician that same year at the Upper Bavarian district asylum, a mental hospital in Munich, Germany. Then, in 1879, Kraepelin enrolled at the University of Munich [7] in Munich, Germany, to complete his doctoral studies. Working with the psychiatrist Bernhard von Gudden as his doctoral supervisor, Kraepelin completed a thesis on “The Place of Psychology in Psychiatry” and completed his degree in 1883.

In 1866, Kraepelin became a professor of psychiatry at the University of Tartu [8], now called the University of Tartu, in what is now Estonia. Until then, Kraepelin had primarily been engaged in clinical work taking care of patients. However, as a professor, he was able to conduct his own psychological experiments, applying the methods Wundt had developed for psychology so he could understand and characterize mental illnesses. During his time at the University of Tartu, Kraepelin carried out various experiments such as measuring mental reaction times, studying the mental effects of caffeine, tea, and drugs, and using hypnosis to create false memories. During those experiments, Kraepelin used such terms with people who displeased him, such as alcoholics, soldiers suffering from the trauma of being at war, and women, who he characterized as overly impulsive and argued that their most valuable characteristics would be endangered if they entered the working world. Decker states that Kraepelin often judged his patients with mental illnesses as being weak, lazy, careless, or senseless. Decker characterizes Kraepelin’s beliefs about volition as a form of prejudice against those who he saw as lacking it.

Throughout his career, Kraepelin also frequently attributed the roots of the mental illnesses he studied to a lack of volition, or will power. According to historian Hannah Decker, he thought that many symptoms of insanity, alienation, or dementia. Those conditions were generally characterized based on delusions, overall perceived mental incompetence, or other events occurring in the mind rather than as a result of a bodily process. Kraepelin characterized those mental conditions as being due to an inherited process of degeneration, or the gradual mental and physical decline of a family over generations. Most historians claim that Kraepelin did not agree with any of those ideas. Rather, he used observation and clinical description to develop a new way to classify mental illness, emphasizing the observation of the clinical symptoms over time. He studied thousands of patients and their clinical histories and recorded all relevant information on what he called counting cards so that he could more easily compare them.

He remained at the University of Dorpat [9] until 1891, when he left to become professor of psychiatry and director of the psychiatric clinic at Heidelberg University in Heidelberg, Germany. While Kraepelin was at Heidelberg, he wrote his fifth edition of his textbook. In that edition, he introduced his idea on a distinction between dementia praecox, now called schizophrenia, and manic-depressive psychosis, now called bipolar disorder. Schizophrenia is a condition in which a person abnormally interprets reality, and may experience hallucinations, delusions, or disordered thinking. Bipolar disorder is a condition in which a person has severe highs and lows that may quickly change. In the late nineteenth century, psychiatrists only diagnosed patients with one of those illnesses if they were exhibiting symptoms of insanity, alienation, or dementia. Those conditions were generally characterized based on delusions, overall perceived mental incompetence, or other events occurring in the mind rather than as a result of a bodily process.

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