

# Dauerschlaf

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## Dauerschlaf

**Primary Disciplinary Field(s):** Psychiatry, Psychopharmacology, History of Medicine

### 1. Core Definition

Dauerschlaf, a German term translating directly to "**prolonged sleep**" or "continuous sleep," refers to a specific form of psychiatric therapy that gained prominence in the early 20th century. This therapeutic approach involved the pharmacologically induced maintenance of a deep, extended sleep state over several days. Its development and popularization are closely associated with **Jakob Klaesi** (1883-1980), a Swiss psychiatrist who introduced his innovative "sleep cures" in the 1920s. The treatment protocol typically began with a premedication phase utilizing sedative agents such as **morphine** and **scopolamine**, followed by the sustained administration of potent hypnotics, most notably **Somnifen**. Somnifen itself was a composite drug, a mixture comprising diethyl and dipropenyl-barbituric acid alongside diethylamine, designed to induce and maintain unconsciousness for a period often lasting **6 to 7 days**. This intensive regimen was primarily employed in the treatment of severe psychiatric disorders, predominantly **schizophrenia**, at a time when effective pharmacological interventions for such conditions were virtually non-existent.

### 2. Etymology and Historical Development

The concept of Dauerschlaf is rooted in its German etymology, directly signifying the therapeutic intent of inducing an extended period of slumber. Its formal entry into psychiatric practice was spearheaded by **Jakob Klaesi** in the 1920s, whose pioneering work established the methodology for what became known as "sleep cures." Prior to the mid-20th century and the advent of modern psychopharmacology, the therapeutic landscape for severe mental illnesses, particularly schizophrenia, was bleak. Dauerschlaf emerged as a significant, albeit experimental, pharmacological strategy to address intractable symptoms. Klaesi's original protocol involved a careful sequence of medication: an initial calming phase with **morphine** and **scopolamine**, followed by the continuous administration of **Somnifen**. While Somnifen, a barbiturate-based hypnotic, was a cornerstone of this therapy, historical records indicate that "other drug mixture variants" were also explored and utilized, reflecting a period of active, though often empirical, experimentation in psychopharmacology. However, the initial optimism surrounding Dauerschlaf gradually waned as its severe drawbacks became undeniable. The therapy's decline in popularity was precipitous, directly linked to a disturbing incidence of severe and often fatal complications, including **respiratory and/or cardiac complications**, which tragically led to **death** in a significant number of patients. This dire outcome highlighted the profound risks associated with the treatment and catalyzed a reevaluation of pharmacological interventions in psychiatry, emphasizing the paramount importance of patient safety.

### 3. Key Characteristics

**Pharmacological Induction of Prolonged Sleep:** The fundamental characteristic of Dauerschlaf was the deliberate and controlled use of powerful psychoactive drugs to induce and maintain a state of deep, continuous sleep or unconsciousness, far beyond typical physiological rest.

**Specific Drug Regimens:** The therapy relied on a precise combination of pharmaceutical agents. These typically included a premedication with opioids like **morphine** and anticholinergics such as **scopolamine**, followed by the primary hypnotic agent, **Somnifen** (a mixture of diethyl and dipropenyl-barbituric acid and diethylamine). These drugs were chosen for their potent sedative, hypnotic, and anxiolytic properties.

**Fixed Therapeutic Duration:** A distinguishing feature was the prescribed length of the treatment, typically maintained for a period of **6 to 7 days**. This prolonged duration differentiated it from acute sedation and aimed for a more sustained therapeutic effect.

**Targeted Psychiatric Conditions:** Dauerschlaf was predominantly applied to treat severe and chronic psychiatric disorders, most notably **schizophrenia**, during an era when effective alternatives for managing such debilitating conditions were scarce.

**Significant Risk Profile:** A critical characteristic, which ultimately led to its abandonment, was its inherently high risk of severe physiological complications. These included life-threatening **respiratory distress**, profound **cardiac complications**, and a tragically high incidence of **patient death**.

### 4. Significance and Impact

Dauerschlaf holds a complex and somewhat paradoxical place in the history of psychiatry and medicine. It represents a pioneering, albeit ultimately flawed, attempt to introduce a pharmacological approach to managing severe mental illness in the early 20th century, particularly before the advent of safer and more targeted psychotropic medications. Its implementation by figures like **Jakob Klaesi** illuminated the potential, however crude, for chemical agents to modulate and perhaps alleviate the symptoms of conditions like schizophrenia, thereby laying an early conceptual groundwork for modern psychopharmacology. This therapy, by demonstrating the profound effects of psychoactive substances on the central nervous system and mental states, indirectly spurred subsequent research into the neurobiological underpinnings of mental illness and the development of safer and more effective drugs. The very dangers and high mortality rates associated with Dauerschlaf served as a stark, cautionary tale, profoundly influencing the evolving standards for drug safety, clinical trials, and regulatory oversight in psychiatric medicine. It underscored the critical necessity of a rigorous risk-benefit analysis for any therapeutic intervention, particularly those involving potent systemic drugs. Furthermore, its controversial nature sparked early ethical debates surrounding patient consent, the boundaries of medical intervention, and the responsibilities of physicians when employing treatments with significant inherent risks.

## 5. Debates and Criticisms

The debates and criticisms surrounding Dauerschlaf therapy primarily centered on its severe and often fatal adverse effects, which ultimately overshadowed any perceived therapeutic benefits. The most significant and damning criticism was the unacceptable rate of **respiratory and/or cardiac complications** experienced by patients undergoing the treatment, frequently culminating in **death**. This high mortality and morbidity rate presented an undeniable ethical and clinical dilemma, forcing the medical community to question the very justification of a therapy that posed such a profound threat to life. Critics argued that the profound sedation induced by the drug cocktail, particularly the barbiturate component **Somnifen**, was a non-specific suppression of central nervous system activity rather than a targeted treatment for the underlying pathology of schizophrenia. This meant that while patients were rendered quiescent, their fundamental illness was not necessarily addressed, and any apparent "improvement" might have been merely a temporary cessation of overt symptoms due to unconsciousness. The long-term efficacy of Dauerschlaf in promoting lasting recovery or remission from severe mental illnesses was highly debatable and often outweighed by the immediate and acute dangers. The therapy was eventually abandoned due to its demonstrably poor safety profile and the later development of more specific, effective, and crucially, safer psychotropic medications that could treat mental illnesses with considerably fewer life-threatening side effects.