

GRIESINGER, WILHELM (1817— 68)

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Wilhelm Griesinger

Born: 1817 | **Died:** 1868

Nationality: German

Primary Field(s): Psychiatry, Physiology, Systematic Organicism

1. Summary

Wilhelm Griesinger was a pivotal German physician and psychiatrist recognized as the first systematic organicist in the field of psychiatry. He received his medical education in Zurich and dedicated his early career not only to clinical practice but also to intensive physiological research, with a specialized focus on disturbances of the brain. His profound commitment to linking mental states directly to physical pathology fundamentally reshaped the direction of German psychiatry during the mid-nineteenth century, moving it away from prevailing romantic and philosophical orientations.

Griesinger's influence was cemented in 1845 with the publication of his highly influential textbook, **Pathology and Therapy of Psychic Disorders**. At the age of twenty-eight, this work established him as the foremost advocate for the somatic perspective, arguing staunchly that all forms of mental illness--regardless of superficial symptoms--could and should be explained solely on the basis of underlying **brain pathology**. This approach, which he rigorously applied during his subsequent research, teaching, and clinical activities in Berlin, provided a powerful intellectual challenge to the existing semi-theological and largely speculative approaches that had characterized the discipline for centuries across the German states.

2. Key Contributions

Establishment of the Somatic View: Griesinger served as the major spokesman for the somatic interpretation of mental illness, asserting that psychiatric conditions were fundamentally brain diseases and bringing psychiatry firmly within the realm of medical science rather than philosophy.

Influential Textual Authority: His 1845 textbook, Pathology and Therapy of Psychic Disorders, standardized the organic approach, providing a systematic framework for viewing mental disorders through a physiological lens and influencing subsequent generations of psychiatrists globally.

Institutional Reform: He was highly instrumental in promoting and establishing the **principle of non-restraint** in German mental institutions, advocating for humane treatment during a period when restraint was still a subject of intense debate across Europe and America.

Research Integration: Griesinger successfully campaigned to transform mental institutions into legitimate centers for medical research, where physicians were actively encouraged to study the

etiology, pathogenesis, and treatment outcomes of mental diseases using scientific methodologies.

3. Intellectual Context and Impact

The core impact of Wilhelm Griesinger rested upon his intellectual power and prestige, which he leveraged to counteract the dominant romantic and philosophical orientations characterizing German psychiatry. Prior to his work, many psychological conditions were understood through semi-theological or highly abstract lenses, often viewing madness as a spiritual or moral failing, or an expression of natural, cosmic forces. Griesinger's insistence that mental illness was a manifestation of quantifiable, physical disease--specifically, brain pathology--forced the medical community to adopt a more empirical and materialistic methodology.

This radical shift had a profoundly constructive effect on the immediate practice of psychiatry. By framing patients as individuals who were genuinely ill (sufferers of physical disease) rather than morally deficient, he encouraged physicians to view mental disease as potentially **treatable and curable** through medical means. This perspective elevated the status of the psychiatrist from a custodian or moral guide to a medical scientist, capable of diagnosis and intervention. Consequently, his work provided the crucial stimulus for a course of action that ultimately led to significant discoveries in brain pathology and the subsequent development of physical and pharmacological treatments for mental illness, an approach that remains highly relevant today.

While Griesinger himself was aware of emerging concepts in psychodynamics, his unwavering focus on organic factors meant he systematically ignored these psychological approaches in clinical diagnosis. His reductionist view, characterizing complex psychological reactions merely as physiological reflex actions, served the immediate purpose of medicalizing the discipline. This focus, although perhaps narrow, successfully brought psychiatry into the broader field of medical research, ensuring that institutional resources and scientific attention were directed toward identifying the organic origins of psychiatric conditions.

4. Major Works

Pathology and Therapy of Psychic Disorders (1845)

Numerous articles and the editorship of a journal dedicated to physiological treatment (Mid-19th Century)

5. Criticisms and Debates

Despite his constructive influence on psychiatric reform and medicalization, Griesinger's rigorous somatic approach was characterized by significant limitations and attracted substantial criticism, primarily due to its monolithic nature and lack of empirical substantiation. He often applied a

singular cause--brain disease--to account for an enormous range of psychopathologies, from severe conditions like general paresis to more functional disorders such as hysteria. Critics pointed out that this sweeping generalization lacked necessary factual documentation; Griesinger frequently resorted to **dogmatic pronouncements** when empirical evidence was insufficient.

A prime example of his dogmatism occurred during the 1857 debate regarding the etiology of general paresis. When physicians Esmarch and Jessen suggested that the disease was caused by syphilitic infection--a hypothesis that would later be proven correct--Griesinger vehemently opposed this suggestion. Instead of considering the evidence, he asserted his own unsubstantiated etiological theory: that more men than women were afflicted because of their "more frequent excesses in spiritous liquors" and perhaps due to the use of "strong cigars and strong coffee." His confidence in his own somatic intuition over emerging clinical data illustrated a key weakness in his methodology, where predetermined organic conclusions often superseded careful, evidence-based investigation.

Furthermore, Griesinger's total dismissal of psychodynamics in diagnosis represented a conceptual blind spot. While his approach was necessary to establish the medical legitimacy of psychiatry, his refusal to acknowledge psychological factors in the clinical presentation or treatment plan meant that his diagnostic method was fundamentally one-sided, failing to account for the complex interplay between mind and body in mental suffering.

Further Reading

[Wilhelm Griesinger \(Wikipedia\)](#)

[Organicism in Psychiatry](#)

[The Principle of Non-Restraint](#)

[Pathology and Therapy of Psychic Disorders \(1845\)](#)