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Introduction

YRJÖ O. ALANEN

The papers of this supplement represent the proceedings of the international symposium, Integrated Approach to Schizophrenia, held in Turku, Finland, 3–5 June 1992. The symposium was organised by the Department of Psychiatry and the Centre for Extension Studies of the University of Turku, and marked the 25th anniversary of the university psychiatric hospital, the Turku Psychiatric Clinic.

Schizophrenia constitutes one of the greatest public health problems all over the world: in Finland, about 10% of all disability pensions for illness are for this disorder. The State Medical Board statistics (1989) indicate that schizophrenia was responsible for a larger percentage of the costs of all in-patient episodes that terminated during 1985 than any other diagnosis.

Both research on schizophrenia and the progress of its treatment have been greatly hampered by conflicting notions about this disorder. This lack of integration has been illustrated by the well-known story of the blind men trying to find out what kind of animal the elephant is: as one of them got hold of the trunk, the second the tusks, the third the abdomen, etc., they could not reach any kind of consensus.

However, this metaphor is unlikely to be valid any more. Even though the most decisive steps may still lie ahead, quite a lot is already known about the nature of the group of disorders called 'schizophrenia', and we are approaching a time when a much better integration of this knowledge can be achieved. This symposium was arranged with the hope of promoting the achievement of this goal.

One important cause of the contradictions lies in the fact that the clues that have been found by following different paths are so different from each other. The frames of reference are not in the same dimension, but differ both in ways of thinking and in research methods. This diversity no doubt mirrors the complex, multifactorial nature of schizophrenia and its causes.

During the past decade, the emphasis of schizophrenia research has been on the biological domain, partly because of new brain-imaging methods. As the papers of this supplement show, new and interesting findings have emerged. It should be kept in mind, however, that these findings are not specific to schizophrenia: they are not observable in all schizophrenic patients, and similar findings have also been reported in respect of other cases, especially those suffering from affective psychoses (Rieder *et al*, 1983; Hauser *et al*, 1989). Furthermore, such abnormalities seem to be of an early – most probably prenatal – origin (Weinberger, 1987; Roberts, 1990), not arising at the time of appearance of the psychosis, nor, according to follow-up studies (Nasrallah *et al*, 1986; Illowsky *et al*, 1988), being influenced by its progress. Are we here tracing an important predisposing factor, which, however, requires other contributory factors in order to lead to psychosis – just as the adoptive study by Tienari *et al* (1989) has suggested is the case with another predisposing factor, the genetic tendency?

At the same time as it has given us new and effective methods of treatment, biomedical research also seems to have strengthened some reductive notions about ways of looking at schizophrenia. For instance, the negative symptoms are often seen as having a purely organic basis, with no note being taken either of their connection with the "need–fear dilemma" (Burnham *et al*, 1969) or of repeated clinical observations that schizophrenic patients' autistic behaviour and passivity may diminish rapidly in an empathic treatment environment.

In this supplement, the psychological approach – both individual and interactional – is emphasised more than it has been in other recent surveys of schizophrenia research and therapy. This is partly because such an approach has been especially close to many Finnish investigators. The omission of psychodynamic findings has hampered the attempts to integrate our knowledge. In the treatment of schizophrenia, the field of psychotherapy, in its fullest meaning, may be the one where innovative developments are most urgently needed.

Reductionistic tendencies can also be found, however, among the psychodynamically oriented investigators. In the future, knowledge of the relative suitability of different patients for different kinds of treatment will not only depend on psychological examination but also be assessed with the help of biological psychiatric findings.

The social psychiatric approach, both in epidemiological research and in management and treatment, is also well represented among the

supplement papers. This gives us knowledge on which to base the planning of our services. An overwhelming majority of schizophrenic patients all over the world are cared for within the community psychiatric framework, and this can be expected to continue. In the treatment of these patients, both out-patient and hospital care are needed, as is a variety of socially supportive facilities as well as effective mutual co-operation between the different units and their staff. An adequate system of services, with sufficient comprehensiveness and continuity, can only be organised on a community basis, and it has to be remembered that many schizophrenic patients are among those people with the poorest economic prospects.

Careful investigation and planning is all the more important in this area because of the threats posed by some current socio-political ideologies, in combination with economic recession. According to the Finnish National Schizophrenic Project (Alanen *et al*, 1990*a*,*b*), improvement of the quality of resources together with the establishment of continuous, goal-directed planning, is essential for further development of management and treatment.

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Yrjö O. Alanen, MD, *Emeritus Professor of Psychiatry, Department of Clinical Medicine, University of Turku, Kunnallissairaalantie 20, SF-20700 Turku, Finland*