Schizophrenia in Europe: Editor’s Introduction

The Editorial Advisory Board of the Schizophrenia Bulletin has suggested that an issue of the Bulletin be especially devoted to European aspects of research and treatment of schizophrenia.

But where should one begin, and where end? And why would it be of interest to a mainly American forum to read about efforts in the field of schizophrenia in small countries which spend far less on psychiatric research per capita than the United States? For this reason far fewer psychiatrists and psychologists in Europe can devote most of their working hours to research.

The concept of schizophrenia is a strictly European invention. This is also the case of occupational therapy and of the neuroleptic drugs so widely used in the treatment of schizophrenia all over the world. In spite of the easy communication between the United States and Europe, I believe that it may be of interest to American colleagues to become familiar with some present European trends.

The differences between Europe and the United States, of course, reflect more basic differences between the societies. In Europe, the health care delivery has been more service minded and perhaps also more uniform. The care systems in Europe are usually based on the principle of general, mutual insurance. Everybody is entitled to free or almost free treatment, paid through taxes or by employers. Health, thus, is not entirely a matter of privacy. If the society, through the health profession, finds it useful to study patients or people, there is an unwritten obligation to participate in the research so long as it is not dangerous, painful, or too time consuming.

But, in Europe, the public investments in research are in general much smaller than in the United States. This combination of public health care, and limited financial support for research, favors investigations on simple-minded, but central issues, especially if they do not require excessively high expenses. Because of some degree of stability and homogeneity of the European populations, there is a particularly strong tradition in Europe for population studies, followup studies, family studies, and long-term studies.

In this issue the reader is offered a sampling of articles from a variety of European countries. The geographical selection of the articles is not representative as such. It reflects to some extent the personal contacts of the European members of the advisory board, which means that with more time, effort, and pages, we could have brought to the readers a selection of other fine articles.

It is regrettable that psychiatry from Eastern Europe and from the Roman language countries (France, Spain, Portugal, and Italy) is not represented. I hope that the Bulletin will make up for this shortcoming in a future issue.

On the whole, however, we find our present selection highly representative of European psychiatry in relation to schizophrenia—and we do hope that the readers of the Bulletin will feel stimulated by this visit to another part of the world. "We" means that another European editorial board member, Professor Manfred Bleuler, has been very helpful in providing contributions for this issue.

The Author

Fini Schulsinger, M.D., is Professor and Chairman of Psychiatry, Department of Psychiatry, Kommunehospitalet, Copenhagen, Denmark.