Historical aspects of Danish psychiatry

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In Denmark, as well as in all other countries, there was no such thing as psychiatry before the end of the 17th century. Psychiatric illness had always been familiar on a partly biological and genetic basis, and is as old as the human condition. Still, psychiatry had not been a discipline to which a group of physicians devoted themselves with a common sense of identity. Except for surgery, few other specialties had come to life either, and the advent of medical specialism was a phenomenon of the 19th century (1).

The present account of the history of Danish psychiatry will deal with schools of thought regarding the nature of mental illness, and how they have consequently influenced the care of patients, research and academic psychiatry, and it will mention some prominent leaders behind these developments.

Asylums and hospitals

The first Danish institution housing patients with psychiatric disorders was Sct. Hans Hospital, the name probably related to the Saint Johannes (English: John the Baptist) (Fig. 1). The establishment of this hospital was a development growing out of the concept of the originally so-called Plague House situated outside the fortification of Copenhagen, dating back to 1527. This institution had the purpose of storing the “lunatics” who lived under indecent conditions. Following the British bombardment of Copenhagen in 1807, which led to even more miserable and humiliating living conditions for the patients, it was decided to place a number of these in buildings belonging to a castle at Roskilde 30 km outside of Copenhagen (Fig. 1).

This was the birth of Sct. Hans Hospital, which became the first and only institution for a larger group of mentally ill until another mental hospital (Jydske Asyl) was built in 1852 in Risskov near Århus.

Before the establishment of these two hospitals/asylums for the mentally ill during the 19th century, a number of madhouses situated close to the regular hospitals were established in many towns following a decree from the poor-law authorities.

As was the case in most countries during this period, the custody of the mentally ill was miserable, and no cure existed. An acceptance of “lunacy” was lacking, no classification of illness existed and reports and protocols from the period described patients in everyday language as suffering from “madness, insanity, craziness, lunacy, stupidity, fatuity, idiocy”. Common among patients were people suffering from “drunkenness” or more often “delirium”.

While many patients had only a short stay in the Plague House or madhouses, others spent 10–30 years in solitary confinement in madhouses, which were simply locked narrow boxes, often without windows.

Before and during most of the 18th century, “madness” or “craziness” was thus considered not an illness but rather an expression of the devil’s work, induced by disorderly living, dissipation and therefore self-inflicted. In those days, it was primarily the family of mentally ill persons who would take care of patients at home or support provision in charitable institutions. Not until the later part of the 19th century, inspired by the developments in Central Europe, did the medical world and politicians begin to show an interest in the marginal group of mentally ill.

An important inspiration came from France. With his ideas of treatment emerging from his experiences at Bicêtre and the Salpêtrière in Paris 1793–1795, Philippe Pinel concluded that the asylum would be the place to implement a psychological treatment with the purpose of “developing and strengthening their (the patients’) faculties of reason”; he called this “le traitement moral”.

Pinel’s ideas of “moral treatment”, emphasizing a humane attitude to the patients, talking to them, treating them fairly and organizing fixed schedules of asylum life, had developed in parallel especially in England by William Tuke (the York Asylum), and they soon were embraced also in Denmark.

Again, inspired by prevailing ideas in Central Europe, both within the medical establishment and among politicians, the view of the sufferings of the insane changed dramatically, and mental illness in many quarters increasingly
came to be considered somatic diseases that needed treatment based on medical science.

During the 1840s, strong criticism of the way mentally ill were treated and the organization of mental institutions as well expressed by two physicians, Jens Rasmussen Hübertz (1794–1855) and Harald Selmer (1814–1879)—both strong proponents of “madness” being a somatic disease that should be treated in specialized hospitals. Their ideas exerted a strong influence on the way care of the mentally ill, especially the development of hospitals, was to dominate Danish psychiatry for a century (2, 3).

A later, thorough description of the organization of Danish psychiatry was published in 1915 by Hjalmar Helweg, Professor at Rigshospitalet, 1934–1952 (4).

It is reasonable to talk about a shift of paradigm. With this, a planned treatment of the insane gained foothold among Danish physicians culminating with the establishment of an asylum, “Jydske Asyl” in Århus 1852, where the first superintendent Harald Selmer—with his firm conviction of mental illness being of somatic origin and his feeling of responsibility—implemented an advanced form of moral treatment (3).

From then on, institutionalization set pace and four new mental institutions were established across the country, as was a department in a large Copenhagen Hospital (Kommunehospital) opening in 1875.

After this, there were several new facilities meant for the care of the mentally ill. These were asylums where the moral treatment was the top priority.

These hospitals were all placed in beautiful areas, often close to the coast and forests in accordance with the ideas of the sanatorium as a healing institution that would give patients the opportunity to enjoy freedom within the framework of the asylum house order and give them a rule-bound life. These elements of moral or psychological treatment, which were indeed a system of upbringing with firmness, reason and the power of good example, were thought to go hand in hand with the somatic treatment, which in those days consisted in increasing doses of opium, morphine injections, bromide salts, chloral hydrate and sulphonal—drugs that gradually replaced prolonged baths (hydrotherapy).

During the late 18th and a good part of the 19th century, especially in Germany, a battle was fought between two schools of thought, the Romantic and the Somatic psychiatry.

The Romantics (“Die Psykiker”), whose leading figure was Johann Christian Heinroth, focused on psychosocial perspectives through an obsession with morality and sin, and thus discipline and harsh treatment were key elements in the treatment of mental illness.

Influence by the Romantic Movement blurred the Danish embrace of moral treatment only for a period at Sct. Hans Hospital during the leadership of J.H. Seidelin (1786–1855), who was the hospital’s first superintendent after its inauguration in Roskilde in 1816. Seidelin was strongly inspired by the Romantic movement, and in spite of his efforts to improve food, better housing and access to physical activity for the patients, his use of punishment and sudden unpleasant surprises led to public awareness and his dismissal from the hospital in 1831.

In spite of the benefits of asylums for the mentally ill, these institutions soon were short of beds. This was related to the fact that the reputation of the asylums had improved, and the changes in family structure because of urbanization had made it more difficult for families to take care of a mentally ill person at home. Furthermore, with the growth of the general population, the number of mentally ill increased in parallel.
During that period, it was widely discussed whether patients with a good prognosis (treatable) as compared with the chronically ill (incurable) should be placed in the same institution, and likewise it was a question of how to deal with the very dangerous patients who were also criminal offenders. To have this latter group separated from other mentally ill (and not least kept away from society), a maximum-security unit (Sikringsanstalten) was built in Nykøbing Sjælland in 1918. It was explicitly a precaution to protect society against individuals classified as a threat to the public security because of their suffering from a mental illness.

The establishment of this unit was to have great importance for Danish Forensic Psychiatry. Also, it was important that the patients were housed in separate buildings but also that these buildings were close to a mental hospital. Interestingly enough, while the state institutions for mentally ill changed their names from “asylums” to “mental hospitals”, Sikringsanstalten did not, and up until today is not defined a hospital. It was important to send the message that patients in a mental hospital until today is not defined a hospital. It was important to "mental hospitals", for mentally ill changed their names from "asylums " to " mental hospitals ", Sikringsanstalten did not, and up until today is not defined a hospital. It was important to send the message that patients in a mental hospital should be considered persons hospitalized like patients with somatic illness, but the inmates at Sikringsanstalten, though being mentally ill, had a different status.

Away from the asylum
During the 1930s and 1940s, it became evident that a closer collaboration between psychiatry and somatic medicine was desirable, and from the mid-1950s with the advent of effective neuroleptics and antidepressants, a combination of psychological, occupational and drug intervention helped many patients to have a shorter stay during admission. Therefore, besides the existing seven state hospitals, a large number of new hospitals were built, and departments in general hospitals established. Furthermore, the first child psychiatry departments were established in several hospitals.

Inspired by British experiences, the earliest community psychiatry was established in Denmark in 1957 with a background in an important and internationally famous epidemiological study (The Samsø Project), initiated by Erik Strømgren in Aarhus (see below). The results from this study suggested that up to 90% of people in need of psychiatric care could be treated on an outpatient basis—a result that—among many things—inspired to a further development of community psychiatry some decades later.

Community psychiatry
During the early 1970s, the medical model of mental illness was challenged by emerging critical and sociological trends. A Danish textbook from 1972 based on a sociological view of psychiatry won some acceptance. In the book, the authors stated that “illness is a social construction”, and that psychiatry is an institution in a society, ruled by middle-class norms and values. According to these ideas, psychiatry thus serves to protect society from the mentally ill.

Such speculations based on “critical social science”, some of them mixing Freudian psychoanalysis and Marxism, were also common in Denmark during the 1970s and 1980s, with their anti-empiristic emphasis being the hallmark for different theories behind the new social psychiatry. It was, however, the community psychiatry movement, originally emerging in USA in the 1950s, and the later Italian reform psychiatry from the late 1970s that became the primary driving forces behind the drastic closing of hospital beds.

The development of “modern” psychiatry was defined as much as it was against, as by what it was for. “Community Psychiatry” (Distriktspsykiatri) became the buzzword of the day, widely referred to as the promise of a better and more humane care of psychiatric patients.

By the end of 1970s, a large number of community psychiatry centres were established in parallel with a massive decrease in the number of hospital beds—the so-called deinstitutionalization.

Thus, in 1972, there were 12,000 psychiatric beds in Denmark. Today the number is about 3000. The “lost” beds have been replaced by 5000 accommodation houses with nursing staff associated.

While this reorganization of psychiatric care has been valuable for many chronic psychotic patients, the shortage of beds had predictably dire consequences for the quality of acute inpatient care, and, moreover, avoiding hospitalization has now become the focus of psychiatric services. Finally, patients with non-psychotic disorders for decades were deprived decent care.

Although the development of community centres, supported housing and residential facilities to some extent have compensated for the shortage of beds, the permanent pressure on the inpatient facilities have resulted in premature discharges creating “revolving door patients,” and, sadly, a documented increase in the crime rate among psychotic patients (5).

In the wake of deinstitutionalization, however, a number of specialized functions developed, such as centres for anxiety and depression, and a specialized evidence-based outpatient treatment, the OPUS project (6), has incorporated a number of the elements with a documented effect in the treatment of conditions within the schizophrenia spectrum.

Still, for the reasons mentioned above, the shortage of beds remains a major problem, which calls for a resolution. The changes of psychiatry have many faces.

Central European influences
By the end of the 19th century, psychiatry had no effective treatments. There was no empirical research because no paraclinical markers of illness existed. Therefore, the refinement
of descriptive psychopathology was developed and attempts at making a classificatory system came into focus.

In Denmark the classification of illness originally followed the French developed by Jean-Etienne-Dominique Esquirol (1838). Around 1850, Harald Selmer, the first director of the hospital in Århus, suggested some modifications. He distinguished between moral insanity, madness, monomania, dementia, melancholia and mania. This did not differ significantly from Esquirol’s classification, but Selmer was the first Danish psychiatrist to attempt at a modification of the existing classification, and he presented this in the first Danish textbook on psychiatry.

Nineteenth-century psychiatrists, in Denmark, as elsewhere, aspired to have their field of work a part of medical science, and also a discipline in its own right. This was reflected in the psychiatrists’ concept of disease, in their interest in anatomical pathology and their thoughts about classification and causality.

The establishment of mental illness as a group of diseases completely similar to any other organic or physical disease was an essential part of the profiling of psychiatry as a medical and scientific enterprise.

The prevailing ideas of the nature of mental illness being brain disorders and heritable, developed in Central Europe, especially in Germany, were thus embraced by leading Danish psychiatrists.

The acceptance of hereditary elements in the development of mental illness came to expression in a doctoral thesis by Frederik Lange (1842–1907), dealing with heredity in insanity. He was rather positive to the speculative ideas of hereditary degeneration developed in France by Auguste Morel (1809–1873), ideas which were, however, gradually abandoned after the ground-breaking observations of Gregor Mendel became widely known.

Frederik Lange’s cousin Carl Lange (1834–1900)—his name known from the James–Lange theory of anxiety—was the first in 1866 to suggest the use of lithium salts in the therapy of melancholic depression. Lithium therapy in those days became short-lived, as a theory of uric acid disturbances behind its use was abandoned (7, 8).

Two Central European psychiatrists in particular influenced academic psychiatry in Denmark. These were Emil Kraepelin and Karl Jaspers. Important inspiration from these two giants was expressed in the work of August Wimmer (1872–1937), in 1920 appointed the first Danish Professor (Ordinarius) of psychiatry at the University of Copenhagen. Among a large number of clinical and theoretical studies in French, English and German, his most famous work was “The Psychogenic Psychoses” from 1916. The original Danish-language work was later translated into English (9).

Though Wimmer favoured the medical model of mental illness, and thus was in line with the majority of contemporary Danish psychiatrists, he harboured some criticism towards the Kraepelinian idea of all psychoses being “endogenous”, and in his book, he wrote of short-term psychotic conditions, which he considered elicited by specific traumatic psychological events. Wimmer described criteria for elements of these psychoses that he had proposed years earlier, independently of those elaborated by Jaspers in his “Allgemeine Psychopathologie” from 1913, which emphasized subjective, psychological factors being essential for the elicitation of psychosis. Although the idea of “psychogenic” in relation to psychoses found support in later Danish textbooks (E. Strömgren), it disappeared in ICD-9 from 1975, and has not survived in today’s descriptive psychopathology.

Nevertheless, Wimmer’s book became a building block in Scandinavian psychiatry, and is still considered a classical psychiatric text.

Early therapeutic options

Until the introduction of fever therapy, insulin coma, cardiazol shock and electroconvulsive therapy, a main purpose of treatment was to calm patients down. Hydrotherapy and later sedative drugs such as chloral hydrate, bromide salts, barbiturates and opium were widely used. Occasionally patients also received combined scopolamine–morphine injections.

The treatment of neurosyphilis with malaria parasites inducing fever reached Denmark in the early 1920s after the reports of good results from Austria (Julius Wagner von Jauregg, 1918). Interestingly, the first suggestion of a link between syphilis and dementia paralytica had already been suggested in a paper by two Danish doctors in 1857 (10). Fever therapy was used across the country, but with the occurrence of penicillin, fever therapy gradually fell out of the therapeutic armamentarium, and was stopped in the early 1940s.

Another new discovery was the insulin coma, which was met with some enthusiasm after Manfred Sakel’s reports from Vienna in 1927. It was introduced in Denmark in 1937 and was in use in several hospitals in the therapy of schizophrenia.

Insulin coma, which was sometimes accompanied by generalized seizures, was soon replaced by cardiazol shock therapy, discovered by Ladislas Meduna in Hungary in 1935.

Cardiazol shock was considered effective, but was highly anxiety-provoking, and therefore cardiazol seizures from the early 1940s gradually became replaced by electroconvulsive therapy (ECT), introduced by Ugo Cerletti and Lucio Bini in Rome 1938.

Like in cardiazol treatment, the therapeutic principle in ECT is the induction of generalized seizures—from the early 1950s given during general anaesthesia with muscle relaxation and artificial ventilation.

Among these early biological therapies, only ECT has survived. ECT over the years has been used relatively
more in Denmark than in other countries—even during the heated antipsychiatry years in the 1970s and 1980s.

Freudian psychoanalysis

From about 1920, psychoanalysis became an issue to be addressed. It was discussed among psychiatrists, but never generally embraced. From academic quarters, analysis was met with scepticism, probably because of the general acceptance of the medical model of psychiatry. The Freudian ideas were, however, widely accepted by many writers, artists and some, but not all, psychologists.

During the 1940s, some training in psychoanalysis was initiated, but not until the establishment of the Danish Psychoanalytical Association in 1953—on the initiative of psychiatrist Thorkil Vanggaard (1910–1998) at Rigshospitalet in Copenhagen, returning from a year-long training at The New York Institute for Psychoanalysis—was a strict training in psychoanalysis, fulfilling international demands, established.

As psychoanalysis per se, being a hermeneutic discipline, was considered belonging in the humanistic domain rather than in medical science—and further could not document triumphant efficacy—it never became of central importance in Danish mainstream psychiatry. Derivatives of analysis, in the form of different types of psychodynamic psychotherapy, however, still has a place alongside other types of psychological therapy.

Academic psychiatry

During the 20th century, it became important for Danish psychiatry to be ranked solidly among the medical specialties and take part in the scientific development of Danish medicine.

This could be accomplished via research conducted mainly at the universities in Copenhagen, Århus and Odense, where chairs in psychiatry had been established in 1934, 1945 and 1970, respectively.

These university centres not only generated important research, but also became the home of a formalized theoretical and clinical education under the auspices of The Danish Psychiatric Association (founded 1908). Starting in the late 1950s, and accepted by the National Board of Specialisation, this construction became a pioneering model for the whole of medicine in Denmark.

Because of solid multifaceted scientific efforts during the last half of the 20th century, Danish psychiatry succeeded in obtaining a good reputation, nationally and internationally. The areas of research and the pioneers behind their development will be mentioned in the following.

Limitation of space does not allow the mention of their successors, who, faithful to the heritage of Danish psychiatry, have continued and strengthened research traditions and added innovative elements to Danish academic psychiatry.

Psychiatric epidemiology

Erik Strömgren (1909–1993) (Fig. 2) undoubtedly was the most prominent Danish psychiatrist in the 20th century. He was professor at the Psychiatric Hospital in Aarhus from 1945 until 1979. Not only was he an excellent psychopathologist who published important studies on disturbance of consciousness, various forms of psychoses and many other important topics, he was a great organizer, teacher and leader. Inspired by the German Psychiatric Research Center in Munich, which he visited in 1935 to study epidemiology, he created in Århus a centre with units for psychiatric epidemiology, cytogenetics, psychopharmacology, forensic psychiatry and psychotherapy. Over the years, Strömgren attracted numerous talented clinicians and researchers, from Denmark as well as from many other countries as well, and the psychiatric research centre soon became a “Mecca” for visits from all over the world (11).

Strömgren was the author of an influential textbook on psychiatry, the first edition published in 1951, with later revisions following over the years; the ninth and last edition was from 1967 (12).

This textbook has been of major importance for the documentation of psychiatry as a professional medical discipline with emphasis on both disease concepts and therapies. His book represented “classic” psychiatry, and the text was strongly influenced by German psychiatry represented by Kraepelin, Jaspers, Kretschmer and Bonhoeffer. Strömgren further was the editor of Acta Psychiatrica Scandinavica from 1961 to 1981.

Strömgren’s view was that psychiatry has many features in common with internal medicine and neurology, but that the psychiatric illnesses should not be reduced to brain disorders; still he emphasized that all mental phenomena must have a background in cerebral processes (13, 14).

Among Strömgren’s numerous important studies, his doctoral thesis on the occurrence of psychiatric illness on the relatively isolated small island of Bornholm from 1938 deserves mention. He found Bornholm ideal for a genetic–epidemiological study. He himself paid more
than 1000 home visits and conducted psychiatric interviews throughout the population. He found that the majority of Bornholmers with psychiatric symptoms had never been in contact with psychiatry. His thesis is recognized as a classic in psychiatric epidemiology, and a 50-year follow-up was published in 1993 (15).

Strömgren had started this study already some years before he spent 3 weeks in Munich in 1935 to visit the genealogical department of the German Psychiatric Research Institute founded by Kraepelin, to study methodological issues of psychiatric epidemiology and genetics, an experience that should be of major importance for his future work.

Thus, still strongly engaged in epidemiology, Strömgren in 1957 initiated yet another pioneering epidemiological study in Denmark (the Samsø Project), which became the original model for Danish community psychiatry to be developed much later. This project generated several studies, and reached international renown (16).

Strömgren also was instrumental in the establishment of the Danish Psychiatric Central Register, which from 1969 became an electronic register of all persons admitted to psychiatric hospitals and departments thanks to Dr Annalise Dupont (1917–2008), who made the register function supported by Professor Povl Munk-Jørgensen (1946–) today editor of Acta Psychiatrica, Scandinavica.

This famous register, which now covers 700,000 individuals and more than 3 million treatment episodes, has played an enormous role for Danish and international psychiatric epidemiology.

Strömgren’s network of collaborators across the world was huge, and apart from his own contributions, he inspired to numerous internationally famous studies.

Strömgren participated as an expert in WHO’s revisions of ICD-8 and ICD-10. He established a WHO Collaborating Centre for Education and Research in Aarhus, a centre which through many years was directed by a Aksel Bertelsen (1936–). Bertelsen besides his clinical research and teaching further played a major role in the creation of ICD-10, which appeared in 1992.

Another method within epidemiological studies is the longitudinal naturalistic cohort study. Emblematic for this branch of epidemiology is the Danish-American prospective cohort study of primarily schizophrenia. It was started in 1962, and Professor Fini Schulsinger (1923–) (Fig. 3) at the Copenhagen Municipality Hospital (Kommunehospitalet) in Copenhagen became the Danish leader, Dr Seymour Kety, NIMH, the American. The longitudinal study of a cohort of high-risk (at least one schizophrenic parent) children born in 1962 led to a large number of highly important investigations. Part of this project was a study applying adopted children at high risk of schizophrenia. The study documented a major role of heredity in the development of schizophrenia and is considered groundbreaking in the international psychiatric research of the interplay between heredity, environment and development (17–19). An important collaborator in these studies was the American psychologist Sarnoff Mednick.

The prospective cohort study type of research has its strength because probands are described in great detail, while a disadvantage is that results are available only many years later. It is therefore courageous to begin such a project.

After Schulsinger’s retirement as Professor in Copenhagen in 1988, expanded studies of the original cohort have been continued by early and later appointed researchers, still generating new hypotheses to be tested as the cohort members grow older (20).

Yet another type of epidemiological research is a classical Danish discipline: genetic epidemiology. Looking at the prevalence of a given disease among first- and second-degree relatives to a probands, it is possible to measure the importance of hereditary factors, and thereby indirectly estimate the role of environmental factors—biological, social or psychological.

Thanks to the Danish registers, a number of such studies have been published—a good example is the 1977 twin study of manic-depressive illness (21).

Modern molecular genetic methods are likewise applied and from several centres in Denmark and around the world a number of studies comprising a large number of patients with schizophrenia, affective disorders and anxiety disorders, identified via the registers, have been conducted for decades, with the methodology being refined using twin or adoptee cohorts.
Biological psychiatry and psychopharmacology
Also biological psychiatry research blossomed in the 1970s with the establishment of three centres: the Research Unit for Lithium studies in Århus headed by Professor Mogens Schou, the Research Unit for Experimental studies of schizophrenia at Sct. Hans Hospital in Roskilde headed by Dr. Ib Munkvad and the Neuropsychiatry Laboratory at Rigshospitalet in Copenhagen headed by Professor Ole J. Rafaelsen (1930–1987).

Mogens Schou (1918–2005) (Fig. 4) was Professor of Biological Psychiatry at Århus University, 1971–1988. Schou’s engagement with lithium studies started in the early 1950s. He became research assistant in Århus 1951 after studies in Norway and USA, where he became familiar with laboratory work. Erik Strømgren, having read the results of the lithium studies conducted by John Cade in Australia suggested that Schou looked at this new interesting treatment. Schou now made a blinded study of 58 manic patients treated with lithium. This study was conducted with high scientific stringency (22). Later, together with Dr Poul Christian Baastrup (1918–2000), Schou performed a number of excellent studies of the effects of lithium salts in different patient groups.

Their study from 1967 (23) on the prophylactic effect of lithium in manic-depressive illness and recurrent depression illness attracted strong international interest, but also led to an almost dramatic international debate. Subsequent work by Schou, however, served to cement the importance of lithium. Schou’s unswerving engagement and tireless efforts to elucidate as many aspects as possible of lithium’s effects and biology, in human as well as in animal studies (1) earned him a well-deserved reputation as an international leader in lithium research.

Schou published more than 600 papers on lithium, and wrote and lectured on the history of lithium long after his retirement (24).

In the 1960s, chief physician Dr Ib Munkvad (1921–1998) (Fig. 5) established a research unit at Sct. Hans Hospital with the purpose of studying dopaminergic mechanisms in animals. Munkvad and Aksel Randrup, a biochemist, were interested in the effects of amphetamine on animal behaviour (3) and together they demonstrated that amphetamine induced a stereotyped behaviour which could be inhibited with neuroleptics.

They published their findings in many international journals and in 1965 they were the first ever to propose the dopamine theory for schizophrenia (25, 26). They consolidated their laboratory, and created an inspiring research atmosphere with much research and a good deal of teaching. The dopamine research during the 1970s focused on clarifying of the unwanted effects of neuroleptics, especially tardive dyskinesia, and this line of research inspired many scientific papers.

In 1977, a remarkable finding was made in their laboratory, as a specific receptor for binding of benzodiazepines was discovered by Dr Claus Bræstrup and Dr Mogens Nielsen in 1977 (27).

At Rigshospitalet in Copenhagen, Ole J. Rafaelsen (1930–1987) (Fig. 6), a specialist in both internal medicine and psychiatry established the Psychochemistry Institute, where focus was on understanding the causes and treatment of affective disorder and the mechanisms of action of antidepressants, lithium and ECT (28).

After writing his thesis on the working action of insulin in Århus, Rafaelsen moved to Copenhagen. With his solid medical and laboratory background, the way was paved for him to start a small laboratory at Rigshospitalet in 1970, where he held a post as senior registrar in the department of psychiatry.

Rafaelsen was a highly charismatic person, ambitious, goal-directed and with talents besides clinical skill and scientific knowledge. He was thus well read not only in psychiatric literature, but also in fiction and philosophy—and himself a fine poet, a true scholar.

Rafaelsen soon gathered an enthusiastic group around him—among them more than 10 later became professors or leaders of strong departments.

He himself was appointed Professor of Biological Psychiatry in 1973, and became head of the psychiatry department at Rigshospitalet from 1981 until his untimely death in 1987.
Rafaelsen was generous, inspired to numerous projects and was a careful supervisor. He participated in public debates, and his ability to popularize biological psychiatry may well have been one of the reasons why the anti-psychiatry movement in the 1970s got less momentum in Denmark than was the case in many other countries.

One of Rafaelsen’s important ideas as a leader was to create a close relationship between clinicians and researchers. He established a large international network, and was active in international activities. The department was a WHO Collaborating Centre for Biological Psychiatry and Psychopharmacology 1972–2000, which over the years hosted many international guest researchers. He held many professional posts and was president of Collegium Internationale Neuropsychopharmacologicum (CINP) 1986–1987.

Rafaelsen defined psychiatry a discipline of medicine that can be studied objectively: “psychological and social circumstances play an important role, but primarily for the disease presentation and course of illness—not for the causes” (28, 29).

Rafaelsen’s death in 1987 in an accident meant a great loss for Danish and international psychiatry. He set the scene for a biologically oriented psychiatry that still thrives in leading Danish centres.

The Danish Psychiatric Association
While the members of the Danish psychiatric community represent a great variety of interests, engaged in often widely different areas of the discipline, for example clinical sexology and experimental psychopharmacology, it represents a great variety of interests, engaged in often widely different areas of the discipline, for example clinical sexology and experimental psychopharmacology, it has over the years been noteworthy, that in spite of occasional battles between factions, the Danish Psychiatric Association seems to have been considered e the home for all practitioners of psychiatry.

The Association was established in 1908, and is the scientific society for psychiatry. It is the organ that defines the identity of the discipline, it is behind the training of psychiatrists, relations to the public, to politicians and administrators, and it is the association that links Danish to international psychiatry in the form of the WHO and WPA.

From the start, the Association had a close connection to the Swedish and Norwegian Psychiatric Associations established in 1905 and 1907, respectively. This Nordic collaboration, including also Finland and Iceland, has been manifested in the Nordic Psychiatric Congresses held every 4 years—only interrupted by the Second World War.

The Danish Psychiatric Association appoints its representative to be the national editor of Nordic Journal of Psychiatry. Without the members’ engagement and the power of the many boards of the Danish Psychiatric Association, it is difficult to imagine the continued existence of the psychiatric profession in its present form in Denmark.

Danish psychiatry today
The above-mentioned achievements have no doubt meant a lot for the development of present Danish psychiatry. While Central European influences dominated in the late 19th century and up until 1950, the influence of American psychiatry during the latest 50 years has been responsible for some major changes in practical and theoretical psychiatry in Denmark.

Among the most important are the following:

The deinstitutionalization, originally an American phenomenon starting in the 1950s, but elaborated in the Italian reformist psychiatry. For economic as well as political reasons, it is today difficult to imagine a re-establishment of wards with a sufficient number of beds for acute inpatient care or longer-term stay. Many outpatient units for non-psychotic disorders have been established during the last decade, which undoubtedly is an important step forward. Pharmacotherapy is an important element of psychiatric treatment, and is used widely. During the early years of progress in pharmacotherapy—the 1950s—clinicians owed much to the fruitful collaboration between academic psychiatry and the pharmaceutical industry.

Today it is difficult—if at all possible—to demonstrate a stronger effect of modern drugs than of those developed 40–50 years ago, and patients may be treated for longer periods of time for the sake of obtaining a more lenient side-effect profile at the cost of therapeutic efficacy.

Psychotherapy after 1980 has gradually switched from pure psychodynamic to cognitive–behavioural therapy—also an American inspiration. Recent modifications within dynamic therapy, still used by many Danish clinicians, however, have diminished an originally large difference between the two types of psychological intervention.

Psychiatric epidemiology has developed worldwide and brought new knowledge regarding mental illness, highly useful in the clinical world and invaluable for psychiatric research. It seems justifiable to point to the Danish impact on this development.

The development over the last 50 years within biologically oriented psychiatry or neuropsychiatry likewise has drawn on more inspiration from USA than from Europe. Biological research has helped us understand better some of the mechanisms underlying the psychiatric illnesses, but so far we cannot explain the origin of psychopathology, as we still have no biological markers for psychiatric disease.

As has been the case during the last centuries, the biomedical concept of disease is prevailing, but has undergone some changes. Psychiatric illness today is thought to be the result of a complex interplay of many factors the brain with conceived a plastic and dynamic organ, developed in close integration with its surroundings, and where learning and socialization in specific environment play an important role—a support of the frequently proclaimed bio-psycho-social disease model.
The progress in the neurosciences with application of a variety of neuroimaging techniques and of molecular genetics has been the focus of much new research, also in Denmark, where especially a valuable cooperation between basic sciences, clinical psychiatry and cognitive psychology holds promises for an elucidation of mental illness, applying at the same time scientific methods from neurobiology and modern psychology.

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