

EDITORIAL

TUULA KIESEPPÄ

During the last couple of years I have especially enjoyed myself whenever I have been able to engage with dissertations as part of the audience. It is both fascinating and relaxing to follow a discussion where terms first are clarified, arguments given thoroughly with adequate reasoning, and counter arguments formulated in the same way, with enough space and time. I always end up leaving these events clear-headed and optimistic about the potential of dialogue. As a motivation for my task as Editor-in-Chief, I see scientific publication as another platform for this kind of discussion, where carefully written and refereed texts are available for thoughtful reading, and rereading.

This year our mini-theme focuses on the different aspects of therapy in psychiatry. Let us begin with the basic definitions concerning the subject. The origin of the word therapy is an ancient one. In classical Greek *therapeuein* means to cure, treat medically, attend, do service or take care of (1). In English, *therapeutic* was used in written documents from the 1540s as a noun meaning the branch of medicine concerned with treatment of disease. Oxford English Dictionary (2) defines *therapy* as a medical treatment of disease, curative medical or psychiatric treatment.

The word *therapy* has subsequently acquired numerous prefixes, e.g. physiotherapy, chemotherapy and aromatherapy. The earliest evidence for an official English description of *pharmacotherapy* is from 1903 in a dictionary edited by Thomas Stedman. The term refers to a treatment with drugs. Like *therapy*, *pharmaco* also originates from the ancient Greek. *Pharmakon* meant medicine or drug, but also poison. Likewise, the origin of the term *psychotherapy* derives from the ancient Greek, *psukhe* meaning breath, spirit or soul. According to the Oxford English Dictionary, the earliest recorded use of the English word *psychotherapy* is from 1892, meaning the art of curing mental diseases. It was preceded by the French *psychothérapie* (1889), which in its early use referred to the treatment of somatic diseases by “psychic” methods like hypnosis.

In common language, *therapy* alone often refers specifically to the treatment of mental conditions by communication and interaction. This has also been the case in Finland, where general discussion uses *therapy* intending to refer to, more or less, psychotherapy. Although there are many concerns around the sufficiency of mental health services, a specific worry has fallen on a shortage of psychotherapeutic care in Finland, where there has been established, among other things, through a citizens' initiative, a therapy guarantee. As a result, during this government term, the aim is to ensure, through legislation, that children and adolescents have quick access to short-term psychotherapy or other effective psychosocial treatments when needed.

However, a human being, as we very well know, is a biopsychosocial construction. When we try to fix flaws in one area of mental healthcare, like psychotherapies, we should not desert the other ones, meaning, for example, other modes of therapy, that is to say treatment. Unfortunately, it is not rare to encounter confrontation between psychological and biomedical or pharmacological methods in treating mental health disorders, even though we need them all for an adequate toolbox. In this volume of *Psychiatria Fennica*, we have three excellent and comprehensive invited editorials, which together compose a kind of discussion around the mini-theme. While Lindfors describes the development of psychotherapies in Finland, Isometsä points out the state and quality of pharmacotherapies in current psychiatric care, and Pirkola calls us to consider ways and measures to organize and combine different treatments and care as parts of an ecosystem.

In addition, the publication includes several original studies of both psychotherapeutic and neurobiological treatments and the implementation performed in a Finnish social and welfare context, and reviews describing, for example, new ideas for the treatments. These all give us valuable information for developmental work to provide better and more sustainable psychiatric care. A recent review of Linnaranta (3) points out the importance of research evidence in developing psychiatric

services by compiling international data on effective methods to improve services. Furthermore, we need that research, specifically in the Finnish service system.

Finally, I would like to pick up on “John’s” decision, to shed light on a patient’s view in developing services. It regards a case study, describing the use of virtual reality glasses during a therapeutic process in the article by Heikkilä et al. in this volume. When offered, after the sessions, the choice between continuing the discussion with the therapist or playing a video game, “John” chose not once the latter. Although there is a lot to gain with digitalization in psychiatry, and there is indeed interesting scientific research going on, this reminds us to acknowledge the importance of human relationships and the therapeutic alliance. This is especially crucial for children and youths, who are at the very early or at least the middle stage of growing into being part of society, with its enormously complex reciprocity.

As always, the volume of Psychiatria Fennica itself has been planned and constructed through the process of discussion with and within our editorial board, editors, writers and referees. Now it is time to invite readers to finalize the publication.

Tuula Kieseppä

Editor-in-Chief, Psychiatria Fennica

References

1. <https://www.etymonline.com/>
2. <https://www.oed.com/>
3. Linnaranta O. Tutkimusnäyttö auttaa kehittämään mielenterveyspalveluita. Suomen Lääkäril 2024;79:41033