



The Environment of Schizophrenia

Innovations in practice,
policy and communications

Richard Warner

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The Environment of Schizophrenia

There is now a body of evidence suggesting that the occurrence and course of schizophrenia are affected by a variety of environmental factors. *The Environment of Schizophrenia* draws upon our knowledge of these factors in order to design innovations that will decrease its incidence and severity, while enhancing the quality of life for sufferers and their relatives.

Examining environmental forces operating at the individual, domestic and broad societal levels, Richard Warner proposes feasible interventions such as:

- education about obstetric risks
- marketing effective psychosocial treatments
- business enterprises set up to employ people with mental illness
- cognitive-behavioral therapy for psychosis

The Environment of Schizophrenia suggests practical ways to create a better world for those who suffer from this serious illness and for those who are close to them. It will prove fresh and stimulating reading for mental health service managers and policy makers, as well as psychiatrists, clinical psychologists, mental health advocates and communications specialists.

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To those who suffer from schizophrenia
and those who suffer, struggle,
and rejoice in successes alongside them

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Figure I.3 is taken from Gottesman, I.I., *Schizophrenia Genesis: The Origins of Madness*, New York, W.H. Freeman, 1991, p. 96, © 1991 Irving I. Gottesman, by permission of the author. The themes of this book were previously developed in various publications including Warner, R., "Environmental interventions in schizophrenia: 1. The individual and domestic levels" and "Environmental interventions in schizophrenia: 2. The community level," *New Directions for Mental Health*, 83, 61–84, 1999, © 1999 Jossey-Bass, and in Warner, R., "Schizophrenia and the environment: speculative interventions," *Epidemiologia e Psichiatria Sociale*, 8, 19–34, 1999, © 1999 Il Pensiero Scientifico Editore. Material in the Introduction and Chapter 3 has previously been published in Warner, R., *Recovery from Schizophrenia: Psychiatry and Political Economy*, London, Routledge, 1994, © 1994 Richard Warner; and some of the material in Chapter 7 was previously used in Warner, R., *Alternatives to the Hospital for Acute Psychiatric Treatment*, Washington, DC, American Psychiatric Press, 1996, © 1995 Richard Warner.

Introduction

What is schizophrenia?

In the title of this book, *The Environment of Schizophrenia*, the term “environment” is intended to encompass everything that affects the condition except the innate genetic predisposition. Covering every aspect of life from physical influences in the womb to the stigma and discrimination that sufferers encounter in society, it is indeed a broad field.

We can use the well-accepted bio-psycho-social model (Bloom, 1988) to clarify how different factors shape schizophrenia or any other illness. This model shows us that the predisposition to developing an illness, its onset and its course are each influenced by biological, psychological and sociocultural factors. Figure I.1 illustrates how a variety of factors can affect the various phases of schizophrenia. Most of these influences are environmental; few—only genetics, gender and synaptic pruning (see below)—are innate. Biological, psychological and social factors are involved to some extent in most phases of schizophrenia. In general, however, in schizophrenia as in other illnesses, the research suggests that the factors responsible for the predisposition to developing the illness are more likely to be biological, that psychological factors are often important in triggering the onset of a disorder, and that the course and outcome of an illness are particularly likely to be influenced by sociocultural factors (Bloom, 1985).

The aim of the book

The aim of this book is to draw upon our knowledge of the environmental factors that affect schizophrenia in order to suggest changes which could decrease the rate of occurrence of the illness, improve its course and enhance the quality of life of sufferers and their relatives. Ranging from education about obstetric risks through changes in disability pension provisions to a stigma-reducing campaign, these suggestions will be of interest, not only to clinicians, but also to advocates, policy makers, and communications specialists.

		Phase of illness		
		Predisposition	Onset	Course
Factor	Biological	e.g. obstetric complications; genetics; gender		
	Psychological		e.g. reaction to stress	
	Sociocultural			e.g. living with family; stigma

Figure 1.1 The bio-psycho-social model of schizophrenia

Many, if not most, of the suggested interventions will appear novel to readers in the United States and Britain. All are feasible; in fact some are already features of the mental health system in one country or another. For example, the proposed disability pension mechanisms and family support payments are similar to those in place in Italy, cognitive-behavioural therapy for psychosis is gaining credibility in Britain, and domestic alternatives to hospital for acute psychiatric treatment are becoming more common, particularly in the United States.

What is schizophrenia?

In order to place these suggestions in perspective we should first be clear about what is meant by the term “schizophrenia.”

In our own popular culture, there may be more widespread ignorance about schizophrenia than any other common illness. Ask a classroom of American college students—in engineering or English literature—what they know about AIDS or cancer and they will