

Plenary Session

📅 Thu. Sep 25, 2025 11:05 AM - 11:55 AM JST | Thu. Sep 25, 2025 2:05 AM - 2:55 AM UTC 🏛️ Session Room 1
(Main Hall A)

[Plenary Session 3] Social turn in how we understand and support schizophrenia

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[PS-3]

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*Kiyoto Kasai¹ (1. The University of Tokyo (Japan))

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Keywords : schizophrenia、adolescence、social model、trauma、co-production

The concept of schizophrenia was established by Kurt Schneider as a syndrome primarily focused on positive symptoms. This concept was built upon Wilhelm Griesinger's positioning of psychiatry as a medical science, and Emil Kraepelin's concept of dementia praecox. The concept of schizophrenia as a syndrome rooted in an endogenous mental disorder remains predominant in the current era of DSM-5/ICD-11. The dissemination of the concept of schizophrenia in Japan has also been strongly influenced by early German psychiatry. Because of this history, a framework for developing understanding and support for schizophrenia has been slow to evolve. The framework needs to consider the involvement of social environmental factors in pathophysiology, including childhood trauma, and their relationship with adolescence from the perspective of adolescence being a period of life when an individual's brain and mind interact with and mutually shape the world while internalizing and personalizing values. In recent years, particularly in the United Kingdom and the United States, there has been increasing advocacy for a personal recovery approach grounded in the 'expert by experience' perspective. This has led to the implementation of co-production, organizational reforms aimed at supporting recovery, and the adoption of trauma-informed care. Strong trends are also emerging in Japan, including psychiatrists sharing their lived experiences as patients or family members, the convergence of the disability movement and self-help groups through 'Tojisha-kenkyu,' and dialogues aimed at co-production between experts by experience and professionals. It is necessary to carefully reapply the medical model and the social model to effectively understand and support patients with schizophrenia. Moreover, it is important to recognize invisible disabilities that emerge at the intersection of individual diversity and social structures and cultures designed for the majority. We intend to engage in small social experiments that can be implemented immediately, guided by the belief that creating an inclusive society, where even minorities do not experience disability, will ultimately contribute to the realization of a 'mentally healthy' society. It is necessary to update our understanding and support for schizophrenia and recognize that new, co-productive methods are needed both for historical revisiting of the past and for clinical development and systems building for the future.