Part I

Historical and clinical

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Historical overview

Exploring the history of insight in mental disorders is complicated by a number of factors. Foremost amongst these is the question as to which definition of insight to examine. As will become evident in subsequent chapters, insight and related terms can refer to concepts which range considerably in meaning from the very narrow to much broader notions. For example, much of the work on insight in patients with organic brain syndromes uses a fairly narrow concept relating to awareness of specific problems/deficits (Marková & Berrios, 2000). On the other hand, insight studied in general psychiatry, particularly in patients with psychoses, has tended to be viewed in a more general sense of awareness of illness (McEvoy *et al.*, 1989a, b, c; Young *et al.*, 1993, Amador & David, 2004) and/or with broader elaborations incorporated within the concept such as additional interpretations (Greenfeld *et al.*, 1989), attributions (Amador *et al.*, 1991), re-labelling (David, 1990) and self-knowledge (Marková & Berrios, 1992a; Gillett, 1994). Then there is the notion of insight viewed in terms of specific problem solving as in Gestalt cognitive psychology (Sternberg & Davidson, 1995) or, different again, is the deeper notion of insight as psychodynamic 'comprehension' (Richfield, 1954) and indeed the cognitive view according to which insight is a function of some 'mind reading system' (Baron-Cohen, 1995).

It could be argued that such differences in meanings of insight are simply the result of different disciplinary perspectives (e.g. general psychiatry, clinical psychology, neurology, neuropsychiatry, psychotherapy, etc.) and hence it would make more sense to trace individual historical accounts in relation to each clinical discipline. Whilst this would be important in order to facilitate understanding of the respective meanings and structures underlying insight in each case, it would not address the problem of the general history of insight in psychiatry and the question of whether there is a common structure or derivative to ensuing concepts of insight or whether the commonality lies just in the usage of the term 'insight'. Moreover, attempting to chronicle a general history of insight in psychiatry allows for the broadest of bases in terms of mental disorders. This is important as the separation of clinical disciplines and increasing specialisation is dependent not only on changes in views about the nature and classification of clinical disorders but also on the perceived needs of different patient groups. Thus, by definition, specialisation

places its own constraints on the types of patients and the sorts of disorders included within specific categories at a particular time. This in turn affects the perspective from which different concepts are held. Consequently, focusing solely on individual disciplinary historical narratives might obviate the important contribution of the individuation of clinical disorders themselves towards the conceptualisation of insight.

How then to attempt a general historical account of insight in psychiatry? Berrios (1994a; 1996) has suggested that one way of approaching the construction of a valid historical account of symptoms or illness is to make an explicit distinction between the histories of the *terms*, the *behaviours* and the *concepts* relating to the object of inquiry. Differentiating between the histories of these aspects of insight helps to illustrate and clarify how the meanings of insight may change not only in time but also in relation to different contexts, whether these are social, cultural, intellectual, etc. This approach shall thus be followed here. However, it has to be emphasised that such distinctions in relation to the histories of insight do not entail their independence. For example, when considering insight as a 'behaviour', then clearly this cannot be considered as an a-theoretical object. Instead, interpreting a behaviour as insightful or insightless is the result of both overt and covert conceptualisation. This, in turn, is dependent on a background of related concepts such as ideas about the self, about the workings of the mind, about illness and mental illness, etc. These themselves are determined in part by the views and knowledge held during the particular historical period of the subject. In addition, insight as a 'behaviour' does not directly reflect an ontological entity in the way that, for example, a paretic gait might reflect a specific paresis. This does not mean that there cannot be a neurobiological basis to insight but simply that at this stage, elicitation of insight as a behaviour depends much more on conceptualisation and interpretation.

This chapter thus first examines some of the historical contexts forming the background to insight and related notions. Then a brief overview of the history of the term 'insight' is given, followed by an account of the history of the concept and behaviour of insight. The histories of the concept and behaviour of insight are discussed together because of their particular interdependence.

1.1 Historical contexts

In medicine, the concept of insight into madness seems to have started appearing in a consistent manner in the early part of the nineteenth century when the clinical descriptions offered by alienists began to include observations concerning patients' awareness of their pathological state. In 1820, Georget, commenting on the received view of madness [*folie*] as intellectual disorders in which patients were unaware, remarked how whilst this was true for most patients, there was nevertheless a small number of patients 'who are well able to assess their mental state, who

tell you: I have an ill head, a disturbed spirit, I can no longer think, I know that my thoughts are disordered, I am behaving badly – but I cannot do otherwise …' (Georget, 1820, p. 94, my translation). And by the middle and late nineteenth century, specific debates concerning the question of insight and its relationship to different aspects of mental illness were already taking place (Société Médico-Psychologique, 1869/1870).

In order to try to understand why insight into mental illness became an issue of interest at this particular time and what factors helped shape its emergence, it is necessary to look at the historical space in which this was happening. Two particular contexts will be considered here. Firstly, a brief look is given at the way in which insight and self-knowledge were conceived in terms of the general thinking around this time. Secondly, the changing views around the conceptualisation of madness itself helped to influence the way in which insight into madness was conceived and debated and, for the purposes of this chapter, more focus will be given to this area.

1.1.1 General contexts

The concept of insight in relation to the 'healthy' mind has been for a long time a source of much interest to philosophers, psychologists, theologians, writers and lay people. In Western cultures, for example, interest in self-examination is already evident in ancient Greek philosophy. 'Know Thyself' is inscribed on the temple of Apollo at Delphi and self-knowledge was a dominant feature of Socrates' teaching (Plato, Charmides, 164e). According to Socrates, caring for one's soul was the individual's main duty. However, only when one had self-knowledge could one care for oneself (Plato, Alcibiades, 129b).

With the decline of the Greek culture, the interest in self-examination appeared to diminish. Morris (1972) argued that concern about human individuality reappeared in the eleventh and twelfth centuries, but primarily in relation to Christianity. The emphasis in the Middle Ages on self-examination seemed to lie in the pursuit of moral virtues and the self was viewed as under constant supervision and judgement by God. During the Renaissance, the conception of self changed. Accompanying the expansion in science, technology and the economy, interest became more focused on the self as an individual and on his/her relationship with the world. Amongst the Renaissance writers, Pico della Mirandola (1965) placed the self at the centre of the universe. He maintained that the individual was capable of judging himself and thus should be in control of his own life. In other words, the emphasis was on the self as someone who could exert effects on himself and on the world and society.

In the seventeenth century interest in individuality continued to develop. Descartes identified consciousness or awareness with thinking: 'It is correct that to be aware is both to think and to reflect on one's thought … [the soul] has the power to reflect on its thoughts as often as it likes, and to be aware of its thought in

this way …' (Descartes, 1648/1991, p. 335). He assumed, as did Locke later, that every experience of the individual was accompanied by self-awareness (Perkins, 1969). Indeed, Locke went further to say that the identity of the self was determined by consciousness (Locke, 1700/1979) though the notion of self throughout this time was also a changing concept exerting independent as well as interdependent influences on the conceptualisation of mental illness and psychopathology (Berrios, 1993; Berrios & Marková, 2003). Nevertheless, it can be understood that consciousness or awareness of self in this context was conceived as intrinsic to thinking, feeling and experiencing rather than as a separate system that could assess such mental operations independently.

It was later, in the eighteenth and nineteenth centuries, during the Enlightenment and the period known as Romanticism, that the self as a whole being became the real focus of thought. Self-awareness obtained the meaning of self-reflection and self-consciousness in a much wider sense. In contrast to Descartes who focused predominantly on the individual's self, the Romanticists and some of the philosophers at the time argued that self-consciousness develops mutually with the consciousness of others. By being aware of others as reflexive beings, one is able to look at oneself through the eyes of others. One becomes the object of one's own observation (Mead, 1934; 1936). As a result, *introspection* became a prevailing theme of that time (Boring, 1953). The importance of the subjectivity of inner experiences was carried over to the psychiatry of the nineteenth century and legitimised the elicitation of psychopathology based on patients' accounts (Berrios, 1996).

Another important psychological concept emerging in the nineteenth century, and influencing psychiatry and the conceptualisation of insight was that of comprehension (*Verstehen*), as developed in different ways by Brentano (1874/1973), Dilthey (1976) and eventually, Freud, Husserl and Jaspers, amongst others (Berrios, 1992). This concept encompassed more than 'understanding' and more than 'looking into one's mind' (as suggested by introspection). Instead, it aimed to capture the totality of one's mental and existential state including non-conscious aspects. The conceptualisation of insight caught within this frame thus demanded more than an intellectual awareness of being ill but called on deeper processes involving emotions and volitions, and that extended to a self that embraced a wider and richer concept. The way in which such a holistic notion of insight was envisaged depended on the particular school of thought. For example, Brentano related this to his concept of intentionality and invoked a 'third consciousness': 'Experience shows that there exist in us not only a presentation and a judgement, but frequently a third kind of consciousness of the mental act, namely a feeling which refers to this act, pleasure or displeasure which we feel towards this act' (Brentano, 1874/1973, p. 143). Dilthey, on the other hand, emphasised a different aspect of the self as the focus of '*verstehen*', namely, experience or '*Erlebnis*'. This latter concept

was conceived as the entirety of an individual's experience, comprising internal and external experiences (and the relationship between them) in its full historical context (Dilthey, 1976; Apel, 1987; Makkreel, 1992). Again, this deeper view of the self and capacity of 'understanding' the self enriched the general conceptualisation of insight. Also relevant to the broad notion of self-understanding at this time was the concept of *apperception*. Introduced much earlier into philosophy by Leibnitz, to distinguish special perceptions of which man was distinctly conscious, the concept was adopted in nineteenth century psychology particularly in the work of Wundt. Associated directly with activity of the will, apperception was conceived as the foundation of self-consciousness itself (Lange, 1906).

1.1.2 Insanity and the conceptualisation of madness

Until the early nineteenth century, the notion of madness encompassed a wide variety of meanings predominantly from the social, cultural and political perspective and, as such, was not generally considered a medical category (Foucault, 1971; Porter, 1990). In this context, whilst descriptions of behaviours, viewed as insane, are plentiful and often rich in literary and artistic colour (Porter, 1987), there did not exist the language of descriptive psychopathology. That is to say, there was no clinical and systematic method of capturing and classifying signs, symptoms and behaviours of abnormal mental states (Berrios, 1996). As Berrios (1996) has shown, the latter did not develop until the middle of the nineteenth century with the professionalisation of psychiatry as a discipline and, *inter alia*, in the context of emerging views concerning subjectivity and introspection. Instead, the behaviour of madness was depicted in the language of the lay and literary public, and portrayed as an all-or-none phenomenon. Officially, the definition of insanity then, as offered by Hobbes and Locke in the seventeenth century, was based on the presence of delusions (Berrios, 1994b) so that being deluded meant being mad and vice versa. In turn, delusions by definition incorporated the notion of insightlessness. Hence, before the nineteenth century, it would have been a logical contradiction in terms to talk about insight or awareness of delusions. Condillac (1746/1924, §86, p. 55), following Locke and influential in the thinking of the French alienists of the early nineteenth century, defined madness in terms of a disordered imagination (referring to delusional thinking) '*which one is not capable of noticing*'. Thus, insightlessness was inherent to the concept of delusion and madness and could not, in the thinking of the time, be conceived of and examined separately.

The early nineteenth century saw significant changes in the views and management of madness. The rise in the numbers of asylums for the insane, the increased interest shown by the physicians into the nature and treatment of insanity as well as the development of 'psychiatry' as an independent profession all contributed to this (Goldstein, 1987). Important in the conceptualisation of insight as something that could be studied independently and in relation to madness were the changing

views around the notion of insanity as an all-or-none phenomenon. Instead, the notion of such a total insanity was being challenged by the development of various concepts of partial insanity. The latter was not a unitary notion but referred to a number of different concepts and terms which seemed to evolve during the first half of the nineteenth century. Common to these various concepts was the view that madness could be accompanied, to a greater or lesser extent, by lucidity. This could take place either in time, i.e. madness interspersed by lucid or sane periods, or within the madness itself, i.e. madness could be restricted to one or a few regions of the psyche whilst sparing others (Trélat, 1861; Legrand du Saulle, 1864; Despine, 1875). The development of the notion that insanity could be partial in these ways was important. It opened up a space in which awareness or insight into madness could be conceived as possible, occurring either in relation to the unaffected *periods* in the course of the illness or in relation to the unaffected *faculties* of the mind. Furthermore, not only was space created in which insight into madness could be conceived, but the partial insanity debates themselves, because of their questions concerning the nature and manifestations of madness, and the relationship between divisions of the mind, were directly relevant to the conceptualisation of insight into madness, particularly, in the latter part of the nineteenth century. In view of this, it is useful to briefly look at some of the factors likely to have been influential in the development of the concepts of partial insanity.

Probably one of the most important factors in the conceptualisation of partial insanity relates to the empirical observations of the alienists at the time. Whilst psychiatry as a profession did not fully emerge until near the middle of the nineteenth century, there was, at the turn of the century, increasing interest shown by physicians in the treatment of the insane (Goldstein, 1987). Pinel and Esquirol in France and Prichard in England were amongst the earliest alienists to suggest that patients could appear to be mad in some areas of their psyche but not in others. On the basis of his clinical observations, Pinel (1801) proposed the category '*manie sans délire*' to refer to insanity in patients who appeared to be afflicted by uncontrollable excitement and rage, and yet were able to reason and judge coherently. Whilst later retracting the category, he continued to maintain that patients could have 'reasoning madness' ('*folie raisonnante*') in which their madness was partial:

> … the examples of manic patients with fury but without délire and without any incoherence in their ideas, are far from being rare in both women and men, and they go to show how much lesions of the will can be distinct from those of the understanding, even though they frequently occur together.
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> Pinel (1809, p. 102, my translation)

Questioning how such cases could be explained if the views held by Locke and Condillac were followed, he went on to note that patients could appear to have

lesions of the affective faculties only, or even isolated lesions involving attention, memory, thoughts or judgement. Such observations were difficult to reconcile with the doctrine of indivisibility of human understanding (Pinel, 1801).

More explicit and distinctive still was the concept of partial insanity promoted by Pinel's disciple, Esquirol and his own followers, namely that of '*monomania*'. The monomanias comprised a range of partial insanities where the partial aspect referred mainly to the content of the ideas/affects/behaviours around which the madness was observed to be circumscribed. As a result, types of monomanias were identified and named such as erotic monomania, homicidal monomania, drunkenness monomania, etc. (Esquirol, 1838). The concept of monomania became extremely popular in the early nineteenth century both as a diagnosis made frequently by alienists and as a defence used by lawyers in criminal proceedings (Goldstein, 1987). In fact, challenges made by lawyers against the concept of total insanity (as well as the opposing arguments of the prosecutors) had been prominent for several hundred years beforehand (Orange, 1892). It was only when madness became the focus of more specific medical interest (rather than a social category) and converged with the legal interest that such debates became significant contributors to the questions posed around the existence of partial insanities. The term 'monomania', however, lost popularity and by the middle of the century was almost lost while related concepts were developed and replaced it. What is clear, however, in many debates about monomanias and partial insanity at that time (Guislain, 1852; Brierre de Boismont, 1853; Delasiauve, 1853; Falret, 1866), was that discussions seemed to be hampered by inconsistencies and sometimes contradictions concerning understanding of what the 'partial' aspect of insanity was referring to. Thus, in the case of monomania, Esquirol himself defined this variously from a partial délire, i.e. a délire concentrated on one or a few objects (giving rise to the types of monomanias named above), to disorders characterised by partial lesions of the intellect or affect or the will (giving rise to '*monomanie intellectuelle*', '*monomanie affective*' and '*monomanie instinctive*', respectively) (Esquirol, 1819; 1838). In addition, he distinguished between lypemania and monomania on the basis of exaltation of ideas, psychological and physical excitement in the latter (Esquirol, 1819), thereby, invoking yet another criterial form. In other words, clinical observations and their analyses were occurring at different levels and distinctions between different partial insanities were made simultaneously on the basis of different categories. Hence, some distinctions were made empirically, sometimes on the basis of the contents of patients' madness, and other times on the basis of the types of emotions or energy affecting the patients. Yet other distinctions were made theoretically on the basis of postulated lesions of the mind. A similar point is made by Kageyama (1984) in relation to Pinel's classification of madness and it is likely that these inconsistencies also played a part in the related debates around insight and awareness into illness (see below).

Another form of partial insanity was introduced by Prichard in England as 'moral insanity'. Influenced by Pinel, Esquirol and Georget, but based on his observations, he defined the category of 'moral insanity' as a partial insanity characterised by affective and behavioural disturbance. This particular insanity was, he qualified, 'without any illusion or erroneous conviction impressed upon the understanding: it sometimes co-exists with an apparently unimpaired state of the intellectual faculties' (Prichard, 1835, p. 12). The important issue here is that patients were observed as preserving some aspects of their mental function whilst being deranged in others. Irrespective of the confusion engendered by the different categories of distinctions made in relation to the partial insanities, the focused clinical observations of the alienists at this time made possible the concept of partial insanity itself. This in turn was necessary for the conceptualisation of insight as an independent phenomenon.

Apart from the empirical observations of alienists, there was another development important to the conceptualisation of partial insanity and hence insight that contributed to the debates around the distinctions between different insanities. This was the gradual emergence of different forms of faculty psychology. In broad terms, faculty psychology refers to the view that the mind consists of individual units or functions, actual or potential, which can conceivably operate, and be affected, to varying extents, independently. This view contrasted with the associationism of Locke and Condillac that had been prevalent and influential at the time of the early nineteenth century alienists and which held that the mind was indivisible. Faculty psychology was not a unified doctrine but simply reflected the changes in perspectives that were developing around the way in which the mind was conceived as working. Ideas from some of the eighteenth century Scottish philosophers, particularly Thomas Reid, provided a source of some forms of faculty psychology. These ideas appeared to be influential in the thinking of French philosophers and alienists during the early and middle part of the nineteenth century (Boutroux, 1908; Brooks, 1976). Reid focused explicitly on faculty psychology as the basis to his epistemology and conceived faculties as independent powers (albeit working together) driving the individual operations of the mind such as perception, memory, appetite, passions, etc. (Reid, 1785/1994). But, the nature of faculties themselves, their origin, development, numbers, extent of independence and relationship with other organic functions, etc. were issues that were unclear and debated amongst philosophers and alienists at the beginning of the nineteenth century (Rullier, 1815).

Another more extreme departure from associationism, in the early part of the nineteenth century, was the faculty psychology promoted by Gall and Spurzheim in the shape of the phrenology movement. Arguing explicitly against the prevailing sensationalism, Gall introduced his organic thesis of innate faculties which were

localisable to specific organs in the brain. However, he rejected the notion that faculties comprised of understanding, will, memory, etc. and proposed instead the idea of specific fundamental faculties which enabled differentiation of characteristics between individuals. In other words, his concept of faculties was that of mental qualities, constitutive of both mind and character, e.g. pride/self-esteem, friendship/attachment, sense of colours, music, verbal memory, memory for languages, etc. (Spoerl, 1936). Arousing debates and strong criticisms (Gordon, 1815; Lélut, 1837; 1843), the phrenology movement was nevertheless important. It influenced the views of alienists in early nineteenth century Britain (Cooter, 1979) and France where Gall and Spurzheim's courses were well attended by the alienists of the second decade e.g. Georget and Leuret (Goldstein, 1987).

Alongside the debates around faculties of the mind, ideas about partial insanity and the space in which insight into madness could become conceptualised were also shaped by changing views concerning the causes of insanity. These in turn related to changes in the notion of disease itself. An anonymous historian stated in 1840: 'all explanations of mental illness boil down to three options: they are localised in the brain … or in the soul … or in both' (Fabre, 1840, p. 118). Supporters of the anatomo-clinical view of disease, including madness (Ackerknecht, 1967), were thus more able to conceive and accept the notion of partial insanity and hence also the possibility of insight into the diseased mental faculties. In contrast, those who believed that insanity was exclusively sited in the mind or soul (*l'âme*) had difficulty in conceiving partial insanity and insight into illness since the soul was, in terms of the philosophy of the period, indivisible and could not become partially diseased.

The shift from the view that madness was as an all-or-none ontological entity to the possibility that madness could be partial in different ways carried major implications for the alienists in the nineteenth century. In the context of the factors described above, important discussions were taking place concerning the nature and classification of mental disorders. In particular, the different forms of faculty psychology permeating the thinking of the alienists, allowed for a more modular conception of the mind with more or less specific cerebral localisation. This in turn led to debates concerning the organisation and function of mental faculties, and their role in mental illness (Société Médico-Psychologique, 1866). Delasiauve (1853) argued that there was a categorical difference between the intellectual faculties and the instinctive/affective faculties. Whilst the former were interdependent, the latter, by contrast, could operate and be affected independently. Falret (1866), on the other hand, maintained that whilst it was useful to distinguish between independent mental faculties for study purposes, it could not be assumed that mental faculties operated independently in the healthy mind or could be injured independently in the ill mind. He believed, like Maudsley did some years later, that madness even