

Insight in Psychiatry

Questions concerning the nature of insight in patients with mental illness have interested clinicians for a long time. To what extent can patients understand disorders which affect their mental function? Does insight carry a prognostic value? Is impaired insight determined by the illness or are other factors important? Despite considerable research examining insight in patients with psychoses, non-psychotic disorders and chronic organic brain syndromes, results are inconclusive and insight remains a source of some mystification.

IVANA S. MARKOVÁ examines the problems involved in studying insight in patients with mental illness in order to provide a clearer understanding of the factors that determine its clinical manifestation. She puts forward a new model to illustrate the relationship between different components of insight in theoretical and clinical terms, and points to directions for future research.

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For my mother and babi

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Preface

Throughout history, human beings have been variously occupied with enquiries into self-knowledge and self-understanding. In Western cultures these themes have persistently raised vital and profound questions not just for individuals but, particularly in the last two to three hundred years, for the sciences and humanities. Psychiatry has been no exception to this. However, although as we shall see in this book, interest in *insight* in psychiatry has a relatively long past, it is only in the last fifteen or twenty years that psychiatry has become engrossed with the empirical question concerning the presence and nature of insight in patients with mental disorders. It is a question that encompasses many facets. From one perspective, it addresses in a practical way the degree of understanding patients have about their conditions. In turn, this raises important issues relating to clinician-patient communication and carries implications for the management of the individual patient. From another perspective, however, the question of patients' insight reaches to the core of our understanding of mental disorders themselves. It forces us to consider, for example, how mental functions might act and interact in health and illness. Can mental disorders have selective effects on mental function? To what extent can mental dysfunction in one area affect mental function or capacity in another area? The question of insight from yet a different perspective is wider still and focuses enquiry on the nature of self in relation to mental illness. Here, questions arise concerning the sorts of factors that may contribute to self-knowledge and to what degree these might differ in the 'healthy' individual and the person with mental illness. To what extent can the self be considered independent of the mental illness that disturbs the very functions which are thought to constitute it? The question of insight in patients with mental disorders is clearly not simple. Moreover, the nature of the issues raised demands explorative processes which straddle medical, psychological, philosophical and historical approaches.

A great deal of research has been carried out in order to answer different aspects of the question of insight in psychiatry. Most such research has involved empirical studies exploring insight in different clinical populations and examining relationships between patients' insight and a variety of clinical and individual variables.

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A range of innovative measures to assess insight have been devised and approaches to the study of insight have varied from one clinical area to another. Interestingly, outcomes of such studies both within a particular clinical area and between different clinical areas have been striking in their variability. Consequently, it remains difficult to arrive at consistent answers with respect to insight in psychiatry. Methodological issues aside, such variable study outcomes highlight the presence of complexities around the conceptualisation of insight and its ensuing translation into clinical forms amenable to empirical assessment. It follows that research is needed at a conceptual level to explore the notion of insight in depth, to identify and disentangle the complexities that contribute to many of the problems around the study of insight.

This book is specifically concerned with the complexities surrounding the study of insight in psychiatry. It sets out to examine the nature of these complexities in order to help clarify our understanding of insight, to detail the factors important in determining insight clinically and to specify assumptions underlying the clinical phenomena elicited. Thus, on the basis of historical, clinical and conceptual analyses, complexities inherent to the concept of insight are defined and localised at various theoretical and clinical levels. This allows for the formulation of a structure for insight which delineates constitutive components and their interrelationships. In addition, this enables the differentiation of phenomena of insight to be determined in the context of a particular clinical situation. In turn, this provides a basis on which future empirical research on insight can be systematically developed.

The study of insight itself is a major enterprise for it entails work not only in diverse areas, both clinical and non-clinical, but also on many levels. As such, this is beyond the scope of this book. Instead, the book attempts to preserve a fairly strict focus on unravelling the theoretical and practical difficulties faced by empirical research on insight. Why is insight so difficult to capture clinically? How can it be measured? Does it make sense to try to measure it in a quantitative form? What is it about insight that makes it complicated to define or, rather, to define in an operational way? These are the sorts of questions that are addressed by this book with the purpose of both furthering clinical understanding of insight and developing new directions for future empirical work. Whilst approaching these issues from an epistemological perspective, there is no appropriate room here for a wider philosophical enquiry that might explore the notion of insight in all its possible metaphysical dimensions.

The book concentrates on insight in psychiatry but even within this remit has had to be selective and to set boundaries to the amount and types of material examined. Thus, both for the maintaining of the book's focus and for reasons of space, there are areas that have not been covered and which are important in future work on the subject. In this regard, for example, insight into medical illness has not

been included within the review section. Emphasis has been given to studies on insight in general psychiatric disorders and in dementia. Areas which have clearly contributed to the approaches taken to the exploration of insight in such disorders have also been included, namely, psychological and neurological approaches. Within general psychiatry, current studies on insight have focused predominantly on the psychoses and affective disorders and this material is therefore reviewed and analysed in the book. Less empirical research has been carried out on insight in other psychiatric disorders, notably, neurotic, stress-related, dissociative disorders or anxiety states and this is an area which again would be important to study in the future. In fact, much of the work that has examined insight in these particular clinical areas has come from the psychoanalytic psychological perspective and this is covered in Chapter 2. The clinical reviews themselves are not aimed to be fully comprehensive though the bulk of the work in the various areas has been covered. For the purposes of the book, however, the clinical reviews are intended primarily to illustrate and define the essential conceptual issues arising from the empirical studies of insight within the respective areas. The historical chapter is restricted to examining the concept of insight in Western cultures. It is further limited, for practical reasons, to literature in English, French and German languages.

The book is divided into two parts. The first part (Chapters 1–5) reviews and analyses insight into mental illness from its evolution as an independent concept to the ways in which insight has been conceptualised and explored in clinical psychiatry and related disciplines. Chapter 1 examines the concept of insight in mental illness from a historical perspective, concentrating predominantly on the views held by the late nineteenth century French alienists. This focus is the result of, firstly, the importance and influence of nineteenth century French psychopathology on Western psychiatry in general. Secondly, the French debates on this issue were particularly explicit in showing how ideas on awareness and insight developed in the context of the changing philosophical and medical-pathological views at the time. Chapter 2 explores insight from the psychological perspective and emphasises both the differences in conceptualisation of insight held by the Gestalt, cognitive and psychodynamic schools and the ways in which these perspectives have influenced approaches to insight in clinical psychiatry. Chapter 3 reviews the empirical work on insight in general psychiatry. It shows the wide range of definitions of insight employed by the studies, the different approaches taken to assess insight empirically and the mixed and inconclusive study outcomes. Chapter 4 examines work on insight and awareness carried out in neurological states and, as such, forms an introduction to Chapter 5. In comparison with the ‘psychiatric’ notion, impaired insight or unawareness is viewed as a much narrower concept and approaches taken to its assessment reflect this different conception. The importance of unawareness or anosognosia in this narrow sense is stressed in the

light of its influence on approaches to the study of insight in dementia and in general psychiatry. Chapter 5 reviews the empirical studies on insight in dementia. As in general psychiatry, outcomes of such studies are variable and inconclusive. Likewise, a range of methods have been developed to assess insight and these have, more particularly, been influenced by approaches taken by various clinical disciplines.

The second part of the book (Chapters 6–9) addresses the conceptual issues raised from the earlier chapters and proposes a structure for insight that can provide a useful framework for understanding insight and its determinants. Chapter 6 focuses on the meaning and nature of insight. A distinction is made between the *concept* and *phenomenon* of insight and the problems related to each are specified. In turn, the implications such problems carry for the empirical study of insight are explored. Chapter 7 examines the relational aspects of insight. It shows how different ‘objects’ of insight assessment determine different clinical phenomena of insight and emphasises the implications of this for the structure of insight and its empirical assessment. Chapter 8 argues, on theoretical and empirical grounds, for a meaningful distinction to be made between *awareness* and *insight*. Distinguishing features between awareness and insight are described in terms of their quantitative and qualitative aspects. Chapter 9 presents a schematic representation of the structure of insight that is based on the distinction between awareness and insight. It shows how the phenomenon of insight can be placed within this structure, determined by it and also by the ‘object’ of insight assessment as well as the measures used for its elicitation. The implications for understanding insight and for future research are then discussed.

The book is based on thoughts that have developed and changed over a number of years. I have used and built on material presented in my doctoral thesis (Glasgow University, 1998) and on work already published. I would like to thank the publishers of the *British Journal of Psychiatry*, *Comprehensive Psychiatry*, *Journal of Nervous and Mental Disease*, *Neurology Psychiatry & Brain Research* and *Psychopathology* for allowing me to use materials from papers of mine which appeared in their pages. Special thanks are owed to Dr. German E. Berrios from the Department of Psychiatry, Cambridge University, with whom I have had countless discussions and explored many of the ideas presented here. His deep scholarly knowledge has stimulated and inspired my own thinking and much of the conceptual work developed here has been the result of a joint struggle. In addition, he has pointed me towards numerous invaluable bibliographical sources crucial for the historical section of the book. I would also like to thank members of the AWARE project group (Awareness in early-stage dementia: understanding, assessment and implications for early intervention) for useful comments and thoughts in relation to the work on insight in dementia: Dr. Linda Clare, University of Wales, Bangor;

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