Insight: A genuine factor for improvement in person with psychosis.

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I. Introduction

Understanding precise insight and unawareness of illness in psychosis has been a puzzle for the researchers and clinicians for a long time. Various attempts were made to understand insight in its cognitive, neurological, cultural and social roots. Insight in cognitive psychologists view is the external attribution about the illness but researchers with psychodynamic approaches found that insight has emotional and intellectual forms base indeed.

According to Amador et al (Amador, 2004) insight is a multi-dimensional construct these includes: (Association, 2000) 1. Awareness of mental disorder, 2. Understanding the social consequences of the disorder, 3. Awareness of the need for treatment, 4. Awareness of specific signs and symptoms of the disorder and, 5. The attribution of symptoms to disorder. The classification of insight is based on three aspects 1. Persons with complete insight (aware and correct attributes) 2. Persons being aware of not well and misattributes (aware and misattributes) 3. Those completely not aware of being ill (Roth, Flashman, Saykin, McAllister, & Vidaver, 2004).

II. Methods

The researcher used online original articles for conceptualizing this narrative through Pubmed, Ebsco, Medline, PsycINFO by using the keywords for search: "insight", OR "awareness to the illness", AND "psychosis", AND "schizophrenia", out of 483 articles after removing duplications of studies and excluding those studies its main variable were not to study and analyses insight. In the final online screening reviewer included only 49 studies of the past 20 years related to insight while considering the inclusion criteria of the review.

The inclusion criteria followed by this narrative are 1) studies specifically talking about the etiology of insight 2) studies which considers insight as a positive factor in recovery and treatment adherence 3) studies which used validated tools for assessment of insight 4) studies explaining about the socio-cultural factors of insight 5) studies correlating cognition and brain function 6) articles published only in English language are included.

Multitude number of researchers attempted in exploring the nature, etiology, predictive and clinical value of the insight in schizophrenia for the last few decades, this narrative is attempting to understand the developments in the aspect of insight of patients in psychosis and schizophrenia by the studies in recent couple of decades. Researchers in the field are able to correlate insight with neurological bases, executive functioning, and brain volume and cultural ingredients but, minimal studies found to be looking into the aspects of improving insight among the affected individuals as using the direct interventions.

A few direct interventions such as motivational interviewing, cognitive behavior therapy are still used to improve the same. These interventions proved to be effective among studies but not given a satisfactory results that it will improve longstanding insight into a person’s illness and related aspects to a great extent. The past studies supporting enough evidence for the assessment of insight and majority of the researches able to develop better understanding of it. Here this narrative looking into aspects of insight among persons affected with schizophrenia and what is lacking in the studies related to insight.

III. Understanding the Insight

Impaired or lack of insight into one mental illness has been considered as one of the most noticed symptoms in schizophrenia (Amador, 2004) although among the 12 symptoms; this lack of insight has the greatest capability to differentiate schizophrenia from depression and rest of the psychoses (Carpenter, Strauss, & Bartko, 1973). About 50% to 80% of people affected with schizophrenia have lack of insight to their illness (Lincoln, Lullmann, & Rief, 2007).
Insight in to a psychiatric illness has been considered by researchers as a multidimensional fact than a single concept., it covers the awareness of the presence of mental illness, this factor looking into different etiological reasons such as biological, psychopathological, environmental are helpful in understanding insight in psychosis and treatment compliance and the capacity to redefine bizarre and unusual mental events as not normal(David et al., 1995).It also includes attribution and awareness.These dimensions accepted well for conceptualizing the concept insight. Awareness of symptoms to mental illniss recognition of the illness with social and medical consequences and attribution is the explanation of the patient about the root of the signs and symptoms that they experience(Amador et al., 1993) and the attitudes to the former and later illness(McEvoy, Applebaum, Apperson, Geller, & Freter, 1989).

Furthermore, although insight can be seen as modality oriented for instance, person with schizophrenia may aware about the some aspects of his or her illness(Amador, Strauss, Yale, & Gorman, 1991)(Kendler, Glazer, & Morgenstern, 1983).The Diagnostic and Statistical Manuel considers poor insight is related to schizophrenia than a coping strategy, which can be lead to non-compliance, increased risk of relapse, involuntary hospital admissions, poor psychosocial functions and ultimately poorer prognosis(Association, 2000)

IV. Measurement tools for assessing Insight

Plenty of the research studies conducted in the past few decades had tried to understand the concepts and various dimensions of Insight; Nevertheless many measurement scales developed to study the insight and related treatment attitude of the persons with schizophrenia.The commonly used tools are Scale for the Unawareness of Mental Disorder(SUMD)-To assess the current and retrospective insight of the patient(Amador et al., 1993),Insight and Treatment Attitude Questionnaire (ITAQ)- To assess the inability of the patient to recognize the illness and the attitude towards the treatment.

Schedule for Assessment of Insight Expanded (SAI-E). It assesses the insight in three dimensions such as awareness, relabeling of symptoms, and compliance plus the ability to consider it on another’s perspective(Kemp R, 1997; Sanz, Constable, Lopez-Ibor, Kemp, & David, 1998).Birchwood Insight Scale(BIS)-It assesses three areas of insight mainly understanding ones mental illness, capacity to re-label psychotic symptoms, and understanding the need for treatment(Birchwood et al., 1994).

Beck Cognitive Insight Scale(BCIS) is a 15 item self-report scale developed to assess patients’ individual reflection about their experiences and explanation and greater confidence(Beck, Baruch, Balter, Steer, & Warman, 2004). Short Explanatory Model Interview (SEMI)-It includes semi-structured open ended questions to understand their concepts held by the patients about the reason for their consultation, name of the problem, perceived causes and consequences, severity, cause and effect on the individuals physique, work, family life, social relations, and emotions(Joel et al., 2003; Lloyd et al., 1998).PANASS is a 30 item scale designed to assess psychopathology related to illness have an insight dimension from clinician’s perspective that is onpatient’s acceptance of illness and lack of judgment(Kay, Fiszbein, & Opler, 1987; Tranulis, Corin, & Kirmayer, 2008)

V. Etiology of Insight

Poor insight in schizophrenia rests in two approaches: the traditional view says it is related to defense or coping mechanism but the present views mentions about its neurological factors behind it but contemporary studies pinpoint to neuropsychological limitations, these two together contributes to a better base for poor insight into the illness in schizophrenia (Xavier F Amador. & David, 2004).

The researches in the field somewhat succeeded to bring it to the light that poor insight is completely associated to longer duration of untreated psychosis(de Haan, Peters, Dingemans, Wouters, & Linszen, 2002), although studies conducted on insight into illness stick to the multidimensional aspect of awareness and its attribution about the illness by an affected member and to the psychotic symptoms(Amador, 1998). Though insight has significant effect on patients differential experiences of their disorder and these insights are predominantly connected with global and particular measures of outcome(Schwartz, Cohen, & Grubaugh, 1997).

Researchers also found that the influences of neuroanatomical or neuropsychological causes with evidence and apart from that genetics, environmental factors such as education and socio-economic class are connected to schizophrenia which included insight and use of medicines, severity of illness too contributed (Chen et al., 2005)(Cernovsky, Landmark, Merskey, & Husni, 2004; Gallagher, Jones, McFallas, & Pisa, 2006).Brain imaging studies found a minimization in the overall size of the brain(Flashman, McAllister, Andreassen, & Saykin, 2000)and atrophy in the frontal lobe(Laroi et al., 2000)found as insight impaired in patients with schizophrenia.The social factor theory postulates that patient’s grades of insight can be affected by social and interpersonal factors(Granholm et al., 2005; Rector & Beck, 2002; Rusch & Corrigan, 2002; Valmaggia, van der Gaag, Tarrier, Pijnenborg, & Slooff, 2005).
An individual’s ability for self-awareness originates from social processes, through social learning and the ways in which one describes about him that are specific to the culture that the individual comes from (Amador & David, 1998). In addition, the explanatory models of insight brings out that insight should be assessed on the basis of native cultural standards than considering it as universal like medically based concepts of health and illness (Saravanan, David, Bhugra, Prince, & Jacob, 2005).

VI. Utility of insight in schizophrenia

Multiple studies of the past decades found the association between insight and quality of life as predictors of outcome in schizophrenia (Addington & Addington, 2008; Matsui, Sumiyoshi, Arai, Higuchi, & Kurachi, 2008; Woon, Chia, Chan, & Sim, 2010). Researches’ demonstrates that insight is helpful in improving adherence to medication at one level and to some extent it reduces the negative effect on stigmatization by segregating the illness from ones identity this will be stable with the idea of recovery. The insight can be used to separate the symptoms of the illness from genuine reality and from self-identity (Lincoln et al., 2007). Studies indicate that insight is significantly related to positive symptoms (Amador et al., 1994; Baier et al., 2000; Collins, Remington, Coulter, & Birkett, 1997; De Hert et al., 2009; Ritsner & Blumenkrantz, 2007; Stefanopoulou, Lafuente, Saez Fonseca, & Huxley, 2009) negative symptoms (Amador et al., 1994; Cuesta, Peralta, & Zarzuela, 1998; Danki, Dilbaz, Okay, & Telci, 2007; De Hert et al., 2009; Mintz, Addington, & Addington, 2004; Montero, Silva, & Louza, 2008; Ritsner & Blumenkrantz, 2007; Simon, Berger, Giacomini, Ferrero, & Mohr, 2006; Smith, Hull, Israel, & Willson, 2000; Stefanopoulou et al., 2009) the positive and negative symptoms together (Debowska, Grzywa, & Kucharska-Pietura, 1998; Mintz, Dobson, & Romney, 2003) disorganized symptoms (Baier et al., 2000; Dickerson, Bordonow, Ringel, & Parente, 1997; Smith et al., 2000) in absence of symptoms (Schwartz & Petersen, 1999) and during the early period of the illness (Keshavan, Rabinowitz, DeSmedt, Harvey, & Schooler, 2004).

Studies also found evidence that during acute episodes of illness the relation between positive symptoms and insight is high in relation with periods of remission (Lincoln et al., 2007; Mintz et al., 2003; Sevy, Nathanson, Visweswariah, & Amador, 2004; Tirupati, Padmavati, Thara, & McCreadie, 2007). Family members of the affected individual notably agree that insight into a mental illness is a beginning of the adherence to treatment, recovery and rehabilitation for persons with the kind of disability (McCoy, 2004) but the same time they share that getting insight to one’s schizophrenia worsen it too (L.J & Korin, E, 1998). The recent study by (Kurtz, Olfson, & Rose, 2013) found that a precise insight into ones illness is an indispensable factor for determining self-efficacy and poor insight into the illness would affect a person’s ability to complete tasks and reach goals.

VII. Socio-cultural believes in understanding Insight

Social and cultural aspects play a major contributor in the development of insight in a person towards the mental illness and its treatment, these socio-cultural factors can lay foundation within a person to form beliefs to explain their illness will be probably valid (Kleinman., 1980). The multiple dimensions of insight is variously affected by disease/socio-cultural factors (Gigante & Castel, 2004). Research in all over the world pointing that the symptoms, help seeking, course of schizophrenia these are influenced along with the other psychiatric disorders and their cultural explanations.

Explanatory models talks about non-medical beliefs such as black magic, evil spirit, karma, sin and punishment by God or supernatural powers, than medical concepts for instance nutritional deficiency, degeneration, disease. This is found more in low and middle income countries however also found in western populations (Lloyd et al., 1998; McCabe & Priebe, 2004). Clinicians assessments found that socio cultural factors have major effect on the insight in patients with schizophrenia (Tranulis et al., 2008). The changing world due to globalization has an impact on culture of India compare to the west and it has an effect on belief models in schizophrenia which is assimilating the western biomedical models incorporating various models also would be beneficial for the mentally ill in developing and undeveloped worlds (Saravanan et al., 2007).

VIII. Insight and Cognition

Various studies speculate that poor insight is related to cognitive deficits (Monteiro et al., 2008; Ritsner & Blumenkrantz, 2007; Shad, Muddasani, Prasad, Sweeney, & Keshavan, 2004) (Drake & Lewis, 2003; Rossell, Coakes, Shapleske, Woodruff, & David, 2003; Smith et al., 2000). Results of a study found that patients with better insight into the clinical symptoms had better executive functioning (Medalia & Thysen, 2010) and patients poor insight has associated with deficits in executive functioning (Drake & Lewis, 2003; Lysaker, Whitney, & Davis, 2006; Rossell et al., 2003) mainly with abstract measuring and mental flexibility and self-reflection (David, 1990) but few studies found no relationship with this variables (Goldberg, Green-Paden, Lehman, & Gold, 2001) however, although some other studies found factors that contributes awareness to mental illness along with executive functioning is verbal memory-learning among patients with schizophrenia.
Another study found relationship between insight and cognition and emotional function, in that convincing evidence related to visual object learning, identification of facial emotions, and verbal working memory and finally authors concluded that poor insight related to cognitive impairment but not particular to executive function in chronic schizophrenia (Goodman, Knoll, Isakov, & Silver, 2005).

IX. Insight and Brain Function

Theories postulates neurological basis for insight schizophrenia, neuropsychological tests related to frontal lobe functioning is found assuring it (Drake & Lewis, 2003; Lysaker, Bell, Bryson, & Kaplan, 1998). Clinical symptoms and common neuropsychological impairment found to be linked (Aleman, Agrawal, Morgan, & David, 2006) with brains frontal lobe functions (Amador et al., 1993; Lysaker & Bell, 1994; Young, Davila, & Scher, 1993) these frontal lobe functioning has relation to insight into clinical symptoms (Medalia & Thysen, 2010).

A study on antipsychotic drug naïve patients in first episode schizophrenia were examined the awareness and attribution of symptoms on neuro-anatomy of prefrontal sub regions and found that right dorsolateral prefrontal cortex was correlated with average scores of awareness of symptoms and right medial orbitofrontal cortex correlated with average scores on present attribution of symptoms (Shad, Muddasani, & Keshavan, 2006).

X. Conclusion

The ability of a person to recognize the changes in him/her mind or body which affects his/her mental and social functioning and the same time recognizes the need for restoration of that ability and compliance of treatment which is called ‘Insight.’ Insight is studied at various levels by researchers in biological, psychological and psychosocial, cultural perspectives and has given various terms for labeling it such as anosognosia or unawareness of neurological deficits, lack of awareness, absence, or denial at different perspectives.

Treatment options to improve insight are minimal, and not many interventions developed to look into improving aspects of insight in direct mode but few intervention namely cognitive skills training and psycho-education (Nieznanski, Czerwinska, Chojnowska, Walczak, & Dunski, 2002) motivational interviewing and cognitive behavior therapy (Silver, 2003) has been used as an adjunct mode of effective options for improving insight as part of treatment (Granholm et al., 2005; Rector & Beck, 2002; Rusch & Corrigan, 2002; Valmaggia et al., 2005) and few studies found insight shall be improved as part of enhancement in cognition and executive functioning. But it is found in a study that these form of treatment will help those who misattribute their symptoms and are aware of their illness (Mysore et al., 2007) However but only a very few studies looked into interventions directly pointing to improve insight. Innovative and integrating different treatment strategies should be developed to cater the need for improving insight.

Moreover, from this narrative author conclude that a precise need for studies looking at insight in person with severe mental illness in their prodromal states of psychosis, early stages/episodes of psychosis, and persons with never treated psychosis or schizophrenia and has major implications for management and preventing relapse. In addition to that the recent longitudinal studies of South India found the relevance to socio-cultural beliefs and the different modes of help seeking behavior also found to be relevant to certain kind of the presence of insight. In addition; there is also a gap for intervening multi-disciplinary team such as psychiatric social workers, psychologists and psychiatric nurses to insight research for exploring effective interventions on insight at a large extent by keeping in mind to understand the socio-cultural beliefs.

Conflict of interest

The author does not have come across any conflict of interest while doing the narrative review.

References


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