Insight Enhancement Program: "A dynamic - Cognitive Approach"

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Part I: Development and Structure

Abstract

Background: Lack of insight is considered a main problem among psychotic patients because of its negative reflections on illness and on patients' compliance. Objectives: To develop a therapeutic technique applicable to psychotic patients and targeting insight improvement. Subjects: Candidates of Insight Enhancement Program (IEP) Were groups of inpatient schizophrenics whose acute and florid symptoms have been just controlled by antipsychotics /or ECT Design: The development of the program passed through several phases: 1- First phase: An initial program based on psycho-education which revealed that although patients had acquired appropriate knowledge about their illness, yet, there were no satisfactory applicable contributions to this knowledge. 2- Second phase: Consecutive modification has taken place with emphasis upon expansion of the role of patients during the sessions to be rather active than the almost passive recipient one that was prevailing during the first stage. 3- Third (current) phase: Semi-structured graph (Illness march graph, IMG) that represents the different stages of illness, pre-morbid periods pathogenesis and different expected outcomes as well as the suggestible maneuvers to achieve better outcome. These different issues are distributed along 8 chronological stages of the IMG to be opened with patients through the successive sessions of the program which are ranging from 14-18 sessions, 2-3 times/week. Conclusions: IEP, in its current form, shows satisfactory echo among patients as revealed from their positive attendance and active participation. Also, better compliance and overall functioning were provisionally observed among patients. However, continuous elaboration and refinement of IEP should continue based on both rough and objective feedback from patients.

Introduction

Lack of insight or unawareness of illness has long been observed in individuals with psychosis (Wilson et al,1986 & Greenfield et al, 1989). It represents a puzzling phenomenon in which patients, despite all evidences to the contrary, appear not to know they are ill and behave in a manner grossly inconsistent with their own best interests. For example, such a patient may tell his clinician he has no symptoms, enjoy life, and needs no medication despite the fact that he lives in perpetual fear of an anonymous assassin, has no friends, is unable to work, and appears sleepless, unkempt, and malnourished *(Lysaker and Bell, 1998) (McEvoy, et al., 1989)* considered that loss or lack of insight is an integral part of psychosis; nearly it is part of the definition of psychosis and they noted that approximately more than three quarters of patients with psychosis deny they are ill or need treatment and most of the remaining quarter have impaired insight. On the other hand, Weiden et al., (1991) stated that the acknowledgment of illness was significantly associated with compliance and avoidance of re-hospitalization across all the available studies. It will be appropriate to present a brief about: (a) the different meanings and concept of (insight) the problem we are going to tackle and to search for (b) the previous similar efforts.

(A) What's insight? Meanings and Concepts

The New Oxford English Dictionary provides a set of definitions governed by the same metaphor: internal sights with the eyes of the mind, mental vision, perception discernment or the fact of penetrating with the eyes or the understanding into the inner character or hidden nature of things; a glimpse or view beneath the surface; the faculty or power of thus seeing. The German view focused on what is called "Verstehen" i.e. grasping the totality *(Apel, 1987)*. In the same vein, full insight needs more than a mere definition as intellectual knowledge