Assessment of Insight in Egyptian Schizophrenic Patients: A Pilot Study

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A new scale for clinical assessment of insight was applied on 20 schizophrenic patients together with the Brief Psychiatric Rating Scale (BPRS) in a trial to find a correlation between the degree of psychopathology and level of insight. Results showed that no correlation existed between insight and severity of illness, but a positive correlation was found between insight and duration of illness. Also the non-paranoid group scored significantly higher on BPRS than the paranoid group, while no significant difference was found between the two groups on insight scale.

(Egypt. J. Psychiat.,1994, 17: 95-100).

Introduction

In clinical psychiatry the assessment of insight is part of the Mental State Examination, nevertheless little is known on how to qualify or quantify it. A reason for this seems to be related to the definition of insight, so the evaluation of insight is crucially dependent on a clear understanding of the term.

The term "insight" refers to a state of mind or mental act, knowledge of which is inferred from the patient's response to illness, and that a patient does or does not have insight is a claim made on the basis of speech content and behaviour of that patient. Inferences about patient's insight are also important to evaluate sevrity of illness, suicidal risk, compliance and response to treatment. (Markova & Berrios, 1992-b).

Early in 1934 Aubery Lewis remarked that little had been written about the concept of insight. He provided a temporary definition of the term "a correct attitude to morbid change in oneself". (Lewis, 1934), but warned that the words "correct", "attitude", "morbid" and "change" each called for discussion.

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Eskey (1958) defined insight as "the presence of verbalized awareness on the part of the patient that impairement of intellectual functions existed" For McEvoy et al., (1989) the concept used is that patients with insight judge some of their perceptual experiences, cognitive processes, emotions or behaviours to be pathological in a manner that is congruent with the judgement of involved mental health professionals, and that these patients believe that they need mental health treatment at times including hospitalization and pharmacotherapy.

According to their previous concept the Insight and Treatment Attitudes Questionnaire (ITAQ) was used by McEvoy et al (1989) on schizophrenic patients in a trial to meassure insight. Another trial was done by David (1990) who suggested that insight has at least three dimensions: (a) awareness of illness, (b) the capacity to relabell psychotic experiences as abnormal and (c) treatment compliance. Accordingly David proposed a "schedule for assessing the three components of insight" but without clinical applications.

Markova and Berrios (1992 - a) explained why has there been little progress in clinical assessment of insight by saying that part of the reason

might lie in the persistence of regarding insight as a symptom that is either present or abscent and also defining it within narrow margins. So they suggested that insight be considered a subcategory of self-knowledge, which individuals hold not only about the disorder affecting them but also about how the disorder affects their interactions with the world. They also said that such definition has the advantage of considering insight as a process, thereby allowing the longitudinal and dynamic aspects of insight to be examined. Accordinglly they designed a new scale called "Insight Scale" and applied it to both schizophrenic and depressed patients. Results showed that the instrument was able to provide a qualitative and quantitative assessment of insight together with good test reliability and adequate internal consistency.

Subjects and Method

The purpose of this study is to evaluate the possible failure of insight in schizophrenic patients. To accomplish this task, we applied the "Insight Scale" to evaluate insight clinically and identify its aspects and gradations. Also a trial will be done to relate the level of insight to the severity of the patient's psychopathology as measured by Brief psychiatric Rating Scale (BPRS).

Twenty male schizophrenic patients diagnosed according to DSM III - R criteria and admitted consecutively to the psychiatric departement in Kasr El Aini Hospital, Cairo University were subjected to the following protocol:

(1) Data sheet.

(2) A semistructured interview for assessment of:

(a) Insight: using "Insight Scale" designed by Markova & Berrios (1992-a) and translated to arabic. The scale could be adminestered by one observer but can also be self rated by the patient. Since the issue of interrater reliability did not arise, the test was applied personaly to all patients.

Items of the scale were chosen on a face validity method by breaking up the concept of insight into components - questions pertaining the following areas were included:

1 - Hospitalization.

2 - Mental illness in general.

3 - Perception of being ill.

4 - Changes in the self.

5 - Control over the situation.

6 - Perception of the environment.

7 - Wanting to understand the situation.

Items were subdivided into two groups, those if answered positively would indicate greater (positive) insight "group A", and the other group if answered positevly would indicate less (negative) insight "group B".

(b) Severity of psychopathology was assessed using the Brief Psychiatric Rating Scale (BPRS).

Statistical Analysis

Pearson's Product Moment Correlation Coefficient was used in a trial to find if there is a correlation between the level of insight and the degree of psychopathology in the group of patients examined. Also Student's t - Test was used to reveal any significant difference within our sample as regards the scores recorded on either BPRS or Insight Scale.

Results

Twenty male schizophrenic patients were included in this study, their mean age was 30.5 $\pm$ 7.0 and 65% were single while 35% only were married. They were classified according to DSM III - R criteria into paranoid (n = 11), hebephrenic (n = 5) and chronic undifferentiated (n = 4) as shown in table (1).

The mean duration of illness of our sample was 6.92 $\pm$ 7.23 Years. The mean scores of both Insight Scale and BPRS were 22.15 $\pm$ 5.15 and 39.3 $\pm$ 16.06 respectively as shown in table (3).

Table 1
Demographic Data

Diagnosis	No	%	Mean Age	Marital Stat.	
				S	M
* Chronic Undif.	4	20	28.75 ± 7.12	4	20
* Hebephrenic Schiz.	5	25	29.4 ± 8.72	5	25
* Paranoid Schiz.	11	55	31.64 ± 7.92	11	55

Table 2
Correlations Between Insight, Degree of Psychopathology & Duration of Illness

* Correlation between Insight Scale & BPRS: r = 0.02 (N,S).
* Correlation between Insight Scale & Duration of illness :r = 0.41 ($P < 0.05$) Significant.
* Correlation between BPRS & duration of illness: r = 0.05 (N.S).
r = Pearson's Product Moment Correlation Coefficient.

Table 3
Mean Scores For Paranoid & Non - Paranoid Groups

Diagnosis	No.	%	Mean Age	Mean I. S.	Mean BPRS	Mean Duration of Illness
*Paranoid group	11	55	31.64 ±7.92	21.55 ±* 5.68	29.45±** 9.75	7.73± 9.29
*Non-Paranoid group	9	45	26.27±9.64	20.09±* 7.79	46.36**± 19.30	6.05 ± 3.86
Total	20	100	30.50 ± 7.00	22.15 ± 5.15	39.30 ± 16.06	6.92 ± 7.23

* t = 0.56 df = 18 (N.S).
* t = 3.82 df = 18 ($P < 0.01$) Significant.

Table 4
Mean Scores of Group (A) & Group (B) Items for Paranoid & Non - Paranoid Groups

Diagnosis	Group (A) Positive Insight	Group (B) Negative Insight
*Paranoid group	13.86 ± 6.21*	6.57± 1.57**
*Non-Paranoid group	12.71 ± 4.62*	6.29± 1.14**
Total	26.57 ± 7.80	12.86 ±2.70

* t = 0.52 df = 18 (N.S).
** t = 0.42 df = 18 (N.S)

Results of Pearson's Moment Correlation Coefficient (r) are shown in table (2), where it can be seen that there was no significant correlation between either scores recorded on Insight Scale and BPRS or between BPRS scores and the duration of illness of such patients. Only significant correlation was reported between Insight Scale score and Duration of illness ($P < 0.05$) (table - 2).

On subbividing our sample into Paranoid (n = 11) and Nonparanoid

(n = 9) groups as shown in table (3), results on applying Student's t-Test showed only significant difference between mean scores of BPRS being significantly higher in the non-paranoid group when compared with the paranoid group. No significant difference was found on comparing Insight Scores between both groups.

Comparing the results of Insight Scale as regards group (A) items indicating positive insight and group (B) items indicating negative insight, no significant difference was found between the paranoid and the non-paranoid groups as shown in table (4).

Discussion

Our results will be discussed in the light of the data available from McEvoy et al who used his Insight & Treatment Attitudes Questionnaire (ITAQ), to measure insight in schizophrenic patients (McEvoy et al 1989), and the recently developed Insight Scale used in this work (Markova & Berrios 1992 - a), since these two were the only tools and trials made and used in an attempt to measure and quantify the insight phenomena.

In contrast to Markova & Berrios (1992 - a) we could not find any correlation between the level of insight and severity of the disorder (degree of psychopathology) as measured by BPRS, as in their study on schizophrenic patients they concluded that the more severe the psychotic disorder the lower the level of isnight.

On the other hand, our results are in line with McEvoy et al (1989) who said that the relatioship between insight and the degree of psychopathology was found to be more complex than expected and that no significant relationship was found between insight scores as measured by ITAQ and severity of psychopathology at the time of assessment. Also they found no consistent relationship between changes in degree of psychopathology and changes in level of insight over time, again in contrast to the findings of Markova & Berrios (1992 - a), a difference explained by the latter in having more elaborate and sensitive insight Scale than that used by McEvoy and his associates.

According to McEvoy et al (1989) the number of years since first admission to hospital (duration of illness) might be hypothesized to reflect opportunities to learn from experience by the patient or to aquire knowledge about the illness. However he concluded that it could not predict insight, which was not the case in our study since a positive correlation was found between the duration of illness and insight i.e the greater the number of years since the begining of illness, the higher the scores on the insight scale (more insight).

Comparing the paranoid group vs. the non-paranoid, no significant difference was found as regards the Insight Score but in contrast, the non-paranoid group was found to have a significantly higher score on BPRS than the paranoid group ($P < 0.01$). A finding which is in line with McEvoy et al (1989) that there is no direct correlation between the level of insight and the severity of psychopathology.

As regards the scores of group (A) items indicating positive insight and group (B) items indicating negative (lesser) insight, our mean scores were similar with those of Markova & Berrios (1992-a) as regards group (B) items but were slightly higher regarding group (A) items, with no significant difference between the paranoid and the non-paranoid groups.

In conclusion, we may say that although the scale used in this study provides a quantitative and qualitative assessment of insight, and inspite of its good internal consistency and reliability, yet the reported results are not consistent neither with the degree of psychopathology nor with results from previous applications. This reveals the difficulty in assessment of the phenomena, as it is as

Jaspers (1959) described it by saying that insight is not an isolated symptom, but must be thought of as a dynamic proeess or continuum of thinking and feeling, which cannot be separated from the person's makeup/personality or from psychopathology of the disorder itself, and if other factors such as the level of education, cultural beliefs, intelligence, ability to express oneself, emotional capacity, etc... are added, the resulting final common pathway becomes difficult to outline.

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L'évaluation de L'intuition Chez des Patients Schizophrènes Egyptiens-Une Éute-Pilote

Une échelle nouvelle pour l évaluation clinique de l'intuition a été appliquée à 20 patients schizophrènes plus que le "BPRS", comme essai pour trouver une corrélation entre le degré de psychopathologie et le niveau de l'intuition. Les resultas ont démontré qu'il n'y a pas de corrélation entre l'intuition et l'intensité de la maladie. Mais il existe une corrélation positive entre l'intuition et le degré de la maladie. En plus, les patients non-paranoiques ont eu des scores plus élevés conçernant le "BPRS" plus que les patients paranoiques, tandis qu'il n'a pas eu de différences significantes entre les deux groupes conçernant l'échelle de l'intuition.

تقييم وجود البصيرة فى مرضى فصاميين مصريين

قام الباحث بإستخدام مقياس لتقييم وجود بصيرة لدى عشرين مريضاً فصامياً مصرياً فى محاولة لتقتضى العلاقة بين وجود البصيرة وشدة وحدة الأعراض الفصامية، وأشارت النتائج إلى انعدام الارتباط من البصيرة وشدة الأعراض - إلا أنه ظهر إرتباط إيجابى بين مدة المرض ووجود البصيرة، وقد سجل المرضى غير البارانويين إرتفاعاً ملحوظاً على المقياس المختصر للأعراض بالمقارنة بمجموعة المرضى البارانويين، وقد ناقش الباحث دلالات هذه النتائج.