

**Here are some things you can do to help your loved one:**

- Get them treatment and encourage them to stay in treatment.
- Research support groups in your area.
- Remember that their beliefs or hallucinations seem very real to them
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior
- You may also find *Navigating a Mental Health Crisis: A NAMI Resource Guide* helpful.

**For more information on other mental illnesses visit:**

NAMI Flagstaff at [www.namiflagstaff.org](http://www.namiflagstaff.org)

NAMI Arizona at [www.namiarizona.org](http://www.namiarizona.org)

NAMI National at [www.nami.org](http://www.nami.org)

National Institute on Mental Health at: [www.nimh.nih.gov](http://www.nimh.nih.gov)

**If you or someone you know is contemplating suicide call**

The National Suicide Prevention Lifeline  
800-273-TALK (8255) or call 911 immediately.

PLEASE NOTE: The contents of this pamphlet are not copyrighted in order to enable reprinting and distribution to those in need of information on mental illnesses, treatment and recovery.



## **ANOSOGNOSIA**

When someone rejects a diagnosis of mental illness, it's tempting to say that he's "in denial." But someone with acute mental illness may not be thinking clearly enough to consciously choose denial. They may instead be experiencing "lack of insight" or "lack of awareness." When we talk about anosognosia in mental illness, we mean that someone is unaware of their own mental health condition or that they can't perceive their condition accurately.

Anosognosia is relative. Self-awareness can vary over time, allowing a person to acknowledge their illness at times and making such knowledge impossible at other times. When insight shifts back and forth over time, we might think people are denying their condition out of fear or stubbornness, but variations in awareness are typical of anosognosia.

### **What Causes Anosognosia?**

We constantly update our mental image of ourselves. When we get a sunburn, we adjust our self-image and expect to look different in the mirror. When we learn a new skill, we add it to our self-image and feel more competent. But this updating process is complicated. It requires the brain's frontal lobe to organize new information, develop a revised narrative and remember the new self-image.

Brain imaging studies have shown that this crucial area of the brain can be damaged by schizophrenia and bipolar disorder as well as by diseases like dementia. When the frontal lobe isn't operating at 100%, a person may lose - or partially lose - the ability to update his or her self-image. Without an update, we're stuck with our old self-image from before the illness started. Since our perceptions feel accurate, we conclude that our loved ones are lying or making a mistake. If family and friends insist they're right, the person with an illness may get frustrated or angry, or begin to avoid them. People with anosognosia are also placed at increased risk of homelessness or arrest.

Early studies of anosognosia indicated that approximately 50% of people with schizophrenia and 40% of people with bipolar disorder experienced "severe" lack of awareness of their diagnosis. Many people with neurological disorders such as Alzheimer's and stroke patients also have this condition.

### **Why Is Insight Important?**

For a person with anosognosia, this inaccurate insight feels as real and convincing the person does not recognize that he/she is sick. The person believes that their delusions and/or hallucinations are real. It is not only difficult, it is impossible for patients with certain right-hemisphere syndromes to recognize their own problems. It is also singularly difficult for even the most sensitive observer to understand the patient's inner state, for this is almost

unimaginably remote from anything he has ever known. These misperceptions cause conflicts and increased anxiety. Lack of insight also typically causes a person to avoid treatment and is the most common reason for people to stop taking their medications. As it is often combined with psychosis or mania, lack of insight can cause reckless or undesirable behavior.

### **Treatment for Anosognosia**

Anosognosia isn't easy to treat. Some individuals may fluctuate over time in their awareness, being more aware when they are in remission but losing the awareness when they relapse. If you can persuade someone who has it to keep taking or restart their medication, their insight may improve. About one-third of people with schizophrenia who take their medication have improvements in insight into their condition.

If a loved one has anosognosia, sometimes it's best not to try to convince them that they're ill. Instead, talk about their goals, such as keeping a job or living on their own. Encourage them to meet with a mental health professional for support. A therapist can also try an approach called motivational enhancement therapy (MET). This type of talk therapy is designed to help someone understand the benefits of changing their behavior. If someone with anosognosia puts self or others at risk, you or a mental health professional may have to take legal action to hospitalize them.