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### Title

Theoretical model of insight

### Permalink

<https://escholarship.org/uc/item/14h6t87v>

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### Publication Date

2007-03-01

### DOI

10.1016/j.eurpsy.2007.01.333

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Peer reviewed

**P017**

## Theoretical model of insight

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We reviewed the literature pertinent to circuitry abnormalities in schizophrenia. Also, we looked for insights correlates with severity of illness. Further we focused on described impairments in various domains of insight in schizophrenia. From the data gathered we observed that insight into the symptoms is less often impaired than insight into the illness and the consequences of illness.

The selected information from sensory receptors it is transformed in primitive awareness (stepping on a branch in dark and reacting to that as it would be an immediate threat). Some of these sensations are processed through working memory and referred to stored reference information through the association areas becoming perceptions. The perceptions are closely correlated with awareness of the symptoms. They are further processed mostly through working memory and lead to knowledge (a-posteriori). This can be understood as fostering the understanding of relation between symptoms as contributors to illness. Through repetition, ideas are incorporated into meanings and beliefs. This is the basis of cognitively higher levels of insight, such as awareness into complex relations between the social consequences, need for treatment and illness. Some beliefs are not based on reality (close systems- a-priori thinking) such as bizarre delusions.

Despite the fact that is a vast literature reporting diminished insight in schizophrenia, very limited integrative work was done. A topographical view of insight might be useful.