



Frontline Perspectives

Explaining Anosognosia: Lack Of Insight In Psychotic Illnesses

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Anosognosia in psychotic illnesses is controversial. Anosognosia was first studied in stroke patients. It was observed that in some cases stroke patients might be unable to move an arm but still believe they were moving it normally due to brain damage caused by their stroke. This term was later used to describe the lack of insight into their illness that is often observed in patients who suffer from psychotic illnesses.

Neurologists and psychiatrists have for decades tried to pin down exactly what differences in the brain account for this problem with no conclusive results. Antipsychiatry activists have universally jumped on this problem and claimed that anosognosia in psychotic illnesses simply doesn't exist and that the term should not be used. They maintain that anosognosia is simply a subterfuge to enforce control of people designated mentally ill. On the other hand, there is almost universal agreement that the phenomenon exists in psychotic illnesses among mental health professionals who work with patients with psychotic illnesses and the family members of those patients. This paper is an effort to explain what anosognosia actually is (it is indeed very real) and how it affects the patient.

In order to understand what anosognosia is first you have to understand what psychosis actually is. To be psychotic or in psychosis simply means one is having hallucinations and delusions and to that person those hallucinations and delusions are their reality. No amount of persuasion or evidence will convince them they are not real. They are just as real to the person experiencing them as reading this is to you or what you think you ate for your last meal.

Hallucinations are sensory experiences that someone has that others around them do not experience. The most common is hearing voices that are not there. Auditory hallucinations can be much more than just voices. They can be any sound you can imagine hearing. They could be doors slamming, bells, ringing, gunshots, or even music. Hallucinations can affect any of the five senses and can be any experience imaginable with the affected sense.

Delusions are fixed false beliefs that a person has. These could be grandiose in nature such as being president of the USA, the Pope, or a rock star or other famous person. Delusions can also be paranoid in nature. They could be that the CIA or FBI is out to get you, or that someone has implanted a computer chip in your brain to control you, or that an alien has replaced a family member and is out to harm you. The only limit to what form a delusion can take is that it has to be something the person can conceive of. Delusions and hallucinations feed on and reinforce each other. To the person in psychosis, they are reality.

The only means modern medicine has to bring someone out of psychosis is to administer an antipsychotic medication. Once the person is placed on an antipsychotic medication that works well for them, they usually stop having new hallucinations and delusions. They usually do remember what they experienced and thought while psychotic. This of course was their hallucinations and delusions. Because they experienced them with their own senses and experienced them as reality, they have no easy way to know they weren't real. To most they were reality. This inability to distinguish what was and was not real is at the core of what anosognosia is.

In order to gain insight into their illness, the person must come to realize that things they experienced that seemed real were in fact not real. There is no way to force this realization on a person. Each must come to terms on his or her own with the fact that they cannot trust that everything they experienced was reality. Some people never, or only with great difficulty come to this realization. There is no insight until they come to this realization.

An additional compounding part of anosognosia is that many patients will have persistent false memories of things that never actually happened to them. One such memory that seems rather common is that the person was physically or sexually abused as a child. To the patient these memories are just as real as any childhood memories anyone else has. These persistent false memories sometimes consist of false memories of major portions of their lives. For example, the person could think he or she is the spouse of a famous or important person when in actuality they have never even met the person. They sometimes take the form of past heroic exploits, such as being a decorated war hero. There does not appear to be any limit to what form these false memories can take except as with delusions they must be something the person can conceive.

It is a sad fact of the mental health system that the above is not well understood by mental health professionals. Mental health professionals often talk about how important insight is, but they have no clear and simple explanation of what it is. To most it is simply, "You recognize it when you see it." Nowhere in our mental health system is anyone charged with teaching patients with psychosis about their illness. Most have no more knowledge of hallucinations and delusions than the general population from which they come. With no knowledge of hallucinations and delusions, no knowledge of what psychosis actually is and does to a person, and no knowledge of anosognosia, is it surprising that so many patients do not accept that they are ill? Is it surprising that so many don't think they need any kind of help? Is it surprising that they refuse to take medications for an illness they don't think they have? To them their experiences while psychotic were reality.

In closing it is important to recognize that despite decades of research we have no clue as to physical causes of anosognosia. To this writer it appears that the issue of anosognosia is closely tied to memories that are in fact not real. It is not apparent that today's medical science

is anywhere near an understanding of memories and how they work. That could explain why all the research on physical causes or markers has been fruitless.

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