

Anosognosia

RE-THINKING MEDICATION NON-ADHERENCE IN PEOPLE WITH SEVERE AND PERSISTANT MENTAL ILLNESS

According to research cited by the [Treatment Advocacy Center](#), 60% of people with schizophrenia and 50% of people with bipolar disorder do not recognize that they are ill. This lack of insight can be frustrating for family and friends who often think their loved one is in denial, or that they are just being stubborn, when in fact this inability to recognize that they have an illness is, in itself, a symptom of the illness. This symptom is called anosognosia. It is caused by damage or changes to the areas of the brain responsible for [updating one's self-image](#).

Anosognosia exists on a continuum, meaning it may not remain constant throughout a lifetime. There can be moments or longer periods of time when the affected person is more self-aware, while at other times there is a complete lack of self-awareness. For those who have schizophrenia or bipolar disorder, the degree of anosognosia can affect how often they are hospitalized or the likelihood of involvement with the criminal justice system.

Anosognosia creates a complicated cascade of challenges. If someone doesn't believe they have mental illness, they may decide not to take medication – particularly medication that creates unpleasant side effects.

They may not understand why they need to see a physician, or may not question delusions and hallucinations that appear very real and frightening to them. They may resist attempts by family and friends to help them. Lack of understanding, and sometimes fear, begin to break down relationships with family and friends, which can cause alienation from important support systems.

Having an Effective Conversation with Someone Experiencing Severe and Persistent Mental Illness

Maintaining a trusting relationship with someone with mental illness and anosognosia can be an important component towards achieving stability and an improved quality of life for the person who suffers and all those involved. Through years of research, work with people who suffer with a mental illness, and caring for his own beloved brother, Henry, Xavier Amador, PhD, developed a communication strategy that has proven effective. The strategy is called L.E.A.P.

- Listen
- Empathize
- Agree
- Partner

Though this strategy can be simple to implement, it can be challenging to do without a full understanding of how each of the concepts within the strategy are applied in practice. Below is a listing of additional resources that can help you, your team or other caregivers learn to understand and begin to apply the L.E.A.P technique and create a more person-centered and compassionate approach when working with and caring for people with mental illness and anosognosia.

Additional Resources

- [Books by Xavier Amador, PhD](#)
- [I Am Not Sick. I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment. Xavier Amador, PhD](#) (PDF)
- [Becoming Fluent in LEAP](#)
- [I'm Right, You're Wrong, Now What?](#)
- Visit the TheLEAPInstitute.org for more help and information.

For more information, contact:

Wendy D. Bradley, LPC-MHSP, CPHQ
Director of Behavioral Health Integration
TMF Health Quality Institute
MindfulMatters@tmf.org
[Visit the Mindful Matters webpage](#)