A NOTE ON JUDGMENT AND INSIGHT IN PSYCHIATRIC DISABILITY

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Reports which include unsupported statements about insight and judgment may delay, and render more difficult, the ultimate decision as to entitlement of patients to benefits under various programs. Such statements should be associated with clinical data which adequately support the statement. Insight usually has very little bearing on the clinical evidence of loss of function resulting from psychiatric illness. Its use may be justified in those few instances where it has a direct bearing on prognosis. Judgment as a concept in the evaluation of psychiatric illness should be specifically restricted to that area of judgment which is associated with the patient's usual and customary level of adjustment in a work situation. This evaluation of judgment as a general concept is based upon many variable and complex factors which do not readily lend themselves to routine adjudication of judgment in the ordinary psychiatric evaluation. The psychiatrist might be more effective in his reporting if he were to avoid generalizing about insight and judgment where insufficient data prevents the forming of a definite opinion.

Psychiatric concepts are of growing importance not only in the medical but the legal and cultural aspects of modern living. Psychiatric concepts such as "insight" and "judgment," when used in some psychiatric and psychological evaluations, appear to be in need of reappraisal. Statements about a patient's insight and judgment are being made in a rather routine manner. In some cases, the psychiatric evaluation of these qualities appears to be quite incongruous with the clinical data actually in the report itself. In some instances, there are statements to the effect that insight and judgment are defective or lacking, despite the presence of clinical data which show that the patient has been, and is, completely self-sufficient, takes adequate care of his family, and makes an adequate personal and social adjustment.

In evaluating a psychoneurosis, there have been some reports which make reference to the fact that the patient lacks insight into his condition. It is generally agreed that the presence of a psychoneurosis is ordinarily associated with a lack of adequate insight. Reference to its lack, adds very little to the clinical data provided by the consultant. Sometimes, the clinical data do not support the conclusion that the psychoneurosis has caused severe loss of function, but the routine use of a reference to lack of insight may create the unwarranted impression that serious loss of function exists. Sometimes the clinical data clearly establish that the patient has no

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disturbance of functional components such as reasoning, remembering, etc., which enter into the capacity for work; but the phrase "absent insight" makes the review very difficult. There has been some tendency to regard the lack of adequate insight as proof of severity of illness and to interpret this single, unsupported clinical observation as equating with serious loss of functional capacity (Lerner, 1961). This misinterpretation is more likely to occur in programs which evaluate disability in great numbers. In such situations, the volume of cases may result in evaluations being reviewed by personnel who have not had the benefit of adequate training and who may misconstrue such statements. Under these circumstances, the adjudicative process is delayed and made unnecessarily difficult. The question of adequacy of insight does not, by and large, have any practical bearing on the issue of whether a psychoneurosis is severe enough to prevent a patient from working.

Traditionally, judgment and insight have been used together, and this may have some bearing on the rather superficial manner in which these terms have been utilized in psychiatric reports. The term judgment as commonly used in psychiatry pertains to the ability to recognize the true relations of ideas. If we speak in psychiatry and jurisprudence of the capacity to judge, we mean the ability to form judgments, that is the capacity to draw correct conclusions from the material acquired by experience (Bleuler, 1930). In actual usage, the term judgment appears to have been used as if there is an established level of judgment for all members of society. This approach tends to assume that only those who have adequate judgment according to an established level are capable of adjusting to life or working in competitive employment. The very basis of society relates to the variations in levels of judgment of individuals who make up our society. Much of our current social and economic activity results from the differences in levels of judgment of different individuals.

Some people have excellent judgment in work situations, but use very poor judgment in budgeting their incomes; others may have excellent judgment in hobbies and pastimes, but show ineffective judgment in their vocational activities. An accurate assessment of judgment in a given individual usually requires an enormous amount of data if the final conclusions about judgment are to have any actual validity. In evaluating disability, we do not have to be particularly concerned with the intricacies of judgment in a given individual; but we do need to know if his judgmental capacity is sufficient for effective adjustment in a vocational setting. In assessing the impact of psychiatric illness on judgment, one may need to know specific details about job activities in order to establish some frame of reference as to the level of judgment required for an individual in a given job. Where, for example, a patient is expected to return to a form of work which requires a high order of discrimination, such as that of a purchasing agent, any decision as to judgment must be based upon a very painstaking evaluation of all available data related to the actual functioning of the patient. In some cases, it may be necessary to test the patient to determine his reaction to situations which parallel those he would encounter in his work activity. Obviously, such testing is not ordinarily practical in the routine psychiatric evaluation, so that these patients may sometimes require evaluation by vocational psychologists.

Frequently, however, there are instances where defective judgment is associated with clinical findings which would be supportive of a clinical statement about defective judgment. In these cases, the judgment decision should be associated with the clinical findings which support the decision. Specific examples of the patient's response to test situations which parallel those found in a vocational setting would represent the kinds of observations a psychiatrist could utilize to support a conclusion as to the level of judgment in a given patient. We need objective and practical data which would serve to establish the presence of specific defects in judgment, directly affecting the capacity