Developing Insight

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THE word "insight" has been defined in different ways by different people. To be able to understand let us look at some of the definitions.

The Oxford English Dictionary explains Insight as internal sight with the eyes of the mind—a glimpse or a view beneath the surface, looking, inspection.

In general psychology, it means the grasp or understanding of meaningful relationships in a situation.

Henderson and Gillespies' Text Book of Psychiatry says, "Insight relates to the amount of realization the patient has of his own condition, does he realize that he is ill, that he is mentally ill, that he is in need of treatment."

Lawrence C. Kolb in his book, Modern Clinical Psychiatry has defined insight as the "awareness of the dynamic factors that have been operative in the production of a particular behaviour". It refers to the patient's ability to observe and understand himself—the extent of his self knowledge.

Whether taken clinically or otherwise in general, it basically means knowing or understanding your behaviour, the meaning of your behaviour.

In any relationship, professional, personal or social, the aspect of knowing yourself or having an insight into yourself becomes an important component if the relationship has to be a successful one, otherwise one is likely to misunderstand, or misinterpret the situation or the person who is entering into a relationship with you. Once this has happened, the relationship ceases to be successful.

Insight in relation to Nurse-patient Relationship.

In relation to taking care of patients, self understanding, atleast to some extent is very essential, otherwise there is tendency of patients' needs and the needs of the nurse getting mixed up. In a professional relationship like the nurse-patient relationship, the nurse is expected to take care of patients' needs and NOT HAVE HER NEEDS MET through the patient.

Example—I: Let me give you an example of a student which would help us to understand how lack of insight had created difficulties for that particular student and ultimately proved her not being helpful to the patient.

A young student was getting lot of satisfactions, rather an overwhelming satisfaction in caring for a patient. Her observations and recordings tended to show that the patient was not improving and there was need to continue hospitalization. On the otherhand, patient was very keen to go home and was feeling that he is improving. Other members of the team also reported improvement in patients' condition.

Actually her overwhelming satisfaction was a clue for me to probe into the situation (we all get some amount of satisfaction from our work, but when it exceeds a limit, it needs attention). In a conference with the student nurse, it was identified that taking care of patient and his improvement, was giving the student, a feeling of adequacy, worthwhileness and a feeling of being wanted, which seemed to be her unmet needs. This student instead of helping the patient to be independent of her, was becoming des pendent on the patient as he was the source of her satisfactions, thuat a subconscious level she was unable to see the patient's improvement.

The student was helped to understand the motives or the dynamics of her behaviour. She had put up some resistance initially in accepting the facts. This resistance was natural and was anticipated. Once the realization and acceptance of her behaviour had taken place, the change towards healthy relationship began.

The development of insight is one of the most important elements in successful relationship. The more the person can be allowed to see things within herself, and the less direct explanation given, it is better in the long run. This contributes to permanent improvement. Reluctance in acceptance is not surprising; actually it is always there but varies in different degrees. It is a defence against the unpleasant truth.

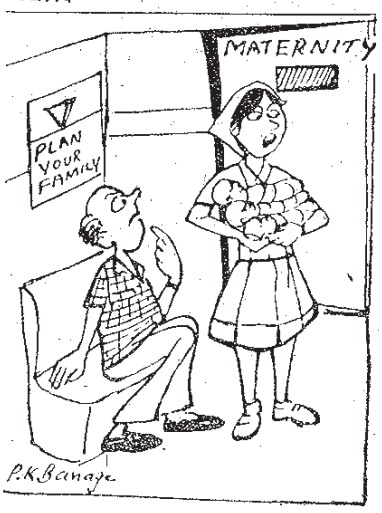
Example—II : Another example worth mentioning is again of a student who was posted in psychiatry ward. This student started expressing feelings of anger for her patient, Mr. X. In a conference, it was seen that there was some gap in her relationship with Mr. X. Towards the end of the conference, the student even requested that if her patient could be changed. The student gave various reasons, these showed mixed feelings of anger and

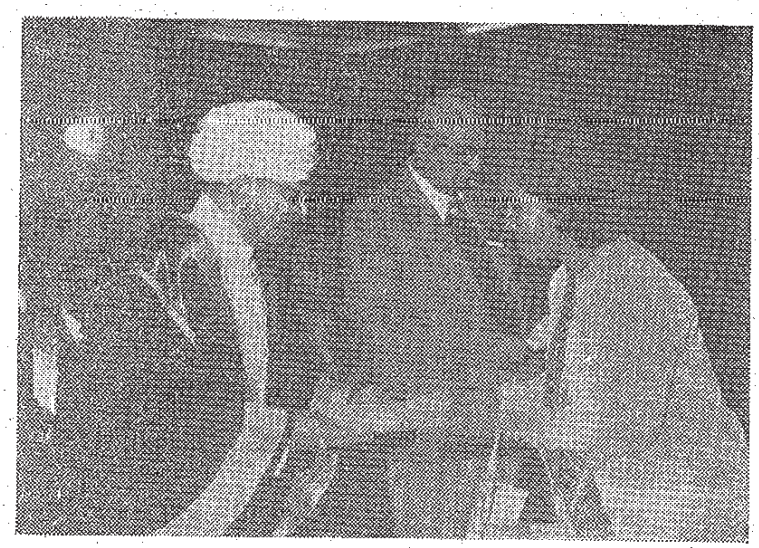
yness. She said that Mr. X had a ıgazine in which there were pic-res of modelling women, which ıre not adequately dressed. Mr. seemed to be enjoying seeing ose pictures and showed to her ıo. She did not like all that and lt very uncomfortable with Mr. X.

The situation was then explained her. She felt uncomfortable cause she was identifying herself th those women in the magazine ıich Mr. X showed to her. This lead untoward feelings in her for him. ıis feeling of anger disabled her look after him and thus she re-ested for a change of patient.

The mechanism of identification s discussed with her by quoting ımples of day to day life. The ident developed some insight into r behaviour and hereafter she was ınd relaxed with Mr. X and the ed to change her patient was not t.

If one is not aware of this pro-s, it can give rise to destructive lings which lead to an antithera-ıtic nurse-patient relationship.





Mrs. B. Nazareth, Senior Sister Tutor, Darbhanga Medical College Hospital Laheriasarai, Bihar received Gold Medal from Vice-President Sh. B.D. Jatti for Obtainiag first class first in Post Basic B. Sc. (N) from Punjab University for the year 1975 to 1977. She has secured eight distinctions.

Insight in Relation to Student-Teacher Relationship

Sometimes the teacher also comes across the hazards of lack of insight while dealing with students. A teacher of today teaches the student to be more independent in her thinking and to be able to question and not just accept everything. When the student has a WHY to be answered by the teacher, I do not think that all the teachers are able to accept that WHY from the student. This non-acceptance of a question from the student is the beginning of a poor teacher-student relationship. This then leads to a series of unpleasant interactions between the two. In this kind of a situation, there is a great need for the teacher to look into as to why this is happening.

"Is it that I do not have an answer to the student's question ?" Accept it for the time being and it can be answered later. Everybody has limitations.

"Have I taken this as an insult?" Open other avenues of thinking. Talking to your well-wisher is often a help. It could be that the student is more interested than others and therefore wants to know further details.

The student may not have grasped the subject and therefore she has put a question to the teacher.

Sometimes it is students' behaviour that arouses anger, but sometimes it is the teachers' inadequacies which arouse the anger. To be able to discover our own limitations and be able to change accordingly is a constant learning process. It is unfair to expect others to change if you are not willing to change. Teachers tend to compare the present students with themselves when they were students. Teachers should interact with students keeping in mind that these students will be different than when she was a student.

Behaviour is a dynamic process and the need to recognize it is of great significance.