

Insight in Psychotherapy

Edited by **Louis G. Castonguay**
and **Clara E. Hill**

American Psychological Association • Washington, DC

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PREFACE

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It is frequently argued that although we know that psychotherapy works, a great deal of uncertainty about *how* it works remains. We have devored a large part of our respective careers trying to understand what seems to facilitate and what appears to interfere with client improvement. In doing so, we have read each other's conceptual and empirical work on the process of change. Over the years, we have also attended many of the same scientific and professional meetings where we discussed the role of variables (e.g., participant characteristics, client and therapist in-session experience, relationship factors, technical interventions) potentially involved in therapeutic change. It was during one of these discussions that the seeds for this book were planted.

We had just attended a symposium during the Mid-Atlantic Society for Psychotherapy Research Meeting at Lehigh University in October 2000. At the end of the symposium, we approached the presenters and a small number of other attendees to further discuss the findings that had just been presented. After 10 or 15 minutes of engaging and stimulating discussion, however, the other people involved gradually excused themselves and left to attend the next scheduled presentation. As we continued our discussion, one of us commented that good conferences always seem to involve two different types of meetings. One type is the formal presentation, in which ideas or projects are described in almost prescriptive ways and a limited amount of time is allowed for questions and open-ended interaction between the presenters and the audience. However, within these conferences a more interesting type of meeting generally takes place. This is the type of meeting we just had: a spontaneous, lively discussion among a small group of individuals who gathered close to the podium, just after the end of a formal presentation. We agreed that this type of informal meeting is often more exciting and informative than activities included in the conference program because presenters tend to be less nervous, less apprehensive of difficult questions, and thus more at ease to

expand on their ideas, their clinical observations, or the implications of their studies. We also agreed that this type of meeting rarely attracts audience members who have a strong inclination for hostile questions or comments designed to display their conceptual brilliance, clinical acuteness, or statistical prowess (small, engaging, and informative discussions may well defeat the purpose of such comments). In our experience, these meetings are usually characterized by genuine interest, open-mindedness, and friendly interactions and can lead to fresh, new, and exciting ideas about what is going on in therapy and what facilitates a positive outcome. However, these meetings tend to be of short duration as many people eventually need to rush to the next conference activity: "Hey, this was a great discussion. I would like to talk more about these issues, but I've got to run to another panel."

We contemplated how exciting it would be to organize and attend a conference specifically built around the second type of meeting. Wouldn't it be great to convene in one room, for a day or two, a relatively small group of smart, knowledgeable, friendly people to simply talk about the process of change in therapy? We finally agreed (just before rushing to another presentation!), that one of us (Castonguay) would try to get financial support from his university to invite colleagues from not too distant academic institutions who are known for their expertise in process research and who, as a group, would represent an array of theoretical perspectives in psychotherapy, to a meeting based on informal, open discussions.

The impromptu conversation between the two of us led to three meetings, held at Pennsylvania State University (March 2001, May 2003, and May 2005), that brought together some of the most well-known psychotherapy researchers in the eastern United States and Canada. Before inviting these researchers, however, we decided that we should choose a specific aspect of the process of change to address in order to provide focus for our group meeting. For reasons described in the introduction to this book, we chose insight. On the basis of our conversation at the Mid-Atlantic conference, we also agreed that our meetings would not feature a series of formal presentations that recapitulate positions, arguments, or ideas already firmly held; instead, these meetings were organized primarily around open discussions. We assumed that open interactions among leading thinkers would provide the best conditions to delineate different aspects of the nature and role of insight, to creatively and nondefensively explore the processes facilitating and following insight, and to generate new ideas about this challenging construct. We were also convinced that the breadth and depth of the participants' expertise would allow us to examine insight with the pluralistic approach it deserves; that is, not only from different theoretical orientations but also from different perspectives of knowledge acquisition (conceptual, empirical, and clinical).

These meetings did lead to exciting exchanges and creative ideas related to the conceptualization, investigation, and clinical implications of insight in psychotherapy. After the first two conferences, the group decided

that the next step should be to have each person engage in an in-depth exploration of a particular perspective or specific issues related to insight in psychotherapy. These explorations, which go well beyond what was covered at our conferences, form the first 20 chapters of this book. The last chapter, based on the third and final conference at Pennsylvania State University, attempts to integrate the discussions of these meetings and the ideas in the previous chapters of this book by articulating points of agreement on central issues about insight, while pointing the way to future research on this important event in psychotherapy.

ACKNOWLEDGMENTS

This book, as well as the three Pennsylvania State University conferences on which it is based, would not have been possible without the contribution and support of many people. We first need to acknowledge the generous help (in time and financial assistance) and strong encouragement that we received from three colleagues at The Pennsylvania State University: Gowen Roper (director of the Psychology Clinic), Keith Cunic (former head of the Department of Psychology), and Raymond Lombra (associate dean at the College of Liberal Arts). We deeply appreciate the fact that they understood from the beginning of this project how unique the conferences would turn out to be as well as how much creative impact they may end up having on our understanding of insight. We are also grateful to the conferences' participants and authors. It is difficult to express how pleased we have been with the level of involvement and depth of contribution they have shown during (and after) our meetings as well as by the amount of work they have dedicated to writing (and revising numerous times!) what we truly believe to be exquisite and innovative chapters. We also want to thank Susan Reynolds in the Books Department at the American Psychological Association for her full dedication to this project, constant attention to details, and outstanding expertise. She has been crucial in making this project a delightful and successful experience. Several graduate students have attended the Pennsylvania State University conferences, and some (Gloria Gia Maramba and Jay Reid) have devoted a substantial amount of time transcribing hours of recorded discussions. We are grateful for their help, as well as for the enthusiasm with which they interacted with participants. Their active engagement helped to make the conferences such special events. We are also deeply indebted to our respective spouses, Michelle Newman and Jim Cormally, for adding so much insight, as well as love and friendship, into our lives.

Finally, we want to recognize how much we both owe to the Society of Psychotherapy Research (SPR). As is true for most participants at the Pennsylvania State University conferences and authors in this book, SPR has had an indelible influence on our professional development. Over many years we have felt stimulated, supported, and encouraged in our scholarly and research endeavors by a large number of SPR members. In many ways, the degree of involvement and openness that prevailed at the Pennsylvania State University conferences and that allowed this book to happen is a reflection and a tribute to the spirit at SPR. As such, it seems only fit to dedicate this book to SPR and its members.

Insight in Psychotherapy

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INSIGHT IN PSYCHOTHERAPY: DEFINITIONS, PROCESSES, CONSEQUENCES, AND RESEARCH DIRECTIONS

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The chapters in this book provide a wealth of theoretical, empirical, and clinical information related to insight in psychotherapy. The task now is to integrate all this information in a coherent form to determine what is known and unknown about insight in therapy. One way to do this would be to summarize the chapters as they stand. Such a summary, however, would inevitably fail to do justice to the chapters, as the authors used different

terminologies and approached the topic of insight from markedly different perspectives. In addition, the chapters speak for themselves and there really is no need to summarize them.

Instead, the editors opted to ask the authors to come together and debate the issues to combine their expertise and come to some consensus about responses to four core questions: What is insight? What leads to insight? What are the consequences of insight? What other issues need to be considered in thinking about insight?

This chapter is a distillation of these discussions and deliberations. In the interest of summarizing in a clear and succinct manner, we present our conclusions in bullet form without citing specific references (see the individual chaps. for specific references).

Before presenting the results of our discussions, though, we stress that these ideas are not offered as definitive statements because there is not enough empirical evidence to do so. Rather, these ideas are offered as heuristics about the phenomenon of insight that, in our collective opinion, deserve particular attention. We offer these ideas in the hope of spurring further theoretical and empirical investigation. Researchers, theorists, and practitioners might want to consider these factors and topics when they study, describe, or seek to foster insight.

It is also important to state that we are not trying to imply that insight is the only or best mechanism of change or the most desired outcome in therapy, and we are not trying to proselytize that every client should gain insight. Indeed, there was a fair amount of controversy among the authors about the importance of insight. Rather, we are interested in exploring the construct of insight, examining if and when insight is beneficial to clients, thinking about how insight might develop, and considering the consequences of insight as one potentially interesting and important mechanism of change in psychotherapy.

DEFINITION OF INSIGHT

Insight is an exciting but challenging construct, in part because it has many different meanings. Thus, our first task was to determine whether we could arrive at some agreement about what we mean by insight.

After much discussion, most of us agreed that insight usually is conscious (as opposed to unconscious or implicit) and involves both a sense of *newness* (i.e., the client understands something in a new way) and making *connections* (e.g., figuring out the relationship between past and present events, the therapist and significant others, cognition and affect, or disparate statements). Hence, most of us agreed that we could define insight as a conscious meaning shift involving new connections (i.e., "this relates to that" or some sense of causality).

Additional Possible Dimensions of Insight

A number of other elements of insight were suggested but were not added to the primary definition because we could not attain consensus about them, probably because of differences in theoretical orientation. Future researchers, however, may want to add these elements to their own definition of insight. The following dimensions were suggested:

1. Complexity (e.g., richness, number of neural connections, extent of elaboration of a schema, scope of understanding, degree of integration of various elements, level of abstraction or depth)
2. Intensity of feelings, emotions, or arousal related to the new meaning
3. Salience or centrality to client's conception of self
4. Suddenness (i.e., whether the insight is gained gradually or suddenly)
5. Conviction or belief in the new meaning
6. Manner in which insight is communicated (e.g., visual metaphors such as "I see" versus sensory metaphors such as "I feel," or verbally versus nonverbally)
7. Nearness to conscious awareness (conscious vs. unconscious, implicit vs. explicit) of the material prior to the insight event
8. Object of insight (e.g., emotion, cognition, external contingencies; past, present, future; about oneself, about others, about situation)
9. Quality of insight
 - Accuracy (how well the insight corresponds to the available information about the client or fits the client's sense of his or her experience)
 - Coherence (how internally consistent or elegant the insight is);
 - Consensus (how much the client, therapist, and significant others would agree on the truth of the insight)
 - Usefulness (the extent to which the client has a sense that the insight does or will lead to resolution of a problem he or she has been experiencing, or the extent to which it objectively leads to a resolution of the problem or generates further therapeutic work)

Because the effectiveness of insight depends on the needs of the client at a particular time within therapy, we were not willing to say that being at particular levels on any of these dimensions would necessarily make for better or more therapeutic insights. Hence, a simple insight might be best early in therapy for a given client, whereas a more complex insight might be better later in therapy when the client has assimilated more of the material that has emerged during treatment. However, we did think it possible (this is a good empirical question) that better or more therapeutic insights would involve the higher levels of at least several of these dimensions (e.g., higher or deeper level of complexity, emotional arousal or deepening, saliency, suddenness,

belleverability, visual or sensory clarity, implicitness of material prior to insight, accuracy, coherence, consensus, usefulness).

We also caution that these dimensions are somewhat arbitrary. There is likely to be some overlap among them (e.g., complexity is probably related to centrality), whereas others may need to be divided (e.g., the different criteria of quality may not aggregate neatly within one construct). Furthermore, given that adequate measures do not exist to assess many of these dimensions, empirical research is needed to clarify these dimensions.

Other Ways of Conceptualizing Insight

We agreed to define insight as a conscious meaning shift involving new connections, which implies that insight is a process or state. We recognized, however, that other researchers might think of insight in other ways. Rather than a process or state, for example, they might think of insight in terms of an ability (i.e., capacity to engage in the insight process; insightfulness). Likewise, insight could be considered as a goal or outcome (a desirable achievement in itself) rather than as a process (i.e., means or task that helps one achieve another end, such as a way to achieve symptom change). People tend to differ on this issue primarily along theoretical lines (e.g., many psychoanalytic therapists consider insight a desirable outcome of therapy, whereas a large number of behavioral therapists consider the attainment of new understanding to be important only if it leads to other outcomes, such as behavioral change).

Related Constructs

In our discussion, we agreed that the terms *understanding* and *new meaning* are synonyms of insight and could be used interchangeably with insight. However, insight should be differentiated from other closely related constructs. Awareness, for example, may be seen as different from insight in that the former does not involve a sense of a new connection or causality (e.g., being aware of the sensation of feeling angry is not the same as understanding where the anger comes from). Not all participants agreed with this distinction, however, and it may be that awareness of newly emerging experiences is at one end of a continuum, whereas more causal types of insight are at the other end. In this way, the awareness-insight distinction may be one of degree as well as, or rather than, kind.

Another related construct is self-knowledge, which differs from insight both in terms of newness (i.e., self-knowledge is not necessarily new) and level of conscious awareness (i.e., self-knowledge can be implicit or unconscious). Finally, we also note that *hindsight* can be similar to insight as the making of new connections often involves looking back and constructing

meaning (in fact, psychoanalytic therapists clearly value making connections between past and present events).

Caveats

The basic construct of insight is hard to pin down because the meaning of the term is socially constructed. The definition we proposed and the dimensions we delineated earlier should make it easier to measure insight, but it is still a complicated construct that is hard to capture completely.

In a related way, although insight appears to be valued across theoretical orientations, it is often described using different terms (e.g., psychoanalysts talk about insight whereas cognitive-behaviorists talk about understanding underlying assumptions). One should be cognizant of different terminologies when attempting to understand or investigate insight.

THE PROCESS OF GAINING INSIGHT

We suggest that clients are more likely to gain insight if several predisposing factors are present. The process of gaining insight often involves several stages (although these stages are certainly not invariant). We provide more details about these predisposing factors and process stages here. These conclusions come from our clinical experiences as well as from the empirical research (see individual chaps. for more detail).

Predisposing Factors

We identified two types of variables that likely enable clients to attain insight if the right conditions are present: client factors and therapist factors. These are participant characteristics that exist solely within the person of the client or therapist and are brought to the therapy situation. Although the presence of these variables might well be associated with the client subsequently attaining insight, these variables probably do not cause the attainment of insight. Furthermore, none of these variables should be viewed as absolutely essential for insight generation for every client. Instead, each one may increase the probability that insight will occur under certain circumstances.

1. Client factors
 - A. Personality-dispositional factors
 1. Psychological mindedness (openness to experience, insightfulness, reflexivity, self-awareness)
 2. Cognitive ability (intelligence)
 3. Creativity-curiousity
 4. Readiness-motivation

5. Goal orientation
 6. Lack of profound psychopathology or defensive functioning, absence of certain personality disorders such as paranoid personality disorder
 7. Level of functioning
 8. Belief that insight is desirable
- B. Environmental factors
1. Social support
 2. Reliable feedback from others about one's behavior or impact on others
- II. Therapist factors
- A. Credibility
 - B. Skill-competence
 - C. Empathic capacity
 - D. Lack of hindering self-awareness or countertransference
 - E. Self-knowledge about own dynamics
 - F. Belief that insight is desirable or necessary for change

Stages of Insight Attainment

We postulated that insight attainment occurs through several stages within the process of therapy. Typically, clients and therapists have more immediate control over these variables than they do over the predisposing factors identified previously. Because these variables seem to occur in a sequential manner, we divide them into five stages: setting the stage for insight preparation for insight, marker of client readiness for insight, promotion of insight, and consolidation of insight.

Stage 1: Setting the Stage for Insight

There are probably some crucial elements that must be available in the therapy process before it is even possible to start the movement toward insight. The following would seem to be the most salient:

- state, mood, and stress-level of client (clients may be more receptive to insight at some times more than others);
- belief of the therapist in the value of insight for this client at this time; and
- productive therapeutic alliance.

Stage 2: Preparation for Insight

Therapists might use one or more types of intervention to set the stage so clients are primed to gain insight. These interventions may be enough to generate insight in some clients. Most often, however, these interventions set the stage for later interventions that directly promote insight. Interventions might include such things as the following:

1. Reduce client inhibitors to insight by decreasing client avoidance, defenses, rumination, worry.
2. Motivate clients to seek insight by educating them about the benefits of gaining new understanding and by reinforcing attempts to gain insight.
3. Encourage client exploration to elicit material from which insight can develop.
 - Elicit memories, painful or puzzling stories, narratives or dreams from clients.
 - Help clients activate relevant schema (e.g., identify or monitor conscious thoughts; derive underlying assumptions about self from various conscious [automatic] thoughts; trigger core views of self by working in an emotionally immediate way with clients).
 - Increase client arousal to an optimal level (e.g., "strike while iron is hot" for many but "strike while iron is cold" for clients with borderline diagnoses).
 - Increase state of dissonance, disconnect, or self-incoherence to make client more aroused and ready for insight.

Stage 3: Markers of Client's Readiness for Insight

Clients often demonstrate a readiness for moving forward with the insight process. They may indicate puzzlement (e.g., "I just don't understand") or a desire for understanding (e.g., "I wish I understood why I do that"). Times when clients bring up recurrent dreams ("What could that dream mean? Why do I keep having that dream?) or problematic reactions ("I don't know why I reacted that way; it is so unlike me") are particularly good examples of when clients are confused and want to understand something about themselves. This client state of puzzlement seems to motivate active self-exploration, which can lead to new emotional awareness and insight.

Stage 4: Promotion of Insight

Most insights seem to be coconstructed (i.e., developed collaboratively between therapists and clients), although some emerge solely from the client and others are suggested by the therapist. Irrespective of the person who initiates the insight, the client ultimately must claim the insight as his or her own and integrate it into his or her schema. The therapist typically uses one of several different types of intervention to directly or indirectly help clients construct insight:

1. Interventions that may facilitate clients gaining their own insight
 - A. Probes for insight (questions asking about causes or connections)
 - B. Empathic reflections
 - C. Pointing out or challenging discrepancies

- D. Pointing out or challenging conscious (or explicit) thoughts or behaviors
 - E. Challenging underlying (frequently implicit) assumptions
- II. Interventions that may offer insight to clients
- A. Interpretations
 - B. Reframing
- III. Interventions intended to help clients change specific behaviors, which in turn might facilitate insight
- A. Behavioral assignments
 - B. Paradoxical directives

Stage 5: Consolidation of Insight

For insights to create lasting shifts in meaning, therapists often have to work with clients to help them consolidate the insights (what psychoanalysts refer to as *working through*). Therapists attempt to achieve such consolidation through various means:

- reinforcing the client for gaining insight;
- helping the client symbolize or articulate the insight in a clear or memorable form; and
- repeating the insight numerous times, in different ways, and applying it to multiple areas so the client generalizes the learning, incorporates the insight into existing schemas, and creates new, more adaptive schemas (new schemas have to be reinforced and strengthened through continued discussion and practice or they fade away and old schemas resurface).

Caveats

The process outlined here is hypothetical and will not apply to every client, given that the process of insight attainment probably varies widely across clients. Rather than being direct and clearly traceable, the process of insight attainment is undoubtedly complex and elusive. For example, a tentative insight may lead to action, which may lead to additional insight, which may lead to a corrective emotional experience, which may in turn lead to additional insight. As another example, a client may initially reject a therapist interpretation but then go home and think about it and later tell the therapist about discovering on his or her own exactly what the therapist earlier suggested.

CONSEQUENCES OF INSIGHT

As the contributors deliberated on the possible consequences of insight, they developed a long list of possible positive and negative effects. Obviously, not all of these consequences arise for every client. Rather, the

outcome probably depends on the intensity, complexity, accuracy, content, and timing of the insight.

Furthermore, immediate and long-term outcomes may differ. For example, the immediate insight might be that the client reacts badly to her boss because the boss makes her feel as though she were an imposter, but she might later come to realize that the boss makes her angry because he criticizes her as her mother did. Sometimes the immediate outcome might seem dramatic and life-changing, but the client may later realize that in fact it is not true (or vice versa). Furthermore, sometimes the insight is an important product in and of itself, and sometimes insight is a mediator of other, more important changes (e.g., insight leads to behavioral change).

Possible Positive Consequences of Insight

Insight can have several possible positive consequences:

1. Insight can lead to symptom changes (e.g., reductions in depression or anxiety) or can serve as a preparation for behavior change (moving toward greater assimilation of the problem).
2. Insight can enable a client to make difficult decisions (e.g., if a client recognizes why she allows herself to stay in an untenable relationship, she may need to make a decision about whether to get out of the relationship).
3. Insight can increase client involvement in therapy.
4. Insight can evoke new memories or fantasies for a client in therapy.
5. Insight can engender more differentiated and meaningful emotional experiences.
6. Insight can facilitate a client's ability to articulate emotional experiences.
7. Insight can enhance therapeutic alliance.
8. Insight can foster the client's positive feelings about self (i.e., self-acceptance, authenticity, self-coherence).
9. Insight can increase the client's sense of hope, mastery, choice, freedom, self-efficacy, or agency.
10. Insight can increase client's ability to gain insight on his or her own outside of therapy.

Possible Negative Consequences of Insight

Insight can also potentially have several negative consequences:

1. A client may feel pain or regret over missed opportunities or lost time.
2. A client may feel forced to make decisions prematurely.

3. A client may feel stuck or paralyzed about making changes.
4. A client may become overinvolved in gaining understanding rather than (or instead of) making needed life changes.
5. A client may feel more negatively about self (e.g., becomes critical of self for past choices).
6. A client may proselytize (e.g., excessively or inappropriately try to convert others who share similar problems to his or her new way of thinking).

Caveats

Again, some words of caution are in order. First, the list of positive consequences may be too grandiose, implying that insight is a "cure-all" and has more far-reaching influence than is the case. In fact, insight may not be viewed as worthwhile or therapeutic by clients from cultures that value rituals, advice, interpersonal harmony, or detached mindfulness. Second, some of these consequences may overlap (e.g., increased client involvement and the therapeutic alliance), whereas others may need to be differentiated more (e.g., the sense of hope, mastery, choice, freedom, self-efficacy, and agency may not all cluster together). Third, the sequence with which these consequences of insight take place is likely to vary: Insight may lead to an emotional shift or to action or both, and either of these may lead to insight (e.g., once a person has made a major behavioral change or had a novel emotional experience, he or she may be in a better position to reflect on what caused his or her behavior or feeling). Furthermore, the sequence may be cyclical (e.g., insight leads to emotion or action, which leads to more insight, which then leads to more emotion or action, etc.). Similarly, insight may be a desirable outcome in and of itself for some clients, whereas it may only be important as a means to an end (e.g., if it leads to symptom change) for others. Taking all of these caveats into consideration, we remind readers that these lists of positive and negative consequences are speculative at this time and in need of empirical validation. We urge readers to remember that these consequences are offered for their heuristic value rather than as fact.

RESEARCH QUESTIONS

Although this book's contributors were able to derive and agree on a long list of conclusions with regard to insight, a substantial number of questions were also raised and left unanswered. This outcome, in our opinion, clearly reflects that the field is ripe for investigations of insight. We divide our research questions into several categories: (a) definitional issues; (b) methodological issues; (c) investigations of the nature, process leading to, and consequences of insight; and (d) other research questions.

Definitional Issues

Because insight is such a slippery, elusive term, considerable attention is needed to define it carefully. More specifically, insight needs to be distinguished theoretically from related phenomena (e.g., awareness, explanation, revelation, self-knowledge, creativity). Further work is also needed in distinguishing insight as an experience, process, state, or ability. Finally, the prototypical insight (*Ah!; "gold nugget"*) needs to be distinguished from less complete or smaller insights ("gold dust").

Measurement Issues

After insight is conceptualized and defined clearly, better methods are needed for assessing it. Having adequate measures will help in distinguishing insight from related phenomena. We stress the need for measures using different kinds of methods (self-report, observer ratings, interview methods) to reduce measurement bias and allow for testing consistency across methods.

Methodological Issues

All research methods have limitations. As such, it would be ideal to study insight using many different methods. For example, because the insight process appears to be idiographic and heavily context-bound, case studies are likely to be a suitable method of investigation. Qualitative methods may also be particularly useful for capturing the conscious inner processes of participants. In addition, quantitative studies will likely be useful for measure development and for assessing the overt presence of insight in therapy sessions. Furthermore, we encourage clinical trials researchers to include assessments of insight when investigating the effects of major theoretical approaches.

Moreover, it is important to recognize that therapists, clients, significant others, and trained judges will by definition have different perspectives on the phenomenon of insight. For example, therapists who believe fervently in insight might be motivated to overrate its frequency and significance. However, some clients might not understand what is meant by insight, or may not value insight unless educated about it. Likewise, judges might have their own biases (positive or negative) about insight, which would likely influence their evaluations. In addition, it is important to be aware that clients may have insights that they cannot or do not choose to articulate to therapists. Accordingly, the observable record of therapy (i.e., transcripts, audiotapes, videotapes) may not always be the best place to search for insights.

When and where to assess insight is another major methodological concern. Rather than being the consequence of specific and discrete events that immediately precede it, insight may result from many processes occurring

over a long period of time. Therefore, the immediately preceding events most likely represent the final impetus for insight (the tipping point) rather than the whole process. Alternatively, the insight could have occurred (either inside or outside of the session) much earlier than when the client reports it. In such a case, the interventions immediately preceding the report of insight may have had little to do with the insight attainment. Hence, researchers need to examine the entire process (including both overt and covert factors) leading up to insight.

Investigations of the Nature of Insight

In terms of the nature of insight, several questions need to be addressed:

1. What is the role of schemas and schema changes in insight generation and maintenance (and how can we assess schemas and schema change from insight gains)?
2. Does insight need to be true or historically accurate? By providing an explanation for his or her problems, false insights could make the client feel good, but they may also lead to ineffective or self-defeating actions.
3. Does insight need to be related to current events that maintain problematic behaviors?
4. Does it make a difference if insight is sudden versus gradual?
5. Are insights better if they are client-generated, therapist-suggested, or coconstructed?
6. Do more complex, emotionally intense, or central insights lead to stronger and longer lasting changes?
7. Are insights involving previously unconscious (implicit) information more beneficial than insights involving previously conscious (explicit) information?
8. Is the degree of a client's conviction or belief in new meanings correlated with outcome?
9. Does insight that occurs within therapy differ from insight that occurs outside of therapy?
10. How similar is insight to other related phenomena, such as problem solving in cognitive science or religious conversion?

Investigations of the Process of Insight Attainment

Researchers could also investigate the processes involved in gaining insight. Several possible ideas include the following:

1. The stages previously described (i.e., setting the stage for insight, preparation for insight, markers of readiness for insight, promotion of insight, consolidation of insight) need to be in-

- vestigated to determine if these stages exist or whether the process occurs in another manner.
2. The list of possible markers expressed by clients that indicate that they are ready for or eager to attain insight needs to be validated.
3. It needs to be determined whether different types of insight (e.g., in terms of object or target, the complexity or depth) are facilitated by different types of therapy. For example, it may be that psychoanalytic therapy stimulates insights relating past events to current experiences, whereas cognitive-behavioral therapy stimulates insights about underlying assumptions and their relationship with current events, and experiential therapy stimulates insights about the process of one's ongoing subjective experience.
4. Research is needed on the role of positive and negative emotion in insight generation and maintenance. For example, is emotional insight (as opposed to intellectual insight) necessary for long-standing change? If so, what are the optimal levels of emotional and intellectual arousal?
5. What is the therapist's role in initiating insight? Do therapists need to have insight to enable clients to attain insight? If therapists highly value self-examination, do they risk imposing their own values about insight on clients?
6. What is the role of supervision in helping therapists help their clients attain insight?

Investigations of the Consequences of Insight

In terms of the consequences of insight, it seems important to validate the list of positive and negative consequences presented earlier in this chapter, deleting ones for which no evidence is found and adding others that were overlooked. Also, researchers could study the possible interaction among potential consequences, particularly in determining whether insight plays a direct or mediating role in eventual treatment outcome (e.g., emotional well-being, symptom reduction, increased interpersonal functioning).

Other Research Questions

A number of other research questions, not clearly related to the aforementioned categories, also merit empirical attention:

1. Why is it that clients often do not come to therapy explicitly asking for insight, although many report posttherapy that they valued gaining insight?

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Numbers in italics refer to listings in the reference sections.

2. What can be learned from other areas of psychology (social, cognitive, developmental, biological) and other disciplines (philosophy of science, sociology, anthropology, biology, history) about insight?
3. Does the insight process have an evolutionary value? Perhaps healthy people engage in insight processes (self-examination) on a regular basis as a way of solving problems. Perhaps it is when this process gets stuck that therapeutic intervention is needed.

CONCLUDING COMMENTS

We reached a number of agreements with regard to the nature, processes, and consequences of insight. In addition, there was a fair amount of consensus about future directions of research on insight. This level of agreement came as a pleasant surprise to the editors of the present book, who initially had fairly low expectations about the extent of consensus that could be achieved among so many individuals (of various theoretical affinities, no less) about a construct as complex as insight. We stress, of course, that research is needed to test the ideas that were generated by this process.

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