REFLECTIONS ON INSIGHT AND AWARENESS

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Until recently, insight was a notion of such importance to psychotherapy that Erwin Singer (1970) felt confident in summarizing the literature on psychotherapy by stating that the development of insight is the basic aim of psychotherapy and that self-knowledge is to a large extent synonymous with emotional well-being. Insight has been viewed as helpful because it has been understood to expand boundaries of awareness, to develop the ability to observe, as well as to provide the ego or so-called executive functions a greater freedom to operate (Hammer, 1968). It is indeed surprising that a concept for which such cardinal importance is proclaimed should generate so little disciplined and careful thought, not to speak of research, as this concept has. The literature is replete with articles and books on how to bring insight about and yet almost devoid of attempts to define and spell out the conditions under which insight is of use. It appears that most, if not all, thinkers about and investigators of psychotherapy have simply assumed that everyone else understood what was being discussed. When faced with the failure of insight to bring about the expected results, some theoreticians went on to postulate the need for a "working through process" following insight, while others (Hobbs, 1968) came "to seriously doubt the presumed relationship between the achievement of insight and the achievement of more effective functioning."

The two solutions noted above, to refine or discard the notion of insight, presage the actual recent developments in the field of psychotherapy. Paradoxically, the apparently diverging approaches may actually provide us with a more powerful and utilizable understanding of insight. This paper attempts to pinpoint some of the important variables which contribute to the affectiveness, of ineffectiveness of insight.

In a discussion of the history of the concept of insight, Singer (1970) noted that in Freud's early writings insight was an intellectual operation. Although there were later apparent shifts in his thinking, the shifts when scrutinized closely prove to be illusory. Freud was focusing his attention increasingly upon resistance to intellectual insight. Not until Jung began to grapple with the concept of insight was the idea of assimilation introduced. It was a number of years later that Harry Stack Sullivan and Frederick S. Peals began to speak of the "whats" and "whys". Others such as Schonbar (1968) began to cope with distinguishing between intellectual and emotional insight. He defined intellectual insight as "basically a descriptive cognition, the patient learns something new about something." Emotional insight was described as a "direct cognition. The patient learns something new through direct acquaintance with or experience of content, reference, and meaning of the knowledge." Unfortunately, stopping at this point simply leaves us with the idea that insight must have an affective impact in order to be useful. Experience has not led carefully observant clinicians to the conclusion that affect experienced along with insight has a major impact on functioning. The claim that either emotional or intellectual insight is of greater utility than the other has no clear neuropsychological basis. They are simply, different.

As discussed above, some students of the psychotherapeutic process have attempted to refine and define insight and awareness much more tightly than has been done previously. Schools of thought which have moved in this direction include Gestalt Therapy with its emphasis on a very specifically defined concept of awareness and the Rational Emotive approach to psychotherapy as well as its offsprings, Cognitive Behavior Modification. Gestalt therapy has opted for a very broad definition of insight and awareness, which is inclusive of affect, behavior, and thought, while Cognitive Behavior Modification has in practice opted for a more narrow and cognitively defined concept. Beck (1976) stated that "Since introspection, insight, reality testing, and learning are basically cognitive processes, this approach to the neurosis has been labeled cognitive therapy. The cognitive therapist induces the patient to apply the same problem solving techniques as used throughout his life to correct his fallacious thinking. His problems are derived from certain distortions of reality based on erroneous premises and misconceptions."

Approaches which have veered away from insight as a major or even minor mechanism in the change of behavior are represented by such diverse schools of thought as that of Erik Erickson as expounded by some of his admirers (Haley 1973, Erickson, Rossi & Rossi 1976). In describing Erickson's approach to psychotherapy Haley says, "His therapy is not based upon insight into unconscious processes, it does not involve helping people understand their interpersonal difficulties, it makes no transference interpretations, it does not explore a person's motivations, nor does he simply recondition. His theory of change is more complex; it seems to be based upon the interpersonal impact of the therapist outside the patient's awareness, it includes providing directives that cause changes of behavior and it emphasizes communicating in metaphor." Palazzoli, et. al., make it quite clear in their recent text on family therapy that they have ceased to use the concept of insight when speaking of affecting change. Rather, they
speak of paradoxical behavior (in the sense that such behaviors are counterproductive) in family influence systems which can be countered only with counterparadoxical prescriptions of behavioral directives. It may of course be argued that such non-insight oriented approaches to change are not as different as they appear to be on the surface. Anyone who has worked with what have come to be known as strategic approaches to psychotherapy understands that the behavioral prescriptions utilized alter awareness and meaning in profound, although sometimes not readily verbalized, ways. It is, after all, the way we experience living that makes a difference in the way we function, rather than simply the way we understand our lives. Erickson, et. al. (1976) make reference in this connection to experiments in latent learning or learning without awareness where "meaning" has not yet infused the situation. While they refer to such learning as "an active process of unconscious learning," it is clear that the learning is not "unconscious" but rather at a different level or kind of awareness than that ordinarily noticed by the average person.

Thus far we have reviewed insight as dichotomous in nature; present or absent. Alternatively it has been seen as differing in kind; cognitive or effective. An alternative way of thinking about insight is to view it as a series of levels of understanding that vary along a continuum of identification with the insight. Such a continuum might include minimal identification with a piece of information at one extreme, or a sense that the information and oneself are the same at the other extreme. Obviously in proposing levels along such a continuum one must necessarily be arbitrary. The levels proposed in this paper are meant to be illustrative rather than being points on the continuum that have inherent importance. The levels described below will be organized in increasing order of identification.

To begin with, let us think of insight at a fairly superficial level. This level might be labeled descriptively as an intellectual understanding which often passes to the casual observer as a significant and useful insight.

To illustrate, a male patient in his thirties once complained in the middle of a psychotherapeutic session that he was enormously frustrated in his attempt to understand an interpretation made to him by a previous therapist. The interpretation given in the context of discussion about a love relationship was, "You always set relationships up to fail." The patient has understood this interpretation as one in which some kind of unconscious motivation was being ascribed to him. His search for such motivation was fruitless. However, the patient was saddled with an "understanding" of himself at an intellectual level which caused him to puzzle and reflect for over a period of several years in his search for the operable motivation. The therapist had either failed to note or to communicate the important difference between intention and function. It was indeed true that this patient's behavior functioned in such a way that it caused relationships to fail. It was not true that the failure was his intention. This vignette gives and illustration of one of the serious problems with this level of understanding. On the other hand, it is easy to dismiss an intellectual level of understanding as inappropriate and useless. Such a dismissal is, however, premature.

The fact is that intellectual understanding does indeed cause behavioral changes on very rare occasions. A second vignette will illustrate this phenomenon. At the end of a marital session, the wife said to the therapist that it was clear to her that the manner in which she and her husband fought were significantly different from each other and she expressed some interest in understanding the nature of this difference. The therapist provided her a description of the Gestalt Formation Destruction Process commonly found in individuals with hysterical personalities as well as a brief description of the parallel process for her somewhat sociopathic husband. The information provided to the wife was a simple statement to the effect that when she experienced needs or interests she would move immediately into seeking some type of resolution rather than waiting for the need or interest to become clear. As a result, the solutions which she sought out seldom matched the needs which were seeking to become figure in her awareness. At the time the author was excited about that type of formulation of Gestalt Formation and Destruction Process and so waited eagerly for the following session to hear what (Burley, 1981) the impact of his description had been. She made no mention whatever of the conversation and the author reminded himself that one of his professors in graduate school had made the statement that information was not useful to a patient. On the third session, the patient came in quite excited and said, "You were right." Having forgotten the conversation by this time, the author asked her, "Right about what?" to which she responded, "You were right about the way in which I think. I left your office knowing that I had vague feelings stirring inside of me and rather than going out and doing the things I ordinarily do in that situation, I waited until the need could become clear. I waited a week and a half before the clarity came, and when it did, I did what seemed to fit the situation. I have never felt so satisfied in my life." This proved to be a major turning point in this patient's treatment.

These vignettes illustrate both the strengths and pitfalls of this kind of cognitive understanding. The major pitfall already mentioned is that of accuracy. Most interpretations made by therapists are insufficiently accurate to be utilized by the patient. The average interpretation is "in the ballpark" of accuracy. However, it is still so inaccurate that its affect is minimal of
nonexistent. It is therefore incumbent on the therapist when trying to instill understanding at an intellectual level to label his or her interpretation as tentative and to make it clear to the patient that it probably is not accurate enough to be useful. It is the author's experience that patients respond well to requests from the therapist to provide help in making the interpretation more accurate by testing it, critiquing it, or "destructuring it" as described by Pears in several of his writings.

II. A second level of insight is best described by the words with which the patient usually introduces the experience; "I can see that . . ." Statements introduced with this kind of stem usually imply an observing ego but also alert the therapist to the clear distance between the observer and the self. The patient will frequently experience this level of understanding as briefly pleasing, simply because of its newness and because it may on occasion be mistaken for real change. Most therapists have had experience with patients who have come to "understand themselves" fairly well and mistake the process of understanding for real therapeutic work.

III. A third level of insight might be best described by the introductory words, "I see what I am doing." Such a statement implies greater proprietorship or identification with the behavior. As a result of greater identification, the patient has a greater chance to utilize the knowledge in functional change but this may not occur.

IV. At this level of the continuum we shall place "insight" as it is commonly understood today by psychotherapists. Current consensus (if it can be called that) certainly includes the concept of an apprehended cognitive understanding that carries with it and affective component. The patient has some clear feelings about what they have come to understand and ordinarily can readily verbalize at least a reaction to the insight. Experience of the insight is frequently accompanied by a little laugh, or the loss of breath which frequently signals a partially expressed emotion. The patient reports the experience of something changing of shifting within but may not be sure exactly what has happened or occurred.

This level of insight has a greater, although usually unpredictable, probability of producing some kind of functional change. Nevertheless, there is frequently no functional change whatsoever other than a sense of understanding oneself better. A friend of the author's once illustrated this quite well when in describing his experience in a training analysis he said, "You know, I don't know that I have changed in any way other than the fact that I am certainly much more comfortable with myself than I used to be." This individual did indeed exhibit a rather profound understanding of himself. He was also quite right from external observation in saying that there did not appear to be any evidence of functional change.

V. We shall reserve for this deepest level of insight the term awareness. In this context the term as described by various Gestalt writers implies a "knowing from within" as opposed to the kind of comprehension achieved by an "observing ego". The term implies full identification with a sense of proprietorship for the feelings, thoughts, memories, actions, or imaginings that may be involved. There is a sense of "m-ness" as opposed to "other-ness". It is simply an acknowledgement of who one is in the personal/environmental field. This kind of understanding draws not only upon cognition, but also upon sensation, feelings (states abstracted from sensations), behavior, memories, wants and imaginings. (For a fuller discussion of these variables see Polster and Polster, 1973, ch.8 "Awareness").

Obviously such a level of insight or awareness does not come cheaply and frequently requires a great deal of work on the part of the patient, as well as careful observation and guidance on the part of the therapist.

It is the author's experience that this level of insight or awareness frequently does after function in significant ways so that over the long run there are incremental changes not only in understanding, but also in behavior as various aspects of patient's behavior, feelings and thoughts are addressed.

Again, a vignette from a case may be illustrative here. A male patient in his forties complained that he was obsessively involved in making phone calls of an erotic nature to hotlines. He found this behavior disgusting and shameful and very clearly did not identify with it in any way. Although he worked periodically in therapy on this problem, he always worked on it as a problem rather than as part of himself, wanting to understand it at arm's
length rather than to know intimately the process in which he was involved. Over time he came to understand his behavior but not really to identify with it or to achieve an awareness of the level described above. Not until he was fully able to accept that this behavior was a part of him, indeed was him, and until he showed a willingness to explore the feelings, thoughts and sensations, memories and wants associated with it, was he able to change. When he was willing to take ownership of the situation, the changes in his behavior were almost immediate and his phone calls dropped from several a day, several days a week to once every two of three months.

This latter case is illustrative of two important points. One is that frequently the higher levels of understanding or more superficial levels of understanding are necessary steps which must be taken prior to a deeper, more curative level of understanding. Therefore there is nothing wrong with the more superficial levels of understanding and it is a mistake to arrogantly consider them as "poor therapy". However, it is important to note this process as an end in itself; rather it should be seen as a means to achieving what we have labeled in this paper "full awareness."

Second, the immediacy of an experience is crucial to change. It is not enough to discuss facets of a situation; the experience itself must be scrutinized. To illustrate, it may be of use to reinterpret some of the findings of old experiments on experimental neurosis done in the 30's and 40's in light of the ideas presented above. Briefly, the paradigm for experimental neurosis consisted of presenting an animal with a frustrating experience in order to produce "neurotic behavior." For example, a rat might be placed in the starting box of a T-maze and taught right or left turning habits which were easily learned and extinguished based on the pattern in placement of reinforcers. However, if the grid was electrified in one of the bars of the T-maze which the animal had come to associate with reinforcement, it was impossible to establish extinction of the response. The animal would continue to turn in that direction regardless of how long extinction was attempted through nonreinforcement. A number of the basic laws of learning applied here, including that of the goal gradient. Goal gradient was a conceptual method of measuring and understanding the increase in motivation and activity levels the closer the organism approached a response which under some conditions produces a reinforcement. Researchers discovered that the only way to extinguish a "neurotically based" turning response was not to allow the animal to complete the task, but rather to force it to slow down, pause and relax prior to making a response. Quite literally the researchers forced the animal to examine the experience in more detail, then when allowed free run of the entire maze.

On the basis of such experiments, behavior therapists such as Wolpe instituted new approaches to treatment such as systematic desensitization through the use of imagery which force the patient to go through upsetting events in small incremental steps. Two variables originally appeared to be responsible for functional changes in patients. One was the relaxation responses, and the second was the recapitulation or careful examination of experience which occurred in desensitization. Later research showed that relaxation itself to be of minimal importance for functional changes. Thus the immediacy of the experience itself seemed to be a major variable in functional change. Some forms of therapy such as some techniques in behavior therapy, cognitive behavior therapy (in cognitive aspects of experience), and Gestalt therapy readily lent themselves to provide a high degree of experiential immediacy. Others, such as classical psychoanalysis are less prone to do so. This will be clearer if we look at what the therapists of each of these schools of thought would do with a patient who had developed neurotic behavior in a T-maze setting such as that described above. The classical analyst would say something like this to the patient, "We cannot easily deal with the real experiences (T-maze) in your life. However we can set up an analogous T-maze and see if perhaps we can develop a transference neurosis. If we are able to clear up such a neurosis then perhaps you will be able to go back and clear up the experiences in your real life." Therapeutic approaches more closely geared to experience would want to go back with the patient to the original life experience (T-maze experience) or to replicate that experience in the patient's awareness or imagery of original experience in as vivid a manner as possible.

Strategic approaches to psychotherapy appear to affect the same immediacy of experience by intervening in the patient's awareness or by providing directed behavioral prescriptions intended to alter the patient's perspective and experience. Thus, the patient may come away from the strategic intervention with little understanding of what happened, but with an experience that has altered functional behavior in some manner.

Returning now to our understanding of the value of various levels of insight, it can be inferred that those insightful experiences that provide the greatest awareness through immediacy to real experience are those which will be apt to produce the greatest in functional change. Hence the importance of full exploration of the immediate experience leading to awareness, in contrast to approaches to insight which only provide a more abstract understanding.


