

## INSIGHT IN PSYCHOTHERAPY

Ljiljana Moro<sup>1</sup>, Esmina Avdibegović<sup>2</sup> & Iva Nemčić Moro<sup>3</sup>

<sup>1</sup>Faculty of Medicine, University of Rijeka, Rijeka, Croatia

<sup>2</sup>Clinic of Psychiatry University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina

<sup>3</sup>Clinic for Psychological Medicine, University Hospital Center Zagreb, Zagreb, Croatia

### SUMMARY

*The same as with many other psychoanalytic constructs, it took a long time to theoretically conceptualize “insight”. Throughout decades, psychoanalysts and psychotherapists of various techniques, observed and detail discussed transcripts of sessions so to get an insight into what leads to a change in structure of patients during psychotherapeutic treatment. In this article, authors attempted to integrate all developmental achievements on insight in psychoanalytic literature and further on. It is apparent that there are numerous models which contribute to a change in structure of a patient. Additionally, an outline of few situations was given, as a part of therapeutic process which contributes to insight. The aim of this article is to give readers insight into how there is more than one process which leads to insight; it is a complex work and various methods can be used, by using conscious and unconscious ways to help patient achieve liberation from difficulties for which they seek help.*

**Key words:** insight - therapist's activities – neuroscience - transference

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### INTRODUCTION

There is a difference in between the meaning of insight in psychotherapy and psychiatry. In psychiatry, insight means consciousness about phenomena and symptoms of disorders. The term was first mentioned in works of Kraepelin (1906), then Bleuler (1911), and Jaspers (1913). They all admit that the lack of insight, meaning the lack of acceptance of the condition of the ill, is present in patients with psychotic disorders. The very meaning of the word, “EINSICHT” on German or “INSIGHT” on English language means an “inner sight”, an understanding with inner eyes, mental vision or perception. It is a view under the surface, an understanding of a person from within and resonance on outer events. Insight is a form of wisdom. In psychotherapy, insight is still in a phase of research. Insight or acquisition of a new understanding or “mechanisms of change” (Gabbard 2000) is recognized as an important state of change through various theoretical approaches in psychotherapy.

Psychodynamics psychotherapy developed out of psychoanalytic tradition which observes an individual through reactions on unconscious forces and childhood experiences and it seeks to increase knowledge or insight of oneself. Psychodynamic psychotherapists aim to understand patient's current difficulties by focusing on patient's important relations, including childhood experience and experiences of relationship with the therapist. In “Studies on Hysteria”, 1895, S. Freud writes: “...each individual hysterical symptom immediately and permanently disappeared when we had succeed in bringing clearly to light the memory of the event by which it was provoked and arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words. Recollection without

affect almost invariably produces no result” (Fenichel 1945). The greatest/biggest problem of psychoanalysis is considered to be the demand to define characteristics for differentiating the “real” and the “emotional” insight from one side, and “intellectual” insight on the other side. Intellectual knowledge of psychoanalytic perception of a symptom alone is not effective (otherwise the patient could be cured by reading psychoanalytic texts (Fenichel 1945, Freud 1926). Freud himself did not define “insight” as such nor did he put it in psychoanalytic nomenclature. The term has no direct origin from Freud's texts but he marked it by saying to make unconscious conscious. That came from the context of Freud's notes, and with time there has been more and more talk about an “insight” in English literature. Theoretical observations about “insight” are still not completed. Hence, we will find in literature “mechanisms of change” where they are talking about insight (Gabbard 2000). From the very beginning, the aim of psychotherapist's intervention is to make patients come to new discoveries about themselves. In order to achieve that, the process is based on changes committed to by both, the patient and the psychotherapist. Changes which should be achieved during the psychotherapeutic process depend on the goal of the treatment itself and on the kind of psychotherapeutic technique which enables achievement of the goal of psychotherapeutic treatment. Interventions which facilitate changes can be put in three categories (Gabbard 2000): interventions which force insight through free association; those that use mutual aspects of therapeutic relationship and those that use all available resources.

### DEFINITION / WHAT IS (AN) INSIGHT?

Insight can be classified as intellectual and emotional. Zilboorg (1952a) finds that the only true insight is emotional insight. Russel (according to Echtegoyen

2005) thought that we can call those unconscious psychic phenomenon described and comprehended through words - a descriptive or verbal insight. Riechfield (according to Echtegoyen 2005) differentiates two kinds of insight - descriptive and evident, ostensive insight.

The descriptive/ostensive insight is considered when a person feels to be in a direct contact with a specific psychological situation. If we try to put that in a psychodynamic language then we first need to remember Freud's article (1914) "Remembering, repeating and working through" where he wrote that patients need to be given time to working through the resistance, by continuing the treatment according to fundamental set ups of psychoanalysis (Freud 1914). According Freud (1926) it is an interval when patient becomes aware what the analyst told him - descriptive method, and when he prevails his resistance and becomes aware of it is - evident/ostensive insight. Strachey (1934) researched mutative interpretation and one could make a conclusion that mutative interpretation divided the moment of evident (ostensive) insight. Only interpretation of transference promotes ostensive knowledge. What Freud (1914) described leads from intellectual, verbal or descriptive insight towards identity (evident/ostensive) insight which is always emotional. The final effect of psychotherapy is that events and emotions from different life periods and places are in a joint course and gain a new meaning. In psychotherapy, insight is gaining an increase awareness or experience of one's own mental state, and leads to a growing perception and understanding of events, both in the inner world and the outer environment, than it was before. Theoretical settings of insight are still incomplete as are the assumptions of what is all that the insight in psychotherapy encompasses.

## **INSIGHT AND PSYCHOTHERAPEUTIC RELATIONSHIP**

Psychotherapist and patient become close, and for the patient, it is usually the first time to experience this kind of relationship. That is the benefit of psychotherapeutic relationship and therapeutic aim "of insight" consists of a personal understanding of the events that were discovered and experienced and that are continuously occurring in the patient's life. Insight is just the same as when a child learns which actions create what will happen to him, and the adults in therapy become capable to chose attitudes and behaviour which will create new situations and which will fulfil deep emotional needs and fears. They learn that the result emerges from the activities, the activities come from the self and that they (activities) can regulate their behaviour and wilfully create action and reaction in others and the surrounding world. That means being able to understand what the physical and emotional world will allow /let or forbid to them, and on the level of a personal goal, they learn which action produces

which emotional result, or a consequence, whether it is happiness, grief, pride, shame, guilt, envy, etc.

In a therapeutic process it is very important to achieve a feeling of "you can do it", in a sense of being capable to take a look into one's inner state "here and now" and say it all out loud without being judged for any of their actions but to have them subjected for analysis. It all has an enormous effect and consequences for patient's everyday life. As much as we want to estimate how big changes are in the inner world of the patient, some of them continue occurring even long after a completed therapeutic intervention.

## **UNDERSTANDING AND INSIGHT**

For insight, it is very important that both patient and therapist understand what is happening during session, and how therapist understands the mental state of his/her patient. Patient must understand what means therapist's assistance. The meaning - "assistance", therapist attempts to make patient understand what is expected of him/her, and that one of the first important factors or predictors for the performance of the psychotherapeutic process. Therapeutic meaning - "making meaningful events and feelings," the same as "learning agency" in childhood. As adults, we have a chance to react to our environment, but as a child it takes us a long time to recognise what will our actions lead to. Therapeutic work includes consideration; which outcome will follow an event, and which patient's activities caused the specified sequence of events. The sense "making it meaningful" means to integrate a complicated and unclear material, like Freud wrote "making the unconscious conscious". Unfortunately, this sequence of events is often created of facts which have been complexly intertwined in our past. To achieve "the meaning" of an event or emotion means to look backwards in life. Through sessions, those events are unpacked and the attempt is to link them with current behaviour. Therapeutic relation provides support and encourages patient to enter that psychic laboratory of understanding. If we observe "discovering the meaning", it is a sort of learning about why certain things are happening to us in life and through it then it becomes clear why psychotherapy with insistence on discovering and discussing past events is so effective.

Insight, according to psychoanalytic theory is disabled with defence mechanisms such as repression, negation and displacement. Therapeutic process undermines their action and allows ego through secondary process of thinking and reality checking to develop new perspectives in solving exactly the discovered problem or conflict. Therapeutic process can accelerate "insight" with remembering of the early childhood events, which will lead to a new understanding of those events, as well as to new developments in the therapeutic process, i.e., a new insight. Insight connects past and present, the content and process into the mental unity.

Analysis revives inner strengths into dyad context which provides with significance, and which enables historic facts to grow into personal truth. Interpretation provides with new knowledge, and interactions with new emotional experience: but, patient himself has to digest knowledge or experience to transform them into "insights". Insight patient gains on personal mental state and insight of therapist on patient's situation or condition.

In psychoanalysis, insight is a process through which a firm interventions about earlier aspects of misunderstanding of internal conflicts in mental dynamics. That belongs to a specific moment, observed throughout treatment, when patient becomes aware of the inner conflict, instinctive impulses and defences. When it occurs in conscious, the content which was earlier suppressed, reaches feeling of surprise and revelation. Usually, two forms of experience are described. The first includes the feeling of surprise and we can say admiration, sometimes taken by the therapists themselves and re-told to their colleagues. "There, it happened!" and in that way the process of working through is completed. The second form is slower, it is a gradual process in which patient and psychotherapist experience that things are becoming crystal-clear. The process can be on a deep level and on surface. On the surface it gives a momentary experience of insight which lasts shortly and if it is not process of working through then it will be re-built in defence mechanisms. If the process is on a deeper level, then insight leads patient to question completeness of his/her personal history and model of thinking. That happens when patient comments on the level of the mental conflict while reviving dramatic events from earlier periods and taking in new insights of old events. We can compare it to driving through fog. Psychotherapy is often a process like that. It seems to us that we know where we are but we are not sure and then suddenly we get out of the fog and everything becomes clear to us. That would be a moment of insight when we are overwhelmed with a feeling of surprise and discovery.

Insight indicated transition from unconscious into preconscious and then into conscious. A caring therapist often anticipated an incoming moment of insight, even though sometimes the interpretation can be too early, until he/she feels it is the time for re-evaluation of intervention.

Intellectual insight is an intellectual procedure with the problem that lacks emotional understanding. Best to see it is in the absence of signs of mourning for the lost object, or if the patient shows that understands everything but still can not overcome anxiety. Most often we see this kind of "insight" in working with borderline personality disorder and early psychotherapeutic work in cases where the therapist feels that the patient is not sincere, and that he wants to pull in every way into manipulation. Emotional insight brings a fuller response that also facilitates the therapeutic progress. Sometimes it can be in the form of catharsis. "The intellectual insight," we could say, is not useful for the

patient and it poses difficulties for the therapist because it is a type of resistance to change, with which it is difficult to even begin work let alone reach the real, emotional insight.

## **UNDERSTANDING PSYCHOTHERAPEUTIC PROCESS AND INSIGHT**

Wallerstein notice in 1979 that it is easier to establish what is an insight that to recognize it in practice, meaning during work with the patient (Wallerstein 1986). It is hard to establish whether it is just an interpretation or interpretation and clarification which lead to insight (Bibring 1954). All agree that the insight is primarily an initiator of primarily progressive changes; but in psychotherapeutic process it happens that other elements lead to changes so we are left with a question of which states in psychotherapy are operated by insight. We can say that these other elements occur in other types of psychotherapy such as suggestive or suppressive therapy. If the patient is not capable of reaching the emotional insight, it is important that the psychotherapist has an insight of patient's unconscious fantasies which will surely help the psychotherapist to help solve countertransference problems. If psychotherapist has a capability of monitoring countertransference reactions, then he/she has an insight into own reactions to the patient, then it will provide the development of psychotherapeutic process and some situations will be attempted to be resolved through intervention.

Kris (according to Echtegoyen 2005) speaks of analytic hours – about a good session! He considers that is not a true emotional insight if a patient does something only to please psychotherapist. A true insight is when it comes from a need to repair the instinctive part, to free the zone of ego from conflict and expand it due to growth of secondary autonomy. Insight mobilizes a new repertoire of behaviour with a tendency to produce an adaptive response of a different kind. Insight is a part of a circular process (Gabbard & Westen 2003). Namely, in therapeutic process, interventions eventually lead therapist to an insight, which leads to a change in patient's ego with work through and that leads to new knowledge about personal structure which is basically a new insight which starts a new therapeutic process.

## **PSYCHOTHERAPISTS' ACTIVITIES AND INSIGHT**

Psychotherapist activities in the therapeutic process which can lead to insights are: interpretation versus relations therapist - patient, displacement from the reconstruction of the past to the "here and now" interaction between therapist and patient, negotiation and creation of a therapeutic environment (Gabbard & Lester 2003, Greenberg 1995, Greenberg 2001). When we talk about psychoanalysis then we can talk about the interpretation as the main activity of the psychoanalyst.

Cooper (1989) considered that the interpretation of the relationship with the analyst acts synergistically and that in some cases one is more significant factor and to others it is something else, and he concludes that a new interpersonal experience produces insight into the relationship with the analyst and oneself. It's hard to find a demarcation line between interpretation and relation with the therapist, and how one or the other leads to insight. Insight into the relationship with the therapist that leads to corrective behaviour creates additional changes, and the content of the interpretation can be at this point less important than what it means unconsciously, including relational meaning, transmitted in the framework of interpretation (Pulver 1992, Stern et al. 1998).

The process of insight depends on the characteristics of the patient and the therapist. Sandler and Sandler (1983) suggest that non-interpretive elements support the process of change, such as the atmosphere of tolerance of infantile behaviour of the patient. Therapist activity assists in the development of the relationship with the patient to feel free to talk about himself/herself and his/her attitudes and thoughts. In this way it can unfold freely internalization process of everything that was accomplished and experienced while working with analyst (Sandler & Sandler 1983). Pine (1998) suggests that the auxiliary ego created by the therapist is internalized and taken from the patient, which leads to insight and change. This creates cognitive and affective dissonance in the form of the internal alteration of the self and object relations and their affective interaction. In this way, the internal pressure is reduced and the person attempts to re-establish homeostasis and reduce anxiety or overcome. In that the important content not interpretation, but relations that exist between the therapist and the patient. In other psychodynamic psychotherapies therapist has multiple modes of action.

Wallerstein (1986) psychotherapeutic treatment results and found that there is an impact that is positive non-analyzing i.e. non-interpreting transference in several varieties. One possibility is "a transference lifer" when the patient is not ready to complete the treatment and at each end of the memorial reacts deteriorating, it is possible that it works very well as long lasting relationships with a therapist with whom is in a continuous process of identification. Another option is "transfer of the transference" which means that the patient transfer positive feelings toward the therapist to another person from the environment. He also registered a mechanism which is called "The antitransference cure", which included a change in defiance and acting out against the therapist. Some patients achieve change through supportive psychotherapy obtaining advice indirectly through explanation and clarification. Wallerstein (1986) has called this aspect of "reality testing and reeducation". Still other patients changed via a narrowly defined variant of the corrective emotional experience in which the patient's transference behaviour was met by the therapist with steady concern and

neutrality (Gabbard 2000, Gabbard & Westen 2003, Wallerstein 1986).

Arlow (1987), Gabbard (1997a, 1997b) suggest that it is necessary to focus on providing insight into the influence of the past on the basis of the patient's mental models of conflict and object relations in the present. Analyst's role is to help the patient express the unconscious behaviour in the form of non-verbal behaviour so that the patient can find the significance, the meaning which is repeated in relation to the analyst. Fonagy and Target (1996) characterize this process as mentalization or the development of reflective function. Principal model involves the therapist's actions the patient's ability to accept of itself in the analyst's model of thinking and at the same time develop a sense of a separate entity from the analyst. Based on clinical observations and systematic empirical analysis of transcripts, Jones (2000) has developed an integrative model that includes interpretation and interaction with the analyst what he called the repetitive structural interaction. In this model therapist activity occurs in the form of recognition, experience and understanding by both parties (the therapist and patient). According to Michell (1997) negotiation and mutual adaptation are the central part of the therapist's activity. In case the patient feels that the analyst only applies the technique then the process of analysis will not work. Often psychoanalyst and patient sail without a reliable compass but it is not useful to be without guidance.

## **DISCOVERIES ABOUT INSIGHT IN PSYCHOTHERAPY**

Today, neuroscience confirmed the earlier observations of psychoanalysts (Westen & Gabbard 2002a, Westen & Gabbard 2002b, Berlin 2011). We are talking about implicit and explicit systems that are anatomically and functionally different in many respects. However, they can be compared with Freud's conscious and unconscious. The first goal of treatment is to alter unconscious associative network, especially the one that is a trigger for troubled emotional reactions, those that trigger problematic defence strategy and those that are the basis of a dysfunctional interpersonal behaviour. The second goal of treatment involves changing the conscious way of thinking, feeling, motivation, and affect regulation. These two goals and accompanying smaller goals often require different types of interventions.

In the analytical psychotherapies crucial are the ability of association and the use of associative memory, which is a subtype of implicit memory, which refers to the unconscious channel between the cognitive, affective and other psychological processes that are associated through experience. The associative network is unconscious and since the unconscious network leads most of our thoughts, feelings and behaviour, in most cases it will be the primary focus of the therapist's activity. The central trigger of associative change lies in

the link between affect and representation of the same. Another type of change involves a change in associative networks such as unconscious desires. Sometimes it's difficult to distinguish whether there is a change due to the formation of a compromise formation or due to a change in the way of creating relationships. The goal of psychotherapy is versatile and can be: change of motives, pathological beliefs or ideas, defence, compromise formation or connection between affective states and representations of objects. Change involves three processes (Gabbard & Westen 2003). The first is weakening of ties between the nodes of the network which has been activated over the years or decades, and generally reduce their level of chronic activation. Associative changes mean weakening the link between mental processes that were associatively linked. Structural changes in the associative network include creation of new connections or strengthening of associative links that were previously weak. Treatment, aimed at structural change, does not completely delete the old network because this is neurologically impossible. We can talk about the troubled relationship deactivation and about activation of new better adaptable connections and then patient tends to more adaptive compromise solutions.

## **FORCING INSIGHT**

Insight amplifies free associations and interpretations. Free associations are useful because they allow seeing the defence in the action - the 'patient free associates or resists and he can not freely associate during the session' (Freud 1914). Free association allows the patient and the therapist to explore the patient's implicit network of associations by working together as browsers of reason, and as creators of new models that will enable the patient to think, feel and act in another way in various circumstances. This all amplify insight. It is important for the therapist to recognize the extent of the strength of the patient's ego and whether he is ready for a deeper look into oneself. Conscious, direct speech can interfere with the aforementioned since the conscious cognitive process operates on different principles of unconscious associative thinking. We know from neuroscience that implicit thought process supports the basis of psychoanalytic technique (Westen & Gabbard 2003). Interpretation can be sent from countless mental events including desires, fears, fantasies and expectations, defences and compromise formations, psychic conflict, transference reactions. It also includes a model of the relation was observed by the patient, origin descriptions of interpersonal events that have no direct analogy in the therapeutic relation. The feelings produced in the therapist by the patient's interpersonal pressure and connections with the therapist must be constantly monitored. The therapist is constantly between thoughts and feelings, or between elements of associative networks that the patient did not want or did not recognize. Psychotherapist may feel the need to help the

patient even though aware that "pushing" of the very technique is not recommend. It is necessary to gain insight into why "push" the therapeutic process.

## **RELATION OF PATIENT / PSYCHOTHERAPIST SEEN AS THE ROUTE OF THE THERAPIST'S ACTIONS**

We do not know what exactly leads to change when it comes to the therapist's activities. We could say that the relationship that develops between the patient and the therapist should be constant; it helps develop a sense of security in the patient, and it will certainly lead to a new emotional experience. With a constant and regular meeting, the patient needs to experience that the therapist understands, always listen, always at their side, even when it is faced with something unpleasant. New emotional experience alters the network of associations, including desires, fears, and motivations, defensive strategies, all of which can have an associative link in the representation of objects, conditions or actions. Another way is internalization of the function when the patient develops the capacity to act in outside situations, when the patient has taught himself to calm down, soothe by repeating consolation which is experienced in the relationship with the therapist. Initially, the patient creates a representation of the therapist and uses them consciously in situations when agitated, and eventually it becomes automatic. Function internalization which the therapist represents for the patient often does not require the use of conscious, to analyze the inter-analyses of the therapist services and creates procedural memory, which then activates the conscious and the persuasive unconscious mechanisms, all of which confirms research (Schacter 1992, Schacter 1995, Schacter 1998). In addition to the patient internalizing the therapist function, therapist's affective attitudes are internalized also. The following is the internalization of conscious strategies for self reflection, which means that the patient is gradually becoming its own analyst. This occurs through a process of learning to observe own behaviour. Fonagy (1999b) considers the crucial moment of change, when the patient finds oneself in the therapist's thinking and understands what kind of relationship he/she has or had with the therapist. Finally, the use of the central relations in the psychotherapeutic treatment model is in the identification of a distinctive transfer - countertransference patterns. Many forms of relationships and procedures reflect implicit associations, of which people are generally unaware of. In other situations, people are unaware of this form because their psychic conflict and defence do not allow it. In that way we can distinguish between cognitive explanations from dynamic. The first lacks conscious approach to implicit procedures while in dynamic explanation there is use of implicit explanation but motivation is also involved. Strachey (1934) states that

the analyst must avoid every behaviour which reminds patient of a “bad” early object. In contrary, analyst will be less recognizable by that object and thus interpretation will be less mutual (Tomä & Kächele 1987). The associative network needs to be activated from the very first meeting and that puts the analyst in a position to respond, to enter into relationship and it is crucial for analyst to understand if there is a transformation in patient’s reactions. Thus ends the usual course of things and now the patient and the analyst can openly discuss and develop a new compromise to regulate important feelings towards previous objects.

Analytic psychotherapy allows other therapeutic activities. Various secondary strategies, if used wisely, can gradually lead to coherent changes, including structural changes. The first group of interventions consists of various types of confrontation which transfer implicit or explicit suggestions so to bring about the change. Suggestion is a part of psychotherapeutic technique and a by-product of psychotherapists’ authority. The therapist selects which part from the associative circle will be explored. The other part of confrontations can be related to dysfunctional beliefs, problematic behaviour, defences or compromise formations. That is the explicit part of cognitive therapy but psychotherapist can use analytic psychotherapy implicitly or explicitly.

Each intervention is a form of therapist’s self-discovery. It is very important for patients whose attachment development was inconsistent, disconnected, and if, as a child, he/she could not predict an outcome of parent’s behaviour. In that case, a limited self-detect can be essential in the possibility to help them better understand people around them, maintain their belief in people and show them a different model of emotional expression and intimacy. A smart self-discovery promotes mentalization by leading towards improving reflective functions in the patient. When a child experiences a difficult childhood, he/she can experience therapist’s observations with the same crippling effect produced by parents (Killingmo 1989). Analyst’s empathic confirmation of patient’s perspective has to be supplemented with an external perspective because the analyst presents a different view of the situation.

## INSIGHT AND WORKING THROUGH

Meltzer (2008) suggests that resistance related to fear of abandonment corresponds with insight and thereby with acceptance of responsibility that is a part of adult/mature part of the structure of personality equally as it is the completion of a repression of an instinct that corresponds with the completion of functioning of an infantile level. The intention of the fear of abandonment belongs to ego and it can be recognized by the conscious ego, while the process of working through is always connected with and an instinctive part of the personality, therefore the id.

Psychotherapeutic manoeuvres must have cooperation with ego, while psychical conflict and its elaboration are

located in id. If during the therapy process, therapists keep the working through process within id, they can modify it with rational arguments. That means that in every psychotherapeutic situation, no matter the psychotherapy technique used, there is a change occurring which the patient partially recognizes after the completion of psychotherapeutic process and it never opens during the psychotherapeutic process. Only in analytic techniques, psychotherapist interprets and works on processing interpreted content and perceives a part of an insight and change within the analytic hour. Etchegoyen (2005) gives Corderchs conclusion that working through has two phases, one in which there is an interpretation involved and the other in which there is an insight. Working through of interpretation allows the patient to overcome his defence and to gain insight into their conflict. Insight is always accompanied with depressive anxiety and this marks the second phase of working through, the working through of insight, which supposes the working through of depressive position. Insight produces progress and change only if allowed by activation of the depressive position, i.e. depressive anxiety and after reparation. Corderch obviously thought of M. Klein (1964) who wrote in "Envy and gratitude" that the effect of repetitive analysis of anxiety and defence is associated with envy and destructive impulses led to the strengthening of ego functions. According to M. Klein, when it comes to the analysis of such deep layers of the mind, envy is reduced; object relations develop and strengthen the perception of the outer and inner realities. She notes that insight about interactive process is provided and that the patient is able to recognize the destructive part of his/her personality. Etchegoyen (2005) believes that the insight does not lead to change but enables, initiates the process of change. Insight gives the patient possibility and freedom to create new relationships. It does not enable a choice or a new judgement and observation of situations they are in. According to M. Klein (1964), insight is defined as capacity to accept psychical realities, with which impulses of hatred and love are directly pointed towards the subject. Anita Tenzer (1984) suggests that insight has two mutually intertwined processes. The first process related to what is unconscious and it should be converted to conscious. The other part organizes and integrates experience so that they gain meaning and hence can be used to generate new kind of understanding and behaviour. Those two processes intertwine and overlap. They create general progression from a lack of consciousness to ability to integrate the known. Also, she states that it is hard to help someone achieve a new kind of understanding, and afterwards it is hard to keep them at that level of understanding so that this new understanding of own actions could be used productively. In that sense, if working through does not follow insight, the content of interpretation cannot be used because interpretation did not achieve its goal. Fromm-Reichmann (1950) states that in that case the term “understanding” and “awareness/importance” is used

rather than the word "insight" that has been achieved through an interpretive clarification. Intellectual and rational procedure of one interpretation is an individual experience and it leads to a change only if it is integrated in creative understanding of what we call "working through" and then the previous process can be called "insight" (Fromm-Reichmann 1950).

## CONCLUSION

We can say that not only one mechanism leads to insight and that there is no simple formula that will allow the patient to change behaviour. There is more than one way towards therapeutic change. It is necessary to recognize patient's motivation, cognitive capacity, emotional expression and regulation of affect and the capacity to create object relations in order to draw the route of the future insight.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

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Correspondence:

Esmina Avdibegović MD, PhD  
Clinic of Psychiatry University Clinical Centre Tuzla  
75000 Tuzla, Bosnia and Herzegovina  
E-mail: esmina@bih.net.ba