This thesis is my own work and all the sources used in its composition have been acknowledged.

Edna Inbal
Edna INBAL

INSIGHT IN PSYCHOTHERAPY

Thesis for the degree

of Master of Arts

This thesis is my own work
and all the sources used
in its composition have
been acknowledged.

April, 1972.
INTRODUCTION

No attempt has been made here to cover all the enormous material that has been written on our subject, the concept of insight in psychotherapy. An exhaustive reading of this material has brought me to a certain conception of the subject and I have chosen to present these aspects which seem to me to be most relevant.

In the first chapter an attempt has been made to deal with the concept from the "generalist's" point of view, mainly in order to show its vast usages and functions. The following chapters try to analyze several psychotherapeutic theories and their involvement with insight. They have been chosen because each one of them contributes some elements which are important for the clarification of the concept. The formulation arrived at in this thesis is mostly derived from the special contributions of those theories. Psychoanalytic theorists have dealt extensively with the phenomenon of insight, and provided science with some fundamentals, especially with regard to the contents of insight, the what in insight. The nondirective approach outlines some of the most significant conditions which facilitate any process which occurs in therapy, including insight. Behavior theory, though negating mental processes, concentrates on providing new frames of reference which are based on principles derived from learning theory. Therapy is now commonly conceptualized
as being a learning situation; thus the processes that take place in the extinction of old and maladaptive modes of behavior and the acquisition of new and more adaptive ones can be clarified by utilizing some of these principles. Insight, being basically a cognitive process, can be better understood in the light of learning and problem-solving theories.

It is assumed that insight is a process in which the acquisition and implementation of knowledge or understanding (which has to do with emotions or is about emotions) is basically characterized as a process of reorganization, reintegration or as a new combination of these knowledge and emotions. The uniqueness of insight derives from the creation of this new combination. In this respect, some similarities can be found between the process of creativity and that of insight. In order to advance our understanding of the process of insight it seemed relevant to examine the process of creativity to draw an analogy between the two concepts.
CHAPTER I

THE CONCEPT - A GENERALIST'S VIEW

In psychology, and especially in psychotherapy, the concept of insight plays a prominent role. Although many have come to doubt its usefulness and effectiveness, it is still widely used and many connotations are attached to it. An attempt will be made here to specify and analyze these uses and connotations.

The first to introduce the concept in a scientific manner were the proponents of the Gestalt theory. A review of their literature on insight since 1927 shows various approaches. Thus, much work has been done by psychologists working with animals, who conceptualized insight as a specific form of learning, which differs from learning by trial and error. Martin and Alexander (47) note that there exists great conflict between the atomistic association school, which believes that insight slowly derives from trial and error and association procedures, and the Gestalt school, which believes that insight is a sudden process, undetermined by trial and error. For Gestalt theorists insight accompanies an integration and occurs upon the conscious realization of wholes.

As to the problem of insight and trial and error, Anderson and Ausubel (3) comment that in the psychological literature, "insight" has two principal connotations: (a) "suddenness" of discovery; and (b) grasp of the "structure" of the problem, as evidenced by absence of trial and error. It has often been pointed out that there is no
necessary connection between the absence of overt trial and error behavior and grasp of the problem structure, for trial and error may be perceptual or ideational, and no obvious cues may be present in behavior to show that it is going on.

Only the Gestalt psychology (Wertheimer, Koffka, Kohler) investigated the phenomenon of insight, though they were mainly concerned with perceptual and problem-solving forms of insight. Kohler, for one, performed some dramatic experiments with chimpanzees. Discussing them, Hilgard (29) tells how the chimpanzees, at some point in working on a problem, appeared to grasp its inner relationships in the form of insight.

Kohler's experiments and Koffka's studies were largely influenced by Wertheimer's thinking. The latter frequently referred to the phenomenon of insight as "seeing the light", but he usually meant this in a strictly intellectual sense, and he advanced challenging ideas about circumstances which facilitate or retard insightful learning. They felt that a moderate degree of insight is so common in human learning that we tend to take it for granted. Occasionally insight comes dramatically, and then we have what has been appropriately called an "Aha" experience.

A more contemporary Gestalt theorist, Kurt Lewin (42) when discussing insightful learning, referred to change in cognitive structure, emphasizing changes in intellectual appreciation and in the person's perception of his environmental surroundings rather
than to a change in a perception of his inner world; although it may be presumed that such internal change is closely associated with altered cognition. Whenever Lewin referred to insight his primary focus was on a clear, and in certain ways abstract, understanding of the person's outer world.

Turning to psychotherapy, one finds many writers who treat the extensive body of literature whereby great positive value is attached to insight and to its remedial or curative potential.

According to Karno, (33) in psychotherapy "we speak of real insight, superficial insight and intellectual insight; of emotional insight and unconscious insight. In a planning conference in the clinic setting, we may decide that a patient is 'too sick for insight' or 'does not have the capacity for insight therapy', or even 'will not accept insight.' It often seems that, if a patient does not get well enough to fulfill the therapeutic goals we have set, he by definition has never achieved 'real' insight, no matter how eloquently or emotionally insightful he may sound to us." Karno claims that the true value of the insights gained cannot account for therapeutic effect. "It is not the truth of an interpretation or statement of insight by the patient which produce therapeutic influence."

Most therapeutic theories rely heavily on insight as a primary effector of change in personality. The promotion of insight is widely accepted as a major goal in various kinds of learning situations, and especially in learning that occurs in therapy. McCary (48) points
out that the alternate hypothesis holds simply that insight is an epiphenomenon, not a cause of change in behavior, but one of the possible (but not necessary) indicators that behavior changes have occurred. Direct efforts to promote self-understanding are singularly futile, for deep and comfortable understanding is a symptom of adjustment rather than a promoter of it. Thus, interpretations designed to encourage the development of insight are acceptable only after they are no longer needed. McCary goes on explaining that it is difficult to shake off the notion that insight is the central process in psychotherapy because we are culturally conditioned to believe in it ("know thyself" and so on) and because in psychotherapy changes in behavior often occur about the time that insight appears. Because of our belief in the efficiency of self-understanding, we are willing to assume that the temporal relationship between occurrence of insight and change in behavior is so regular that a causal relationship can be inferred, forgetting the many times there is evidence of insight without evidence of ability to act on the insight, and forgetting, too, that changes in behavior in psychotherapy are often observed with no evidence of insight either on the part of the client or on the part of the therapist. So enamoured are we of the postulate that insight changes behavior, that we deny the insightfulness of an insight when it does not produce a change in behavior. Insights not followed by changes in behavior are "intellectual insights"; insights that happen to be observed prior to observation
of behavior changes are "real" or "emotional" insights. Thus, insight is dependent upon an effect of which it is presumed to be the cause.

As to the question whether insight is a necessary and sufficient condition for behavioral change, Holland (32) assumes that the value of insight in altering subsequent adjustment depends upon the presence or absence of the conditions necessary for learning, such as adequate motivation, suitable reinforcement, and change in the actual responses that the patient makes. From this point of view, insight is primarily useful as a cue to which type of response might lead to more useful or gratifying results that have followed upon the patient's established habitual responses. We can, therefore, regard insight as potentially useful, but as neither sufficient nor necessary to modifications of the patient's behavior in the psychotherapeutic situation. Holland concludes that in such a situation it is only necessary that the psychotherapist be adequately acquainted with cause-effect relationships in personality formation and reformation.

In 1949 Hobbs (30) commented that although insight is a central concept in psychotherapy, its function in the therapeutic process is ambiguous. Insight is presumed to be a precursor to change in behavior. However, experience in therapy indicates that change may occur without insight, and insight does not necessarily produce change. The ambiguity may arise from the arbitrary designation of some client statements as insightful and others as not insightful, as viewed by
the psychologist. Understanding of the role of insight may be increased by defining the ways in which symbols are related to behavior. It is suggested that the efficacy of a symbol is a function of its perceived utility in preserving the individual's sense of control over his self and his world. Effective therapy would then be contingent upon the use of symbols that have immediate meaningfulness to the client, which he can employ in the solution of problems as he perceives them at the time when the symbols are required. Insight may then emerge as a symptom of changes that have already occurred.

As time passed, Hobbs (31) went farther in expressing his critical reservation as to the importance of insight as a potential curative agent. In 1962 Hobbs contends that one of the firmly rooted assumptions in psychotherapeutic practice is that the development of insight on the part of the client is a major goal of the therapeutic endeavor. If a client can be helped to understand why he behaves as he does or to recognize and understand the origin of the neurotic tactics that continually defeat him, he will gradually abandon the inappropriate behavior and substitute therefore more rational tactics in the management of his life. Increased self-understanding is regarded as inherently good and as a means to the end of good psychological health. Hobbs says furthermore that the achievement of insight by a client "is a welcomed signal to the therapist that his efforts are paying off, and that his client, armed with new understanding, will gain a new measure of control over his life. All of
this is a part of the folklore, both amateur and professional, of helping people by talking with them. But I have come seriously to doubt the presumed relationship between the achievement of insight and the achievement of more effective functioning."

Hobbs goes on to state that "the equipotentiality of diverse interpretations is a bothersome thing. It is quite apparent that therapists of different theoretical persuasions seem to promote different but equally effective insights. All this suggests that the occurrence of an insight merely means that the client is catching on to the therapist's personal system for interpreting the world of behavior. The therapist does not have to be right; he mainly has to be convincing."

It seems to Hobbs that the traditional formulation of the relationship between self-understanding and effective behavior may be backwards. "I suggest that insight is not a cause of change but a possible result of change. It is not a source of therapeutic gain but one among a number of possible consequences of gain. It may or may not occur in therapy; whether it does or not is inconsequential, since it reflects only the preferred modes of expression of the therapist or the client. It is not a change agent, it is a by-product of change. In a word, insight is an epiphenomenon."

Hobbs concludes by saying, "The concept of insight can have meaning only as a part of the process of elaborating on some particular system for interpreting events. There are no true insights, only more or less useful ones."
Hobbs' doubts as to the usefulness of insight as a curative agent are based on a narrow definition of "understanding." When he presents his formulation of "forces making for change" he speaks about the patient's experiences in his relationship with the therapist, and he points to the process of growing awareness of the range of human experience, which is one of the characteristics of insight.

We have mentioned some doubts and reservations brought forward by authorities as to the importance and central role attributed to insight in the psychotherapeutic process. Some of these doubts are indeed weighty and deserve our attention. Now let us retrace our steps and examine the process itself, as described by some writers. "Described" is a word used here deliberately, since none of the definitions offered can, to my mind, stand the test of scientific logic - not even that of operational requirements. It seems that most of the writers have surrendered quite easily, and retreated to the less satisfactory line of describing a process.

Hilgard (29), while dealing with therapeutic insight, says that it refers to the understanding of the roots of the conflict. The process of insight is a gradual increase in self-knowledge. The patient must both understand his feelings and feel what he understands. The reorientation is never simply intellectual. The discovery by the subject of dynamic connections between earlier and later events, so that he comes to recognize the roots of his conflict - this, according to him, is insight.
Menninger (50) describes some characteristic behavior patterns and remarks that insight may be defined as the recognition by the patient (1) that this or that aspect of his feelings and attitudes, this or that technique of behavior, this or that role in which he casts other people, is of a pattern; (2) that this pattern originated long ago and stamps itself in every step of his life; it is present in his analytic relationships; (3) that this pattern originated for a reason which was valid at the time, and persisted despite changes in some of the circumstances which originally determined it; (4) that this pattern contains elements which are offensive and injurious to others as well as expensive and troublesome to the patient. Insight is the simultaneous identification of the characteristic behavior patterns together with an understanding of why they were and are used as they were and are.

Lonergan (45) points out that insight has several characteristics, namely: (1) comes as a release to the tension of inquiry; (2) comes suddenly and unexpectedly; (3) is a function not of outer circumstances but of inner conditions; (4) pivots between the concrete and the abstract; (5) passes into the habitual texture of one's mind.

There are different dynamic patterns of experience. All insight arises from sensitive or imaginative presentations; various elements in the experience that is organized by the pattern. Like the acts of direct and introspective understanding, the act of reflective understanding is an insight.

Stein (76) follows this line of thinking. According to him, insight results from applied understanding. He explains that the
creation of insight is the goal of interpretation, one of the most important therapeutic maneuvers. Insight is a loosely used concept and is often given a variety of definitions. Understanding of one's motivations and even of one's characterological defenses is usually equated with insight. Understanding should be distinguished from true insight. Whereas understanding is essentially an intellectual grasp of the meaning of past experience, insight requires an added inner sense of emotional conviction that comes from action based upon new understanding. Insight, therefore, results from applied understanding. In this sense, it represents the emotional impact of effective learning and often has a lasting effect upon the adaptive efficiency of the patient.

We meet psychoanalytically-treated patients who have a meticulous grasp of their conflicts - but who have not changed. Their understanding has never been converted into new activity and they have never gained the true insight that in turn leads to an altered anticipation of the future. Insight gained during adaptive activity helps to create hopeful anticipation. Insight supplies a sense of emotional conviction about the reliability of our perceptions and capacities. If insight is created by effective application of understanding, it cannot be achieved on the couch. The only true insights gained in the consultation room refer to the relationship of the patient with the therapist. Insight into relationships with others comes about through the practical application of understanding in real life.
Though we are not dealing here with the problem of the relationship between the therapist and the client, one essential point is worth mentioning - the experience of togetherness as a form of insight. Pentony (54) mentions that the "essence of insight is that it is an integral part of growing together with the other - a building of a relationship that has team-like quality. As two or more people come to think of themselves as 'we', there is an increasing sensitivity to the inner world of each other." He goes on to explain that in any successful therapy there is a quality of an interpersonal process. "It involves the formation of a coalition characterized by overt cooperation and increased empathy."

It is obvious that common agreement exists as far as viewing the function of insight as the assimilation and integration of knowledge. Arbuckle (6) says that insight usually implies that not only does the individual know his assets and liabilities, but he operates with some reference to them. Insightfulness includes the internalization of knowledge, so that it becomes a part of the total operational individual rather than an intellectual appendage.

Insight would appear to be an understanding that one may gain about himself, but it is a product of experiencing more than knowing. Insight is a sort of end product. It is a deep and meaningful understanding, by me, about me, and about others.

Conscious insight has the quality of intricate fact-finding, or even of simple memory of related details. Through hindsight, the patient forms such details into a significant gestalt. Unconscious
insight has a quality of experiencing. Intellectual insight is no longer "sine qua non", in improvement in psychotherapy. It may be epiphenomenal but not necessarily causal.

Ludwig (46) suggests some operational criteria for testing the therapeutic efficacy of insights. The truth or falseness of insight seems irrelevant to its effects. It seems that insight can be regarded as therapeutic when it meets all of the following specifications:

A. Consistency (the deductive elaboration based on the original insight should be stable and logically sound);

B. Continuity (insights must take place within some existing theoretical framework);

C. Personal consequences (the therapeutic aspect of insight must also be judged by the fruit it bears);

D. Social consequences (insight should induce greater rapport, empathy, and consideration for others).

Insight as a suddenly illumination or enlightenment is rare in therapy but it consists of numerous small ripples of insights which are experienced and intellectually assimilated over a long period of time.

We have shown that understanding has been promoted to the essential agent in providing the grounds and means for change in the therapeutic situation. Due to the tremendous influence of psychoanalysis, insight has generally been equated with self-understanding. (We will devote our next chapter to the discussion of insight in psychoanalysis). In referring to the knowledge acquired, Whitehead
coined a phrase: "You cannot be wise without some knowledge, but you may easily acquire knowledge and remain bare of wisdom. Wisdom is the way in which knowledge is held." This saying signifies the importance of the way in which knowledge, and in our frame of reference "understanding", are put together or utilized. It is commonly agreed that if such understanding (following the interpretation) does not produce the anticipated behavioral change, this is due to the fact that the insight has merely been an intellectual one, while in order to induce a change an emotional insight is needed, namely some kind of understanding accompanied by an emotional reaction. As to the emotional component of insight, Martin and Alexander (47) point out that effective insight results not merely in the patient "understanding" and "knowing" something new about himself, but in suddenly feeling and experiencing something new and different. They say that insight is only possible after a previous emotional adjustment has been made and the patient is able to accept and assimilate it. They imply that insight only occurs when there is the realization and experience of integration with its emotional component. One has to increase the patient's awareness to the extent of his conflict involvement, in order to induce insight. Awareness and total involvement in inner conflict accompany reintegration and insight.

Though the central therapeutic issue in psychoanalysis is the mobilization of unconscious material into consciousness, "making the unknown known", psychoanalysts consider insight to be effective only when it coincides with emotional abreaction. As Freud put it, "An
enemy cannot be licked who is not seen." According to the psychoanalysts, the corrective emotional experience in the transference, accompanied by a well-timed and accurate interpretation, should produce a lasting therapeutic result. An intellectual insight based on gains can pave the way for a new emotional and curative experience.

Zilboorg (87), on his part, states that insight functions and serves the purpose of reorientation and reintegration of the ego. In dealing with emotional insight he explains that every approach to insight, every step in the direction of better understanding of one's self, may be considered a process of ever-increasing insight, but insight is qualitative and it cannot be fractional; moreover, since insight is not something which a mere explanation of the cause of one's trouble can resolve, no insight can be "given." Insight should be looked upon as the ultimate and crowning point of integration of ego functioning.

 Granted that some sort of insight is always needed for the preservation of good therapeutic results, what is the nature of this insight? Therapeutic reintegration must be not only an affective experience but an affective process, a series of affective reconstructive experiences coming from within the psychic apparatus - and not from without - and coming in all the fullness and completeness of the various cathexes. Insight becomes an excellent agency for strengthening the repressive forces of the ego. The whole problem of ego reliving and ego reintegration is, in the final analysis, a problem of causing it to be relived in the transference. Zilboorg concludes that insight
through transference is the only type of insight which serves the purpose of reorientation and reintegration of the ego. Such insight is a purely affective process in the wake of which follows rational and affective appreciation of a new orientation of the ego toward the world and toward one's own self. It has thus been found that mere cerebral, cold understanding is not sufficient; that one ought to feel what one thinks in order to let the understanding do its salutary work. Nevertheless, what emotional understanding means remains unknown. Also, no one has satisfactorily defined the "emotional component" of intellectual understanding.

In order to avoid the juxtaposition of intellectual and emotional insight, and in order to analyze the process in workable terms, Reid and Finesinger (58) provide a new model and new terms. They view insight as being mainly a cognitive process, although they do not exclude its emotional aspects. They comment that while such cognitive processes as perceiving, identifying and remembering are necessary psychological conditions of insight, they are not sufficient. "Insight is based upon and utilizes these simpler mental processes, but it adds something more or, rather, it relates and organizes the contents and products of such cognitive activities so that some heretofore ungrasped meaning, some new but relevant and significant relationship is, perhaps for the first time, clearly understood.

Insight may be into any one of four kinds of relations, or into any combination of these relations. These relations may, for convenience of reference, be labeled as follows:
(1) Symbol-Referent.
(2) Sign-Significate.
(3) Means-End.
(4) Cause-Effect.

When we stop and consider the kinds of thought processes in our patients to which we give the name of insight, we believe that, in most instances, the insight will be into a sign-significate or a cause-effect relation, although more or less indirectly symbol-referent and means-end relations are probably always involved. This is true because a large part of the patient's material is verbal, i.e., consists of symbols, and because the patient, both intentionally and unwittingly, is trying by both verbal and nonverbal means to attain various ends, including attempts to influence the thoughts, attitudes, and overt behaviors of the therapist."

Reid and Finesinger distinguish between "neutral insight", "emotional insight" and "dynamic insight."

Referring to neutral insight, they comment that they do not disagree with what is evidently meant by the term "intellectual insight." "We feel that, since any insight by definition is intellectual or, as we prefer to say, cognitive, it is less misleading to call the sort of insight in question neutral. By this we mean to imply that neither of the terms in the relation whose significance is grasped by the act of insight is an emotion, nor does the act of insight mediate or release at the time an emotional response in the person who has the insight."
"Emotional" insight is described as an expression about an emotion. It also cognitively mediates an emotional response at the time. When insight is in this sense emotional, it makes the patient conscious of a fact, which itself may or may not be an emotion, that releases or sets off an emotional response.

Does the patient, who merely understands the role of his emotions in producing his symptoms, have emotional insight? "In the sense indicated, yes; that is to say, he interprets his symptoms as being partly due to his emotions, his emotions in this relation being a part of the complex referent of the descriptive symbols constituting the causal interpretation in question. In this kind of emotional insight, the emotion is a part of the subject-matter into which the patient has insight, or, more precisely, it is a term in the relation whose significance is grasped through insight."

Dynamic insight is grasped in the "Freudian sense of penetrating the repressive barrier and making the ego aware of certain hypercathcted wishes that were previously unconscious. In terms of their logical scheme of relations, such dynamic insight is into a set of sign-significate and cause-effect relations, in which some of the terms, i.e., the significate and the cause, are unconscious, in the dynamic sense of this word that implies repressed. There would be no dynamic insight, if there were no Freudian unconscious." Reid and Finesinger admit the difficulties in finding an answer to the question, how dynamic insight produces therapeutic effects. They adopt Freud's conception by saying: "It does so through the 'economic' shifts brought about with their consequent alterations in the unconscious
cathexes on 'thought-contents' at various levels or organization in
the symbolic behavior of the patient. As a result of this unconscious
revolution, various forms of energy may be released and become avail­
able for the constructive purposes of the no longer id-enslaved ego,
which is therefore better able to make choices that are not blind or
compulsive but in the light of relevant facts and values."

Of the three kinds of insight that have been distinguished,
neutral, emotional, and dynamic, the last produces the most extensive
changes in the character structure of the patient and probably brings
about the most lasting therapeutic benefits. But, they go on saying,
it is naive to assume that even dynamic insight is always a good
thing, and that the more of it the better. In most cases of psycho­
neuroses, because of its problem-solving and tension-reducing effects,
insight does tend to relieve symptoms and to yield some satisfaction.

"Many sorts of interpersonal factors are important in establish­
ing and maintaining a doctor-patient relationship of the kind that
will tend to promote insight. If the doctor is viewed by the patient
as a well-trained competent person who is warm and friendly and who
will do his utmost to help him, if the patient feels 'safe'."

They conclude by discussing the overall positive effect of
insight: "This favorable atmosphere facilitates the necessary re-
learning on the part of the patient. The reduction in the intensity
of negative secondary drives results in a better hedonic balance or
in an improved realignment of emotional vectors in the patient's
personality. This over-all positive gain, since it accrues to the
patient in the same situation as the cognitive acts of insight, tends both to promote the insight and to consolidate it, once it has occurred. It does more. In reducing resistances, it acts like a psychic enzyme, a kind of 'spreading factor,' which favors the extension of the insight, its carryover to other basically similar conflicts in the personality. Ideally, the insight is generalized and is applied to as many relevant cases as possible. One 'sees' the pattern. But what is even more important, he sees it at a time when the rigidities of old habits are softened up, become less brittle and more malleable, owing to the favorable emotional climate - the optimal temperature to make the reaction 'go' and to yield 'results.'"

Instead of dealing with the problematical distinction between emotional and intellectual insight, Reid and Finesinger produce three terms of their own. "Neutral" insight is defined to be neutral with respect to emotion. "Emotional" insight is supposed to make the patient conscious of some fact which then "cognitively mediates" on emotion. But the fact that one kind of insight is not about an emotion, while the other is about it, does not justify a distinction as far as cognitive processes are involved. It is well accepted that some cognitions may be about emotion, as well as about other factors. Cognitive processes cannot be perceived as being "pure" and sterile - they are "contaminated" by emotional components. Thus it seems that the authors' distinction between the two is artificial and does not even serve the purpose of clarifying the processes. Their contribution consists of perceiving insight as being mainly a cognitive process (rather than intellectual). Their "dynamic" insight is very similar to what has been defined by others as "emotional" insight. They claim that "dynamic" insight produces therapeutic effects, 'through
the "economic" shifts brought about with their consequent alterations in the unconscious cathexes on "thought-contents" at various levels of organization in the symbolic behavior of the patient." This explanation leaves the original problem untouched. In place of asking why some insights have therapeutic effects while others do not, we now ask why some instances of "dynamic" insight effect "economic shifts" and alterations in the unconscious cathexes of "thought-contents" while other instances do not.

The acquisition of knowledge is dealt with by Richfield (59). He produces an interesting analysis of this process, and he shows its applicability and utility within the framework of therapeutic insight. His work is based on a distinctive philosophical foundation - an attempt to give a certain type of systematic restatement of what one means when one asserts that there are some insights of particular therapeutic importance in psychoanalytic treatment, and that they are different from other insights in various respects. Richfield comments that it is primarily in the problem of "emotional" insights that the greatest difficulty is found. The contrast of "intellectual" and "emotional" insight is made repeatedly, but never with adequate clarity. How any cognition is related to its alleged affective components in "emotional" insight has not been satisfactorily stated. Generally, the contrast merely signifies a vague difference between an intellectual understanding and some kind of understanding accompanied by an emotional reaction.

What is needed is some account of how any insight, which is an essentially cognitive process, can manifest the emotive properties
necessary to effect the behavioral readaptation involved in cure. Here Richfield arrives at his main distinction: "There are two fundamentally different ways in which we can know things. Perhaps the clearest distinction between ways of knowing was formulated by Bertrand Russell when he separated our knowledge of objects from our knowledge of facts or truths about such objects. Differences in the cognitive content here imply certain differences in cognitive processes. Russell calls attention to the latter differences with his discussion of knowledge by acquaintance and knowledge by description: 'I say that I am acquainted with an object when I have a direct cognitive relation to that object, i.e., when I am directly aware of the object itself.' Acquaintance, then, describes any cognition in which knowledge is obtained without logical dependence upon any inferential process or other knowledge of facts. Richfield clarifies the difference between the two by saying that, "knowledge by description transcends the limits of the private experience we have in the cognitive relations of acquaintance. In knowledge by description there is a cognition that something is true. Knowledge here takes the form of judgments about an object. The fact referred to by the judgment, and not the object itself, is what is known. Knowledge by acquaintance is neither excluded by, nor incompatible with, knowledge by description. The use of this dichotomy should not be oversimplified. Few instances of knowledge are likely to consist of one or the other form alone. But analysis of any instance of knowledge involves the use of these concepts of different kinds of knowledge. No distaste for dichotomy will make knowledge of a given x which we get by
description equivalent to the knowledge gained from an experience in which the same x is an actual constituent.

"There may be cases, then, in which one has true judgment without acquaintance.

"If I am acquainted with a thing which exists, my acquaintance gives me the knowledge that it exists. But it is not true that, conversely, whenever I can know that a thing of a certain sort exists, I or someone else must be acquainted with the thing.

"The essential point for our purpose is that any cognition of a subject which is derived by description is knowledge about that subject and may be independent of any acquaintance with the same subject."

"Handling" an insight involves an actual readjustment of emotions which permits the patient to face not simply the truth about some conflicting drive, but the incompatible feelings themselves which are to be correlated with current symptoms.

Richfield points out that "the final insights maintained by the ego that enable the patient to develop and sustain adequate control over his instinctual life may consist of knowledge by description; that is, of truths about the emotional constellations against which he developed the original neurotic defenses. But the cognitions that achieve this insight must result from the direct relation between the knower and his feelings."

Richfield concludes by saying that "an insight should not be classified according to its subject matter alone, whether conscious
or unconscious, or considered in some vague way to be 'emotional', 'intellectual', 'psychological', 'verbal', or 'real'. It is more useful to describe how the insight was obtained, whether by acquaintance or by description, and then in terms of this fundamental classifying principle to arrange instances of insights according to their 'depth' or their contents. To understand what an insight concerns does not explain as much as knowing how this knowledge is possessed."

Richfield's analysis invokes some philosophical and theoretical concepts in order to explain and help understand the processes by means of which knowledge is acquired. But it seems doubtful whether we can easily adapt them to the therapeutical situation. Richfield himself mentions that "knowledge by acquaintance is neither excluded by, nor incompatible with, knowledge by description. Few instances of knowledge are likely to consist of one or the other." Even theoretically it is difficult to distinguish between the two, even more so in the therapeutical situation when one faces such an individual - emotional "knowledge". Moreover, before one can attempt the above-discussed distinction, the existence of a certain underlying knowledge, understanding or insight, which have already been acquired or possessed beforehand, is assumed a priori. Richfield's analysis does not offer an explanation as to the derivation of such knowledge or insight.

There is much truth, to my mind, in Richfield's statement that to understand what an insight concerns does not explain as much as knowing how this is possessed. In order to advance our understanding
we must shift our interests from the contents to the process, but the difficulty lies in the fact that these two facets are so interwoven. To this problem of "how" and "what" in insight, Ross (65) contributes by stating that what is needed is some account of why any insight, which is essentially a cognitive process, can manifest emotive proprieties necessary to effect the behavior readaptation involved in cure.

An insight should not be classified according to its subject matter alone, whether conscious or unconscious, or considered in some vague way to be "emotional", "intellectual", "psychological", or "real". It is more useful to describe how the insight was obtained, whether by acquaintance or by description, and then in terms of this fundamental classifying principle to arrange instances of insight according to their "depth" or their content. It is not alone that "the voice of the intellect is soft"; it speaks in two voices. Neither of them by itself is likely to produce the final emotional adjustments sought in many forms of psychotherapy.

It becomes clear that intellectual and emotional insight go hand in hand and that true intellectual insight cannot develop without its essential emotional precondition. Insight cannot occur when the person is not ready to observe himself carefully and when he is unwilling to establish in the course of this self-investigation intimate familiarity with the full range of his experiences.

In concluding this discussion let us point out that insight is employed equivocally. What is needed is an adequate theoretical understanding of its therapeutic effect upon behavior. This understanding
has to be based on - or dependent upon - an understanding of the differences between the various facets of insight, which admittedly are very difficult to classify. "No effective schematic principle has been formulated which is at once compatible with all the facts known, consistent with the therapist's intentions in his uses of the term, and useful in his efforts to isolate the therapeutic efficacy of any given insight" (Richfield).
CHAPTER II

INSIGHT IN PSYCHOANALYSIS

Psychoanalysis, more than any other theory, left its imprint on modern thinking in general, and on psychotherapy in particular. Freud tried to formulate a comprehensive theory regarding human behavior, and presented new techniques of treating maladaptive behavior. Insight plays a prominent role in psychoanalysis, and gaining insight is almost a pre-condition of the occurrence of any change through the psychotherapeutic process.

When Freud undertook self-analysis, he experienced a revealing insight as to the causal relationships between past experiences and present functioning. Holland (32) describes also the way in which this self-analysis helped him to advance his theory.

Freud's development of psychoanalysis led to a lengthy reconstruction of the patient's development history with subsequent insight into the relationship between earlier experiences and the contemporary functioning of the patient. This development occurred primarily in the period between 1890 and 1900. This is when Freud undertook his self-analysis, using his dreams as a primary means of access to aspects of his own cognitive processes of which he was not normally or usually aware. The integration of this information with Freud's memory of past experiences and his knowledge of present desires, impulses, and behavior gave him new insights. It was these insights that formed the basis for Freud's psychoanalytic psychology. As to the therapeutic
effect of such insights as far as the patients are concerned, we surmise that knowing more about the principles governing his own functioning is of some - or perhaps considerable - value to the patient in making decisions about future actions.

The fundamental aim of psychoanalytic therapy is to "make what is unconscious conscious." The persistent theme running through its literature suggests that the development of insight is the basic aim of psychotherapy and that gaining self-knowledge is somewhat synonymous with emotional well-being. Freud himself comments on this as follows: "An analysis is ended when the analyst and the patient cease to meet each other for the analytic session. This happens when two conditions have been approximately fulfilled: first, that the patient shall no longer be suffering from his symptoms and shall have overcome his anxieties and his inhibitions; and secondly, that the analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered, that there is no need to fear a repetition of the pathological processes concerned."

His statement is clear: repressed material reduces and prevents future pathological processes. Hobbs (31) grasped this central and crucial psychoanalytic tenet when he noted: "One of the firmly rooted assumptions in psychotherapeutic practice is that the development of insight on the part of the client is both a major goal of the therapeutic endeavor, intrinsically worth promulgating, and a primary means of achieving step by step in the therapeutic process, the overall objective of more effective functioning."
Here Singer (72) comments that one sees Freud's abiding respect for reason and his unflagging insistence that intellectual honesty is a prerequisite for dignified human existence. Whatever the origins of his orientation, whether rooted partially in Freud's Jewishness and the traditional emphasis of Judaism on reason and intellectual understanding and/or in some aspects of his personality, the perpetual insistence on intellectual appreciation of weighty issues permeated Freud's life and writing. This outlook and deeply ingrained way of life had important consequences for the development of the concept of insight.

Freud was convinced that insight and intellectual understanding were synonymous. He was quite frank (21) in discussing his early position: "It is true that in the early days of analytic technique we took an intellectualist view of the situation. We set a high value on the patient's knowledge of what he had forgotten, and in this we made hardly any distinction between our knowledge and his. We thought it a special piece of good luck if we were able to obtain information about the forgotten childhood trauma from other sources - for instance from parents or nurses or the seducer himself - as in some cases it was possible to do; and we hastened to convey the information and the proofs of its correctness to the patient, in the certain expectation of bringing the neurosis and the treatement to a rapid end. It was a severe disappointment when the expected success was not forthcoming. How could it be that the patient, who now knew about his traumatic experience, nevertheless still behaved as if he knew no more about it than before."
Singer goes on to say that after reading this passage one would have expected that Freud would outline some radical change in his approach to the problem and abandon his emphasis on intellectual understanding. But, says Singer, he merely changed his tactics and shifted from "informing" the patient about the traumas of his childhood to attempts at "informing" the patient about the reasons for his inability to recall such data willingly. This is, of course, what was meant by the "analysis of the resistance." Once the resistances were overcome by helping the patient see the reasons for their existence, intellectual knowledge of the original traumas would be accepted. The emotional attachment of the patient to the analyst, his transference, was the vehicle which was to make acceptance and intellectual appreciation more palatable. On this Freud commented: "Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while - only for as long as it itself lasts. In this case the treatment is a treatment of suggestion, and not a psycho-analysis at all. It only deserves the latter name if the intensity of the transference has been utilized for the overcoming of resistances.

"Thus the new sources of strength for which the patient is indebted to his analyst are reducible to transference and instruction (through the communications made to him). The patient, however, only makes use of the instruction in so far as he is induced to do so by the transference; and it is for this reason that our first communication should be withheld until a strong transference has been established."

Thus Freud proposed that the road to intellectual insight was more difficult and tortuous than he had first thought, but the end
station, the intellectual understanding of one's motivations, remained intact.

But, continues Singer, despite patients' eventual acceptance of explanations offered to them, in all too many instances their neuroses did not disappear. Various explanations for these disturbing persistences were advanced, but they were invariably couched in terms which would not violate the basic maxim that the road to emotional well-being was intellectual understanding. Eventually, however, it occurred to some that a discarding of this formulation was called for. And so a gradual decline of the equation 'insight is intellectual understanding' set in. Some authors proposed that insight ought to be understood as a process of integrating unconscious tendencies into the conscious mind rather than as a process of understanding. Assimilation started to take the place of understanding in this definition.

As for the value of knowledge in psychoanalysis, Sager (68) expresses some doubts as to the importance of the verbal formulation of insight inducing change.

Insight in the psychoanalytic sense is not necessary for good mental health. Knowledge of one's motivations, abilities, limitations and potential for distorting reality is important to any well-functioning person. Knowledge of those factors that are related to his earliest experiences is not ordinarily needed, nor is it required or even feasible in some instances, in order to produce an effective and permanent personality change. The value of insight stems from one's ability to apply adult reason and knowledge in the evaluation of an erroneous
perception or conception on which was based one's formerly unconscious ideation and reaction. The insight presumably gives one the basis for changing that which led to distorted perception, conceptualization or inappropriate reaction. If change is the result, the patient must accept the validity of the insight on all levels of consciousness. He must test and retest in life's experience the new or corrected information that constitutes insight.

We may assume that in therapy we can bring about changes in the patient's activities or operational concepts by bringing to bear on him influences of which he need not fully be aware. That is, he does not necessarily always have verbally formulated insight into the factors that change him. Although relearning is certainly increased by insight, some is intensified by itself.

Interpretations are the primary resource in therapeutic processes, because interpretation is the analytic act par-excellence. The analyst, explains Sherman (70), analyzes the compounds into simples. Insights are what the patient acquires in treatment, especially when he accepts and understands the interpretation. "Working-through" is what the patient does - and needs to do - with the insight.

Dewald (14) describes the process of "working-through" as follows: "The working-through process involves a repetitive cycle of mobilization of conflict and anxiety, followed by a temporary symptomatic exacerbation, in turn followed by increasing conscious awareness of that which previously was warded off, and then by a partial resolution of conflict and reduction of anxiety as conscious ego processes of integration take control.
"The therapist, through his interventions and focusing, attempts to help the patient recognize the same conflict or constellation of mental processes in a variety of different current situations, as well as in genetically earlier forms. The therapist also attempts to vary the approach to the problems from the different perspectives of id, ego or super-ego functions."

The process of working-through thus involves the patient repeatedly extending his awareness of his problems in their different forms and from different points of view, until the desired degree of insight and understanding has been achieved. Working-through results in a further elaboration and understanding of material which is increasingly conscious to the patient, but not yet fully integrated.

During the working-through process, Dewald goes on, the therapist's job is to present his formulations in a form which will make the most sense to the patient, and permit the greatest degree of developing insight and expanding ego integration.

The point has been made that insight alone has no magic qualities. It does not produce therapeutic change unless the patient is able to develop and integrate new patterns of behavior, adaptation and ultimate internal modification on the basis of this new knowledge and understanding. Thus another important element in the process of working-through is the attempt which the patient makes to modify and change himself or his situation on the basis of his increasing insight. And the way in which the therapist intervenes in response to such attempts by the patient will significantly influence how effective they are.
Concerning the question of working-through and its function, Sandler et al. (67) comment that for Freud, working-through represented the work entailed (for both analyst and patient) in overcoming resistances to change due to the tendency for the instinctual drives to cling to accustomed patterns of discharge. Working-through represented analytic work which was additional to that involved in uncovering conflicts and resistances. Intellectual insight without working-through was not regarded as sufficient for the therapeutic task.

Kris (37) pointed out that the work of interpretation leads eventually to reconstruction of the patient's past, and an aspect of working-through is the need to apply these reconstructions to many different areas and levels of the patient's material.

Greenson (25) arrives at a definition of working-through centered around insight and change. "We do not regard the analytic work as worked through before the patient has insight, only after." It is the goal of working-through to make insight effective, i.e. to make significant and lasting changes in the patient. Analyses of these resistances which keep insight from leading to change is the work of working-through. Working-through is essentially the repetition, deepening and extension of the analysis of the resistances.

The relationship of working-through to insight, in contemporary psychoanalysis, is not clear, even contradictory. On the one hand, Greenson claims that the process of working-through starts only after insight has been gained. On the other, Fromm-Reichman (22) stresses the point that insight is the outcome of the process of working-through.
According to Fromm-Reichman, the disassociated and repressed material which reveals itself to a patient under treatment in various connections must be tied together and worked through repeatedly, until awareness and understanding are finally transformed into constructive and curative insight into the basic patterns of the patient's interpersonal experiences.

Intellectual understanding of an interpretation is not at all identical with a therapeutically valid grasp of its meaning. Even if the transformation of intellectual understanding into a living emotional acceptance of some piece of interpretive clarification has been successfully accomplished, this generally will still not constitute change and recover. Any understanding, any new awareness which has been gained by interpretive clarification, has to be reconquered and tested time and again in new connections and contacts with other interlocking experiences. The intellectual and rational grasp of one interpretation of a single experience, as a rule, will be changed only by the process of "working-through" into the type of integrated creative understanding, which deserves to be termed insight. The process of "working-through" is aimed at the changing of awareness and rational understanding of the unknown motivations and implications of any singled-out experience into creative, that is, therapeutically effective, insight.

If one adopts Fromm-Reichman's description, it seems that "working-through" is the process, and insight is only the outcome. Fromm-Reichman, like many others, utilizes the concept of awareness which in many cases is a substitute for insight. Awareness seems to
mean the acceptance and absorption, intellectually and emotionally, of unconscious material by the conscious. This process, according to Freud, signifies insight. Fromm-Reichman attaches to insight the connotation of functioning as an implication of this awareness in order to further the process of creative understanding. Would it be correct to assume that the ultimate function of creative thinking is to test or imply the new awareness in experiences? If so, insight becomes useful only after the therapeutic process succeeds in achieving its aim.

As to the means of achieving insight, Bibring (9) offers the distinction between insight through clarification and insight through interpretation. According to him, clarification does not refer to unconscious material but to conscious or preconscious processes of which the patient is not sufficiently aware, which escape his attention but which he recognizes more or less readily when they are clearly presented to him.

Insight through interpretation is dynamically different from insight obtained through clarification. Whereas clarification results in the detachment of the ego, interpretation causes the ego at first to become more involved, since it leads to the reactivation of painful tendencies, memories and conflicts. The effects of insight through clarification consist in "strengthening" the ego through greater objectivity whereas insight through interpretation initiates a process of reorientation and learning which results in more adequate solutions of the pathogenic infantile conflicts.
There seems to develop a general trend to shift the emphasis from insight through interpretation toward "experiential manipulation"; that is, learning from experience seems to become the supreme agent - rather than insight through interpretation.

In contrast to Freud's emphasis on the importance of revealing the unconscious through the psychoanalytic process, Kubie (39) stresses the functions of the preconscious level. He says: "A primary determinant of the therapeutic effectiveness of insight is the extent to which insight becomes part of the stream of preconscious processing of all data, and that a secondary determinant in the outcome of the incessant struggle between preconscious insights and the unconscious rewards for rejecting insights."

The major concept is that of the brain as an information machine which functions predominantly on a preconscious level. The formation of our conscious symbolic process is primarily to sample this incessant flow of complex preconscious activities to ruminate and communicate about it, and to subject it to reality testing. Sometimes the relationship of the conscious symbol to what it represents becomes distorted or lost. This is a manifestation of that neurotogenic process which in one context can be called "dissociation", and in another "repression", which leads to unconscious conflicts, affects, concepts. There is evidence that in man, most conditioning occurs on a preconscious level, and that this in fact constitutes the basic instrument of learning, since both the acquisition and designation and elaboration of data occur on a preconscious level. The preconscious processing of new
insight into areas of experience which had hitherto been unconscious
is only a special instance of the general process of preconscious
learning. No insight can be effective until and unless it is processed
preconsciously. Our "conscious" insights are only fragmentary,
weighted, symbolic samples of the stream of preconscious insight.

Kubie's arguments seem valuable, viz., that the process of
learning basically takes place in the preconscious level, and insight
is manifested in the preconscious level, and is mainly "a special
instance of the general process of the preconscious learning." We
will later return to deal with this line of thought.

Many contemporary psychoanalysts deal with the "integrative",
"reorganizatory" aspect of insight. Regarding this aspect of insight,
Myerson (51) says that the process of reintegration which follows
meaningful self-awareness is at the core of the changes which occur
through psychoanalysis. A high order of antecedent reintegration of
the personality structure is a prerequisite for the mode of self-
observation associated with psychoanalytic insight. Meaningful self-
observation is followed by further reintegration.

In one of his studies, Kris (37) describes convincingly that
what he calls a "good analytic hour", in which real insight is
achieved, is the result of a long drawn-out process in which "energies
attached to the repressed material have been set free", and he says:
"The reorganization which takes place is the essence of the analytic
process with its vicissitudes and changing facets. As part of this
reorganization, some of the energies set free are at the disposal of
the ego." We will add: at the disposal of the autonomous ego
functions. The ego's basic function is mastery of impulses through integration.

This is reinforced by Alexander (1), who adds that by the interpretative work the analyst assists the patient's ego to integrate the new material liberated from repression. Making conscious, however, what was hitherto repressed requires the reduction of anxiety. This is achieved not only by the corrective emotional experience, but also by insight which in itself has an anxiety-reduction effect. The ego's function is mastery through insight. The integration function is based on the appraisal of the total situation - both internal and external. Interpretative work increases the ego's self-confidence in dealing with newly uncovered material. Something a person understands loses its threatening quality; understanding means mastery.

To summarize the curative process in psychoanalysis, it can be said that if behavior disorders could be interpreted as symbolic expression of or defenses against repressed unconscious motives, then it seems reasonable to expect complete cure as soon as the patient could be made to appreciate the motivation underlying his symptoms (insight). When this failed to happen in all but a few dramatic cases, analysis explained that intellectual understanding was insufficient and that emotional acceptance and practical application of insight to current life situations ("working-through") were also necessary. Emotional acceptance, they argued, was facilitated by chatharsis of the effect involved in the repressed complex; and since the source
of such complexes supposedly resided in childhood psychosexual
development, catharsis could be best effected therapeutically by
a "transference" relationship in which the therapist plays the role
of parent figure to re-elicit the expression of repressed childhood
motives and attitudes. These additional techniques do not invalidate
the crucial role of insight but merely implement it. Much effort
has been invested by psychoanalysts in investigating and elaborating
the phenomenon of insight in the therapeutic process. Its basic
characteristics still elude us, and we are still far from being
sufficiently equipped in order to explain how it occurs. Nevertheless,
one should point out the fact that psychoanalysis deals - within its
own frame of reference - with the "what" of insight, viz. its contents.

At this stage of our partial knowledge, it seems mandatory to
admit the existence of difficulties, and to point out the questions
which should be posed, so that in a future, when we are better equipped
to deal with them, satisfactory answers will be found.
CHAPTER III

INSIGHT IN CLIENT-CENTERED THERAPY

Rogers' theory grows, develops and reaches its abstract formulations out of his accumulated personal therapeutic experiences. One can observe a certain cross-fertilization which exists between the two - his theory and experience. Rogers has been influenced, philosophically, by the American heritage: the positivism which regards human nature as being basically good and self-fulfilling, and the democratic principles which are founded on man's free will. In his therapeutic theory and practice these principles serve as guidelines. Rogers' fundamental assumption is that man has the tendency to actualize his potentialities, and that these potentialities are in the service of the maintenance and enhancement or enrichment of his life and social living as well. The psychological forms of the actualizing tendency is the tendency toward self-actualization (self-concept): the need for positive regard (acceptance by important others) and the need for self-positive-regard (acceptance by oneself). If the individual is faced with conditions of worth, his self-concept will be characterized by feelings of unworthiness, and the defensive behavior will be in operation. If, on the other hand, the individual experiences an atmosphere of unconditional positive regard, then he will not develop defensiveness. His self-concept will be broader, flexible and open to change.
Rogers (63) says: "One aspect of 'the good life' is a movement away from the pole of defensiveness toward the pole of openness to experience. The individual is becoming more able to listen to himself, to experience what is going on within himself. He is free to live his feelings subjectively, as they exist in him, and also free to be aware of these feelings." The fully-functioning person has the feeling of mastery and power upon his life: what happens depends on him. Rogers goes on to say: "The process of living the good life involves a wider range, a greater richness than the constricted living in which most of us find ourselves. To be part of this process means that one is involved in the frequently frightening and frequently satisfying experience of a more sensitive living, with greater range, greater variety, greater richness. It seems to me that clients who have moved significantly in therapy live more intimately with their feelings of pain, but also more vividly with their feelings of ecstasy: that anger is more clearly felt, but also is love . . . The reason they can thus live fully in a wider range is that they have this underlying confidence in themselves as trustworthy instruments for encountering life . . . The good life involves the stretching and growing of becoming more and more of one's potentialities."

The nondirective approach lays a particular stress upon emotional elements in the therapeutic relationship. By providing the three conditions, that according to Rogers are both necessary and sufficient in order to effect a therapeutic change, namely warmth, empathy and congruence, the therapist acts as a potent eliciter of feelings and attitudes. In this climate of acceptance the patient provides his own learning situation, dependent wholly upon the
individual's capacity for growth. The central hypothesis of non­
directive therapy holds that if the therapist "can provide under­
standing of the way the client seems to himself at this (each)
moment, he can do the rest." McCary (48) explains that when Rogers
counts the characteristic steps in the therapeutic process he
mentions that insight, the understanding of the self and acceptance
of the self, is one of the most important aspects of the whole
process. Intermingled with the process of insight is the process
of clarification of possible decisions, possible courses of action.

In his 1942 book, Rogers has a chapter (61) entitled, "The
Achievement of Insight", and in the tradition of most inquiries into
psychotherapy, he devotes considerable attention to clarifying the
role of self-understanding in the process of therapy. In his book of
ten years later, his chapter title was dropped out, and insight is
mentioned only incidentally here and there through the book. There is
no explicit treatment of insight, nor is there developed an argument
for its omission. One only surmises that the concept has tended to
drop out, because it was not very useful.

When Rogers (60) treats the concept of insight, he describes
it as the perception of new meaning in the individual's own experience,
seeing new relationships of cause and effect, gaining new understanding
of the meaning which behavior symptoms have had, understanding the
patterning of one's behavior. This learning, he says, constitutes
insight.
Insight and self-understanding are most effective, according to Rogers, when they arise spontaneously. The counsellor can aid this process by reformulating insight already achieved, by clarifying the new understanding at which the client has arrived. He may suggest relationships or patterns of reaction which seem to be evident in the material which the client has freely produced. Here Rogers follows the main stream by emphasizing the importance of understanding, though he argues that this understanding will be effective only if the client arrives at it by himself spontaneously. Then he adds that understanding alone is not enough and what is needed is "experiencing". As to the role of insight in therapy, Rogers goes on to elaborate that, "There can be no doubt that in many instances insight has this sort of meaning to the client, a process of becoming sufficiently free to look at old facts in a new way, an experience of discovering new relationships among familiar attitudes, a willingness to accept the implications of well-known material. Insight cannot be gained from being talked to: it is an experience which the client achieves. Such instances of insight are but steps in the total process of better self-understanding. Insight comes gradually, bit by bit, as the individual develops sufficient psychological strength to endure new perceptions. The development of insight often involves not only the recognition of the role which the individual is playing, but also the recognition of repressed impulses within the self. So long as the individual denies certain attitudes which he finds within himself, so long will he keep up compensatory attitudes of a defensive character.
When he can face clearly, and can accept as a part of himself, these less praiseworthy feelings, the need for defensive reactions tends to disappear. The meaning of insight to the client may be described in different ways in different instances. It may mean the perception of new relationships between old facts, or it may mean the facing and acceptance of the repressed attitudes and impulses. Reorientation and reorganization of the self is the major aim of counselling. The primary technique is to encourage the expression of attitudes and feelings until insightful understanding appears spontaneously. The main aim of the counsellor is to assist the client to drop any defensiveness, and to encourage him to express himself freely without fearing criticism or judgment. Only when the client is free to look at the total situation in its reality, without having to protect himself, can he discover the relationships clearly, and recognize the hidden impulses within himself."

Ausubel (7) deals with the role of perceptual reorganization in client-centered therapy, as well as with the crucial part of the relationship between client and therapist. He says that non-directive therapists stress the role of perceptual reorganization through insight, but decry therapist participation except for the purpose of reflection and clarification of the client's feelings. Interpretation and transference are taboo, and attention is focused on current conflicts apart from the development origins. It is claimed that emotional acceptance of insight is facilitated by the creation of a permissive atmosphere which minimizes resistance to change, by
emphasis upon self-discovery of underlying attitudes and motivations, and by emotional relatedness on the part of the therapist to the client. Acceptance of the therapeutic value of insight does not imply acceptance of the theory that all neurotic symptoms reflect the operation of repression and unconscious motivation. Many neurotic symptoms can occur with complete possession of insight; and lack of conscious accessibility is not necessarily a precondition for lack of insight, since oftentimes, the relation of symptoms to conscious motives is not appreciated. Hence, it is unrealistic to accept that the acquisition of insight can by itself repair lack of self-esteem or create feelings of security and adequacy. The perceptual reorganization achieved as a result of insight does not represent absolute and unconditional change, but change which is stable in relation to a given amount of adjustive stress. Let the degree of stress increase, and retrogression of the former level of insight may readily occur.

Ford and Urban (18) point out that the non-directive therapeutical situation provides the client with learning experiences. They refer to Rogers' three principles which govern the acquisition of behavior: response arousal, response avoidance and contiguity of awareness. Behavior sequences that are followed by positive affects (response arousal) become habitual; they satisfy the actualizing tendency. Those that are followed by negative affects tend not to be repeated (response termination). The crucial situational events which seem most likely to be followed by affective responses are the behaviors
of other people, particularly their approvals and disapprovals. Thus, interpersonal situations represent a powerful learning situation. Any event that is attended to and symbolized in awareness can result in learned thought (contiguity of awareness). All learned behavior - the self-concept, the learned evaluating, the needs for positive regard and positive self-regard - can be modified by these learning principles. The patient has acquired faulty habits of attending to, identifying, thinking about and evaluating the raw data of his experiences. To correct this, the patient has to start over with the raw data and rebuild more accurate habits of awareness and thoughts. By noticing and thinking accurately about such events, the patient can reconcile the contradictions and thus remove, reduce or control the antecedents of anxiety. If anxiety does not occur, the symptomatic consequences will disappear. Rogers and others hold that progress in therapy is characterized by an "increased differentiation of the perceptual field" or by the process of learning in which the individual abandons gross and often inaccurate abstractions regarding his life-circumstances for more specific and accurate formulations, with a consequent increase in the appropriateness of his behavior.

Client-centered therapy rejects the importance that has been attached to interpretation as being the main procedure inducing effect in the therapeutic process. Some such therapists express their extreme reservation by claiming that the more accurate the interpretation, the more likely it is to encounter defensive resistance. Psychoanalysts, on the other hand, will argue that the interpretation should be
presented to the client only when he is fully ready to accept it, which means the timing of the interpretation is very crucial to its effectiveness. Once the client is well-prepared, the "accurate interpretation is not likely to encounter defensive resistance." Rogers (64) mentions that under certain conditions it is possible to interpret to the client some of the material which he has been revealing. When the interpretation is based entirely upon statements which the client has made, and when the interpretation is merely a clarification of what the client has already perceived for himself, this type of approach can be successful. But even Rogers himself admits that the techniques which the counsellor uses to promote insight are subtle, and the line between successful and unsuccessful interpretation is difficult to draw.

Rogers strongly opposes Freud's position that "reason can be cured by reason". According to him, this proposition exhibits the naive faith that the intellectual explanation of the difficulty would result in changed attitudes and feelings. Interpretation has value only to the extent that it is accepted and assimilated by the client.

Interpretation is also dealt with by Arbuckle (6), who says that "the client-centered counsellor is little concerned with insight as interpreted in terms of intellectual understanding. He is concerned if it is to be related with processes, if it is to be an experiencing, a living, a being again with real and deep feelings. Thus the insightfulness of the client may include the experiencing again, but this time in the presence of someone who cares and is concerned, namely the therapist."
In other words, the therapist encounters the phenomenon of transference that has been regarded by the psychoanalysts to be one of their main means. Rogers does not ignore the fact that transference does occur in therapy, but he tries to minimize its importance by pointing out that transference should be dealt with by the therapist in a way similar to all other reactions that are brought up by the client. By avoiding special treatment and attention to the phenomenon, the client is discouraged from developing over-dependence on the therapist and he is led to rely on his own resources in a process of growth.

Rogers (60) emphasizes the perception of relationships. "Various phrases have been used by different writers in discussing insight. It involves the reorganization of the perceptual field. It consists in seeing new relationships. It is the integration of accumulated experience. It signifies a reorientation of the self. All these statements would seem to be true. All lay sound emphasis upon the fact that insight is essentially a new way of perceiving ... In insight there is the perception of the related nature of previously known facts (sometimes reorganized as the "Aha"). This type of perception is possible in therapy only when the individual is freed from defensiveness through the process of catharsis. It is only in such a state of emotional release that a reorganization of the perceptual field can take place. Experience indicates that the intellectual approach (telling the client of these relationships) is futile. Emotional as well as intellectual acceptance is needed. The spontaneous
development of these new perceptions is likely to be the most rapid road to insight. The acceptance of self is the perception of the related nature of all impulses. The accepting atmosphere of the counselling situation makes it much easier for the individual to recognize all attitudes and impulses... Genuine insight includes the positive choice of more satisfying goals, "the creative will". Insight generally involves a choice between goals which give immediate and temporary satisfaction, and those which offer delayed, but more permanent, satisfactions. As insight is developing, as the decisions are made which orient the client about new goals, these decisions tend to be implemented by actions which move the client in the direction of the new goals."

The crucial element in the therapeutic process, (according to Rogers), is the emotional experience due to the unique situation of therapy, based upon the special relationships provided by the therapist. This had been already pointed out, even earlier, by the neo-analysts.

Adler (in 5) is the first psychotherapist who placed high value on the social relationship between the therapist and the patient. He believes that this relationship can serve as a re-educative bridge to other relationships. Adler sees the therapist's task as helping the individual to substitute realistic for unrealistic life-goals, and to instill social interest and feeling.

Rank (in 18) is a pioneer in emphasizing the importance of the interpersonal relationship between patient and therapist. The therapist should share with, encourage or permit the patient to take lead in the
interview. The locus of responsibility and evaluation has to be in
the patient. Rank's therapy is intended to bring the patient to self-
help, in contrast with the analytic methods which - he believed -
forced the patient to accept help from others. He emphasizes the
flexible, adaptable, individual, patient-centered nature of the
therapeutic process. He rebels against the rigid pre-determined
nature of the therapeutic process. He rebels against the rigid pre-
determined notions of the content of each analysis. Every relation-
ship between patient and therapist should be a unique and creative
process, and the patient - not the therapist - should point the way
to his particular method of achieving self determination and self
direction. This conception is based on the capacity of the individual
to take an active part in the process of change, and to set its goals,
on the one hand, and on the other it points to the therapist's share
in the creation of conditions and the active assistance offered in
order to achieve them. From here to the conception of the client-
centered therapy the distance is not far indeed.

In summary, Rogers believed that insight in psychotherapy had
little to do with formal understanding but was defined by awareness
of experience. Anything resembling interpretation or explanation
was clearly anathema to him - on the contrary, he insisted that such
procedures were inimical to the development of real growth in
experiencing. Rogers was quite explicit in his definition of insight:
"... insight is essentially a new way of perceiving". This new way
of perceiving was, for Rogers, both the foundation and the result of
new learning. But this learning had little to do with intellectual presentation. What promotes insight was, in Rogers' eyes, the employment of what he called "the primary technique": "The primary technique which leads to insight on the part of the client is one which demands the utmost of self-restraint on the counselor's part, rather than the utmost of action. The primary technique is to encourage the expression of attitudes and feelings ... until insightful understanding appears spontaneously. Insight is often delayed, and sometimes made impossible, by efforts of the counselor to create it or to bring it about. It is probably not delayed, and certainly never made impossible, by those interviewing approaches which encourage full expression of attitudes." (60).

Rogers modified somewhat his early position, although he did not change his position that insight is fundamentally the development of self-acceptance, of accepting one's attitudes, feelings, and experiences.

As we have pointed out earlier, most of Rogers' comments on the subject of insight appear in the early stage of his theoretical construction. As he progresses, it seems that insight was dropped, because it had been absorbed by other dominant concepts used to describe the therapeutic process, such as "experiencing", or "awareness of experience" which come to describe the full grasp of the experience on all levels. By providing the client with a suitable learning situation which is based on the unconditional positive regard, the client will be free and reinforced to experience and reveal within
himself the positive sources for growth, which will eventually fulfill the tendency of self-actualization. Would it be right to assume that the key-concept of experiencing is quite similar to the concept of insight, if the latter is conceptualized in the broader manner as being combined of emotional and intellectual components? If this assumption is accepted, one is faced with the same unanswered question as to the "what" and "why" in insight or "experiencing". It seems that Rogers' contribution can be found in his formulations of the basic conditions which are necessary to the occurrence of insight, awareness or experiencing. These three conditions, viz. warmth, empathy and congruence, which are provided to the client by the therapist, are most important in paving the way to any curative therapeutic process.
CHAPTER IV

AWARENESS IN GESTALT THERAPY

It is very often that the concept of awareness is used almost synonymously to insight. Some contemporary writers prefer this term to insight, because in some way it may suit better their frames of reference. In existential therapy, for example, which is not treated here, awareness is a key concept.

It seems to be worthwhile to touch here on that new theory and method in therapy, the Gestalt therapy, which is based almost exclusively on the concept of "awareness". Its founder and chief advocate, F. S. Perls (55, 56) has been quite well known in the United States for his theory and practice, but until recently only few of his writings were published.

Gestalt therapy is a unique combination of behavioral and phenomenological factors. Its theory is a variation derived from existential philosophy, which lays heavy stress on the importance of awareness as a subjective experience, occurring in the present. The "Gestalt" refers to the basic principle that any unfinished or unclosed situation or structure will always reappear in the awareness, so that the organism can proceed toward a completion of the Gestalt. In order to achieve this task, a continuity of awareness is essential. Only in a state of continuous awareness can the individual complete the Gestalts that occur within himself. If the individual denies himself this completion of awareness, his functioning will be harmed,
his ability to feel, think and act will be burdened by the unfinished, unclosed situation that will demand their completion.

The process of awareness seems to be a simple one. Children are exceptionally good at it, and this is why they are capable of experiencing joy and sorrow: they are able to absorb the world surrounding them, and they are able to achieve motor control over their bodies. The grown-ups have lost this natural ability. Due to awareness, experiences are absorbed or accepted as part of the ego. A Gestalt which reaches its completion is accepted as a part of the organism, is assimilated into it: this process epitomizes the real meaning of growth.

Four levels of human behavior can be distinguished: motor, sensory, emotional and mental. Perls' attitude towards these functions is very clear: the motor expression is the basic, pure and honest one; it is through it that true experiences are expressed. The motor expression can be objectively observed and body language is the primary source of information. The internalized psychological levels - feelings, emotions, thinking - are developed, in a person who is a product of Western civilization, in an unbalanced manner: we depend mostly on mental and intellectual endeavors, and neglect our ability to absorb and feel. As a result, our senses degenerate. The adult individual is partly paralyzed and can be observed as a one-dimensional creature. According to Lieblich (43), the goal of Gestalt therapy is to bring back to life these abilities which have degenerated, and to utilize them fully. As a result, the individual should be able to grow and
assimilate himself in both the external and the internal worlds. The healthy individual is one within whom exists a constant stream of movements between the organism and the environment; whose each Gestalt is fully expressed and leaves room for the following one; all his behavioral levels are developed in a balanced manner. Such a person acquires, according to Perls, a center or focus, which enable him to make use of his own resources, feel free from dependence and support from the outside. Psychopathology is characterized as a situation in which many Gestalts remain uncompleted; awareness is cut off; responsibility is avoided; and support from the outside is looked for. Gestalt therapy suggests a series of experiences for expanding awareness. The therapist's task is to bring to the client's attention the means he used to cut off his awareness, and to teach him to complete structures, to use his senses in order to make out the information which is supplied by his body. The goal is not to solve problems, offer support or encouragement; rather, it is to bring the individual to open his eyes, lose his reason and turn to his senses. The therapist should not provide the client with support or solution.

There is special significance to the use of the term "impasse". The existential "impasse" is a state in which no support is given to the individual from the outside and he is not able, or believes that he is unable, to struggle with life by means of using his own resources. In such a state the avoidance of support can open to the individual new possibilities, so that he can stand up and, unsupported, step forward. The avoidance of support, especially in states of impasse, is one of
the basic principles of the method. The other principle is avoidance of criticism: all experiences and discoveries which are brought up by the client are accepted - if they are pure and honest - without attributing to them any value and without any moral judgment.

Out of the three main techniques which are used by Gestalt therapy (Rules, Games, Dream Analysis), dream analysis is of special interest to us. There are vast differences between the orthodox dream analysis and the one which is perceived by Gestalt therapy. The dream, according to Perls, is a message sent by an individual to himself. This is why it is important to discover the content of this message and to accept it at the right time. While according to Freud, dreams are the main road to reach the unconsciousness, Perls stresses that "the dream is the main road to integration".

It seems that through dream analysis the client is given an opportunity to experience and to become aware of the contents of his messages, or, in other words, to gain some insight about himself. It would be appropriate to refer here to Kelman (35), whose description of dreams throws some light on their function. According to him, dreaming is a process. It is constituted of its many aspects, being created, remembered, communicated, worked with, experienced, integrated from its first emergence and through the many times it is in the foreground of awareness with the many new dimensions of meaning being created on each occasion. The "what" question (not how and why) is to help the patient to experience more and more dimensions of his whatness and thereby their howness. While attending to the dream, affect-laden attitudes which constricted and colored the looking and seeing fall
into the background. A wider, more rational vision opens, making it possible to see more contrasts and paradoxes. Dreams are not the main road to the unconscious, but one of the best ways of seeing and helping realize spontaneous wholeness. While dreaming we are closer to the truth of ourselves, to the truth of our falsehoods, to the truth of being human. The dreaming process reflects accurately, appropriately and adequately the movements to and from the truth of ourselves. There is no single right or final interpretation to a dream. The meaning of each dream is unique to its context. The same symbol may mean different things in different contexts. The main aim of dream analysis is to widen and deepen here-now experiences. A dream is an association like any association, except that it requires more associations for its meaning to be experienced.

The dream is a meeting ground between figures which represent the separate parts of the ego. Most of the figures that appear in the dream are ego projections. The confrontation between the opposed figures is the way to accept the opposite parts of the ego.

An attempt has been made here to summarize some of the contemporary literature concerning Gestalt therapy. An evaluation and serious criticism will have to be based on research which is not yet available. At present there is no way of weighing its advantages or disadvantages over any other method of therapy.

In spite of this, it should be of interest to compare Gestalt therapy with some other theories in therapy.

The psychodynamic school, especially psychoanalysis, refers to the patient as being sick. He is taken to be not responsible for his
condition. The therapist takes upon himself the main responsibility for directing the treatment. In this method treatment focuses on the past, and it attempts to achieve a causal verbal interpretation of the sources of illness. Behavior therapy starts with the symptom or disturbance and aims at disposing with them. The full responsibility lies here, too, on the shoulders of the therapists, who attempt to employ on the client - as a passive organism - his behavioral methods. In these two respects there is great similarity between behavior therapy and the psychoanalytic school. But the difference between them lies in the area of behavior, and in the crucial period in which treatment is focused. In the behavioral method, the therapist identifies the disturbance with its external manifestations, as expressed in the present; and contrary to his colleague, the psychoanalyst, he does not indulge in causal analysis, nor does he probe into the past, as background for the disturbance.

Humanistic therapy, founded by Maslow and Rogers, developed also - as did behavior therapy - especially in the United States. It focuses on positive concepts, such as "growth", or "self actualization". Most writers belonging to the humanistic school put the responsibility on the patient, who maintains with the therapist egalitarian relations of I-Thou (as formulated by Martin Buber). The main medium, in this therapy, is awareness, which focuses on the subjective experience of the individual, as it happens in the present. In these respects one can view this approach as the opposite of psychoanalysis.

Gestalt therapy is one of the prominent streams in the humanistic-existentialistic school in the United States. But it has some specific characteristics which are brought out in its definition as "behaviorist
phenomenology". As a phenomenology, Gestalt therapy represents the most extreme focusing in the awareness of the present, especially in the means taken by the individual in order to restrict this awareness. One does not "talk about" or "tell a story" - the dominant subject in therapy is "what do you feel now". Instead of "talking about", a series of experiences is suggested, in order to "try on" several solutions, and, according to the patient's feelings at that moment, find out which is the most suitable solution. Gestalt therapy is also behaviorism, because it attaches primary importance to body language, movements, facial gestures and voices as reliable and meaningful sources of information about the individual. Gestalt therapy differs from the other systems in the same school in two negative principles: Unlike the other humanistic methods that are founded on the supportive aspect of therapy, the Gestalt therapy is non-supportive by its nature and does not ask for an harmonious atmosphere in the group (in the case of group therapy). Gestalt therapy assumes that the responsibility has to be vested in the client, while dependency on others prevents growth. The therapy does not place any special value on the group. The latter is valuable only as a background for behavioral observations and for the development of awareness. All the activity which takes place in Gestalt therapy focuses on expanding present awareness. Functionally, awareness - as attention - is defined as a process which occurs only in the present, although its contents includes memories from the past or expectations as to the future. The therapist's task is to observe behavior, not to analyze it. There are differences
between experiences in introspection and experiences in awareness. During the process of introspection, the organism seems to be divided into two: one part is the observer, and the other is the observed. During the process of experiencing in awareness, though at the beginning the individual tends to introspection, the gap between the observer and the observed is gradually closed and the individual reaches self-awareness. The Gestalt therapist stresses the distinction between sensual observations and cognitive assumptions. Gestalt therapy does not ask "why", only "what" and "how"; it avoids explanations and interpretations; it guides the client in observing the occurrences of his internal and external processes.

Regardless of its techniques and its theoretical background (and even results), Gestalt therapy offers the client a unique emotional experience, dealing with his present problems in a very personal and emotional manner, helping him to reach the stage of self-awareness which leads to self-acceptance. Many will agree that their "awareness" and "experiences" are similar in various aspects to "insight" or at least to what is labeled as "emotional insight". Gestalt therapy may differ from other systems in its frame of reference and methods, but basically it accepts the notion that in order to help a person one has to encourage him to face or recognize his sensations, feelings, emotions, and thoughts, which also means to collect all the data concerning these aspects - to complete the Gestalt - and put them together in a new, meaningful, way, so that "self-awareness" is achieved. Gestalt therapy shares with Rogers the belief in a human capacity of growth, reliable self-responsibility, and choice. It is not interested
in the underlying laws which govern human behavior, but rather deals with the present content of feelings and reactions in a most direct and personal way. It presents the client with questions regarding the what and how, but leaves aside the why.
CHAPTER V
NEGATERS OF INSIGHT

Behavior theory negates the existence of the mind or inner processes, including insight. Every reaction according to this theory is a learned one, thus must obey the laws of learning. Therefore, therapy is a learning situation governed by the same sets of rules, and behavioral change can be achieved by using standard scientific procedures which are derived from the general learning theory. "Behavior can be changed by changing the conditions of which it is a function."

Current trends in psychotherapy incorporate within its frame of reference this basic assumption, that therapy is a learning situation. In this situation the client is provided with opportunities to unlearn maladaptive patterns of behavior and substitute them with more appropriate patterns. Thus, it is worthwhile to discuss here some of the basic principles of learning theory and to examine how they interlock with other psychotherapeutical systems.

The behaviorists argue that the theory of instinctive motivation in human behavior is scientifically irrelevant. Their interest lies in human engineering, or - according to Skinner - "technology of behavior."

Skinner (73, 74, 75) believes that we can follow the path taken by physics and biology by turning directly to the relation between behavior and the environment and neglecting supposed mediating states
of mind. The tasks of the scientific analysis is to explain how the behavior of a person as a physical system is related to the condition under which the human species evolved and the conditions under which the individual lives. Skinner argues with other schools of psychotherapy, saying that most forms of therapy assume that the patient is not to be told how to behave more effectively or given directions for solving his problems: a solution is already within him, and has only to be drawn out with the help of the therapist. But, says Skinner, a person never becomes truly self-reliant. Even though he deals effectively with things, he is necessarily dependent upon those who have taught him to do so. They have selected the things he is dependent upon and determined the kinds and degree of dependencies. They cannot, therefore, disclaim responsibility for the results. As a matter of fact those who object to the manipulation of behavior nevertheless make the most vigorous efforts to manipulate minds. We change the way a person looks at something, as well as what he sees when he looks, by changing the contingencies. Skinner explains that we do not change something called perception; we change the relative strengths of responses by differential reinforcement of alternative courses of action. We do not change something called a preference; we change the probability of an act by changing a condition of deprivation or aversive stimulation. We do not change a need; we reinforce behavior in particular ways. We do not give a person a purpose or an intention; we change behavior toward something, not an attitude toward it. We sample and change verbal behavior, not opinions.
Skinner's main concept is that of operant behavior - behavior which operates upon the environment to produce consequences, which can be studied by arranging environments in which specific consequences are contingent upon it. The contingencies under investigation have become steadily more complex, and they are taking over the explanatory functions previously assigned to personalities, states of mind, feelings, traits of character, purposes and intentions. On the other hand, environment can be manipulated. There is no important causal connection between the reinforcement effect of a stimulus and the feelings to which it gives rise. A stimulus is not reinforcing because it feels good, but it feels good because it is reinforcing. Stimuli are reinforcing and produce conditions which are felt as good for a single reason, to be found in an evolutionary history. Once we have identified the contingencies that control the behavior called good or bad, right or wrong, the distinction between facts and how people feel about facts is clear. How people feel about facts is a by-product. The important thing is what they do about them, and what they do is a fact that is to be understood by examining relevant contingencies.

As far as changing behavior is concerned, Skinner follows his line of thinking by saying that as we come to understand the relations between behavior and the environment, we discover new ways of changing behavior. An assignment is stated as behavior to be produced or modified, and relevant contingencies are then arranged. A programmed sequence of contingencies may be needed. There are many varieties of "behavior modification" and many different formulations, but they all agree on the essential point: behavior can be changed by changing the conditions of which it is a function.
Skinner's self-knowledge and self-control imply two selves in the following sense. The self-knower is almost always a product of social contingencies, but the self that is known may come from other sources. The controlling self (the conscience or superego) is of social origin, but the controlled self is more likely to be the product of genetic susceptibilities to reinforcement (the id). The controlling self represents the interests of the individual.

As to the concepts of awareness and insight, Skinner comments that theories of psychotherapy which emphasize awareness assign a role to autonomous man which is properly, and much more effectively, reserved for contingencies of reinforcement. Awareness may help if the problem is in part a lack of awareness, and "insight" into one's condition may help if one then takes remedial action, but awareness or insight alone is not always enough, and it may be too much. One need not be aware of one's behavior or the conditions controlling it in order to behave effectively. On the contrary, constant self-observation may be a handicap. The extent to which a man should be aware of himself depends upon the importance of self-observation for effective behavior. Self-knowledge is valuable only to the extent that it helps to meet the contingencies under which it has arisen.

Behavioral theory assumes that learning and conditioning are instrumental in determining the different kinds of reaction that an individual may adopt to environmental stimulation. Modern learning theory and the experimental studies of learning, conditioning and reinforcement, which we carried out in laboratories, are extremely relevant to the problems and procedures of human behavior. Behaviorists
argue that the whole process of socialization is built upon the principles of conditioning. Thus, neurotic reactions, like all others, are learned reactions, and must obey the laws of learning theory, which enables us to determine the amount of reinforcement and conditioning that takes place. According to them, learning theory is an exact science, which elaborates quite definite rules about the establishment of conditioned reflexes.

In the therapeutic process we deal with maladaptive behavior conditioned to certain classes of stimuli. No reference is made to any underlying disorders or complexes. And all treatment is concerned with habits existing at present, their historical development being largely irrelevant.

One of the most prominent advocates of the behavioral theory in therapy is Wolpe (84, 85). He, like many others, assumes that habits are learned and can only be eliminated effectively through unlearning. His approach is based primarily on the drive-reduction conditioning model. According to him, human behavior functions in accordance with "causal laws". Behavior refers simply to "a change of state" or of "spatial relationships" to other objects or events. These changes are to be understood as the result of a potentially identifiable sequence of antecedent events.

Most of Wolpe's therapeutical procedures are based on the principle of "reciprocal inhibition", and his main technique is "desensitization", which is based on reducing the sensitivity to the fearful stimuli by presenting it in a state of gradual relaxation.
Eysenck (16), while arguing with the psychoanalytical approach, says that the latter seems to suggest that spontaneous remission cannot occur, or when it does, it can only be of a very short-term duration. This follows the psychoanalysts' conviction that neurotic behavior is motivated by some underlying complexes, and that the treatment of the symptom without some form of "uncovering" of the underlying complexes must lead to a recurrence of this or other symptoms. Eysenck claims that the evidence that the failure of symptoms to recur after some form of behavior therapy is a decisive argument against Freudian theory.

Eysenck, in specifying some characteristics of behavioral therapy, makes it obvious that he rejects totally Freud's formulations. They are as follows:

1) Neurotic behavior consists of maladaptive conditional responses of the automatic system, and of skeletal responses made to reduce the conditioned (sympathetic) reactions;

2) While the term "symptom" may be related to describe neurotic behavior, there is no implication that such behavior is "symptomatic" for anything.

3) It follows that there is no underlying complex or other "dynamic" cause which is responsible for the maladaptive behavior. All we have to deal with in neurosis is conditioning the maladaptive behavior.

4) Treatment consists of the deconditioning, by reciprocal inhibition, extinction, conditioned inhibition or in some other way, of the maladaptive behavior - conditioning along the lines of adaptive behavior.
5) The treatment does not involve any "uncovering" of past events.

6) Conditioning and deconditioning will usually proceed through behavioral channels.

Eysenck mentions that there is no reason why verbal methods should not also be used. There is good evidence that words are conditioned stimuli which have an ascertainable position on the stimulus and response generalization.

Thus far an attempt has been made here to discuss some of the theoretical assumptions underlying behavioral therapy, as compared with traditional theories, and to show their considerable disparity. There is no doubt that contemporary psychotherapy has adapted and assimilated some elements of the learning principles which govern human behavior. Some writers have tried to introduce the relatively new formulations into the well-established theories. As far as insight is concerned, Holland (32) says that the value of insight in altering subsequent adjustment depends upon the presence or absence of the conditions necessary for learning, such as adequate motivation, suitable reinforcement, and change in the actual responses that the patient makes. From this point of view insight is primarily useful as a cue to which type of response might lead to more useful or gratifying results that have followed upon the patient's established habitual responses. We can, therefore, regard insight as potentially useful, but as neither sufficient nor necessary to modifications of the patient's behavior in the psychotherapeutic situation. In such a situation it is only necessary that the psychotherapist be adequately
acquainted with cause-effect relationships in personality formation and reformation. In self-analysis such insight is, of course, a necessary but not sufficient condition of behavioral information.

Dollard and Miller (15) try to stay within the psychoanalytic frame of reference, yet emphasize the process in terms of some principles derived from learning theory. They say that therapy is a learning situation, although it is a very special type of learning situation, with a very special type of teacher. New learning means rearranging the connections between specific events and responses the person already has in his repertoire, that is, developing new cue-response connections. One of the first tasks of therapy is to break old cue-response connections, i.e., extinguishing fear. The fear response is terminated not by avoiding the learned elicitor (cue) but by removing the fear consequence when the response is performed. The product of new learning is a new arrangement between events and responses - that is, cue-response connections are learned when they are effective in reducing drives. It is important that both in breaking old habits and in acquiring new ones it is essential that the response to be learned or unlearned occurs in close temporal and spatial continuity to the other crucial events.

Discussing insight, Dollard and Miller write: "Becoming clearly aware of the problem and of the unrealistic basis of the fear serves as a challenge to try new modes of adjustment. As these new modes of adjustment are tried, the fears responsible for inhibition are extinguished. When the new responses produce more satisfactory drive reduction, they are strongly reinforced . . ."
"In addition to permissiveness, to skill in decoding conflict, and to the ability to aid the patient to label and discriminate, the therapist has skill in 'dosing' anxiety. Others have tried to punish the symptoms or force the patient to perform the inhibited act. Both of these methods tend to increase the fear and the conflict. The therapist concentrates on reducing the fears and other drives motivating repression and inhibition, or in other words on analyzing 'resistance'. He tries to present the patient with a graded series of learning situations. He realizes that the patient must set his own pace and learn for himself; that it is the patient not the therapist who must achieve insight."

Here too the term insight is employed, but the meaning is totally different, despite Dollard and Miller's attempt to stay within an orthodox psychoanalytic frame of reference. Insight as they used it is an understanding of the changing scene outside, while as others wrote about it, it is essentially experiencing with awareness and developing knowledge of the inner self.

Karno (33), trying to describe the role of insight in the therapeutic process, as well as the therapist's tasks in the light of learning theory, says that the therapeutic influence customarily ascribed to the role of insight in psychotherapy may be more economically and consistently accounted for within a framework of current concepts of communication and operant learning.

The process of psychotherapy, especially what is referred to as "insight therapy", when successful, is a process of learning whereby the patient's verbal and other communicative behavior, through subtle
but powerful conditioning, comes to be that which is reinforced in the therapeutic situation.

What we call real or true insight refers in clinical operational terms to an after-the-fact statement of awareness by the patient, in the conceptual language which the therapist repeatedly supplies, concerning behavior which has in fact been successfully extinguished and replaced by more adaptive behavior learned during the course of therapy. Illustrative of this point is the fact that as long as a patient persists in a neurotic behavior, his insight concerning that behavior is described as incomplete, or of insufficient strength. It seems that such a point of view, de-emphasizing the therapeutic influence of insight per se, is even implied to hold in large part for therapeutic effect in psychoanalysis.

What we call insight is essentially the conceptual framework by means of which a therapist establishes, or attempts to establish, a logical relationship between events, feelings or experiences that seem unrelated in the mind of the patient. In terms of the analyst's objectives, insights constitute the rationale by which the patient is persuaded to accept the model of more "mature" or "healthy" behavior which analysts of all schools, implicitly or explicitly, hold out to him.

What persuades a patient to accept the model of more "mature" or "healthy" behavior, at least in psychotherapy, is only in small part the logical and verbal rationale of insight. The large part of such persuasion is in the person of the therapist, whose skillful communication forms an elaborate system of operant conditioning.
A therapist becomes expert in communicative skills, which become a tool of reinforcement. Through its use the therapist becomes in fact a practicing expert in the manipulation and control of the behavior of people.

The processes of communication and operant behavioral conditioning, which are major aspects of the child's social learning and maturation, are also major aspects of the therapeutic encounter. As much as the parent, the therapist selectively reinforces, through his communication habits, certain kinds of behavior of the patient.

According to some of the above-mentioned principles deriving from learning theory and behavior therapy, one can embark on a re-examination of Rogers' technique of "clarification of feelings". The therapist chooses and determines which of the client's reactions is worthy of clarification. By doing so, the therapist reinforces certain reactions, and reduces the occurrence of the others.

Moreover, Truax (79) indicates that the nondirective therapist is consciously or unconsciously using empathy, acceptance, and directive-ness as reinforcers. The basic property of a reinforcer is that its use with specific classes of behavior leads to consequent change in the probability of occurrence of these classes of behavior. The present findings point to the presence of significant differential reinforcement effects imbedded in the transactions of client-centered psychotherapy. Since differential reinforcement is one of the procedures used in operant research to alter (or control) behavior, the findings suggest that the therapist, in the case of Rogers, implicitly alters (or controls) the patient's behavior in the
therapeutic setting. To this extent the evidence weighs in favor of the view proposed by Skinner rather than that of Rogers. The present findings are not consistent with Rogers' view that relatively uniform conditions which are globally "facilitative of personal growth and integration" are offered to patients in a manner not contingent upon the patient's behavior. The finding that empathy and warmth act as reinforcers suggests that the evidence relating empathy and warmth to patient outcome is open to a behavioristic interpretation, based in part on the therapist's use of different reinforcements.

Wentworth (82) analyzes and criticizes some principles of behavior therapy, especially regarding insight. According to him, the literature of behavior therapy reports significant success in the reduction of psychopathology without the application of insight therapy. The search for intrapsychic causes (hics, phobias, etc.) is a waste of time, since such symptomatology is based on learning or habit formation, and does not arise from internal causes or conflicts. The behavior therapist discounts the function of other psychodynamic issues such as transference motivation, despite the behaviorist's close attention to the relationship between therapist and client. But motivation, both affectual and ideational, and the desire for close rapport would seem to be located internally, however they might have originated.

Behavior theory has entered the field of clinical practice through the application of various laws of learning drawn from learning theories. Different taxonomies of treatment techniques are then conceived as appropriate clinical methods. Wolpe and Lazarus use counter-conditioning, positive re-conditioning and experimental
extinction. The aim of these techniques is "to change habits judged undesirable". A habit is a conditioned stimulus-response bond, a unit of learned behavior. Analytic resistance to the use of behavior techniques is perhaps ascribable to two commonly over-simplified views of human behavior, as outlined by the stimulus-response model of personality. A major deficiency in the clinical reports of behavior therapy is the lack of raw data, or verbatim accounts of clinical events that occur before, during and after the application of behavior techniques. The behavior therapist is frequently unable to rule in or to rule out various factors (history taking, discussion of problems, positive transference, rapport, etc.) that might have been causes of any change in psychotherapy.

Self-awareness leading to insight is an ego characteristic. Anxiety is a keystone in the nature of self-awareness and insight. Minimal anxiety accelerates thought processes and learning; too much anxiety blocks such ego functioning and insight; and severe anxiety disorganizes and immobilizes thought, so that insight is significantly disabled. Wolpe and Lazarus (85) also report that the construction and administration of hierarchies often reveal to the patients that their presented problems are not the real sources of their anxieties. Learning theory explains this transformation in symptom development as stimulus or response generalization. He goes on: the general impression is that if the symptoms are of relatively recent origin and are stimulus-bound to external sources that are easily defined, reduction of anxiety and symptoms is relatively quick and the development of insight and the release of other affects is enhanced.
Conversely, if the symptoms are more direct expressions of early, historical experiences and laden with other affects of aggression and sexuality, the symptoms and anxiety are not reduced easily, if at all, by behavior techniques. As far as insight is concerned, Wentworth argues that in behavior therapy insight sometimes "sneaks in", although orthodox therapists would not admit it openly. The discounting of the concept of insight in behavior therapy is weakened by its own reports. On the other hand, insight is denigrated yet its occurrence is often self-evident. Perhaps the explanation as to why insight is not noticeable to behavior therapists is that through their frank disapproval of free verbalization they may increase suppression, or in behavior terms, accomplish aversive conditioning. By the same token, through extensive interviewing during the investigation of history and contexts of symptoms and anxiety, with the safety of good "rapport" and in view of the fact that persons often continue introspective processes once started, the behavior therapist may well include insight and ego integration without recognizing their occurrence.

Despite justified criticism, one must not discount the contribution of behavior therapy. Its theorists have certainly made an attempt to grapple with the problem of the "how" and "why" in psychotherapy, although they have totally ignored the problem of the "what". Moreover, they have offered several principles which govern the acquisition of behavior, but these basic principles are relevant or can be applied in explaining only part of the whole spectrum of human behavior.
CHAPTER VI

CREATIVITY: AN ANALOGOUS PROCESS

Several writers have contended that reorganization, or re-integration, is one of the characteristics of insight; but it seems to me that not enough attention has been given to this aspect. In all humbleness I wish to argue - and hope to show - that his facet is one of the most prominent characteristics of the concept. Insight is basically founded on a given knowledge (the acquisition of which can be explained in accordance with principles derived from learning theory.) Its uniqueness has to do with a new organization of well-known facts or bits of knowledge, or perhaps a new combination between them. This new combination represents or creates a new entity; it is more than the sum of its components. This notion of insight, or being a process of combination that creates some new entity, is in some aspects similar to the process of creativity. It would therefore be relevant if we were to analyze - from this point of view - the process of creativity. Later on we shall try to show that both processes share some of their characteristics. The analogy between the two may help us in clarifying the concept of insight in psychotherapy.

As to the relevance of creativity to insight, Hutchinson (in 72) remarks that any genuine insight, intellectual or experiential, represents a creative act in the sense that it changes more or less significantly what is. Insights, he maintains, expand not only an
area of knowledge but also expand him who has developed them. In his straining to gain meaningful knowledge, whether about himself or material outside himself, in the very process of straining and achieving new perceptions the perceiver inevitably becomes something new himself. Hutchinson says: "It is hardly necessary at such a place in our discussion to recall that intellectual discovery, though depending upon certain casual factors at this point in its history, is in no sense an accident in its fundamental mechanism. It must have background and substructure from which to start, the result of continuous storing of the mind and growing polarization of interest. Focal points of interest must have been established by hard, deliberate labor in technical preparation, abetted by an inveterate habit of ranging far afield in intervals of less serious effort . . . Erudition is not enough; unrelieved industry is not enough; accuracy in the use and presentation of data is not enough; care in the use of inference and all the tools of art and science are not enough. There must be more; and that more has to do with the spontaneous reorganization of these acquired elements under the aegis of an event which is in reality not a mere addendum to, but rather an interpenetration of the levels of mental experience. And as a result one not only creates something; he becomes something as well."

Not only is creativity relevant to insight, one can find similarities between these and other processes as well. According to the author of the item on Problem Solving in the International Encyclopedia of the Social Sciences (71), frequent references to "the problem-solving process," "the decision-making process," and
"the creative process" may suggest that problem solving can be clearly distinguished from decision making or creative thinking from either, in terms of the processes involved. These phrases can also imply that each involves a single process. On the basis of present evidence, however, it appears that each involves a variety of processes. Moreover, it appears that processes important in problem solving are also often important in decision making or in creative thinking. Each of these activities may therefore best be defined not in terms of process but in terms of product. For example, creativity is that thinking which results in the production of ideas (or other products) that are both novel and worthwhile. Similarly, decision making is that thinking which results in the choice among alternative courses of action; problem solving is that thinking which results in the solution of problems. Thus problem solving, decision making, and creativity are all to be regarded as kinds of thinking. The question of the degree to which these and other kinds of thinking - for example, concept attainment - involve the same or different processes is a question that remains to be answered by empirical investigation.

The true value of creativity is to be found in daily living, not in the creation of the usual cultural sphere. Moreno (in 10) points out that creativity is the central core of human behavior as it is lived day to day. "People of small talent may need longer warming up periods to be creative than the aristocrats of the mind." To be creative means more than to be adaptable: "The creativity factor leads humanity to respond constructively to new situations rather than merely to adapt to new situations."
Moreno emphasizes the therapeutic technique of spontaneous creativity (the neurotic and psychotic may fail to make adjustments because of their non-creative stereotyped behavior). If one accepts the assumptions that the more creative the personality, the more problems it can solve, and that the more creative it is the better it can structure and predict the future, then it seems mandatory to Moreno that we must train for creativity.

"Creativity is a separate entity from spontaneity and a separate entity from cultural conserve but strategically linked to both."

Moreno considers spontaneity as the chief catalyzer of creativity. Here he means that the ideas are brought together by spontaneous action, and if one is lucky and/or persistently spontaneous about his output, a creative act may occur. If the spontaneous output is genuine and persistent, there usually occurs a creative act. Moreno suggests that creativity can be defined better operationally and pragmatically by its results than by the purely semantic approach. He feels that the results may be new to the individual, but not necessarily to the rest of the world. The crux of creativity is not that one discovers anything that man has never known before, or that has never to man's knowledge ever existed before, but that in most cases a new relationship has been created which did not exist before.

Moreno distinguishes between three forms of creativity:

1) Chance - the type of creative act that happens by pure luck and can rarely be duplicated;

2) Spontaneous creativity - bringing something new into being from a feeling of spontaneity which is designed to meet an immediate purpose;
3) Conservable creativity - where the thing created does not necessarily meet an immediate purpose (painting, poetry). There is very little, if any, feedback in conservable creativity. It is always there in the second form.

Koestler (36) provides us with a very vivid description of the process of creation and discovery. According to him, it had been said that discovery consists in seeing an analogy which nobody has seen before. The act of discovery has a disruptive and constructive aspect. It must disrupt rigid patterns of mental organization to achieve the new synthesis. Discovery often means simply the uncovering of something which has always been there but was hidden from the edge by the blinkers of habit. This equally applies to the discoveries of the artist who makes us see familiar objects and events in a strange, new revealing light - as if piercing the cataract which dims our vision. The statistical probability for a relevant discovery to be made is the greater, the more established and well exercised each of the still separate skills or thought-matrices are. The more ripe a situation is for the discovery of a new synthesis, the less need there is for the helping hand of chance. One should not underestimate ripeness as a factor facilitating discoveries. The various components which will go into the new synthesis are all lying around and only waiting for the trigger, action of chance, or the catalyzing of action of exceptional brain to be assembled and welded together.

The core of the problem of discovery, both in science and in art, has two entirely different kinds. The first due to conscious, logical reasoning aided by chance; the second a classical case of the intervention of the unconscious.
Concerning the psychology of the creative act itself, Koestler points out that there are interrelated aspects of it. The displacement of attention to something not previously noted, which was irrelevant in the old and is relevant in the new context; the discovery of hidden analogies as a result of the former; the bringing into conscious of tacit axioms and habits of thought which were implied in the code and taken for granted; the uncovering of what has always been there. This leads to the paradox that the more original the discovery, the more obvious it seems afterwards. The creative act does not consist of creating something out of nothing: it uncovers, selects, re-shuffles, combines, synthesizes already existing facts, ideas, faculties, skills. The more familiar the parts, the more striking the new whole. When the situation is ripe for a given type of discovery it still needs the intuitive power of an exceptional mind, and sometimes a favorable chance event, to bring it from potential into actual existence.

Thus, at one end of the scale we have discoveries which seem to be due to more or less conscious, logical reasoning, and at the other end sudden insights which seem to emerge spontaneously from the depth of the unconscious. There is evidence for large chunks of irrationality embedded in the creative process, not only in art, but in the exact sciences as well. Here, then, is the apparent paradox. A branch of knowledge which operates predominantly with abstract symbols, whose entire rationale and credo are objectivity, verifiability, logicality, turns out to be dependent on mental processes which are subjective, irrational, and verifiable only after the event.
As to how the new synthesis comes into being, Koestler says that the evidence indicates that verbal thinking, and conscious thinking in general, play only a subordinate part in the decisive phase of the creative act. Awareness is a matter of degree, and only a fraction of our multi-levelled activities at any moment enters the beam of focal consciousness. The moment of truth, the sudden emergence of new insight, is an act of intuition. Such intuitions give the appearance of miraculous flashes or short-circuits of reasoning. In fact they may be linked to an immersed chain, of which only the beginning and the end are visible above the surface of consciousness. Koestler goes on to say that the new integration arises by various processes which can be arranged in series. It ranges from faulty or premature integration through partial blindness towards the meaning or significance of one's own discoveries, to the gradual blending of matrices by dint of repetitive experiences which increase the number of links between them. There is the sudden illumination of "spontaneous" discoveries, sparked off by an unconscious intuition, or a chance observation, or a combination of both.

Ghiselin (24) stresses the similarities between creativity in art and discovery in science. Both in art and in pure science, the end is not novelty, but use. Neither in art nor in science is the use always anticipated. Application of a scientific truth to narrowly practical purposes may never occur, and it often follows long after the discovery. But it is evident that in both art and science the inventor is to some degree incited and guided by the sense of value of usefulness. The creative worker is dependent on affective guides rather than on any explicit intellectual process.
Benda (8) finds some differences between creativity and discovery. Thinking-oriented persons are primarily interested in the logical process aimed at an impersonal fact-weighing and analysis. The feeling-judgment is concerned with evaluation of things. It is obvious that research scientists favor thinking-judgment while intuitive artistically-minded persons favor the feeling and the concern with meaning and value. Creative persons are more concerned with all aspects of inner experiences or the relative absence of repression and control of impulses and images. "Repression operates against creativity, because it makes unavailable to the individual large aspects of his own experience."

Many writers try to show the common elements in scientific discovery and creativity, without - however - stressing the differences between the two. First, let us examine the concept of discovery. Bruner (ll) is interested in the effects of the act of discovery, before he defines or explains the concept itself. Discovery is a matter of rearranging or transforming evidence done in such a way that one is able to go beyond the evidence so reassembled to new insight. Bruner suggests that a "well prepared mind" is needed; later, it will appear as an expectancy for finding regularities and relationships in the environment. Bruner distinguishes between discovery as a product and as a process. The question is whether we consider discovery by its outcome or by its early exercises in the form of inquiry. Kuhn (40) claims that discovery is a process that links observation and conceptualization (facts and assimilation into theory) and therefore cannot be attributed to a certain moment. There are not stages in the sequence but "a complex event, involves recognizing both that something is and what it is."
Polanyi (57) distinguishes three stages in the process of discovery: preparation, illumination, and verification. "The unknown is there, essentially determined by what is known about it." It seems that Polanyi assumes the existence of the solution before even inventing it.

We have brought the last quotations in an attempt to describe the concept of discovery. Now let us point out the difference between discovery and creativity. When one tries to discover something, the assumption is that there is something to be discovered. Somewhere there exists an object, fact, phenomenon; and the problem is to reach it. The goal to be reached exists in itself, independently of the activity of the investigator, and the illumination of the discovery is the encounter between them. Even if one does not reach a specific goal, nevertheless the goal still exists, and someone else may reach it. The case of creativity is quite different. Creativity is a unique interaction between the creator and the material he works with. There are neither final results that can be reached by anybody, nor any kind of objective existence. It sometimes happens that even the creator himself is not always sure about his goal. The discoverer has a moment of illumination while reaching the final result; the creator, though experiencing illumination, still has to elaborate his final results in a prolonged process. The discoverer has to verify and justify his discovery in order to make it part of accumulated knowledge. This is not the case with creativity, where there is nothing to be justified objectively in terms of true or false. In the light of this discussion it seems clear that insight is analogous to the process of creativity rather than to the process of discovery.
Let us now turn to the artist himself in order to find out about his own resources, his personality structure and his relationships with reality.

From its early days, the psychoanalytic theory made an effort to encompass the problem of the creative artist and the origin of artistic productivity. Freud (19) shows interest and knowledge in arts. Some of his classical research has to do with the work of da Vinci, Michaelangelo and Dostoyevsky. The creative artist is regarded, in Freud's writings, as a person who is gifted and capable of distinguishing mental and emotional processes which are unknown to the layman. Freud claims that a work of art is a disguised expression of the sexual instinct, and an indirect way to fulfill the needs derived from this energy. This indirect expression is supported by the process of sublimation. The latter defense mechanism is helped by the ego to turn the instinctual drives to social substitutions.

From Freud's point of view, art is like a dream or a daydream. It is an imaginary way of fulfilling in reality hidden, unexpressed and forbidden wishes in a legitimate way accepted by society. Freud was impressed by the artist's capability to express almost openly these forbidden and imaginary wishes that are usually floating in the realm of the unconscious and can be reached or uncovered only through the long process of psychoanalysis. Freud says that the constitution of the artist's personality exemplifies itself, on one hand, by the strongness of its sublimation, and by a certain flexibility of the repression mechanism on the other. The artist is an introvert, living
under the stress of extremely strong instincts, facing the difficulty of satisfying these strong instincts or drives. By his artistic talent he is able to transform his images into works of art rather than symptoms and by doing so he is able to escape from his neurosis and return - though indirectly - and remain in touch with reality. The artist's secret talent is embodied in his special capability to translate his daydreams in a way which is accepted by others. Freud describes the process of artistic creation, discusses the mechanisms that take part in this process and the needs that are fulfilled by it; but he was unable to satisfactorily explain the mere existence of the process. The artistic talent remains a mystery.

As opposed to Freud's interpretation of the artistic endeavor, Hatterer (28) claims that present day theories have begun to stress ego functions, the flexibility of an artist's mind to shift between different levels of consciousness, and his ability to synthesize the raw material from these levels of consciousness into a creative product. It is becoming increasingly apparent that the creative process cannot be interpreted simply either by rephrasing theories of the artist's resolution of early parental and sexual traumas, identity problems, castration and unsolved oedipal complexes, or as an attempt by the artist to rid himself of anxiety, rage or guilt or balance his alternate depressions. A normal psychological reason for persisting in artistic endeavor is that it is emotionally a most satisfactory way of getting along with people - it is the way to survive, integrate into society. It is unlikely that any original scientific contribution, no matter how cerebral in nature, has occurred without an emotional determinant.
Ghiselin (24) describes the conscious and unconscious factor in the creative process, saying that the unconscious developments and the spontaneous activities that go forward without foresight, yet in full consciousness, are induced and focused by an intense conscious effort spent upon the material to be developed, or in the area to be illuminated. Such tension gives stimulation and direction to the unconscious activity which goes on after the tension is released. The desired developments are usually delayed for some time during which presumably something like incubation is going on. Then, without warning, the solution or the germinal insight may appear. The inspiration is sometimes given wholly at one stroke.

Benda (8) presents the existentialist point of view by pointing out the communicative aspect of creativity and the creator, the encounter between the artist and his material, and the encounter between the artist and society. The creative person is able to translate his individual world into symbolic forms which can be shared and understood by others. It is the confrontation with the otherness through which the reality of the individual's own inner world is tested in its meaningfulness for others. He goes on explaining that creativity is the human ability (1) to see and grasp higher complexities, (2) to see relationships beyond the established and accepted framework of connections, (3) to discover meanings not yet recognized, (4) to command the tools of communication in order to convey insight to others through symbolic messaging in understandable forms. There are, of course, many forms of human creativity, and creative persons use various means of symbolic representation for
communication. Previous studies seem to indicate, however, that there is a common denominator in all forms of creativity and this rests on a different reality-attitude which is common to all creative people.

Imagery as the totality of images of the world is 'concrete,' experiential, and not fragmented into objective matter. The images are always experienced and seen in a specific context which is structured in its relationships according to the meaning and value of each data within the complexity of experience. This 'subjectivity' of the imagery world - in contrast to the 'objectivity' of things - is therefore structured according to the emotional and sociocultural validity of experience.

Imagery reflects the reality in structural patterns according to meanings and values which are not conscious to the average person. In intuition, the person becomes aware of a new meaningfulness of experience and subjectivity of imagery patterns. The creative person commands tools of communication and is able to convey insight to others. In contrast to the dreamer, fantast and reality-estranged person, the creative person has what is sometimes called 'reality adaptation.' Creativity requires a constant reorganization which cannot be achieved without constant fluctuation or mobility between progressive integration and regressive starting anew. Thus, creativity is a bi-phasic process. The creative artist has to command a flexibility which enables him to differentiate fixed configurations and reorganize the elements in non-existing new patterns of imagery. And the creative person needs a greater ability to integrate those processes which we identify with maturity, as well as the more primitive personality patterns that enable him to regress and identify with objects on a rather primitive level.
It was Guilford (26) who in 1950, in his presidential address to the American Psychological Association, called for the investing of additional efforts in the research of creativity. In that lecture he not only expressed the need for such research, but even gave a kind of design and method for that kind of work. He claimed that creativity represents patterns of primary abilities, in which individuals differ in a continuous manner. He thought that it will be fruitful to define it on an operational base, and that a factor-analysis will reveal the real factors which constitute the whole domain which is usually called 'creativity.' He even suggested some hypotheses concerning creative abilities.

According to him, the creative personality possesses those patterns or trails that are characteristic of creative persons. A creative pattern is manifest in creative behavior which includes such activities as inventing, designing, contriving, composing and planning. Creativity and creative productivity extend well beyond the domain of intelligence. It is proper to say that a creative act is an instance of learning, for it represents a change in behavior that is due to stimulation and/or response. A comprehensive learning theory must take into account both insight and creative activity. Insight and creative behavior show much apparent relationship. The general psychological conviction seems to be that all individuals possess to some degree all abilities, except for the occurrence of pathologies. Creative acts can therefore be expected, no matter how feeble or how inadequate, of almost all individuals. The important consideration is the concept of continuity whatever the nature of
creative talent may be, these persons who are recognized as creative merely have more of what all of us have. There is much evidence of substantial positive correlations between I.Q. as measured by the intelligence test and certain creative talents, but the extent of the correlation is unknown. Our main objective is to teach students how to think, and this means also to think constructively. If we succeed in this objective, there should be much evidence of creativeness in the end product.

Guilford suggests that a general theory could be drawn, and should be tested - saying that some primary abilities can be improved with practice of various kinds, and that positive transference will be evident in tasks depending upon those abilities.

According to Guilford and others, the creative act involves four steps:

1) Preparation - devoted to an inspection of the problem and collection of information or material.

2) Incubation - there seems to be little progress in the direction of fulfillment, but the unconscious ability is taking place.

3) Inspiration - final or semi-final solution often accompanied by strong emotion.

4) Evaluation or verification - putting to test the solution or examination of the product for its fitness or value. Such analysis does not tell us almost anything about the mental operations that actually occur.

Guilford goes on to explain that within the factorial frame of reference of creativity there is much room for different types of abilities. They may have some factors in common, but there is much room for variation of pattern and abilities.
Guilford finds some possible thinking factors that are more obviously creative in character: (1) There are individual differences in a variable that may be called sensitivity to problems; (2) There is a fluency factor, or there are a number of fluency factors in creative talent; (3) Novel ideas - the degree of novelty of which the person is capable, or which he habitually exhibits is pertinent; (4) The individual's flexibility of mind plays a significant role in the process of creativity; (5) Synthesizing ability - much creative thinking requires the organization of ideas into larger, more inclusive patterns; (6) Analyzing ability - symbolic structures must often be broken down before new ones can be built; (7) Factor involving the reorganizing or redefinition of organized wholes. Creative productivity in everyday life is undoubtedly dependent upon primary traits other than abilities. Motivational factors (interest and attitudes) as well as temperament factors must be significant contributors.

It will be of interest to mention here that Guilford, who encouraged a whole generation of researchers to start working in the foregoing direction, ended in 1967 with a complete model for human intelligence, although with some reservations as to the nature of creativity. Although some of his DP (divergent-production) factors seem to be of creative nature, he mentions several times that the creative potential is more complicated, and it is possible that factors other than intelligence contribute to it.

"But there is a distinct possibility that almost any other, in neither the DP nor the transformation categories, may make important contribution to the creative act, whatever it may be. The term
creative potential, like the term intelligence, needs qualification wherever it is used if communication is to be at all precise."

It seems, therefore, that even in 1967 he still did not have enough evidence to enable him to formulate a complete theory of creativity. We have already mentioned Guilford's 1950 lecture which opened new horizons. Perhaps it would be in place to refer to some research projects undertaken since. First, it was necessary to establish an independent dimension called creativity, which will be distinct from the general intelligence measured by the I.Q. tests.

Getzel and Jackson (23) worked on a large sample of students, including case studies, demonstrating that intelligence and creativity are different dimensions. In order to test this, Getzel and Jackson produced five tests for creativity (Word Association Test, Uses for Thing, Hidden Shapes, Fables, and Make-up Problems).

Wallach and Kogan (61) criticized the way Getzel and Jackson attacked the problem. They said that in order to prove the independence of the domain of creativity, the measures within that domain should be closer, and with higher correlation, than with other measures from the domain of general intelligence. They too claimed that there was a distinct domain of creativity but it should be measured by new tasks than those suggested before. They established a set of reliable tasks for scoring: (A) fluency, and (B) originality. They found that a permissive atmosphere is one of the basic conditions to promote the creativity measured by them measured by these two tasks.

Some other direction of research was established by Torrance (78) and the Minnesota group which worked on creativity tests. Trying to find the development of creativity through age, Torrance developed a
battery of creative tasks, in which many are non-verbal. He adopted some of Guilford's tasks, but tried another approach. He was not looking for a whole theory for the creative dimension, but tried to discover its nature by its manifestation on various tasks. Instead of using factor-analysis, he built a battery of tasks, serving to measure creative behavior.

While many researchers tried to find a relation between creativity and other personality traits, Torrance used the operational definition of creativity (as defined by his tasks) and tried to foster it in the classroom. Much of his effort was directed towards the educational aspect, and the teacher's role in rewarding creative talent. He also tried to change teachers' attitudes and methods.

The above attitude and approach suggest that it is worthwhile and fruitful to foster creativity even before completing an all-rounded theory of it.

In summary, although creativity is usually epitomized in art, as discovery is epitomized in science, it would be important to conceptualize it in a broader manner. Creative acts can be found in everyday life and actions. Moreover, individual differences have been found as far as this ability is concerned, and it has been shown that training can be used in order to concretize it.

The process of creativity, like the process of insight, consists mainly of the creation of new combinations. In order to be able to visualize (even in a symbolic manner) and then utilize these new combinations, one has to reach a certain state of flexibility. Both
processes are similar in some of the stages and sequence that are necessary for the achieving of either insight or the creative act. These are preparation, incubation, illumination and evaluation. And it seems that in order to promote both creativity and insight, a special atmosphere is needed.

Much scientific research has been done in the field of creativity, but the phenomenon is not yet clear. It is hoped that additional knowledge and understanding of the process of insight will be gained as a result of further research into the field of creativity.
CONCLUSION

First, let us collate those aspects of insight which are shared or agreed upon by almost any theory, school or thought and practice. Therapeutic insight is basically a learning process (although there will be those who claim that his is a special sort of learning) which deals with very individual-emotional symbols. That being the case, the process is governed by some fundamental learning principles which enable us to understand (perhaps not fully) how certain patterns of behavior are acquired - though not clearly enough to answer the question of what has been acquired. Therapy can help not by promoting understanding, but by making available to the client learning experiences that are as concrete, as immediate, as compelling as the learning experiences that initially brought about maladaptive behavior.

McGuire (49) points out that insight is a by-product of having learned to apply a method of self-understanding. The main instruction goal can be conceived of as teaching a method whereby the patient learns to recognize, examine and partially understand the intrapsychic causes as well as the psychic and social consequences of his conflicts, feelings and thoughts. One can conclude that learning these steps is ultimately equivalent to learning problem-solving methods. The problem is the conflict (and its consequences) and the problem solving methods its identification, namely insight. Ludwig (46) remarks that therapeutic insight may operate either as a learning or unlearning process. It may be integrative or learning experience, whereby many disparate thoughts
and emotions are unified into some meaningful framework and provide a new solution to previously unsolved problem. Or it may be unlearning experience whereby psychologic distortions are seen in a more proper and objective prospective - learning by unlearning through dynamic introspection. The patient can be expected to learn unconscious sources of his distress. Once these sources become explicit, he will have to employ problem solving or creative insight to solve the conflict. Both are necessary.

It can be assumed that therapy is a special learning situation which is designed to facilitate the therapeutic change by providing the atmosphere in which such new learning experiences can be promoted. The importance of the unique relationship in therapy based upon the unconditional acceptance and warmth provided by the therapist, is another aspect which is well-recognized and agreed upon. "Psychotherapy is a situation carefully designed to make it possible for a client to learn to be close to another person without getting hurt." "In this special accepting situation where the ground rules are clear, the client dares to establish a fully honest relationship with another person, and finds it a tremendously reinforcing experience." (Hobbs, 31)

Truax (80) emphasizes the fundamental conditions put forward by Rogers, and notes that almost all theorists stress the importance of the therapist's ability to: (1) sensitively and accurately understand the patient and accurately and emphatically know the patient's inner world and respond in such a manner as to communicate this deep understanding; (2) communicate a nonpossessive warmth and acceptance of the
patient; and (3) communicate his own genuineness, authenticity, or integration within the therapeutic encounter. All the studies taken together constitute strong evidence that the level of the therapist's accurate empathy, nonpossessive warmth, and genuineness are related to constructive change in the patient. One implication of some studies suggests that a sizable number of therapists are unable to provide high levels of empathy, warmth, and genuineness and are therefore likely to prove psychotherapeutic encounters that change people for the worse.

The research reviewed by Truax suggests that to be facilitative toward another human being requires us to be deeply sensitive to the moment-to-moment "being" to the other person and to grasp the meaning and significance as well as the content of his experiences and feelings. Neither of these two facilitative conditions (warmth, empathy) could be constructively meaningful in the therapeutic encounter unless they are themselves "real". Thus, unless the therapist is genuine in relating to the patient, warmth, caring and understanding would have no meaning, or even might have a potentially threatening meaning.

It can be doubted whether Rogers' three conditions for therapeutic effects (warmth, empathy, congruence) are sufficient, but it is well established that they are necessary. Moreover, by providing this special learning situation, the client is reinforced (by means of interpretation, clarification of feelings) to examine and/or reexamine, to experience and/or reexperience his patterns of behavior, thought, feelings, motivation, etc. and gradually to feel free enough to loosen
up, to give up his rigidity, and adopt more flexible means to deal with himself and his environment.

In this context, Rogers (61) remarks that there is a special change in figure-ground relationship which Duncker describes as the looseness versus the fixedness of a perceptual object. That is, both in problem solving and in therapy the person has come to accept a certain element of the situation as something given or fixed. When he reperceives this as something which is not fixed, he is apt to have a real "Aha" experience, and finds himself much nearer to a solution of his problem. This change from perceiving elements as rigid and fixed, to perceiving them as "loose" or changeable is one of the most important types of differentiation which occur in therapy.

This process of looseness versus fixedness, or rigidity versus flexibility, seems to be the most fundamental condition to any outcome of therapy. Only after reaching this stage can the process of reintegration of feelings and knowledge (or understanding), the process of combination, take place. This, to my mind, is the process of insight.

The question of flexibility represents for psychology one of its typical problems: significant enough to be attacked over and over again, sufficiently complex not to be easily resolved. Almost synonymously to flexibility one can find the following "spontaneous flexibility," "adaptive flexibility," "adaptability," "preservation," "mental set," "shifts of thought." The diverse notions and definitions have an historical value. The use of different formulations may be explained in part by differences in conceptual framework and changing fashions in scientific terminology.
A revival of extensive research on "flexible thinking" can be noted in Guilford's oeuvre, as one of the scales measuring creativity. Others dealing with cognitive processes (e.g. Brunner) use terms such as "concept formation" or "sorting tasks". Following are some descriptions of rigidity versus flexibility, as defined by some of the writers on the subject:

"Rigidity . . . means stiffness, i.e. a resistance to forces attempting to produce change" (Cattel).

"Spontaneous flexibility represents an ability or disposition of freedom from inertia in thinking, making possible the production of a diversity of ideas. Adaptive flexibility emphasizes restructuring of interpretation and approaches in problem-solving and elsewhere" (Guilford).

"Flexible thinking is the ability to consider alternative means to a given end" (Busse).

"The state of flexibility is where new experiences can occur and be appreciated . . . openness to experience" (Rogers).

"Rigidity is not a simple concept and the sub-divisions within it are far from being clear" (Chown).

It seems that it does not really matter which theory of learning one adopts, or what terminology one uses: It is clear that by their very nature the processes of adaptation, growth in cognitive realms, and learning involve organizing and categorizing the environment (Brunner). Many experimental results show a distinct "flexible" or "non-flexible" behavior as a result of the learning process. It can be said that flexible behavior can be described as a shifting from
one conceptual scheme, category or hypothesis to another. After reaching this stage of "shifting from one conceptual scheme to another," which in therapy can be translated as loosening up defenses, the process of discovery of new relationships between given knowledge, facts, emotions, etc., that is, the process of reorganization, can take place, and this is essentially the process of insight. Guilford, among his other hypotheses concerning creativity, speaks of the "individual flexibility of mind." Factor analysis performed by him later on postulated flexibility as being one aspect of creativity. Here too is a similarity between the concept of creativity and that of insight. Both processes are characterized as being basically processes of combination, of binding, forming and creating new relationships between given aspects of knowledge and feelings, and of rearranging them into new unique individual sequences and whole. The new, resultant, combination appears to the beholder in the form of a discovery. It is a new entity, which - as previously explained - is more than the sum of its components. This is why insight is often described as an illumination, sometimes followed by a feeling of revelation. Therapeutic and creative insight (comparable to the Eureka experience) represent stages in man's discovery and growing awareness of his whole self. "This insight never occurs slowly but always suddenly, during relaxation and wide diffusion of consciousness" (Martin and Alexander, 47). Insightful activity, just like creativity, is an attempt to provide parsimonious organized solutions to particular problems. Only when the client is free enough to learn to feel what he says (shift from a
state of rigidity to a state of flexibility) and develops an emotional conviction in the truth of his verbal productions, does he experience therapeutic insight.

Stirlin (77) emphasizes the "creative dialectic" between conscious and unconscious. He asks: what makes insight true insight? And that, in turn, means: How is the gaining of insight tied to the gaining of new life experience? This question has many angles. In order that insight may not become wasted and stereotyped, there must exist a kind of "creative dialect" between a person's conscious thinking and his largely unconscious affective life.

Many research projects carried out by Guilford and his followers deal with the proposition that creativity - like intelligence - can be described as an innate ability. They say that vast individual differences can be found as far as the capability is concerned. Moreover they claim that creative thinking can be cultivated, at least to some extent. Though they have not yet found sufficient scientific proof for their theory, their assumptions seem logical. If their line of thinking is followed can one assume that insight has the same foundations? This question will have to remain unanswered. At this stage it is mere unfounded speculation. Intensive research has to be done before one can even try attacking this problem.

Though the problem of differentiation between intellectual and emotional insight has already been dealt with in Chapter I, it is important to stress that insight is an individual phenomenon, and its usefulness depends upon its wholeness. The differences between the
two aspects of insight derive from disappointments from therapeutic results. Thus, Singer (72) says that in Freudian psychoanalytic theory, and in learning theory, the term insight describes a process of perceiving and understanding connections in an essentially intellectualized fashion. In psychoanalytic therapy it refers to a rational appreciation of one's behavior and its motivational main-springs. Many psychoanalysts maintain that such an understanding has significant effects in bringing about modification of behavior.

Disappointing results in psychotherapeutic efforts, which were based on such premises, led to a search for new conceptualizations of insight and to the insistence that insight should be defined as an experiential process. Some authors proposed that only emotional insight and full awareness of personal experience could lead to any genuine change and modification of behavior.

A careful examination of the conditions necessary for the break-through of experience into consciousness leads to the reduction of the dichotomy between intellectual and emotional insight. Such a reconciliation rests on the recognition that the personal qualities necessary for true intellectual insight and emotional insight are identical.

It seems that quite often "intellectual insight" and "intellectuali-zation" are used interchangeably. Intellectualization, but its nature, is a defense mechanism, and functions as a barrier against the revealing of any real understanding (emotional or intellectual). Any real insight is mainly a cognitive process based on acquiring and absorption of an understanding (emotional and intellectual). Cognition should be perceived as a multi-level, multi-functional entity, the framework of
which encompasses many processes including an emotional one.

Through the process of therapy the individual encounters a special atmosphere and relationship that enable him to make use of the learning experiences provided to him. These learning experiences reinforce and help him in widening his cognition; creating new sequences, relationships and reorganization between past and present patterns, feelings and motivations, of which he was not previously aware; and assimilating them into the cognition and carrying them on to life situations.

As to the question of what and how or why in insight: the what can be answered in accordance with the general personality theory that each of us adopts. The how and why can be answered by investigating the two facets of insight - the problem-solving process, and the process of combination.

Much remains unclear. Intensive research is still needed in the field of problem-solving on the one hand, and in the field of creativity on the other. The knowledge we shall gain from understanding both processes will enable us to grasp more clearly the process of insight as an effective therapeutic agent. Insight is, by no means, the only or exclusive means of bringing about therapeutic change (conditioning techniques, even life situations can provide very noticeable results); but as conceived here, it still is one of the most important.
BIBLIOGRAPHY


