Psychotherapy Guidebook

INSIGHT PSYCHOTHERAPY

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e-Book 2016 International Psychotherapy Institute

From The Psychotherapy Guidebook edited by Richie Herink and Paul R. Herink

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DEFINITION

Insight Psychotherapy explains behavior, affects (moods and emotions), and thoughts with interpretations.

HISTORY

The history of Insight Psychotherapy can be traced to Freud. Early in his studies and treatment of psychopathology, Freud found that the interpretation of forgotten memories (the attribution of psychoanalytic meaning to such memories) did not uniformly lead to psychological improvement in his patients. With additional experience he recognized resistance (the instinctive opposition to laying bare the unconscious), the intrapsychic mechanisms of defense, and transference (the projection of feelings, thoughts, and wishes onto the analyst who has come to represent someone from the patient's past). He found these forces compromising the effectiveness of interpretations. Thus, he shifted his therapeutic emphasis from his original focus on past events to explaining patients' resistances, defenses, and transferences vis-a-vis treatment and the analyst. Today, the

term "insight psychotherapy" can refer to either of the above approaches: using interpretations to explain forgotten memories or to explain psychological events that occur within treatment.

It is unfortunate that the term "insight psychotherapy" has perhaps led to unnecessary confusion. In the broad sense of the word, all verbal therapies condone insight. Moreover, most humans interpret their behavior and find it useful to do so. What is at issue is the kinds of interpretations one uses. Freud and other psychoanalysts stressed interpretations dealing with their patients' unconscious desires, fears, and psychic mechanisms. Insight, then, is a well-established way of knowing; by convention, it applies to situations where psychoanalytic and like interpretations are used, but this need not be so.

Current theoretical discussions are concerned primarily with the depth, focus, and timing of the interpretation. Questions relating to the depth of the interpretation deal with whether or not early life and fundamental psychic conflicts and desires should be interpreted when patients are seen for brief periods of therapy (less than twenty weeks), or infrequently (once per week or less); questions relating to the focus of the interpretation deal with whether past or present conflicts should be explained in order to maximize the effects of interpretation; and questions relating to the time of the interpretation deal with the question of when is the most efficacious time to explain the event. The generally accepted rule is: the shorter and/or the more

infrequent the therapy, the less focus on early fundamental conflicts and the greater emphasis on current conflicts.

TECHNIQUE

The fundamental premises of this kind of therapy are: 1) that unrecognized intrapsychic conflicts result in symptoms and behavior that are displeasing to the patient and 2) that identification of these conflicts and their appropriate interpretation result in an alteration of the displeasing symptoms and behavior.

Successful Psychotherapy involves critical Insight a interpretation/timing feature: the therapist must wait until the patient has discussed significant internal conflictual material several times and failed to make sense of it. In addition, he must wait for a moment when a patient is emotionally distressed, shows evidence of desiring change, and is responsive to the therapist's views. An interpretation will then have the effect of refocusing the patient's approach to the conflictual material and restructuring intrapsychic relationships. For example, a young man who is disappointed in his relationships with women might be unaware of his childlike pleading to his therapist to magically make certain fears and distress disappear. The therapist, interpreting this behavior as emanating from the young man's wish to have the therapist act as a mother toward him, has a reasonable probability of refocusing the patient's view of his distress. Thus, the patient sees that he brings desires appropriate only to childhood to an adult situation where such desires are inappropriate, therefore adversely affecting his relationships with women.

APPLICATIONS

It is traditionally argued that Insight Psychotherapy works best with patients who have above-average intelligence, who lack psychotic symptoms, who are motivated to change themselves, and who see themselves and not the world about them as the principal cause of their distress. They usually have values similar to those of their therapist and a desire to improve their place in life. These are preconditions.

A fundamentally more important issue concerns the kind of psychopathological disorder from which patients suffer: those who suffer from conflicts that can be verbalized (e.g., conflicts relating to desires, fears, misunderstandings, etc.) often benefit from Insight Psychotherapy while patients who cannot verbalize their problems benefit less, although they will often learn the language of insight.

The preceding point about verbalization is particularly critical in the selection of patients. While prospective patients are increasingly sophisticated in psychoanalytic ideas, initial impressions are frequently

misleading. Patients who are confused, who suspect that there is something wrong within themselves, and who find their distress troublesome are most likely to benefit from Insight Psychotherapy. On the other hand, patients who have a highly schematized view of themselves and a strong commitment to certain causes of their disorder seem to benefit less.

When Insight Psychotherapy works, it seldom does so dramatically. Time is required for the interpretation to take effect. Behavior can change rapidly, but fears change slowly because new experiences and trials at being less fearful are needed; and deep-seated desires change very slowly. But change does occur and with such change goes a revised view of one's self as well as one's place in the world.