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Insight in cognitive-behavioral therapy

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Why should cognitive-behavior therapists care about insight? At first glance, many of them might view it as a foreign concept; an “ego-alien” construct, one might say, that belongs to psychoanalytically oriented therapists. In fact, if we were to invite mental health professionals of any orientation to “free associate,” even ad infinitum, to the word of insight, very few would utter the words “behavior theory” or “cognitive behavior therapy.” This, we believe, is because many confuse the definition of insight with a restricted number of techniques and/or processes that may foster it (e.g., client’s free association, therapist interpretations). Insight, however, can and should be defined independently of what may facilitate it. It should also be defined by using a jargon-free vernacular, as opposed to a set of terms tied to a particular theoretical orientation. In this chapter, insight is defined as the acquisition of new understanding. It is our contention that when defined this way, insight is highly compatible how cognitive behavioral therapies are currently practiced. We would indeed argue that most of today’s cognitive-behavior therapists help (systematically and intentionally) their clients to gain a new perspective on the origins, determinants, meanings or consequences of their (or others’) behaviors, thoughts, intentions, or feelings.

The first section of this chapter will address theoretical considerations. We will show that while insight was at first dismissed within the behavioral tradition, it has later been emphasized by influential leaders of the cognitive-behavioral orientation. We will also argue that a careful consideration of relatively recent contributions of cognitive-behavioral therapists can lead to a

multi-dimensional (“schema-focused”) conceptualization of insight that might further clarify this construct. In a second section, we will review empirical and clinical literature to assess whether insight really occurs in CBT, if such insight fits the dimensions emphasized in our schema-focused perspective, if these insights differ from those achieved in other orientations, and if they are beneficial to clients. We will conclude this chapter by offering directions for future research about insight that might be of particular interest for cognitive behavior therapists and researchers.

Theoretical considerations

From rejection to understanding : A brief (and sketchy) historical perspective on insight in CBT

Early behaviorally-oriented writers typically avoided the concept of insight mainly because of the implication of unconscious processes (Cautela, 1993). In fact, some authors explicitly discounted any value for insight for behavioral treatment. For Bandura (1969), what authors call “insight” or “awareness” were seen as phenomena of “social conversion,” where the client learns and adopts the therapist’s point of view. Far from seeing insight as a legitimate goal in behavior modification, Bandura (1969) feared that the pursuit of such social conversion might even be unethical.

Other historical figures of behavior therapy assigned only a minor role to insight in therapeutic change. Shoben (1960) recognized that insight might contribute to psychological recovery, but he also stated that in anxiety disorders, “extinction or counter-conditioning is still necessary” (p.69). Cautela (1965) reported on cases of “insight-like events” during desensitization training. While in these cases “no attempt was made by the therapist to make the patient aware of etiological factors concerning the symptom complex, the patient gave insightful-like comments as the desensitization procedure became effective” (p. 59). However, Cautela

explained utterances such as “Oh, I see it!” merely as verbal statements that express changes in the symptomatic behavior” (p. 62). “Insight-like events,” therefore, were seen as epiphenomenal by-products of symptom change rather than causal agents.

The introduction of a cognitive perspective within the behavioral orientation, however, has laid the ground for a different view of insight. Beginning in the late 1960s, behavior therapists imported the concepts of encoding, storing, and retrieving of information from the information-processing model in cognitive psychology (Goldfried, 2003). Cognition, as an “organismic variable,” became a determinant or causal event in the sequence of factors involved in functional analyses of behaviors: stimuli, organismic variables, reactions and consequences (S-O-R-C). Despite differences among the various cognitive-behavioral therapies (CBTs), agreement existed on the components of cognitions, their role in human functioning, and their relationship to change in psychotherapy. Specifically, cognition came to be seen as consisting of general ideas, beliefs, and assumptions which mediated the operation of operant and classical conditioning and thus the relationship between stimuli and behavioral reactions. Especially relevant to the issue of insight, cognitive-behavioral therapists also appeared to agree that self-understanding can lead directly to therapeutic change (see Westerman, 1989).

A major proponent of cognitive therapy who explicitly used the concept of insight was Albert Ellis. He proposed a distinction between intellectual and emotional insights in Rational-Emotional Behavior Therapy. In both types of insights, the client acknowledges that particular beliefs are erroneous, recognizes that particular behaviors are self-defeating, and experiences a wish to change these beliefs and behaviors. However, intellectual and emotional insights differ in terms of intensity, i.e., the number of kinds of behaviors affected, the force of the pursuit, the effectiveness, and the commitment (Ellis, 1963). While intellectual insight is “nothing but an idle

New Year's resolution (or fond dream) that one will alter effortlessly" (p. 125), emotional insight "involves seeing and believing; thinking and acting; wishing and practicing" (p. 126).

In other classical references of cognitive-behavioral therapy, the phenomenon of insight seemed to be implied but was termed "cognitive change," "cognitive restructuring," "rational restructuring," "cognitive realignment," "rational re-evaluation," or "discovery of irrationality." For Beck (1976), the process of cognitive change consisted of becoming aware of one's thoughts, recognizing which thoughts are inaccurate, substituting more accurate thoughts. Insight, one could argue, is involved in recognizing the irrationality of automatic thoughts and becoming aware of alternative cognitions. A more substantial cognitive change (insight) assumedly took place when a change in assumptions underlying cognitive distortions occurred (Beck, 1976).

Mahoney (1974) saw the change of cognitive contingencies (CCs) (e.g., in order to allow myself to watch football on Sunday nights, I need to work all weekend) as an important goal of cognitive behavior modification. For Mahoney, CCs were mediational symbolic products of stimulus-response-consequence relationships that made up our assumptive worlds (cognitive schemata). If maladaptive, the therapist's job is to "detect and communicate (adaptive) contingencies in a manner which will enhance therapeutic cognitive realignment" (p. 163). The process of "belief modification," according to Mahoney, can be an incremental/gradual alteration, or it may be "all-or-none" in the form of a "cognitive click". In addition, Mahoney adopted Ellis' distinction between intellectual and emotional insights and supported Ellis' conviction that purely intellectual insight is ineffective or inadequate and rarely leads to significant change.

Meichenbaum (1977) also defined cognitive restructuring as a central concept for behavior change, as a means as well as the end of the process. Cognitive structure was presented

as “a meaning system... a kind of 'executive processor,' which 'holds the blueprints of thinking,' ...the source of the scripts from which all such dialogues borrow" (pp. p. 212-213). Cognitive restructuring, therefore, represents a schema change. Similar to Ellis and Mahoney, Meichenbaum stressed the distinction between cognitive change as schema change involving multiple dimensions of functioning and “purely intellectual insights.” Change in cognitive structure was necessary but not sufficient for behavioral change.

Goldfried and Davison (1976) argued that clients’ frequent expectation of insight, as the vehicle of change is incompatible with a behavioral model. To their merit, however, they also acknowledged having observed “insight” in their clinical practice and the therapeutic changes it seemed to produce. These insights “may have entailed personal revelations that we provided to our clients, vaguely articulated hunches that we followed up, or therapeutic moves that we blindly stumbled upon, but which yielded therapeutic benefits well beyond our hard-headed comprehension” (p. 16). These authors proposed the systematic pursuit of “cognitive relabeling” or “rational restructuring” wherein the client becomes aware of inaccuracies in thinking, reevaluates beliefs more rationally, and substitutes a more realistic appraisal.

It does seem clear that while insight is not a concept that most mental health professionals readily associate with CBT, it is, at least when defined as gaining a new understanding of self and/or others, regarded as a core process of change in this orientation. Although it would be fair to assume that most cognitive behavior therapists would refuse to be described as “insight-oriented,” one might also agree with Paul Wachtel (1977) when he argued that “on the basis of both clinical experience and the findings of research on perceptual learning, cognitive restructuring, and so on, I believe behavior therapists have underestimated the therapeutic value of insight into or clarification of the issues in one's life ...” (p. 144).

We would like to go one step further by arguing that the careful consideration of several constructs that have more recently emerged in the CBT literature can offer a potentially helpful conceptualization of insight.

Integrating new directions: A schema focused view of insight

The cognitive revolution that began in the 60s has opened the door to exciting exploration of what might be in the “black box”. Over the last decades, authors associated with the cognitive behavioral tradition have provided sophisticated analyses of internal dimension of human functioning, which reflect potential determinants of behaviors. We will attempt to integrate some of these contributions into a schema-focused perspective of insight. This perspective formulates insight as a change of knowledge structure, i.e., self-schema. The concept of schema, of course, is not a new addition to the cognitive-behavioral tradition. This construct, however, allows us to tie together more recent developments, which can inform a multi-dimensional view of insight. Specifically, we argued that change in self-schema involve different levels of mental representation. In addition, we postulate that such change is associated with varying level of emotional activation. Finally, we argue that rather than being a departure from CBT tradition, the schema-focused perspective of insight reflect a learning process that is consistent with other major CBT constructs.

Schemata

Schemata can be described as mental representations in long-term memory, or as a “cognitive representation of individuals, past experiences with other people, situations, and themselves, which helps them to construe events within that particular aspect of their life” (Goldfried, 2003; p. 56). At a biological level, schemata can be described as neuronal activation tendencies. These

activation tendencies are organized into cell assemblies (Hebb, 1949) or neuronal groups (Edelman, 1987). The Hebbian cell assembly is a classic and empirically supported neurophysiological example of brain organization in which neurons are associated with each other via repeated joint activation. The joining together of a multitude of specialized neurons into a neural group is a result of hierarchical organization (Hubel & Wiesel, 1968) and of synchronous activation. Like all forms of knowledge, schemata reflect networks of connections, which are stored in different memory systems.

Schemata influence the encoding and retrieval of information, and thereby regulate which information reaches conscious awareness. Consistency with the content of the self-schema (an obvious form of connection) influences what the person expects and retains from new experiences (Goldfried, 2003; Grawe, 2004). As *Self schemata* are “cognitive generalizations about the self, derived from past experience, that organize and guide the processing of the self-related information contained in an individual’s social experience” (Markus, 1977; p. 63). Via this partially selective process of perceiving and encoding, the self and the world are perceived as coherent and organized (Goldfried and Robins, 1983).

In recent efforts to refine the concept of schema that has been traditionally adopted in cognitive therapy (e.g., Beck, 1976), Safran (1990; Safran & Segal, 1990) argued that self-schema are interpersonal in nature—our views of self are intrinsically linked with our views of others and our relationship with them. He also argued that these schema are based on early interactions with attachment figures, allowing the person to encode information that will “increase the probability of maintaining relatedness with these figures” (Safran, 1990, page 93).

A change in self-schema necessarily reflects a person’s new understanding; a different view of who he/she is (or was), and/or a new comprehension of his/her relationships (past,

present, future) with others. As such, this type of change fits our cognitive-behavioral definition of insight. Changes in self-schema (or insight) can obviously vary in terms of complexity. New understandings can reflect a more or less extensive set of new connections among numerous objects of understanding (different aspects of the self, or different persons, situations, phases of life). They may also reflect more or less broad (encapsulating) integration of themes and patterns in a person's life. In addition, change in cognitive generalization about the self and others can take place at different levels of the self-representation, that is, insight can vary in depth.

Levels of representation

A self-schema can obviously be conscious. We are indeed able to recognize, articulate, and verbalize some aspects of who we are (or who we believe we are). However, not all knowledge (including self-schemata) is accessible to awareness. These different levels of knowledge representation have been associated with different modes of psychological functioning and different memory systems, i.e., the *explicit* and the *implicit* modes/memory systems (Epstein, 1990, Grawe, 2004). Whereas schemata in the explicit mode are associated with conscious awareness and can be accessed voluntarily (top-down activation), memory contents in the implicit mode are preattentive, nonconscious, and only accessible via situational stimuli (bottom-up activation) (Grawe, 2004). Teasdale (1993) makes a similar distinction by describing two different kinds of meaning, the specific/explicit and the generic/implicit codes. These two kinds of meaning are related to two different kinds of mental codes, in which information is processed within the human memory. Explicit meaning is coded in propositional code, deals with specific meanings, discrete concepts, and relationships between the concepts, and can be expressed in language. In contrast, implicit meaning is coded in implicational code that is more holistic/generic and is not directly translatable into language.

These distinct levels of representation and memory systems suggest that different types of insight, or self-schematic change, can take place. One can achieve a new understanding of self and others by changing explicit knowledge structures, e.g., by making new connections between consciously experienced information. One can also modify his/her perception and/or interpretation of self by becoming conscious of, and verbalizing previously implicit memories. As we will see below, this transformation process is likely to be facilitated by emotion, which is intrinsically linked to the distinction between explicit and implicit meaning.

Insight and emotion

Among the most important questions regarding insight are whether it always involves emotion, and whether emotion is necessary for insights to lead to change. In contrast with humanistic and psychodynamic orientations, the cognitive behavioral tradition has mostly viewed emotion as a phenomenon to be controlled rather than experienced or deepened (Goldfried & Salimov, 2000; Mahoney, 1980, Messer, 1986). This has been the case even though a number of its luminaries (Ellis, Mahoney, Meichenbaum), as we have described previously, have recognized the importance of emotional insight. More recently, however, a number of cognitive-behaviorally oriented therapists have formulated sophisticated and multi-dimensional views of emotion, which allow a schema-focused view of insight to adequately recognize the role of emotion.

The *Interacting Cognitive Systems (ICS)* approach by Teasdale (1993), for instance, provides constructs that can be helpful in distinguishing between intellectual and emotional insights. Using the explicit/implicit distinction described above, Teasdale proposes that while implicit meanings are directly linked to emotion, “propositional representations of emotion-related information cannot alone, elicit emotion”. As such, the former are viewed as “hot

cognitions” whereas the latter are referred to as “cold cognitions”. As argued by Teasdale, “‘Intellectual’ belief or knowing with the head is agreement with specific propositional meanings, whereas ‘emotional’ or ‘intuitive belief, ‘knowing with the heart’, is related to the state of holistic implicational representations” (p. 346). In line with this theory, intellectual insight can be described as making new connections only at an explicit (propositional) level. Emotional insight however, would require that in addition to the intellectual insight, an integration of the person’s implicit representations (patterns of implicational code) takes place.

Using closely related concept, Safran (1989) proposes that in order to be conducive of change, insight needs to involve an integration of two modes of functioning. Parallel to the implicit/explicit distinction discussed above, he describes two ways of acquiring knowledge about the “real world,” i.e., perception and conceptual thought. Whereas perception is concerned with the acquisition of currently “transpiring” knowledge and is more closely connected to emotion and action, conceptual thought involves making connections between abstract concepts, a process that distances the individual from immediate perceptions and emotional reactions. Similar to Teasdale’s implicit meaning, perception is related to an ongoing bodily processing of current situations that give rise to “bodily sentience” (Gendlin 1991) that only later becomes integrated with higher-level cognitions to form emotions (Greenberg & Safran, 1987; Leventhal, 1984). Safran argues that the most powerful insights are those that integrate perception and conceptual thoughts. “... a conceptual understanding of the way in which one constructs one’s own reality can never bring about real change. Ultimately, one must experience what one is doing at a bodily felt level. Ultimately, new behavior can only flow out of new bodily felt experience, and this can only take place in the present. ... The required insight, however, is a bodily felt awareness. In that very moment of awareness, there is a change in bodily sentience.

This, I believe, is what we are referring to when we talk about emotional insight” (p. 237). “Therefore, insight that is associated with emotion is considered to be more conducive to change because it links implicit and explicit meaning and leads to a reappraisal of an event or situation that tells the person “what this means to me now” (p. 237).

The intrinsic connection between emotion and implicit meaning is also emphasized in Safran’ (1990) view of schema. As previously mentioned, he postulates that our views of self are based on early interaction with attachment figures. He also assumes that some of the information related to such attachment behavior is affective in nature and is therefore coded, at least in part, in expressive-motor form. As such, he argues that while “some aspects of an individual’s interpersonal schema may be readily accessible in conceptual/linguistic form, other aspects may be more difficult to access symbolically” (page 94). Interestingly, the experience of emotion can then become a way to facilitate the transformation of previously implicit memory into explicit one. Because some emotional experiences are intrinsically connected to core views of self, access to such emotions can then trigger past memories and associated meanings. As argued by Safran (1990), working with clients in an emotionally alive or immediate way can allow for the transformation of information coded at the expressive-motor level into conceptual representation.

In line with Teasdale’s and Safran’s work, we hypothesize that insight (or change in self-schemata) is likely to lead to stronger and longer-lasting therapeutic improvement if it involves emotional experience that is associated with the activation and modification of previously implicit meaning. This being said, we do not believe that intense or deep emotional processes or activation is absolutely necessary for self-schematic change. As we mentioned above, we believe that insight can take at the level of explicit memory – in other words, making conscious what

was unconscious is not a condition for insight. In the same way, we believe that intellectual (or mostly intellectual) insight can also be helpful. Briefly put, deep (in terms of representation level) and emotional insight is not the only type of insight. When insight combines both depth and intensity of emotion, however, it is likely to have greater therapeutic impact.

Although we propose that emotion is not necessary for insight to take place or to be helpful, we would also like to suggest that one type of emotion is a frequent consequence of insight: Joy. The experience of joy is not typically associated with the psychodynamic view of insight, but its activation is very consistent with learning mechanisms emphasized in the cognitive-behavioral tradition. Specifically, we would argue that the experience of joy derives from one or both of two sources inherent to psychotherapy change process: Some insights solve or give promise of solving the emotional problem (negative reinforcement), and some insights create or give promise of creation of the positive (positive reinforcement). The intensity of experienced joy upon an insight will be a function of the degree of the problem, the degree of perceived solution or possibility of solution for the problem, and/or the degree of the positive possibilities or realities that it creates.

Insight experiences as learning

While our schema-focused perspective allows us to consider a number of dimensions frequently linked to insight, one might wonder whether it belongs along side of other CBT constructs. Within this theoretical tradition, all therapeutic change can be conceived of as *learning*, i.e., the forming of new connections. Classical conditioning creates the learning of new connections by perceptions that one stimulus is consistently followed by another stimulus. Operant conditioning creates new learning by strengthening connections between stimuli and voluntary action and by stimulus and response generalizations of those connections. Vicarious

learning does the same through mere observation. Etymologically, all words, as artificially created symbols, derive their meaning from their connection to concrete objects or actions, and later may acquire more abstract meanings through subsequent associations. Like all other stimuli and responses, abstract concepts, such as self-representations, acquire further meaning (or modifications in meaning) through new connections with other concepts or via experiences that build additional associations. As such, change in self-schemata can be seen as a modification of the associative networks regarding oneself, and therefore as a form of learning.

Closely related to the concept of learning, insight can also be defined as a form of corrective experience. Grawe (2004) argued that corrective experiences can be generated first by triggering the schemata underlying the patient's problematic experiences and behavior, and then by overlaying them with new schemata. Grawe (1997) also identified two types of corrective experiences: *clarification of meaning* and *mastery/coping*. In this context, and in line the previous quote by Wachtel (see page), insight can be viewed as a clarification experience. It is a specific corrective experience in which new connections are made between pieces of knowledge (schemata) involving the self that were previously unconnected.

In terms of therapeutic interventions, schema activation and corrective experiences can be achieved by traditional cognitive-behavioral techniques, as well as by interventions that are in line with Safran's contribution described earlier. For example, schemata can be activated by the identification and/or monitoring of conscious thoughts, or the triggering of previously implicit meaning and memories, which is more likely to take place when clients are working in an emotionally –immediate way. Corrective experiences can be facilitated by the challenge of conscious thoughts, the behavioral disconfirmation of explicit self-perceptions, as well as the transformation (into consciousness) and modification of previously implicit [emotionally laden]

experiences associated with core aspects of client self-schemata.

It is important to stress that schema change is a necessary but insufficient condition for insight. For a schema change to be considered an insight, the perspective shift has to be consciously experienced and verbalizable. Thus going back to the notion of levels of representations, whereas the object of insight might refer to previously implicit meaning or memory content, such an object must become explicit for insight to take place. Insight, however, is not restricted to the transformation of implicit information into an explicit one, as it can also reflect new associations between conscious meanings about self (or modifications of conscious self-representation). Insight varies in depth but, ultimately, it requires conscious awareness of the self-schemata.

The description of a schema-focused perspective allows us to further specify our definition of insight as a new understanding of oneself or others. Essentially, insight is a learning process (a corrective experience of clarification) where one consciously perceives connections between two or more mental representations (schemata) that had not been seen before as being connected, or connected in a particular way. This definition contrasts with mere awareness, which only implies recognition of some components of functioning. In both awareness and insight, consciousness is involved. However, whereas the former can be described as schema activation, only the latter refers to schematic change. The schema-focused perspective described above also suggests that the insight is multi-faceted, involving the following dimensions: object (or content), complexity, level of representation, emotional intensity, and degree of acceleration (see Table 1).

Table 1. Dimensions of insight.

<i>Dimensions</i>	<i>Explanation</i>
1. Object(s)	The object(s) of the new understanding (e.g. emotions, cognitions, wishes / fears, behaviors, symptoms / symptomatic behaviors, interpersonal relationships, situational contingencies, individual development).
2. Complexity	The number of connections/links (meaning bridges) and/or integration (e.g. identification of themes or patterns) involved in a new understanding.
3. Level of representation	The level of explicitness of the object(s) previous to the insight.
4. Intensity of feelings	The intensity of bodily experiences and emotions that are associated with the insight.
5. Acceleration/Suddenness	The degree of suddenness of the understanding (ranging from continuous/cumulative to “aha!”/cognitive click).

We purposefully included a wide array of content in the “object” dimension because our early description of insight in CBT (i.e., “a new perspective on the origins, determinants, meanings or consequences of their (or others’) behaviors, thoughts, intentions, or feelings” (see page X)) allows for an integration of various topics focused on by therapists of different orientations when fostering self-understanding. Our dimension of “acceleration” was not derived from the constructs presented in our schema-focused perspective on insight. Rather, it captures Mahoney’s (1974) distinction of “belief modification” in terms of incremental/gradual alteration, or change in an “all-or-none” fashion.

Empirical and clinical observations

Having offered a cognitive-behaviorally based view of insight, we now turn our attention to a number of important questions: Does insight occur in CBT? If so, do these insights fit into our schema-focused conceptualization? Do insights in CBT differ from insights occurring in other forms of therapy? Is insight beneficial in CBT outcome? To answer these questions we surveyed empirical studies as well as case reports of insight events in CBT.

Does insight occur in CBT? - Empirical studies

A number of studies have examined the occurrence or intensity of insight in CBT alone or as compared to other orientations.

Clarke, Rees, and Hardy (2004) provided evidence that insight occurs in CBT by analyzing post-therapy interviews with five successfully treated clients who received CBT for depression, each of them with a different therapist. The authors used grounded-theory methods to infer 10 categories of important experiences during the course of therapy. One category was “Understanding/Patterns/Core Beliefs.” Among the events coded in this category were “comments about how the therapy had prompted them to revise their views of depression, therapy, or themselves” (p. 77). In another study, Gershefski, Arnkoff, Glass, and Elkin (1996) examined the helpful aspects of treatment using the post-treatment data from the NIMH Treatment of Depression Collaborative Research Program (Elkin et al., 1985, 1989), where CBT, interpersonal therapy (IPT), drug treatment and placebo were compared. Clients were asked to report the particular helpful aspects of their treatment, which were then coded in terms of specific or common helpful aspects of therapy. *Insights* was one of the subcategories in the common category of *Learned Something New*. Overall, 36% of the clients of all treatment conditions showed responses that were coded into this common category. Interestingly the differences between the conditions (CBT, IPT, drug, and placebo) in the percentage of

completers with responses coded into this category were not significant. In yet another study on important (helpful and unhelpful) events, Llewellyn, Elliott, Shapiro, Hardy, and Firth-Cozens (1988) found that “Personal insight” (an helpful event defined as “client sees something new about self, sees links; a sense of ‘newness’ experienced” (p. 108)). did occur in CBT treatment, but with significantly lower frequency than in psychodynamic therapy.

The client’s experience of insight (assessed via one self-reported item, i.e., “Today I realized connections clearly that I had not seen before.”) was also measured in the three conditions of the *Berne Comparative Treatment Study (BCTS)*; Grawe, Caspar, and Ambühl (1990): broad-spectrum behavior therapy (BSBT), interactional behavior therapy (IBT), and client-centered therapy. While both BSBT and IBT are based on Lazarus (1973)’s multi-modal therapy, the choice of interventions in IBT is guided by an assessment of the client’s approach and avoidance motivation (based on Caspar (1995)’s Plan Analysis case formulation). Results indicated that clients in broad-spectrum behavior therapy experienced a higher mean intensity of insights than clients in client-centered therapy.

The above studies provide support for the conclusion that insight occurs in CBT. Whereas some evidence suggests that it may not be as prevalent as in psychodynamic-interpersonal therapy, other findings suggest that it happens as frequently as in interpersonal therapy and that it is rated higher than in client-centered therapy. These results should be viewed with caution, however because different operational definitions of insight were used across studies. Furthermore, each study involved different comparison conditions (e.g., CBT vs. psychodynamic therapy; CBT vs. client-centered therapy), and no replications of such comparisons have been yet reported. Finally, insight-like experiences were reported with similar frequencies in placebo and drug therapies, raising interesting questions about the nature and/or

measurement of insight (see Wampold, this volume).

Does insight occur in CBT? - Case reports

Insight events have also been reported in clinical descriptions of single cases in CBTA number of case reports describe the occurrence of insight events in the midst of traditional behavioral techniques not specifically designed to generate them. Powell (1996) reported that “About 15% of patients treated behaviorally for physical or emotional disorders in a university-based clinic showed evidence of behavior therapy-generated insights” (p. 303). Examples of such insights have been reported by Cautela (1965,1993), Powell (1987,1988,1996), and Sedlacek (1979). These insights cover a wide range of objects and complexity. Their contents involved issues such as client’s symptoms, emotions (e.g., linking anger and guilt to vascular spasms), cognitions (e.g., reevaluation of danger associated with feared object), wishes (e.g., linking occupational and marital problems to unfulfilled wish for children), interpersonal problems (e.g., change of disrespectful attitude toward alcoholic husband), situational contingencies (e.g., linking fear of trembling in interpersonal situations to a fear of negative evaluation by others related to the client’s parents divorce), and individual development (e.g., linking overly high expectations for performance to previous attempts at receiving love of overly demanding father). Some of these insight reflected a fairly simple acquisition of new meaning, such as the client’s reassessment of the real danger of a traffic accident, whereas others reflected more complex, emotionally laden connections that involved previously implicit memories about the self and significant others. One client, for example, linked newly accessed memories of sexual abuse by the client’s brother to problems of overeating, alcohol abuse, guilt feelings, and suppressing her own sexuality. Another client linked the beginning of having cold hands to a lack of attention from parents after a nervous breakdown of the client’s brother. The interventions that preceded these and other

insight during behavior therapy were relaxation techniques, biofeedback, constructing a hierarchy within systematic desensitization, desensitization per se, self-monitoring, or exploring feelings related to the client's symptoms and distress.

Other insights have been reported to occur in the context of cognitive interventions explicitly designed to help clients gain a new understanding of self and others. Examples are reported by the five clients in CBT for depression in Clarke et al.'s (2004) study (see above). The object of the client's reports of new understanding concerned cognitions (e.g., learning a new way of thinking about oneself, better knowing what changes to work on), symptoms (e.g. better understanding of anxiety, reattribution of reasons for depression), and individual development (e.g. recognition that going through certain hardships changes you as a person). Interesting issues about insight also emerged in Rees, Hardy, Barkham, Elliott, Smith, & Reynolds (2001)'s comprehensive process analysis of a problem clarification event in CBT with a depressed female client. In the discussion of the gap between the client and her husband, the problem was identified that she avoids confrontation by shrugging off. The therapist first assisted the client in recognizing and clarifying the problem, which led the client to confirm the therapist's suggestion that she might not know exactly what she wants or how to express that she felt "stuck." The therapist then offered steps toward a possible solution in a Socratic dialogue. The therapist modeled the client's dysfunctional thinking as well as possible assertive behaviors in relation to her "wants" in the relationship. During the session in which the insight occurred, the client showed no signs (verbal, behavioral, or emotional) that an insight had taken place. After the session, while filling out material on immediate session impact, things really struck her. She described her insight experience with the following words: "And this actually hadn't struck me before. The dawning of realization--good heavens! ... I felt so stupid. It seems so obvious,

doesn't it? Inadequacy that I hadn't spotted it for myself a long time ago. For somebody who's supposed to be intelligent, I can be really stupid at times. ... It's high time after 20 years that I started to say what I wanted, and that it perhaps won't be the end of the world if I do" (pp. 340). This example illustrates several important points. First, insight is sometimes the result of a lot of work. In this case, the client gained a new understanding of self following many CBT interventions. Second, it shows that insights can be delayed; they may not be observable in the session itself but might still emerge afterwards. Third, as far as it can be gathered from the client's report, an insight can be rather accelerated, and may sometimes need a trigger (completing post session report).

Insights also seem to occur in cognitive-behavior therapy as a result of non-behavioral interventions. Kulman (1982), for example, described what appeared to be beneficial impacts of a therapist's interpretation and the client insight that followed. The client came to therapy to deal with a blockage he experienced when taking tests in college. The insight occurred after the construction of a fear hierarchy in the context of systematic desensitization. The therapist noticed a negative allusion from the client to his wife and fed it back to the client. The client first reacted defensively but, in the next session, expressed that the marital situation had relevance for the test-taking problems. After the therapist made an interpretation about the symbolic significance of his test-taking problems as a displaced expression of his anger toward his spouse, the client realized that he had negative feelings towards his wife for controlling his actions. Following this new, emotionally laden understanding of self, he was able to do well on his exams and started confronting his wife.

Based on the above empirical studies and case reports, it appears that our definition of

insight as a new understanding of self and others fits a specific type of events that occur in CBT, events that are perceived as helpful by at least some clients receiving this form of therapy. The description of several cases also suggests that our schema-focused perspective captures several important dimensions along which insight events may vary (wide range of objects, complexity of connection between these objects, level of representations of the same objects, intensity of emotion experienced during making connections) and degree of acceleration or suddenness of these new connections [or learning]).

Are there “CBT-insights?”

Whereas empirical studies pointed to potential differences in the frequency of insights in different treatments, the question remains whether insights in CBT differ from those in other treatments. At least one study has begun to address this important question. Using Comprehensive Process Analysis (CPA) Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn, & Margison (1994) compared insight events of three clients in CBT with insight events of three clients in psychodynamic-interpersonal therapy. All insight events were taken from successful phases in the respective therapies. Whereas all insight events involved a meaning bridge, insight events in CBT did not involve painful awareness as an emotional effect, a feature that the events in psychodynamic therapy showed. In addition, insight events in CBT were “primarily reattributorial in nature,” whereas insight events in psychodynamic therapy involved “cross-session linking of core interpersonal conflict themes.” The authors conclude that “It is thus important not to assume that insight is the same in the two treatments” (p. 460).

A case example reported by Elliott et al. (1994) illustrates these results. A female schoolteacher reported an insight in fifth session after she had been instructed in relaxation procedures, keeping a diary, and assertion strategies. The insight involved a reattribution of an

interpersonal problem at work as a colleague's fault, not the client's. "We went over a situation which happened today, where I had thought I'd let myself down and made a fool of myself, and when the therapist pointed out that it was [a] fairly common situation and quite funny, I suddenly saw another side to it and felt much better" (p. 455). Based on the dimensions of our schema-focused view, this insight experience would be described as fairly sudden, but not very complex, apparently associated with neither intense emotions nor previously implicit memory. One important question that future research should address, however, is whether this is the *only* type of insight occurring in CBT, especially when this treatment is conducted in a natural setting as opposed to a clinical trial context (as it in the Elliott et al.'s [1994] study was).

Is insight beneficial in CBT?

In a previous section we showed that insight has been described by clients as a helpful event occurring in CBT. Knowing how many clients find insight beneficial and/or how helpful it is compared to other therapy events would provide a more specific assessment of its potential impact.

Cadbury, Childs-Clark, and Sandhu (1990) examined helpful aspects of CBT with 29 anxiety clients participating in an anxiety management group. After treatment had been completed, participants rated the helpfulness of several specific techniques. They also ranked non-specific therapy factors in terms of how helpful they were. Results indicated that 66% of the participants gave the technique "explanation of anxiety" the highest helpfulness rating. In addition, two insight-related non-specific factors were given the two highest ranks for helpfulness: *universality* (realization that they are not alone with problems) and *self-understanding*. O'Leary and Rathus (1993) analyzed client reports given after termination about the most helpful aspects of therapy for depressed women experiencing marital discord. Twenty

women participated in marital therapy, and 11 women in cognitive therapy. Their reports were coded into twelve response categories, one of which was *Insight Into Own Problems*. 36 % of the cognitive-therapy clients reported insight as one of the most helpful aspect of therapy. In contrast, none of the clients in marital therapy did.

Another way of assessing the potential impact of insight is to measure its relationship with outcome. In the study by Gershefski et al (1996) [see above], client statements coded as “Learning Something New” did not relate to outcome. Neither did insight predict symptom change in CBT or psychodynamic therapy in the study by Llewellyn and coworkers (1988).

Using related constructs, other studies have yielded more promising results. Muran, Safran, Samstag, Gorman, Twining, and Winston (1995) studied the capacity of cognitive shift and other suboutcome measures to predict outcome of cognitive therapy for 53 depressed and/or anxious outpatients. They operationalized cognitive shift by one item. After a qualitative description ("Please describe the belief, thought, attitude, or expectation that was worked on during the session."), the clients rated cognitive shift using the item "How much did this belief, thought, attitude, or expectation change during the session?". Using this single item, the authors found cognitive shift to have a strong predictive relationship to patient-rated outcome. However, whereas cognitive shift predicted change in interpersonal problems, in automatic thoughts, in target complaints, and success as rated by the client, it did not significantly predict symptom change, global adjustment, or therapist rated success. These results indicate that the relationship between the amount of insights and treatment outcome might depend on the types of outcome measure used.

Although the authors did not explicitly measure insight, the results of Tang and DeRubeis' (1999) study of sudden gains in CBT might also be indicative of the positive role of

insight in symptom change. The authors compared the level of cognitive change achieved by clients in sessions before and after a sudden gain occurred. Cognitive changes were measured by the Patient Cognitive Change Scale (PCCS), which includes 7 categories: 1) bringing a belief into awareness; 2) identifying an error in cognitive process or belief; 3) arriving at a new belief on a specific issue; 4) bringing a schema into awareness; 5) identifying an error in a schema; 6) arriving at a new schema; and 7) accepting a new cognitive technique. Results showed that there were significantly greater cognitive changes in the sessions immediately before the sudden gain than in the previous sessions. Clients who experienced sudden gains were less depressed at the end of treatment and at follow-up. Which of the cognitive changes assessed in this study fulfill our definition of insights awaits further analysis. However, the results suggest a causal role of cognitive changes in (rapid) symptom improvement, which might also include cognitive changes that can be classified as insights.

As a whole, studies relating insight and outcome in CBT have led to mixed results. Developing instruments that would capture the different dimensions of insight suggested by our schema-focus model may allow researchers to better capture outcome variance. It should also be mentioned, however, that process-outcome studies are not without pitfalls and that many variables assumed to play a role in client's improvement have failed to be linked with post-treatment change (Stiles, 1988). Thus, it is possible that most of the effect of insight on outcome is not a direct one. As such, future studies should also investigate the relationship between insight and less distal outcome (during and/or after specific session).

Conclusions and future directions

At the outset of our inquiry on the role of insight in cognitive behavior therapy (CBT), we were convinced that CBT has not paid enough systematic attention to the change process. We

reviewed classic literature in CBT and found that until the cognitive revolution, behavior therapy ignored, paid lip service to, or dismissed the importance of insight. However, the concept of schema and therefore the recognition of cognitive mediation as a determinant of behavior allowed reconsiderations of the potential role of insight in therapeutic change. We reviewed different lines of work in research and theory from cognitive psychology and CBT that highlighted different aspects of insight as a schematic change. After delineating dimensions of insight based on these contributions, we surveyed empirical studies and clinical case reports to examine the evidence for the role of insight in CBT and to determine if some support could be found for our definition and schema-focused perspective on insight. At the end of this effort, it seems fair to come back to the question we stated at the onset of the chapter: Why should cognitive behavior therapists care about insight?

As the previous survey of empirical literature and published case reports has shown, insight obviously occurs in CBT. While various types of insights (e.g., referring to different objects, reflecting diverse level of representation, involving more or less emotion), were observed in CBT, it may well be that this approach (at least when conducted within the context of clinical trials) differs from other orientations in terms of frequency and quality of insight events. Finally, although neither conclusive nor unambiguous, there are some indications that insight might be beneficial in CBT. In as much as research in conditioning suggests that conscious awareness of contingencies increases learning and performance (Bandura, 1969), it is reasonable to assume that the subjective experience of schema change is likely to facilitate therapeutic change. In other words, we believe that insight can have causal influences on cognition, emotion, behavior, and thus change in psychotherapy. More specifically, insight can, in our view, increase the client's self efficacy (sense of control/mastery) and enable him/her to

experience greater freedom over past and current determinants of his/her functioning (i.e., .., increase his/her ability to choose and/or enlarge his/her repertoire of behaviors toward self and others). Taken together, these results and considerations should trigger the curiosity of CBT researchers and practitioners about the exact role of insight in CBT as well as the ways it might be used to increase the therapeutic efficacy of CBT.

The question of utmost importance for scientifically minded therapists is whether insight is causal or epiphenomenal. Whereas Skinnerians would argue that it is not causal, we believe that it can have a causal effect. This, however, is not likely to be an all-or-none issue. Rather, we assume that insight is an epiphenomenon in some cases and a causal antecedent in others. Only sophisticated research will be able to address this issue. An example of such research is the longitudinal study by Kivlighan et al. (2000) on psychoanalytic counseling. Using time-series analyses of client-reported insight events, the authors demonstrated that increases in insight across sessions led to reductions in target complaints. Similar studies should be conducted in CBT. Studies should also investigate whether the richer (in terms of breadth and complexity), the deeper (in terms of implicit memories), and/or the more emotional insights contribute to greater therapeutic change. Ultimately, however, experimental single case designs and between-groups additive designs where interventions are manipulated to increase insight should be conducted to directly answer the question of causality.

Further investigations should also pay attention to the antecedents and consequences of insight. In time-series analyses, Hoffart & Sexton (2002) showed that an increase in optimism predicted the occurrence of insights in inpatients with panic disorder and DSM-IV-Cluster C personality traits receiving CBT. Client, therapist, technical, and relationship factors providing the best conditions to foster insight should be examined with longitudinal designs. Analyses of

the consequences of insight need not be restricted to symptomatic outcomes but should also include other indicators of favorable change. For example, Grosse Holtforth, Grawe, Castonguay, and Egger (submitted) showed that the level of clarification (a concept similar to insight) predicts reduction of avoidance motivation especially when occurring in early phases of treatment and especially with depressed clients.

Another question of particular interest is whether or not insight is necessary for change to occur. Being cognitive-behaviorally oriented, we more than strongly agree with Westerman (1989) when he states that "... it might be possible to accomplish meaningful change in therapy by means of purely active interventions and without patients arriving at new insights." (p. 208). However, on the basis of our schema-theoretical conception, we would argue that verbalizing and making schema changes conscious is likely to increase the therapeutic potential of purely action-oriented interventions. Consequently, we are convinced one way of improving the effectiveness of CBT (at least when working with some clients) would be to enlarge and/or refine its techniques to foster insight. Whether this is best achieved by further developing cognitive-behavioral interventions and/or integrating procedures associated with other traditions is a fascinating empirical question.

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