INSIGHT

THEORETICAL & CLINICAL FOUNDATIONS

An Overview for Physicians, Nurse Practitioners & Therapists

The clinical thinking and established bodies of research that inform the Insight Pattern Frameworks.

The Insight Pattern Frameworks are original clinical and psychoeducational formulations. They are not diagnoses, validated screening instruments, new psychological theories, or independently established treatment models.

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Theoretical & Clinical Foundations

The Insight Pattern Frameworks grew from recurring themes I have observed across more than 25 years of work with women, alongside established psychological, relational, behavioural, and social-work theory and research.

The frameworks are designed to give accessible language to experiences that women often describe clearly but have difficulty naming: knowing they need to say no but feeling unable to tolerate the guilt, repeatedly finding themselves in similar relationship dynamics, becoming highly attuned to the needs of others while losing clarity about their own, or functioning capably for long periods while becoming increasingly depleted.

They are intended as organizing maps that can support reflection, formulation, and therapeutic conversation while leaving room for individual history, culture, identity, relationships, health, and social context.

An Integrative, Contextual Approach

My clinical approach is informed by feminist and relational perspectives, attachment theory, behavioural learning and habit research, schema concepts, Acceptance and Commitment Therapy (ACT), trauma-informed practice, and ecological/person-in-environment approaches.

Rather than locating distress solely within the individual, this perspective considers the interaction between a woman's internal experience and the environments in which her patterns developed and continue to operate.

Family relationships, attachment experiences, gendered expectations, culture, sexuality, socioeconomic conditions, caregiving roles, workplace demands, experiences of safety or marginalization, health, and current relationships may all shape what a person learns to do in order to maintain connection, manage distress, meet expectations, or function effectively.

Behaviours that are costly now may once have been adaptive, protective, reinforced, or simply effective within a particular context. The clinical question is therefore not simply, “Why does she keep doing this?” but also, “What has this response been doing for her, what reinforces it now, and what is it costing her?”

Feminist, Relational & Self-Silencing Perspectives

Research on self-silencing is particularly relevant to the relational patterns addressed within the frameworks. This literature examines ways some women may suppress thoughts, feelings, needs, or disagreement in an effort to preserve relationships or meet relational expectations. Reviews have associated self-silencing with aspects of women's psychological and physical health while emphasizing relational and sociocultural context.

This literature informs aspects of the Good Girl Contract and Self-Abandonment Trade, particularly where a woman experiences significant tension between maintaining connection or approval and expressing her own needs, preferences, limits, or identity.

The frameworks do not assume these patterns are universal to women. Gender intersects with culture, race, sexuality, disability, class, religion, age, family structure, and other dimensions of identity and social location. Expectations about being agreeable, strong, self-sacrificing, independent, accommodating, or responsible can look very different across communities and individual lives.

Attachment, Schemas & Relational Learning

Attachment and schema perspectives provide additional ways of understanding how expectations about self, others, relationships, safety, worth, and belonging may develop and become relatively stable over time.

From this perspective, recurring patterns are not treated simply as poor choices or deficits in insight. A person may repeatedly respond in ways that are consistent with what she has learned to expect from relationships and from herself.

Early experience can be relevant, but the frameworks do not assume that every recurring pattern originated in childhood or trauma. Patterns can develop and be reinforced across the lifespan through family relationships, intimate partnerships, peer relationships, workplaces, caregiving roles, cultural expectations, and other environments.

Behavioural Learning, Habit & Reinforcement

The Pattern Loop is particularly informed by behavioural learning, reinforcement, and habit research. Habit research demonstrates that behaviours repeated in recurring contexts can become increasingly automatic and can persist even when a person consciously intends to behave differently.

This helps explain a common clinical experience: insight does not necessarily produce immediate behavioural change.

Within the Pattern Loop, attention is given not only to the eventual negative outcome of a behaviour, but also to its immediate payoff. Saying yes may quickly reduce guilt. Taking over may reduce uncertainty. Apologizing may end conflict. Avoiding a conversation may produce immediate relief.

Trigger → Response → Immediate Payoff → Outcome → Reinforcement

Psychological Flexibility & ACT

Acceptance and Commitment Therapy contributes another important dimension, particularly through the concepts of psychological flexibility, experiential avoidance, values, acceptance, and committed action.

Within my work, ACT provides a useful way of moving beyond insight toward choice. The goal is not to eliminate uncomfortable thoughts or feelings before a woman acts differently. Instead, therapy may involve recognizing guilt, fear, anxiety, or discomfort as meaningful internal experiences without automatically allowing them to determine behaviour.

This is particularly relevant when helping women distinguish between what they have become highly practiced at doing and what they actually want to choose now.

Gendered Labour, Emotional Labour & Exhaustion

The Exhaustion Cycle is informed by research examining unpaid labour, cognitive labour, caregiving, emotional labour, burnout, and recovery. This body of work is useful because it keeps relational, occupational, household, and structural load visible rather than locating exhaustion only inside the individual woman.

The Exhaustion Cycle organizes one pattern I frequently encounter clinically:

Responsibility → Guilt → Overdoing → Resentment → Exhaustion

Clinical safeguard
This is not intended as a causal model of fatigue or burnout. Exhaustion is nonspecific, and appropriate consideration must be given to medical conditions, sleep, medications, mental health, occupational demands, caregiving, financial strain, relationship circumstances, disability, and broader social determinants of health. For physicians and NPs in particular, the framework should complement rather than replace appropriate medical assessment.

Trauma-Informed Without Assuming Trauma

The frameworks are used from a trauma-informed perspective, meaning behaviours are approached with attention to context, adaptation, safety, autonomy, and the possibility that a response developed for understandable reasons.

However, I do not assume that every pattern represents a trauma response. Language such as adaptive, protective, learned, or reinforced is often more clinically accurate than automatically describing a behaviour as a survival response. The purpose is to understand what a pattern may have accomplished within the person's actual circumstances rather than assigning an origin that has not been established.

Person-in-Environment & Intersectional Context

As a social worker, I understand psychological distress through a person-in-environment lens. Individual behaviour cannot be fully separated from relationships, systems, resources, opportunities, power, and social conditions.

Consequently, the frameworks are not intended to teach women simply to become more assertive, productive, boundaried, or individually resilient within circumstances that may themselves require examination.

Sometimes change involves an internal shift. Sometimes it involves changing behaviour or a relationship. Sometimes the most clinically important observation is that the environment is asking too much.

How the Four Frameworks Fit Together

The frameworks can overlap, but they are not intended to represent a fixed developmental sequence. A woman may recognize herself strongly in one framework, several, or none.

The Good Girl Contract
Explores the rules and expectations a woman may have learned about what she must do to be good, valued, responsible, lovable, or acceptable.

The Pattern Loop
Examines how particular responses can repeat and become reinforced even after a woman recognizes that they are no longer working well for her.

The Self-Abandonment Trade
Explores what may receive progressively less room within the self, such as needs, voice, preferences, limits, desires, bodily cues, or aspects of identity, when something else such as belonging, approval, peace, stability, or safety repeatedly takes priority.

The Exhaustion Cycle
Examines the accumulation of responsibility, guilt, overdoing, resentment, and depletion while keeping broader relational, occupational, caregiving, medical, and social contributors visible.

The framework should fit the woman. The woman should never be made to fit the framework.

Clinical Purpose

The purpose of the Insight Pattern Frameworks is to make difficult-to-name experiences easier to talk about. They provide shared language that may help a woman and her healthcare provider move from “Something isn't right, but I don't know how to explain it” toward a more specific, collaborative conversation.

Where might this pattern have come from?

What has it been doing for me?

What is it costing me now?

What might I want to do differently?

The frameworks are best understood as maps, not conclusions. They can help organize a conversation, but they do not replace individualized assessment, clinical judgment, medical investigation, diagnosis when appropriate, or evidence-based treatment.

Research & References

The theoretical and research literature informing these formulations is presented separately so that professionals can review the established constructs and evidence alongside the original clinical framework language.

VIEW RESEARCH & REFERENCES

www.insighttherapyandconsulting.ca