ASSIMILATION OF PROBLEMATIC EXPERIENCES: THE CASE OF JOHN JONES

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The assimilation model proposes a systematic sequence of changes in the representation of a problematic experience during psychotherapy. To examine the process of assimilation, we traced changes across 20 sessions in the published transcripts of one client's psychotherapy. After preparing a catalogue of topics discussed in this treatment, we identified three insights, in sessions 6, 10, and 14, that we judged the client to have. Using our topic catalogue, we then searched backward and forward through the transcripts and selected passages concerning topics related to the three insights. These passages were assessed qualitatively for the degree of assimilation exhibited. By assessing change in specific ideas, this new approach circumvents conceptual and methodological problems of assessing clients' global long-term change.

The assimilation model (Stiles et al., 1990) draws on work by Piaget (1962, 1970), Rogers (1959), and others to define a systematic sequence of changes in the representation of a problematic experience (a feeling, idea, memory, impulse, wish, or attitude that is threatening to the client) during psychotherapy. Theoretically, an experience is problematic because it is emotionally disequilibrating. Such experiences recur in response to a variety of events (usually interpersonal) but are incompatible with the individual's usual ways of thinking and acting and cannot be adequately represented in awareness. Instead, the problematic experiences are warded off, distorted, or otherwise misrepresented, leading to dysphoric feelings or maladaptive behavior.

The model proposes that a schema (a cognitive structure, a way of thinking and acting) is gradually developed and changed during the therapist–client interaction until it can assimilate the problematic experience. The schema concept encompasses a variety of terms used by different therapeutic approaches to describe ways of structuring experience (e.g., frame of reference, narrative, theory, principle, philosophy, script, theme, metaphor). Some approaches introduce or advocate prescribed schemata, which are then elaborated and applied to the client's life. For example, psychoanalytic approaches often lead clients to understand their experience in terms of metaphors based on quasi-mythical themes (Schafer, 1976, 1983; Spence, 1987), whereas behavioral approaches often urge clients to understand

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their experience in terms of principles based on the law of effect. On the other hand, other approaches facilitate elaboration of the client's own schemata, or frame of reference (e.g., Rogers, 1959). The assimilation model explicitly views psychotherapy as the making of meaning and directs scientific attention to the immediate and extended context of psychotherapeutic change.

As discussed in more detail elsewhere (Stiles et al., 1990), during assimilation a schema integrates an experience into its system of associations so that the experience becomes part of the schema. Unlike the assimilation of cognitive material discussed by Piaget (1970), psychotherapeutic assimilation specifically concerns experiences that are emotionally problematic and thus tend to elicit distortion and avoidance. Accommodation of schemata to problematic experiences (i.e., change in the client's schemata) is always a prerequisite for assimilation and is a central psychotherapeutic task. Thus, the assimilation model, like Piaget's (1970) theory, suggests that assimilation and accommodation occur simultaneously during psychotherapeutic change. The name “assimilation model” emphasizes the goal of successfully incorporating these once-problematic experiences and is not meant to deny accommodation's essential complementary role.

The model suggests that problematic experiences can be tracked across sessions through predictable stages of assimilation, labeled progressively as: warded off, unwanted thoughts, vague awareness, problem statement, understanding or insight, application or working through, problem solution, and mastery. As an experience passes through these stages, the client is hypothesized to have a parallel sequence of emotional reactions, from being oblivious and uncaring, to experiencing the content as acutely painful, then as problematic but less distressing, then as merely puzzling, then as understood (perhaps with shock or amazement), and finally as confidently mastered (Stiles et al., 1991).

The sequence of linked cognitive and affective changes is incorporated in the Assimilation of Problematic Experiences Scale (APES; Stiles, Morrison, & Haw, 1987; Stiles et al., 1991), shown in Table 1. As we use it, the APES is not a traditional rating scale, but a summary of our current understanding of commonalities in how experiences change in therapy. The version presented in Table 1 incorporates changes made in the present study (for a slightly earlier version, see Stiles et al., 1991), and we expect future studies to lead to continuing elaborations, refinements, and changes.

The present investigation of assimilation builds on the “events paradigm” (Rice & Greenberg, 1984), which studies brief episodes sharing a common marker. And it extends this paradigm by examining selected problems as they are reworked over many sessions. Thus, our approach recognizes the continuity of change, including, indirectly, changes that occur outside of sessions. It offers a small-scale conceptualization of psychotherapy outcome, focused on a limited topic rather than the whole person.

In this article, we offer a detailed example of how the assimilation model can be applied. We traced selected problematic experiences across sessions in the published transcripts of one client's 20-session psychotherapy, using extracted passages to show the systematic process of assimilation. This qualitative approach does not test the model; that is, it does not expose the model to possible Popperian falsification (Popper, 1934). But it is an encounter of the model with data. Although we do not expect this model (or any model) to stand or fall on the basis of one such encounter, we do expect a deeper understanding of (and hence changes in) the model, and we expect readers to gain a sense of coherence and uncovering with respect to the phenomenon of change in psychotherapy (cf. Guba & Lincoln, 1990; Packer & Addison, 1989; Stiles, 1990b).
Table 1. Assimilation of Problematic Experiences Scale (APES)

0. Warded off.
Content is unformed; client is unaware of the problem. An experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics (e.g., immediately changing subject raised by the therapist). Affect may be minimal at level 0, reflecting successful avoidance; vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9.

1. Unwanted thoughts.
Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about it; topics are raised by therapist or external circumstances. Affect is often more salient than the content and involves strong negative feelings—anxiety, fear, anger, sadness. Despite the feelings' intensity, they may be unfocused and their connection with the content may be unclear. Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.

2. Vague awareness.
Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of the experience's content and decreasing intensity and diffusion of affect.

3. Problem statement/clarification.
Content includes a clear statement of a problem—something that could be worked on. Affect is negative but manageable. not panicky. Levels 3.1 to 3.9 reflect active, focused work toward understanding the problematic experience.

4. Understanding/insight.
The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed, with some unpleasant recognitions, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasingly positive (or decreasingly negative) affect.

5. Application/working-through.
The understanding is used to work on a problem; there is reference to specific problem-solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, businesslike, optimistic. Levels 5.1 to 5.9 reflect tangible progress toward solutions of problems in daily living.

6. Problem solution.
Client achieves a successful solution for a specific problem. Affect is positive, satisfied, proud of accomplishment. Levels 6.1 to 6.9 reflect generalizing the solution to other problems and building the solutions into usual or habitual patterns of behavior. As the problem recedes, affect becomes more neutral.

7. Mastery.
Client successfully uses solutions in new situations; this generalizing is largely automatic, not salient. Affect is positive when the topic is raised, but otherwise neutral (i.e., this is no longer something to get excited about).

In its focus on common, small-scale patterns, studied intensively and in context, our approach is in accord with recommendations by critics and reviewers of psychotherapy change process research (Chassan, 1981; Elliott, 1983; Gendlin, 1986; Greenberg, 1986; Heatherington, 1989; Horowitz, 1982; Safran, Greenberg, & Rice, 1988). We have used intensive analyses similar in some ways to those done by Luborsky (1976; Luborsky, Crits-Christoph, & Mellon, 1986), Dahl (1988), the Mt. Zion group (Silberschatz, Curtis, & Nathans, 1989; Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986), and others. However, our research approach differs from these in its qualitative methods. It relies on data that are linguistic rather than numeric; that is, our interpretations are based directly on passages from therapy sessions rather than on some numerical representation of them (e.g., ratings). Further, it calls directly upon investigators' and readers' empathy with the person whose experience is being studied (Stiles, 1990, 1992).

Although this article's approach to the assimilation model is qualitative, quantitative approaches are also possible (e.g., Stiles, Barkham, Shapiro, & Firth-Cozens, 1992).
Confirmability in qualitative research (an analogue of reliability) depends on content as much as on procedure (Guba & Lincoln, 1990). Thus, readers must have access to the data (in this case, the therapeutic dialogue) to evaluate interpretations, and we have included fairly extensive summaries and excerpts. Verbal summaries of qualitative data present the same virtues and pitfalls (e.g., efficiency versus misrepresentation) as verbal summaries of quantitative data. Excerpts are analogous to measures of central tendency, insofar as they instantiate recurrent or core themes. In selecting excerpts, we necessarily exercised our personal judgment. Our goal was to select good examples, yet we assume that other examples could be selected to make the same points. Similar problems and techniques have been discussed by other qualitative researchers (e.g., Belenky, Clinchy, Goldberger, & Tarule, 1986; Connelly & Clandinin, 1986; Goetz & LeCompte, 1984; Mishler, 1986). Insofar as we studied published transcripts, our data are open to inspection, enabling others to repeat our procedures and check our interpretations.

METHOD

TRANSCRIPTS

We studied the treatment of John Jones (a pseudonym), which was used as an illustrative case study by Snyder (1963). Snyder was the therapist in the case. John was a 25-year-old married teacher and counselor at a small college. He had been a graduate student in the program where Snyder taught. Transcripts of all 20 sessions were published. These were nearly verbatim, though to save space, they were somewhat condensed by omitting unnecessary repetitions, connective phrases, and some "casual, trivial conversations or digressions" (p. 22). According to Snyder, "this space-saving tends to make the material read more easily because of the freer flow of the principal ideas" (p. 22).

Both Snyder and John Jones considered the treatment a success—John was ranked as the fourth most successful client in the 20-client research project (for assessment data, see Snyder, 1961, 1963). Informal long-term follow-up indicated "Jones has been a highly successful psychologist and professor for many years" (Snyder, personal communication, November 11, 1989).

PROCEDURE FOR REVIEWING TRANSCRIPTS

Step 1: Cataloguing. Each investigator read the transcripts of the 20 sessions. The cataloguing procedure included labeling each topic, defined as the client's expressed attitude toward an object (e.g., "disappointment toward father"; Stiles et al., 1991). This yielded a detailed list of attitudes toward objects for each session. Multiple attitudes could be listed for each object and multiple objects could be listed for each attitude. For instance, if the client expressed resentment, anger, and disappointment about his father, then each of these attitudes would be listed for the object "father." A sample segment of the catalogue is shown in Table 2.

Our decision to catalogue topics as they arose followed several fruitless attempts to divide the transcript into episodes first (cf. Greenberg, 1986; Pearce & Cronen, 1980; Russell & Staszewsky, 1988). We found that (1) although some episodes had clear beginning and end points (i.e., points of topic change), we could not reliably segment whole transcripts in this way; and (2) it was not necessary to have delimited units to list topics.
Step 2: Finding insights. As a way of selecting problematic experiences for study, we focused on insights achieved by John during the therapy. This strategy insured that the problematic experiences would be ones that underwent some change during treatment and offered fairly clear statements of the experience, as formulated by John in the insight event.

Theoretically, insight represents a cognitive assimilation of a problematic experience to an active schema: The client "understands" the experience, and this ability to think clearly about it opens the door to remedial action. Empirically, insight events show an interplay of cognitive/intellectual and affective/emotional features (Elliott, James, Reimschuessel, Cislo, & Sack, 1985): (1) An experience of reduced anxiety or a sense of relief will most likely be experienced by the client, in contrast to the state of distress previously experienced. (2) The client may feel more invested in therapy and closer to the therapist. (3) Cognitive stimulation often results, with additional material or further insights as "food for thought" in therapy. Insight concerns experiences that have been painful or problematic to the client. Consequently, insight events are affectively charged, and this feature helps to make them salient in the transcript. Often they are marked by process comments, such as, "I've never thought of that before" or "Now this all makes sense."
Each investigator searched for insight events using the catalogues and transcripts. After discussion, we achieved consensus on three salient insight events. These took place in sessions 6, 10, and 14. We took John's description of each insight as representing a statement of the corresponding problematic experience at a particular level of assimilation (i.e., APES level 4; see Table 1).

**Step 3: Excerpting.** For each of the three insight statements, we searched through our catalogue of topics seeking related passages—that is, passages listed as having the same (or similar) attitudes or objects. (After some experimenting, we found it easier to use objects than attitudes to find related passages in this case.) Candidate passages were discussed by the investigators and a consensus list of related passages was constructed for each of the insights.

**Step 4: Applying the APES.** Although our primary purpose was to track topics across sessions qualitatively, we used the APES as a supplementary quantitative terminology. Two or three investigators independently applied the APES (Table 1; Stiles et al., 1987) to the client's experience as represented in each selected passage. Discrepancies between raters were resolved by discussion (which also resulted in some refinement of the scale itself). Applying this scale requires the rater to judge the client's degree of assimilation of a particular problematic experience at a particular point in time on a continuous scale that ranges from 0 (warded off) to 7 (mastery). Ratings intermediate between the anchored points are allowed (e.g., 2.5, midway between vague awareness and problem statement; see Table 1). Because a single passage may involve a variety of experiences, APES rating requires an understanding of what the target problematic experience was; this was guided in each instance by the content of the insight.

Prior to resolving discrepancies, 65%–90% of ratings by pairs of investigators were within one point of each other, and product–moment correlations between pairs (across passages that both had rated) ranged from .82 to .97. These correlations reflect a reasonably high level of shared understanding within our research team at a particular point in our study; that is, they show that after discussing the case and selecting the passages, we could independently apply the APES and obtain similar results. However, the correlations do not constitute a formal test of the APES's interrater reliability.

Assessing degree of assimilation requires a detailed understanding of the case, the content of the target problematic experience, and the context of a particular passage, including its approximate location in the course of treatment. Without such an understanding, independent raters cannot apply the scale to the same target (because the target is the client's experience, not the passage). On the other hand, raters who are thus informed cannot be said to be unbiased or independent in the usual sense. We have not yet solved the puzzle of how or whether the APES can be used as a traditional rating scale. The APES levels reported in this study should be considered as an additional, numeric language for reporting our assessments—a convenient way to link our description of the case to our more general concept of assimilation—rather than as independent confirmation of our impressions.

**JOHN JONES: BECOMING A MAN**

**OVERVIEW**

According to Snyder (1963), John's presenting problems were anxiety about homosexual impulses and ambivalence about his passive and aggressive behaviors.
He presented as clean-cut and boyish, but was moderately aggressive toward males. He perceived his father as passive and felt ambivalent about him. He felt hostile toward his mother, who was dominating.

Concerns about masculinity and homosexuality were present throughout John’s therapy. As the therapist, Snyder interpreted John’s homosexuality as a manifestation of dependency needs “which were more basic to his ego than the sexual drives” (p. 239). John saw his dependency negatively and as equated with sexual submission. Feelings of inadequacy were also a primary concern, according to Snyder.

We did not set out to illustrate Snyder’s points. However, the three insights we selected for analysis conveniently illustrate the three primary themes Snyder identified within John’s therapy: The first insight concerned John’s acceptance of homosexual desires as being his own. The second insight focused on parallel aggressive, dominating behavior by his mother and wife, in juxtaposition to the passivity and dependency of his father and himself. The third insight concerned John’s feeling of adequacy, specifically his adequacy as a man. Changes in his schematic representation of these issues (homosexuality, passivity, and inadequacy) were thus the focus of our analysis.

Although we have described each insight separately, we found that each was intricately related to the other insights. John’s problems and insights tended to converge and build on each other. We return to this point in our discussion.

INSIGHT 1: THE UNFOLDING OF A PREVIOUSLY DENIED URGE

The first insight concerned John’s acknowledgment of his homosexual desires. During the early sessions, John denied or rejected these. He stressed his ability to accept homosexuality in others, but he found the idea of having such desires himself to be repugnant. Once he began to see these negative judgments as being problematic, however, he made accommodations in his “ability to accept” schema, which allowed him to acknowledge and accept his own homosexual feelings toward his therapist. We identified the following passage from session 6 as marking this insight (APES level 4):

I’d probably reject actually going through the act. But the idea isn’t that repugnant to me. I’d probably enjoy it. As far as you’re concerned, I’d probably enjoy it. Now, why couldn’t I say that before? (session 6, p. 287)

This event was a watershed in John’s attitude toward accepting his homosexual desires. After this insight he began to explore the implications of having such thoughts and feelings and to consider alternatives that were previously unavailable to him.

To study John’s assimilation of these desires, we searched the catalogue for passages that dealt with homosexuality. The first such passage was in session 2:

I would be very upset if I discovered this [homosexuality] were true of me. But in trying to check this sort of thing against my reactions to these people, consciously, they don’t cause me too much anxiety. There is this much; when instances were reported of a homosexual, in the hospital, I like to think my attitude toward them has been more accepting and more understanding than that of other staff people. Maybe I’m defending some of the feelings I have myself. (session 2, p. 256)
Thus, at first, John explicitly denied awareness of having homosexual impulses. His (intellectualized) hypothesis that he was defending against such feelings suggests, however, that they were not completely warded off (APES level 0.8, between warded off and unwanted thoughts). A lack of strong affect is characteristic of warded-off content (APES level 0; see Table 1), whereas John's anticipation of how badly he would feel if he were to have homosexual feelings suggests unwanted thoughts (APES level 1). John's schema for accepting and understanding homosexuality in others apparently could not assimilate his own homosexual feelings. Possibly, John projectively wished for reciprocal acceptance and understanding for himself. John's initial acknowledgment of homosexual feelings occurred in session 3.

Sure, I have some homosexual urges; so what? I'm making fairly adequate heterosexual adjustment, and I'm not upset by people who are overtly homosexual. I keep having a feeling that we're wasting time on this. Let's move on! (session 3, p. 263)

This active, explicit avoidance and the negative feeling tone are characteristic of unwanted thoughts, while the initial acknowledgment suggests a minimal awareness (APES level 1.5). The disequilibrating effects of the problematic urges can be inferred here: By suggesting that his heterosexual adjustment was adequate, John seemed to imply that he would be inadequate if he were to have serious homosexual desires. By saying that he was not upset by people who are homosexual, John implied that others might be upset, and that they (and he) might be further upset if he were to acknowledge or express his own homosexual desires.

By session 4, John had apparently become more aware of this issue outside of therapy, and he brought up the subject he had previously described as wasting time:

Well, we were talking about the homosexuality. In thinking about this in the interval, there were still mixed feelings while I was talking about this; I wanted to get it out of the way, because it is a threatening thing to me. And it's upsetting to think of myself as having homosexual drive. . . . I think my acceptance was an intellectual insight at that point. (session 4, p. 269)

Labeling his prior acceptance as "intellectual" (with the implication of more to come) represents an accommodation of the "acceptance" schema, though there was still an "as if" quality to this awareness (APES level 1.8 or 2).

This awareness grew much more intense in session 5, though John did not acknowledge it until session 6. At the beginning of session 6, John described how difficult it had been to talk about a homosexual thought that had obsessed him during the previous session:

Last week I was confused, and I was upset, and I found myself blocking as we were going along. And I didn't feel comfortable enough at the time to tell you. And the reaction afterward was almost, "Well, I ought to run back and tell him," but that wasn't too logical. But at the beginning part of the interview, I think probably it was the tie clasp I had on. You were looking at it, and my immediate reaction to it was that you were looking at my penis. And it scared me. I guess it would be scared. And I found myself hesitating on what I was trying to tell you about, and I kinda blocked on it,
but I tried to carry it through anyway. And actually I think this is the thing that shook me up throughout most of the interview. And it's given me qualms since. It hasn't been easy to tell you about it. I almost have to force it out right at the beginning. (session 6, p. 283)

This led directly to a clearly formulated problem statement (APES level 3): "I guess what you're getting at, and I'm avoiding, is that I'm a homosexual" (session 6, p. 284).

Although he considered his homosexuality to be a problem, he did not yet see his negative judgment about homosexuality to be problematic also. John proceeded to discuss his repugnance at being a homosexual (labeling himself as "unhealthy," "pathological," "sick," and "losing control"), to explicate the problem statement, and to work toward the insight that occurred later in session 6. Once the problem was stated, he remained focused on it despite powerful feelings of anxiety.

During this work, John was vigilant for Snyder's reaction, highlighting the transferential nature of the insight event. When Snyder asked what reaction he expected, John responded:

If it were anybody else, I'd say "be understood." And yet, I know you're willing to do this, but the concept is just, is so repugnant. I've had enough training. I know how people should react to homosexuals. How, probably, I would react to one. (session 6, p. 286)

Then, John began to face his own internal resistance to admitting to such urges:

To have the impulse is one thing. But to say that this is something that I desire is another. And it's on this level that I have real trouble with it. . . . Why doesn't the feeling at least come, "Yes, this is it?" It would be a relief, I think right now, if I could say that and feel it at the same time. (session 6, p. 286)

John was motivated in his self-exploration and systematic in considering alternatives (i.e., in accommodating his acceptance schema in order to accept his own feelings), as he worked from problem statement to insight (i.e., through APES levels of 3.1 to 3.9): "But my feeling at this point is that I'm not gonna be able to be comfortable with myself until it's resolved" (session 6, p. 287). He searched for ways to see himself differently, trying to think of ways he could feel good about being a homosexual:

Actually, when I think in terms of my roommate, the idea isn't repugnant to me. I'd like it, I guess. (session 6, p. 287)

From this accommodation, it was a short step to the passage we called the insight event, quoted earlier, in which John admitted that he could enjoy a homosexual relationship with Snyder. Thus, in this session, John had moved from APES level 3 (problem statement/clarification) to level 4 (understanding/insight) with respect to this problematic experience. His comment, "Now, why couldn't I say that before?" suggests a sense of something falling into place. The insight included a connective link between his homosexual desires and negative self-judgments.

Having partially assimilated his own homosexual feelings, John was able to
elaborate the schema, illustrated by the following passage from session 8 (APES level 4.5, between understanding and application):

Well, this makes an awful lot of sense. And I don't feel disposed to laugh it off. I guess the desire is there. Now I'm trying to put it in an actual physical sense. To see how well I'm going to be able to handle it. And I'm disturbed by the idea. And yet it really wouldn't be so bad. My reaction now is not one of pushing it away, but one of "So what?" And would I feel any better for having a homosexual relationship with you? (session 8, p. 301)

John's working-through the realistic possibility of what was previously denied was evident in session 12:

It's one thing to make the intellectual admission that there are some homosexual ways in which I behave, but to face this kind of thing seriously is still threatening. . . . You know, the idea of sodomy has a certain amount of appeal to me, whereas before I think I'd have given you the reaction that this was pretty repugnant. I don't know whether this is progress of a sort or not. (session 12, p. 332)

Thus, building on the understanding he had achieved (i.e., the insight), John continued to work on accommodating the acceptance schema in order to assimilate this problematic experience (APES level 5, application/working-through).

Still later, John seemed to feel that he had reached a successful solution (APES level 6). In session 16, John boasted, "I feel kind of proud of myself for having weathered through that [business of the homosexual feelings]" (session 16, p. 367). With the problematic experience understood (though not completely mastered), its importance receded and tended to evoke less affect:

I can probably accept that [the possibility that I might rather be having homosexual intercourse] on an intellectual level. It's interesting that it keeps cropping up. In a sense it's upsetting, but not as much now as it was the previous time. (session 19, p. 392)

Nevertheless, there remained problematic aspects:

I don't imagine I like the concept too much of my possibly preferring a homosexual partner to my wife. That doesn't sit well. And yet, damn it, it seems to fit. Or at least it explains quite a bit. (session 19, p. 395)

INSIGHT 2: AN UNDERSTANDING OF A RECAPITULATED RELATIONSHIP

In session 10, John reacted with surprise and awe as he realized that he saw both his wife and his mother as aggressive and that his problematic sexual relationship with his wife recapitulated a problematic pattern he perceived between his parents and between his mother and himself. In theoretical terms, he assimilated aspects of his own relationship with his wife to a schema he had developed in therapy for understanding his parents' relationship with him and with each other:
JOHN: In a sexual way, I would see [mother] as the more aggressive one; mother is a bastard.

SNYDER: Mother is the boss and that makes her a bastard, because Dad's the one who has the right to be the boss. And Dad is a pantywaist because he lets her get away with it.

JOHN: Well, you know, I recognize all of this, and I don't know that it makes a hell of a lot of difference in the way I react to them.

SNYDER: How about the way you react to yourself?

JOHN: I don't know. (pause)

SNYDER: Or to your wife?

JOHN: Now there's something I hadn't thought about, and it's probably a key to what gives here. Boy, that's a doozy. She plays the aggressive role sexually, which is mother all over again.

SNYDER: She gives you work to do, jobs, tasks.

JOHN: (Laughs) Boy, this is such a repetitive pattern here.

SNYDER: Maybe we're going too fast. At least you can't accuse me now of being too inactive. (Both laugh).

JOHN: I feel better for some reason. (Pause) Well, this was it! I have two feelings now. One is the feeling that I know what it is now, and now I can look at it and deal with it. And the other feeling is that I'm mad at myself because I didn't see this without having to depend on you.

SNYDER: You think it makes sense now.

JOHN: It does. This is one of the strongest “Aha experiences” that I've had. Mother isn't very socially adaptable, just like I worry about my wife perhaps not being. . . . A lot of things I projected onto my wife in terms of her capabilities probably weren't part of the picture. . . . Boy, I can't get over that insight that I've been reacting to my wife as if she were my mother. Maybe I'm jumping to conclusions, but my wife seems a lot more acceptable now. There really wasn't that much to fear about our relationship. (session 10, pp. 316–317)

We, like John, considered this an insight (APES level 4). As is characteristic of understanding/insight (cf. Table 1), John showed mixed feelings, curiosity and some pleasant surprise, and connective links with a problematic experience. John had previously discussed feeling uncomfortable about being dominated by his wife. However, this discomfort remained separate from his parallel discomfort concerning his mother until the insight event.

To trace the development of this insight we searched our catalogue of objects for passages concerning “mother” or “wife.” We found the first in session 2, where John was discussing feeling protective of his father:

SNYDER: You feel it's your responsibility to kind of fight his battles and protect him. Why should a son feel he had to protect his father?

JOHN: He shouldn't have to, unless the father's a weakling. And this fits in pretty logically. This fact that I have to protect him . . . against Mother. I want him to be able to handle his own battles. In a very real sense I think it's a battle with Mother. I felt that I was holding back on you last week when I wasn't saying, “Mother's the one we ought to be talking about.” And yet, it appears Dad was the one we should be talking about.
SNYDER: Well, the relationship with both is important. Sometimes you talk about your father in a way that most people talk about their mother.

JOHN: Sort of reversal of roles here. (Laughs)

SNYDER: In some ways. To be protected, to be sheltered, to have their battles fought for them.

JOHN: I guess this is true. The thing is, Mother could reverse the roles in the sense that she can be vitriolic enough to take care of things herself. (session 2, p. 259)

Although he described his mother as threatening and aggressive (e.g., “vitriolic”), John did not report feeling threatened himself, as he suggested that he could protect his father from her. His own feelings of being threatened may have been partially warded off. The circumlocutory manner in which he raised and then dismissed the issue of mother (“when I wasn’t saying . . .”) suggests ambivalence about perceiving her as the aggressive one. The importance of mother’s aggressiveness was thus acknowledged but avoided, as John sought to focus attention on his father. We considered John’s growing understanding of his and his father’s relationship with his mother as a schema to which he eventually assimilated problematic aspects of his experience with his wife. In session 2, this discussion did not involve his wife, so we did not assign an APES level with respect to the second insight.

John used the “mother relationship” schema to understand another relationship at the beginning of session 3: “I found myself resenting a client who was very bossy toward others, and I realized that it was his similarity to my mother which caused the hostile feelings on my part” (p. 262). John then brought his current sexual relationship with his wife into this developing equation, in the form of a problem statement (APES level 3):

In the fantasy I’m always real masculine and able to satisfy where no one else is. And yet, when it comes down to sex relations with my wife, although we both enjoy them, so far she hasn’t reached a climax. And this is disappointing to me. That’s being slapped in the face with reality; . . . I’m inadequate. (session 3, p. 264)

Although this passage followed shortly after the application of the mother relationship schema, there was no indication that John made a conscious connection between them.

In the following session, with Snyder’s help, John continued to elaborate the schema of his parents’ relationship, using it to understand his (transferential) feelings toward Snyder:

SNYDER: I was thinking that if you wanted to express a lot of hostility toward me, that probably this wasn’t deserved hostility, that it was transferred hostility.

JOHN: Yeah, I guess it is. This is the one thing that I block up so much. It’s still difficult for me to say I’m mad at my father. I keep wanting to say, “No, it’s not the old man who’s the bastard, it’s Mother.” And yet we keep walking away from Mother in this thing. (session 4, p. 275)

The reference to “blocking up” reveals the conflictual nature of this material (and John’s awareness of this). Another example of the process of elaborating this schema occurred in session 7:
Emotionally, I still see Mother as the fly in the ointment. When Dad gets upset and has headaches, my sister and I get concerned, but Mother, rather than giving him support, picks on him and sort of laughs at him. And this makes us feel that we have to go to his side and give him some support. (session 7, p. 292)

These passages did not directly concern John's relationship with his wife, so we did not assign an APES level.

In session 8, John seemed to come close to applying this schema to his problematic relationship with his wife:

JOHN: My wife's preferred way of having intercourse is with her in the upper position. And this essentially means that I'm submitting or placed in the lesser role. Now that I'm giving her something, an orgasm, the position doesn't make so much difference.

Snyder: You can hold on to her better that way.

JOHN: Yeah, I can give it or I can withhold it. Don't ask me why I would have thought of withholding it, because consciously I think there are few things that I have been surer of than the fact that she loves me and will stay by me. But in observing the relationship between Mother and Dad, a relationship in which he has been submissive, that is something I would fight against. This is running away from the relationship between you and I. (session 8, pp. 303–304)

Again John juxtaposed his sexual relationship with his wife (which had improved since session 3) to the relationship between his parents. However, he still made no explicit connection; he did not acknowledge the similarity between his wife's and mother's aggressiveness. Indeed, the final comment about running away (from the relationship with Snyder) serves to deflect attention from any possible connection and may be defensive. Nevertheless, this appears to represent productive therapeutic work aimed at understanding the problematic experience (APES level 3.5).

John's continuing ambivalence about his submissive sexual relationship with his wife was raised again in session 9:

Even though she is in control, I think my eagerness to have intercourse has increased since we started doing it this way [that is, with her "in the upper position"]. (session 9, p. 308)

John's greater enthusiasm and more mixed (rather than negative) feeling indicated in this passage indirectly suggest further progress toward understanding (perhaps APES level 3.7). The next time he mentioned his wife was near the beginning of the insight session:

I've been thinking more about the relationship between my wife and me. One of the things that bothered me when we were considering getting married was that she didn't very well match the concept of the girl I thought I'd like to marry. I thought I'd like to marry a pretty suave or sophisticated individual, college graduate and so forth. . . . I think I would like her to be a little more pushy than she is, socially. (session 10, pp. 312–313)
This passage highlights John's ambivalence regarding his wife's assertiveness but also illustrates the serious therapeutic effort he made to solve the problem. These efforts, which continued through session 10, were rewarded by the understanding achieved by the insight event, quoted earlier.

In passing, we note the "other feeling" John had at this point, in addition to satisfaction and surprise at the insight: "that I'm mad at myself because I didn't see this without having to depend on you" (session 10, p. 317). In the insight, John saw himself as caught within a web of vulnerability parallel to the one in which his father was caught—he was submissive, with his wife in the "aggressive role." Then he became angry at himself for allowing the therapist to help him realize this. That is, by depending on Snyder for the insight, he recapitulated (in his own view) his father's dependence and ineffectuality. This theme helps connect this second insight to the third, considered later.

The impact of the insight in session 10 was evident in John's opening statement in the next session:

This is one of the first sessions I've come to that I haven't had a whole lot thought out ahead of time that I wanted to talk about. I think it has something to do with that interpretation of me seeing my wife as acting like my mother. It made a lot of sense. I don't know whether I haven't been anxious to explore all of the ramifications of this or whether I just don't know where to begin. I rather suspect it's the former. (session 11, p. 320)

Thus, the insight served as a reference point, and the ensuing discussion represented elaboration of the initial insight into the larger schema (APES levels in the range of 4.1 to 4.9—from understanding to application). Consistent with this, John's affective tone was optimistic and focused:

The feeling of inadequacy is still there. I see Mother as a pretty overpowering sort of person. If my wife is Mother at times, it would make sense to think that I just couldn't meet up to her demands. . . . That makes sense in terms of my own aggressive outbursts at times. (session 11, p. 321)

INSIGHT 3: THE STRUGGLE WITH ADEQUACY AND MASCULINITY

In session 14, following a discussion of his personal sense of adequacy, John reviewed his progress in broadening his conceptualization (schema) about what it means to be a man. Building on his previous work with the issues of homosexuality (insight 1) and his ambivalence about passivity and dependency (an aspect of insight 2), he sought a synthesis:

SNYDER: You've talked quite often about these deep feelings of personal inadequacy.
JOHN: I have the feeling this is getting closer to the core of the whole problem. In a sense the problem over what I felt was homosexuality is simply a means of establishing dependence on somebody. And the business of being dependent or independent is just a striving, in a sense, to prove that I can make the grade.
SNYDER: The other problems have seemed secondary to this one. The real
problem is really, "Am I an adequate person, and am I going to be an adequate psychologist?"

JOHN: And I think I am.

SNYDER: Last year you had some doubts about whether you had a right to be in graduate school.

JOHN: I think I feel those doubts less now than I ever have. And yet there's no substantial increase in insight as to the source of these doubts. Other than that I had a father who's a pretty lousy example; sort of sponge-rubber pillow. I have a feeling today, and I don't know whether it's legitimate or not, that I'm finally growing up. (session 14, p. 350)

This passage appears to represent a new understanding (APES level 4), which incorporated the previously separate issues of homosexuality and dependency, tentatively linked his sense of adequacy and masculinity with identification with his father, and evinced a pleasant sense of newness ("finally growing up").

To trace the development of this understanding, we searched our catalogue for passages dealing with John's sense of masculinity and adequacy. There was inevitably some overlap of material as John's earlier understandings of his homosexuality and passivity were re-assimilated into a new, more integrative schema representing his adequacy as a man.

Many elements of this theme of masculine inadequacy were present in the following passage from session 1, though in an undeveloped, diffuse, and unintegrated form. John was speaking of his dependence on God and on his job when he said,

I know I'm not adequate myself. I am adequate, but in a real feeling sense, I know I'm not. There's that lack of confidence and need for support. I guess this is tied up with why I'm concerned about having this job with M. It feels real good to be working with him, but at some point along the way I have to achieve some independence and some confidence in myself. (session 1, p. 248)

Despite some resemblance to a problem statement, the felt inadequacy was largely warded off by isolation (APES level 0.5). Although John first said he "knew" he was not adequate, he immediately clarified this as being only his irrational feeling of inadequacy. In contrast, the understanding achieved in session 14 concerned John's actually believing himself to be inadequate because he did not have an adequate father.

Slightly later in session 1, John spoke of his father being inadequate because of his physical defects, his poor teaching ability:

SNYDER: He wasn't a very strong hero for a boy.

JOHN: No, I guess not. But then I was never all boy, either, I suppose. I can remember getting in fights in grade school, and on occasions I got beat up because my father was a teacher. He went to bat for me on several occasions, but this was no way of proving my own adequacy. (session 1, p. 249)

Although father's inadequacy was juxtaposed to John's own concerns about adequacy, John did not make the connection between them. That is, he did not connect
his own inadequacy with modeling his father, but rather he attributed it to not
having the opportunity to stand up for himself.

In session 2, John continued the discussion about masculine adequacy by
bringing up two dreams. In one, John stabbed his father, and in the second, a marine
(who John associated with his father) stabbed a Japanese man. John wondered if
fantasizing his father as the aggressive marine was "fulfilling the role maybe I'd like to
see him fulfill" (session 2, p. 253). He speculated about the Japanese man represent-
ing himself: "I wonder if it was me. There was no real association to age. If so, why
would I be Japanese? Some kind of inferiority feeling?" (session 2, p. 253). This
appears to be an example of unwanted thoughts (APES level 1) in that John
questioned the reality of his feelings about this dream: "If this is Dad aggressing
against me, in what sort of situation is he aggressing? The hell of it is, is this the
reality of the situation or just my perception of it?" (session 2, p. 253). John's
questioning of the reality of his feelings reveals an "as if" quality characteristic of
warded-off or unwanted experiences.

This "as if," disconnected flavor was present in John's comments on masculine
adequacy in session 3:

One thing I've always prided myself on was the fact that my sexual
adjustment was good, but I think that's a bit unrealistic. (session 3, p. 263)

Making myself a pretty potent sort of person, not sexually, but in
terms of ability in general. Feeling that I'm adequate. Adequacy doesn't
quite fit, because then I'm just on a par with other people, and actually I
want to be much better. . . . I have chosen to aim at a fairly limited level so
I can be the top man in the group; I would never aim at the level of a big
school. I'd like to get a realistic assessment of what I am capable of. (session
3, p. 264)

Thus, the connection between masculinity and adequacy may be considered as an
unwanted thought, entertained briefly and then pushed away (APES level 1). John
implied that it would be uncomfortable to deal realistically with the issue of
adequacy because this would mean denying his fantasies and aspirations of being
better than others.

In sessions 4 and 5, John moved toward an awareness of his feelings of
masculine inadequacy:

Thinking back to the general area of sexual adjustment, when I was an
undergraduate, "goosing," I suppose is something that goes on in a good
many circles. I know I overdid it, myself, and I think this was part of the
sexual problem at the time, and related to this homosexuality. There was
an over-emphasis on sexual conversation. Jokes had to be a double-
meaning type of thing. I must have been fighting like hell to be a male at
that point. (session 4, p. 270, APES level 1.7)

In session 5, John discussed multiple instances of feeling inadequate. He began
by recounting a visit with his family, the conflict he had about passivity toward his
mother, and the hostility that he could not express toward his father. He noted,
"Also, there's a conflict between my wife's mother and mine. I don't know how to
handle the situation; it makes me feel inadequate. I don't know whether to aggress or
not to aggress" (session 5, pp. 277–278). This appears related to the second insight,
in which John saw himself as similar to his father, passive toward his mother and his wife. He described wishing to be viewed in a favorable light by Snyder, wishing to have Snyder's prestige, and wanting to prove his competence to his department head. These examples appeared to represent a more genuine awareness of his feelings of inadequacy (APES level 2), since John did not make any simultaneous attempts to deny or discount the importance of these feelings.

In session 6, John stated his awareness of his deep feelings of inadequacy, his need for reassurance from others, and the relationship of this to the issue of masculinity:

Every...
problem statement and served not to cover the painful feelings of being inadequate but to bring them into the open:

Another thing I think about is the casual double meaning that you find in a flirting situation. I could be pretty adept at this sort of thing, but I'm not that way with my wife, I guess because in that situation it takes on real meaning. Maybe I can't face up to the real meaning. It's like being able to talk a good piece of sexual intercourse and then not being able to come through on it. The feeling of inadequacy is still there. (session 11, p. 321)

Thus, the distinction John had once relied upon was virtually reversed: He could be adept in flirting situations where he would not have to prove his masculine adequacy, but not in the reality of his relationship with his wife (APES level 3.5).

In the understanding achieved in session 14 (quoted earlier) John synthesized past insights into a broader schema about being a man. He came to an understanding that his feelings of inadequacy were not fully due to his father "coming to bat for him," his homosexual feelings, or his inability to "measure up" to his wife. Rather, he made another attribution that appeared to allow him to feel grown up: his father was a "lousy example." Thus, a simple acceptance for his past helped him to assimilate his longstanding sense of inadequacy.

Although John did not master his sense of masculine inadequacy during this psychotherapy, he made progress in working-through this issue in his final sessions. For example, in session 15 John described behavioral changes that seemed to represent attempts to apply the insight (APES level 5):

Why does this still occur? (Sighs; long pause) There still might be a pretty strong sense of inadequacy. I initiate the sex more often now. But there's still this damn prudishness. (session 15, p. 357)

As another example, in session 18 John continued to elaborate and apply his understanding of the masculine adequacy issue:

But one of the things that I think has led me off the track is real concern about the sexual role, and not about whether I'm gonna run the house. Or am I going to be browbeaten like Dad was? Maybe I'm evading the sexual issue, but I still feel that the real question is one of dominance. The person who's dominant is adequate. If I'm dominant there, I'm adequate all the way around. I'm beginning to feel adequate at school now, and if I stay away from home, maybe it's because in a sense this is the one place that I'm not adequate. And it's true that I'm not. I still don't know quite how to cope with my wife's mauling. (session 18, p. 383)

These two passages illustrate the moving between extremes that may be characteristic of early attempts to apply a newly enlarged schema in daily life. On the one hand, John initiated sex more often with his wife, partly in an attempt to feel adequate as a man. On the other, he sometimes tried to avoid his wife in order not to feel inadequate. Neither approach appeared wholly successful, and John was still working on this problem at the end of therapy.
DISCUSSION

We found the assimilation model (Stiles et al., 1990) a useful rubric for conceptualizing John Jones's evident progress in this psychotherapy. After we understood the content of each of the three insights, we could trace the corresponding problematic experience backward and forward and identify characteristic stages in its assimilation. Together with other, albeit less detailed case analyses using similar qualitative methods (Stiles et al., 1991), these qualitative results lend plausibility to the assimilation model. Of course, many more cases will be required to assess the generality of this interpretation of how people change in therapy.

We found strong interrelationships among the themes we studied. Themes that initially seemed diverse to John and to us (e.g., fear of homosexuality, dependence and passivity toward wife, concern about adequacy at work) tended to merge as they became more assimilated into schemata developed in treatment. By treatment's end, these themes all converged on a single theme that we characterized as “becoming a man,” much as a river system's tributaries that begin in different places and have different names eventually flow together and become indistinguishable from each other. Finding such convergence and coherence of themes in the Jones case raises the question of whether this pattern is common in successful cases. It recalls the results of McMullen's (1989) study of figurative language in psychotherapy, in which the successful clients tended to employ coherent images that were repeated and transformed across sessions, whereas the unsuccessful clients, while using an equal quantity and quality of figurative language, tended to invoke more scattered and ultimately more static images.

Because clients do not say everything they think or feel, our method of transcript analysis may miss some stages in an experience's assimilation. Each client's defensive style represents a different obstacle. John's style was articulate but measured and cerebral, so that he gave excellent accounts of his insights but poor accounts of affective states that he could not control. Thus, for example, his important experience of panic at the intrusive thought that Snyder was looking at his penis occurred in session 5 but was not reported until session 6, by which time it was far more assimilated. In theoretical terms John tended to underreport his experiences of vague awareness (APES level 2, which includes strong, seemingly inexplicable negative affect). Other clients may blurt out feelings of panic and gloss over cognitive understanding (for examples, see Stiles et al., 1991).

John Jones's treatment emphasized the early stages of assimilation (APES levels 0 to 4; see Table 1), as is theoretically characteristic of psychodynamic and experiential therapies (Stiles et al., 1992; Stiles et al., 1990). Therapeutic attention centered on exploration of poorly understood material, whereas the application of insights to daily life was (relatively) left to take care of itself. There were no explicit homework assignments to apply understandings gained in treatment, such as might be used in cognitive and behavioral therapies, which theoretically stress later stages (APES levels 3–6). Practical application was dealt with in the form of progress reports, for example, those regarding changes in John's relationship with his wife.

Investigators judging the degree of assimilation of problematic experiences must confront many difficulties. For example, the same passage can display different degrees of assimilation in relation to different experiences. One experience may be an unwanted thought while another is stated as a problem. Our solution was to anchor our understanding according to the text of a particular insight. As another
difficulty, assessing assimilation of relatively unassimilated problematic material is itself problematic; clients cannot state warded-off experiences or unwanted thoughts explicitly. Our solution, to restrict our attention to experiences about which insights were achieved, yielded relatively clear statements but may have overlooked important experiences that were not well assimilated.

Certain terms and cliches that have become threadbare (such as “adequacy,” “dependency,” and “self-esteem,”) present a problem in searching a topic catalogue. As these can have many meanings, it may be difficult to understand how the client is using them. This may be one reason why we found it easier to trace problematic experiences using the object (person/situation) component of topics, rather than the attitude (feeling/belief) component. Another reason may be that transcripts fail to record many paralinguistic and nonverbal markers of attitudes and emotions, so that these were unavailable in our searches.

Despite the difficulties, assimilation analysis may help overcome distortions inherent in measuring therapeutic effectiveness by global outcome (Stiles & Shapiro, 1989). Like Malan’s (1976) individualized assessment, this approach focuses on areas that are relevant to a particular client and to a particular course of treatment. Instead of assessing the overall outcome of John Jones’s treatment, the analysis focused on the degree to which he mastered particular problematic experiences: his homosexual impulses, his ambivalent reaction to his wife’s aggression, his sense that he was inadequate as a man. In addition, assimilation analysis traces the sequence of in-therapy events that lead to improvement, opening the possibility of understanding the contribution of particular therapeutic interventions to the process of change.

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