



**Assimilating Problematic Life Script Themes in Supervision.
The case of 'Sarah' Revision**

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Assimilating Problematic Life Script Themes in Clinical Supervision: The case of Sarah

Abstract

Objectives:

Life script is a Transactional Analysis concept describing a pattern of human experience, interaction and meaning making developed in childhood, that can be activated in adulthood, sometimes creating problems. Problematic life script themes can impact a therapist's experience and interaction during clinical work and interfere with therapeutic effectiveness. The study used the comparative script system theory to assess how one therapist's problematic life script themes were manifested in supervision, how they were addressed, and whether addressing them advanced assimilation of the problematic material.

Method. Seven consecutive monthly supervision sessions with a 50-year-old, highly experienced female therapist in private practice (pseudonym 'Sarah') were analyzed by a team of five investigators using a qualitative theory-building approach. The assimilation of problematic experiences sequence (APES) was used to track changes in Sarah's life script themes.

Results: Problematic life script themes were evident in each supervision session. Progress though the APES varied across themes and six different clients discussed during the sessions.

Conclusions: The supervisee's life script themes emerged prominently in supervision session content, and most were successfully navigated. The observations supported the theoretical suggestion that assimilation of supervisee unprocessed life script material may be a prominent component of routine professional supervision.

Keywords: clinical supervision, script cycle, case study research, transactional analysis,

Introduction

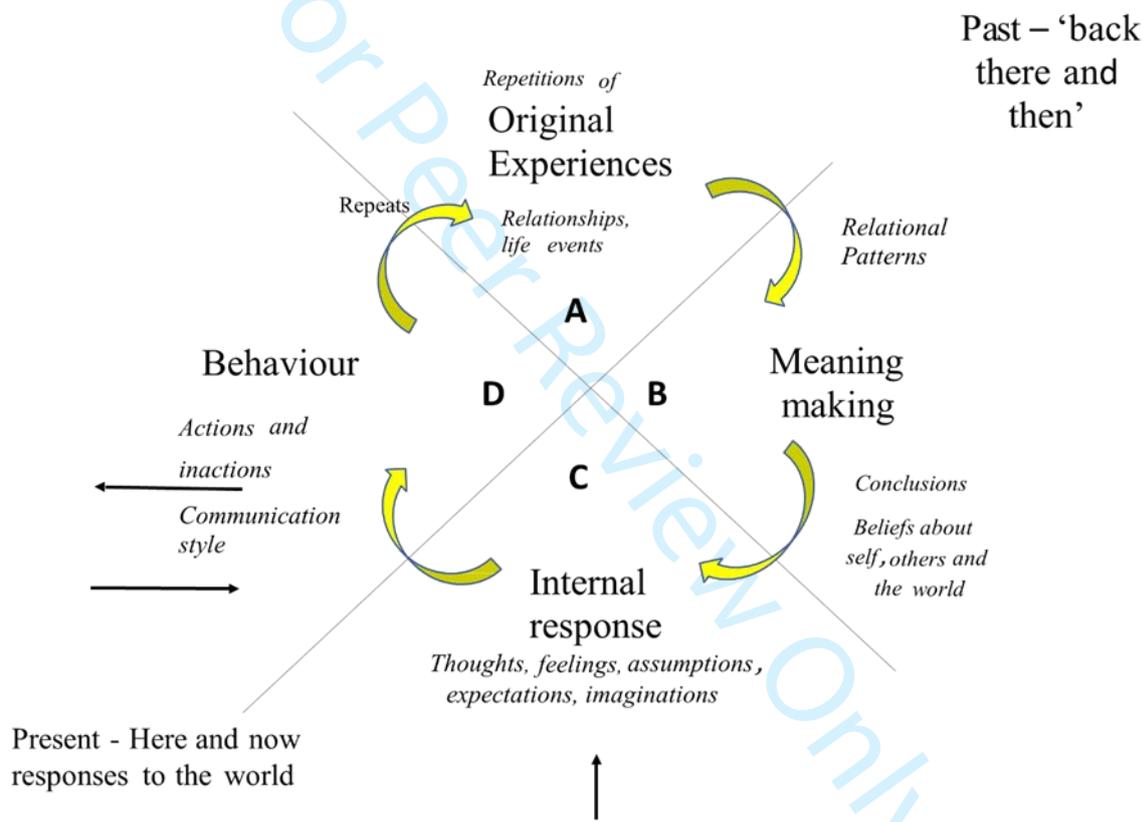
Conducting psychotherapy professionally often involves addressing conflicts and difficulties that trace to clients' early experience. It is a common tenet of psychotherapy theories that problems in current functioning have been shaped by patterns formed in the past, particularly in childhood. Terms used for these archaic patterns include life script (Berne, 1961), transference and countertransference (Bollas, 2007; Freud, 1915), the repetition compulsion (Freud, 1922), fixed gestalts (Joyce & Sills, 2001; Perls, 1969), organizing principles (Bowlby, 1988), core beliefs (Kennerley, Kirk, & Westbrook, 2015), implicit relational knowing (Stern, 2004), and conditions of worth (Rogers, 1959). Inevitably, clients' conflictual patterns occasionally evoke corresponding or reciprocal patterns in their therapists, which could be called countertransference, and whose resulting feelings and actions can interfere with their effectiveness. A major purpose of continuing supervision for professional psychotherapists is therefore to address therapists' archaic patterns of experience and interaction that become problematic when they are triggered by clients.

In this theory-building case study, we examined how such patterns were manifested and dealt with during a segment of the routine professional supervision of a 50-year-old highly experienced female therapist. We framed our study within the script cycle which tracks development of problematic patterns from experiences in the past to manifestations in the here and now (Lapworth & Sills, 2011; Sills & Mazzetti, 2009), and the assimilation model, which is a theory of psychological change (Stiles, 2011; Stiles et al., 1990).

The Script Cycle for Supervision

The comparative script system (Sills & Mazzetti, 2009) addresses key issues of psychotherapy supervision (Clarkson, 1992) based on the Transactional Analysis concept of life script, which refers to an enduring story-like life pattern with interconnecting themes unique to an individual (Berne, 1961). Although created for professionals, the comparative script system can be used by any individual to understand their script process in action The system suggests that experiences and meaning making in childhood lead people to develop habitual ways of feeling, thinking, and acting that reinforce and maintain those earlier patterns of meaning making. These patterns (the themes of the broader script) are not impervious to change, but they may be resistant. This sequence is represented in the *script cycle*, divided into four sectors, shown schematically in Figure 1.

Figure 1. The Script Cycle



In the script cycle, sectors A and B belong to the past; sectors C and D describe the here and now. Sectors A and D concern external, observable processes; sectors B and C concern experiential processes that are not directly observable.

(A) The sequence begins with the early developmental experience– the events of the original script protocol and the subsequent partial repetitions and re-enactments shaped by culture, family, and chance that create an echo of the original scene.

(B) The internal counterpart is the meaning-making that emerges from the experiences described in A. The power and resilience--or rigidity--of the life script reflect the frequency and intensity of the experiences.

(C) Once a life script has been formulated (in B), it can be reactivated by events bearing a similarity to those in (A). It is manifested in the form of internal beliefs and processes that can become problematic to the individual.

(D) The *consequent external manifestation* of the script, represents the individual's observable behavior based on the reactivated script.

The script cycle is not a closed system. The individual can assimilate new information and thereby update his or her beliefs (Sector B). However, therapists and supervisors often need to focus on the problematic elements when a cycle of thinking, feeling, and behaving has become rigid or impervious, limiting new learning and options.

Responsible therapists learn to recognize when a problematic life script theme may have intruded in their practice and to take it up in supervision. Likewise, supervisors learn to recognize when this happens to their supervisees. The comparative script system and the script cycle model were designed for reflection and intervention in such instances and for distinguishing the *teach-treat boundary* (Frawley-O'Dea & Sarnat, 2001) between what should be dealt with in supervision and what might instead belong in personal therapy.

The Assimilation Model

To conceptualize change in supervision, we drew on the assimilation model, which is a theory of psychological change in psychotherapy (Stiles, 2002, 2011; Stiles, Elliott, Llewelin, & Hardy, 1990). The model suggests that by talking in successful psychotherapy, clients *assimilate* (i.e., build links with) problematic parts of themselves, providing smooth access, reducing the distress, and making previously avoided parts available as a resource. In this theory, as in (Piaget, 1970) such assimilation always entails accommodation; that is, both the self and the problematic voice must change to some degree to achieve it.

According to the assimilation model, a person's experiences leave agentic traces, which may act and speak when they are addressed, and may be described, metaphorically, as voices (Honos-Webb & Stiles, 1998). Normally, these voices become interlinked (i.e., assimilated) into constellations by schemas (patterns of thought and action) that make the voices smoothly accessible to each other as resources (Stiles, 2011). These smoothly accessible constellations of voices constitute the person's usual self. Some voices, however, remain unassimilated--suppressed or avoided--because they are incompatible with usual self or are threatening, frightening or painful. These unassimilated voices may nevertheless be addressed by relevant circumstances. When they are addressed, they may speak and act, producing distress and actions that may be maladaptive, as they are not modulated by the person's usual self. According to the assimilation model such disconnected, problematic voices can be assimilated in successful psychotherapy (Stiles, 2011). We suggest that a similar process takes place in successful supervision.

Problematic voices typically consist of multiple strands, that is, clusters of similar experiences that are partly but not completely interlinked. For example, a life script pattern originating in a childhood pattern of over-compliance to avoid ruptures in primary relationships might play out--with variations--in adult relationships with family, friends, work associates, and elsewhere. A schema that enables assimilation of some strands of the problem may not completely fit other strands. As the process of assimilation in therapy is typically marked by many small setbacks that represent turning attention to lagging strands and adapting the working schema to fit (Caro Gabalda & Stiles, 2018).

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Several dozen theory-building case studies (see Stiles, 2002, 2011, for reviews), including one case study of supervision (Osatuke & Stiles, 2012), have supported the suggestion that assimilation follows a regular developmental course. The evolving understanding of this course is summarized in the eight levels of the assimilation of problematic experiences sequence (APES; Table 1; Stiles, 2002; Stiles et al., 1991), which is described later. The association of a problem's progress through the APES with conventionally-measured psychological improvement has been supported qualitatively in the case studies and quantitatively in nomothetic studies (Basto et al., 2018; Detert, Llewelyn, Hardy, Barkham, & Stiles, 2006). We used the APES to conceptualize the assimilation of problematic life script themes in supervision.

Table 1. Assimilation of Problematic Experiences Sequence (APES)

APES 0	Warded off/dissociated. The client is unaware of the problem
APES 1	Unwanted thoughts/active avoidance. The client does not want to talk about the problem.
APES 2	Awareness/emergence. The client faces the problem, often with great distress.
APES 3	Problem statement/clarification. The client names the problem, clarifies it, and seeks to formulate it.
APES 4	Understanding/insight. The client understands the problem experience and can see a way to act on it.
APES 5	Application/working through. The client tries out and adjusts the understanding (the new or revised schema) in daily life.
APES 6	Resource/problem solution. The formerly problematic experience has become a resource.
APES 7	Integration/mastery. The experience is a part of the client's usual self.

The script cycle and the assimilation model are potentially complementary, and we integrated them to understand the process of change during psychotherapy supervision, using the APES to conceptualize change in problematic life script themes. In doing this, however, we were mindful of that seemingly similar terms and concepts may have subtly different meanings within the two theories, so they may not be fully interchangeable (Leiman & Stiles,

2002).

Supervision of Practicing Professionals Versus Trainees

Experienced therapists, such as the one we studied, have inevitably encountered triggers for their own life script problems in the course of their practice. If the therapist has previously encountered intrusions similar to a current one and assimilated them, perhaps in supervision or in personal therapy, then the work of assimilating the new intrusion may not take long. In assimilation model terms, if the current problematic voice is an **incompletely assimilated** strand of a previously assimilated problem, then the newly encountered strand can be assimilated relatively quickly. On the other hand, if an encounter with a client addresses an unassimilated personal problem, the work may take more time, or it may fall on the treat side of the teach-treat boundary. The latter is likely to be more common in less experienced therapists.

Most of the research on supervision of psychotherapy has been conducted with trainees (Hill & Knox, 2013). In trainees, at least, studies suggest a positive impact of supervision on self-efficacy (Gibson, Grey, & Hastings, 2009) and autonomy (Ladany, Friedlander, & Nelson, 2016). Unhelpful contact with a supervisor also impacts supervisees, has a potential to increase anxiety (Gray, Ladany, Walker, & Ancis, 2001), and even be harmful to the therapists' development (Ellis et al., 2013). The impact of supervision on the outcomes in psychotherapy is less clear and according to some studies accounts for less than 1% of variance in the outcomes (Rousmaniere et al., 2014; Watkins, 2011);

In the UK, practicing professional therapists normally engage in regular supervision throughout their career as a standard requirement for continuing accreditation. Typically, qualified therapists in private practice select their supervisors and pay for this service. In the USA, supervisees are typically in training, and supervisors are often faculty in their training institution and responsible for evaluating their progress. Perhaps for this reason, the sorts of personal disclosure and probing viewed as appropriate and often important in the UK may sometimes be viewed as violating ethical strictures regarding multiple relationships in the USA (American Psychological Association, 2015; Gottlieb et al., 2007).

This Study's Purpose and Design

The aim of this qualitative theory-building case study was to assess the role of the supervisee's script cycle (Lapworth & Sills, 2011; Sills & Mazzetti, 2009) and the assimilation of problematic script themes in the process of professional supervision. To do this, we intensively analyzed a seven-session segment of routine professional supervision of an experienced therapist. The materials included verbatim transcripts and descriptions of the participants and the observations. We sought to identify manifestations of the therapist's problematic script themes, to observe whether and how these moments were addressed, and to assess whether this led to successful assimilation. In this way, we sought to evaluate the theory (the script cycle supplemented by the APES) and to determine whether and where it might need modification or elaboration.

Qualitative theory-building case study research (Stiles, 2007; Stiles, 2017) examines the fit of detailed observations of a case with a theoretical account--here, an integration of the script cycle (Lapworth & Sills, 2011; Sills & Mazzetti, 2009) with the APES description of psychological change (Stiles, 2002; Stiles 2011). It does not restrict attention to a few

selected variables but compares many aspects the theory with correspondingly many relevant observations of the case. The multiple qualitative observations may be regarded as analogous to multiple degrees of freedom in a statistical hypothesis-testing study (Campbell, 1979), increasing the power of the comparison.

Method

Participants

Supervisee

The supervisee, 'Sarah' (pseudonym), was a 50-year-old white, heterosexual woman who had qualified as a humanistic-integrative therapist 20 years previously. She had worked in private practice for approximately 10 years and had previous therapeutic experience in addiction services. She and the supervisor had worked together for about 6 years in monthly sessions.

The supervisor gave information about the study and obtained her consent. The identities of both Sarah and her clients have been disguised by using pseudonyms. Ethical approval for the study was given by the ethics committee of the institution where the research was conducted.

Supervisor

The supervisor was a man in his sixties, qualified as a Supervising Transactional Analyst and registered as a supervisor by the professional umbrella bodies.

Investigators

There were five investigators, three men and two women. All were qualified and experienced therapists and supervisors. Three of them held qualifications as Teaching and Supervising Transactional Analysts, one of whom was the supervisor in the study. The inclusion of the supervisor as an investigator provided distinctive additional information about the supervision process. It also had a potential to bias the analysis towards positive reflections on the supervision work. We sought to mitigate that risk by the structure of the research and methods of analysis, but it should be borne in mind in reading this work.

Measures

Assimilation of Problematic Experiences Sequence (APES)

The APES is a systematic description of the developing relation of a problematic voice to the person's usual self across successful treatment (Stiles, 2002; Stiles & Angus, 2001; Stiles et al., 1991). The APES includes eight stages or levels, numbered 0 to 7, summarized in Table 1. The APES has sometimes been used as a formal rating scale. However, we did not do independent ratings in this study but instead used the APES to be precise about our interpretations of passages.

Procedure

Selection of case and sessions for study

The supervisor responded to a request for volunteers at the institution, and Sarah responded to a request for volunteers by the supervisor among his supervisees. Seven consecutive sessions of Sarah's monthly routine professional supervision were audio recorded for this study. These took place in 2019, at a time chosen as a matter of convenience. Sarah had been in supervision with this supervisor for about six years before this recording began,

1
2
3 and the supervision continued after it ended.

4 **Qualitative Analysis**

5
6 Work proceeded in three overlapping phases, which we adapted from Stiles & Angus
7 (2001):

8
9 1. *Gaining familiarity*: We repeatedly listened to recordings, read transcripts and
10 reviewed other available materials on the case. We made notes about the case and recorded
11 our thoughts about interpretations. Some of us used NVivo qualitative research software
12 (<https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software>) to assist in
13 systematic note-taking.

14
15 2. *Selecting and focusing*: We formulated a focus for the study within the scope of the script
16 cycle and the assimilation model. We sought to identify instances of supervisee script themes
17 that were problematic in ways that had an impact on the therapy and/or supervisory
18 relationship. Each researcher identified themes independently, supported them with transcript
19 selections, and brought them to team meetings for discussion We selected and
20 excerpted passages that seemed involve agreed script themes and how they were addressed in
21 supervision, and we used the APES to describe Sarah's progress.

22
23 3. *Interpreting*: We sought to link observations of the supervision process to the script
24 cycle theory and assess where the theory clearly accounted for the observations and where
25 changes in the theory (corrections, elaborations, extensions) were required or suggested.

26
27 We used an adaptation of the Ward method (Schielke et al., 2009) for our work as
28 a research team: The five investigators alternated independent work with group meetings as
29 we proceeded through these phases. Each of us conducted each of the tasks independently,
30 drafting our own accounts Sarah's problematic life script themes and her progress in
31 assimilating them. We met regularly, in person or virtually, to present and discuss our
32 observations of themes and APES ratings, and we used ideas drawn from each other to revise
33 our own accounts. After multiple iterations, we combined our mutually-informed separate
34 versions into a joint document.

35 **Ethical Approval**

36
37 Ethical approval for the study was given by the affiliating academic institution. The
38 supervisee consented to the study. To protect anonymity, pseudonyms were used for the
39 supervisee and her clients. Potentially identifying information has been removed or restricted
40 in the text.

41 42 43 **Results**

44
45 We were pleasantly surprised at how easy it was to identify problematic script themes
46 in our recordings and transcripts. We had worried that an arbitrarily selected seven-session
47 segment of supervision might not yield much material for a study of supervisee script issues,
48 but we were wrong. In retrospect, it seemed sensible that both supervisor and supervisee
49 should focus on issues with the potential to cause problems in the treatment. Sarah was a very
50 experienced therapist and supervisee, with a long-standing and trusting relationship with the
51 supervisor. She seemed to know how to make productive use of the time, and was able to
52 reflect on her personal process. The prominence of attention to script themes in the
53 dialogue seemed to reflect attention to a central task of supervision.

54
55 For this report, we focus on the analysis of script themes elicited by the six different
56 clients who together occupied most of the supervisory time during these seven sessions. We
57 focus on the main script theme elicited by each client and its progress through the APES
58 stages (see Table 1). We present the clients in the order that Sarah introduced them. We have
59 omitted detailed analysis of the last two of these clients to save space, but we have included
60

brief summaries here. We number the selected sessions 1 to 7 chronologically, though, as noted, they were drawn from a much longer sequence.

Client 1: Alison, Sessions 1-2. Script Theme: Powerlessness and Responsibility

Sarah presented a client, Alison, whose alcoholic daughter in her 30s was in crisis. Alison was struggling to manage boundaries and felt distressed and angry. Alison was similar in age to Sarah, and like Alison, Sarah had two daughters. In terms of the script cycle the supervisor worked with Sarah in naming possible historical and reinforcing experiences (A; see Figure 1), beliefs and assumptions (B), feelings and other here-and-now internal responses (C), and behaviors (D) that were elicited by her work with Alison.

APES stage 2: Awareness/emergence. In session 1, the supervisor invited Sarah to discuss the parallels between Alison's relationship with her daughter and Alison's mother's relationship with Alison, both of which seemed angry, enmeshed, and destructive. At first, Sarah didn't acknowledge the supervisor's suggestion, and they moved to a more theoretical discussion about eating disorders and alcoholism. Minutes later however, Sarah brought her internal experience (C) of Alison, initially speaking generically about both "the weight" (impact/responsibility) and "the sadness" (feeling) of working with an older client. Sarah's rather broken speech suggested blocking or intrusions by problematic voices. The ellipses (...) in the dialogue indicate pauses or uncompleted sentences, not omitted material.

Sarah: It's really powerful. And I think it's difficult. I find it hard because it's... This is one of the things that I think is challenging in working with... In thinking about working with older women rather than the younger women... the impact is so much stronger, isn't it? Over the... If it goes for longer without coming in to therapy earlier. This... The relationship, destruction and the... Just the feeling about the daughter and she's...

Supervisor: That there's so much water under the bridge for Alison, you mean?

Sarah: Yes, and I feel like it... I feel the weight of that, almost. It's almost like... It just feels so much harder. The work feels harder because it's... That, really. It's sadder. It's like there's...

Supervisor: Too much wreckage.

Sarah: Yes, exactly. It's the wreckage. It's the...

Supervisor: Suffering. The years and years of the script - or the pattern.

Sarah: Yes, and to now realize it. To be seeing it. Her in her 60s; her daughter close to or in her 30s. Never had children. Neither of her daughters have been able to have children. All this stuff. It's really...

Supervisor: I wondered how it'd affect you, both as a daughter and a mother.

They continued to discuss the burdensome "weight" and "sadness" of this relationship of an older woman with troubled daughters in Sarah's history.

Sarah: And the guilt thing that comes up ... I can really, really feel it in the room with her, and I can feel it with the other client I talked about.

Speaking generically about "the weight" of working with an older female client like Alison, brought Sarah's own mother to her mind. Sarah was the youngest of three daughters.

Sarah: And I feel like odd... That must be awful. And my mother definitely carried that. That sort of... Because my middle sister [unclear]. Went through so much stuff and... But... So, sitting with somebody like Alison who is so burdened by it, and I can't make it okay. I can't lift it off her.

Supervisor: So, your... It sounds like you... There's a part of you that might be evoked from childhood... who was trying to fix something in childhood and maybe

1
2
3 thought she did, in some ways.

4 *Sarah:* Yes, or certainly feel the responsibility for it.

5 *Supervisor:* Okay, the responsibility gets evoked, for you, with Alison. That's the
6 thing.
7

8 Thus, the supervisor identified a complementary counter-transference response (Clarkson,
9 1992, p. 156) that resonated with Sarah's original experience (A): Sarah's tacit memory of
10 being a responsible daughter to a troubled mother. Sarah proceeded to explore her own
11 feelings of responsibility as a theme drawn from her family of origin:

12 *Supervisor:* She's explosive. And you're more implosive, are you? Or what do you
13 do?
14

15 *Sarah:* What do I do? I have to work to find my anger. I have to find it but my anger's
16 probably further down. Another emotion will be above it and I think with Alison, it's
17 the other way around.
18

19 Sarah continued to speak partly in second and third person (rather than first person),
20 The supervisor then enquired directly into Sarah's original experience and
21 received acknowledgement, again in the once-removed and concretized language:
22 "It is frightening."

23 **APES Stage 3: Problem statement/clarification.** Continuing, the supervisor
24 supported Sarah's recognition that a problematic issue had been addressed by linking Alison's
25 experience with Sarah:
26

27 *Supervisor:* You know what the years of that household would have been like with the
28 slamming doors and the screaming and the shouting of the anorexic daughter and the
29 parents of... What all of that would be like, because it's what you were growing up in.
30 And she brings that to you even though it's buried under all that flesh. She brings it.
31 And communicates it well.
32

33 *Sarah:* Yes, in a very flat way.

34 *Supervisor:* Well, that's her presentation but it gets split off and put into you. And, I
35 think you feel the responsibility, but you don't feel the screaming and the shouting
36 and the terror that, I mean, I would imagine that you must have felt.
37

38 *Sarah:* Somehow, yes.

39 In this exchange the supervisor directed Sarah's attention back to her client's world and
40 implicitly invited her to use her tacit remembering (sectors A, B and C) to inform her
41 clinically about Alison's world with her adolescent daughter (Alison's sector C and D).
42 Alison's world would have been an intensely frightening and overwhelming one for both her
43 and her daughter, and, as we later surmised from the transcript, for Alison and her own
44 mother.
45

46 **Movement towards APES stage 4. Understanding/Insight.** They moved back
47 to the meaning of anger for Alison (fear that her daughter might die and powerlessness). The
48 supervisor highlighted the theme of carrying the burden that resonated with Sarah ('Maybe
49 there's a possibility of some... Alison's story helping you, about you carrying the burden').
50 Sarah agreed with this. In the following session she reported that this awareness was still
51 developing, 'still cooking' in her.
52

53 **Client 2: Robert, Sessions, 3-4. Script Theme: Not Being Demanding.**

54 In session 3, Sarah brought an ex-client, Robert, who had contacted her again. In their
55 previous sessions they had explored a potential diagnosis of Asperger's syndrome. However,
56 he had recently received the NHS diagnosis of Schizoid Personality Disorder from the NHS,
57 and he wanted to re-engage with her to help him to come to terms with it.
58
59

60 The discussion in supervision focused on differential diagnosis, therapeutic resources

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and literature for Sarah, treatment options and focus. Sarah had seen Robert for 2 sessions since the previous supervision, and she described a change in setting for one of the appointments. She had conducted the first session in a 'pod', a room set in the garden of the counselling rooms, which was more intimate and private than the usual room she hired. The second session took place back in the same room as Robert's previous therapy.

APES Stage 2: Awareness/emergence. The supervisor immediately enquired about the effect of the different space and they discussed Sarah's possible role in Robert's family dynamic – a role that she had not accounted for. She understood that she was in a sense being seduced to play the role of 'the other woman' in the marriage, in which Robert was over-adapted. Quite rapidly the conversation progressed through assimilation Stage 2 (awareness) through to 3 (problem clarification) and to 4 (insight), where Sarah was able to see an identification with Robert's passivity.

APES Stage 3: Problem statement/clarification. The supervisor again invited Sarah to consider her relationship with her client, bearing in mind his difficulties with managing complexity. Sarah reflected more deeply on the metaphorical meaning of that relationship and began to move towards recognizing her role in this process (APES 3):

Supervisor: ...And I wondered if his capacity to hold you as a... In a consultative capacity, whether you become the other woman. And in a way he comes to you and says, my wife doesn't understand me.

Sarah: Yes. That's what it's starting to feel like.

[material omitted]

Sarah: And I think for me, that's the bit that I think I feel more reticent about. And I noticed, because I was thinking, why did I allow him to do that for so much of the session again? That would be an echo of stuff in the past. And thinking, this is frustration but we've only got this time, and you're doing this again. And I'm getting pulled into it a little bit. I can feel part of me going in and wanting to...

Supervisor: Being seduced.

Sarah: Being seduced by it

Continuing, the supervisor invited Sarah to consider the impact of the setting for the first session on this process:

Supervisor: So, what I'm also noting is you had your first session in the pod. I think that was quite intimate for him, and I wondered if that was quite exciting and that it was quite an intimate space. Different. He hadn't been in there before with you.

This led to an exploration of the erotic/ power dynamic in the therapeutic relationship. In that context, Sarah noted that she became a passive listener as he filled the space with complaints about his wife. The supervisor challenged Sarah to make a contract with him to intervene proactively as she had done in the previous block of sessions.

APES Stage 4: Understanding/Insight. The therapist's challenge was followed by a 20-minute exploration of the clinical material, Robert's relationship with his wife, his history, his diagnoses and the treatment planning. Towards the end of the session, the supervisor pointed to the possible role of Sarah's own archaic relationships and she came to an understanding in this (APES 4).

Sarah: Yes. I think by not, well... Going back to Robert. Not asking for stuff, not being loud and demanding certainly like my middle sister. Both [overtalking].

Supervisor: So that's the identification with Robert too, then. So, Robert is... By being good, being quiet. And adaptive, compliant.

Sarah: Yes. And trying to fill, trying to comply. Yes

APES Stage 5: Application. Sarah's insight led to a discussion of the problematic relationship between Robert and his wife, where he over-adapted to her. She linked that pattern to her own over-adaptation, applying her new understanding to her work:

Supervisor: What you're describing about him and how he over-adapts to her.

Sarah: Yes. And I think hearing it in him in such an extreme way, because he's very much about extremes [unclear], I think that's probably really painful for me, because I know it in more of a moderate way.

In session 4, Sarah reported ending treatment with Robert, describing it as 'a good ending'. Robert had achieved his initial aim of talking about the new diagnosis, and he reached a decision to ignore it. His relationship with his wife also changed, and he described a change in his behavior:

Client 3: Carol, Session 5. Script theme: When I feel pressure, it makes me pull away

This theme emerged in relationship with a new client in session 5. Carol had three sessions in the previous year, then contacted Sarah and had one session, before telling her she wanted to come for couples work with her husband. Sarah raised this as an ethical issue with the supervisor.

APES Stage 6: Resource/problem solution. In this case Sarah quickly started from a position of recognizing her archaic position, facilitated by the supervisor:

Supervisor: It's significant that she's saying it could only be you. I mean, that's the pressure, isn't it?

Sarah: Yes. I could feel that. And I'm not very good. When I feel pressure, it always makes me pull away. I always feel like, whoa, you're not getting hold of me. So that did feel a little bit...

Supervisor: It's something to do with your family role?

Sarah: Quite possibly (laughs in recognition and acknowledgement).

Supervisor: There we are, again.

Sarah: There we are, again. Absolutely.

Building on Sarah's insight into this process, she quickly moved to problem resolution (APES 6), that is, drawing on an existing schema with some help from the supervisor. They agreed that she send an email to Carol and also ask whether she wanted recommendations.

Client 4: Ted, Sessions 5 -7. Script theme: 'I can see the bully'; giving up.

In supervision session 5, Sarah introduced a new client, Ted, in his late 40's.

APES Stage 2. Awareness/emergence. In introducing Ted, Sarah recognized a familiar response in herself, "a sinking feeling," which seemed to be an unarticulated but nevertheless emotionally charged awareness of a problematic script issue (APES 2).

Sarah: So, my newbie, now. I'm bringing him because there's lots of bells ringing about other similar clients who I feel... How to describe it... That it's going to be hard, put it that way. And there was a little bit of a sinking feeling slightly and I don't know how much of that is still the fact that I'm ready for my holiday. And I'm tired because I am tired. So, that will be in the mix, but I think it's a bit more than that.

[material omitted]

Supervisor: What is it you are noting that gives you that sinking feeling?

Sarah: The issues, really.

Supervisor: Yes?

Thus, the supervisor first sought to facilitate understanding of the source of "that sinking feeling" (Sector C) and then what was evoked from her own history (Sector A).

Ted seemed deeply invested in beginning therapy. Before the first session

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Ted had sent a:

"very long email, very descriptive of, not what happened, not his narrative, but the impact of his childhood and how it's affecting his relationships now. And very considered and lengthy, really."

Then, Ted arrived too early for his first appointment, before Sarah was in the building, and they had met unexpectedly in the kitchen rather than in her office. Both had been startled to see each other. Sarah described him as looking, "startled and a bit angry" when he saw her, saying that he had started to think he was in the wrong building.

During his first therapy session he told her in detail about his abusive childhood, which included lots of "toxic shaming. Really awful stuff." He was "very seriously bullied" by his older brother, "to the point where he was terrified for his life." As an adult, he had become successful (working in engineering) and described his dislike of chaos and 'lazy people'.

Reflecting again on that initial encounter, Sarah felt like the object of his enacting the reciprocal, bullying role:

Supervisor: But he sees himself as a victim rather than as a bully. But you get the bully.

Sarah: Yes. I can see the bully.

Supervisor: And you can imagine who you were meeting in the kitchen. Or he was struggling not to become that. 'How unprofessional is this that you're not here.'

Sarah: That's what he was saying. Even though he was massively early, and I was...

Supervisor: Yes, exactly.

Sarah: But I felt it immediately.

On further enquiry the supervisor suggested that Ted could be understood as being defended in a very brittle way, both "fragile" and "fixated."

*Supervisor...*you have that sinking feeling about how profound these issues are and how they manifest and the kind of defensiveness of the client or the protective structures around this guy. The way in which he copes in the world. That he's both... They're very fixated but they're also very brittle. And, so, he's both fragile and incredibly fixated, simultaneously. How do you find a way to connect with him?

Sarah: Exactly. That's exactly what I'm thinking. That's the sinking feeling. How am I going to connect with him in a way that's going to help?

The supervisor sought clarification:

Supervisor: Can I just check, too. I want to be respectful, but I know you've really been through a lot with [your husband's] process (*suffering from depression*) in recent months, too. That was really challenging for both of you, so I wondered if there's echoes of the sinking feeling or something there of the hard work for you.

APES Stage 3: Problem Statement/Clarification. Here, the supervisor was checking whether her current situation with her depressed husband (Sector A – reinforcing experience) was influencing her emotional responsiveness to Ted. Sarah agrees that 'There must be an element of that. There has to be. ', and the supervisor continues:

Supervisor There's something, then, about men.

Sarah: Yes. Something about men. But, also, what was it you said a minute ago about Ted being fixed?

The supervisor waited for Sarah to identify her relationship with her father and Sarah continued to clarify her experiences in relation to her father and her husband.

Sarah: Yes. Now, what I was thinking when you said that was of my dad. So that was a sort of echo of that. And maybe that's more the sinking feeling, which is the always having to be aware of that. That these no-go areas and the brittleness. But the absolute fixed refusal to ever... But maybe there's part of me... I don't know. I'm trying to

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3 think what I've experienced with clients in my long-time work. That thinks, do we
4 ever get there? Because, I suppose, I've never known it, with my father. It feels so
5 insurmountable. There's that feeling,

6
7 *Supervisor:* That's where the sinking takes you. And what else? That feels like despair
8 in you of connecting. Like, a seeking of connection with your dad.

9
10 *Sarah:* Yes. Because I've sort of given up on that. I just gave up on that years ago
11 because it was amounting to nothing.

12
13 *Supervisor:* With your dad but here it is again, being elicited with Ted, I guess, isn't
14 it?

15
16 *Sarah:* Yes. And it's sad. His story is really sad, as is [my husband's].

17 Meeting Ted seemed to activate an archaic relational template with her father (sector
18 A), perhaps also a bully, his "absolute fixed refusal" and her never knowing "it". Here in
19 session 5 the supervisor tried to deepen the work by empathically suggesting despair in
20 relation to her sinking feeling of seeking and not finding connection (sectors C and
21 A). She said that she had "sort of" given up on seeking connection years ago, with it
22 "amounting to nothing." This closed down the supervisor's enquiry into her feelings about
23 her father.

24 The supervisor returned to the matter of her new client and enquired into her
25 experience of having these relational needs stirred up by a male client who reminded her of
26 her father. She responded by directing their attention to Ted's and her husband's "sad"
27 stories and her husband's slow recovery (Sector A), again closing down any further
28 exploration of her affective, internal responses. Sarah's determined shift in focus
29 suggested that her feelings about her father were a no-go area for now, at least, whether
30 they were being elicited by Ted or not. Perhaps she was signaling a teach-treat boundary,
31 though this was not explicitly acknowledged.

32 There was more discussion about Sarah's relationship with her husband and her
33 daughter, and the supervisor then brought the conversation back to the initial meeting and its
34 impact. The discussion focused on understanding Ted and developing ways of working
35 therapeutically, and he also challenged Sarah to recognize the rupture in their first meeting,
36 which she laughed off as, 'No, it wasn't the textbook ideal (laughter)'. This discussion did not
37 lead to the development of an APES 4 insight as Sarah seemed unable to shift from her
38 pessimistic view.

39 A bit later, the exploration shifted to understanding Ted's developmental process, after
40 which, the supervisor suggested a route to rupture recognition and repair. He invited Sarah to
41 recognize that their initial meeting triggered a traumatic response in him and suggested that
42 she could address that with him and focus her interventions on the part of him that was
43 available ("What I'm suggesting is that you are speaking to the wiser self, the available adult,
44 the reflective self who has been manifested in the email. And I would refer to the email. I
45 wouldn't go for the phenomenological experience because that's the defensive system. You
46 want to speak to the one who has insight.") This ended session 5.

47 In session 6 they revisited Sarah's perception that Ted wasn't motivated for therapy,
48 but 'sent' to therapy by his wife and daughter. The supervisor invited Sarah to reflect on how
49 Ted might perceive her, as he worked predominantly in a male environment, and then on her
50 response to his anger and righteousness.

51 She recognized that her automatic response in such a situation might be to 'tease him'
52 because of her own need to be right. This was something that she has been told by her
53 husband but could not reliably recognize when she was doing it:

54
55 *Sarah:* Absolutely. 100%. You know there's nothing more annoying, is there? (...) 'I
56 knew that. I could have told you that'. I probably... [my husband] would probably say
57 if he was sat here that I have a tendency to do that. And for me that comes from
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59
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Assimilating Life Script Themes - 14

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3 youngest child. 'I knew. I knew. I know. I know things', kind of state.
4 Sarah herself tracked the pattern to her early script formation (sector B). The supervisor
5 asked her to consider Ted's history. They further discussed his early trauma and spent much
6 of session 6 developing an understanding of the way Ted has dealt with trauma in his life.
7 Late in the session, the supervisor focused again on how Sarah felt about seeing Ted:

8 *Supervisor:* And how are you feeling now about seeing him?

9 *Sarah:* Mixed, probably. There is a kind of an ugh feeling. There is a bit of that. It
10 feels like a challenge. He's a challenge to me, I feel. And you know I've got a lot of
11 those at the moment. But I feel that this has been really helpful. I feel like I've got
12 some clarity on that. There's a few words that have really resonated. Like self-
13 righteous. Exactly what that embodies and what that... How I need to.

14 *Supervisor:* And just allowing him to be a visitor. That's the other thing.

15 In session 7 Sarah reported that Ted had left. She recognized that they did not have a
16 working alliance. However, the assimilation of her script process had not moved beyond
17 APES 3.

18 **Clients 5 and 6: Bella and Felix, Session 7.**

19 In session 7, Sarah brought two further clients, the analyses of which we have omitted
20 to save space. We summarize them briefly here (and the full analyses are available from the
21 first author).

22 Bella came because she was required to engage in personal therapy for her training.
23 Sarah had concerns (APES 3) but had agreed to work with this client. After some discussion
24 of working with such clients, Sarah reflected on how she dealt with a previous client with
25 similar issues (APES 4). This led to a further discussion of relevant theoretical concepts in
26 relation to the present client (APES 5).

27 Felix was a retired vicar in his 80's. While traveling following the death of his wife,
28 he had encountered a young woman. They had acknowledged a mutual attraction, though she
29 had continued her travels. He came to therapy because he was disturbed by the encounter.
30 Sarah found the subject matter difficult (APES 2). Through discussion, the supervisor and
31 Sarah agreed that this was about sexual attraction between the client and the young women
32 and began to explore this, but her assimilation did not progress beyond APES 2 in this
33 session.

34 **Discussion**

35 Observations of this seven-session segment of Sarah's supervision supported the script
36 cycle model's suggestion that the emergence of the therapist's script in therapy can be
37 problematic, leading, for example, to unexamined collusion with clients, lack of exploration,
38 or premature endings. A significant part of the work dealt with assimilating elements of
39 Sarah's incompletely processed script material. This work was most often successful; the
40 emergent strands of problems were usually assimilated quickly and efficiently. With the
41 supervisor's help, Sarah recognized, acknowledged, and stated the issue, developed an
42 understanding (drawing on previous understandings), and applied it in the context of the
43 current client in the majority of the instances we examined.

44 **Manifestations of the script cycle**

45 Script themes appeared in Sarah's presentations of each of her clients and their
46 histories. Together, Sarah and the supervisor identified the indications of problematic aspects
47 as they emerged in her relationships with her clients (sector D in Figure 1) and her internal
48 experience: (sector C) – and traced their roots in Sarah's early experiences and script
49 formation (sectors A and B). Sarah's script themes included a demoralizing conjunction of
50 powerlessness with a sense of responsibility in dealing with anger (e.g., Alison, session 2;
51

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3 Ted, session 7), a theme of emotional withdrawal when feeling the pressure to take
4 responsibility (many of the clients), and a theme of being undemanding and quiet when
5 dealing with an erotic dynamic in the therapeutic relationship (e.g., Robert, session 3). We
6 judged that Sarah's response to the client's unconscious transference invitation (client's
7 sector D), as well as the feelings and responses that were stirred as a result of the therapist's
8 script (Sarah's sectors A, B, C), pointed to possible implications for the client's script and
9 what the client might need from the therapy. Using the understanding they built, Sarah and
10 the supervisor developed strategies for therapeutic action.

11
12 In retrospect, perhaps it should not be surprising that we could see Sarah's archaic
13 script material emerging in every session and providing a principal focus for supervisory
14 work. Each of the transcripts showed that focus to be balanced on the teach-treat boundary,
15 where the personal and professional meet. Just as script themes are a central focus in therapy,
16 they are a central focus in supervision, and for much the same reasons. In transactional
17 analysis terms, script themes interfere with rational Adult functioning in both instances and
18 assimilation of the problematic elements (sectors B and C) is a central task in both. In
19 addition, through training and experience, both therapists and supervisors (who are generally
20 also therapists) acquire an alertness for emotional stuckness and a repertoire of ways to
21 address it.

22
23 Of course, Sarah was an experienced therapist and supervisee, who seemed to know
24 how to use supervision productively. In addition, the positive, non-conflictual relationship
25 with the supervisor seemed to provide a safe background for this work, consistent with
26 suggestions by Watkins (2018) and by Orlinsky and Rønnestad (2005). It seemed to us that
27 Sarah's development of self-efficacy (Gibson et al., 2009) and autonomy (Ladany et al.,
28 2016) was shown in the way that the supervisory work usually led smoothly to successful
29 assimilation and supported therapeutic decision making. Work with less experienced
30 therapists might be less smooth and might focus more on issues of providing information and
31 socialization into the profession. As noted earlier, exploration of archaic script material may
32 be ethically sensitive in supervision with trainees when the supervisor has responsibility for
33 evaluating the supervisee's fitness to practice.

34 35 36 37 38 **Assimilation of Script Material**

39
40 Our observations supported previous suggestions (Osatuke & Stiles, 2012) that the
41 APES can describe progress in supervision, much as it describes progress in therapy. In the
42 cases of Alison and Robert, Sarah and her supervisor moved smoothly within a few sessions
43 from Sarah's initial acknowledging of an unformulated problem (APES 2; e.g., the "weight"
44 and "sadness" in the case of Alison;) to formulating the issue (APES 3), reaching an
45 understanding (APES 4; e.g., powerlessness/responsibility for Alison; erotic dynamic for
46 Robert), and, for Alison and Robert, developing a strategy to address the issue (APES 5).

47
48 In these cases, the process of assimilation seemed to go much faster in this
49 supervision than would be typical for work in therapy (Stiles, 2002). Perhaps Sarah had
50 encountered these issues in previous case or in her own therapy, so she could draw on
51 existing schemas and adapt them for use when similar theme emerged in working with these
52 clients. In theoretical terms, the problems with the current clients could be regarded as a
53 strands of problems that had already been at least partly assimilated. In addition, both parties
54 were motivated, experienced, and sophisticated about the supervision, Sarah's relationship
55 with her supervisor was longstanding, and the strength of the supervisory bond was clear. In
56 contrast, in the case reported by Osatuke & Stiles (2012), the supervisee was a relatively
57 inexperienced trainee, and progress was much slower.

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Exploration of problematic script themes sometimes seemed to encounter a teach-treat boundary. In dealing with the script themes of anger and responsibility in her family or origin (sessions 1-2), and in the exploration of the emergence of the erotic dynamic (sessions 2-4), the focus remained on the relation to clinical work, though they might have afforded a more in-depth therapeutic examination. Neither of these moments was explicitly acknowledged.

In two cases, Sarah identified problems but did not progress far on the APES. The more prominent of these was Ted, whom she discussed in three supervision sessions. As in cases of Alison and Robert, she began her work with Ted with the unspecific uneasiness characteristic of APES 2 ("a sinking feeling"). Before the first session, Ted had written a long email, and he disclosed a great deal during his first session. He was unused to having a facilitative listener and may have ended up saying much more than he intended to, making him feel vulnerable. When he subsequently became defensive and angry, Sarah seemed to perceive this as bullying. Her own script may have led her to miss the well-defended vulnerability, so she couldn't make a connection. She made cognitive links to her history and her marriage, but she did not develop an understanding of how her own script became entangled with his, and Ted left after five sessions.

The second case was Felix, an older man who was disconcerted when he had found himself strongly attracted to a young woman. Sarah expressed unspecific discomfort but remained at APES 2 for the one session in our series where he was mentioned (session 7, the last in our sequence; perhaps his case was discussed again later). Thus, both of the non-progressing cases involved older male clients. We speculated that they may have evoked problematic script themes involving her own father's emotional inaccessibility and possible sexual transgressions (sector A), which she had noted in discussing another case (Robert in session 3). These cases highlighted the importance of the teach-treat boundary in supervision. The supervisor invited reflection but did not push for a more in depth therapeutic exploration.

Limitations

Case studies are not meant to be generalized. In theory-building case studies, generality arises from the theory. A theory normally specifies its own range of application; a particular study can at best support the theory and justify a small increment of confidence (Stiles, 2007, 2017). We studied a limited segment in the supervision of one supervisee, but we suggest that the fit of our observations to the integrated script cycle/assimilation account justifies such an increment. Of course, further studies are needed.

Our focus on the assimilation of problematic life script themes omitted many aspects of this supervision. This focus should not obscure our judgment that in general, the sessions went well; that is, we considered that this was normal and quite successful supervision of a highly experienced professional.

Including the supervisor as an investigator raised the possibility of particular sorts of distortion (e.g., self-serving bias). But it also afforded a distinctive inside view of the process. We tried to remain aware of and minimize the distortion, but we recommend caution in considering our interpretations. We have tried to provide observational detail (the quoted passages) to support our interpretations.

Implications for Practice

This case study illuminates the process of clinical supervision of qualified professional therapists. It focused on instances in which the therapist's personal material impacted the therapeutic process, and on how this was addressed in professional supervision. It showed

that in the case of this highly experienced therapist, problematic personal material (life script themes) could often--but not always--be addressed and assimilated successfully within the supervision.

Depending on their level of assimilation, the problematic script issues that caused difficulties with particular clients became resources as they were assimilated. Intensive case studies offer two routes to clinical application, first by supporting and suggesting elaborations to the theory (life script theory, assimilation theory), and second by promoting reflection by both supervisors and supervisees on such issues as the impact of archaic material and on the location and importance of the teach-treat boundary.

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