



RESEARCH ARTICLE



Have I Been Here Before? The Script System in Clinical Supervision

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ABSTRACT

This paper is a theoretical research-based reflection on the process of clinical supervision. It presents two case study projects focusing on the occurrence and use of the script system and the process of change and assimilation of the problematic script material during supervision. One of the cases is an experienced therapist, “Sarah,” and the other is a novice, “Adam,” both of whom were supervised by an experienced TA supervisor. The authors offer a discussion on the prevalence of script themes within the supervision process and ways of working with them while respecting the supervisory relationship, the level of supervisees’ experience, and the teach/treat boundary. They also reflect on the occurrence of the parallel process and its implications. This led to the development of the script system model and the addition of a relational field between the supervisor and the supervisee that can be used as a supervisory tool.

KEYWORDS

Clinical supervision; script system; assimilation; case-study research; parallel process; transactional analysis

In transactional analysis (TA) psychotherapy, therapists often deal with script issues arising from clients’ history. Berne (1972) called a life script “a life plan made in childhood, reinforced by parents, justified by subsequent events, and culminating in a chosen alternative” (p. 32). In other words, a life script contains patterns of thinking, feeling, acting, and relating that recapitulate problematic early experiences even when this recapitulation involves some distortion of current conditions. Therapists and clients sometimes engage in a mutual transference dance involving games and script reinforcement (see Stuthridge & Sills, 2016). These may be detrimental to therapy, but they may also be used for in-depth reflection in relational therapeutic work. Similar opportunities arise in clinical supervision if supervisees bring their script issues when they encounter difficulties, or if they engage in parallel (transference) processes with their supervisors. The script system model (Sills & Mazzetti, 2009) was designed to support such reflection in therapy and supervision. This paper is based on two case studies (van Rijn et al., 2022; van Rijn et al., 2023) during which we explored whether and how script themes emerged in supervision, how the therapist worked with them if they did, and whether this led to a process of change.

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Our aim is to present the narrative and the salient themes of these two previously reported cases in ways that could be useful to clinicians in reflecting on the supervision process. We also consider some implications for the script system model.

The Script System for Supervision

The comparative script system describes how people make meaning of the world and use that meaning to act. It was originally developed by Sills and Salters (1991) as a framework for integrating the various schools of transactional analysis as well as an aid to assessment and treatment planning. In 2009, it was described by Sills and Mazzetti (2009) as a model for exploring and understanding the key issues of psychotherapy supervision (Clarkson, 1992), for thinking about the relational field, and for clarifying the “teach/treat” boundary between supervision and personal therapy (Frawley-O’Dea & Sarnat, 2001).

The script system suggests that, as a result of their experiences and meaning making in childhood, people develop habitual ways of organizing their lives and relationships so that they react with feelings, thoughts, behaviors, and relational patterns that emerge from, reinforce, and maintain those earlier patterns of meaning making. The patterns are not impervious to change, but they may be resistant. The script system maps this process as a cycle divided into four sectors (see Figure 1). In the figure, sectors A and B belong to the past; sectors C and D describe the here

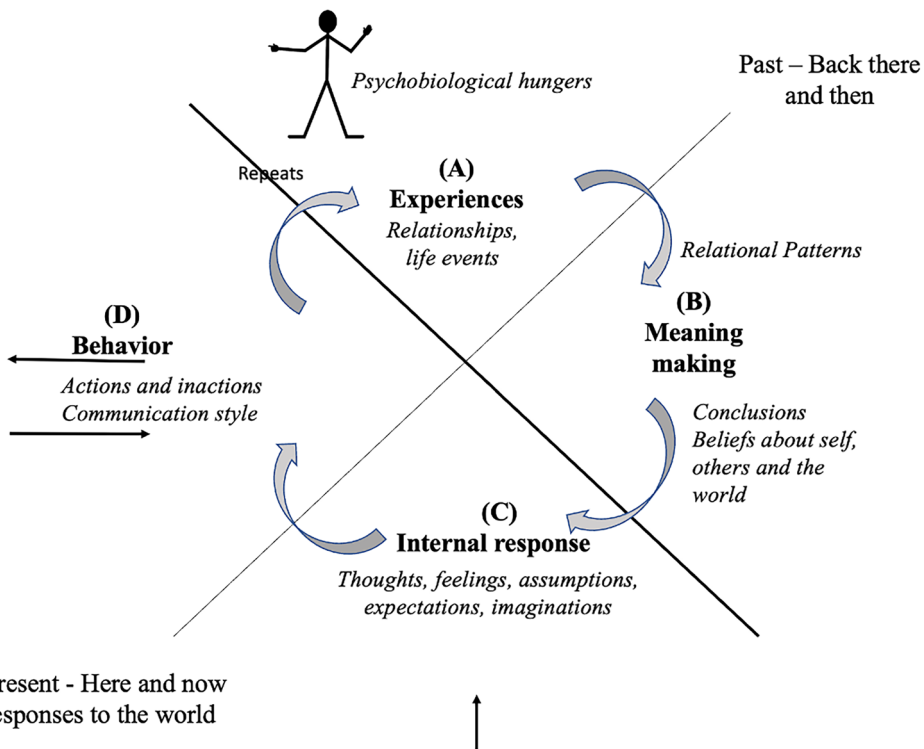


Figure 1. The Script System (based on Sills & Salters, 1991, and Lapworth & Sills, 2011).

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, that is, an interaction between the child's psychosociobiological needs and the events of their life. This is the original "script protocol" and the subsequent partial repetitions and reenactments shaped by culture, family, and chance.
- B. The meaning making and relational patterns that emerge from the experiences are both conscious and nonconscious, involving somatic preverbal adaptations as well as feelings, thoughts, and beliefs. This is called "life script." 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 becomes a filter through which the person sees the world and acts in it. It can be background patterning, or it can be fully reactivated by events bearing a similarity to those in (A).
- D. The external manifestation of the script is the individual's observable behavior based on the reactivated script.

A life script is not a closed system. The individual can assimilate new information and thereby update their beliefs (sector B). However, therapists and supervisors often need to focus on the problematic elements when a script system of thinking, feeling, and behaving has become a closed one that limits new learning and options. The script system model was designed for reflection and intervention in such instances.

The Assimilation Model and Script Theory

The assimilation model is a theory of psychological change (Stiles, 2011; Stiles et al., 1990). It suggests that a person's experiences leave traces that may later be reactivated. Whereas the script system focuses on the structure and dynamics of problems arising in life, including supervision, the assimilation model focuses on the processes and mechanisms of psychological change. Script theory and assimilation theory are potentially complementary, and our aim was to integrate them to understand the process of change during psychotherapy supervision.

Normally, traces of people's experiences become assimilated and interlinked into constellations so that they are accessible to each other as resources. In TA, we might think of the constellations as ego states or self-states. The aggregate of all assimilated experiences comprises the person's usual self. Some experiences, however, remain unassimilated—that is, suppressed or avoided—because they are incompatible with the usual self or are threatening, frightening, or painful. They may be evoked by relevant circumstances and activated, producing distress and actions that may be maladaptive. In TA, we might think of them as unconscious material from the archaic ego states, which results in games and rackets.

From an assimilation model perspective, life script themes can be understood as a product of problematic experiences. They lead the person to discount and redefine (Schiff, 1975) unassimilated painful, traumatic, or overwhelming experiences that would be distressing if they were fully faced. By enacting a life script, people both reveal

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 | Smooth access/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. |

and avoid or contain their problematic experiences when circumstances restimulate those experiences.

A series of several dozen theory-building case studies (see Stiles, 2002, 2011), including one case study of supervision (Osatuke & Stiles, 2012), has suggested that assimilation follows a developmental course summarized in the eight levels of the assimilation of problematic experiences sequence or APES shown in Table 1 (Stiles, 2002; Stiles et al., 1991), which provide a welcome antithesis to the discount matrix (Schiff, 1975). In successful therapy, problems advance through the APES as clients build semiotic meaning bridges between the problematic experience and the usual self (Stiles, 2011). This permits smooth mutual access, turning problematic experiences into experiential resources. The theoretical association of a problem's progress through the APES, with psychological improvement, has been supported qualitatively in the case studies and quantitatively in nomothetic studies (Basto et al., 2018; Detert et al., 2006).

Research Team and Methods of Analysis

The supervision team was composed of four researchers, three of whom are Teaching and Supervising Transactional Analysts (TSTAs) in the field of psychotherapy, and one of whom was an author of the script system theory. The fourth researcher was a developer of assimilation theory and is a person-centered therapist. The team used qualitative analysis adapted from Stiles and Angus (2001). The supervisor in the cases we studied was included on the team to provide a unique insider perspective on the case. We (and readers) must be mindful of possible favorability biases this might introduce, although we note that this study's goals did not include evaluating or advocating for this supervision. Further details of the method and analysis are available elsewhere (van Rijn et al., 2022, 2023).

The Two Cases

In this article, we review two case studies in which the supervisee therapist's script was manifested in supervision. We traced the process of assimilation across seven consecutive supervision sessions each. Both cases focused on the work of the same supervisor. As is usual in clinical supervision, each supervisee reflected on the work with several clients.

One supervisee, pseudonym “Sarah,” a woman in her 50s, was an experienced humanistic therapist, qualified for over 20 years. She had had a long-term working relationship with the supervisor and had monthly supervision.

The other supervisee, pseudonym “Adam,” a man in his 50s, was a recently qualified humanistic counselor and in the process of starting to build his private practice. The supervisor had supervised Adam during his training and was now supporting him at this new stage of his career. Adam had fortnightly supervision. The sessions we studied were the first seven sessions of this new arrangement.

Supervisee script themes emerged clearly and frequently in both cases. We present each case with examples of some of the script themes, the assimilation process, and the work of the supervisor. We tracked the emergence of script themes with multiple clients as they emerged repeatedly. This gave us an opportunity to analyze the process of assimilation as it developed in supervision.

Sarah’s Script Themes

Sarah introduced recognizable script themes in each supervision session. The themes concerned Sarah’s relationship to power in relationships, feelings of powerlessness, and her tendency to overadapt (Schiff, 1975) while simultaneously taking responsibility for others’ needs. There seemed to be clear progress in the assimilation process of these themes. In other areas, Sarah’s reflection did not move as fast or as far, and assimilation of the script process did not go so smoothly.

We describe how the script themes appeared in the discussions of three of her clients—pseudonyms “Alison,” “Bella,” and “Ted”—and how they were or were not assimilated during the seven supervision sessions we studied. Further details about Sarah’s themes in her work with clients are available elsewhere (van Rijn et al., 2022). We have chosen these three cases as examples in this paper because they exemplified different levels of assimilation during supervision.

Taking Responsibility for Others and Not Being Demanding: Alison

Alison was a woman in her fifties who struggled in her relationship with her alcoholic daughter. Sarah was of a similar age and had adult daughters herself.

Sarah described an experience of “weight” and “heaviness” in working with Alison. This led to a discussion of how the relationship between Alison and her daughter had parallels to that of Sarah with her own mother, and both relationships seemed angry and enmeshed. At first, Sarah did not acknowledge the supervisor’s reflection on this, but after a digression, she brought up her internal experience of the client (sector C) [Note: Mentions of the sectors refer to the script system sectors shown, for example, in Figure 1.] and talked about the experience of “weight” and “sadness,” making links to her own history (sector A) and reflecting on the guilt she experienced in the room with clients. Later, speaking about “the weight” of working with Alison brought Sarah’s own mother to mind.

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 thought she did, in some ways?

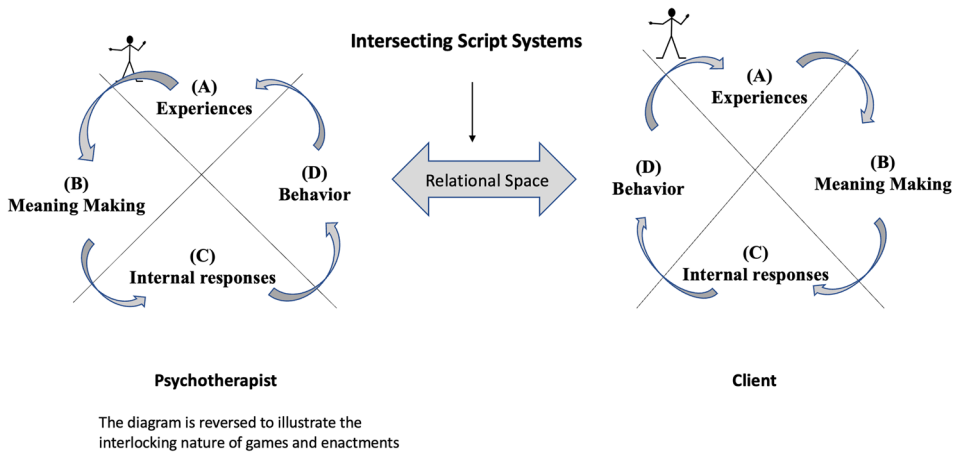


Figure 2. Intersecting Script Systems.

Table 2. Details of the Internal and Interpersonal Dynamics for Figure 2.

| Intersecting Script Systems Key | |
|---------------------------------|--|
| A. | Psychobiological hungers in interplay with relational and life experiences |
| B. | Relational patterns; early decisions; beliefs about self, others and the world. |
| C. | Internal here and now experience – thoughts, feelings, sensations, imaginations, expectations. |
| D. | External manifestation of internal state – actions and inactions, transactions, communication style. |

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

Thus, the supervisor identified a complementary countertransference response (Clarkson, 1992) in the relational space between client and therapist (see Figure 2 and Table 2) that resonated with Sarah’s original experience (sector A) and Sarah’s somatic memory of being a responsible daughter to a troubled mother. Sarah spoke about this partly in second and third person (rather than first person), which suggested to the supervisor that she was partially in script. The supervisor inquired directly into Sarah’s original experience, and although she confirmed it, she again used distancing language: “It is frightening.”

The supervisor facilitated assimilation (APES 3. Problem statement/clarification) by linking the client’s experience to Sarah:

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

The supervisor directed Sarah’s attention back to her client’s inner world and more implicitly to her own somatic remembering (sectors A, B, and C). This supported her in working with Alison’s (Alison’s sector C and D). Alison’s world would have been an intensely frightening and overwhelming one for both her and her daughter, and, as we find out later in the transcript, for Alison and her own mother.

This was potentially a good moment to explore Sarah's script theme further. In choosing not to pursue it, the supervisor was maintaining the teach/treat boundary. They moved back to the meaning of anger for Alison, which centered on powerlessness and the fear that her daughter might die. The supervisor highlighted the resonant theme of carrying the burden for both Sarah and her client:

Supervisor: Because I don't think the daughter has to carry the burden anymore. That's what's changing. At least, that's what's easing. ... The daughter's been carrying the burden and I think you, probably. ... Maybe there's a possibility of some ... Alison's story helping you, about you carrying the burden. I'm always interested in how I'm affected by clients and what they provide me with to release me from my burdens.

With this, the process of assimilation moved to insight and application.

Pressure Makes Me Pull Away: Bella

Supervision reflections with Bella moved swiftly through the APES. Sarah recognized her tendency to withdraw when she felt under pressure. She talked about a new client, Bella, as exerting pressure to accept her for therapy.

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 acknowledgment).

This led to quick recognition and application as she made a choice in how to work with the client (APES 5, Application/working through).

In her discussions of both Alison and Bella, Sarah evidenced a dual awareness, talking about her own past experience and meaning making (sectors A and B) with the supervisor while also reexperiencing the evoked embodied experience (sector C) and consequent inaction (sector D). We surmise that this may facilitate her progress through the APES stages.

"It Feels So Insurmountable." Helplessness: Ted

In introducing Ted in supervision, Sarah recognized "a sinking feeling," a familiar, unarticulated but nevertheless emotionally charged awareness signaling a problematic script issue (APES 2).

Before starting therapy, Ted sent a "very long email" about his childhood and the impact on his relationships now. Ted then arrived too early for his first appointment. They met unexpectedly in the kitchen, both feeling startled. According to Sarah, Ted was "startled and a bit angry."

During his first session he told her in detail about his abusive childhood and his experience of "toxic shaming" by his father and bullying by his older brother "to the point where he was terrified for his life." As an adult, Ted had become a successful

manager in a predominantly male industry. He said he disliked chaos and “lazy people.”

Reflecting on that initial encounter, Sarah experienced him as bullying:

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

Sarah: Yes. I can see the bully.

Here, the supervisor checked whether her own early experiences with a withholding father and her current situation with her depressed husband (sector A—reinforcing experience) might have been influencing her emotional responsiveness to Ted.

Supervisor: There’s something, then, about men.

Sarah: Yes. Something about men.

The supervisor gently continued to inquire, inviting Sarah to further recognize her experiences in relation to her father and her husband, leading to APES 3: Problem Statement/Clarification.

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

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

Sarah: Yes. Because I’ve sort of given up on that. I just gave up on that years ago because it was amounting to nothing.

Supervisor: With your dad—but here it is again, being elicited with Ted, I guess, isn’t it?

Sarah: Yes. And it’s sad. His story is really sad, as is [my husband’s].

In this first meeting, Ted seemed to activate an archaic relational template involving Sarah’s father (sector A)—his “absolute fixed refusal” and her never knowing “it.” The supervisor attempted to deepen the work by empathically suggesting despair in relation to her sinking feeling of seeking and not finding connection (sectors C and A), but she closed this inquiry saying that she had “sort of” given up on seeking connection years ago, because it was “amounting to nothing.”

The supervisor later returned to Sarah’s experience of having relational needs stirred up by a male client who reminded her of her father. She responded by commenting that indeed Ted and her husband had “sad” stories and her husband a slow recovery (sector A), but she again changed the subject and closed off further exploration. These repeated shifts in focus suggested that her feelings about her father, and indeed her husband, were a no-go area, even though they had been elicited by a client. The supervisor did not continue the exploration more forcefully

and respected the teach/treat boundary, although this motive was not explicitly acknowledged.

Exploration shifted to understanding Ted's developmental process, and the supervisor suggested a route to rupture recognition and repair.

Supervisor: What I'm suggesting is that you (speak to) the wiser self, the available Adult, the reflective self who has been manifested in the email. And I would refer to the email. I wouldn't go for the phenomenological experience because that's the defensive system. You want to speak to the one who has insight.

However, Sarah's perception was that Ted was not motivated for therapy, and this did not result in development of insight (APES 4). She seemed to have "given up," just as she had with her father.

The supervisor broached this again from a different perspective and invited Sarah to reflect on how Ted might perceive her from his predominantly male work context and again whether her response to his anger and self-righteousness might have played a part in his emotional withdrawal. She recognized that her automatic response in such a situation might be to "tease him" because of her own need to be right. This was something that she had been told by her husband but could not reliably recognize when she was doing it.

Sarah tracked this pattern of teasing to her early script formation (sectors A and B). The supervisor asked her to consider Ted's history. They further discussed his early trauma and spent much of the next session developing an understanding of the way Ted had dealt with trauma in his life.

In the last of the sessions we studied, Sarah reported that Ted had left. She recognized that they did not have a working alliance. However, the assimilation of her script process had not moved on beyond APES 3.

Adam's Script Themes

The seven supervision sessions with Adam took place in an ordinary supervision context (as did Sarah's), in which, however, the therapist was relatively inexperienced in comparison with Sarah. Adam's inexperience was shown in his need for didactic instruction relating to client presentations and, more to the point, for ways to address common types of script material elicited in encounters with clients.

We focused on two interrelated problematic themes that appeared repeatedly and involved five of the nine clients Adam presented during these sessions. We labeled these themes "abuse" and "rejection." The themes seemed to be interconnected for Adam and linked to his personal historical experiences. In manifestations of both themes, Adam seemed to take a highly protective stance with his clients, which led him to identify with them, empathizing but also becoming angry with people in his clients' lives whom he perceived as causing them difficulties. We inferred that these script themes proceeded, in part, from elements in Adam's own life script that were incompletely assimilated; when they intruded, Adam did not fully understand them,

and they were not easily accessible to discussion. The lack of assimilation meant that they were addressed in supervision repeatedly.

Abuse

The theme of physical and sexual abuse emerged in the supervision with four of the nine clients Adams discussed in these sessions. We inferred the intrusion of Adam's script material from observations concerning his highly protective stance toward the three who had been victims of abuse, his reaction to the abusive fantasy of one of his male clients, and his disclosure to the supervisor and one of the female clients that he too had had experience of sexual abuse (sector D).

More specifically, we inferred that Adam's intense identification with these clients' histories of fear and loneliness as children reflected incomplete assimilation of abuse-related experiences of his own. He did not describe the nature of his abuse experience until the post-analysis interview, conducted 3 years after the recorded supervision sessions. From the interview, we understood that his script theme related primarily to the extensive childhood abuse of his older brother and Adam's inability to protect him.

We illustrate how the abuse theme appeared and was addressed in discussions of two of Adam's clients: Gordon, and Hannah. Further details about these and the other clients are available elsewhere (van Rijn et al., 2023).

Client: Gordon

Gordon was a 32-year-old male client who had experienced childhood physical abuse by his father. Adam discussed Gordon in four of the seven recorded sessions. In session 1, Adam described Gordon as presenting with relationship problems and excessive vigilance. In this passage, Adam wanted to "process" his own anger toward the father for his treatment of Gordon. The supervisor encouraged him to voice it and he said:

Adam: I don't know, calling him a poof, punching him in the face, not letting him follow his ambitions. Just absolute control—child abuse.

The supervisor drew Adam's attention to his protectiveness toward Gordon and invited him to become aware of his possible projection (sector C) of his disowned unassimilated experience (sectors A and B) that led him to empathize with a deprived and frightened child in Gordon. Adam agreed briefly but did not show awareness of what had led him to such anger toward Gordon's abusive father. We judged that this was avoidance of the theme material, suggesting a very early stage of assimilation (APES 1, active avoidance).

The supervisor helped Adam to formulate Gordon's experience of fear, but they did not discuss Adam's personal experience. Later, speaking about Gordon's ability to be emotional in front of other men and in therapy, Adam reported a "breakthrough for us." In the following session, Adam began to acknowledge his identification with the client, linked to an incident in which he had been abused as a child himself (link

between sectors C and A). However, despite this acknowledgment, the description of the experience seemed to be minimized. There was no dual awareness, that is, here-and-now reflection alongside reexperiencing of the past, which may be associated as a marker of greater assimilation.

Client: Hannah

Hannah was a woman in her fifties who had experienced sexual abuse at several stages in her life. Adam talked about her in session 4 and described her long-term strategy for dealing with the abuse as “blocking down the feeling.” Adam supported her in managing her symptoms by using an emotions diary, and she had started writing poetry about her experiences.

Adam told the supervisor that he had disclosed his own experience of sexual abuse to Hannah and rejected the supervisor’s attempts to question the benefit of his disclosure. Although it is not uncommon for a “beginning” therapist to overdisclose, we felt that Adam’s disclosure pointed to a desire to get alongside the client, positioning himself as a fellow victim and not an abuser (sectors C and D). It was weeks later that he developed some awareness of the negative impact this sort of disclosure might have on the clinical work.

Adam: And the bit that’s made me. ... She said, “I didn’t know whether to bring this or not because I didn’t want it to upset you for what you’d been through.” It was that that made me think what she’s brought is really important for her, and my disclosure could have stopped her from bringing something really important for her. This could have stopped her doing something that was really important to do. It’s all quite new for me, but it has created some thought for me around that issue I would say. Some thought about that.

Adam began to recognize that although a disclosure might “feel right,” it could seriously interfere with a client’s process. The supervisor then led exploration of the pros and cons of self-disclosure and advocated allyship and witnessing instead.

In this way Adam was learning, but he also indirectly addressed his script belief (sector B) about offering safety and support through identifying with being a victim. We assessed that Adam’s assimilation of his script pattern moved from APES 3 as he named the problematic experience (i.e., the need to self-disclose) to an understanding of how this was not helpful to the client (APES 4). However, he did not at the time appear to question as a general principle his urge to self-disclose an identification with the client.

Rejection

Adam identified rejection as a central theme for several of his clients. They included a client who reported fearing rejection in multiple relationships, a client who did not report any feelings of rejection, and a client whose relationship breakup paralleled a breakup in Adam’s own life some years previously. All of these clients evoked emotional responses in Adam, and he remained steadfastly protective of them (sectors C

and D), despite their differing presentations. Adam's reaction to pain caused by rejection seemed to be partly rooted in his personal adult experiences with women, one of which he described. We inferred also a link to his childhood (sectors A and B). His script role of protector, someone who closely identified with his clients, was further highlighted in relation to this therapeutic theme. In his response to a perceived rejection, Adam seemed to see his clients as victims of others. We illustrate the rejection theme with material from discussions of Jim. Further details are available elsewhere (van Rijn et al., 2023).

Client: Jim

Adam's own experience of rejection became apparent in discussions of Jim, a 36-year-old man who came to therapy following a relationship breakup from his girlfriend. Adam was aware of the activation of his own material:

Adam: And it's very, very similar to my journey, in terms of when I went to therapy after being dumped by somebody I put on a pedestal. And which I have shared with him. I brought it and I don't mind disclosing it. So, it's quite uncanny, really, the similarity in where he is.

Adam went on to give the supervisor a fuller account of his own experience of rejection and its relationship to Jim's effect on him.

Adam's tone in describing his own experience was angry, with the anger directed toward the woman who "dumped" him: "Just fucking get out of my head." He said he had found he could regain his self-esteem when "she came off the pedestal" and he "came up" and "now it's irrelevant." The supervisor inquired more into the nature of the contact the client still had with his ex-girlfriend, which included frequent texts and hopeful meetings for coffee. Adam's eventual response here showed awareness and acceptance of this "rejection" and the growing recognition that his identification was problematic ("gets crossed over"), suggesting APES 3 (Problem statement/clarification).

Adam: So, in a way, he's got to go through this journey of rejection and connection and eventually it will get to a place where there's a realization that ... it might work, but there might be a realization that it's not going to work. I don't know. And I don't know how similar. ... This is my stuff, now. It gets crossed over quite a lot.

The supervisor invited him to reflect on the differences between Jim and himself, suggesting that "rejection" was Adam's own term, suggesting a new understanding (APES 4). Adam briefly agreed and continued to link Jim's experience of rejection to his childhood. He also introduced his own distinction between sex and "deep love" and suggested that the client was drawn to his girlfriend because he did not love her. The supervisor attempted to clarify his understanding of Adam's interpretation and address the identification by asking him directly:

Supervisor: And how is he different than you?

Adam: That's a very good question. Well, we're definitely in different places. He's younger than me, he's very creative, he's ...

Adam's response was factual, and he did not elaborate on his own internal process. That is, the script material was still in the process of clarification (APES 3). The supervisor inquired again:

Supervisor: Okay. So, he's like you, but he's also different than you?

Adam: Yes. I think for me, I need to be cautious that I don't keep coming back to me, and I stay with them.

In the following session, Adam reported that he had disclosed details of his relationship breakup to Jim. In response, the supervisor invited him to explore the purpose of self-disclosure in more depth, highlighting the pitfalls. Adam started to develop further awareness:

Adam: It's made me think to be a bit careful because I'm almost trying to encourage him to do the same journey as me, and, actually, he's got to do his own journey. Whatever that is.

Here, Adam moved further toward developing insight (APES 4) into how his empathic attempt to instill hope through self-disclosure might be getting in the way of the therapeutic work (the dynamics of the relational space, see [Figure 2](#)) (APES 4). The supervisor acknowledged this before challenging him:

Supervisor: Well, there's the being verbally explicit—to say “this happened to me too and this is what I think helped,” and I might have reasons for saying that because the person is lost or needs some direct intervention. But I can also trust that my congruence is solid in my capacity, as I say, to know the terrain of this kind of problem. And just speaking in a general way like that, with confidence.

Adam: Yes. That's a valid point.

Supervisor: Well, it could be a point of you finding your competence with your clients. And also, it provides competence when you don't know the terrain, as well. To say, “So, no, I don't know this experience, tell me about it.” And being open to that.

Adam: Yes. Those are really good comments. Yes. I definitely think you're right on this one, in the sense I feel like I'm getting sucked in a bit too much.

Client: Hannah

Adam came to a similar point with Hannah in the next session:

Adam: I basically took your comments from supervision. It's funny actually about disclosing, and [unclear] in another client, I'll tell you that in a minute, which made me look at things slightly differently actually. So, I have kind of reined myself back a little bit.

This comment showed how Adam was applying the new understanding to his practice (APES 5).

Discussion

Our research demonstrated the emergence of script themes in supervision in both cases, that of an experienced therapist as well as a novice. This was not surprising. Psychotherapeutic work is emotionally charged and likely to evoke therapists' scripts, with feelings of discomfort and unease that are appropriately brought to supervision. Understanding of this process has implications for understanding of the process of change in supervision and applications to supervisory practice in terms of attention to script themes, the teach/treat boundary, parallel process, and the role of the supervisor. We have elaborated all those elements in the following sections.

Our observations supported previous suggestions (Osatuke & Stiles, 2012) that the APES can be used to describe progress in supervision, much as it describes progress in therapy. Sarah seemed to quickly assimilate a variety of script issues that arose in her work with clients. We judged that Adam also made progress in assimilating this problematic material, although progress was slower than in Sarah's case. His level of experience framed the work of the supervisor, much of which was didactic or could be understood as case management.

Adam's supervision repeatedly focused on the same core script themes. He seemed not to have a repertoire of solutions that he could adapt, and the script themes seemed less subtle and less varied. They appeared to intrude more into Adam's practice, an example of what Clarkson (1992, p. 151) called "proactive countertransference," likely to shape rather than be shaped by the therapy.

As in therapy, productive assimilation work requires a strong alliance (Orlinsky & Rønnestad, 2005; Watkins, 2018), and in our study, it was evident that the supervisor attended carefully to the supervisory alliance. The sense of trust between him and the supervisees opened the door to exploration of the script system. This would have been particularly important in providing a safe base for working with script themes.

It is of interest that Sarah brought her "stuck places" to each supervision session. Although the assimilation process did not progress to the same extent with each client, she seemed open to exploring her experience and took the supervisor's invitations to do so readily. This was different with Adam, who disclosed less of his personal material to the supervisor and took longer to reflect on the impact of his own material on his clinical work. It seems plausible that more experienced therapists are clearer about when their countertransference is interfering with the work. The contrast may also reflect Sarah's and Adam's different relationships with the supervisor. Adam's supervisory relationship was influenced by an idealization of the supervisor and a desire to please him while at the same time resisting his suggestions (van Rijn et al., 2023).

Teach/Treat Boundary

Framing our observations within the script system made salient the need for sensitive negotiation of the teach/treat boundary, that is, the line between what is appropriate in clinical supervision and what should be reserved for personal therapy (Frawley-O'Dea & Sarnat, 2001). As illustrated by the cases of Sarah and Adam, therapists' life script themes are frequently elicited by the emotionally charged issues that arise in therapy,

and these are inevitably and appropriately addressed during supervision. Some such themes can be adequately assimilated in supervision, whereas the supervisor or supervisee may judge that other themes are emotionally too difficult to be resolved in that context.

In Sarah's case, the assimilation of script issues with some of her clients (e.g., Alison and Bella) seemed quick and effective, much faster than is usual for assimilating problematic experiences in therapy (Stiles, 2002). Perhaps that was because they were not so problematic in Sarah's personal life or because similar issues had been addressed previously in supervision, allowing her to stay in present awareness while experiencing past feelings. Also, both parties were motivated, experienced, and sophisticated about the supervision, in contrast to the case reported by Osatuke and Stiles (2012) in which the supervisee was a recent trainee and the assimilation process moved much more slowly.

Exploration of Sarah's problematic script sometimes suggested a boundary between what could be dealt with in supervision and what might instead belong in personal therapy. In dealing with the script themes of anger and responsibility in her family of origin with client Ted, the focus remained on the relation to the clinical work, although in personal therapy this might have invited a more in-depth examination. This boundary was not explicitly acknowledged, and the problems did not progress far on the APES.

In Adam's case too, the supervisor was mindful to address areas where Adam's script intruded into his work. For example, script themes related to protecting vulnerable clients emerged clearly and impacted the way Adam worked with his clients. To us, there seemed to be a repeating relational pattern, probably linked to Adam's own experiences of rejection and abuse, that was enacted and reexperienced with Adam's clients. To some extent, this was acknowledged; however, the discussions did not result in deep personal exploration or disclosure of Adam's historical experiences in the seven supervision sessions we studied. Thus, the dual awareness of reflection and reexperiencing, which can happen at the teach/treat boundary, was not possible. In the post analysis interview, 2 years later, however, Adam disclosed the origin of some of those patterns.

Thus, the boundary may shift depending on such things as the experience of the supervisee and the nature of the supervisory relationship. Adam's lesser experience seemed to place the boundary further away from personal exploration during the sessions we studied.

Parallel Process

Finally, we consider, tentatively, how the script system might be expanded to encompass instances of repeating relational dynamics known as parallel process (Searles, 1955, 2015). Issues that emerge from the interlocking of the therapist's and client's scripts may also engage the supervisor's and supervisee's scripts. Because the charged issues in supervision often arise from issues in the client-therapist interaction, they can easily be partial reproductions of those, which is to say, parallel to the client-therapist process. We were struck by instances in both of our cases in which

the supervisor-supervisee interaction seemed sometimes to echo the therapist-client interaction.

For example, in session 5 with Sarah, she shut down the supervisor’s inquiry into countertransference associations between Ted and her father. This could be understood as a parallel of the dynamic between Sarah and her client. Did Sarah become the unavailable father and the supervisor became the daughter—doomed to try to help but not make contact? The supervisor did not comment on the process of what had just occurred but proceeded to offer suggestions for interventions with Ted. He encouraged Sarah to talk with Ted explicitly about what happened in the kitchen, but he avoided addressing what occurred between them earlier in the same supervision. That is, the supervisor–Sarah relationship seemed to parallel the therapist–client relationship, although the parallel was not recognized (or at least not explicitly acknowledged). Sarah said in session 1 that she was slow to anger; perhaps both were prone to conflict avoidance, especially in the context of their long and warm relationship.

Adam’s preoccupation with rejection seemed to parallel his almost stubborn rejection of the supervisor’s interventions and suggestions. This occurred, for example, in the case of Dale (see details in van Rijn et al., 2023). Dale had expressed unpleasant and misogynistic urges toward a woman, which Adam recast as a fear of rejection. The supervisor’s powerful challenges about the underlying control issues in the client’s behavior might have been experienced as parallel to Dale’s unpleasant assertion—one that Adam resisted as he struggled to stay identified with the client yet not reject his supervisor.

Such parallels suggest an expansion of the script system model to include the relational space of supervisor and supervisee (see Figures 2 and 3). Figure 2 depicts the interacting script systems of therapist and client relationship; Figure 3 (and Table 3) depicts the potential parallel interaction of supervisor and supervisee script systems. As a supervisory tool, this representation could offer rich material for collaborative discussion. Using the script system, elements of the process could be named and explored as the dynamic played out live in the supervision.

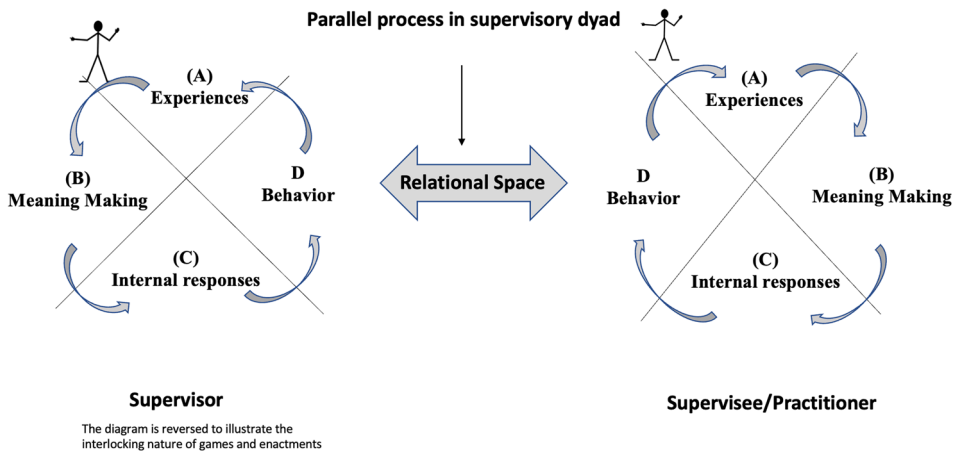


Figure 3. Parallel Process in the Supervisory Dyad.

Table 3. Details of the Internal and Interpersonal Dynamics for Figure 3.

| Supervisor | Supervisee/Practitioner |
|---|---|
| A Relationships, life events | A Relationships, life events |
| B Relational patterns; conclusions; beliefs about self, others, and the world | B Relational patterns; conclusions; beliefs about self, others, and the world |
| C Thoughts, feelings, assumptions, expectations, and imaginations evoked in response to supervisee's presentation | C Thoughts, feelings, assumptions, expectations, and imaginations evoked by the therapy dyad presented in supervision |
| D Actions and inactions; elements of own script plus response to the supervisee's therapy dynamic | D Actions and inactions; communication style plus therapy dyad dynamics enacted with supervisor |

Implications for the Supervisor's Role

Much has been written about the interconnectedness of human beings—from emotional contagion (see, for example, Hatfield et al., 1993) to revelations in quantum physics (see, for example, Markoff, 2015, addressing Einstein's "spooky action at a distance" belief). We reflected that in both conversations—the therapeutic and the supervisory—there is an intense and involving focus on multiple levels of conscious and unconscious meanings. In other words, the participants are not simply "getting on with ordinary life." We hypothesize that this may account for the strength of the parallel dynamic. This has interesting implications for the supervisor's role. They need to take an interest in how they are responding to the supervisee and then monitor whether the life issue under discussion has evoked an aspect of their own script, and if so, how that might shed light on the dynamics and the issues at stake. Alternatively, if the supervisor's countertransference feels wholly unfamiliar, this in turn might point to the power and significance of the issue to the client and/or the therapist.

Building on the parallel process concept, our observations suggested a tentative hypothesis that unaddressed parallel processes are associated with assimilation progress becoming slowed or halted. When script themes were named and discussed, in dual awareness of the supervisee reexperiencing some of the archaic feelings, assimilation seemed to occur with ease. When there was a reenactment of script themes and the process was not discussed, assimilation was less evident. This might be the subject of future investigation.

The intersecting script system represents a step toward conceptualizing the broader relational context of therapeutic and supervisory dyads. The simultaneous importance and overwhelming complexity of the relational field is recognized within many therapeutic approaches, (e.g., gestalt therapy; see Hycner, 1991) as well as in organizations and social care (e.g., Hawkins & Shohet, 2002; Shohet & Hawkins, 1985).

Concluding Remarks

This paper highlights the prevalence of script themes in supervision and their impact on the clinical work. The complexity of the role of the clinical supervisor encompasses attention to the safety of the supervisory relationship while facilitating reflection on the intrusive aspects of the therapist's script, minding the therapist's developmental process, and, at the same time, reflecting on the relational space between them. It is our hope that this paper, and the updated script system, can become a part of the supportive repertoire in this process.

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