

Qualitative Research on Clients' Assimilation of Problematic Experiences in Psychotherapy

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Finding relations between the process and the outcome of psychotherapy is made difficult by huge differences in time scale and scope. In traditional quantitative research, process is typically measured across seconds or minutes (e.g., coded sentences), whereas outcome is measured across months or years (e.g., change in symptom intensity). Process observations are typically focused on a narrow aspect or topic, whereas outcome is typically considered in relation to the whole person.

The assimilation model (Stiles et al., 1990) seeks to reconcile the time scale and scope of process and outcome by identifying particular problematic experiences and tracking them across sessions in the therapy dialogue. In this way, it breaks outcome into smaller pieces and studies how the pieces change. The assimilation model is an integrative model, meant to describe changes that may occur in any type of therapy. Its description of the change process should look familiar regardless of your orientation. It was designed in response to difficulties encountered in finding relations between process and outcome (Stiles, 1999).

Complementary Formulations of the Assimilation Model

Several complementary formulations of the assimilation model have been published, and others may be forthcoming. The first formulation (Stiles et al., 1990) describes psychotherapeutic change in terms akin to Piaget's (1970) cognitive developmental theory. Therapeutic change is considered to reflect problematic experiences being assimilated into the client's schemata. A second formulation (Honos-Webb & Stiles, 1998) considers assimilation as the integration of mutually problematic internal voices. Therapeutic change is considered as reflecting the formation of an understanding or empathy or shared intention between voices, for example, an outcast or underdog voice (representing traces of traumatic or otherwise problematic experiences) being assimilated into the dominant community of voices that is the self. A third formulation (Williams, Stiles, & Shapiro, 1999) draws explicitly on concepts of cognitive science: assimilation in its early stages is described as the linking of disparate memories. At this writing, the third formulation is less developed, and we focus here on the first two.

The Schema Formulation

According to the schema formulation (Stiles et al., 1990), in successful therapy, a problematic experience is gradually assimilated into a schema. A problematic experience is a memory, wish, feeling, idea, or attitude that is threatening or painful to the client. Theoretically, it arises in some particular life event or set of associated life events. The term *schema* is used in a very broad sense; it might be a frame of reference, way of living, narrative, metaphor, or theme. As in Piaget's theory, assimilating a problematic experience requires accommodations in existing schemata or sometimes the development of new schemata within the therapist-client relationship.

As it is assimilated, the problematic experience passes through predictable stages. Our names for the stages are: warded off, unwanted thoughts, vague awareness or emergence, problem statement or clarification, understanding or insight, working through or application, problem solution, and mastery. Table 1 summarizes a current description of these stages, as incorporated into the Assimilation of Problematic Experiences Scale (APES).

Table 1 represents a first approximation to what we think are common formal features of the process of change. That is, we hypothesize that in some ways, the process of psychological change is similar across cases even though the content of the problematic experience may vary a great deal. However, we do not suggest that this particular approximation represents the final word. On the contrary, a central purpose of assimilation research is to correct and elaborate these descriptions.

The Voices Formulation

A problematic experience can also be considered as a voice within the person (Honos-Webb & Stiles, 1998). That is, the traces of a problematic life event or a problematic constellation of events or a problematic relationship may be considered as a partially autonomous entity that speaks within the therapy dialogue. According to the voices formulation of the assimilation model, in successful therapy, problematic voices are gradually assimilated into the dominant community of voices that is the client's self.

Voices have agency; they act and express themselves. They are constructed from the traces of experiences and their expression reflects the particular experiences from which they are constructed. That is, they are understood as active entities having their own thoughts, feelings and intentions, rather than as passive packets of problematic information, acted upon by a unitary person. Voices, which can also be called self states or I-positions (cf. Hermans & Kempen, 1993), are understood broadly; the term is meant to encompass the structures referred to as objects in object relations, as archetypes in Jungian analytic psychology, as automatic thoughts in cognitive therapies, as reciprocal roles in cognitive analytic therapy, and as the occupants of the chairs in Gestalt Therapy two-chair exercises (Stiles, 1997a, 1997b).

Assimilation, in the voices formulation, involves building a meaning bridge that links an unwanted voice-the traces of problematic events or relationships-with an established community of voices that is the self. (The term meaning bridge was used in a related sense by Rice & Saperia, 1984.) The intrapersonal process of assimilation is understood as parallel to the

Table 1: Assimilation of Problematic Experiences Scale (APES)

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

Unwanted thoughts. Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about the experience. Problematic voices emerge in response to therapist interventions or external circumstances and are suppressed or avoided. Affect is often more salient than the content and involves strong negative feelings-anxiety, fear, anger, sadness. Despite the feelings' intensity, their connection with the content may be unclear. Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.

2. Vague awareness/emergence. Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Problematic voice emerges into sustained awareness. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of expression by the problematic voice and decreasing intensity and diffusion of affect.

3. Problem statement/clarification. Content includes a clear statement of a problem-something that could be worked on. Opposing voices are differentiated and can talk about each other. Affect is negative but manageable, not panicky. Levels 3.1 to 3.9 reflect active, focused working toward understanding the problematic experience or negotiation between the opposing voices.

4. Understanding/insight. The problematic experience is formulated and understood in some way. Voices reach an understanding with each other (a meaning bridge). Affect may be mixed, with some unpleasant recognition, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasingly positive (or decreasingly negative) affect.

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

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

7. Mastery. Client automatically generalizes solutions. Voices are integrated, serving as resources in new situations. Transitions between voices are smooth. Affect is positive or neutral (i.e., this is no longer something to get excited about).

interpersonal process in which two people initially oppose each other, begin to communicate with each other, and ultimately reconcile their differences. The established community, or its representative, is initially the dominant clear, confident voice, while the problematic voice is initially weak, vague or perhaps even unidentifiable (warded off). The relation between these voices is hypothesized to change in predictable ways across the APES continuum, as indicated in Table 1 (for an example, see Honos-Webb, Surko, Stiles, & Greenberg, 1999).

Relation Between the Schema and Voices Formulations

The theoretical terms of the assimilation model are presumed to refer to real structures. The model describes the dynamic interaction of these structures. The structures may appear different, however, when they operate in different contexts or are viewed from different perspectives (Manicas & Secord, 1983). Thus, the structures described by the schema and voices formulations are assumed to be the same. For example, what is considered as a (quasi-Piagetian) schema in the schema formulation (Stiles et al., 1990) refers, in part, to what is considered as a community of voices in the voices formulation (Honos-Webb & Stiles, 1998). The differences go beyond simply changing terminology; the names and relations of the structures do not map onto each other exactly. Nevertheless, the formulations are understood as translations from one viewpoint to another, not as referring to different structures (Stiles, Honos-Webb, & Lani, 1999).

Assimilation Analysis

We have studied assimilation in a variety of ways, but perhaps the most productive has been a qualitative method called assimilation analysis. The goal of assimilation analysis is to identify problematic experiences and observe how they change across sessions, using a series of audiotapes or transcripts of sessions with the same person (see, e.g., Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Stiles, Meshot, Anderson, & Sloan, 1992). There is no strict formula for how to do assimilation analysis, but in general, it includes the following four steps. At least the first three are much like what many other qualitative researchers do.

Steps in Assimilation Analysis

Step 1 is familiarization and indexing. The goal is to become fully familiar with the material and to take systematic notes that make it possible later to find passages concerning particular topics of interest. One way we have done this is to construct a catalogue: We have repeatedly read transcripts or listened to the tapes and listed each topic the client mentioned, with some sort of sequential number, such as a counter number on a tape recorder or a line number on a transcript. We define a "topic" as an attitude or action toward an object, that is, (a) a belief or feeling or evaluation or behavior and (b) the person, thing, event, or situation toward which the attitude or action is expressed. An example of a topic in the John Jones

case was "worried about being dependent on (attitude) wife (object)" (Stiles et al., 1992). The familiarization step is the most labor-intensive one.

Step 2 is identifying and choosing a theme, that is, a topic that is discussed repeatedly. The goal is to identify a problematic experience that was dealt with in the therapy. Often, the main themes will be obvious from the familiarization step. One way we've chosen themes is to look for moments of insight or new understanding (see Table 1, stage 4). These are likely to reflect topics on which some progress was made during treatment, and they are likely to be stated relatively clearly at the time the new understanding is reached. If there are no significant insight events, or new understandings, one might look for an attitude or an object or a metaphor or some other expression that was used repeatedly. The catalogue produced in step 1 can be used to see which objects or which attitudes occurred most frequently. After the theme has been chosen, it should be re-stated by the investigator as clearly as possible, using any key words that seem to characterize this particular theme. This statement of the theme may later be revised, as the investigator gains understanding of the theme in later steps. Of course, it is often useful to identify and describe several themes from the same client and to consider the interrelations of the themes.

Step 3 is selecting passages. The goal is to collect passages dealing with a particular problematic experience. One way to do this is to search the catalogue produced in step 1 for key words related to the new understandings or the key metaphors or common objects selected in step 2.

Selecting passages is not entirely a mechanical process. An initial list of passages selected using key words is likely to be too broad or too narrow, so it is normally necessary to adjust the selection to focus on a particular problematic experience. For example, in one case, a significant new understanding occurred in resolving the client's anger towards her husband, and "anger" was used as a key word. All passages catalogued by the word "anger" were re-read in context. This initial list appeared to be too broad, and a conflict between expressing anger and wanting to forgive appeared as a narrower, more specific theme within those passages catalogued by "anger." So, we selected passages dealing with both anger and forgiveness (Honos-Webb et al., 1998).

Is important to keep in mind that the words the client and therapist use in talking about a theme may change as the problematic experiences are assimilated (the metamorphosis problem; Stiles, 1992). Thus, it may be necessary to search the catalogue repeatedly, as one's understanding of the theme develops.

Step 4 is describing the process of assimilation. The goal of this step is to correct and elaborate the theoretical description of assimilation, based on what happened to this particular problematic experience. One way to do this is to attempt to classify the passages according to the theoretical stages of assimilation-to apply the APES (Table 1).

Although the degree of assimilation can be expressed in numbers using this scale, as well as in words, this is not the same as an independent rating procedure. It is rather an attempt to convey the investigator's perceptions of level of assimilation as precisely as possible. The assessments are guided by the developing understanding of the problematic experience and are made with full knowledge of the passage's context and temporal location within the therapy. (However, it may eventually be possible to identify the APES stage represented in a particular passage without full knowledge of context by using characteristic markers of each stage; Honos-Webb, Surko, & Stiles, 1998; Honos-Webb et al., 1999.)

Aggregation of Findings in Assimilation Research

If the assimilation analysis is successful, the investigators and the readers of the research report should gain an improved understanding of both the case and the assimilation model. Every case is different, so even cases that seem fully consistent with the model actually enrich it by elaborating descriptions of how each stage may appear. Other cases may raise questions that demand some sort of amendment or extension, or perhaps some narrowing or broadening of the model's applicability. It is possible, of course, that some new case will lead to major changes in the model, to a substantial reformulation, or even to rejection of the model. However, the accounts of previous cases act as a conservative force, since a new or revised model must encompass them as well as the new material.

This process of correction and elaboration can be considered as an answer to those who ask how qualitative research can be aggregated. Observations are aggregated by metamorphosis of the understanding rather than by simple accretion. Each new observation changes the previous understanding, but the new understanding must also encompass the previous observations. That is, the model is not static or fixed but continually growing, even though its name remains the same. This process has been described as the hermeneutic circle (e.g., Packer & Addison, 1989). Having a name (i.e., *assimilation model*) for the evolving understanding underlines the continuity of this process.

Battle Metaphor

Over the past 10 years, Angus (1992, 1996) and her colleagues (Angus & Rennie, 1988, 1989; Levitt, Korman and Angus 1997; Rasmussen & Angus, 1996, 1997) have conducted a series of intensive analyses exploring the processes of metaphor theme generation and change in good outcome psychotherapy cases. Findings from these analyses have highlighted the role of co-constructive processes in the development of metaphor themes and the creation of coherence across therapy sessions.

To illustrate assimilation in psychotherapy and explore the relation between assimilation stages and shifts within core metaphor themes, we describe an assimilation analysis of a 20-session, brief good-outcome psychodynamic therapy in which core metaphor themes had been previously identified (Angus, 1996). The client was a woman in her thirties who was being treated for depression and relationship problems, particularly her marriage.

The original metaphor theme analysis (Angus, 1996) essentially followed the first three steps of assimilation analysis. In the familiarization step, the investigator and a student read and re-read the transcript and summarized the narrative of the client's life, as co-constructed by the client and therapist. Then, in the second step, working from this overview, they identified two recurring metaphor phrases or themes: The first metaphor compared the development of a marriage to building, maintaining and sailing a boat. This drew on the client's extensive nautical experiences. The second metaphor, on which we focus here, cast life and significant others as a battle, fight, or war. This "relationship as battle" metaphor was used repeatedly throughout the sessions, particularly when the client was talking about her relationship with her husband, from whom she had recently separated. This was particularly

evocative for this client, who had been physically hit and beaten by her husband. These passages were collected-the third step-and we present several of them.

The passages have been rendered in stanza form (Gee, 1986, 1991; McLeod & Balamountsou, 1996). Of course, any transcription of oral discourse involves arbitrary choices. We use the stanza form to help convey our understanding of the rhythm and psychological impact of what was said.

In the first session, the client offered a detailed account of how she had not received her fair share of financial resources-or responsibilities-in her separation agreement with her husband. She said, "I guess I'm bitter about that - how come he always wins?" In response to this implicit conceptualization of her marital relationship as a contested interaction with winners and losers, and her bitter assessment of having been bested again, the therapist introduced the first explicit battle metaphor:

Th: Have you ever lost a battle?

Cl: Have I ever lost a battle? (laughs)

Th: Or is this the first one?

Cl: What kind of a battle?

Yeah, I seem to spend half of my life losing battles.

That's not true.

I don't think I have won many battles with [my husband],
maybe that's a better way of putting it.

I seem to have always been struggling
to stay on top of it,
whatever "it" is at the time,
working hard emotionally and physically,
and I haven't been able to win a battle with him
I guess that's it (laughs).

Now, I don't think I've really lost ...

You know, this is the first big battle I've lost,
But then this is the biggest battle.

Th: This is the war.

Cl: (laughs) Yes.

Th: You lost the war.

Cl: That's right, that's right....

The problematic experience seemed to be the failure of the marriage and the loss of the husband's love. The highlighted segment appeared to touch on this unwanted thought (APES level 1, Table 1) and might be regarded as the voice of a problematic experience.

Although the therapist introduced the battle metaphor first, it was clear that the client found it congenial. She picked it up later in the first session:

Cl: But you did tell me this isn't a battle, this is a war.

And again, still later in the session:

Cl: Well, I think this war is really on,

This one is not handling it very well.

Thus, the battle metaphor was co-constructed by the therapist and client (cf. Angus & Rennie, 1988). Perhaps because it was jointly developed, it seemed to express the problem in a language that both could use to discuss the client's experience productively. The metaphor served as an element of a potential meaning bridge between the problematic and dominant voices. It offered a way for these internal voices (as well as therapist and client) to come to understand each other, or, to put it in the cognitive-developmental framework, it was part of a schema that the client could use, with the therapist's collaboration, to assimilate the problematic experience.

Metaphors may also offer an index of change. Successful assimilation is likely to be reflected in some change or growth in the metaphor, as the client uses it, that is, as the client's understanding makes accommodations to better assimilate the problematic experience (Angus, 1996; McMullen, 1989). Some such productive elaboration of the metaphor was evident a few sessions later, as the client described her tendency to "retreat" in a seeming attempt to get closer to the painful problematic experience:

Cl: I've given quite a bit of thought to the question you raised earlier
About, have I lost any battles before.

And I do lose a lot of battles.

We all do.

And then I tend to retreat,

Battles at work and so on.

But they always seem to be minor things.

I suppose the largest things in my life have been

My marriage,

The children,

And probably the boat.

The boat, incidentally, was an ocean-going sailing vessel that she and her husband had built in their back yard. It had taken many years to build. At the time of the therapy, the husband had taken the boat and left Canada.

During the early and middle phases of therapy, the client was ambivalent about her separation. She described being caught in an emotional dilemma - torn between wanting to end the abusive marriage and wanting to give it one more try - to show that she had changed and he would find her less difficult to live with. Around session 13, in response to her asking him to try one more time, he wrote to her saying he intended never to return to Canada or

the marriage. She was also made aware that he had a new girlfriend that he intended to marry. This is forced the loss into her awareness:

Cl: **When does it stop hurting?**
(It) just keeps tormenting me...

It seems for years and years and years
 And all the wasted energy
 And weeping over him just for years.
 Always going against each other, always bashing...

We never could make any progress really (sigh)
I can't stand much more of this. (sigh) ...

I just want peace.
 And yet when I look six months ahead, all I see is more battles, more battles, more battles...

(sigh) **I don't know how much more of this I can handle.**
 Or do I just give up again?
 Or try and cope with all these battles ...
 So that I get something?
 Or do I just give up and say "Oh to hell with it?"
 I don't know. (sighs)...

I just don't see why he should have it all ... all his own way. (sigh/still sniffing)

This intense pain associated with unclarity and lack of understanding is a hallmark of the vague awareness/emergence stage of assimilation (APES level 2). Note, however, that she was facing the problem, feeling its full force, not avoiding it. The battle metaphor seemed to help her gain entry to the content of the problem.

As the metaphor had it, she was faced with the prospect of being the loser, while her husband emerged as the winner. The war metaphor expressed her view of relationships as a winner-take-all struggle. As this came into view, she was able to consider the implications and formulate her distress in the form of a problem statement

Cl: And all through the years I've had good feedback from other people...um...

But it doesn't seem to be important
 And that's unkind; I don't mean it that way
 I do appreciate it, but it doesn't have the significance

And so what am I going to do over the next six months?
Have I got to learn?

Maybe this is what I've got to do: is learn to appreciate what I receive from all these other people...
And that has got to be enough.

And that's not a challenge because that's not difficult..
 And so it's just not enough to satisfy me...
 It's almost like taking second best...
 It does sound unfair (blows nose)
 Th: It doesn't count unless there's a fight in there?
 Cl: That's right.
 Th: Some competition in it or...
 You're trying to put you down
 And you're trying to prove to him all the time that you're not as bad as you he says you are...
 Both [your husband] and your dad.

Cl: That's right.
 Th: And that gives you the energy or the...
 Cl: The drive.
 Th: The drive.
 Cl: I mean I do.
 It sounds conceited, but I do do well at a lot of things
 And do get a lot of good feedback...
 And I just think "Oh, that's lovely, that's great"

But it wasn't difficult to do
And so it doesn't mean as much to get good feedback.

Th: You've got to be put down.
 You've got to be fighting.
 Cl: I've got to be fighting
 Th: For your survival or something. (pause)

Cl: **Now how can I change that so that I don't always look for that? (pause)**
Or else I'm always going to be miserable, aren't I? ...

Maybe if there is somebody there,
And there is a challenge,
Then as long as I'm I've got the challenge
Then even if I am put down...
Its what keeps me going.

I don't know-maybe it's like food....

These passages represent a dialogue between the problematic and dominant voices and seemed to produce a clarification of the problem (APES level 3). The mutual recognition

between the two voices is a characteristic marker of APES level 3. The client was raising questions. There was less raw pain (i.e., she was past level 2). She recognized the conflict engendered by her need to win-an explicit formulation of the problem. As noted elsewhere, "To be engaged in a struggle was a necessity of her being-like food or oxygen" (Angus, 1996). Giving up the fight to win her husband's affection left her feeling empty, as if her life had no direction or meaning.

Stating the problem offered the possibility of working to solve it. In the next few sessions, the therapist began to suggest a way to reframe her marriage as having been doomed from the beginning. The client began to explore the possibility that not fighting any more might be a form of winning the battle, working toward a new understanding (APES level 4). The therapist responded to this exploration by suggesting that real victory might consist of fully extricating herself from the embattled relationships she had had with men, including her father and her husband.

Cl: See, in a way I think [my husband] just thought
"Oh, I can't compete with all this competition any more."

He'd had enough.

Almost in the same way that I think I had too.

We'd been competing with each other,

We both sort of threw up our hands and thought

"Oh, that's the end of it."

And maybe I should just figure that was an achievement. (laughing)

Th: Well, it would be an achievement, wouldn't it?

It would be a-

You could get out of that kind of a situation which you're in with your Dad,

And then with [your husband]...

And begin to look for yourself

And then eventually perhaps select somebody for you that will complement you
or you will complement

and there will be not a negative put-down fight -

Who's winning this battle

And pleasure only of uh kind of up one-up-manship kind of
struggle.

Cl: Mmm.

And a little later:

Cl: So maybe that's right.

I should use my energy and challenges in a physical direction
Instead of with in a relationship with somebody (laughs).

It should be -

A relationship should flower and blossom and ... improve [people].
Not diminish them.

Thus, she explored fears of letting go and the different ways in which she might find purpose, challenge, and satisfaction in life that did not include being physically or emotionally abused -and did not include vainly trying to win the love of her Dad and husband. Images of fighting and struggle seemed central in the understanding she developed-contributing centrally to the meaning bridge that allowed her to move more smoothly and comfortably between the now less-problematic experience of loss and the rest of her community of self.

Cl: I think that maybe now that I'm young
and still got the boys

I should at least channel my energy into something that I really want to do
while I'm young enough to do it.

And I've got their help too.

Maybe that's it, is it?

Just um maybe that's what my Dad was and what [husband] was-
just a channel for my energy.

If I can channel [my energy], it may not matter so much if it's a -
whether its a person or not. (pause)

And that is something which will always be a challenge

Just /(?as the sea always is).--

And it will keep knocking me down (laughing) literally.

Maybe that's the kind of struggle it would be,

And then maybe I could um eventually meet somebody -

And have a relationship without having to have all this bloody struggle
Because I've got the struggle elsewhere.

In her final session, the client seemed to have a sense of applying and working through of her new understanding (APES level 5):

Cl: I think I am finally convinced that I don't have to take all of that punishment.

Maybe it has finally sunk in.

I've certainly got a lot more, um, confidence in myself in the last few
months.

And I think that's partly due to our sessions here

And partly through a couple of friends boosting me up,

Encouraging me

Saying "Come on, P.-don't keep putting yourself down."

[It has] taken an awful lot of that.

It is like brainwashing, isn't it?

Like I said earlier -

You have years and years and years of being slapped down,

Slapped down, told you're useless stupid and all that stuff,

And it takes a long time to sort of work your way out of that.

Her confidence and sense of accomplishment as well as the content of the passage suggest that her new understanding had an impact on her life. She seems to have opted out of the battle-to have stopped fighting, and hence to have stopped being beat up. This has allowed her to assimilate-to come to terms with-her problematic experience of loss. At this distance, we can critique the details her resolution. Perhaps some other understanding would have been even more satisfactory. Perhaps some other social or psychological approach would have led to a different resolution. But her report of greater confidence seemed sincere, and we think it should not be discounted.

Assimilation Analysis Results as Evidence

Should a case report like the foregoing be considered as evidence for the assimilation model? It can be criticized as *anecdotal evidence*, that is, based on a very small sample ($N = 1$) that may have been selected by the authors, consciously or unconsciously, to support their preconceptions. On the other hand, the thick descriptions can be considered as many observations concerning different aspects of the model, rather than as only one; that is, a close fit of many case details with theory may be regarded as unlikely to be attributable to chance. Readers can themselves evaluate the thick descriptions for coherence and uncovering-two forms of validity (Stiles, 1993). Assimilation analysis's 4-step systematic, quasi-repeatable procedures for familiarization and indexing, identifying themes, selecting passages, and assigning APES levels offer some reassurance that investigators exposed themselves to potentially conflicting information. In addition, the list of published assimilation analyses continues to grow (Field, Barkham, Shapiro, & Stiles, 1994; Honos-Webb, Stiles, Greenberg, & Goldman, 1998, in press; Honos-Webb, Surko, Stiles, & Greenberg, 1999; Laitila, & Aaltonen, 1998; Shapiro, Barkham, Reynolds, Hardy, & Stiles, 1992; Stiles, Meshot, Anderson, & Sloan, 1992; Stiles, Shapiro, & Harper, 1994; Stiles, Shapiro, Harper, & Morrison, 1995; Stiles, Morrison, Haw, Harper, Shapiro, & Firth-Cozens, 1991; Varvin, & Stiles, 1999). These considerations mitigate the criticism, though they do not completely overcome it.

There is a broader epistemological issue as well. The goal of assimilation analysis, like that of much other qualitative research, can be understood as having shifted from the truth of statements to understanding by people (Stiles, 1993). In this view, the assimilation model should be considered not as a set of falsifiable statements but as an understanding of change processes that is shared to varying degrees by all those who have propounded it or been exposed to it. The means of sharing understanding is the exchange of signs, such as words and stories (Stiles, 1995, 1997b, 1999). The foregoing case study thus represents our attempt to share an assimilation-based understanding of psychotherapeutic change with you, the reader.

The understanding-that is, the assimilation model-is not fixed, but changes continually. It is perhaps obvious that readers' understanding grows and changes as they read but never matches the authors' understanding perfectly. It may be less apparent that the authors' understanding also changes continually as it encounters new observations or as it is framed in new ways (e.g., new words and stories). The model may thus be regarded as a living thing, resident in many people, growing and changing as it enters new minds.

Paradoxically, then, in this epistemology, observations have value as evidence when they change a theory rather than when they leave it unchanged. The value of the foregoing

case study is that it elaborates the assimilation model, showing, for example, how a metaphor can be a meaning bridge between problematic voices and a dominant community. In another sense, the realism of the case study may make it valuable as evidence for readers, serving as a bridge between prior understandings and a new one, making the assimilation model more convincing, more real, more alive.

Based on a presentation at the Conference on Qualitative Research in Psychotherapy, Düsseldorf, Germany, 31 August, 1996

References

1. Angus, L. (1992). Metaphor and the communication interaction. In S. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research: Paradigmatic and narrative approaches*. (pp. 187-210). Newbury Park, CA: Sage.
2. Angus, L. (1996). An intensive analysis of metaphor themes in psychotherapy. In J. Mio & A. Katz (Eds.), *Metaphor: Pragmatics and application* (pp. 73-84). Hillsdale, NJ: Lawrence Erlbaum Press.
3. Angus, L., & Rennie, D. L. (1988). Therapist participation in metaphor generation: collaborative and non-collaborative styles. *Psychotherapy*, 25, 4, 552-560.
4. Angus, L., & Rennie, D. L. (1989). Envisioning the representational world: The client's experience of metaphoric expression in psychotherapy. *Psychotherapy*, 26, 3, 372-379.
5. Field, S. D., Barkham, M., Shapiro, D. A., & Stiles, W. B. (1994). Assessment of assimilation in psychotherapy: A quantitative case study of problematic experiences with a significant other. *Journal of Counseling Psychology*, 41, 397-406.
6. Gee (1986). Units in the production of narrative. *Discourse Processes*, 9, 391-422.
7. Gee (1991). A linguistic approach to narrative. *Journal of Narrative and Life History*, 1, 15-39.
8. Hermans, H. J. M., & Kempen, H. J. G. (1993). *The dialogical self: Meaning As movement*. San Diego, CA: Academic Press.
9. Honos-Webb, L., & Stiles, W. B. (1998). Reformulation of assimilation analysis in terms of voices. *Psychotherapy*, 35, 23-33.
10. Honos-Webb, L., Stiles, W. B., Greenberg, L. S., & Goldman, R. (1998). Assimilation analysis of process-experiential psychotherapy: A comparison of two cases. *Psychotherapy Research*, 8, 264-286.
11. Honos-Webb, L., Stiles, W. B., Greenberg, L. S., & Goldman, R. (in press). Responsibility for "being there": An assimilation analysis. In C. T. Fischer (Ed.) *Qualitative research methods for psychology*. Vol. 1. Human science case demonstrations. San Diego, CA: Academic Press.
12. Honos-Webb, L., Surko, M., & Stiles, W. B. (1998). Manual for rating assimilation in psychotherapy: February 1998 version. Unpublished manuscript, Miami University, Oxford, Ohio.
13. Honos-Webb, L., Surko, M., Stiles, W. B., & Greenberg, L. S. (1999). Assimilation of voices in psychotherapy: The case of Jan. *Journal of Counseling Psychology*, 46, 448-460.
14. Laitila, A., & Aaltonen, J. (1998). Application of the assimilation model in the context of family therapy: A case study. *Contemporary Family Therapy*, 20, 277-290.
15. Levitt, H., Korman, Y., & Angus, L. (1997). 'Relieving a heavy burden': The experience of depression in good and poor outcome process-experiential psychotherapy. *Psicologia: Teoria, Investigação e Prática*, 1, 329-346.

16. Manicas, P. T., & Secord, P. F. (1983). Implications for psychology of the new philosophy of science. *American Psychologist*, 33, 399-413.
17. McLeod, J., & Balamountsou, S. (1996). Representing narrative process in therapy: Qualitative analysis of a single case. *Counselling Psychology Quarterly*, 9, 61-76.
18. McMullen, L. M. (1989). Use of figurative language in successful and unsuccessful cases of psychotherapy: Three comparisons. *Metaphor and Symbolic Activity*, 4, 203-225.
19. Packer, M. J., & Addison, R. B. (Eds.) (1989). *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
20. Piaget, J. (1970). Piaget's theory (G. Gellerier, & J. Langer, Trans.). In P. H. Mussen (Ed.), *Carmichael's manual of child psychology* (3rd ed., Vol. 1, pp. 703-732). New York: Wiley.
21. Rasmussen, B., & Angus, L. (1996). Metaphor in psychodynamic psychotherapy with borderline and non-borderline clients: A qualitative analysis. *Psychotherapy*, 33, 4, 521-530.
22. Rasmussen, B., & Angus, L. (1997). Modes of interaction in psychodynamic psychotherapy with borderline and non-borderline clients: A qualitative analysis. *Journal of Analytic Social Work*, 4, 53-63.
23. Rice, L. N., & Saperia, E. P. (1984). Task analysis and the resolution of problematic reactions. In L. N. Rice & L. S. Greenberg (Eds.), *Patterns of change* (pp. 29-66). New York: Guilford.
24. Shapiro, D. A., Barkham, M., Reynolds, S., Hardy, G., & Stiles, W. B. (1992). Prescriptive and Exploratory psychotherapies: Toward an integration based on the assimilation model. *Journal of Psychotherapy Integration*, 2, 253-272.
25. Stiles, W. B. (1992, June). The assimilation model's approach to the metamorphosis problem. In W. B. Stiles (Moderator), *The metamorphosis problem: Assessing qualitative change in psychotherapy*. Panel presented at the Society for Psychotherapy Research meeting, Berkeley, California.
26. Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13, 593-618.
27. Stiles, W. B. (1995). Stories, tacit knowledge, and psychotherapy research. *Psychotherapy Research*, 5, 125-127.
28. Stiles, W. B. (1997a). Multiple voices in psychotherapy clients. *Journal of Psychotherapy Integration*, 7, 177-180.
29. Stiles, W. B. (1997b). Signs and voices: Joining a conversation in progress. *British Journal of Medical Psychology*, 70, 169-176.
30. Stiles, W. B. (1999). Signs and voices in psychotherapy. *Psychotherapy Research* 9, 1-21.
31. Stiles, W. B., Elliott, R., Llewelyn, S. P., Firth-Cozens, J. A., Margison, F. R., Shapiro, D. A., & Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. *Psychotherapy*, 27, 411-420.
32. Stiles, W. B., Honos-Webb, L., & Lani, J. A. (1999). Some functions of narrative in the assimilation of problematic experiences. *Journal of Clinical Psychology*, 55, 1213-1226.
33. Stiles, W. B., Meshot, C. M., Anderson, T. M., & Sloan, W. W., Jr. (1992). Assimilation of problematic experiences: The case of John Jones. *Psychotherapy Research*, 2, 81-101.
34. Stiles, W. B., Morrison, L. A., Haw, S. K., Harper, H., Shapiro, D. A., & Firth-Cozens, J. (1991). Longitudinal study of assimilation in exploratory psychotherapy. *Psychotherapy*, 28, 195-206.
35. Stiles, W. B., Shapiro, D. A., & Harper, H. (1994). Finding the way from process to outcome: Blind alleys and unmarked trails. In R. L. Russell (Ed.), *Reassessing psychotherapy research* (pp. 36-64). New York: Guilford Press.

36. Stiles, W. B., Shapiro, D. A., Harper, H., & Morrison, L. A. (1995). Therapist contributions to psychotherapeutic assimilation: An alternative to the drug metaphor. *British Journal of Medical Psychology*, 68, 1-13.
37. Varvin, S., & Stiles, W. B. (1999). Emergence of severe traumatic experiences: An assimilation analysis of psychoanalytic therapy with a political refugee. *Psychotherapy Research*, 9, 381-404.