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Convergence and Divergence of Themes in Successful Psychotherapy: An Assimilation Analysis

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Acknowledgement:

Clients often present multiple problems that initially seem separate but turn out to be interrelated as they are addressed in **psychotherapy**. We distinguish two contrasting ways the interrelationship may develop. First, clients may discover over the course of **psychotherapy** that the problems are similar in complex and fundamental ways, so that progress in solving one problem helps solve the other. At

other times, clients may find that progress in solving one problem exacerbates or even interferes with solving another problem. We call these contrasting processes*theme convergence*and*theme divergence*, respectively. We used assimilation analysis, an intensive qualitative method for studying single cases (Stiles & Angus, 2001), to examine and illustrate theme convergence and divergence in psychodynamic **psychotherapy**.

Theme convergence has been observed in previous assimilation research (e.g., Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Honos-Webb, Surko, Stiles, & Greenberg, 1999; Stiles, Meshot, Anderson, & Sloan, 1992). For example, in the assimilation analysis of the case of John Jones, Stiles et al. (1992) noted,

Themes that initially seemed diverse to John and to us (e.g., fear of homosexuality, dependence and passivity toward wife, concern about adequacy at work) tended to merge as they became more assimilated into schemata developed in treatment. By treatment's end, these themes all converged on a single theme that we characterized as “becoming a man,” much as a river system's tributaries that begin in different places and have different names eventually flow together and become indistinguishable from each other. (p. 99)

Theme divergence, however, has not been previously described in assimilation studies.

Recognizing the interrelation of problems and adapting solutions is considered critical to change in many forms of **psychotherapy**. Tracing themes and examining their interrelation is common in qualitative research on **psychotherapy** (e.g., Elliott et al., 1994; McLeod, 2000; Rennie, 1994), though we are not aware of previous studies specifically contrasting convergence and divergence of themes. In a broad theoretical sense, convergence is akin to integration or assimilation and is signaled by therapeutic processes such as insight, softening, reframing, and generalization. As suggested by the assimilation model (Stiles et al., 1990; see next section), convergence is generally deemed desirable, and much therapeutic work is directed toward finding bridges that allow clients to move smoothly and comfortably among varied aspects of themselves. However, because of a client's unique history and circumstances, therapeutic progress on different problems may be incompatible. In **psychotherapy** as elsewhere, life sometimes requires compromises. The assimilation model does not overcome the need for compromise, but it offers a framework within which such compromises can be described.

The Assimilation Model

The assimilation model (Stiles et al., 1990) describes therapeutic progress as a client's assimilation of problematic experiences (such as threatening or painful thoughts, emotions, or memories) into schemata that are developed or adapted in the therapeutic interaction during **psychotherapy**. Schemata are defined as ways of organizing thought, feeling, and action. Schema-inconsistent experiences are held to be distressing and problematic. For example, people whose self-schemata describe themselves as never getting angry will experience feelings of anger as problematic. Assimilating angry feelings thus requires accommodation in existing schemata or development of new schemata. As a formerly problematic experience becomes assimilated, it becomes part of the schema (a form of convergence), potentially turning from a problem into a resource. For example, once it is

assimilated, a problematic tendency to hostile outbursts may become a valuable capacity for appropriate assertiveness.

The Assimilation of Problematic Experiences Scale (APES) describes a systematic sequence of cognitive and affective changes that occur in a client's representations of problematic experiences in successful therapy (Stiles, 1999; Stiles et al., 1991; Stiles, Meshot, Anderson, & Sloan, 1992; seeTable 1). The APES is not theoretically prescribed, but is instead a summary of change sequences noted in previous qualitative case studies. The assimilation model does not prescribe a course of therapy, but instead describes the process through which clients' problematic experiences appear to be resolved. On the other hand, the APES does suggest a tentative sequence of subgoals within therapy (i.e., moving a problematic experience from one APES stage to the next), which therapists might address using their preferred approach (Stiles, Shapiro, Harper, & Morrison, 1995). For research, the APES offers a way in which the progress or regression of themes (and hence their convergence or divergence) might be described.

TABLE 1. Assimilation of Problematic Experiences Scale (APES)

0. *Warded off*. Content is unformed; client is unaware of the problem. Distress may be minimal, reflecting successful avoidance.
1. *Unwanted thoughts*. Content concerns distressing thoughts. Client prefers not to think about them; topics are raised by therapist or external circumstances. Affect is often more salient than the content and involves strong negative feelings—anxiety, fear, anger, sadness.
2. *Vague awareness/emergence*. Client acknowledges the problematic experience and describes distressing associated thoughts but cannot formulate the problem clearly. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences.
3. *Problem statement/clarification*. Content includes a clear statement of a problem—something that could be worked on. Affect is negative but manageable, not panicky.
4. *Insight/understanding*. The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed, with some unpleasant recognitions, but also with curiosity or even pleasant surprise.
5. *Application/working through*. The understanding is used to work on a problem; there are specific problem-solving efforts. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, businesslike, optimistic.
6. *Problem solution*. Client achieves a solution for a specific problem. Affect is satisfied, proud of accomplishment. As the problem recedes, affect becomes more neutral.
7. *Mastery*. Client successfully uses solutions in new situations; this generalizing is largely automatic, not salient. Affect is neutral (i.e., this is no longer something to get excited about).

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Assimilation analysis is a qualitative research method developed to address the assimilation model (Stiles & Angus, in press, Stiles et al., 1991, 1992). Briefly, transcripts of whole therapies are studied to track themes across sessions and assess their progress through the APES sequence. In this article, we describe an assimilation analysis of the case of Vicky, a client in whom the processes of theme convergence and divergence were particularly salient. We did not set out with hypotheses about the impact of theme convergence or divergence on Vicky's life functioning; instead, our focus on these processes emerged from our assimilation analysis.

Method

Participants

Vicky (a pseudonym) was a 20-year-old woman seen in psychodynamic **psychotherapy** for 18 sessions in the Mt. Zion Brief Therapy Research Project, and was one of 7 clients from this project described in an earlier study of accuracy of interpretation (Norville, Sampson, & Weiss, 1996; Silberschatz, Curtis, Sampson, & Weiss, 1991). Vicky was not given a formal diagnosis; the content of her problems is discussed later. At the time of her therapy, Vicky was a full-time student majoring in the arts. She had been living in the United States for 4 months prior to the start of therapy, although she had lived in various other countries in Europe and South America. English was her second language; Spanish was her first. Vicky's unique ethnic and cultural background required us to consider the ways her multicultural experiences may have influenced her therapy.

Vicky's therapist was a psychiatrist with 10 years of private practice experience. He had particular expertise in brief psychodynamic therapy, and taught and supervised brief psychodynamic therapy at a local psychiatric residency training program.

Vicky's **psychotherapy** was judged successful on the basis of objective measures of symptom reduction, client and therapist self-report, and the ratings of outside observers. For example, Vicky's score on the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983) dropped from 1.17 before therapy to .72 at termination.

Materials Used in Assimilation Analysis

Verbatim transcripts of the audiotapes of Vicky's 18 sessions and of a pre-treatment intake session, a post-therapy evaluation, and an 18-month follow-up interview were made by professional transcribers who omitted identifying details. (Out of 20 scheduled sessions, Vicky missed the 2nd and 17th). These 21 transcripts were the materials we used for our assimilation analysis. Vicky gave written permission for these materials to be used in research.

Assimilation Analysis

Assimilation analysis is a qualitative research procedure that involves four steps (Stiles & Angus, in press; Stiles et al., 1992).

Step 1: Familiarization and indexing

The first two authors, doctoral students in clinical psychology, independently catalogued the content of all 21 interviews (18 therapy sessions and 3 evaluation interviews). This process involved carefully reading the transcripts and making extensive notes about Vicky's thoughts and feeling about persons, objects, situations, or ideas that were important in her life. The notes were indexed by session number and transcript line number to facilitate relocating passages dealing with particular content.

Step 2: Identifying and choosing themes

Although our indexes were constructed independently, we found them to be in substantial agreement. Next, referring to our indexes, we discussed possible themes in Vicky's **psychotherapy** and jointly identified four major ones:

Sexuality: Vicky's emerging sexual interest became focused on her worries about her sexual performance. She worried that her sexual partners would discover her to be “frigid.” This theme expanded to encompass relationship issues with her dating partners and men in general.

Relationship with mother: Vicky's developmental differentiation from her mother required her to start establishing her own identity. In addition, Vicky began to determine the kind of adult relationship she wished to have with her mother.

School and future: This theme concerned Vicky's lack of motivation to study and succeed academically and uncertainty about her career choices.

Relationship with father: Vicky struggled to get to know her father as a person and relate to him as an adult. Her relationship with her father paralleled difficulties she had relating to men in general.

Step 3: Selecting passages

The two first authors independently excerpted passages indexed by key words related to the themes we identified. This set of excerpts, which included passages one or both authors identified, was then read and reread in context as we narrowed the themes and refined our understandings of them.

Step 4: Describing the process of assimilation

We gave APES ratings to our selected passages, and we verbally described the process of change within the themes. Although the APES ratings are expressed in numbers as well as words (Table 1), the numbers are not to be interpreted as masked or independent ratings of the separate passages, but rather as our attempts to precisely express our perceptions of the level of assimilation of that problem at that point in treatment. Therefore the APES ratings were used as a way to convey our interpretations of the meaning of the clinical material. The ratings were guided by our developing understanding of Vicky's themes and were based on our knowledge of the context and the passage's temporal location in therapy. Ratings were sometimes changed as our understandings of Vicky's case evolved. Differences in interpretations were discussed and resolved by consensus; since they were not independent ratings, no estimate of interrater reliability was calculated.

Assimilation analysis involves the analysts' focusing on the client's self-understandings as shown in the session transcripts. The character of Vicky's themes changed substantially during therapy, especially because during the early stages of therapy Vicky had not clearly formulated her problems. Therefore, early and late excerpts would not be recognizable as relating to the same theme, but for the continuity provided by context and intervening expressions (the metamorphosis problem; Stiles, 1992).

Results

Although we considered all four themes together in our analysis, in the limited space available here we focus on the interrelations of two themes (Vicky's sexuality and her relationship with her mother) to illustrate the processes of convergence and divergence. These two themes were chosen because they were the most fully developed in Vicky's **psychotherapy**. The themes pertaining to her relationship with her father and her school/career concerns were discussed much less often, although they also followed the general pattern of convergence and divergence described in this article.

We applied APES ratings to a total of 18 passages concerning Vicky's sexuality and 12 passages concerning her relationship with her mother. Progress across sessions in these two themes is pictured inFigure 1 using our consensus ratings.Figure 1 displays the average of the ratings when we rated two or more passages in the same session.

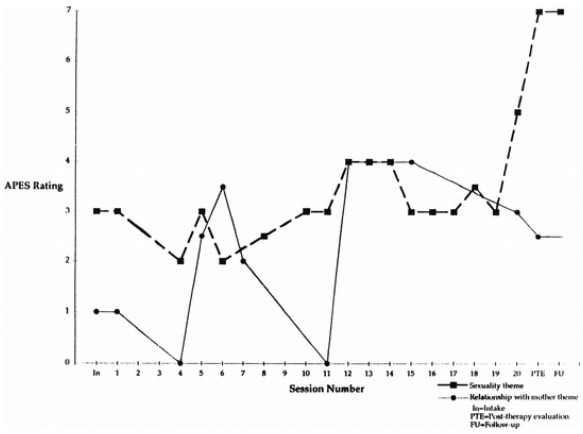

*Figure 1. Mean ratings of two themes in Vicky's **psychotherapy** on the Assimilation of Problematic Experiences Scale (APES). Vicky missed the 2nd and 17th scheduled weekly sessions, though these are included on the horizontal axis. Squares represent APES ratings for the sexuality theme; circles represent APES ratings for the relationship-with-mother theme*

Reporting results of qualitative analysis requires thorough grounding—linking interpretations to specific observations, such as excerpts from transcripts (Guba & Lincoln, 1989; Packer & Addison, 1989; Stiles, 1993). We have identified passages by session number and line number (based on the printed transcripts) in order to indicate approximately when the passage occurred in therapy. For example, “Session 9, 100–125” means that the passage occurred in Session 9, continuing from line 100 to line 125. For comparison, the session transcripts averaged 604 lines of printed text (range 513–655); the intake session (822 lines) and the follow-up session (753 lines) were slightly longer.

Theme Convergence: The Interrelation of Problematic Experiences

At the beginning of therapy, Vicky discussed the themes as distinct, discrete topics; she did not make connections between them. Transitions between themes occurred as changes of topic. By the end of therapy, however, Vicky considered these problems related.

With respect to her sexuality, Vicky believed her apprehension prevented her emotional and physical response to men. As she said during the first few moments of her intake session,

VI think the main things that I would like to get over are insecurity, and that insecurity is bothering me especially in the sphere of my sexuality. I find that every time I'm starting a relationship with somebody or somebody asks me out or something, that—I am immediately apprehensive about the sexual part and I'm so scared that I feel that interferes a lot with my emotional—with my emotional or sexual response. That is the main thing that is causing me trouble right now. It's making me feel quite anxious—that I am scared of actually having sexual intercourse with anybody because I'm also scared of being seen as somebody who is frigid. (Intake, 9–20)

We rated Vicky's sexuality problem in this passage as APES Stage 3 (Table 1), problem statement, because Vicky could clearly formulate her problem concerning sexuality but could not identify the cause of her distress. The negative affect characteristic of Stage 3 was apparent in Vicky's description of herself as “immediately apprehensive,” “so scared,” and “quite anxious.”

Vicky then immediately changed the subject to her problems at school:

VAnd there is also the problem of study, that I can't concentrate properly, and I don't feel I really want to study, although I know I have to and there are many things I am really interested in and I like to learn about. I can't really sit down and read for a long time because I just get distracted, and that is really troubling me a lot … (Intake, 21–26)

We rated the problem in this passage also as APES Stage 3, problem statement, because Vicky clearly described what she wanted to work on (i.e., distractibility and lack of motivation) but had no understanding or theory of the causes of this problem.

Vicky's problems with her mother were not so clearly formulated in the first session. She spoke about her relationship with her mother, but with little affect. In one story, she related how when she was 12 or 13 years old, her mother would call her a “whore” just for looking at a boy. The therapist asked Vicky how this made her feel, but Vicky repeatedly changed the subject:

TBut I asked you how you felt when your mother called you a whore.VI can't remember how I felt. I can't really remember it, but from then on I just tried to. (Intake, 230–233)

We rated the problem in this passage as APES Stage 1, unwanted thoughts, because Vicky avoided this painful topic of her mother's label.

In the early sessions of therapy, Vicky saw no connection between her mother's epithets of “whore” and her difficulties in sexual relationships. However, she spoke of identifying with her mother in a variety of ways (for example, how she would like to become very proficient at some skill or talent because that would satisfy her mother). Vicky often expressed guilt for living what she considered to

be a freer and better life than her mother had been able to live at Vicky's age. Vicky even related a story she had composed for a writing class in which she gave her mother her own future, so her mother could relive it properly.

Convergence of these themes was actively encouraged by the therapist, but with little effect initially. In Session 4, Vicky said that her mother had always had a distinct discomfort and even disgust with her own sexuality and, in fact, Vicky thought her mother's epithets toward her sprang from her mother's own discomfort. Given Vicky's identification with her mother, the therapist made the obvious connection:

T… just as it may make you feel a bit guilty that you might have a sexual life that is going to be more relaxed and enjoyable than your mother's?VI don't know if that makes me feel guilty. Because I keep going back to that day when she told me that she had been frigid for all her life and I felt so happy that that would never happen to me. (Session 4, 617–624)

Repeatedly, the therapist offered Vicky such connections between her problems, but Vicky often denied or ignored them. Vicky's denial of any guilt or distress over possible frigidity could reflect warded-off (APES Stage 0) aspects of the relationship-with-mother theme.

It wasn't until Session 5 that Vicky could express anger at her mother.

VI got very angry [at her mother]. All that phone call was all this anger coming out towards her and I felt—the dreams that I had afterwards, like last night for example, was about her trying to trap me and my trying to just steer away … so I've been having all this anger coming up. (Session 5, 323–331)

Vicky's intense negative affect suggested problematic material at APES Stage 2, and this was consistent with Vicky's vague acknowledgment of a problem with her mother through her introduction of the dream. There was no clear problem statement to work on in this passage (which would have indicated Stage 3 in the relationship-with-mother theme).

The problem statement that first connected the theme of Vicky's sexuality to the theme of her relationship with her mother occurred a little later. She said, “She's [mother] putting up so many barriers; she's trying to limit my sexual life and everything” (Session 5, 346). This is the first time Vicky linked her distress about her sexuality with her relationship to her mother; we rated this as APES Stage 3, problem statement, in both themes.

The convergence of these two themes was apparent to Vicky in Session 12.

TAnd of course you have the belief that your mother slept with your father and never enjoyed it the way a whore would do.VThat's interesting, because then in order to avoid being a whore then I should prevent myself from having sex, too.TYeah, that seems like it might fit together. (Session 12, 294–295)

For the first time, Vicky recognized a connection between her own painful view of sexual relationships and her parents' sexual relationship. We rated this passage as APES Stage 4, insight, because Vicky linked her distress about sexual interactions to a theory of causality, in this case involving her parents. The lesser negative affect characteristic of Stage 4 was also evident; instead of being “scared,” “troubled,” or “apprehensive,” Vicky found the connection “interesting.” After reaching this insight,

Vicky reported several positive sexual experiences with men as she continued through the APES stages of application, problem solution, and mastery (Stages 5–7) with respect to her sexuality theme.

Thus, themes that initially seemed to be unconnected or unrelated in Vicky's schema system reached a point of convergence. As she said at her post-therapy evaluation,

VLike when I came here, I listed the goals [of therapy] as if they were all separate, and I thought of them as problems that were all separate, but through therapy I think—I've come to see them all interrelated, so that it is not that I want to push in one specific area, I have to push broadly, like opening my arms and pushing forward, and it's much easier to understand now what is happening because there are the connections, so—I know a bit more about what is happening to me. (Evaluation, 53–61)

Putting it even more explicitly, she said,

VWell, the difficulty studying that I had, and the insecurity about myself, and even the problem about thinking that I wouldn't be able to achieve things sexually or things like that, are related in that they all somehow stand out from—stem out from my relationship to my mother, and to the way I have felt that there was a pressure on her behalf that I should be a certain way, and the constant comparison between her and me, and, I don't know, the unwillingness to be in a way that she does not approve of, well, criticism on her part has been pretty frequent—that I was—acting in a way that was too forward, or whorish or whatever—so I wouldn't want to adopt an attitude which would seem whorish to me—like being really excited when making love or something, because I would feel really strange about doing something my mother really would hate or did not approve of. And about studying, I feel that I am probably scared of being successful in study because my mother hasn't been able to achieve too much in that direction—so probably for me to be happy and to study and be successful—is something that would distance me from my mother, and since my mother's situation makes me very sad—I would probably not want to be distanced from her in that way since I would feel like I was betraying her or something. (Evaluation, 65–94)

Later, Vicky added that the most important benefit she received from therapy was not an insight into a specific problem but the realization that her problems were connected in a larger pattern of life experiences.

Theme Divergence: The Interdependence of Problem Resolutions

As therapy proceeded, Vicky's sexuality and relationship-with-mother themes led to a conflict that required Vicky to make some difficult decisions. Her solution to the sexuality problem exacerbated the problems in her relationship with her mother. Whereas the theme of Vicky's sexuality improved (we eventually rated passages dealing with it as APES Stage 7, mastery) the theme of her relationship with her mother reached a high of APES Stage 4, insight, and then regressed to Stage 3, problem statement (seeFigure 1).

In an effort to avoid her mother's disapproval of expressions of her sexuality, Vicky had begun not telling her mother about her boyfriends. During Session 5, in the context of discussing a recent telephone conversation with her mother, Vicky described how she did not contribute to their conversation:

TYou become quiet and answer when spoken to.VYeah, because that's the only way I can—what can I tell her? Yes, I've been spending two weeks (laugh) with my boyfriend at his house and it's been a lot of fun, and all that, she would just die. (laugh) She would probably cut off my money allowance and all that. (Session 5, 364–369)

But Vicky was also very uncomfortable excluding her mother. During the next session she said, “I want to try to repair that broken communication [with her mother] that has been so I don't want to shock her, or anything” (Session 6, 52). Vicky's statement began as a problem statement but proceeded to express an understanding of why the problem of her broken relationship with her mother was occurring. She also related this understanding to an existing schema (that of not telling her mother about anything that she may disapprove of, such as her relationships with her boyfriends). We rated this as a moment of insight, APES Stage 4.

By Session 6, then, Vicky realized that her solution for her sexual anxiety problem, which was to not tell her mother anything about her sexual experience, exacerbated her problematic relationship with her mother. She realized that trying to separate from her mother by excluding her from large and important areas of her life (the only way she could think of separating) would cause her relationship with her mother to deteriorate further.

Despite her uneasiness about maintaining a life secret and separate from her parents, however, Vicky ended up generalizing this solution to other areas of which her mother would not approve, including her growing participation in political activism. Alternative solutions (for example, Vicky could have sought to strengthen the relationship by telling her mother more about what she did so far from home) would have risked reviving her guilt about sex. Vicky chose independence and the outcome she feared was realized. In her last therapy session, Vicky told her therapist, “That [relationship with her mother] has collapsed, practically” (Session 20, 272). At this point, she no longer openly connected the problems in her relationship with her mother to her decision not to tell her mother about her sexuality and other significant areas of her life. We considered the relationship-with-mother theme regressed to Stage 3, problem statement.

Discussion

Our assimilation analysis highlighted complex relations among Vicky's problems. She first described several seemingly unrelated problems, but later found that discussion of one problem helped other problems find resolution: appreciating long-standing issues in her relationship with her mother helped her understand and overcome her sexual anxiety. On the other hand, it appeared to us that Vicky's resolution of one problem interfered with resolution in another. Expanding her freedom in her personal life, including her sexuality, came at the expense of harming her relationship with her mother, which she described as “collapsed” in her last therapy session.

The results of our assimilation analysis thus suggest a complex picture of Vicky's treatment outcome. Vicky's choice to separate from her mother seemed to result in increased happiness and decreased symptom intensity, as measured by the SCL-90, and she was considered as a successful case (Norville et al., 1986). Vicky's SCL-90 scores decreased significantly, from 1.17 at intake to .72 at post-therapy, but her post-therapy score was still moderate, suggesting that some problems remained unresolved. One of these might have been the collapsed relationship with her mother. Perhaps the more difficult

problem of Vicky's relationship with her mother could not be addressed adequately in such a brief **psychotherapy** (Shea et al., 1992; Silberschatz, 1994).

Another hypothesis about Vicky's complex clinical outcome concerns the values of American culture, which encourages the individuation of adolescents as well as the pursuit of personal goals, individual achievement, self-development, and privacy. In contrast, more collectivist cultures understand a person's behavior as the pursuit of goals or achievements that benefit the group, and value cohesion, solidarity, or harmony with other group members (Hofstede, 1980, 1991; Triandis, McCusker, & Hui, 1990). Vicky's vacillation between enmeshment and differentiation was extreme and may have reflected her multicultural background and her parents' origins in a more collectivist culture. Vicky's therapy did not deal with her multicultural heritage and upbringing in any significant way. Vicky's resolution of her sexuality theme, which involved separation from her family of origin, can be understood as reflecting her and her therapist's choice to pursue the American value of individuation to the detriment of the collectivist value of family connection.

As in previous cases (e.g., Honos-Webb et al., 1999), the progress of Vicky's problems through the APES stages was not monotonic. For example, although we rated the theme of sexual anxiety at Stage 3 in the first session, we rated some later passages at Stages 1 and 2. By the end, however, the sexual anxiety theme appeared resolved (up to Stage 7, mastery). Similarly, the theme of Vicky's relationship with her mother was initially presented at Stage 1, progressed to Stage 4, and then regressed back to Stage 3 (seeFigure 1). Interference by other problems could be one reason why APES ratings for specific problems fail to progress monotonically, even in successful cases such as Vicky's. This underscores the point that **psychotherapy** clients' problems cannot be resolved in isolation; instead, they may influence each other towards resolution or stagnation in complex and unpredictable ways.

Intensive, qualitative analyses have several distinct advantages, including linking complex theoretical and empirical processes and providing context for clinically relevant observations (McLeod, 2000; Stiles, 1993). Our study is limited, however, by its reliance on a single client's case material and on any potential distortions arising from our personal preconceptions. Further research, conducted by other investigators on a wider and more diverse client population, could increase confidence in our conceptualization of theme convergence and divergence.

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