

The original and updated **Appetite Path Model**

Here we reproduce **JODY MARDULA'S** original '*Appetite Path Model – working with Escape Hatch resolution with clients who use drugs and alcohol*', followed by an update in her thinking on developing healthy hunger paths through a Mindfulness Based Approach.

Appetite Path Model – working with escape hatch resolution with clients who use drugs and alcohol

First published 2001*

IN THIS ARTICLE I describe a model that I have evolved for working with clients who use drugs and alcohol. It helps me think about how I work with open escape hatch paths and how resolution of those paths may be accomplished. I am indebted to discussions with colleagues, trainers and trainees that have contributed to the development of this model, which I call Appetite Paths.

In my work I am interested in what systems my clients have for managing their lives. This involves identifying the healthy, life enhancing and unhealthy self-limiting methods they have developed.

The Appetite Path Model is a system for evaluating where people are in choosing and accessing Healthy and Unhealthy Paths, and shows a process for working with clients who use drugs and alcohol to self-harm. The aim is for them to develop healthy ways of meeting psychological hungers in order for them to reduce and finally stop accessing unhealthy Appetite Paths that maintain open escape hatches.

This article is presented in four sections:

1. the theoretical concepts of the model
2. the practical application of the model with examples of drug and alcohol misuse
3. the process of using the model within a therapeutic relationship
4. summary of model as an intervention.

1. The Appetite Path Model – theoretical background

The Appetite Path Model shows three areas:

- a. the area of self-help that includes the core self surrounded by a veneer area of script
- b. the unhealthy paths that lead to tragic outcomes

- c. the healthy paths that meet psychological hungers.

The model is developed from the concepts of Berne's six psychological hungers (Berne, E., 1970), and of Escape Hatches (Boyd and Boyd, 1980). It can be used alongside assessment and understanding of the clients script, and the resolution fostered through the therapeutic relationship.

Figure 1. Appetite Path Model showing the self with core and script area, the unhealthy Appetite Paths and the healthy psychological hunger paths

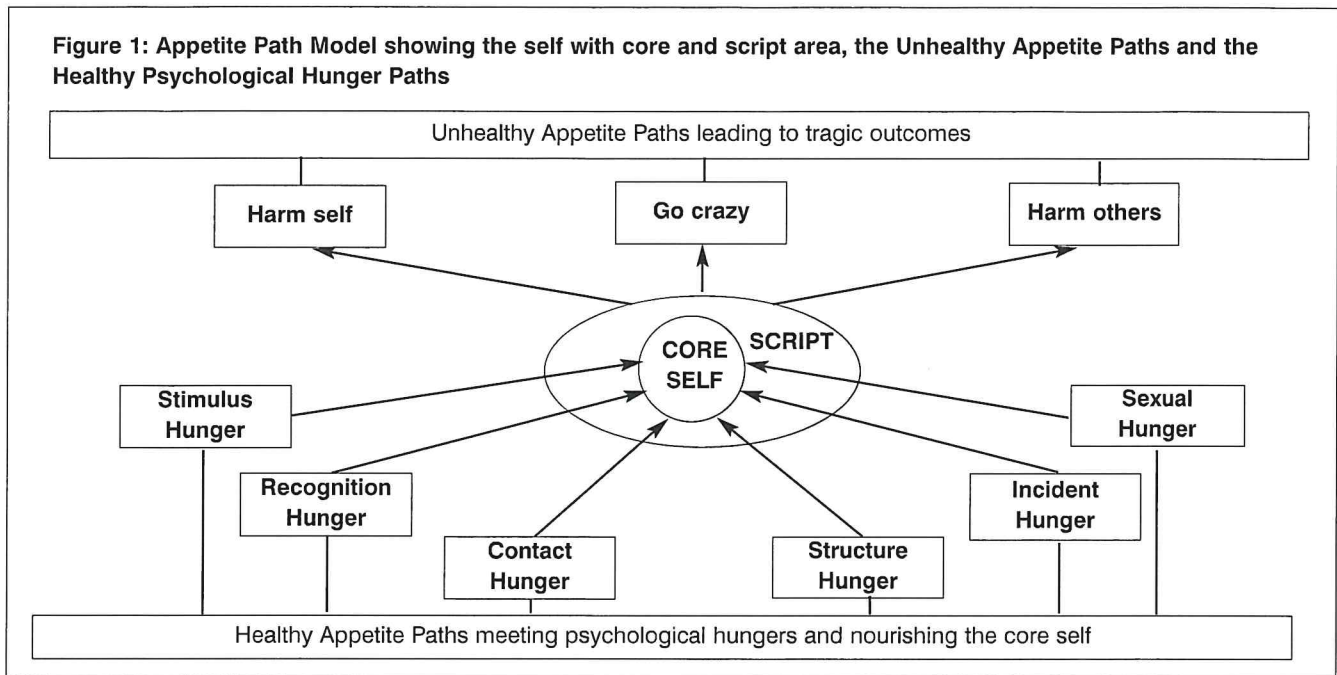
The healthy paths meet psychological hungers and nourish the core self. The unhealthy paths maintain the script, and keep the individual from experiencing their core self. When healthy paths are developed and the core self nourished, the unhealthy paths will often reduce, and the client has an internal structure to support change.

Area of self

The circular area of the diagram represents the individual. The inner circle represents the core self where we experience ourselves in the moment, with full awareness of our sensations, emotions and experiences. The outer circle represents the veneer – the area of script that we create in order to manage and make sense of our inner experience (Mellor, K.) For clients with drug and alcohol problems, there is often a strong defence against experiencing the core self, and the substance itself becomes functional in achieving this.

Psychological hunger paths

Berne describes these psychological hungers as life giving and considers that a failure to meet them will result ultimately in death. It seems to me that where healthy Appetite Paths that nourish the core self are not developed or maintained, clients are more likely to have open escape hatches and access harmful Appetite Paths.



Psychological hungers – a yearning for:

- Stimulus Hunger* – sensory stimulation through sound, taste, touch, smell
- Recognition Hunger* – recognition for who / what we are
- Contact Hunger* – physical and emotional warmth and contact with others
- Structure Hunger* – ways to fill our time
- Sexual Hunger* – sexual contact and fulfilment
- Incident Hunger* – excitement and stimulation.

If all these hungers are met healthily, we feel grounded, in contact with ourselves and with others, able to act autonomously to think clearly and have the ability to self-soothe. We are able to move out of script.

By contrast, clients who strive to avoid connecting with their core selves, often hold beliefs that they will be overwhelmed, or engulfed by the intensity of such an experience. In an attempt to meet the hungers, but also to avoid connecting to their core selves they will develop unhealthy Appetite Paths.

Unhealthy Appetite Paths leading to tragic outcomes

The main points I want to make are that:

- a. the unhealthy Appetite Paths maintain open escape hatches
- b. the use of drugs and alcohol can also serve to keep the client alive
- c. client needs to develop a new system for living.

These three pathways show the behaviours with which clients engage in, in order to maintain open escape hatches. Boyd and Boyd (1980) suggest that open escape hatches, that is choosing suicide, homicide or going

crazy, are 'a way out if things get bad enough'. Closing these escape hatches then provides the client with protection against these harmful outcomes (Stewart, I. TA UK, 60, 2001).

The Appetite Path Model shows three paths along which the client may move towards these outcomes. For many of these clients their experience tells them that 'things are bad enough right now'. In order to defend against the pain of experience, and manage their lives as well as they can, they have developed scripts that defend against life enhancement. For example, while the use of their substance may have an ultimate tragic outcome, the use of the substance itself also acts to reduce the inner panic and confusion and allow the client to function and to stay alive.

In my experience, these clients need to have some system for tolerating 'being with' themselves when they are not using drugs or alcohol. From their frame of reference, going along the unhealthy Appetite Paths is their only perceived option for avoiding what they see as 'unendurable'. To ask them to give up what they perceive, as their only way out is unlikely to be effective.

2. Practical application of the Appetite Path Model

In this section I will show how the Model can be used to assess levels of harmful and healthy behaviours.

I decide to use the Model as an intervention tool when I become aware, at referral or later, that the client has open escape hatches. I am alerted when they maintain harmful drug and or alcohol use, or other self-mutilating behaviours.

The process I then use involves assessing:

Focus on: Addiction

- d. how far along each path my clients currently are
- e. how far along have they been in the past
- f. how stable, escalating or reducing the behaviours are.

Appetite Path assessment using case example

'Carole' had used many different drugs over a 15-year period. She had been given up for adoption at two months by a mother hospitalised with mental illness. She was placed with several sets of foster parents until being adopted at seven years by a childless couple. The couple had a son when Carole was 12 and sent her to boarding school. Carole began to drink excessively at 14. She came to see me when she was 30 and had a daughter aged six in foster care.

Carole wanted to have her daughter returned to her, and was afraid that if she continued to use drugs that she would lose her daughter for good.

Appetite Paths on referral

You will see in *Figure 2*, that on the Unhealthy Appetite Paths, I have crossed the lines to represent the level to which Carole was going along each path.

I have marked Carole as two-thirds along the Harm Self Path, and one third along the Go Crazy and Harm Others Paths. I have shown these Paths as coming from the Script area.

I have named all the Healthy Hunger Paths; lines are drawn to the Core Self from Stimulus, Contact and Structure Hungers. The other Hungers are not being met.

The diagram shows that Carole is accessing all three harmful paths. These maintain her escape hatches open, and allow her to stay in script.

Carol's unhealthy Appetite Path behaviours

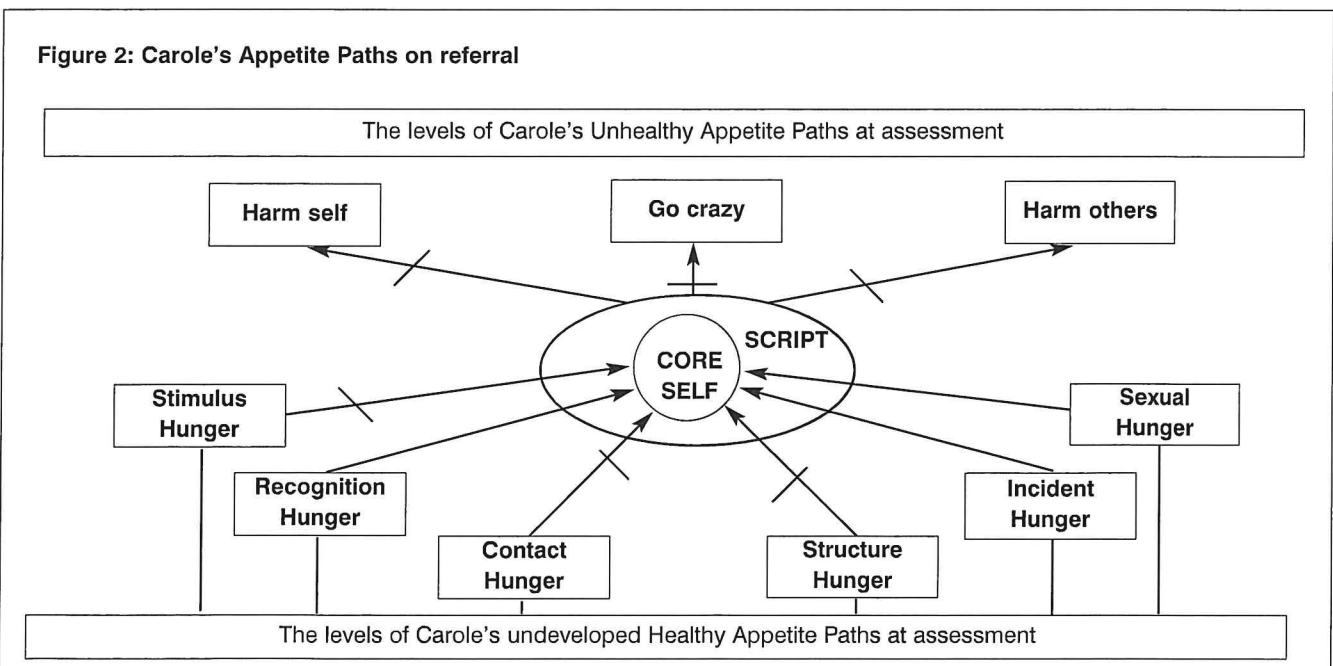
Harm Self Path – Carole was using prescription methadone and occasionally buying street heroin. She injected the heroin, and did not always use a needle exchange scheme. Carole occasionally drank alcohol heavily and when intoxicated self-mutilated by cutting her arms.

The self-harm from these behaviours included the risk of tissue damage from quantity used and unsafe method of use (injecting practise). Risk of contracting HIV and Hepatitis C and of overdose from contaminated substances or from lack of knowledge of the strength of heroin bought illegally.

Carole had previously been higher up the Harm Self Path. She had reduced the frequency and quantity of her heroin and alcohol use and no longer used any other substances. She was on a Methadone programme and so had the means to reduce her harmful use further. She had reduced the degree and frequency of cutting her arms. See the marked level on the Self Harm Path in *Figure 2*.

Go Crazy Path – Carole's use of substances and self-mutilation, meant that she dealt with 'experience' by becoming intoxicated or sick. In this way Carole excluded her Parent and Adult resulting in a passive non-thinking response. Carole currently discounted her needs and abilities and maintained this through her substance use.

Again she had previously been higher up the Go Crazy Path. At one time she had regularly invited a symbiotic response from others by 'getting taken care of' in detox programmes, being admitted to psychiatric units after self-mutilation, incarceration in prison for selling drugs. See the marked level in the Go Crazy Path in *Figure 2*.



Harm Others Path – Carole had a history of selling drugs and of prostitution to fund her habit. Her reduction of heavy alcohol intoxication, and reduction of quantity of street heroin used, meant that she no longer went so far up that path.

Her current harm to others was the risk of infecting them with HIV and Hepatitis C, and of selling harmful drugs, and the emotional harm to her daughter. See the marked level on the Harm Others Path in Figure 2.

Carole's Healthy Appetite Paths

At this time Carole's means of nourishing her psychological hungers healthily were undeveloped. She mainly met them through her unhealthy paths.

Healthy Appetite Paths at referral:

Stimulus Hunger – listening to music, food

Recognition Hunger – not present

Contact Hunger – occasional hugs and contact with daughter

Structure Hunger – daily pick up of methadone script; visit to Drug Worker and now myself

Sexual Hunger – None Present

Incident Hunger – None Present

See the lines showing Stimulus, Contact and Structure Hungers in Figure 2.

I then assessed how Carole was meeting her Psychological Hungers through her Unhealthy Paths.

Carole's Development of Unhealthy Paths to meet Psychological Hungers

Stimulus Hunger – the sight, smell and touch of the drug and of blood when injecting and mutilating; an increased sense of stimulus through intoxication

Recognition Hunger – seen by peers as user who 'has been around a long time', and as a drug dealer; identity as drug user with Police and Primary Care Services

Contact Hunger – giving injections to others and being injected; physical contact through de-inhibition of intoxication; hospitalisation through withdrawal and overdoses

Structure Hunger – the time taken to find money and buy drugs; being intoxicated, withdrawing, getting sick and talking about the use

Sexual Hunger – through intoxicated promiscuous sexual contact and prostitution

Incident Hunger – through the risk-taking involved in illegal behaviour; the experience of searching for and buying drugs and ingesting them.

See the Unhealthy Appetite Paths through which these hungers are partially met and which maintain the script rather than nourishing the core – Figure 2.

The Appetite Path therapy contract

Following assessment of the Hunger Paths, a contract for

change needs to be established.

The changes that Carole wanted to make were to stop all drug use and to provide a home environment that would meet with Social Services requirements for her daughter to come and live with her.

To meet her hungers healthily, Carole contracted to increase her healthy Appetite Paths and reduce, and then stop using the harmful Appetite Paths.

My treatment direction was to use the therapeutic relationship to meet the early developmental need for the meeting of psychological hungers.

3. Using the Appetite Path Model within the therapeutic relationship

When we meet with clients they will have a yearning to be engaged at their core. However, most clients who begin therapy, and certainly clients with third degree issues, do not have systems that can manage the intensity of this kind of contact (Ken Mellor). They will generally relate script to script with the therapist in order to play games and avoid changing.

During this early phase of therapy with drug and alcohol using clients, I find it useful to keep open so that the potential for core-to-core contact can develop. Using the Appetite Path Model diagram, I can work with them to identify the paths they use to meet psychological hungers.

I need to be alert to working with them at their own pace. If I invite them to adapt to me by stopping or reducing their drug use at this stage, they may escalate the harmful path later. This is a result of not having the internal structure to manage their experience. Two examples of this are:

- a client physically dependent on alcohol deciding that he must close his escape hatches. He stops drinking and goes into severe withdrawals accompanied by fitting, during an episode of which he dies.

- a client with long-term heroin use who decides to stop. He goes through withdrawal and several weeks later relapses, using a dose that is now above his tolerance level, and so overdoses and dies.

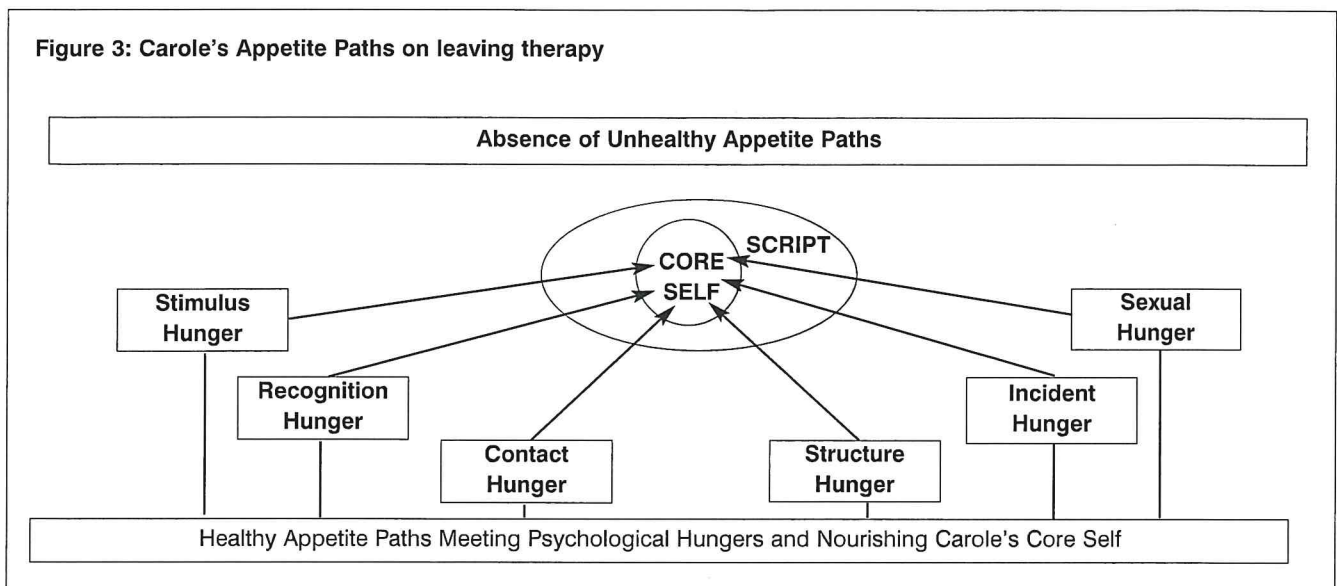
To keep themselves safe and to begin to allow themselves to experience their core selves, clients such as these need to have ways of soothing at their core. In my experience they can achieve this by getting better at meeting most of their psychological hungers healthily.

When our psychological hungers are responded to and met as infants, we will be able to attach and internalise the ability to stay with our experience, and to self-soothe. This deficit of meeting hungers can be modelled and experienced within the therapeutic relationship.

Examples of the meeting of psychological hungers within the therapeutic relationship are:

- the *Stimulus* of the sensory experience of the room and

Figure 3: Carole's Appetite Paths on leaving therapy



the therapist

- the *Recognition* of being seen and accepted as self moment to moment by the therapist
- the *Contact* of being met within the relationship;
- the *Structure* of the business contract and the frequency, consistency and structure of the therapy session
- the therapist's openness to accepting *Sexuality* and modelling safety through professional practice to hold the sexual boundaries
- the *Incident* of the therapy itself.

When the client begins to experience a meeting of these hungers through the relationship, they often close their escape hatches. They can then begin to learn how to meet their psychological hungers in their everyday lives.

In order for the therapist to work in this way with the client, it is essential that the therapist is meeting their own psychological hungers healthily and are not themselves accessing unhealthy Appetite Paths.

4. Appetite Path Model as an intervention

In this section I show an intervention to address the issues raised by an Appetite Model assessment.

Developing healthy hunger paths

I gave a checklist of hungers to Carole and asked her to list, day by day, how she met them. Alongside this she looked at how she would like to meet the hungers. Once Carole was aware of her own Appetite patterns she decided she did not want to use the harm paths any more, and began to build up the healthy paths.

By the end of therapy Carole had structured her time by decorating her house and tidying her garden. She had made contact with Social Services and was beginning to

see her daughter regularly and work towards her leaving care. Carole did a part time Aromatherapy Course through the local job centre and had returned to an early childhood passion for horses by helping out at a local Riding School.

Carole's healthy Appetite Paths at the end of therapy

Carole was meeting all her psychological hungers healthily. The stimulus and contact with her daughter, the recognition as a mother, student, and the structure of her studying, working and parenting were all well developed.

As Carole began to meet the hungers healthily, her harm paths began to reduce. She stopped self-mutilating early in the therapy. As she understood the functions (hungers) underlying her drug use and harming behaviours, she stopped using street Heroin. Finally she withdrew from Methadone and began to take responsibility for her thoughts, feelings, behaviours and decisions.

At the end of therapy Carole had closed all her escape hatches and her Appetite Paths now nourished her core self instead of supporting her script. See Figure 3.

Although Carole actively developed Healthy Appetite Paths through being active in developing new behaviours, the tools for her to do this came from experiencing of the meeting of hungers within the therapy relationship.

My excitement in working in this way is that it provides a way of working with clients who may often be not considered suitable for therapy.

As the soothing of the yearning occurs through the meeting of the psychological hungers from the core, and not the script, the client decides congruently from Adult to give up the harmful Appetite Paths and so close Escape Hatches and decide to live and connect to their spontaneity, awareness and intimacy.

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Mindfulness Based Approach to Appetite Paths

JODY MARDULA returns to her original thinking and develops further the Healthy Hunger Paths through a Mindfulness Based Approach

Personal process of development

IN RESPONSE TO requests (much appreciated) for me send out the original Appetite Path article (republished, above in the *Transactional Analyst* pages 6-11), I returned to reading it myself after what seemed like a long time. When first requests came in I had no idea what they were asking for as I was in a period of recovery from two brain haemorrhages, and much information had been lost to me. However returning to and reading material begins to develop new neural pathways, and the joy of this is that I could also bring 'new eyes' to my work. Many of the complexities of TA theory are lost to me (all those years of case discussions!), but the main structure is there. I no longer work as a psychotherapist but work exclusively from a mindfulness perspective as a teacher and trainer and have developed a way of working with clients who are appropriate for what I term Therapeutic Mindfulness. So I began to think about how I might bring therapeutic mindfulness to the Appetite Path Model and those thoughts, and a little of the background to bringing mindfulness into individual therapy, are outlined below.

I have included passages from a Chapter on 'Mindfulness and Individual Therapy' written by myself and my co-author, Frances Larkin, published in *The Handbook of Individual Therapy, sixth edition, edited by Windy Dryden and Andrew Reeves, Sage, November 2013.*

Present moment awareness

'A mindfulness approach works on the basis that many of the ways we use to avoid the present moment only add to our problems in the long run. When, for example we try to avoid experiences we perceive as undesirable, or try to make permanent experiences we want more of, we are setting ourselves up for mental, physical, physiological habits that can lead to psychological disturbance. People avoid experiencing the present moment through all kinds of ways that including body tensions, stuck or blocked thoughts, or shutting down feelings with mental and/or physical defences. It is not hard to see how the kinds of mental, physical and emotional habits we create can lead to increased stress, depression, anxiety, self harm, and addictions and increased suffering in the long run. In this regard Baer 2006 argues that many forms of psychopathology are to do with the ways we try to avoid negative internal experiences, by developing behaviours such as substance abuse, dissociation, binge eating, or avoidance of people, places and situations...'

(Mardula and Larkin in Dryden, 2013.)

So in Appetite Path terms, we tend to respond to experiencing the sensation of psychological hunger, the hunger for Stimulus, Recognition, Structure, Sexuality, Incident, Contact – with a craving, a yearning to engage in behaviours that we perceive to help us to meet this need but also to take us away from the discomfort of wanting – and as we experience the discomfort of unmet hungers we move to escalating meeting the need through harm path behaviours.

'The practice of mindfully paying attention to what the mind is doing in each moment helps us discern the

ways conditioning from previous events overlays the present making it difficult to see things clearly as they are. With the kind of close mindful attention fostered by regular practice, we become better at distinguishing an event from our relationship to it. As we pay attention to our inner world in this way we can experience the arising of a sensation, thought or feeling, and also how this is followed by the urge to react or respond, and are therefore strengthening the ability to respond non-reactively...'

So as we mindfully pay attention, with the supporting foundations of mindfulness opening to acceptance, compassion, patience, trust – we can notice these patterns and tendencies in how we respond to our Hungers, as they arise, and strengthen our ability to respond in a more measured, lasting, and appropriate way (Integrated Adult).

The change process in a Mindfulness Based Approach

'There is an ongoing exploration of the edge of experience, and of bringing in wise and compassionate choices – both for the therapist in their choice of intervention, moment by moment, and for the client, as they learn how to ride the tide of their emotions, thoughts and sensations. The client learns that they can tolerate the present moment, and stay safe, that feelings pass, that thoughts pass (see poem below). They learn that they can turn away from their familiar struggles, and that they can open to acceptance and change, letting go of their old patterns of avoidance and change...' (Mardula and Larkin in Dryden, 2013.)

We can see, I think, in the passages above, how this approach might be adopted alongside a TA therapy. In working particularly with an Appetite Path Model we might bring in mindfulness, either simply to deepen our own ability to be with ourselves and with our client (Mindfulness Informed Therapy) and/or to directly teach some of the concepts and practices of mindfulness to the client (Mindfulness Based Therapy).

Once the client has developed an awareness of their patterns of script that underlay their own patterns of Appetite Paths we might choose to bring a Mindfulness Based Approach to exploring how they might notice and respond to Hungers as they emerge.

In bringing a MBA (Mindfulness Based Approach) to Appetite Paths, we are inviting the client to develop an attitude of curiosity and investigation towards their experience using a practise of mindfulness of the Body. This may emerge as a THOUGHT – 'I can't bear this situation, I am useless, I always mess up....' as well as a SENSATION in the body 'constriction in the heart (sadness)' 'tightness in the stomach (fear)', and an escalation of thoughts ('I am always alone...') with their accompanying sensations and feelings.

An Appetite Path Three Step Breathing Space Practice (Adapted from Segal et al, 2002) This is a practice which invites us to explore our present moment experience, and so open to naming and being with is, whatever it is, supported by the grounded connection of the body with the chair, or floor, and by the breath. This can help us to step out of our immediate, familiar reactive experience to a being able to make choices about how we respond.

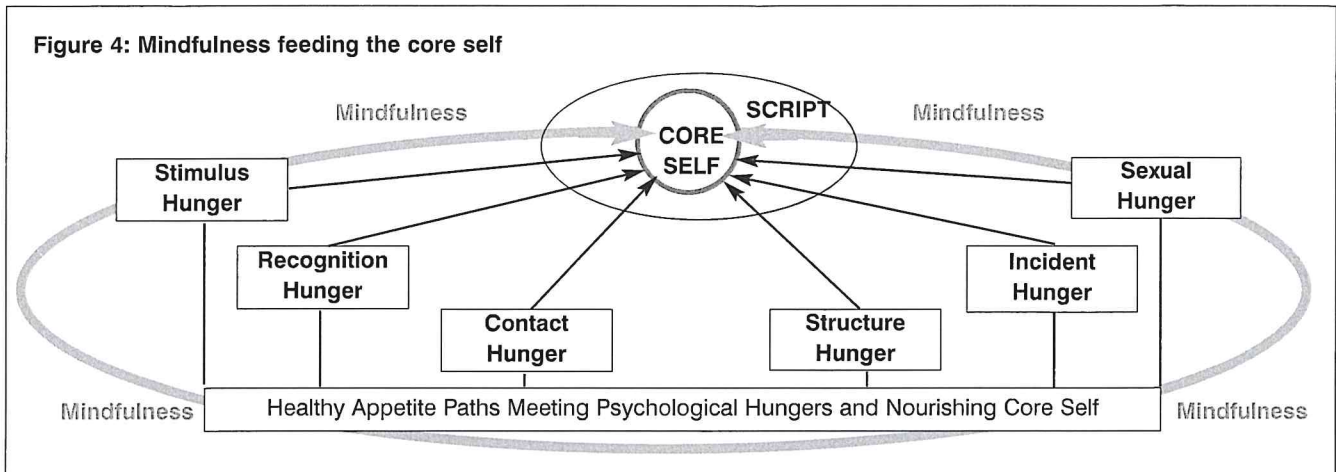
STEP ONE: Moving so that both feet are on the floor, and adopting a position that allows you to be awake and aware: Asking yourself 'What is going on for me just now?', as best you can notice any urge to avoid, to go up your Harm Path, noticing the thoughts that are here, no need to do anything with them, not trying to get rid of them, just naming them 'thoughts of drink (or whatever) are here', the sensations, emotions that are here, and just naming, allowing them to be here, maybe 'anxiety is here, tightness in belly, anger is here'

STEP TWO: In step two deliberately redirecting your attention to your breath, as best you can feeling the movement of the breath in the belly, perhaps putting your hand on your belly, or wherever the movement of the breath is most vivid, just staying with your full attention on the sense of the in breath... and the out breath. And if your mind slips away – you are not doing anything wrong, this is just what minds do..., thinking about something, then as soon as you notice that, just letting go of the thought and bringing the attention back to the breath, and the movement in the body. This breath all the way in... This breath all the way out.....

STEP THREE: And now, in step three, widening your attention to become aware of the whole body, and as best you can breathing right out to the edges of the body, the top of the head, the bottom of the feet out to the envelope of the skin, and breathing into the whole body and even into the space the body takes up.....and into the space around the body. Breathing into the whole of your experience.

And coming out of that practice, and bringing the sense of calm and centred awareness into the next moments of your day.

The intention of a practice like this is to open to exploring experience, grounded in the practice with an attitude of kindness and curiosity that supports us in beginning to go towards and look at our experience. This counters the reactive tendency to avoid sensation and to escalate into Harm Paths, the striving to get away from experience (by cutting, drinking, shopping, eating etc) and the fantasy that in this seeking out of pleasure (the belief that the external object, activity, person, substance, etc) can make us OK, fill the hunger.



As we choose not to engage in the Harm Path, avoidance, and open to experiences in the here and now in body and mind, we begin to explore sitting with 'suffering', and, together with therapeutic insights, to find a way, through mindfulness practices and attitudes, of learning to ride the rise of intensity of reaction, notice the fading away (impermanence, all things pass) and to open to a space where we may be able to choose to turn aside from the rush towards avoidance and Harm Paths. So staying with the Hunger, 'surfing the waves of affect'.

The development of mindfulness to being with the self and all experience that nourishes the self, provides a way in which we can self-soothe, and step into making decisions based on here and how realities. See Figure 4 Healthy Hunger Paths looping back to the core self through mindfulness.

This may sound simplistic. In a way it is. Just learning to bring our attention to what we have all done since birth, the sense of the body connected to whatever we are sitting/standing/lying on, the movement of the breath as it enters and leaves the body, the arising and falling away of thoughts, body sensations and emotions – it is simple, and it is also a profound practice, and is called a practise because it takes time to learn to bring into, particularly, those moments when we are catapulted back into old patterns and reactions. One of the metaphors I sometimes use with clients here is of a catapult with a soggy elastic that has lost its spring, and we are left with the Y shape of the catapult, as one client put it 'To remind me to say YES to allowing myself to be with ME.'

A short mindful practice to help us to notice what is arising for us in the moment: PAUSING

Just PAUSING in what you are doing... bringing your attention to your body sitting here... and to the movement of your breath... feeling the flow of the in-breath and out-breath against the nostril or the mouth... And just breathing in this way for a few breaths... and then coming out of the PAUSE for Mindful Reflection.

All Things Pass

All things pass,
 a sunrise does not last all morning
 All things pass
 a cloudburst does not last all day,
 All things pass,
 Nor sunset all night.
 What always changes
 Earth.. sky.. thunder
 Mountain...water
 Wind...fire...lake
 These change
 And if these do not last
 Do man's visions last?
 Do man's illusions?
 Take things as they come.
 All things pass.

– Lao Tzu

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