

# **Avoidance, Vicious Cycles, and Experiential Disconfirmation of Script: Two New Theoretical Concepts and One Mechanism of Change in the Psychotherapy of Depression and Anxiety**

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## **Abstract**

This article presents an argument for the clinical and empirical relevance of case study material. Drawing on a series of systematic case studies based in Stiles's (2007) model of theory building, the author proposes adding the concepts of *avoidance* and *vicious cycles* to standard transactional analysis and offers case material to illustrate the usefulness of doing so. Avoidance and vicious cycles are proposed as key mechanisms in the maintenance of the client's problems, specifically depression and anxiety, but also in relation to other presenting problems. The article also proposes *experiential disconfirmation* as an active change mechanism in transactional analysis therapy whereby the therapist actively challenges the client's life script and promotes change at an experiential level. These concepts forge links between several transactional analysis concepts and provide a unifying framework for a range of TA therapy approaches.

## **Keywords**

transactional analysis psychotherapy, avoidance, maintaining factors, change mechanisms, theory building, case study research, depression, anxiety.

## **Theory Building and the Origins of Transactional Analysis**

Much of transactional analysis theory, which was developed by the members of Eric Berne's San Francisco Social Psychiatry Seminars, had its origins in client case material. Clients would bring up issues in sessions with seminar members, almost all of whom were professionals in the mental health field, and those clinicians would then present case material to the seminars and collaborate to develop original transactional analysis theoretical explanations about what was going on for the clients and how their problems could be understood. These theories would be tested by members applying those explanations to other cases to assess the explanatory power of the new theory.

### *Why Extend Transactional Analysis Theory?*

Unfortunately, no therapeutic model is a panacea. Despite its flexibility and capacity to explain a wide range of phenomena, there are many aspects of intrapsychic and interpersonal process and behaviors that TA currently does not adequately address or conceptualize. Each problem that we encounter as practitioners requires our attention and potentially either confirms or challenges our theory. Not only do we need to continually develop our theory, but we also need to continually extend our repertoire of interventions. The theory and practice of transactional analysis is continuously evolving as a living approach to psychotherapy, counseling, education, and organizational development.

### *Theory Building Case Study Research*

The "theory building" approach to systematic case study research in psychotherapy has largely been documented by Stiles (2007). He argues that the level of rich data and detailed analysis that a case study yields means that this method of research is ideally placed to develop, test or refine theories. The researcher examines the case and the explanatory theory, "reconciling it with observations. ... [and] eliminating or modifying aspects that do not square with observations and extending the theory as new phenomena are observed." (Stiles, 2010, p. 2)

Widdowson, 2013a, pp.111-112)

The theory building approach that Stiles advocated differs from Popper's (1959) principle of falsifiability. Within the latter, if a disconfirming example is found, the theory is considered invalid. With a theory building approach, theories that are disconfirmed in some way are not necessarily abandoned but instead adjusted or amended to account for the new data or observed phenomenon. This approach lends itself particularly well to case study research. Each case is likely to have aspects that confirm existing theory as well as aspects that either do not fit or are unexplained by this existing theory.' (Widdowson, 2013a, pp.111-112)

The material presented in this article is based on a series of systematic case studies that examined the process and outcome of brief (16-session) transactional analysis psychotherapy for the treatment of depression with clients in community-based routine practice. This was conducted as my doctoral research project (see Widdowson, 2013a). The process of transactional analysis psychotherapy in these cases was investigated, and several mechanisms were identified that have not been previously explicitly articulated within the TA literature.

### **The Starting Point: The Purpose of Homework in Transactional Analysis Therapy**

Documented in each of the case studies I reported on was how the therapists had promoted the use of between session homework to facilitate the client's change process.

Analysis of the cases suggested that the use of homework was primarily intended to serve two purposes: firstly, development of self-awareness, and secondly to promote behavioural experimentation to challenge specific maladaptive patterns. TA therapists traditionally promote active change in their clients and will negotiate with the client to plan specific actions that they believe will help the client move towards their overall therapy goals (Stewart, 2007). Analysis of the case studies highlighted an implicit conceptualisation that drives this process—namely challenging of avoidance. ... This is of theoretical significance because although avoidance is acknowledged in several therapy approaches and has links to several aspects of TA theory, there is not a specific TA concept relating to avoidance. TA theory would benefit from an explicit conceptualisation of avoidance, thus making a useful extension to existing TA practice. Avoidance would fit most closely within the concept and taxonomy of passive behaviours (Schiff et al., 1975). This extension of TA theory could give rise to a clear framework for intervention related to avoidance that would strengthen the application of TA therapy with this client group. (Widdowson, 2013a, pp. 327-328)

Avoidance was referred to in the cases of Peter, Denise, Tom, and Linda (all in mediator and moderator factors) (see Widdowson, 2012a, 2012b, 2012c, 2013b).

### **Avoidance**

Avoidance is a chosen (non) activity whereby the individual does not do something (which may be a behavior, thought, or feeling) in order to avoid some kind of perceived discomfort. Thoughts, feelings, memories, fantasies, interpersonal events, physical sensations, and other internal and external events and situations all can be avoided. Avoidance can be of present or fantasized future stimuli.

### *Links to Existing Psychotherapy Theory*

Many other theories of therapy include within them the concept of *avoidance*. From the time of Freud (1922) (added to end references) and his writings on the pleasure principle, psychodynamic thinking has acknowledged the existence of avoidance. Within psychodynamic theory, it is assumed that individuals experience a range of thoughts, feelings, impulses, and fantasies, some of which they feel conflicted about. The emotions, thoughts, fantasies, and impulses that generate conflict are dynamically repressed by the unconscious, which employs a range of defense mechanisms to avoid these experiences. Unfortunately, this process creates considerable intrapsychic tension than then results in the development of a range of symptoms. Within psychodynamic theory, the road to psychological health involves the gradual integration of these experiences and a reduction in avoidance and the resulting internal conflict.

A similar process is implicit in the transactional analysis concept of *deconfusion*, which involves the identification, allowing, and expression of feelings that were originally repressed (or avoided in some way) and are still held in some way in the Child ego state. Similarly, the resolution of the (Erskine and Zalcman, 1979; Erskine and O'Reilly-Knapp, 2010) requires the identification and expression of the feeling(s) that the individual has repressed and which drive the maintenance of the script system..

In relation to the script system—which might better be characterized as a negative associative network—the client can be seen to be repressing some affect, which drives the whole system. It is my experience that in depression, the repressed affect is often positive feelings about the self and not anger or sadness, as is commonly presumed (see Widdowson, in press). As part of the implicitly learned associative network, the client will experience anxiety and have some negative fantasies about what he or she fears will happen if the repressed feeling is allowed and expressed. Thus, the concept of avoidance is central to understanding and working with the associative network of the script-in-action and also links to psychodynamic concepts of defense mechanisms and the avoidance of impulses, urges, and feelings that are conflictual or forbidden in some way.

Avoidance has at its heart a positive intention. The desire that fuels avoidance is the drive to reduce pain, discomfort, and distress. This is a perfectly natural urge, one that is in keeping with humanistic principles such as *physis* (Berne, 1972) and the actualizing tendency (Rogers, 1961). However, the desire to avoid distress also contains an element that may have its origins in the infant's or young child's inability to process and regulate his or her emotions. The infant is unable to tolerate and manage intense feelings without an external regulating other (Schore, 2003). To the infant, distress feels intolerable, overwhelming, and dangerous and threatens to annihilate. Through repetition, and in the absence of a good-enough parent (Winnicott, 1965), this perception that distress is overwhelming is likely to become fixated and recorded within the Child ego state. Magical thinking and the desire for a state of bliss becomes reinforced later by parenting and societal messages that tell us that distress is somehow wrong rather than a natural state of being. Distress and pain are unavoidable; we all have to face them throughout our lives.

Avoidance appears similar to the transactional analysis concept of *passivity*. Schiff (1975) and her colleagues identified four passive behaviors: doing nothing, overadaptation, agitation, and incapacitation or violence. "The passive behaviors are the internal as well as the external actions people employ to avoid autonomous response to stimuli, problems, or options" (p. 10). Given this definition, it appears that avoidance is an overarching concept that connects different passive behaviors at the level of their purpose or intention. Alternatively, avoidance could be considered to be a fifth passive behavior. Somehow, avoidance seems both similar to these behaviors and also different. It is most similar to doing nothing.

Doing nothing involves a nonresponse to stimuli, problems, or options. Rather than ... patients' energy being channeled into action, it is utilized to inhibit responses. While doing nothing, patients are usually aware of being uncomfortable and of their own identity, but they do little thinking about what is happening. (pp. 10-11)

A closer look at avoidance suggests that, indeed, it is different from doing nothing. In particular, avoidance has the feel of a more active choice, which the individual engages in as an attempt to reduce some current or near-future discomfort. In other words, when people engage in avoidance, they tend to consider what they are doing to be helpful or at least desirable in some way. Structurally, it can be viewed at its most basic level to be a contaminated Adult process (i.e., the individual mistakenly believes that his or her actions are based on here-and-now reality) based on an earlier Adult in the Child ( $A_1$ ) strategy to reduce discomfort.

### *The Role of Avoidance in Depression and Anxiety*

Avoidance is known to be a contributing/maintaining factor and feature of depression and anxiety disorders (Trew, 2011). For example, the hopelessness, anhedonia, and low mood that characterize depression predispose depressed individuals to avoiding activities, even though doing so results in a reduction of positive stimulus that, in turn, maintains the depression. Although avoidance can lead to short-term relief, it does not solve the underlying problems and can generate new problems or exacerbate existing ones, thus contributing to maintaining the depression (Jacobson, Martell, & Dimidjian, 2001; Manos, Kanter, & Busch, 2010; Martell, Addis, & Jacobson, 2001; Trew, 2011). Depression is also associated with (unsuccessful) attempts to avoid certain thoughts, feelings, and sensations (Cribb, Moulds, & Carter, 2006; Nolen-Hoeksema, 2000; Trew, 2011; Tull & Gratz, 2008). Furthermore, depression triggers a range of problematic interpersonal behaviors such as avoiding socializing, failing to resolve interpersonal conflicts, and complaining, all of which contribute to the erosive effects of depression on relationships (Joiner, 2000). It is believed that avoidance is also connected to negative attentional bias in depression, which results in a self-perpetuating activation of memories, thoughts, feelings, and ways of interpreting stimuli (Trew, 2011). In transactional analysis terms, this means that avoidance may sustain the ongoing activation of a depressogenic script system or, to use the phrase I prefer, a depressive associative network. Also, avoidance seems to require the use of discounting or, at the very least, a lack of appropriate and accurate Adult information.

The link between avoidance and depression has considerable empirical support and has been supported by research

into therapy strategies that target avoidance. These have been demonstrated to be effective in treating depression (Cuijpers, van Straten, & Warmerdam, 2007). In one study, depressed clients who had generated therapy goals that were more focused on avoidance (i.e., on avoiding something or using negatively worded goals) were more symptomatic at the end of therapy than those who developed goals that were more focused on approach (i.e., on what the individual would gain or move toward). Researchers have hypothesized that this was because avoidance set a negative frame of mind that contributed to maintaining depressive symptoms (Wollburg & Braukhaus, 2010).

Avoidance is often experienced in anxiety disorders and is a key feature of phobias, social anxiety, and posttraumatic stress disorder. A technique central to cognitive-behavioral therapy (CBT) treatment of anxiety disorders is exposure to the feared situation; that is, the therapist invites the client to systematically and repeatedly face the feared situation while learning how to manage and regulate his or her anxiety (Wilamowska et al., 2010).

McCullough Vaillant's (1996) model of short-term psychodynamic psychotherapy and Wachtel's (2010) relational model of cyclical psychodynamics also draw on the therapeutic use of exposure to some feared affect in order to help clients overcome their anxieties around feared emotional experiences by allowing such experiences into their awareness and expanding their capacity for affect regulation and expression, thereby reducing intrapsychic conflict.

Thus, avoidance is not only a product of a range of problems, but it also sustains them. In the case examples presented in the following section, we see how the client's problem or symptom leads to an urge to avoid some immediate unpleasant experience, even though doing so has consequences that inadvertently reinforce and exacerbate the problem or symptom.

### Vicious Cycles

Each aspect of transactional analysis theory can complement other aspects, all of which can be considered to hinge on the concept of life script. For example, an individual may use mechanisms of discounting to reinforce and maintain his or her script. Similarly, people get into games that also reinforce their script and lead to racket feelings. Individuals have a series of complex and mutually supporting intrapsychic and interpersonal processes that maintain and entrench their script. A disorder or problem can be conceptualized as a wide-ranging system of maladaptive and mutually supporting interpersonal and intrapsychic processes. Clearly, effective therapy involves seeking ways to disrupt and change these processes and support the client in generating new, healthier, and more adaptive growth-oriented processes.

One observation from the author's research was “(see comment inserted below about this) that the therapists ... all actively sought to help their clients break patterns of behaviour that might likely (inadvertently) reinforce their depression. This appears to have been a conscious therapeutic strategy. However, no direct theoretical concept has been described in the transactional analysis literature that offers a theoretical basis for this approach, although it is at least implicitly a part of the method of confrontation (Berne, 1966/1994; Schiff, 1975; Stewart, 2013; Woollams & Brown, 1979).

One theoretical extension that might accommodate this observation is the idea of *vicious cycles*. This concept is similar to one used in behavioral therapy (Garland, Fox, & Williams, 2002; Veale, 2008) and cognitive analytic therapy (Ryle & Kerr, 2002): A client's symptoms (e.g., depression) lead to a series of avoidant or maladaptive behaviors or patterns (such as social withdrawal) that, in turn, reinforce the symptom (e.g., a lack of positive experiences reinforces depression). For transactional analysis, a theory of vicious cycles offers a useful practical heuristic bridge between the concept of passivity and idea of the script system.” Widdowson, 2013a. p. 328.

Vicious cycles can also be conceptualized as an observable link between discounting and script reinforcement. In transactional analysis, script used to be viewed static and unchanging, although at this point many transactional analysts have challenged this view (Allen & Allen, 1997; Cornell, 1988; Newton, 2006; Stuthridge, 2010). My view is that many disorder processes seem to activate what can be referred to as *script deterioration*. That is, as the disorder progresses, the person's script deteriorates in the direction of greater dysfunction and impairment, and the individual's problems become more entrenched. In this sense, the individual is caught in a vicious cycle that both sustains and worsens his or her problems.

Avoidance is one way that vicious cycles may be instigated. For example, someone feels depressed so he or she avoids social contact, which results in a reduction in enjoyable experiences and positive strokes. This leads the person to feel isolated and joyless, which worsens his or her depression (see Figure 1).

Figure 1 about here  
A Depression-Social Isolation Vicious Cycle

Indeed, many depressive symptoms and processes are an attempt to regulate feelings, although, in fact, they paradoxically make them worse and reinforce the depression (Greenberg & Watson, 2006). For example, a central aspect of depression is intense self-criticism, which the individual often thinks is necessary to motivate him or her. This self-criticism undermines self-confidence and leads to increased hopelessness, which in turn makes the person withdraw and avoid activities. This then makes the person feel worse and increases his or her self-criticism (usually this means a self-critical ego state dialogue). Clients with social anxiety avoid situations in which they have to face their fear as a way of managing the uncomfortable feelings they would otherwise experience. Doing so reinforces their script system beliefs (Erskine & O'Reilly-Knapp, 2010) that there is some kind of danger in the feared situation and that their feelings would be intolerable. The lack of experience in tolerating, managing, and overcoming their discomfort reinforces their beliefs that they will not be able to cope and that they are in some way inadequate. This further undermines their confidence and self-esteem and makes social avoidance more likely in the future. Being stuck in a pattern that is intended to avoid discomfort actually ends up maintaining the problem, which is a key feature of many of the issues with which these clients present.

### *Case Examples*

Anusha came to therapy depressed and despondent. Her self-esteem was almost nonexistent. She was overweight and described how she “hated being so fat.” Because she felt so bad about her appearance, she would turn to sweets and snack food for comfort. This had a predictable and reliably soothing effect, although it was short lived. Afterward she would be angry at herself for eating so much, which would lead to an increase in her self-criticism, a lowering of her self-esteem, and an increase in her distress. Eventually, those feelings would send her back to bingeing again (see Figure 2).

Figure 2 about here

#### Anusha's Depressed-Comfort Eating Vicious Cycle

Laura came to therapy for treatment of her depression. She had a small group of close friends who had met for dinner and drinks every Friday for several years. Early in therapy she reported how she had not seen her friends for 2 months because she felt so depressed and could not face going out. She also believed that she had nothing to offer and that her mood would only bring other people down. Instead, she stayed at home and felt increasingly isolated. She criticized herself for “letting her friends down” and for “being so miserable all the time.” These feelings of isolation and self-criticism then reinforced her negative script beliefs and deprived her of valuable positive strokes. That meant that her structure, stimulus, and recognition hungers (Berne, 1964) were not being met. All of this set up a vicious cycle that not only maintained her depression but made it worse (see Figure 3).

Figure 3 about here

#### Laura's Vicious Cycle

Adam also came to therapy for his depression. Although he made considerable progress, he struggled with daily arguments with his wife and teenage children. These left him depressed and despondent. He was often tense and impatient and had strong expectations about how things should be done. He would arrive home feeling stressed, angry, and irritable and would then start complaining to his family about the house being untidy and so on. Adam would quickly become angry, escalate into shouting, and get into an argument. Afterward, he not only felt upset about the argument but also filled with self-loathing for having started it and for shouting at his family. This, in turn, reinforced his script beliefs about being “a bad person.” He would then be angry (with himself) and tense when arriving home the following day, which set the scene for another argument (see Figure 4).

Figure 4 about here

#### Adam's Angry-Depressed Vicious Cycle

In therapy, Adam realized that for this pattern to change he had to learn to keep quiet and not be so quick to complain and shout. This took considerable effort at first, but it quickly paid off. Using this social control technique (Berne, 1961), the atmosphere at home improved rapidly, and his wife commented that he had been calmer. Over a few weeks, his home life transformed. Everyone was much calmer, and his relationships with his wife and children substantially improved. Because his script beliefs were not getting daily reinforcement, his gains in therapy were

quicker and deeper than they had been.

### *Addressing Vicious Cycles*

These case examples illustrate the vicious cycle in action but not necessarily what interventions were used by the therapist to interrupt these script-based patterns. In these cases, the therapist initiated a collaborative discussion with the client that was intended to identify and elaborate on the key aspects of his or her vicious cycle. The initial aim was to assist the person in developing greater self-awareness about the operation of these cycles in his or her life and the role they played in maintaining his or her problems. Each point in the vicious cycle provides an opportunity to interrupt the pattern in whatever way the client finds most agreeable. What may appear to be simple or superficial changes in behavior can have quite a substantial impact (e.g., as was the case with Adam).

The three examples just described show how each client engaged in behavior that was intended to reduce discomfort but that actually contributed to the maintenance of his or her problem. I recommend that transactional analysis practitioners work with clients to identify vicious cycles that may be maintaining their problem. The work can then focus on how the person can break these patterns and find ways of problem solving. It is important to note that often breaking up such vicious cycles will initially generate discomfort but that pushing through it will generally result in improvement. Vicious cycles can often be identified by asking clients if there is anything they avoid doing as a result of their symptoms or what they generally do to manage their symptoms. As the client describes his or her coping strategy, the therapist can ask if it is a short-term or long-term coping strategy, that is, whether it relieves discomfort only in the short term or results in any kind of lasting benefit. It can also be useful to ask if there might be any negative, longer-term consequences of that approach. Clients will often understand quickly that their coping strategy is only a short-term solution. Such realizations need to be handled sensitively because they can be problematic, especially for individuals with depression who are often self-critical and prone to self-blame. In such cases, it can help to give the client positive strokes for coming up with a short-term strategy and then guide his or her thinking to make sense of the overall vicious cycle the strategy sets up and generate positive alternative behaviors that break the pattern.

### **The Principle of Systematic Experiential Disconfirmation**

TA therapists tend to pay close attention to the client's life script and its manifestations. The therapists in the three best outcome cases from the research (see Widdowson, 2012a, 2012b, 2012c) all actively and deliberately managed the therapy to avoid inadvertently reinforcing the client's life script in the therapy process. Instead, the therapists appeared to focus on challenging their client's life script. The evidence here suggests the therapists were working with an implicit principle that could be described as *systematic experiential disconfirmation*. This process has not previously been articulated in transactional analysis theory and constitutes a proposed additional extension to TA practice as a therapeutic strategy. Experiential disconfirmation integrates cognitive, affective, behavioral, and relational aspects within a perspective informed by transactional analysis developmental theory. For the clients in my study, interpersonal learning and changes in their ways of communicating and relating to others were important parts of their change process. (Widdowson, 2013a, p. 329).

The process of systematic experiential disconfirmation was particularly clear in the cases of Denise (Widdowson, 2012b) and Alastair (Widdowson, 2014). The therapists in each case identified key aspects of the client's life script early in the therapy and then sought to draw the client's attention toward experiences that disconfirmed their script expectations and also avoided unhelpful script reenactments in a systematic manner throughout the therapy.

Systematic experiential disconfirmation goes beyond simply not stroking the client's script and encompasses several key features: Transactional analysis therapy (1) should be systematic, (2) is most effective when it is experiential, and (3) should seek to repeatedly and systematically disconfirm the client's script at both explicit and implicit levels. My view is that relearning and retranscribing problematic implicit memories are significant change mechanisms. Indeed, the life script can be seen as a series of problematic implicit memories and the subsequent elaboration of them in the individual's psyche. As transactional analysts, we believe that our interpersonal transactions form our intrapsychic structure, and our intrapsychic structure forms our interpersonal transactions. These are not mutually exclusive systems but are continually interacting and influencing each other; a change in one system effects a change in the other. I also propose that transactional analysis therapy is at its most effective when the principle of systematic experiential disconfirmation is implemented in the context of sustained moderate levels of emotional arousal.

### *Links to Other Aspects of Transactional Analysis Theory*

Systematic experiential disconfirmation is not the same as the antithesis intervention described by Berne (1964), which was often a decisive statement that was intended to challenge the client's game and, ultimately, his or her script. This might be likened to a spell breaker in a fairy tale. In my experience, while they might be dramatic or have some immediate potency, antithesis interventions are all too often short lived in their effectiveness. A more systematic and experiential approach is usually needed for substantial, lasting change.

The cathexis approach to transactional analysis (Schiff, 1975) actively used confrontation to challenge the client's script. While confrontation can be a valid and sometimes appropriate therapeutic intervention, its use can also be experienced as harsh. Or it may be unproductive because the client may (at least at some level) hear the confrontation but discount it due to fear of moving out of script. Alternatively, if there is no experience available to back up the confrontation, the client may disbelieve it and therefore discount or minimize it in some way. The use of systematic experiential disconfirmation provides an alternative to confrontation that is more palatable to clients and may be experienced as having greater potency because of its immediacy.

Woollams and Brown (1979) referred to "script disruption" (p. 237) whereby the therapist repeatedly interrupts the client's script process type (e.g., until, almost, after, always, never) (Berne, 1972). In their treatment sequence, they also proposed a stage of relearning that involved the client doing, thinking, or feelings something that directly challenged his or her script and thus invited him or her into greater discomfort temporarily (I. Stewart, personal communication, 21<sup>st</sup> August, 2013).

For disconfirmation to take place effectively, the therapist must ensure that the client has sufficient protection and permission (Crossman, 1966) to move out of his or her script. In doing so, the therapist provides an experience (either in a therapy session or prompted by work in a session) that demonstrates to the client's Child ego state that it is both safe and productive to move out of script. As is common in transactional analysis therapy, the therapist strokes the client for each movement out of script (Steiner, 1974 Stewart, 2013), thus reinforcing the person's change. Furthermore, the client's script will contain a series of expectations about how he or she and others will react in relationships. The therapist can then seek to provide alternative experiences for the client, avoid acting in ways that might confirm the client's script, and/or invite the client to interpret experiences in a way that is at odds with his or her script expectations. This has similarities to the corrective emotional experience method proposed by Alexander, French & Bacon (1946). Within systematic experiential disconfirmation, the client's attention is drawn toward some experience that disconfirms one or more aspects of his or her script. This is not, however, a solely cognitive process but rather combines observation, attention, cognition, and moderate levels of affective arousal with reflection and (co)construction of new meaning based on the experience. For example, the methods developed by Goulding and Goulding (1979) were highly experiential in nature. Their work involved stimulating emotions by the use of heighteners (McNeel, 1976) and inviting clients to generate new meaning in a combined cognitive-affective process. After a redecision had taken place, the Gouldings would invite clients to make a contract that would reinforce and anchor their change (Goulding & Goulding, 1979).

Recently, the relational approach to transactional analysis (Hargaden & Sills, 2002) has become popular, with adherents seeking to stimulate, intensify, and interpersonally process transference phenomena and engage clients in a process of mutual understanding script enactments. Little (2013) discussed the importance of the therapist participating as both an old object and a new object for the client.

The redecision and relational approaches to transactional analysis therapy are linked by a common change mechanism: experiential disconfirmation of the client's script. It is possible that both methods can be combined to create a therapeutic arena that emphasizes experiential change in a manner similar to switching between therapeutic modes of action as proposed by Stark (2000). Thus, systematic experiential disconfirmation is proposed as a unifying mechanism of change across many different approaches and interventions within transactional analysis.

### **Conclusion**

This article proposes several additions to transactional analysis theory that can act as unifying principles to highlight client process (avoidance), factors that maintain problems (vicious cycles), and a process and mechanism of change (systematic experiential disconfirmation). Although these models may suggest a simple behavioral approach to psychotherapy, I suggest that they can provide a framework for deep, lasting change. Specifically, the desirability of experiential change has been emphasized. The material presented in this article has been drawn from case study research using Stiles's (2007) theory-building approach. Further research that examines the validity of these proposed theoretical extensions to transactional analysis theory is warranted. Psychotherapy process research that investigates

the key change mechanisms operating within a particular therapeutic approach has much to offer and can assist us in our quest to promote client change more effectively and efficiently.

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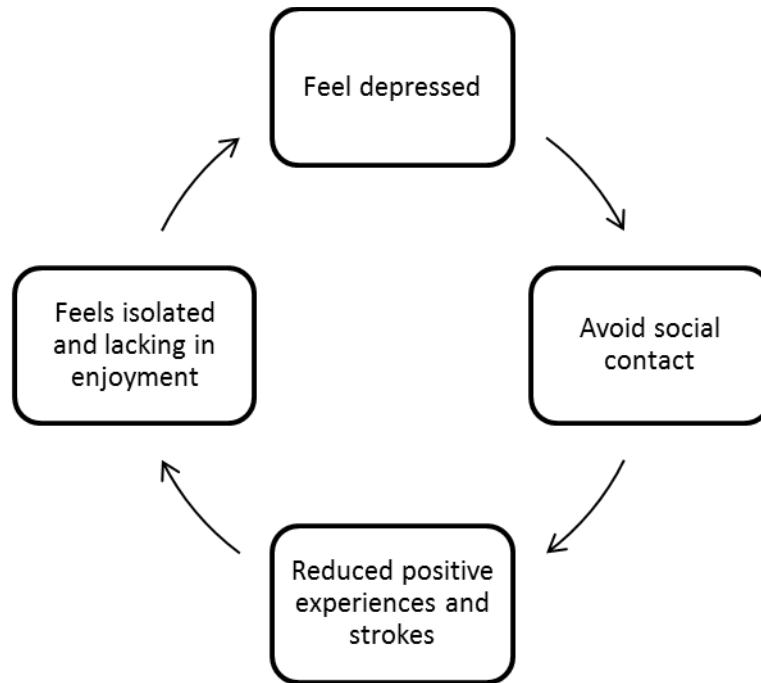


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**Figure One:**



**Figure Two:**

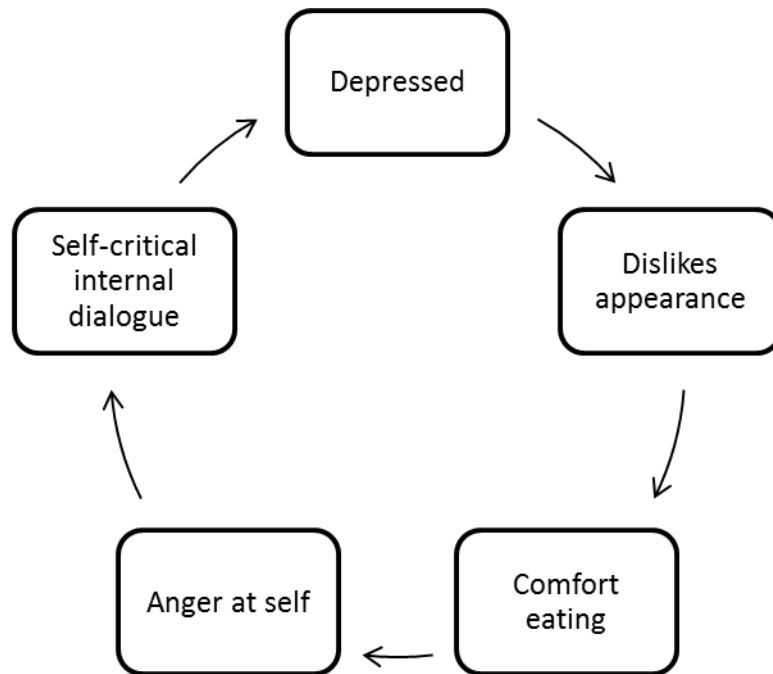


Figure Three:

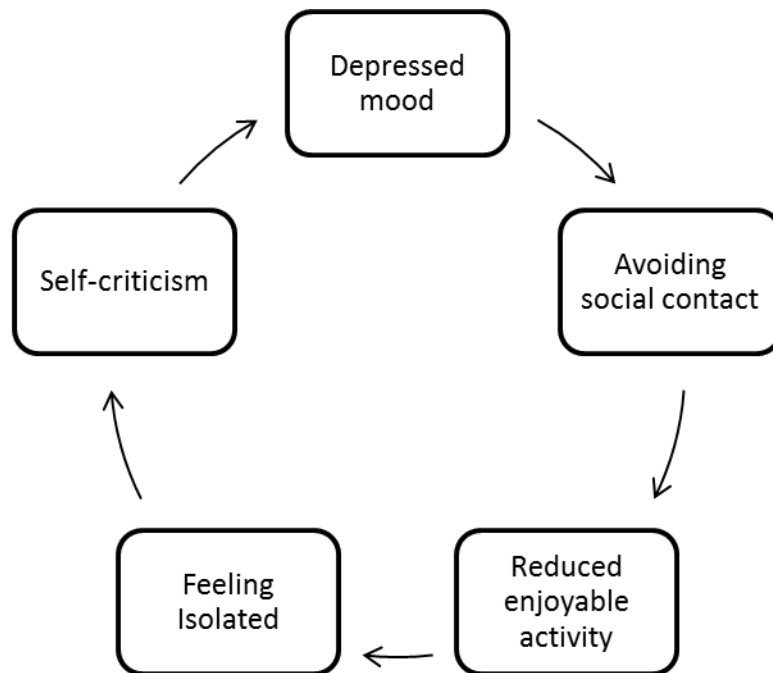


Figure Four:

