Interactional Psychotherapy

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e-Book 2016 International Psychotherapy Institute

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DEFINITION

Interactional Psychotherapy is a treatment process that depends almost exclusively on the therapist-client interaction for enacting change. The focus in the therapy is on the maladaptive behavior patterns that the client uses to structure his relationships. Labeled "strategies," these patterns are highly manipulative and lead ultimately to a breakdown in his relationships with others. Interactional Psychotherapy is based on the premise that the client will invoke strategic maneuvers in treatment and attempt to structure his relationship with the therapist in much the same way as he does with other significant figures in his life.

Of the many strategies that exist, the four most commonly seen in therapy are Sexuality, Dependency, Martyr, and Power strategies. Each represents, respectively, the exploitative use of eroticism, help-seeking, ingratiation, and control in human relationships. The task of the therapist is to establish the conditions that allow the strategy to be expressed in the treatment setting. Once this is accomplished and the strategy emerges, the therapist can respond to it in such a way as to help the client interact in new

and more adaptive ways.

HISTORY

Interactional Psychotherapy is a relatively new technique, although its underpinnings can be found in a number of interactional approaches to personality. Eric Berne, Robert Carson, and Erving Goffman are but a few of the writers who emphasize the way human interaction and pathological behavior are related. Interactional Psychotherapy is the natural derivative of such approaches since it articulates precisely how the therapist-client interaction can be used to modify maladaptive behavior.

TECHNIQUE

The interactional therapy process is comprised of five relatively distinct stages. They are:

Stage One: Hooking

Stage Two: Maladaptive Strategies

Stage Three: Stripping

Stage Four: Adaptive Strategies

Stage Five: Unhooking (Termination)

Each stage encompasses a relatively discrete set of techniques and a corresponding shift in the client's behavior. The goal of treatment is to guide the client through these stages to provide him with a series of sequential learning experiences. This in turn leads to the replacement of maladaptive strategies by more adaptive ways of relating.

At the beginning of the treatment process the therapist must establish the conditions that will enable him to become a significant figure in the client's life. Through a combination of support and mild advice giving, the therapist transforms himself from a distant "expert" into someone warm and caring, someone capable of being regarded as a "significant other" (someone who plays an important role in one's life). After this is accomplished, as indicated by the client's wanting to come to therapy rather than feeling he needs to, the first stage of treatment — hooking — is completed.

The client's maladaptive patterns then begin to emerge, marking the beginning of stage two. This occurs as the client comes to view the therapy relationship as one that potentially can gratify relational needs. The client, therefore, begins to use the same strategy with the therapist as he does with other important figures in his life. In the beginning, the strategy is expressed in vague and indirect ways. The therapist's job in this stage consequently is to transform indirect expressions of the client's strategy into clear, unambiguous statements. What this means is that the therapist must allow

himself to become the target of the client's strategy. This is done so that the strategy can be dealt with effectively in an experiential fashion.

Stage three — stripping — is the phase of treatment in which the client's strategy is confronted, challenged, and eventually refuted. By refusing to be manipulated while simultaneously affirming the relationship, the therapist chips away at the strategy and "strips" the client of his major way of relating to people. The stripping stage tends to be an extended phase of therapy since clients do not easily give up what they have come to depend upon so desperately. Often it is a tumultuous phase. But unless it is successfully negotiated, the client will not experience what it means to be in a relationship that is strategy-free.

The fourth, or adaptive, strategy stage is marked by self-revelation on the client's part and by transactional feedback on the part of the therapist. For perhaps the first time in his life the client begins to reveal some very basic doubts about himself. Very often these have to do with detachment from others and deep doubts about his ability to care. Almost always, issues of self-worth and self-esteem emerge.

This is the stage of therapy in which issues of identity are delved into in detail. With strategic behavior patterns weakened, the client can now explore more productively how his identity is confirmed in his interactions with

others. It is here that therapist feedback has its greatest impact. Because the therapist has become a "significant other," and can now communicate without having to cope with strategic roadblocks (extreme dependency, seduction maneuvers, etc.), he can help the client appreciate how his maladaptive behavior patterns undermine his relationships with others.

The final stage — unhooking — marks the beginning of a letting-go process. The major learning of therapy has already taken place. The client has survived a relationship with a meaningful figure without having to rely so heavily on his strategic maneuvers. Bolstered by this experience and armed with some of the rudimentary interpersonal tools of human interaction, he now is in a much better position to form meaningful productive relationships outside the therapy. As outside relationships become more gratifying and the cost of staying in therapy outweighs the benefits, the therapy comes to a close.

APPLICATIONS

To the extent that most maladaptive behavior patterns can be depicted in strategic terms, Interactional Psychotherapy is applicable in a variety of contexts. The system has been described in one-to-one terms merely for descriptive purposes. It is equally applicable in group therapy, marital counseling, family therapy, and other therapy settings involving more than a

single client. The main difference in multiperson contexts is that the therapist focuses less on his role as target and more on the way participants target one another. Other differences exist (Cashdan, 1973) but they have more to do with changes in specific techniques than with major alterations in the therapy process.