PATIENT-THERAPIST RELATIONSHIP IN MULTIPLE PSYCHOTHERAPY. I

Its Advantages to the Therapist

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Multiple psychotherapy has been defined by Dreikurs as "all forms of therapy where several therapists treat a single patient simultaneously."[1] Perhaps the earliest use of the method was in Adler's child guidance clinics in Vienna where, beginning in the early 20's, Adler used the method for its therapeutic effectiveness. Children responded, when their problems were discussed sympathetically in front of them, sometimes better than they did when the discussion was directed to them.[2] A technique called the "joint interview" was developed in a hospital clinic in Cleveland by Reeve.[3] Reeve started this procedure for teaching purposes for social workers, but soon perceived its value as a therapeutic method. Adults responded with an acceleration and expansion of therapeutic progress. Hadden describes the use of multiple psychotherapy for teaching purposes.[4] Whitaker et al. successfully used the technique of bringing in a second therapist to handle the psychotherapeutic impasse.[5] Haigh and Kell mention that there is a therapeutic advantage in the use of this method, but in their study were interested in its value for training and research.[6]

The purpose of this paper is to show how the technique of multiple psychotherapy is of special advantage to the therapists in their treatment of the patient. A subsequent paper will show what the advantages are to the patient when this technique is utilized.

At the present time, the writers' general procedure is as follows: The patient is seen at his first interview by one of the therapists, usually the senior psychiatrist. He assigns the patient to another therapist and continues as consultant therapist. The second therapist now becomes the active therapist and starts by investigating the patient's early childhood, the formative period of life. The writers have found this method useful in overcoming resistance to the introduction of a second therapist, since its similarity to a referral for a laboratory or psychological work-up is understandable to the patient. Collecting the necessary information usually requires two interviews, during which a good therapeutic relation-

ship with the patient is established. The first multiple interview then takes place. In this session, both therapists discuss the significance of the material that has been obtained, using care and good sense in the interpretations offered to the patient. The patient mostly listens but is encouraged to participate. The active therapist then continues with the patient, according to a therapeutic plan which evolves in each multiple interview. Frequent multiple interviews are scheduled regularly, ranging from every alternate interview to every fourth or fifth, depending upon the requirements of the therapeutic situation. Sometimes it is helpful to have several consecutive multiple interviews, and sometimes it is helpful for the active and consultant therapists to switch roles. The techniques used and relationships developed are described more fully by Dreikurs.[1]

The writers have found multiple psychotherapy to be of value to the therapist in the following ways.

1

Multiple psychotherapy has the obvious advantage of offering the opportunity of constant consultation between two therapists. The therapists can be more sure of their accuracy in diagnosis, interpretation, and choice of procedure. There is constant opportunity to check one's work with patients. This is invaluable for all therapists no matter what the extent of their experience. The consultant therapist can always bring a new, and perhaps corrective, perspective into the therapeutic situation, regardless of whether he is more or less experienced than the active therapist. Multiple psychotherapy is therapeutic teamwork. Its advantages can be seen in the following example:

Patient A. was the younger of two sons. He was ambitious but discouraged at his inability to live up to his high ideals. He had strong feelings of inadequacy in relation to his brother who was a success by conventional standards. The patient had compensated for his feelings of inadequacy by developing higher moral and intellectual standards which, he felt, made him superior to his brother. He made rapid progress in the early stages of therapy, began to work enthusiastically, improved his relationship within the family and was having dreams in which he was successful and aggressive. Progress stopped, although neither patient nor active therapist knew why. In the multiple interview, the consultant rec-

ognized something the active therapist had missed. The patient had made progress because he had stopped trying to live up to his "ideal image," but he had not relinquished his assumption that he was inferior. Progress began again after this interview.

2

Individual psychotherapy takes place in an artificial atmosphere which may permit the patient to adjust to the limited relationship with one person, often through an emotional involvement. The introduction of a third person upsets this equilibrium and may result in the patient's revealing more of his natural reactions. This permits both therapists to evaluate the patient's attitudes and progress. Patients sometimes remain on very good behavior through a desire to please the active therapist. The presence of the second therapist is often disturbing enough to the structure of the situation so that the patient is more likely to exhibit more fully his disturbed relationships with people. Example:

Patient B. was the baby in her family. Being unsure of her own strength she was exceedingly dependent on other people for approval. She was in her late 20's and rather attractive. She had been dating a man for several years. She felt she did not like him well enough to marry him, but could not bear to hurt his feelings by letting him down. In therapy she had difficulty in verbalizing, since she was never sure of the therapist's reaction to what she might say. She was "making progress" in therapy, trying to behave the way she felt the therapist wanted her to. In one of the multiple interviews, the two therapists disagreed on a minor point, and as is their custom, asked the patient to state her opinion. The patient was completely blocked and confused. It was then pointed out to her that she could not talk for fear of displeasing one or the other of the therapists. She could see that the therapists could disagree without hurting each other's feelings, but her single, and typical, response was an apology for not being able to say anything. This incident provided the patient with a dramatic experience and permitted her to recognize more fully her faulty attitude.

3

When a therapeutic impasse arises because of the patient's strong resistance or because the therapist has inadvertently gone up a blind alley or fallen into a non-productive rut, the multiple

interviews offer a fresh approach, a disruption of a relationship which has become too rigidly set, a reconsideration of issues, and, if necessary, a switch in therapists.

Patient C. suffered from feelings of personal inadequacy in any situation in which he could not maintain a position of superiority. After first making progress and improving his personal relationships, he became depressed. At a multiple interview, both the patient and the consultant therapist recognized the sibling rivalry that the patient felt to the active therapist, who was the same age as the patient. The consultant therapist was able to clear the air, and, by taking over the role of active therapist, continued to work with the patient until his antagonism was dissipated and he no longer felt that he had to be "more intelligent" than the active therapist, whom he identified with a younger sibling.

4

Many patients are adept enough to put the therapist into their own service, a performance which is often interpreted as countertransference. They thus trick the therapist into confirming their own opinions of themselves, while the therapist is trying to help the patient change these self-concepts. To successfully understand and treat the patient, the therapist must understand the "private logic" by which the patient actually operates, as opposed to the common sense which he consciously thinks he is using.[7] When a therapist has "fallen for the patient's trick," the multiple interview is often effective in bringing about recognition and correction of this situation.

Patient D., an only child of overprotective and demanding parents, was constantly making a mess of his jobs, his friendships, and his marriage. His interviews usually consisted of a dissertation on the disappointments and failures that he knew he had brought about himself. The active therapist would patiently point out the meaning of his behavior, and how it followed logically from his concept of himself as a person who had no chance in life and who could find glory only in catastrophe. In a multiple interview, the consultant therapist saw that the patient had succeeded in provoking the active therapist into telling the patient what he was doing that was wrong. The patient had utilized the therapist's responses as further evidence that he was "a guy who couldn't do anything right" and who was "doomed to failure."

5

Even didactic analysis—of whatever kind—does not completely remove a therapist's bias and emotional blocking; and his strong desire for a patient to get well, or his need to impress a patient (other forms of countertransference) often interfere with what is therapeutically better indicated. Whenever the therapist becomes emotionally involved with the patient for his own satisfaction, the consultant therapist helps to solve this difficulty through the multiple interview, or through taking over the role of active therapist.

Patient E. was a depressed young woman who was extremely ambitious and felt "stupid" in spite of her above average accomplishments in her own profession. She could stand no criticism from her husband, responding to his slightest remark with feelings of inferiority and consequent angry outbursts. Her competitiveness with men extended itself to the active therapist, who reacted by feeling irritated by the patient and being disinclined to work with her. The consultant therapist could show the active therapist the nature of his reactions, and the therapists switched roles. The former active therapist, now in the role of consultant, no longer responded to the rejection by the patient, and the therapy could proceed.

One important element in disrupting the emotional involvement of the therapist is that in the multiple interview the casual and objective discussion of the patient's problems almost always clears the air and provides a more impersonal atmosphere for any active therapist who has become overprotective, oversympathetic or hostile.

6

One of the chief values of multiple psychotherapy is found in the numerous opportunities it offers the therapists to play different roles in relation to the patient. Through watching how another therapist meets a situation, the therapist's own vista is broadened, and he can grow through the experiences of another therapist. It is a reciprocal process, in which even a more experienced therapist can benefit from the fresh view of a younger man.

In the multiple interviews the therapists can provide a variety of experiences for the patient. One therapist can be more directive, another more non-directive; one may be forceful, the other permissive. A special type of situation is one in which one ther-

apist actively interprets to the patient the meaning of his actions, while the second therapist "argues" from the point of view of the patient's "private logic"[7] as if trying to disprove what the first therapist has stated, or as if making the excuse that the patient himself has made. In such a situation, the patient often recognizes his own faulty perception as he sees the therapist using his own mechanisms.

Patient F. was an overprotected child who had felt rejected by her parents and especially by her father. With a permissive and supportive therapist she made very slow progress in gaining insight into the nature of her depressions. The consultant therapist, on the other hand, would make pointed interpretations of the patient's own dynamics, to which the patient reacted with strong resentment and depression. She would have discontinued therapy but for her relationship to the permissive active therapist. The latter refrained from making the interpretations which might be upsetting to the patient. Within this structure, the patient utilized the relationship with the active therapist to work out her reactions to the consultant therapist and to assimilate eventually his evaluation of the dynamics involved.

7

A patient who refuses to accept an interpretation is more likely to consider it if he finds that a team of therapists in open discussion agree on this same point. His reliance on authority is thus more related to *people* than to a single *person.*

Patient G., a successful business man, was having marital difficulties. He did not see that his rigid critical attitude and assumption of righteousness were significant disturbing factors in the marital relationship. He did not at first believe that what he called "facts" were his own biased perceptions. When, in a multiple interview, both therapists concurred on this point, the patient was impressed enough by the similar and mutually supplementing opinions to consider that perhaps the "facts" were not as he saw them.

8

Multiple psychotherapy facilitates termination. The constant inclusion of the second therapist prevents too dependent a relationship on one therapist and makes it easier for the patient to carry over his newly found relationship to people other than the ther-

apists. The consultant therapist may, moreover, see aspects of progress or lack of progress that the active therapist has overlooked because of his more intense relationship.

Patient H. had been a pampered child who was hampered by his own self-indulgence. He made considerable progress in therapy, changing and improving his attitude and actions. However, he continued to suffer from mild depressions which prevented him from functioning at his to-be-expected level. The consultant therapist saw that the patient was actually prepared to meet his problems on his own, but preferred to use the excuse of being in therapy to avoid unpleasant tasks and situations. A time was then agreed upon with the patient which was to mark the end of his self-indulgence, and the rest of the interviews were spent in summarizing the dynamics and progress of the therapy. After discharge the patient was able to rely on himself adequately.

9

For reasons already cited, multiple psychotherapy makes it easier for the patient to accept group therapy at the therapist's request, since he has already had the experience of having therapy with more than one person.

10

Multiple psychotherapy is an invaluable teaching and research method. The reasons for this are obvious. Its use opens new possibilities for investigation into the nature and technique of psychotherapy.

* * *

Both Reeve[3] and Dreikurs[1] point out that preparation of the patient for multiple psychotherapy is less difficult than anticipated, if it is carefully explained to the patient that this is a regular therapeutic procedure, and if the therapist himself is convinced of the value of the method. When this is done at the beginning of therapy, the resistance encountered is negligible; if individual therapy has been carried on for some time, an attempt to introduce a second therapist may meet objection.

The writers have noticed that the chief difficulty which arises in multiple psychotherapy is in regard to the relation the therapists have to each other. Multiple psychotherapy requires a complete lack of competition between the therapists. Each therapist should

be on guard for an antagonistic attitude by the patient to the other therapist, so that such feelings may be dealt with at an early stage. Antagonism to one therapist is sometimes expressed by excessive praising of the other therapist. If the junior of a therapeutic team has problems in relation to authority (either in pleasing or in fighting the senior therapist), or if the senior feels it necessary to maintain his prestige, the therapists will not be able to work well with each other. Incidental resentments may be carried over into the multiple interview with resulting loss of effectiveness. It is also important for each therapist to refrain from pressing the other into giving opinions or interpretations before the latter is prepared to do so; and each one should be careful not to push the other into any particular role which may hamper his freedom of action. The two therapists should be able to speak in front of the patient freely, neither being afraid to make mistakes. This freedom of expression which the therapists display is helpful to the patient.

Summary

The following advantages have been found in multiple psychotherapy:

1. The use of two therapists offers the benefit of their combined knowledge and experience.
2. The multiple interview may reveal more of the patient's personality than the individual interview.
3. The consultant therapist is useful in preventing or breaking up the therapeutic impasse.
4. The use of two therapists hinders either therapist from falling into the patient's service.
5. The use of two therapists hinders development of countertransference.
6. Multiple psychotherapy offers the therapists more opportunity to manipulate the relationship and provide therapeutic experiences for the patient.
7. Interpretations given by one therapist are reinforced by the concurring interpretations of the second therapist.
8. Multiple psychotherapy facilitates termination of therapy.
9. Introduction of the patient to group therapy is facilitated.
10. Multiple psychotherapy's implications in the fields of teaching and research are obvious.

Some precautions in using multiple psychotherapy are discussed.

When multiple psychotherapy is compared with individual psychotherapy, the former shows significant advantages in facilitating therapy and in decreasing the chances of error.

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REFERENCES

1. Dreikurs, Rudolf: Techniques and dynamics of multiple psychotherapy. PSYCHIAT. QUART., 24:788, 1950.
2. Adler, Alfred and associates: Guiding the Child. Greenberg Publishers. New York. 1930.
3. Reeve, George H.: A method of coordinated treatment. Am. J. Orthopsychiat., 9:743, 1939.
4. Hadden, Samuel B.: The utilization of a therapy group in teaching psychotherapy. Am. J. Psychiat., 103:644, 1947.
5. Whitaker, Carl A.; Warkentin, John; and Johnson, Nan: The psychotherapeutic impasse. Unpublished paper read at the 26th annual meeting of the American Orthopsychiatric Association, Chicago, 1949.
6. Haigh, Gerard, and Kell, Bill L.: Multiple therapy as a method for training and research in psychotherapy. J. Abnor. and Soc. Psychol., 45:659, 1950.
7. Dreikurs, Rudolf: Psychological differentiation of psychopathological disorders. Indiv. Psych. Bull., 4:35, 1944.