SOME VALUES OF THE USE OF MULTIPLE THERAPISTS IN THE TREATMENT OF THE PSYCHOSES*

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During the past few years, under the leadership of Dr. Carl Whitaker and his group, the writers have become increasingly impressed by the value of multiple therapy. By this, is meant a course of intensive psychotherapy where two or more doctors are simultaneously present at all interviews, so that a group situation is formed. In this paper, the writers will try to describe some of the benefits that have been encountered.

Probably the most valuable use for multiple therapy is in clearing up a therapeutic impasse, such as tends to occur in very sick patients where the transference will build up to such a point of intensity that it becomes illusional. Once this occurs, the patient often will not, or cannot, clarify the situation, and treatment comes to a standstill. For instance, a woman patient came to a point where she did nothing but berate the therapist for being a "filthy old man" who wanted to make sexual advances. So strong was the positive Oedipal wish that treatment was completely arrested for a period of two months. When a second therapist joined the interviews, the illusional quality of the relationship rapidly diminished, and treatment began to move ahead again with new material. The second doctor apparently acted in part as a chaperone, for the patient greeted him eagerly, saying, "Good, you are here to protect me."

In another instance, a paranoid male patient became so threatened by his homosexual and dependent drives that he resorted to violent attack in order to interrupt treatment. Nurses or mechanical restraint only made the situation worse, as they drove the patient to withdraw into sullen silence. Under the constant threat of attack, the therapist became frightened and stopped making the necessary interpretations, so that the outlook for treatment seemed very poor. However, when a second therapist entered the case, the relationship quieted down and treatment could start to move

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again. This case not only demonstrates how multiple therapy can help in an impasse, but also shows how it can be used to allay the fears of a single therapist, faced with a dangerous situation. The increased strength to withstand emotional or physical onslaught that comes from working with one or more colleagues can do much to improve the ability of all the doctors to carry on good therapy.

A second problem which multiple therapy can do much to solve arises from the intense ambivalence that is present in schizophrenic patients. Love and hate are both felt so strongly that they tend to neutralize each other, leading to the so-called "flattened affect" of schizophrenia. When working with a single therapist, the patient will often show great difficulty in expressing any feelings, because of this intolerable mixture of love and hate. When two or more physicians are present, the patient can split up his feelings, so that strong affection is expressed for one physician and hostility for another. This, of course, speeds treatment greatly, since these emotions can then be clarified, whereas a lack of affect in a patient gives little to work on. At this point, it might be well to mention that the objection most commonly raised to this type of work is that of added expense. Actually, it would appear that the increased pace of treatment will, in most cases, more than offset the expense.

Warkentin, Johnson and Whitaker[1] have described their experiences as follows. "As the interviews continued, the patient gradually came to respond quite differently to the various therapists. He would sometimes react positively to one therapist, be indifferent to another, or perhaps be openly hostile to a third. It seemed as if the patient sensed the minutiae of personality differences and magnified them so as to represent the whole person of the therapist. As therapy proceeded, such a patient might seem to reject one or more of the therapists with a statement such as 'I was hoping you wouldn't be here today, so I could get some help without your interfering.' On such occasions, however, when it was impossible for a 'hated' therapist to be present for the interviews, the patient was definitely disturbed by such an absence. As a result of this it was made a fairly rigid rule that an interview be postponed unless all therapists could be present. An exception to this rule was sometimes made, when a therapist announced well in advance that he would be unable to be present, and the patient seemed to accept this arrangement emotionally."

Probably another factor that operates in multiple therapy is the intensity of the emotional experiences that can be built up. In the case of a woman suffering from an agitated depression, treatment was begun with three doctors. For the first two interviews no response could be elicited from the patient who would only weep and wring her hands. Two of the doctors began to express strong, divergent feelings about her; one doctor stressing the patient's need to be comforted, the second maintaining angrily that the patient was rejecting all efforts to help her. A stormy argument ensued, during the course of which the patient stopped crying, sat up straight and began to smile. From that time on she was able to start participating in the interviews. Apparently, the intensity of the quarrel between the doctors impressed upon her the strength of their desire to help her.

Even more spectacular was the case of a hebephrenic girl who could only posture and grimace so that she had been unable to enter into any therapeutic relationship. She was seen by a group of nine doctors, and a great many strong feelings were expressed. At the end of only five multiple therapy interviews, this patient was free of overt psychosis and was able to leave the hospital.

Whitaker and his colleagues[1] have described their impressions as follows: "The therapists functioned as a powerful unit. A patient might partially discount the warm acceptance of a single therapist; but when three or more therapists worked with him, he seemed to feel the situation almost as a cultural acceptance, as if the whole world were with him. He felt safer in his dependence on the strength of the therapists and was less guilty over his aggressive or hostile feelings. One patient expressed this, saying, 'This is the first time I've been able to fight with somebody and not be sorry afterwards.' This strength of multiple therapists seemed to lie largely in the multiplication of emotional overtones. The patient felt more fully understood."

Multiple therapy gives promise of offering an invaluable method for training students. Hadden[2] has used the technique for giving training in the field of group therapy, and Dreikurs[3] has found it valuable for training students in the treatment of the neuroses. When one comes to giving training in psychotherapy for the psychoses, multiple therapy seems particularly valuable, since students frequently withdraw from this work from fear of the intense emotions that are stirred up in the relationship. If the student can

work with one or two experienced men, he can get the necessary moral support to carry him along until he has become accustomed to the work and can feel more at ease when working alone.

When a patient is severely ill, so that all the pertinent material is hidden and disguised, the presence of more than one doctor can do much to pick up a greater number of clues as to the conflicts involved. A particularly vivid example of this occurred in a young woman suffering from an agitated, hebephrenic form of schizophrenia. In the course of therapy, she repeatedly attacked one of the therapists, so that he had little or no opportunity to look for symbolism in the situation. The second doctor, however, was able to observe certain actions that led him to realize the patient was imitating a horse. When interpretations were made to her, it became apparent that she was identifying herself with a pet horse from her childhood. The mother had had this animal killed—for no good reason—which had enraged the patient. In her psychotic state, the first therapist became the hostile mother against whom the horse had to fight desperately. Once this problem had been made clear the illusion lifted and the relationship improved markedly.[4]

Discussion

This field is so new, and so little data has been accumulated as yet, that any discussion of the dynamics of multiple therapy must still be based chiefly on speculation. However, one line of thinking seems to the writers to contain useful possibilities.

Devereux[5] has suggested that day-to-day living tends to be an emotionally-disintegrating and fragmenting experience. All day long we are forced to deal with people, some of whom we love, some of whom we hate. Some we envy, others we fear. Most of these experiences tend to deplete our strength rather than increase it. Since the psychotic patient is already suffering from fragmentation of his personality, he is unable to benefit from most of his contacts with people; but, in the setting of multiple therapy, he finds a group of people, all working to help him to understand his needs and integrate the conflicting forces in his personality. This line of thought would certainly seem to be borne out by a schizophrenic patient who, in the Rorschach test, saw herself supported between the two therapists who were both pushing to hold her together.

Another patient explained her improvement as follows: "Patients laugh and posture when they see through a doctor who says he will help but really can't or won't. The patients try to divert and distract him so that he won't go into anything important. When you find people who can really help, you don't need to distract them. You can act in a normal way."

The concept of an integrative function seems to be further supported by the work of Buck[6] who has studied by analysis the phenomena arising in the members of a therapy group. She finds that a well-formed group produces an atmosphere which is markedly sensitive and constructive. The study of the dreams of the members shows that the problems of any one member produce a reaction in all the other members, so that the problem is worked through by the whole group. It would seem that these extra forces help each member to integrate.

These experiences have brought about a major change in our thinking concerning the atmosphere that should be established for the psychotic patient in his therapeutic interview. Except in the field of group therapy, psychiatry has tended to stress the need for the strictest privacy between the patient and his doctor. It would now seem that, in the treatment of psychosis, this is not necessarily a desirable situation. Actually, the patient may be helped by the "safety of numbers" and can feel more at ease about expressing strong feelings, even of sexual attraction, when more than one physician is present in the room. Second, the group can do more than a single doctor to produce a strong and integrative emotional experience.

Summary

Multiple therapy is a form of intensive psychotherapy in which —as it is discussed here—two or more doctors are present at all interviews. This technique shows great promise of giving help in overcoming certain of the outstanding problems that are encountered in the therapy of psychotic patients. Principal among these, is the therapeutic impasse where the patient develops such illusions about his physician that he can no longer work with him. Secondly, multiple therapy gives moral and physical support in the presence of threatening patients. By offering more targets for the expression of ambivalence, therapy can be greatly speeded and made much more dynamic. A greater degree of understanding can

be gained and a stronger integrative force can be exerted by multiple therapists. Finally, this technique seems to offer an excellent means of training new therapists who usually feel threatened at first by the intense emotions of psychotic patients.

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