

Psychotherapy Guidebook

# MULTIPLE THERAPY

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# Multiple Therapy

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## DEFINITION

Multiple Therapy refers to the multiplicity of relationships possible when two therapists, preferably a man and woman, are affectively (emotionally) and interdependently involved together in individual, conjoint, family, or group therapy. The essence of Multiple Therapy lies in the emotional relationship and affective exchange that exists between the two therapists that they bring to bear in their therapeutic interventions with the client(s). The nature of this relationship is the crucial dynamic in Multiple Therapy. The more the therapists' relationship is characterized by feelings of basic trust, emotional harmony, and a commitment to enhance and facilitate each other's growth, the more they will be able to utilize their relationship in a therapeutic way. When this emotionally reciprocal relationship exists, this form of therapy serves as a powerful catalyst for facilitating interpersonal change and growth. The degree to which these characteristics are absent in the relationship reduces the power and intensity of this therapeutic approach.

The major difference between Multiple Therapy and other approaches that employ two therapists is in the nature of the interaction between the

therapists, which influences the therapeutic conditions offered. It cannot be emphasized enough that Multiple Therapy is more than having two therapists with a client in a room together. To assume that any therapeutic situation that employs two therapists is synonymous with Multiple Therapy is not only erroneous but also blurs its distinction from these other methods (i.e., co-therapy, role-divided therapy, three-cornered therapy, joint-interview, co-operative therapy, and dual leadership) (Treppa, 1971).

## HISTORY

The earliest utilization of two counselors in a therapeutic setting dates back to the 1920s, when Adler and his associates employed this method as a means of overcoming emotional blocking and resistance in children. Their utilization of two therapists was limited to the therapists' discussing the child's problem in his presence and did not involve an interaction between the therapists and client as it is currently practiced in Multiple Therapy.

By the mid-1950s, a number of articles appeared that discussed the applications, merits, and disadvantages of using two therapists. This technique was discussed in terms of its value in: teaching, training, and supervising new therapists; promoting the professional growth of experienced therapists; overcoming therapeutic impasses; enhancing specific therapeutic outcomes; and facilitating the process of full-term psychotherapy.

Of these writings the contributions of Dreikurs, Whitaker, and their colleagues were the most significant in furthering the use of this technique.

Although Dreikurs, an Adlerian, is responsible for the term “multiple therapy,” his approach of employing two therapists used a structured consultive model, which the present author believes is the precursor of Co-Therapy. While Whitaker and his associates borrowed the term multiple therapy from Dreikurs, their approach is different from his and parallels the definition used here in describing Multiple Therapy. The contribution of Whitaker and his associates to the development of Multiple Therapy was their emphasis on the relationship between the two therapists and the emotional interchange possible in this modality.

Mullan and Sanguiliano have elaborated on the phenomenological and interpersonal processes involved in Multiple Therapy. The most significant aspect of their work lies in their attention to the phenomenological processes involved in establishing and maintaining an effective Multiple Therapy team. Recently, a number of significant dimensions in Multiple Therapy that have not been discussed extensively before were brought to the attention of the professional community as a result of the work of Kell and Burow. Their contribution is particularly important in that they discuss not only the phenomenological processes of Multiple Therapy in detail but also the multiplicity of interpersonal relationships that can be used in a dynamic

manner in Multiple Therapy to facilitate therapeutic change. In their approach, one sees the power of Multiple Therapy when it is skillfully applied.

## TECHNIQUE

Six dynamically distinct relationships are possible when two therapists interact with one client in Multiple Therapy; more relationships are possible when more than one client is seen. Multiple Therapy involves the skillful use of these relationships. With one client, these relationships are: (1 & 2) that between the client and each therapist separately, (3) that between the two therapists, (4) the client's interaction with the relationship between the therapists, and (5 & 6) each therapist's interaction with the relationship between the client and the other therapist (Kell and Burow, 1970). The existence of these relationships facilitates the generation of conflicts that can be clearly felt and observed in the therapy session and also provides the forum for resolution. For example, one therapist, by interacting with the client, often facilitates the expression of a conflict with the parent of the same sex. The other therapist, observing this interaction, strives to understand the dynamic sources of the conflict, works with the client toward resolving it, and endeavors to facilitate the relationship between the client and his/her co-therapist.

Multiple Therapy is helpful in teaching an individual about the



meanings of healthy interpersonal relationships: child-parent(s), friend-friend, and man-woman.

This is true because the interrelationship between the therapists models a relationship in which dependency, autonomy, appreciation, and collaboration are manifested.

In Multiple Therapy it is common for the therapists to experience the therapeutic process differently from each other. For example, one therapist may be attuned to the feelings connected with the client's experience while the other therapist may attend to interpersonal aspects of that situation. Or one therapist may be talking to the client about some innocent prank the client engaged in and the other therapist has a fantasy in which he/she sees the client in serious physical danger. These differing responses between the therapists can be used to: facilitate the client's self-differentiation; teach the client about the impact of his/her feelings, thoughts, and behavior; clarify the client's ambivalence; anticipate acting-out behavior; enhance the client's sex-role identity; support and confront the client simultaneously; enhance regression so that a positive outcome occurs, etc.

Multiple Therapy is a complex method of psychotherapy requiring the therapists to: 1) work on their relationship continuously, 2) emotionally and intellectually understand the complexities of this approach, and 3) capitalize

on the multiplicity of relationships that are available to them to augment constructive changes.

## APPLICATIONS

The benefits of Multiple Therapy have been observed in a variety of situations (Treppa, 1971). Its application is particularly helpful in overcoming therapeutic impasses that occur with one therapist. Further, its value in fostering the professional and emotional development of the therapists is considerable in that the effectiveness of this approach is directly related to the psychological maturity of the therapists and their interaction.

In terms of its application to full-term psychotherapy, every client could profit from Multiple Therapy. The method is seen as effective in promoting intrapersonal and interpersonal differentiation and facilitating an integration of the phenomenological, interpersonal, and rational aspects of an individual's functioning so that a constructive and growth-producing balance is achieved.

Multiple Therapy is a particularly effective therapeutic approach in treating severely disturbed clients (psychotics, psychopaths, and suicidal individuals), families, groups, and individuals with specific interpersonal difficulties (the distrustful client, the client with identity problems, the deprived client, and the emotionally unstable client) (Treppa, 1971; Treppa

and Nunnely, 1974).