TECHNIQUES AND DYNAMICS OF MULTIPLE PSYCHOTHERAPY*

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All forms of psychotherapy where several therapists treat a single patient simultaneously may be considered to be "multiple psychotherapy." Although new in private practice, similar techniques have been in clinic use for a long time. The child guidance clinics which Alfred Adler and his co-workers established in Vienna in 1920 practised not only group therapy, but also multiple therapy. Parent and child were counseled jointly by the psychiatrist and a second counselor, either a social worker or teacher; the client's problems were discussed in his presence by the counselors whenever emotional blocking or resistance prevented a direct approach. Children, in particular, responded more readily when explanations of their behavior and suggestions for possible changes were not directed at them, but were discussed in their presence. Staff conferences in hospitals can also be considered a form of multiple therapy if the attending physician presents the patient and discusses his problems with other staff members. Group therapy often allows the participation of several therapists. Hadden describes the participation of more than one doctor (student) in group therapy as a means of teaching psychotherapy. The writer's own experience in the psychiatric clinic of a medical school has demonstrated the effectiveness of supervised psychotherapy through joint discussions of the instructor with student and patient; each student in training presents his patient, and the supervising faculty member discusses with him the dynamic data evolved during the preceding interview which the student had with the patient. Whitaker, Warkentin and Johnson have experimented for several years with a technique of psychotherapy in which two therapists treat one patient.

The writer's present interest in multiple psychotherapy was aroused by the rather surprising results of two incidents. A very difficult patient with psychosomatic disturbances who had been completely resistant to psychotherapy, even denying the need for psychiatric treatment, responded unexpectedly to a presentation

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of his case to a class of medical students. The group discussion about his case marked the beginning of his co-operation.

The first introduction of multiple psychotherapy into the writer's private practice was the result of an emergency. It became necessary to train an assistant to take over the practice for a contemplated absence of the writer. Each patient was seen with the new psychiatrist, when the patient's problems, progress and difficulties were discussed in a joint session. Afterward the new psychiatrist made a few individual appointments, the results of which were again discussed in a joint interview. This permitted a smooth transfer of all cases under therapy to the new therapist. This procedure proved to be so effective that it was continued after the emergency period and has been continued for the past three years.

In 1931, similar needs, in an emergency situation, had stimulated the writer to introduce group therapy in his private practice. Under the pressure of an overcrowded schedule, three patients were asked for a joint consultation about one specific problem which they had in common. Only one group interview was contemplated. However, the patients expressed such gratification about the result of the discussion that they requested a continuation of these group interviews. Since then, group therapy has been an integral part of the writer's work with private patients, supplementing the individual sessions.

The principal dynamics of multiple psychotherapy are similar to those of group therapy. The methods share a variety of therapeutic factors. One is the patient's position as an observer of, and listener to, a discussion of his own problems, dynamics and attitudes; another is the less than usual personal relationship between patient and therapist and the atmosphere of a more objective approach. A more detailed comparison of the two methods is outside the scope of this paper.

Multiple psychotherapy seems to offer great benefits to the patient, and to the therapist as well. It can be carried out by two psychiatrists of equal experience, as a function of group practice, or it can be maintained as a training arrangement between a senior psychiatrist and his associates. The writer's experience was, until recently, mostly of the latter type. There are probably many ways in which multiple psychotherapy can be applied; it lends itself to various therapeutic procedures and approaches. Whitaker and