

MULTIPLE THERAPY

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Primary Disciplinary Field(s): Psychology, Psychotherapy, Counseling, Family Therapy, Group Therapy

1. Core Definition

Multiple therapy is defined as any specific form of psychotherapy that is carried out simultaneously by two or more professional therapists working with a patient or group of patients. This technique deviates significantly from the traditional dyadic therapeutic relationship, introducing a complex, triangular dynamic that can accelerate insight and resolve clinical impasses. While often utilized in specialized contexts such as **family therapy** or **group therapy**, multiple therapy can also be effectively applied in **individual therapy** settings, offering a richer and more multifaceted environment for psychological exploration and relational re-enactment. The fundamental purpose of introducing a second therapist is to increase the intensity and complexity of the therapeutic field, enabling the patient to confront and process relational patterns that might remain dormant or inaccessible in a single-therapist setup.

Unlike co-therapy, which often implies shared management of a group, multiple therapy specifically emphasizes the deliberate utilization of the therapists' distinct roles and interactions--both with the patient and with each other--as crucial therapeutic tools. The presence of two professional perspectives ensures that blind spots inherent in any single clinician's approach are mitigated, challenging the patient (and the therapists themselves) to maintain flexibility and reassess assumptions continually. This methodology views the collaborative relationship between the therapists as integral to the patient's healing process, serving as a model for healthy interaction and conflict resolution.

2. Etymology and Historical Development

The term **multiple therapy** was first formally introduced and popularized by Rudolf Dreikurs, a prominent figure in the field of individual psychology and a dedicated follower of Alfred Adler. Dreikurs's work, rooted in the understanding of social dynamics and relational patterns, provided the theoretical foundation for utilizing more than one therapeutic voice to address complex issues of belonging and social interaction. His application of Adlerian principles often involved techniques aimed at challenging faulty assumptions and fostering community feeling, making the integration of multiple perspectives a natural extension of his approach.

A pivotal moment in the systematic application and study of multiple therapy came with the publication of an influential article in 1960 by practitioners Mullan and Sangiuliano. Their initial use of a second therapist was primarily reactive and focused on intervention during moments of severe

crisis or clinical stagnation. Specifically, they utilized the second professional when a therapeutic **impasse occurred**, or during a crisis situation, such as the presentation of a severe **suicide threat**, where immediate, comprehensive support and diverse input were critical for patient safety and progress.

However, Mullan and Sangiuliano's subsequent observations led them to recognize that the benefits of the second therapist extended far beyond crisis management. They noted that the presence of an additional professional was permanently helpful and often essential for specific types of patients, notably those struggling with foundational relational deficits. For instance, they found significant success applying this technique to **men who had difficulty relating to the opposite sex**. In such specialized cases, the therapeutic advantages were maximized not by introducing the second therapist during an impasse, but by bringing them into the process **at the start**, thereby providing the patient with a stable, symbolic, and corrective relational environment from the outset. This shift marked the evolution of multiple therapy from a reactive tool to a proactive, specialized therapeutic modality.

3. The Therapeutic Dynamic (The Symbolic Family)

The core mechanism through which multiple therapy achieves its profound effects lies in the creation of a **triangular situation** involving the patient and the two therapists. When the second therapist is introduced, particularly mid-process, this new dynamic immediately impacts the patient's psyche, forcing a fundamental restructuring of their internal relational schemas. The two therapists often assume symbolic roles, mirroring the patient's original parental or relational figures, transforming the consultation room into a laboratory for relational re-enactment.

A frequent consequence of this triangular configuration is a notable change in the patient's dream life. The patient's dreams often become **Oedipal in nature**, directly reflecting the complexities and anxieties inherent in the triangular setup and mirroring the developmental struggle within the original nuclear family. This spontaneous emergence of complex, unconscious material serves as an invaluable source of information, providing the therapists with direct insight into the patient's fundamental struggles regarding competition, intimacy, authority, and attachment within the context of their earliest relationships.

Crucially, the patient, alongside the two therapists, forms a tangible **symbolic family**. Within the safety and structure of this environment, the original, often distorted or traumatic relationships can be consciously and unconsciously re-enacted. This re-enactment is not merely reliving the past; it is an opportunity for corrective emotional experience. As the patient navigates and learns to deal with the symbolic relationships presented by the therapeutic team--interacting with two distinct personalities who model different forms of authority, empathy, and interaction--they begin the arduous process of altering their basic attitudes. By successfully processing and managing the

complex symbolic relationships of the therapeutic situation, the patient gains the skills and internal changes necessary to deal more effectively and authentically with their **real-world relationships** outside of therapy.

4. Implementation Scenarios

Multiple therapy is a versatile technique applicable across various psychotherapeutic domains, although its implementation is most frequently documented in relational settings. It is utilized occasionally in traditional **family therapy**, where the complexity of the family system benefits from two expert perspectives managing the multi-layered conflicts and alliances. Similarly, it finds application in **group therapy**, where two therapists can effectively manage group dynamics, transference issues, and ensure that multiple individuals receive necessary attention and interpretation.

While the technique can be introduced at the commencement of therapy, the second therapist is often brought into the picture **in the midst of the therapeutic process**. This deliberate timing is strategic, often serving to disrupt stagnation. When the patient has settled into a fixed relationship pattern with the primary therapist (relating to only one symbolic parent), the introduction of a colleague has an immediate **stimulating effect**. This disruption forces the patient to reconstruct and re-examine their relationship to their 'other parent,' symbolically represented by the new therapist, thereby reactivating areas of conflict or avoidance that had been suppressed.

The decision regarding the timing of the second therapist's entrance--at the start or mid-process--is highly dependent on the patient's core issue. If the core issue involves deeply ingrained relational anxieties related to a specific gender, the second therapist may be introduced from the beginning to ensure the patient immediately confronts and works through those dynamics. Conversely, if the therapy has progressed well but encounters resistance or a specific transference barrier, the mid-process introduction serves as a powerful catalyst to dissolve the existing **therapeutic impasse** and deepen the analysis.

5. Key Advantages of Multiple Therapy

Mullan and Sangiuliano summarized numerous advantages cited by various practitioners of multiple therapy, highlighting eight points that are particularly significant regarding its efficacy and utility. These benefits often pertain to enhancing the therapeutic environment, strengthening interpretations, and providing crucial support for both the patient and the primary therapist.

Stimulation and Reconstruction: The introduction of a second therapist during the course of treatment has a profound stimulating effect. Since the patient has typically been relating to only one symbolic parent (the first therapist), the presence of the new therapist compels the patient to reconstruct their relationship to the other symbolic parent, thereby activating previously dormant

relational conflicts and widening the scope of analysis.

Therapist Accountability and Growth: The inclusion of another therapist inherently introduces a note of **insecurity for the primary therapist himself**. It mandates self-reflection, confronting the primary therapist with their own limitations, biases, and established routines, thereby challenging them to re-examine and refine their approach. This factor, while sometimes causing resistance among established therapists, is essential for maintaining high clinical standards and fostering professional growth.

Increased Therapeutic Intensity: The presence of two therapists, and crucially, the observable interactions between them, significantly increases the **intensity of the therapeutic field**. This heightened emotional and intellectual environment can mobilize the patient's defenses and facilitate the emergence of deeper emotional material more rapidly than a traditional dyadic setting.

Complexity and Relational Utilization: The more complex, multifaceted situation created by the presence of two professionals adds substantially to the number of **possible relationships**, transferences, and countertransferences that can be effectively utilized, interpreted, and managed within the therapeutic process.

Mutual Development and Modeling: The interaction between the therapists themselves helps them change, grow, and gain new insights, a process that inherently benefits the patient. This visible, healthy, professional interaction serves as an important, corrective model for the patient, especially regarding adult conflict resolution and communication.

Complementary Insight and Approach: Each therapist may **complement or supplement the other**, not only in terms of foundational insight into the patient's material but also in terms of therapeutic approach, style, and interpretation. This ensures a comprehensive, well-rounded intervention strategy.

Impasse Resolution and Flexibility: Therapeutic **impasses can be more easily avoided or dissolved** than they can be with a single therapist, as one therapist can provide an alternate perspective or intervention when the other is stalled. Furthermore, if it becomes clinically advisable, the patient can be readily transferred entirely to one of the therapists, providing a seamless transition option.

Reinforcement and Efficacy: The presence of two therapists helps to reinforce critical interpretations, lending them increased weight and perceived objectivity. This collective authority provides a more powerful and effective ending to the therapy, cementing the patient's gains and ensuring a strong foundation for future well-being.

6. Further Reading

[Psychotherapy \(Wikipedia\)](#)

[Rudolf Dreikurs \(Wikipedia\)](#)

[Alfred Adler \(Wikipedia\)](#)

[Oedipus Complex \(Wikipedia\)](#)

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