

Psychotherapy Guidebook

# MULTIPLE CONJOINT PSYCHOTHERAPY

Herbert Potash

# **Multiple Conjoint Psychotherapy**

**Herbert Potash**

e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

All Rights Reserved

Created in the United States of America

Copyright © 2012 by Richie Herink and Paul Richard Herink

## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

# Multiple Conjoint Psychotherapy

*Herbert Potash*

## DEFINITION

Multiple Conjoint Psychotherapy can be best described as a treatment strategy rather than as a separate system of psychotherapy. It is used to alter a disturbed relationship between family members (husband and wife, or siblings) by focusing on the interaction between the participants. Typically, two therapists (multiple or co-therapists) meet with the family members in group sessions (conjointly). This therapy therefore involves four or more people (two therapists and two clients) and can be either the exclusive means of treatment or it can be used as an adjunct to the individual therapy of separate family members (with occasional multiple conjoint sessions). Usually the two therapists will be of both sexes, and the most common group of people treated by this method are married couples.

## HISTORY

Conjoint therapy has been used as a parsimonious means of resolving communication difficulties within a family (Satir, 1967). Systematic attention to family interaction enabled the family therapist to propose healthier means

of communication, and to assist various family members in accommodating themselves to each others' needs and growth patterns. Conjoint treatment lends itself to different theoretical approaches as revealed by the varied literature on family therapy.

Multiple or co-therapists were initially used in group therapy as a means of heightening transference reactions in group members. (Transference occurs when a client shifts feelings about a significant person to the therapist.) Warkentin (1951) found that using two therapists with one client offered the therapists a greater range of responses to their clients as they could share control of the sessions. Kell and Burow (1970) introduced a second therapist into sessions as a means of breaking the impasse that was blocking progress. They also began to meet with husbands and wives (as a group of four) to help their clients deal with unresolved difficulties, particularly their transference reactions to opposite sex parents. This use of Multiple Conjoint Therapy offered the additional advantage of providing a healthy model of male-female communication to their clients.

## TECHNIQUE

Communication among four people increases the range of responses and points of view that require attention and resolution than is offered by individual, multiple, or conjoint therapy. Clients gain a broader perspective in

which to view their therapists, and can learn better means of dealing with each other by observing the therapists, who provide an implicit model of communication. A comfortable and trusting relationship between the two therapists is a necessity for the therapy to work well. Furthermore, Multiple Conjoint Therapy will be indicated when the major problem to be dealt with is the relationship between the clients. Two therapists, rather than one, will be used if the initial assessment reveals a high degree of resistance to change or much sexual stereotyping by the clients. Occasional multiple conjoint sessions will be added to individual sessions when heightened communication difficulties necessitate therapeutic intervention in order to sustain the relationship and the growth of both individuals. Since Multiple Conjoint Psychotherapy is more of a treatment strategy than it is a separate therapeutic system, it can be used with a variety of theoretical orientations.

## APPLICATIONS

The most common population to be given Multiple Conjoint Psychotherapy are couples experiencing marital difficulties. However, it is useful in treating many long-standing relationships and especially cases of hysteria and folie a deux. Where the clients have a symbiotic relationship, they will necessarily show a high resistance to change. Two therapists are better able to resolve such resistance than is one therapist alone. This is true because the communication network between clients often will operate to

exclude the therapist, and a second therapist can support in an intervention strategy. A common means of resistance that is most readily overcome is the distorted interpretation of a therapist's comments between sessions. The second therapist can point out the discrepancy and act as impartial arbitrator, thus defusing this issue.

When sessions include therapists of both sexes, it is easier for clients to introduce a wider range of topics earlier in the therapy and also to find ongoing support from at least one individual during therapy. The presence of a second therapist can compensate for, or overcome, deficiencies in a single therapist. For these reasons, Multiple Conjoint Therapy has been found to provide an excellent means of training new psychotherapists, and is a vehicle for adding to the repertoire of responses of experienced psychotherapists.