

Psychotherapy Guidebook

# MULTIPLE FAMILY THERAPY

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# **Multiple Family Therapy**

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# Multiple Family Therapy

*H. Peter Laqueur*

## DEFINITION

Families are considered as systems made up of individuals and internal alliances — such as parents vs. children, or male vs. female family members — as subsystems. These may sometimes function poorly as a whole integrated family unit.

In Multiple Family Therapy, several family systems are brought together for a series of twenty, forty, sixty, and more therapeutic sessions, as the need arises. In these sessions, under the guidance of trained therapy teams, the families learn from each others' problems by analogy, modeling (learning by observing others' behavior), and indirect interpretation. They improve their internal structures as well as their mutual communication and understanding.

## HISTORY

Since 1951 I have worked with hundreds of families in a variety of groups, first in a state hospital in New York where it was unusual and

unexpected to let patients, families, and staff work together in joint meetings. Later, I also worked in private psychiatric offices and clinics in New York, and at present at the Vermont State Hospital and at the University of Vermont.

## TECHNIQUE

Four or five families are combined randomly in an open-ended group. The open-endedness of the group allows us to use more advanced, improved families to help the beginning family in the process and also avoids the occurrence of too many similar problems in the same group. Too many similar problems would lead to focusing on these problems and symptoms rather than on the family structures that caused poor communications and cooperation.

We treat families with the most diverse problems in one group together. To mention some examples: extremely pathological families in which no one can relate to anyone else; families with a simple generation gap, that is, problem parents or problem children; “sex gap” families in which the father and sons stick together, leaving mother and daughters disgruntled at home; families in which the mother is “in the control tower” so that everyone has to check out first with her before they can talk to each other or do things together; families in which scapegoating of one member is the problem; families in which a pathological symbiosis between mother and a son, or

father and a daughter, leaves the other family members hanging; families with in-law problems; families in which an unfaithful father or mother leaves the spouse and children to their fate. Differences in value systems — economic, religious, racial, cultural — between the families of origin of husband and wife can be at the root of severe differences and problems in their own present family.

As a rule, the four or five families meet in the following way. We explain the purpose of our treatment: “better mutual understanding and cooperation.” We then begin by letting all the fathers stand together and explain their families’ problem to the group by answering the very specific question, “What kind of a father and husband do you believe you are?” By analogy all fathers immediately begin to compare notes. Then we do the same thing with the mothers, and subsequently with the “problem” children about whom complaints have been voiced, and finally with the so-called good children who usually are associated with father, mother, or both.

In this way, everyone in the group gains quickly by analogy and identification quite a bit of essential information about the other families. In subsequent introductory sessions, we apply various exercises. For example, people who have difficulty expressing themselves can bodily show what happens to them if they are asked to join hands, or to stand back to back, or to rest their hands on their opponent’s shoulders, pushing and shouting yes to

one and no to the other. We also have patients build “family sculptures,” showing us the past and present interaction mode in their family and how they wish to change this. Not only the verbal but also the nonverbal relationships become much clearer through such exercises. The therapeutic team and video playbacks may be used to model and explain to patients how they relate; patients actually see how they deal with each other in a way they never do when they just talk in the group.

Further sessions: most families show interest and curiosity in the beginning phase; increasing resistance and even depression and despair in a second phase; and only when they stop saying, “You have to change to make me change,” and arrive at “I guess I have to risk changing my behavior so that in the long run you may do the same,” do they enter the most therapeutic ‘working through’ phase. Then the changing family begins to serve as a model for the beginning and intermediary families in the group.

There are successes and relapses, but eventually 70 to 80 percent of the family systems show marked change and improvement with this technique. Sometimes one family member improves and another gets worse for a while (consistent with Don Jackson’s family homeostasis theory), but eventually all show change, adaptations, and improvement in their relations and functions.

These weekly evening sessions of 75 to 90 minutes each show the



following effects on family systems:

- a) increased adaptability and elasticity
- b) better sensitivity to changes in the external milieu and internal constellation
- c) better ability to process overloads of events, demands, and information in an efficient and effective manner
- d) family systems learn to make realistic selections, with good judgment, between correct and incorrect impressions and information
- e) families learn to focus on essential reality tasks and to avoid procrastination and drifting off into fruitless repetitive battles
- f) family systems learn to make logical plans, to perceive and execute necessary tasks correctly while checking for results with a refine feedback control.

## **APPLICATIONS**

This form of Multiple Family Therapy can be used in mental hospitals, community mental health clinics, physicians' and psychologists' offices, even in schools with educators, parents, and youngsters, in correctional institutions with probation officers and clients.

I have helped to start, and subsequently seen in operation, Multiple Family Therapy groups not only in the United States but also in the Netherlands and Belgium. I also found interest in the therapy in Germany, Spain, and at international meetings.

Because of the efficient use of trained help, this therapy can be useful for areas where individual therapy would be too expensive, reaches too few people, and actually never repairs the internal and social difficulties of the total family systems.