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# Reintegration of prisoners into urban society: Between social imprisonment and therapeutic support mechanisms, TMF as a model

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**Abstract---**This theoretical study examines the social and psychological experiences of formerly incarcerated individuals and their effects on the urban family. Research in urban sociology indicates that released prisoners often confront forms of social stigma, alienation, and self-punishment, which contribute to disconnection from family and community and increase psychological distress. These processes influence not only the individual but also reshape the emotional, social, and economic dynamics of the urban family. Within this context, Multiple Family Therapy (MFT) is presented as a potential intervention for addressing these challenges. By bringing together several families in shared therapeutic sessions, MFT promotes mutual support, facilitates the exchange of experiences, and enhances coping and problem-solving skills. The application of this approach draws on interdisciplinary collaboration between sociology and psychology and accounts for the social pressures and economic vulnerabilities characteristic of urban environments. Integrating sociological and psychoanalytic perspectives may support the reintegration of formerly incarcerated individuals into urban spaces, foster a renewed sense of belonging, and reduce the risk of recidivism. This integration also has the potential to strengthen family resilience and social cohesion, contributing to a more supportive and inclusive urban context.

**Keywords---**reintegration, social stigma, social alienation, self-punishment, urban family, Multiple Family Therapy (MFT).

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## Introduction

Although a prisoner may have served their legal sentence within a correctional facility, reintegration into society does not necessarily mark the end of their punishment. Urban spaces—by their institutionalized nature, surveillance systems, and social control mechanisms—reproduce new forms of exclusion known as social imprisonment. This exclusion becomes more acute considering that most inmates come from socially, economically, and psychologically vulnerable groups, and the prison experience itself exacerbates this vulnerability due to the abrupt rupture from urban life and social networks.

Upon returning to the city, released individuals face numerous urban barriers: limited employment opportunities, precarious housing, absence of supportive social ties, and difficulty integrating into urban spaces that continue to reinforce stigma through institutions and everyday social interactions. These barriers diminish a former prisoner's ability to adapt to urban life and undermine their prospects of establishing a stable life trajectory, increasing the likelihood of recidivism.

In response, contemporary penal policies have focused on enhancing rehabilitation and reintegration programs within prisons, including Therapeutic Multi-Family (TMF) interventions, which are grounded in systemic approaches that view part of deviant behavior as a reflection of dysfunctions within familial and social environments. TMF aims to strengthen social bonds, promote personal responsibility, and build support networks that help prisoners navigate the demands of urban life post-release.
From this perspective, the central research question emerges:

Is focusing solely on the rehabilitation of the prisoner sufficient for successful urban reintegration, or does the city itself—with its institutions and inhabitants—require rehabilitation and a shift in its perception of released individuals? Furthermore, what are the effective urban, psychological, and social mechanisms—particularly the TMF approach—that can prepare the urban environment to facilitate the reintegration of prisoners as active social agents?

### 1. Basic Concepts Definition:

In this section, we aim to present and clarify the fundamental concepts that form the basis for a comprehensive and in-depth understanding of the subject.

#### 1.1 Social Alienation:

Social alienation begins for released prisoners when they perceive that the social environment they once lived in has undergone significant changes during their absence, or when they feel that this environment no longer accepts them as active participants (Smith, 2020, p. 45). Individuals feel "strangers" in their former surroundings—among family members, friends, or even workplaces where they previously engaged professionally (Johnson, 2018, p. 112). This sense of estrangement leads to detachment from prevailing social norms and everyday social bonds that were part of life before incarceration. This detachment may evolve into a feeling of incapacity to communicate effectively with society, amplifying social isolation (Brown, 2019, p. 78).
Manifestations:
Loss of social belonging: Individuals consistently feel they do not belong to their environment, even when familiar, which increases psychological distress and alienation (Smith, 2020, p. 47).
Social withdrawal and isolation: Former prisoners tend to avoid social activities and reduce interactions with friends or colleagues, fearing rejection or negative judgment (Johnson, 2018, p. 115).
Sense of futility or marginalization: They experience persistent feelings of being unable to contribute meaningfully to society, reinforcing exclusion and marginalization (Brown, 2019, p. 80).
Difficulty forming new or restoring old relationships: Reestablishing prior social ties or forming new friendships is challenging due to stigma associated with previous imprisonment (Smith, 2020, p. 49).
Consequently, released prisoners may live on the margins of society, struggling to adapt to various social systems such as work, education, and family life (Johnson, 2018, p. 118). This growing alienation

increases the risk of returning to deviant behaviors or engaging in illegal activities, especially when adequate social or psychological support is lacking (Brown, 2019, p. 82).

**1.2 Social Stigmatization:**

Social stigma begins at the moment a prisoner is released, as society tends to perceive them not as an individual with abilities, talents, or the potential for a fresh start, but primarily through the lens of their "criminal past" (Goffman, 1963, p. 12). Individuals are seen as potential threats or symbols of moral failure, prompting others to impose implicit constraints on interactions. Stigmatization manifests in multiple domains: employment rejection due to criminal records, distrust in personal dealings, spread of rumors, and deliberate exclusion from social activities (Link & Phelan, 2001, p. 366). This results in a persistent feeling of undesirability and societal rejection of full reintegration (Corrigan, 2004, p. 45).

Manifestations:

Negative labeling: Individuals encounter labels such as "prisoner" or "ex-convict," reinforcing social isolation and marginalization (Goffman, 1963, p. 15).

Discriminatory or inferior treatment: They are treated in ways that diminish social standing and become vulnerable to discrimination in work, education, or everyday interactions (Link & Phelan, 2001, p. 368).

Exclusion from employment or social activities: Difficulties in securing suitable employment or participating in social activities exacerbate feelings of alienation (Corrigan, 2004, p. 48).

Rejection in family or marital contexts: Some experience refusal from family or potential partners, deepening isolation and social stigma (Goffman, 1963, p. 18).

Social stigma thus becomes a persistent psychological and social barrier, preventing individuals from starting anew and leaving them feeling "condemned" by societal perception even after serving their sentence, complicating reintegration and increasing the likelihood of future deviance (Link & Phelan, 2001, p. 370).

**1.3 Self-Blame (Auto-Culpabilisation):**

Self-blame occurs as a result of continuous exposure to negative societal messages—from family, friends, or the broader community—leading former prisoners to internalize these judgments (Tangney & Dearing, 2002, p. 22). Individuals continuously blame themselves and believe they are unworthy of trust, love, or a dignified life, even while attempting repentance or positive change. This psychological process is dangerous because it deepens feelings of failure and fosters isolation tendencies, potentially affecting even those with genuine motivation to rebuild their lives (Baumeister, 1997, p. 95).

Manifestations:

Persistent guilt: Individuals feel guilty even after serving their sentence and consider themselves responsible for any problem or failure (Tangney & Dearing, 2002, p. 25).

Loss of self-confidence: A diminished sense of competence and decision-making ability weakens resilience in facing challenges (Baumeister, 1997, p. 98).

Shame or humiliation: Continuous embarrassment regarding one's past, accompanied by fear of confronting others or admitting mistakes (Tangney & Dearing, 2002, p. 28).

Tendencies toward isolation or self-harm: Some may withdraw from society or, in extreme cases, engage in self-harm due to feelings of worthlessness (Baumeister, 1997, p. 102).

Self-blame undermines motivation for personal reconstruction, trapping individuals in negative self-perception, hindering progress, and increasing the risk of failure in social or occupational reintegration (Tangney & Dearing, 2002, p. 30).

| Issue / Phenomenon | Relation to Society | Role of Sociology |
|---|---|---|
| Social Alienation | Feeling of non-belonging, isolation, difficulty adapting to society | Monitoring signs of isolation, studying effects of absence and social changes |
| Social Stigma | Discrimination, job rejection, social exclusion, isolation | Studying stereotypes, monitoring social discrimination and its effects on individuals and society |
| Self-Blame | Feeling of guilt, loss of self-confidence , psychological isolation | Analyzing effects of negative self-judgment and studying links between social pressures and psychological issues |

Figure No. (1): The problem of social stigma, self-flagellation, and alienation is observed by the sociologist.
Source: Prepared by the researcher.

**1.4 The Urban Family:**

According to Granjong, the family is a universal and structurally diverse concept, which makes it difficult to confine to a strict definition. Families are not merely residential or economic units, but rather complex networks of psychological and social interactions, encompassing kinship, marriage alliances, and blood relations, maintaining cohesion within a specific historical and cultural context. Families are organized around projects aimed at continuity, inheritance, and social transmission (Granjong, 2001, p. 45).

Karl Whitaker views the family as a "miniature society," a complete social system with its own rules, structure, language, and lifestyle, in addition to rituals and behavioral norms. From this perspective, every family becomes a "unique micro-culture," which outsiders may find difficult to understand due to its intricate details and deep internal bonds (Whitaker, 1980, p. 107).

The term "family" refers to those living together, as well as the origins (ancestors) forming the family of origin, and the branches (children and grandchildren), making it a continuous social system over time. This network's uniqueness stems not only from its communication patterns and rules but also from relational absolutes or a quasi-mythical level, distinguishing it from other social organizations (Granjong, 2001, p. 47).

The family is not a static entity; it constantly changes. Families face events such as the loss of a member, birth, or social and cultural changes, requiring the adaptation of family processes. Such adaptation may be smooth in some families, while posing significant challenges in others, particularly those experiencing profound adversity, forced to manage taboo histories, family secrets, or traumatic realities, complicating psychological and social acceptance and processing (Granjong, 2001, p. 49).

**2. The Impact of Imprisonment on the Family:**

The prison experience is considered a structural event that reshapes the familial and social fabric surrounding the incarcerated individual. When a family member is incarcerated, the family experiences disruptions in internal balance and daily dynamics. Marital relationships may be affected due to the absence of interactive roles and emotional stability, and parental roles are significantly distorted as the imprisoned parent is separated from daily child-rearing activities, impacting children's sense of security and belonging (Wacquant, 2014, p. 62).

The disruption extends beyond spouses and children to "extended family" relationships, such as grandparents, siblings, or other relatives, who face emotional and social voids while shouldering additional family support responsibilities. Urban sociology studies show that incarceration does not only

affect the imprisoned individual; it creates "social shockwaves" within the city or neighborhood, forcibly redistributing roles and responsibilities within the family (Fassin, 2017, p. 118).

Beyond structural disruption, the family bears the heavy burden of "social shame" and "community stigma", especially in urban neighborhoods with strong social bonds, where symbolic monitoring and social labeling are pervasive. Families may become economically fragile due to loss of the incarcerated member's income or the financial pressures of visits, travel, and communication costs, reinforcing the "urban cycle of vulnerability" associated with the penal institution (Comfort, 2008, p. 41).

To cope, some family members attempt to maintain emotional and social bonds through regular visits, phone calls, and letters, while others choose "social withdrawal" to avoid emotional shock or the pressures of surrounding urban society. Critical sociologists argue that while the judicial system may appear to punish only the individual, in reality, it produces an "extended prison experience" affecting both the family and immediate social environment (Goffman, 2015, p. 29).

Urban sociological studies indicate that the psychological and social impact of a family member's incarceration extends beyond the imprisoned individual to the entire family unit. Family members may experience shame and social guilt, believing themselves partially responsible for the incarcerated person's actions, particularly in highly surveilled urban contexts (Comfort, 2008, p. 55). Certain social groups may also attribute "vicarious guilt" to family members, viewing them as extensions of the prisoner's moral responsibility, which reinforces social stigma and deepens symbolic vulnerability within the neighborhood or community (Goffman, 1963, p. 12).

Relatives often feel socially judged as much as the incarcerated individual, due to accusatory glances or implicit signals in public spaces such as markets, social events, or schools. This continuous social monitoring encourages silence and concealment of the experience, even from close family, out of fear of reproducing stigma or eliciting pity (Wacquant, 2014, p. 77). Consequently, social withdrawal and reduced urban interactions arise, causing isolation, increasing psychological stress, and weakening the family's capacity to seek professional or social support (Fassin, 2017, p. 134).

Children are the most vulnerable in this context, displaying behavioral and health disturbances associated with incarceration trauma, including anxiety, concentration difficulties, academic decline, sleep disorders, and emotional stress (Murray & Farrington, 2008, p. 145). Urban studies show that the abrupt disruption of parental roles creates a "rupture in emotional and educational bonds" between child and parent, potentially resulting in loss of security, and instability in the child's psychological and social identity.
Factors complicating this separation include:

- Children witnessing the arrest process, which is traumatic and linked in memory to scenes of violence or fear.
- Ambiguous familial explanations for the parent's absence, sometimes involving partial truths or concealment, creating knowledge gaps that exacerbate anxious fantasies in children (Arditti, 2012, p. 94).
- Psychological defense mechanisms in parents affected by incarceration, appearing as avoidance, silence, or excessive emotionality, further weakening family communication.

These tensions are exacerbated by "unsuitable visiting conditions" in prison meeting rooms, which are often small, surveilled, and ill-prepared for children, hindering natural parent-child communication and leaving the parent feeling a "loss of parental role" and reduced family status (Clear, 2007, p. 103).
Within this complex context, some children develop compensatory mechanisms, such as "parentification", taking on responsibilities beyond their age and psychological capacity in an unconscious effort to fill the emotional and social void left by incarceration. Benoit (2018, p. 56) notes

that this pattern is a common adaptation in families experiencing structural fragility, though it may leave long-term impacts on the child's psychological and social development.
The consequences of imprisonment on families can be categorized into three main dimensions:
- Biological: related to mental health, stress, and physical well-being.
- Economic: loss of income, increased expenses, homelessness, or housing instability in fragile urban contexts.
- Geographical: the spatial distance of the penal institution from the home or city, making visits costly and difficult, amplifying feelings of isolation and disconnection from urban life (Clear, 2007, p. 89).

Thus, from an urban analytical perspective, prison becomes an institution that produces new forms of inequality within the city, reshaping social and economic relationship maps within affected families.

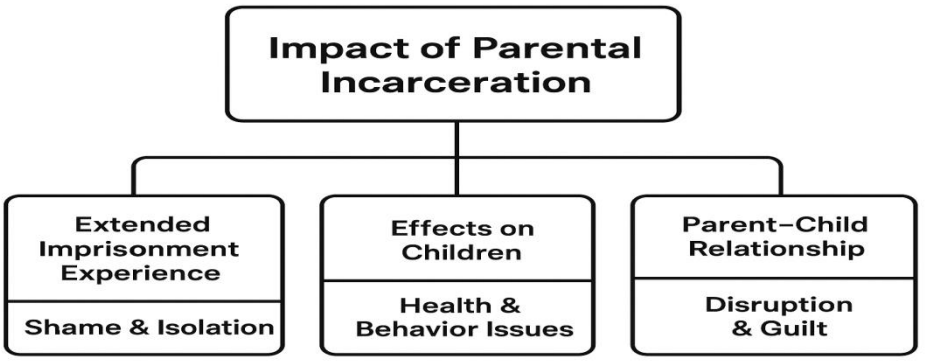


Figure (2): It shows the impact of imprisonment on the family.
Source: Prepared by the researcher.

Despite these tensions and the multiple negative effects of incarceration on the family, urban sociology studies indicate that the family remains a central unit in the process of social reintegration. A present and supportive family—capable of providing emotional and economic support—constitutes a strong pillar for rebuilding the self of the incarcerated individual, enabling the restoration of a sense of belonging and enhancing their capacity to adapt to civil life post-release (Comfort, 2008, p. 203).

According to urban analyses of penal systems, the family can act as a lever to prevent recidivism by providing a supportive environment that mitigates exposure to social factors conducive to criminal behavior, helping the incarcerated individual reclaim their societal role. Family support also facilitates reintegration into social life, whether in employment, education, or daily interactions, creating a social safety network that mitigates the destructive effects of social stigma and isolation associated with imprisonment.

Studies confirm that the presence of a "stable family support network" reduces emotional and social gaps that may emerge during incarceration and enhances the individual's ability to cope with psychological and economic pressures after release, making the family a strategic partner in the reintegration process at both the neighborhood and urban community levels.

**3. The Role of the Family in Prisoner Reintegration:**

Sociology emphasizes that the concept of "reintegration" extends beyond leaving prison; it represents a critical phase that includes rebuilding social relationships and the individual's civil status after completing the sentence. An individual who has committed a crime is often perceived as having breached the social contract. After serving their sentence, rehabilitation is necessary for them to become

a fully active member of civil society, capable of participating in daily life and social roles (Clear, 2007, p. 45).

Urban sociological studies show that released individuals face multiple and complex challenges in reintegration, including psychological, social, and economic pressures arising from social stigma, lack of social support, and difficulties securing suitable employment and housing (Comfort, 2008, p. 210). Researchers clarify that release from prison does not signify the end of the ordeal but rather its continuation from psychological and social perspectives, as the effects of isolation, social shame, and stigma persist, impacting the individual's ability to reconstruct their life (Fassin, 2017, p. 158).

The family plays a crucial role in this context. Continuous and strong family support is one of the most effective protective factors against recidivism (Wacquant, 2014, p. 102). Stable family bonds, founded on affection and emotional communication, provide a safe framework for the released individual, ensuring emotional continuity and motivation to rebuild an independent life project beyond the prison environment, enhancing their sense of belonging to society (Goffman, 1963, p. 78).

However, family fragility or internal conflicts may pose obstacles to reintegration, potentially reinforcing pathological tendencies or reproducing pre-existing dysfunctional patterns (Arditti, 2012, p. 101). Family breakdown, emotional distancing, or lack of stable relationships increases "psychological disorders" during and after incarceration, complicating reintegration. Lack of emotional support and feelings of abandonment can lead to behavioral problems, anxiety, and even depression in both the incarcerated individuals and their children, influencing the formation of unhealthy family dynamics post-release (Benoit, 2018, p. 63).

Thus, while the family is a fundamental support element, it is not always an ideal model; it is a dynamic space that can serve as either a source of protection or an additional challenge, depending on the stability and available emotional and social resources.

**4. Definition and History of Therapeutic Multi-Family (TMF) Interventions:**

Therapeutic Multi-Family (TMF) intervention is a complex and indirect therapeutic approach encompassing a wide range of theoretical treatment methods. It reflects the evolution of psychotherapeutic thought from individual-focused interventions to attention on familial relationships and social context.

TMF can be defined as a therapeutic method derived from systemic family therapy, providing concurrent treatment to multiple families brought together in one or more sessions, facilitated by one or more therapists, around a specific clinical issue or problem within a therapeutic context. TMF is grounded in the core concepts of systemic theory while integrating clinical methods from other schools of thought, such as psychodynamic, intergenerational, cognitive-behavioral, structural, strategic, and group therapy approaches (McFarlane, 2016, p. 34).

Historically, multi-family therapies emerged as a logical extension of developments in psychiatry and psychotherapy, which gradually moved away from exclusive individual focus. Initially centered on intrapsychic phenomena while avoiding the family, as in psychoanalytic approaches, attention shifted to the "role of parents and familial relationships", as well as the influence of cultural environment and daily life stressors on mental health (Guerin et al., 2003, p. 12).

With the advent of group therapy techniques and psychodrama, alongside systemic and family-based therapies, the focus moved toward present-time interactions and relationships. This evolution led to the development of TMF between the late 1950s and 1970s (1959–1970) in the United States, integrating systemic family therapy with group therapeutic methods (McFarlane, 2016, p. 40).

The term "multi-family therapy" is attributed to Detre and Laqueur, who proposed organizing multiple-family groups to facilitate "knowledge exchange based on experience" , enabling families to develop new skills through modeling and mutual learning. McFarlane emphasized psycho-educational reference and problem-solving practices within these groups. In Argentina, Badaracco proposed multi-family groups from a psychodynamic perspective, later evolving to a systemic approach. In Britain, systemic influences were strong in the 1970s, while in France, the practice remained limited from the late 1960s. In Algeria, this type of practice is still scarce and only partially recognized today.

**5. Applications of Multi-Family Therapy (TMF):**

The family represents a fundamental pillar of society, being the first unit where individuals learn social values, norms, and the psychological and emotional skills required for interaction within their environment. In the modern urban context, families are increasingly complex, with historical, cultural, and social factors intertwining to create a network of bonds and dynamics that continuously affect their members (Granjong, 2001, p. 45; Whitaker, 1980, p. 107).

Studying the family goes beyond understanding its traditional structure; it also examines interactions with social pressures, economic transformations, and psychological phenomena affecting it. In this regard, incarceration is a highly impactful experience affecting all family members, creating challenges in maintaining emotional and social bonds, and influencing children and released parents (Comfort, 2008, p. 55).

Social research highlights the preventive and integrative role of the family in supporting individuals post-release, preventing recidivism, and ensuring successful and stable societal reintegration (Fassin, 2017, p. 158; Wacquant, 2014, p. 102).

Therapeutic practices have evolved significantly in addressing psychological and familial issues, giving rise to TMF, an extension of systemic family therapy that provides a therapeutic framework for multiple families to collectively confront challenges while benefiting from shared experiences. Developed in the mid-20th century, TMF integrates group therapy, systemic thinking, and psychodynamic therapies, becoming an effective and versatile therapeutic tool applicable in diverse areas such as psychotic disorders, addiction, depression, somatic disorders, and applicable in multiple settings including clinics, schools, therapeutic communities, and prisons.

As illustrated below, TMF encompasses various applications across psychological and social intervention fields.

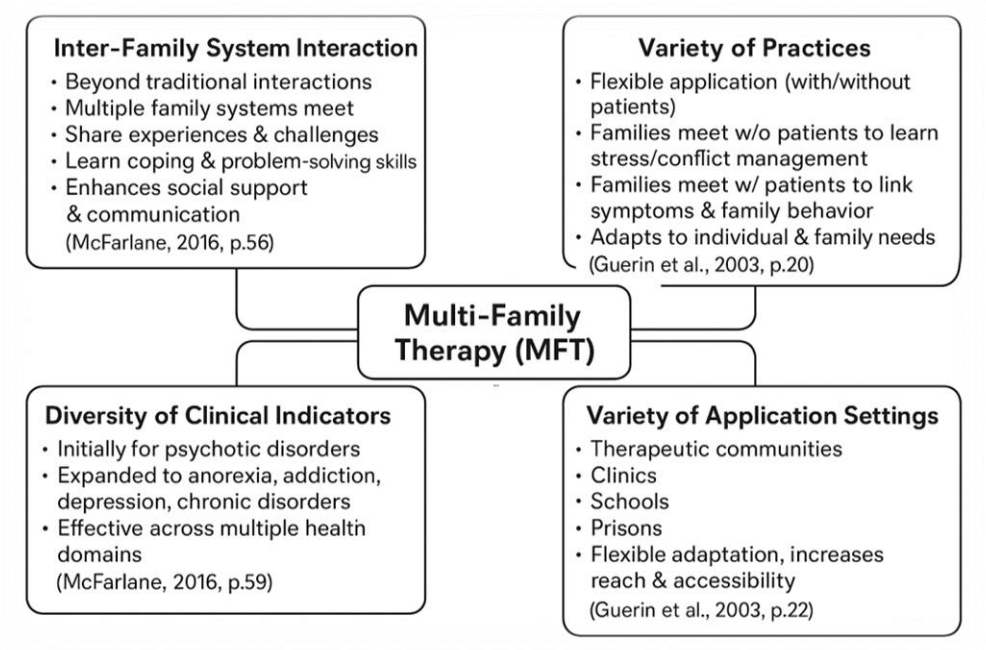


Figure (3): It shows the areas of application of multi-family therapy.
Source: Prepared by the researcher.

**5-1. Confronting One Family System with Another:**
Multi-Family Therapy (TMF) extends beyond the traditional interaction between individual family members or between the family and the therapist, moving toward direct confrontation of one family system with another. In this framework, multiple family systems gather in a single session under the supervision of therapists to exchange experiences, share challenges, and acquire skills for adaptation and joint problem-solving. This interaction allows each family to learn from the experiences of others, enhancing their awareness of both differences and similarities in family dynamics, which contributes to improving communication patterns and strengthening social support within each family system in the group (McFarlane, 2016, p. 56).

**5-2. Diversity of Practices:**
TMF is characterized by its "flexibility in implementation" , which can involve multiple families with or without patients present. For example, groups may include families facing similar issues without the patient, aiming to learn from others' experiences and develop stress and conflict management skills. Alternatively, therapy can include the patients within the session to better understand the relationship between psychological symptoms and family behaviors and to apply problem-solving strategies in real time. These multiple practices reflect TMF's capacity to adapt to the individual and familial needs of participants (Guerin et al., 2003, p. 20).

**5-3. Diversity of Clinical Indicators:**
TMF was initially applied to "psychotic disorders", such as schizophrenia and bipolar disorder, demonstrating effectiveness in reducing relapses and improving family adjustment. As techniques evolved, applications expanded to other conditions, including anorexia nervosa, addiction, depression, and chronic physical disorders. This diversity reflects TMF's ability to address multiple psychological and health issues, making it an effective tool across psychiatry, psychotherapy, and addiction treatment (McFarlane, 2016, p. 59).

**5-4. Diversity of Application Settings:**
TMF can be applied in various therapeutic environments, including:
- Therapeutic communities, providing a supportive environment for the group;
- Clinics, allowing centralized and organized therapeutic delivery;
- Schools, offering support to families and students affected by psychological or behavioral disorders;
- Prisons, supporting both families and incarcerated individuals to promote social reintegration and prevent recidivism (Guerin et al., 2003, p. 22).
This diversity demonstrates TMF's adaptability to different contexts, providing multiple avenues to reach families and communities effectively.

**5-5. Different Roles of TMF:**
TMF can assume multiple roles within the therapeutic system:
- Supportive therapy, complementing other treatments such as individual therapy or medication to enhance overall intervention effectiveness;
- Alternative to individual family therapy, in cases where traditional family therapy is not feasible;
- Organizational function within the therapeutic institution itself, improving group dynamics, strengthening inter-family links, and providing mutual support mechanisms that enhance the overall effectiveness of the institution (McFarlane, 2016, p. 62).

**6. Core Principles and Therapeutic Commitments in TMF:**

TMF programs are structured therapeutic approaches based on a set of core principles that guide practices regardless of the disorder, issue, or professional context in which sessions occur. These principles function as "common rules" ensuring the therapy's coherence and effectiveness.

Family and group as powerful healing agents**: Both the family and the multi-family group are central to healing and change. The group provides an environment for interaction and social support, while the family enables participants to apply skills learned in daily life. Healing occurs within a network of relationships that supports and guides the individual (McFarlane, 2016, p. 65).

Focus on resources and competencies : Therapeutic work builds on existing family and group strengths or reactivates them while acknowledging deficits. Families act as active partners and "co-therapists"**, with the group fostering a supportive therapeutic community that allows families to acquire new knowledge and skills. Psychological burdens, grief, and stress associated with family experiences are considered to create a safe and strategic therapeutic environment (Guerin et al., 2003, p. 25).

Eligibility of all families: Families experiencing psychological, physical, or relational disorders, or at risk of social or educational marginalization, are initially eligible for TMF. The therapeutic framework is tailored to the disorder, issue, and goals of each case, ensuring inclusivity and adaptability while maintaining treatment effectiveness (McFarlane, 2016, p. 68).

Preference for outpatient or partial hospitalization : TMF sessions are preferably conducted in outpatient or partial hospitalization settings to maintain the psychological and social development of patients and continuity in family life. This approach links therapeutic experiences to daily family life, enhancing intervention effectiveness by allowing the application of learned skills in real-life situations (Guerin et al., 2003, p. 28).

Weaving connections between therapeutic and family environments: Outpatient settings allow closer links between therapy and the family environment. Strategies practiced within the family can be discussed during TMF sessions, fostering interaction between theory and practice and ensuring continuity of learning and change within daily family life (McFarlane, 2016, p. 70).

Reliance on scientific theories and practices: TMF interventions are based on family therapy theories and clinical practices, as well as the scientific literature on family and multi-family therapy in relation to the relevant disorder. This ensures interventions are evidence-based, reliable, and adaptable to the individual conditions of each family and group (Guerin et al., 2003, p. 30).

**7. Benefits and Therapeutic Goals of TMF:**

TMF provides tangible benefits at both the individual and family levels, allowing families facing psychological, medical, or behavioral issues to rebuild relationships and activate individual and collective capabilities. Its efficacy is particularly evident in complex disorders such as schizophrenia, addiction, delinquency, and domestic violence, where TMF shows superior results compared to traditional family therapy.
Research indicates TMF contributes to:
- Reducing psychotic relapse rates;
- Improving social communication;
- Clarifying family roles and positions;
- Activating family bonds and relationships;
- Facilitating emotional expression, especially in emotionally restricted families;
- Teaching new communication methods and motivating families to pursue individual family therapy if needed.

Benefits extend beyond relational aspects, improving overall quality of life, including professional engagement, cognitive stability, and behavioral management. Including multiple families and patients in the therapeutic group reduces the social stigma often associated with the "identified patient" within a single family, which Comfort & Comfort (1977) highlighted as a preventive effect, alleviating emotional and relational burdens.

Therapeutic goals of TMF include overcoming social isolation and stigma, fostering a climate of solidarity and mutual support among families with similar problems, and encouraging observation, shared learning, and openness to others' experiences. This creates a "therapeutic greenhouse effect", generating cognitive, behavioral, and emotional transformation in participants.
Central objectives include:
- Problem containment, recognizing, understanding, and accepting the issue;
- Developing a shared language for families to feel empowered in managing the disorder or behavioral issue;
- Engaging families as active participants in the healing process, helping them modify critical or hostile attitudes toward the former patient;
- Enhancing emotion regulation, logical reasoning, and coping strategies within the family;
- Strengthening family cohesion, communication channels, intergenerational boundaries, and enabling each member to fulfill their role healthily;
- Encouraging families to adopt new interaction strategies and sustain motivation for ongoing care and therapy, supporting sustainable improvement and positive change.

**8. The Role of Sociology in Multi-Family Therapy and Its Contribution to Urban Reintegration:**

Sociology, particularly urban sociology, plays a fundamental role in supporting the effectiveness of Multi-Family Therapy (TMF) by providing a deep understanding of social relationships and urban structures in which individuals and families live. The city is not merely a geographic space but a complex social system composed of interwoven networks of interactions, resources, pressures, and forms of social organization. From a sociological perspective, behavioral or psychological disorders are understood within an urban context characterized by dense interactions, fast-paced rhythms, high stress

levels, stigma, and social fragility. This analysis reveals that problems do not originate solely from the individual but emerge from multi-level interactions between the family, the city, and its social structures.

By integrating an "urban sociological perspective into TMF", it becomes possible to understand how the urban environment affects family dynamics, such as economic pressures, weakened social bonds, neighborhood isolation, or fragile social networks. This understanding enables therapists to design interventions that consider these realities, helping families develop strategies to cope with the fast-paced urban environment and overcome the effects of marginalization or social fragility within the city.

Regarding reintegration, urban sociology highlights that an individual's return to social life cannot occur solely within the family. Effective reintegration requires full participation in the urban environment, which presents challenges such as social stigma, limited employment opportunities, difficulty accessing services, and lack of supportive networks. TMF, informed by sociological insight, helps prepare individuals and families to reestablish their presence in the urban space, build new relationships, and utilize available resources in the city, including cultural institutions, local associations, and social services.

Urban sociology also identifies "structural barriers" that hinder reintegration, such as substandard housing, living in marginalized neighborhoods, or the absence of nearby support networks. TMF can be directed toward addressing these challenges comprehensively. Additionally, it encourages the strengthening of "social capital" within urban neighborhoods by supporting neighborhood networks, restoring social ties, and enhancing interaction skills in public spaces.

Thus, when TMF incorporates an "urban sociological perspective", it becomes an effective tool not only for addressing psychological disorders and family relationships but also for "reintegration into the city". It enables individuals to regain the capacity to live effectively within the urban fabric, participate in social life, and overcome the risks of isolation or relapse. This approach promotes urban social integration and contributes to greater cohesion within society.

**Conclusion**

Analyzing the post-release experience of incarcerated individuals shows that completion of the sentence does not necessarily mean the end of "social incarceration." The urban environment, with its bureaucratic structures, institutional networks, and symbolic control systems, reproduces a form of "social imprisonment" through stigma, restricted access to employment and housing, and limited opportunities for reintegration into daily life. While the individual attempts to reclaim their position in society, social alienation, stigma, and self-punishment create a triple disconnection: from oneself, from others, and from the city that should welcome them as full social actors.

From this perspective, rehabilitating the individual alone is insufficient for effective urban reintegration. Even with enhanced skills, strengthened psychological and social capacities, and increased motivation, these efforts remain limited if the urban space itself—its institutions, laws, and prevailing perceptions—remains unchanged. True reintegration requires a city capable of welcoming released individuals, rather than reproducing exclusion through rigid urban policies, social sorting mechanisms in the labor market, and daily surveillance patterns that impose a "restricted freedom" on the formerly incarcerated.

In this context, systemic approaches, particularly Multi-Family Therapy (TMF), emerge as effective mechanisms for rebuilding social ties, addressing psychological distortions caused by stigma and self-punishment, and forming support networks that help individuals navigate urban challenges. TMF does not treat the released individual as an isolated case; it situates them within their family and social system, dismantling sources of disorder, rebuilding trust, enhancing communication, and developing urban coping skills. Through this approach, the former inmate transforms from a "subject of surveillance" into an active social actor, capable of taking a place in the city rather than remaining at its margins.

Consequently, addressing the reintegration challenge requires transcending traditional perspectives that place the burden solely on the individual, recognizing that the city itself requires social and symbolic rehabilitation. Integration is not an individual process but a "social–urban process", intersecting housing policies, psychological support programs, employment practices, residents' perceptions, and the released individual's efforts. Only through this integrated approach can the prison experience be transformed from a destructive rupture into a new starting point for building a stable and secure life trajectory.

In this sense, urban reintegration is possible only when both the individual and the city are rehabilitated. The interplay between the psychosocial rehabilitation of the individual and the urban–institutional rehabilitation of societyconstitutes the true pathway to reintegration: a pathway that does not erase the difficulties of reality but renders the city a livable space, rather than an invisible extension of prison.

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