

Psychotherapy Guidebook

PARTNERSHIP THERAPY

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Partnership Therapy

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Partnership Therapy

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DEFINITION

Partnership Therapy is the sharing of the same therapist and therapy session by two or three clients who did not have a prior relationship. It is similar to group therapy in that it puts strangers together to develop relationships that become a part of the therapy, but it differs in that with only two or three clients there is more time for each person and more relating in a one-to-one way with the therapist.

HISTORY

Partnership Therapy arose out of a wish to extend the duration of the therapy experience beyond the maximum of ten sessions, which the staff of the Counseling Center at San Jose State University had agreed upon. Staff member Finney had a group that had dwindled down to two members and he noted the increased intimacy and psychological movement between members. This provided the idea for deliberately setting up a group of two — a partnership. Since each client would use only half of the whole hour session, the number of sessions could be doubled. When tried, it was found that rather

than diluting the therapy experience, the shared time and interaction between the partners enriched it. Another staff member, Crockett, tried it and found it worked well for her. A number of therapists have used it and found it to be productive, giving some of the advantages of client interaction that group therapy provides and yet retaining the more focused client-therapist interaction of individual sessions.

TECHNIQUE

In the selection of partners, clients are chosen who are reasonably similar in age and value systems, although it has been found that different people can develop a trusting and productive relationship. Usually the idea of partnership sessions are introduced after the therapist and client have met together for a session. The advantages and disadvantages of the structure are explained and the clients are assured that they can ask for individual sessions or terminate the partnership if they wish. Since one or other of the partnership usually misses a session or so, the need for individual sessions does not need explicit arrangement.

Experience with this approach indicates that two and even three partners are able to develop mutual trust and intimacy rather quickly and talk about personal topics more rapidly than in group therapy. With only two or three clients, each has time to talk adequately about his personal concerns

and feelings, and is usually able to discuss private material as readily and deeply as in individual sessions. The partners take turns talking to the therapist, who controls how long each talks, shifting back and forth. He may also encourage the partners to interact with each other as they would in a group. All the familiar therapeutic processes occur in much the usual way, and the process does not appear to be attenuated but has the added dimension of a shared experience.

The advantages of the partnership technique are:

1. When a client is able to risk the exposure of some of his most sensitive and shameful feelings with a peer and finds they are accepted, he has made a step toward accepting these feelings within himself and in being able to share himself more openly in other relationships.
2. The feelings of one client will bring out similar feelings in the other — feelings he may have been overlooking or minimizing.
3. The pace allows a client to stop and digest what he has just said or discovered — while his partner talks.
4. The client has the opportunity to test out a new behavior with a peer — e.g., saying how he feels toward another person in a protected situation.
5. The therapist can focus on the interaction between the clients and help them see how they interact and affect others.

6. When the amount of therapy time is limited, it makes it possible to extend the number of hours. When the waiting list gets too long, more clients can be seen. In private practice clients who can not afford full fees can handle a split fee with a partner.
7. When a therapist is not able to make an appointment, the partners can work together. Sometimes partners who would like more frequent times or therapy over a longer duration are trained to work together with a therapist. The therapist gets them to interact more in the therapy hour and plays an increasingly less active role, then meets with them every other time and finally at infrequent checkup sessions. This system of working alone is the basis of Harvey Jackins's successful system of Co-counseling (Jackins, 1965).

The disadvantages are:

1. Strong negative transferences may develop between partners (this is when one partner shifts negative feelings about a significant person in his past to the other partner). Usually these can be worked through, but sometimes a partnership has to be dissolved.
2. Sensitive material may be withheld, such as embarrassing sexual thoughts.
3. A special problem exists in structuring contacts between partners outside these sessions, especially opposite-sexed partners. The hazards and difficulties are pointed out, and an

agreement reached that all contact will be open to inspection during the therapy hour. However, sometimes emotional attachments do arise and then the therapy becomes couple therapy, or may even need to be dissolved so the partners can talk about their feelings toward each other in a neutral setting.

APPLICATIONS

Partnership Therapy seems to be applicable to most therapy styles, except where the therapist feels that developing an intense client-therapist transference relationship is important. Similarly, a wide variety of clients can be handled in this structure, probably as wide as the range of clients treated in group sessions. Both individual and group therapy have particular advantages, and partnership combines the advantages of both. Between the one person of individual therapy and the six to fifteen of group, there are a number of combinations and the two or three of partnership adds another modality to psychotherapy.