Psychotherapy Guidebook

The Companionship Therapy Model

Gerald Goodman
Chris Barker

The Companionship Therapy Model

Gerald Goodman and Chris Barker

e-Book 2016 International Psychotherapy Institute

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

Table of Contents

DEFINITION

HISTORY

TECHNIQUE

APPLICATIONS

The Companionship Therapy Model

Gerald Goodman and Chris Barker

DEFINITION

There is no unique "Companionship Therapy." It is not a therapeutic orientation in the sense of being a set of techniques; rather the term denotes that process resulting from a specific combination of interpersonal ingredients. The recipe can be stated roughly as: take a nonprofessional or paraprofessional counselor chosen for his interpersonal competence, orient him toward not giving advice, pair him with a client, structure frequent contact into the relationship that evolves, and have a professional oversee its progress.

The companionship model combines elements of friendship with elements of therapy. Its theoretical basis stresses the value of empathic, nonjudgmental, playful contact for the resolution of emotional difficulties. Therapy is removed from the therapist's office to the client's natural surroundings: his home or place of recreation. Client-counselor contact may cover the full gamut of activities that come under the rubric of companionship, as well as those more traditionally associated with therapy. Thus activities may range from attending sports events or sharing hobbies, on

the one hand, to engaging in intimate discussions on the other.

Companionship Therapy places little stress on therapist strategy or technique. It gives counselors and clients freedom to choose the activity for each session, although counselors are selected for qualities that will foster intimate conversation. The companionship model minimizes the need for extensive training that characterizes the traditional "expert helper" model, and it discourages its counselors from taking a "professional" stance toward their clients. In other words, the therapy emphasizes selection rather than training, and two-way intimacy rather than patient management.

Of course, all is not as simple as the "recipe" given above implies. The choosing, orienting, pairing, structuring, and overseeing all take considerable planning by a given companionship program's administrators, and, as with traditional therapy, the precise impact of Companionship Therapy for different combinations of clients/counselors/circumstances is still partly an open question. However, one of the strengths of this approach has been its willingness to evaluate itself, and a substantial body of knowledge about its effects is now beginning to accumulate. The brief description to follow will attempt to introduce those concerned with the problems of running a companionship program to what is known about their solutions.

HISTORY

Historically, companionship programs reach back at least to the 1930s, an early example being the Cambridge-Sommerville Youth Study (Powers and Winter, 1951). Geographically, they spread as wide as the ubiquitous Big Brother and Big Sister programs. Guerney (1969) gives an idea of current activity in the area. For our purposes, the approach will be illustrated by focusing on a single program, author Gerald Goodman's Berkeley project (see Goodman, Companionship Therapy, 1972). This project is similar to others in that it employed the companionship dyad as the unit of therapy, but different in that it developed systematic selection methods for both clients and counselors, and that it incorporated a complex research design to both evaluate the overall effect of the program and determine specific predictors of outcome.

TECHNIQUE

Goodman's project took place in Berkeley in the mid-sixties. The "clients" were 5th-grade and 6th-grade boys, selected by a systematic citywide screening of the public schools. The counselors were male Berkeley undergraduates, recruited through advertisements in the newspaper. The "companionships" were structured to meet from one to four hours per visit, with two visits per week, and to last for the duration of the academic year. The typical pair met approximately fifty times over a span of eight months, and their average meeting lasted almost three hours.

The techniques of Companionship Therapy do not exist so much at the level of the response — such as interpretation in psychoanalysis, or confrontation in encounter — but more at the level of the relationship as a whole. They consist of the methods used to compose and structure the individual companionships.

The program was influenced by the client-centered tradition. Following Carl Rogers, the hypothesis was that people can change through other people's openness, understanding, and acceptance. Thus, counselors were selected for their capacity to self-disclose, empathize, and show positive regard for the feelings of others in actual performance situations. They were given a brief orientation about the value of being more honest with themselves and their clients, and of avoiding giving advice or trying to "treat" their boy. As one of the variables in the study, half of the counselors also participated in weekly sensitivity training groups led by experienced clinicians.

Counselor interpersonal skills were measured by an instrument developed within the project, the Group Assessment of Interpersonal Traits (GAIT). The GAIT is a method that uses brief performance samples to rate participants on a number of interpersonal skills. The primary scales are "understanding," "open," and "accepting-warm," which together form a therapeutic talent composite.

The “companionships” were designed to generate processes occurring in two forms of human relationships: psychotherapy and companionship. The dyads in the project engaged in the sustained pursuit of collaborative activities and the sharing of personal interests, which are the essential characteristics of social companionships.

In contrast, psychotherapy is usually based on the expectation that patients will frequently disclose private feelings. While the participating boys did not expect to discuss private topics, it was hypothesized that the counselor’s interpersonal style would draw forth much personal disclosure. Thus, the policy for structuring relationships was intended to foster the collaboration common to social companionship, while the selection and orientation of counselors was intended to foster the exploration of intimate topics common to therapy.

In terms of final outcome, the project had mixed results. Overall, while the participating group of 88 boys showed positive change on several of the variables, so did a matched control group. To assess the results, the study used observations from parents, counselors, teachers, the boys and their peers. The correlations between the various measures of change were complex and defied simple explanation. As a result, the predictor variables did not yield clear-cut findings. However, it did seem that the counselors’ GAIT empathy scores were positively related to outcome, and some dyad

characteristics also emerged as possible predictors. For example, black boys with white counselors especially seemed to benefit. Also quiet boys with quiet counselors seemed to benefit significantly less: a quiet/outgoing variable emerged as one of the strongest predictors in the study. A replication of Goodman's work showed a substantially similar pattern of results (see Dicken, et al., 1977). Thus, despite the lack of global outcome, the research implies that judicious selection and pairing will yield companionships that have positive therapeutic impact.

APPLICATIONS

For the practicing psychotherapist, Companionship Therapy suggests ways in which the therapist's role may be expanded. Traditional practitioners seem excessively role-bound by a number of now arbitrary anachronisms: the fifty-minute hour, the formal office setting, professional distance, and circumscribed notions of what client activities are therapeutic. Hopefully, the companionship model will provide an impetus towards a therapeutic repertoire of greater breadth and flexibility From a broader perspective, Companionship Therapy is an example of the trend toward de-professionalizing mental health delivery, which Sobey (1970) has aptly labeled "the non-professional revolution." Companionship and similar programs are proliferating. Various formats have been used: interracial pairs, elderly pairs, college students with chronic mental patients, and such cross-

age pairings as high school students with younger children, and parent-child dyads. A current direction is to train preexisting pairings — couples, friendships, and working relationships — in interpersonal skills. This capitalizes on an already existing companionship, adding a training ingredient to further the therapy component (although the intention here may be prevention rather than repair).

Companionship therapies appear to provide a workable format for the future. Their compatibility with rigorous research has become clear as selection, pairing assignments, relationship duration, training format, and so on can be systematically arranged. The easy interplay between such a widely appealing, economical, low stigma therapy and modern research design indicates the potential of Companionship Therapy in the future development of both community mental health and psychotherapy.