

PEER SUPPORT COUNSELING NETWORKS:
*THE SCIENCE AND LOST ART OF FREE
FRIEND-TO-FRIEND, COMPASSIONATE “ONE-ANOTHERING”*

* Professional counseling is NOT always needed *
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(Updated 9-10-25)

THERAPIES?

Most people don't realize that there are an estimated 400-500 *different* psychotherapies. In fact, many of these psychotherapies not only conflict with but actually *contradict* one another. If you do a Google search of the phrase “*what are verified commonalities in effective therapy*”, the AI summary reveals that,

“Extensive research on psychotherapy's effectiveness has revealed that shared ingredients, known as "common factors," are more significant predictors of positive outcomes than the specific techniques of any single school of therapy. These factors are fundamental to the therapeutic relationship and the client's internal process, rather than the specific model being used.”

Decades ago, after completing my M.Div. in psychology and pastoral counseling, I then entered a PhD program working on a doctorate in Counseling Psychology. However, unique family medical needs and ongoing financial bills made it impossible to continue my PhD studies. For me, that was probably a good thing personally, because if I'd ended up being called “Dr. Galloway” it would likely have gone to my head and been to much of a temptation for my *ego* :-). More seriously, it was during graduate school that I learned about the number of *contradictory* psychotherapies vs. the basic “common” *relationship* qualities that produce positive counseling outcomes.

If you go and read Google AI's full *list* of those “common factors”, you'll see that they are simply basic to any positive relationship, friendship, or mentorship which is based on compassionate care, unconditional positive regard, genuineness, and encouraging guidance. In other words — based on *love*. And by “love”, I'm referring to the kind of love that fits the Greek term “**agape**” which is used in the original Greek New Testament manuscripts. And, if you Google search “**What is agape love?**”, the Google AI gives an excellent summary matching those basic “common factors” of an effective *counseling* relationship.

ANGOLA PRISON - AN AMAZING METAMORPHOSIS TRANSFORMATION

Until 1995, Angola Prison in Louisiana where I grew up was well known as one of the most violent, dangerous prisons in the world. Murders, rapes, and suicides occurred regularly. Back in 1973, I was a bitterly rebellious 17 year old, and one of my friends was thrown into the horrific, hellish culture of Angola for heroin distribution. Sadly, after only six months of terrorizing abuse, my friend ended up in a mental institution.

But, in 1995 Angola Prison began a dramatic cultural *transformation* that no one would have imagined or believed possible. Yet, it happened because of the wisdom applied by a new Warden, Burl Cain. His program was a prime example of the peer mentoring network of AA, of

the family systems model of counseling, of the “Good Shepherd” *agape*-love leadership model taught and exemplified in the life of Jesus from Nazareth, and by *pastoral* counselors in compassion-centered churches, synagogues, temples, mosques, etc. Warden Cain developed a program of policies and practices based on the principles of *strong*, compassionately *communal* respect and love.

The backbone of Warden Cain’s program involved building and utilizing a community of peer-to-peer counseling, or as the New Testament describes it “one-anothering”. In only a few years, the culture of Angola Prison was transformed into a community of inmates characterized by peace, mutual trust and accountability, supported by a network of wise peer-mentoring relationships.

I won’t take the time and space to go into the details of that program in this brief essay, but if you’re interested, you can research online articles about it. I especially encourage you to read the book, ***YOU CAN CHANGE: Stories from Angola Prison and the Psychology of Personal Transformation***, by Dr. Mark W. Baker, a clinical psychologist. This insightful book is the culmination of Dr. Baker’s extensive on-site personal study of Angola’s dramatic changes.

MY OWN SIMILAR CONCLUSIONS AND CURRENT RETIREMENT GOAL

I came to the same conclusions as Dr. Baker during my past 40 year spiritual/pastoral counseling ministry (*utilizing the principles of agape-love* for individuals, couples, and families). So now one of my goals in *retirement* is to encourage the formation of *free*, peer-to-peer (friend-to-friend), non-professional support networks.

Yes, *some* personal and relational challenges definitely need the expertise of certain *professional* counselors who are experienced in working with specific needs, such as autism, schizophrenia, etc. Also, some issues involve significant biochemical, neurological factors that can benefit from *carefully* prescribed medications. Yet, even in these situations, adding the support of a peer network can enhance the effectiveness of professional counselors and/or psychiatric medication.

However, a lot of people (*even some professionals*) don’t fully realize how many people looking for “counseling” help simply need guidance and encouraging support. The kind of supportive relationships that can actually be received from wise, experienced, non-professional friends or members of their close community. In addition, because the average person or family is already wrestling with *financial* stress, *professional* fee-based counseling is often too expensive and therefore impossible. And remember that many people don't have insurance policies that cover the cost of psychotherapy. So for all of these reasons and more, *free* peer/friend support networks are not merely helpful, but vitally *needed*. In fact, one of the most effective elements of peer counseling that’s *free*, so there’s no question in the mind of the one being helped that the supportive *relationship* is built on *love*, not money.

HUMBLED BY MY NON-PROFESSIONAL COUNSELEES

During part of my counseling years, I was also a regional supervisor and trainer for a number of national counselor certification organizations. So, my counseling practice grew until I constantly had a long waiting-list of individuals & families seeking help. In order to meet this need, I began training peer-support counselors to "temporarily" help those on my waiting list. These peer-counselors were individuals and couples who had been through counseling and/or training with me. They were simply people who had learned how to overcome their own life struggles by applying the practical psychological principles of compassionately strong agape-love to change their thinking patterns and to mend relationships.

As these peer-counselors began meeting with people and families who were on my waiting list, the results were amazing. I had initially assumed that this peer-support network would merely provide those on my waiting list with a *little* help, until "I" could finally counsel them myself. But to my *humbling* surprise, many of the people and families who were helped by the peer-counselors had been so effectively improved that they no longer needed to start seeing me for any "professional" counseling.

They too had learned how to apply the psychological wisdom and logic of agape-love principles to their thinking and relationships. Best of all, many of them eventually became peer-counselors themselves, compassionately *servicing* others in our network by passing on what they had received.

Below is an excellent AI summary of the benefits provided by peer support networks:

"Peer counseling networks offer a range of significant benefits for individuals seeking support for mental health, substance use, or other challenges. These benefits stem from the unique aspects of peer support, which include:

1. Shared Lived Experience:

- Sense of understanding and validation: Peer counselors, having personal experience with similar challenges, provide a level of empathy and understanding that others may not be able to offer.
- Reduced isolation and stigma: Connecting with others who share similar struggles can alleviate feelings of loneliness and break down the stigma surrounding mental health issues.
- Hope and inspiration: Seeing individuals who have successfully navigated similar challenges can instill hope and motivate others on their own recovery journeys.
- Practical guidance and strategies: Peers can share practical coping mechanisms, strategies, and resources that have worked for them.

2. Empowerment and Self-Advocacy:

- Self-empowerment: Peer support helps individuals take control of their own recovery journey and empowers them to make choices and decisions about their well-being.
- Self-advocacy skills: Peer counselors can assist individuals in developing self-advocacy skills to navigate systems and access needed services.

3. Community and Connection:

- Sense of community and belonging: Peer support groups provide a safe and accepting space for individuals to connect with others, fostering a sense of community and reducing social isolation.
- Stronger social connections: Building relationships within peer networks contributes to a stronger social support system, which is crucial for overall well-being.

4. Complementary to Traditional Services:

- Integration with existing care: Peer support can work alongside traditional mental health treatments, offering additional support and perspective.
- Increased engagement and adherence: Peer support can increase engagement in treatment and improve adherence to recovery plans.
- Cost-effectiveness: Peer support can potentially reduce healthcare costs by preventing crises and decreasing reliance on acute services.

5. Personal Growth and Development:

- Improved self-esteem and confidence: Connecting with peers and receiving positive feedback can boost self-esteem and confidence.
- Enhanced social skills: Participating in group settings provides opportunities to develop and practice communication and social skills.
- Mutual benefit: Both those giving and receiving peer support can experience personal growth and benefits.

In summary, peer counseling networks offer a unique and valuable approach to supporting individuals on their journey toward recovery and well-being. By leveraging the power of shared lived experience, these networks foster connection, reduce stigma, inspire hope, and empower individuals to take an active role in managing their challenges.”