THE POSITIVE THERAPEUTIC RELATIONSHIP:
AN ACCREDITATION PERSPECTIVE

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ABSTRACT

A positive therapeutic relationship may beneficially be enacted by the therapist assigning certain statuses to the client, and steadfastly treating him or her accordingly. These statuses include: one who is acceptable, who makes sense, whose best interests come first, who is significant, who already has strengths, who is to be given the benefit of the doubt, who is an ally and collaborator, who is an agent, and who is a fellow status assigner. Therapists must ensure that their status assignments are both recognized and accepted by clients; and must present themselves in such a manner as to establish, maintain, and repair if necessary their own eligibility to function as assigners of such statuses.

In formal "accreditation ceremonies" (Garfinkel, 1957; Ossorio, 1978) such as the conferral of a doctoral degree or the ordination of a clergyman, one person acts by virtue of his or her position to confirm another person in a new position in a community. This new position, or "status", is such that the confirmed individual now enjoys expanded

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eligibilities for participation in that community. In this paper, we explore the considerable power and benefit inherent in engaging clients in therapeutic relationships that are ongoing, informal versions of such accreditations.

THE NATURE OF ACCREDITING STATUS ASSIGNMENTS

Status and Behavior Potential

"Status" means "*position-in-relation-to*". The totality of a person's statuses is simply the totality of that person's positions in relation to everything, including himself or herself (Ossorio, 1976, 1982; Schwartz, 1979). For example, Joe may be a father to his child, a husband to his wife, a captain in the military, an adherent to his faith, his own harshest critic, a strong valuer of family loyalty, and an author of his own actions, among countless other relations to himself and his world.

Each of a person's various statuses corresponds to some behavior potential. That is, to be in any relational position is to have greater or lesser eligibility and/or opportunity to engage in certain behaviors. To be, for example, a captain in the military is to be eligible to give orders to those of lesser rank, to partake in officers club functions, and more. To be a husband to another ordinarily carries eligibilities and opportunities to relate sexually, to co-govern a family, to share experiences, to build a life together, and much more, with this other individual.

Sociological statuses such as "captain" and "husband" are especially clear instances of statuses which carry with them behavior potential. Less clear is the fact that personal attribute "labels", a class of concepts usually taken as designating qualities inhering "in" persons, also designate such statuses. Charlie Brown, in a Charles Schulz cartoon many years ago, appreciated this fact very well when he lamented that, "I'm a nothing, and she's a something, so I can't go over and have lunch with that pretty red-haired girl. Now, if I were a something and she were a nothing, I could go over there. Or if I were a nothing and she were a nothing, I could go over there. Or if I were a something and she were a something, I could go over there. But (sigh!), I'm a nothing and she's a something, so I can't go over and have lunch with her" (Schulz, 1968). Charlie Brown appreciates that his self-assigned "nothing" is not merely the description of some quality or lack thereof in himself, but also a status. This self-designation places or "locates" him somewhere in relation to others—in this instance, in a place of tremendous disqualification and ineligibility for relations with them (cf. Goffman, 1963, on stigmatizing labels).

In like manner, other personal characteristic concepts which persons employ to characterize themselves and others (e.g., "rational", "good", "trustworthy", "crazy", "sensitive", "indiscreet") are, when we examine them from this status perspective, seen to be not merely qualities but statuses. When we appraise Joe as a moral person, we are not merely taking it that he has a certain quality; we are also assigning him to a place or position such that we are prepared to treat him quite differently than Jack, whom we take to be morally corrupt. When we appraise ourselves as "crazy" or "irrational", we assign ourselves to a place that is quite different than "sane" or "rational", and we treat ourselves and our actions quite differently (e.g., we would, if we held ourselves rational, trust our judgments far more and act upon them with greater confidence than if we believed ourselves crazy).

Statuses May Be Assigned A Priori

Ordinarily, we assign statuses to others on the basis of observation. We observe Joe, and on the basis of our observations recognize that he has the statuses "captain" and "father", and assign to him the statuses "good man", "self-critical", and so forth.

However, it is possible to make status assignments a priori. A commonplace example of this occurs every day in jury trials. Jurors are explicitly instructed, prior to any observation, to regard defendants as "innocent until proven guilty". They are instructed to hold the defendant, a priori, innocent of charges, until and unless the evidence presented is such that they can have no reasonable doubt but that he or she is guilty.

A second example of an a priori status assignment is more directly relevant to our present concern with positive therapeutic relationships. Rogerian and many other psychotherapists, upon first meeting new clients, will assign the status "unconditionally acceptable" to them, and will treat them accordingly from the first moment that they enter the consultation room. Their position will not be the openly empirical, "Well, let's wait and see if this person seems acceptable to me". It will be the a priori, "As a human being, this person is unconditionally acceptable; I will hold him or her such to the degree that my own personal ability permits, and in the face of failure to do so, my first line of endeavor will be to expand my own personal tolerance."

Accrediting and Degrading Status Assignments

A status assignment is accrediting when its acceptance entails, or is equivalent to, the acceptance of expanded eligibilities and/or opportunities to participate in a community. Should Lucy in one of her five cent psychiatric sessions characterize Charlie Brown as a "something", and

should he be able to accept this characterization as real, his acceptance of this would entail an appraisal of himself as eligible for relationships with others he deems worthwhile ("somethings"). Should a therapy client, through experiencing a relationship in which she was unconditionally accepted, come to regard herself as unconditionally acceptable, her new self-regard would carry with it a perception of herself as eligible for acceptance from others.

A status assignment is degrading when its acceptance entails, or is equivalent to, the acceptance of diminished eligibilities and/or opportunities for participation in a community.

"Actions Speak Louder Than Words"

A woman is told that she is not going to die, but treated as a dying person; a child is told that he is coordinated, but treated as clumsy; a client is told that she is rational, but treated as one who is always misreading reality. In cases such as these, it is ordinarily the status assignment implicit in the treatment of the person which "speaks louder". It is this status assignment that is taken as the assigner's genuine one. It is this status assignment that is accepted by the other in those cases where such acceptance occurs.

In cases where verbalized status assignments and those implicit in treatment of another are congruent, it is ordinarily the latter which serve as the guarantor of the authenticity of the former, and not the other way around.

With respect to the therapeutic relationship, it is therefore imperative that therapists' actual views of their clients be accrediting ones, and that they *treat* clients in accrediting ways. When conditions are optimal, such treatment occurs quite smoothly, naturally, and automatically. We simply see our clients as acceptable, as making sense, as "somethings", etc., and naturally treat them accordingly.

When conditions are less than optimal, however, the enactment of a therapeutic relationship in which the therapist treats the client in accrediting ways may require considerable ingenuity and work. For example, a client reports that he has been sent by the courts for sexually abusing his child and, despite his facade of earnestness, it is easy to see that his attitude is quite cavalier and that he has come to therapy primarily to avoid court sanctions. The therapist's first reaction to him is nonaccepting, and this attitude will ordinarily be expressed in the therapist's behavior even if he or she tries to fake an accepting attitude. The therapist in such a case, if he or she is to be an accrediting relater, must do something to enable himself or herself to be able genuinely to regard and treat the client in an accrediting manner. One might, for example, actively *search* for a perspective on this client that would

enable one to accept the man. This might be accomplished by asking extensively about the man's personal history, current circumstances, phenomenology, and reasons for approaching his child sexually. The key thing will be that the therapist be able to get an understanding of this man that will enable him or her to accept the man (without condoning or excusing away his action). The therapist may learn, for example, that the man was himself abused, that he is radically ignorant of the implications of his actions for his child, that he does care for the child, that he has been drastically degraded as a person in other spheres of his life—any or all of which might enable the therapist to accept him better. Of course, searches for more charitable perspectives, examinations of our own untherapeutic reactions, and other measures designed to put ourselves in a more genuinely accrediting posture vis-a-vis the client will sometimes fail, and we will not be able to accept certain clients.

Section Conclusion

In a positive therapeutic relationship, the therapist makes a priori status assignments to the client that are accrediting in nature, and treats the client accordingly. Where Carl Rogers would recommend that the content of such accreditation have to do with the single status "unconditionally acceptable", we recommend that an accrediting therapeutic relationship be built around the multiple statuses delineated in the next section.

RECOMMENDED STATUS ASSIGNMENTS AROUND WHICH TO BUILD A POSITIVE THERAPEUTIC RELATIONSHIP

One Who Is Acceptable

To be unacceptable is to be ineligible for the acceptance of other persons. This self-assigned status is ordinarily based on individuals' beliefs that they possess characteristics which disqualify them for such acceptance—that they are evil or selfish or crazy or sexually perverse or inferior or unloving, etc. A therapeutic relationship in which the client is assigned the status "acceptable" (i.e., is accepted) is therefore accrediting. Further, it enhances the likelihood that our other interventions will be effective. Clients are more likely to listen to and cooperate with therapists who accept them than with ones who do not (Driscoll, 1984). Though their rationales are different, most other authors on the therapeutic relationship have stressed the importance of the therapist's

acceptance of the client (e.g., Beck et. al., 1979; Kohut, 1977; Meador and Rogers, 1984; Rogers, 1957, 1959; Wilson, 1984).

One Who Makes Sense

It is incalculably self-disqualifying to see oneself as making no sense. When people believe that their perceptions, emotions, judgments and decisions are either inadequately grounded in reality or without logical foundation, then they believe themselves to be unqualified for competent action. The degree to which such beliefs are personally undermining, undercutting as they are of all of one's judgments and behavior, can be staggering in certain cases.

In the therapeutic relationship, we recommend that the client be held *ineligible to make no sense*: every emotion, judgment, and action has a logic which is in principle reconstructible; every perception is an understandable way of looking at things. The client is eligible to be mistaken in his or her reasons, perceptions, and judgments, but not eligible to make no sense (Ossorio, 1976; Driscoll, 1984).

One Whose Best Interests Come First

Generally, persons who assign to themselves the status "unlovable" take it that they are not persons whose best interests could constitute the genuine concern and goal of another. If others' actions towards them seem positive, it cannot be because those others have their best interests at heart. There must be some explanation other than "because he or she cares for me", and these people will routinely generate such alternative explanations. In contrast, persons who believe they are lovable take it that they are eligible or worthy to have their best interests constitute the genuine concern and goal of other persons.

We recommend, therefore, that the therapist assign to the client the status of "one whose best interests come first in this relationship". The therapist's commitment is to conduct therapy first and foremost for the benefit of the client, not the benefit of society, the client's family, the therapist, or any other party (Ossorio, 1976; Driscoll, 1984). Such a therapeutic stance is an accreditation in which the status assignment has to do with lovability. A version of "you are lovable" is being enacted.

One Who Is Significant

To be insignificant is to be, like Charlie Brown, a "nothing" living in a world of "somethings", and to suffer the relational ineligibilities that he so aptly described. It is to be an unimportant "nobody", a "cipher", in a world peopled by important "somebodies". It is to live in an "I

don't count—you count" world. To assign genuinely to the client a place of importance and significance in one's life, then, is an accreditation.

One Who Is an Agent

We have seen numerous clients whose implicit view of themselves is that they are pawns of internal or external forces. They convey this in expressions like "something came over me", "I found myself doing such and such", "such and such made me do it", and the like; and these expressions permeate their descriptions of their actions. A "pawn of forces" (think, for example, of a puppet or a robot) is ineligible to engage in deliberate action. "It" is incapable of entertaining behavioral options and choosing from among them.

In contrast, to be an agent is to be eligible to entertain behavioral options and to choose from among them. To be an agent is to have control, albeit imperfect, of one's behavior. To be an agent is to have power. Thus, agency is included among the a priori status assignments that we recommend be included in the therapeutic relationship.

One Who Is To Be Given the Benefit of the Doubt

Within bounds of realism, therapists have options as to how to construe their clients. And these options differ in the degree of *charity* that they embody. For example, a mother who is overly concerned about her child's safety might be viewed by a psychotherapist either (a) as someone who harbors an unconscious hatred of her child, or (b) as someone who is utterly convinced that, for her, nothing so good as her child and their relationship can possibly be lasting. The relational recommendation here is: Treat the client as one who is to be given the benefit of the doubt (Ossorio, 1976). Given a choice among different ways of looking at a client, choose as a matter of policy the most charitable yet realistic possibility.

One Who Has Strengths

An individual who possessed no strengths—no enabling abilities, traits, ideas, motives, or positions of power—would be a completely helpless individual. He or she would not be qualified for the essential business of acting to better his or her own life. He (she) would be eligible for the help of others, but not for self-help. The therapist who undertook therapy with the implicit assumption that "This client is a helpless person, and we shall have to proceed from there" would be starting from an almost impossible position.

We recommend, therefore, that the therapist take it a priori that each client possesses strengths—that he or she possesses enabling abilities, traits, ideas, motives, roles, and/or positions of leverage (Driscoll, 1984).

The therapeutic task is one of *recognizing and mobilizing* these strengths not determining whether or not they exist.

One Who Is the Therapist's Ally and Collaborator

Being a member of a two-person community in which both person are pulling together and collaborating to accomplish a common goal i ordinarily accrediting in two ways. First, if the therapist is an estimabl person for the client, to be related to such an estimable person as hi or her ally and collaborator is itself status enhancing. Second, as the ol aphorism "two heads are better than one" implies, working in collabora tive alliance with another is usually more enabling than working alone Thus, treating the client as an ally and as a collaborator is recommend ed (cf. Beck et. al., 1979; Sweet, 1984).

"A priori status assignment" has a slightly different meaning here thar it does elsewhere. The best heuristic for conveying this would be the ac of casting someone in a play. We could say here: "Cast the client as ar ally and a collaborator in the therapeutic endeavor". It is not a cas here of assuming that they already are an ally, in the same sense tha they already are rational or acceptable, but rather of engaging in action that an ally would engage in, and then trying to see to it that the clien enacts reciprocal role behaviors (cf. making an opening move in a boar game). The client here may immediately enact the complementary role establishing an immediate alliance. Or the client may not do so, thu necessitating additional efforts to establish the alliance.

One Who Is Eligible to Assign Statuses to the Therapist

All that has been written thus far could be read as suggesting that the therapist hands down statuses from "on high"—that he or she hands them down from a position which is vastly superior to that of the "poor, lowly, ineligible client". This is not the spirit in which all of this is intended. In fact, to enact all of these suggestions in that spirit would have degrading implications.

One of the ways to avoid such an enactment of the therapeutic relationship is to see to it that the client is one who can assign statuses to the therapist (cf. Roberts, 1985, on mutual status assignment in I-Thou relationships). The recommendation here is that therapists not let themselves become too insulated from the opinions, views, and reactions of clients towards them. This might happen, for example, if a therapist misused the notion of transference in such a way that he or she regarded too few of the client's reactions as valid, realistic reactions to him or her. We recommend that therapists adopt a policy in this regard of taking things to be the way they seem to the client, unless

they have stronger reason to believe otherwise (Peek, personal communication, 1988).

Section Conclusion

In suggesting that all of these status assignments be made, we are not implying that all clients feels degraded in all of these ways. Clearly, they do not. However, even in those cases where clients do not feel so degraded, to eliminate any one of them from our therapeutic relationship would be a serious mistake. For example, even if a client already believed herself acceptable, we would obviously be remiss if we failed to regard and treat her thus. If another client believed that he made sense, we would obviously be remiss if we treated him as other than this. The elimination of any of the relational elements listed above (see also Table 1) presents the danger of a countertherapeutic, degrading relationship between therapist and client.

Table 1
Recommended Status Assignment
for a Positive Therapeutic Relationship

1. One who is acceptable.
2. One who makes sense.
3. One whose best interests come first in this relationship.
4. One who is significant.
5. One who is an agent.
6. One who is to be given the benefit of the doubt.
7. One who has strengths.
8. One who is the therapist's ally and collaborator.
9. One who is eligible to assign statuses to the therapist.

CLIENT RECOGNITION AND CLIENT ACCEPTANCE

Client Recognition of Accrediting Status Assignments

Clients must recognize that they are being treated as acceptable, rational, significant, etc., if accreditation is to take place. This does not mean that clients need be fully aware and fully able to articulate the nature of the status assignment. But if they remain totally blind to them, then there is no possibility of accepting them, and no possibility of accreditation and new behavior potential.

It is incumbent on the therapist, therefore, to pay some attention to whether or not such recognition is occurring. The best policy here is to assume that the client is recognizing how he or she is being treated, unless there are clear indications to the contrary. Rather than look for every little positive indication, we undertake a far more manageable task: we watch out for indications that our status assignments are not "registering", and then take appropriate action.

For example, we might get intimations from a client that our accepting actions towards him are regarded as role behavior only, as "acting like therapists are supposed to act", and little more. The client is not recognizing that in this relationship, he is truly accepted. In such circumstances, the therapist must do something to change this state of affairs. For example, he or she might address the matter directly: "It seems that your view of yourself is such right now that it's hard to believe that I actually accept you. You look at my behavior and you think, 'Well, he's acting accepting because that's the way therapists are supposed to act. It couldn't possibly mean that he genuinely accepts me.' I'd like you to watch for something. As you feel better and better about yourself, I'd like you to notice how it will come through more and more that I'm not just playing a role here, that my acceptance of you is just that—acceptance of you." This remark addresses the issue, legitimizes the disbelief, doesn't force anything on the client, suggests that general therapeutic progress will occur, and predicts that the fact of acceptance will "come through".

Client Acceptance of Accrediting Status Assignments

An accreditation is not accomplished until the status assignment is accepted by the client. Just as a job promotion may be refused, an Academy Award turned down, or a proposal of marriage refused, a therapist's accreditation may be rejected. The accreditation is then incomplete, and as yet unsuccessful.

Again it is incumbent on therapists to try to determine why status assignments have not been accepted, and to do what they can to have them accepted. Has the client simply assimilated all that has gone on to his or her negative self-concept (e.g., concluded that, "It's amazing how even a reject like me can be accepted by some people.")? Has the client not accepted the new statuses because they seem too threatening ("If I took it that I made sense, was really in control of my behavior, and had strengths, people would expect a lot more of me and hold me accountable—that is a frightening prospect.")? Has some key evidential basis for the current devalued status assignment been left untouched ("If only my therapist knew about my abortion, she wouldn't be so accepting.")? Has the client recognized that acceptance of the ther-

apist's accreditations would create troublesome dislocations in other key relationships (e.g., "If I took it that my best interests did indeed count, would this jeopardize my relationship with my rather narcissistic spouse?"). These and numerous other possibilites, many of which are suggested by considerations in the preceding pages, might be examined and, when they prove fruitful, acted upon to remediate them and bring accreditation to completion.

THERAPIST ELIGIBILITY

In order to function effectively as a status assigner, the therapist must be eligible in the client's eyes to do so. He or she must possess the requisite statuses to be a therapeutic status assigner. The most important of these *therapist statuses* are the following.

Credible

If the therapist's status assignments are to be believed, the client must find him or her believable (Driscoll, 1984; Frank, 1963; Wilson, 1984). In the present context, this means that the client must regard the therapist as an *honest and competent status assigner*. Therefore, lying, self-denigration, lack of professionalism, incessant positivity or negativity (who believes a movie critic who likes everything?), undue tentativeness, and other actions that would undercut therapist credibility must be avoided.

His or Her "Own Person"

It is important for clients to see their therapists as their "own persons". That is, they need to see their therapists as persons who are free, able, and willing to "tell it like it is", whether this be positive or negative, to agree or disagree, to cooperate or confront, and to set self-respecting limits on what they will do and will not do in relation to the client. Where this is absent—e.g., where the therapist is perceived as *having* to be always nice and agreeable—the therapist's reactions to the client will not be perceived as legitimate affirmations of the client's status.

One Who is Eligible to Criticize the Culture

The therapist would ideally be, in the eyes of the client, one who is eligible to criticize and even to disqualify the culture itself as a legitimate assigner of certain statuses. In our experience, one good path to this status can be achieved by the therapist presenting himself or herself as a person who embodies and takes seriously the higher and more enduring values of a culture (cf. Edward Albee, the playwright,

who is an effective critic of America in part because he criticizes it in terms of its own original values). The therapist who makes appeal to values such as integrity, authenticity, responsibility, and justice presents himself or herself as "one of us", as a subscriber to the highest values of a culture, and, other things being equal, will ordinarily thereby function as a more effective critic of the culture in its unreasonable status assigning practices.

If the therapist can lay claim to such a position, he or she is empowered to do two things. First, he or she may engage in cultural criticism and disqualification. For example, with a female incest survivor, the therapist may successfully undermine the cultural status assignment which says: "You are a devalued, tainted person because you have had sexual contact with your father, even though it was against your will." Second, the therapist may act from this position to accredit the client as one who can also disqualify the society in its unreasonable status assigning practices. To pursue the same example, when the therapist negotiates with the incest survivor the reasonableness of regarding herself as a discredited person, the therapist treats her as someone who is herself eligible to undermine unreasonable cultural status assignments (Schwartz, 1979).

One Who Knows the Client

Most therapist accreditations can be dismissed by clients if they believe that the therapist does not really know or understand them. It is easy and commonplace for clients to dismiss accreditations with: "If my therapist really knew me, he (she) wouldn't find me so acceptable/rational/lovable/etc." Thus it is imperative that clients be known and know that they are known—that they assign to their therapists the status of "one who really knows and understands me". This point was made long ago by Carl Rogers (1957).

One Who Embodies the Statuses Being Assigned

It takes a therapist who is an acceptable, rational, significant, care-meriting, etc. person to enact the accreditations described in this paper. Should the therapist be regarded by the client as unacceptable, or irrational, or insignificant, etc., these perceptions will detract from the therapist's eligibility to enact these accreditations. To pursue but one example here, to the degree that a therapist is regarded by a client as irrational—as deficient with respect to making sound, reality-based judgments—to that degree this therapist is disqualified as a legitimate assigner of any status. (See Table 2 for a summary of the therapist statuses just enumerated.)

Table 2
Requisite Therapist Statuses

1. One who is credible.
2. One who is his or her "own person".
3. One who is eligible to criticize the culture.
4. One who knows the client.
5. One who embodies the statuses being assigned to the client.

Recovering from Client Disqualifications

In the preceding paragraphs, we have been speaking about establishing and maintaining certain statuses in the eyes of clients. Despite therapists' best efforts, however, clients will at times disqualify them as legitimate status assigners—will devalue them as unacceptable, unbelievable, irrational, etc. people. At such times, it is imperative that therapists recognize what has happened and take measures to try to restore their own lost status. Otherwise, both therapist and client lose.

For example, some clients will devalue and disqualify a therapist precisely because the latter accepts them. The logic of this devaluation is precisely that of W.C. Fields, who rejected an invitation to join a country club on grounds that he would never consider joining any club that would have the likes of him for a member. With a client who rejects the therapist on such grounds, the therapist might relate this W.C. Fields anecdote itself as a way to give the client the needed perspective to question and hopefully to undo his or her devaluation of the therapist (Ossorio, 1976).

CONCLUSION

The Danger of External Disconfirmation

As a general rule, it is desirable to accredit clients in such a way that other people are either unlikely or unable to disconfirm the new status. Two considerations are suggested in this regard. First, will the status assigned to a client be supported, or at least not disconfirmed, by others in his or her world? If so, we may proceed. Second, if disconfirmation seems likely, how may the client be insulated from this disconfirmation? For example, one client, a woman I shall call Jill, had a profound conviction of unlovability. This conviction was based primarily on a childhood in which she was both a family scapegoat and grossly rejected

by a very narcissistic mother. Further, continued rejection and blame at the hands of her mother served to perpetuate the conviction of unlovability. Aside from simply accepting her and putting her best interests first in the therapeutic relationship, one of the authors also worked very hard to erect a picture of reality in which Jill was portrayed as a "placeholder"; i.e., as someone who, regardless of her own merits or value, occupied a certain position in the family such that no matter who occupied it, that person would be scapegoated. Further, the simple notion that her rather damaged mother could not love, and that her failure to love Jill was therefore not in any sense a comment on Jill's lovability, was promoted over and over again in various ways throughout the therapy. In time, through these efforts to insulate Jill from her mother's degradations, she became relatively immune to them. Her mother was now substantially unable to undo the relational accreditations having to do with acceptability and lovability.

Enacting the Therapeutic Relationship is an Intervention

A classical issue in the field of psychotherapy concerns the relative importance of the therapeutic relationship, as opposed to therapeutic interventions, in effecting change. Four general positions have been taken on this issue. First, some theorists, most notably those with a client-centered orientation (e.g., Meador and Rogers, 1984; Rogers, 1957, 1959), have maintained that the therapeutic relationship is by itself both necessary and sufficient to effect therapeutic change. Secondly, certain behaviorists (e.g., Lang, Melamed, and Hart, 1970) and certain cognitive theorists (e.g., Ellis, 1984), have held essentially the opposite view—that a positive therapeutic relationship is neither necessary nor sufficient to produce therapeutic change. A third position, entertained by other cognitive (e.g., Beck et. al., 1979) and behavioral theorists (e.g., Sweet, 1984; Wilson, 1984) is that a positive therapeutic relationship represents a precondition—a sort of necessary, enabling, but itself noncausal medium—for therapeutic change. Fourth and finally, most psychoanalysts (e.g., Arlow, 1984; Kohut, 1977) and certain behavioral theorists (e.g., Lazarus, 1980; Liberman, 1969), have maintained that the enactment of a positive therapeutic relationship is itself a change-producing intervention, but one which in most cases must be supplemented by further interventions to produce therapeutic change. The therapeutic relationship for these theorists is necessary, but by itself insufficient, to effect comprehensive change.

Our own position is consistent with this last one. We maintain that the enactment of a positive therapeutic relationship as described above is *itself an intervention*. The position we have taken throughout this paper is that treating the client in accrediting ways is something a

therapist does to bring about therapeutic change. The therapist's relational behavior is instrumental behavior with a therapeutic end. As such, it qualifies as an intervention every bit as much as correcting a misconception or doing systematic desensitization. It is simply a subset of the set of all interventions in which the therapist engages.

Though a subset, this is a *necessary* subset. Our experience has been that, when a positive therapeutic relationship does not develop, positive therapeutic outcomes rarely ensue. The relative absence of such a relationship results both in failures to accredit the client and also in lessened effectiveness for our other interventions.

Finally, because our primary interest has been in therapeutic change, we have discussed the therapeutic relationship only insofar as it is *instrumental* in bringing about certain goals. We do not intend in so discussing it to minimize the fact that such a relationship also embodies certain *ethical* values (e.g., the Kantian injunction to treat every person as an end and not as a means). Nor do we intend to minimize the fact that the relationship we have described has *intrinsic value* as a personal relationship—it is, for those who can appreciate it, an end in itself, and not merely a means to some further end (cf. Roberts, 1985).

Modifying the Therapeutic Relationship for Specific Clients

We do not recommend that therapists alter the nature of the status assignments made for different clients. On the other hand, we do recommend that therapists alter the *mode of expression* of these status assignments (cf. Beck et. al., 1979, p. 46; Wilson, 1984). For example, where one might be relatively warm and forthcoming in one's expressions of acceptance for many clients, one would be ill-advised to do so with most paranoid clients (Bergner, 1985). The need in such cases would be to find ways to convey acceptance that would not threaten, arouse mistrust, or provoke any other untoward reaction in the paranoid client. We shall not multiply examples here. Suffice it to say that the way in which a status assignment is conveyed must take into account the personal characteristics of the client if we are to be successful accreditors.

Final Summary

In this paper, we have taken the position that a positive therapeutic relationship is an accreditation of the client. In this accreditation, the therapist assigns to the client certain a priori statuses of a highly affirming, entitling nature, and treats the client accordingly. These include: one who is acceptable, who makes sense, whose best interests come first, who is significant, who already has strengths, who is to be

given the benefit of the doubt, who is an ally and collaborator, who is an agent, and who is eligible to assign statuses to the therapist.

In order for clients to accept these status assignments, they must regard the therapist as eligible to make them, and recognize how the therapist is treating them. Thus, therapists must present themselves in such a manner as to establish, maintain, and repair if necessary their own status in the eyes of their clients, and they must ensure that their status assignments are recognized by clients. An accreditation is successful and complete only when the client accepts the therapist's status assignments; i.e., assigns them to himself or herself.

The positive therapeutic relationship is a powerful intervention. The outcomes of this intervention, when all goes well, are senses on the part of our clients of fuller entitlement and ability to participate in society in meaningful, rewarding, and fulfilling ways.

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