


DRUG & ALCOHOL FINDINGS *Review*

analysis

This entry is our analysis of a review or synthesis of research findings added to the Effectiveness Bank. The original review was not published by Findings; click [Title](#) to order a copy. Free reprints may be available from the authors – click [prepared e-mail](#). [Links](#) to other documents. [Hover over](#) for notes. [Click to](#) highlight passage referred to. Unfold extra text  The Summary conveys the findings and views expressed in the review. Below is a commentary from Drug and Alcohol Findings.

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► [Evidence-based psychotherapy relationships: Positive regard.](#)

Farber B.A., Doolin E.M.

Psychotherapy: 2011, 48(1), p. 58–64.

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This meta-analytic review commissioned by the American Psychological Association finds outcomes improve the more therapists are consistently warm and show high regard for clients. Given the stigma and low regard attached to addiction and addicts, these findings have important implications for promoting recovery.

SUMMARY Updated in 2018. See [Effectiveness Bank analysis](#).

[Though not specific to patients with drug and alcohol problems, studies in the analyses described included such patients, and the principles are likely to be applicable to these disorders among others, not least because substance use problems generally form part of a complex of broader psychosocial problems.]

This review is one of several in a [special issue](#) of the journal *Psychotherapy* devoted to evidence-based, effective therapist-client relationships. It reports on a research synthesis of the links between outcomes of therapy and the degree to which therapists are consistently warm and show high regard for their clients – sometimes termed 'therapist affirmation,' 'non-possessive warmth,' or, as in this review, '[positive regard](#)'. This was one of a trio of interpersonal qualities posited in 1957 in a [classic paper](#) by Carl Rogers. The other two, often termed [congruence or genuineness](#) and [empathy](#), are reviewed in other papers in this special issue. Rogers' paper fostered the view that the therapist-client relationship *per se* was the critical determinant of therapeutic success, rather than the therapist's technical expertise in, for example, choice and timing of interventions.

The featured review incorporated [meta-analyses](#) synthesising results from relevant studies to provide estimates of the overall strength of the link between outcomes and positive regard, and to be able to probe for influences on the strength of those links. Strength is expressed as [effect sizes](#) using the 'r' metric, which can be squared to calculate how much of the difference in outcomes can be attributed to differences in the therapy dimension being investigated. The assumption was made that there is no single, true strength of the link between outcomes and regard which appears to vary only because of methodological differences, but that instead strength really might vary across the studies included in the analysis.

The analysis included studies of individual adult or adolescent therapy which measured both patient progress and positive regard, and reported on their relationships in a way which enabled results to be aggregated with those from other studies.

Main findings

Across the resulting 18 studies, the strength of the link between positive regard and therapy outcomes equated to a small to medium effect size of 0.27, a statistically significant link which accounted for 7% of the variance in outcomes, indicating that better outcomes can be expected when the therapist affirms and conveys unconditional warmth and liking for their client.



However, the strength of this relationship varied across the studies more than would be expected by chance. Several factors appeared to influence this. Most notably, the apparent impact of positive regard tended to be higher in psychoanalytic or psychodynamic therapies, perhaps because such sentiments are unexpected and relatively rarely expressed, so when they occur are disproportionately powerful.

Although in the analysis no patient characteristics emerged as significant influences, some are likely to affect the therapist's provision of positive regard and the extent to which this promotes therapeutic success. Some patients (such as those who themselves are warm and empathic) are more easily liked and therefore elicit more affirmation than others. The reverse will also probably be the case, suggesting that patients with borderline or narcissistic disorders are far less likely to consistently evoke positive regard. Patients who are more highly motivated to do therapeutic work, who appear courageous or risk-taking, seem more likely to evoke their therapist's positive regard.

Practice recommendations

The psychotherapist's ability to provide positive regard is significantly associated with therapeutic success. However, the meta-analysis indicates a moderate relationship, suggestive of the fact that, like many other relational factors, it is a significant but not exhaustive part of the process-outcome equation. Extrapolating from the data suggests the following recommendations for clinical practice.

Therapists' provision of positive regard is strongly indicated in practice. At a minimum, it 'sets the stage' for other effective interventions and, at least in some cases, may be sufficient to effect positive change.

There is virtually no research-driven reason to withhold positive regard. Either it has no apparent influence on outcomes or this is positive.

Positive regard is valuable across the major forms of psychotherapy. From a psychodynamic perspective, it strengthens the client's sense of self or agency and belief in their capacity to be engaged in an effective relationship; from a behavioural perspective, it functions as a reinforcing reward for engagement in therapy, including difficult self-disclosures; and from a humanistic perspective, it facilitates the client's natural tendency to grow and fulfil his or her capacity as a human being. Since nearly all schools of therapy now explicitly or implicitly promote the value of this basic attitude to patients, the results of these studies have implications not only for person-centred therapists, but for virtually all psychotherapists.

At least in the US context, positive regard may be particularly important when a therapist from the racial majority is working with a minority client.

Therapists cannot be content with feeling good about their patients, but should ensure they communicate a caring, respectful, positive attitude that serves to affirm a client's basic sense of worth. This does not mean a stream of compliments or a gushing of positive sentiment which may overwhelm or even terrify some clients. To many, if not most clients, the conviction that 'My therapist really cares about me' is likely to be critical, especially in times of stress.

Therapists need to monitor their positive regard and adjust it as a function of the needs of particular patients and specific clinical situations. Therapists vary in the extent to which they are able to convey positive regard and clients vary in the extent to which they need, elicit, and/or benefit from this. It seems likely that the inevitable ruptures in the therapeutic alliance (reviewed [elsewhere](#) in this special issue) during therapy are the result not only of a therapist's technical errors, but also their occasional inability to demonstrate minimally facilitative levels of positive regard and support.

FINDINGS COMMENTARY This article was in a [special issue](#) of the journal *Psychotherapy* devoted to effective therapist-client relationships. For other Findings entries from this issue see:

- ▶ [Evidence-based psychotherapy relationships: Psychotherapy relationships that work II](#)
- ▶ [Evidence-based psychotherapy relationships: Alliance in individual psychotherapy](#)
- ▶ [Evidence-based psychotherapy relationships: The alliance in child and adolescent psychotherapy](#)
- ▶ [Evidence-based psychotherapy relationships: Alliance in couple and family therapy](#)
- ▶ [Evidence-based psychotherapy relationships: Cohesion in group therapy](#)



- ▶ Evidence-based psychotherapy relationships: Empathy
- ▶ Evidence-based psychotherapy relationships: Goal consensus and collaboration
- ▶ Evidence-based psychotherapy relationships: Congruence/genuineness
- ▶ Evidence-based psychotherapy relationships: Collecting client feedback
- ▶ Evidence-based psychotherapy relationships: Repairing alliance ruptures
- ▶ Evidence-based psychotherapy relationships: Managing countertransference
- ▶ Evidence-based psychotherapy relationships: Research conclusions and clinical practices

The special issue which contained the article featured above was the second from the task force. The first was a special issue of the *Journal of Clinical Psychology*. While the second aimed to identify elements of effective therapist-client relationships ('What works in general'), the first aimed to identify effective ways of adapting or tailoring psychotherapy to the individual patient ('What works in particular'). For Findings entries from this first special issue see [this bulletin](#). Both bodies of work have also been summarised in [this freely available document](#) from the US government's registry of evidence-based mental health and substance abuse interventions.

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