

**DUBLIN BUSINESS SCHOOL**  
**DEPARTMENT OF COUNSELLING AND PSYCHOTHERAPY**

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**A QUALITATIVE EXPLORATION OF THE IMPACT OF THE FEE IN  
PSYCHOTHERAPY**

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS OF THE BA (HONS.) COUNSELLING AND  
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## **ABSTRACT**

The purpose of this research was to investigate the impact of the fee in the therapeutic dyad. It sought to explore what the issue of the fee and monies in general, and how they are dealt with by both therapists and clients, might reveal about both parties' underlying dynamics. Both the symbolic and real significance of money for individuals was considered and how they may influence the fee-process and related phenomena. The research was qualitative in nature, central to which was the researcher conducting semi-structured interviews with a purposive sample of five practicing, experienced, fully accredited therapists, eliciting their experiences, feelings, viewpoints and thoughts on the subject matter. The sample included therapists from a variety of theoretical and practicing orientations (for example, Humanistic, Psychodynamic, Gestalt, Jungian). It included three females and two males. The researcher transcribed the interviews *verbatim*, subsequently subjecting the data to a thematic analysis. These findings were somewhat in keeping with material identified in the existing literature. The findings indicate that failure to scrutinise both parties underlying dynamics around money, a topic invested with myriad personal, familial, cultural, societal and political influences, can lead to a distortion of the therapeutic dyad in ways not immediately apparent. It is recommended that literature, training and education institutions and, perhaps, professional bodies discuss what seems to be a hiatus in the profession to date. Given the constancy and centrality of the fee to the work of therapy, more guidance is needed, not least for those about to emerge from fledgling status.

## CHAPTER 1: INTRODUCTION

### 1.1 Background

In the current research, the researcher intends to provide a qualitative exploration of what impact the fee may have in psychotherapy. It aims to do so via a number of modes including, researching a sample of the existing literature on the topic; considering some of the findings, hypotheses and theories emanating from this literature, thereby confirming a rationale, and context for this piece of research; devise a number of interview questions arising out of the reviewed literature sample; recruit a cohort of five currently practicing therapists from a variety of settings and theoretical orientations, of both genders, and conduct interviews with them, eliciting their views on the relevant issues identified and testing the validity of any hypotheses proposed.

The researcher will seek to explore the degree to which practitioners have considered what dynamics may underlie the issue of the fee in the psychotherapeutic relationship. Given the centrality of relationship to the work, the question of whether, and to what extent, the dynamics of *both* parties are currently honoured will come into focus. The thesis will review also the issues of fee-size, -setting, method of collection, appropriateness, and fee-discussion, and the “fiscal blind spot” as one researcher has termed it (Weissberg, 1989, p. 1). The matter of the practitioner’s primary orientation and its influence on fee-related issues may also feature. The extent to which a therapist may depend for their livelihood on their fee income and this factor’s role in a therapist’s attitude to fees is also considered, as is any gender influence that may come to bear. Other related aspects considered include the setting involved (e.g. private practice versus low-fee centre), the impact of third-party fee-setting, and third-

party fee-payment. The issues highlighted in this paragraph are primarily informed by a sample of the literature reviewed which will be cited in the following section of this work.

## **1.2 Rationale**

The rationale for this thesis is, perhaps, ‘manifold’. As may become apparent from a reading of the literature on this topic, there appears to be an historic reluctance to discuss openly the topic of fees within the field of psychotherapy. Furthermore, the adaptive utility of an exploration of the issue of the fee and what it may reveal about both the client’s and the therapist’s underlying dynamics, and how these in turn impact on the relationship, is often ignored, either consciously or unconsciously. This research, therefore, aims to highlight the potential riches (metaphorically speaking) that are there to be discovered in a more ‘open’ attitude to, and discussion of, the impact and ramifications of the fee in psychotherapy. By extension, it aims to further the work of creating a more accommodating environment for, and encouragement of that open discussion. For example, a possible formulation of a hypothesis might read as follows;

If the therapist chooses to avoid a discussion of fee-related issues with their clients, then they miss a distinctly useful opportunity to learn more about the client, themselves, and their relationship, even at its ‘inchoate’ stage.

We are repeatedly told that central to the work of psychotherapy are such factors as relating/relationships (particularly the difficulties in these), feelings, ‘truth’, autonomy, agency, desire (unconscious or otherwise), conflict, dependence, regression, maturation, projection, hostility, aggression, passivity, helplessness (learned or otherwise) , maybe ego-strength, and even identity – the list goes on. It may be that the issue of the fee in therapeutic work, and how it is negotiated and

interpreted by the parties has as much potential for revelation of underlying dynamics as any other vehicle. Considering that relating within the therapeutic dyad is often seen as an indicator of how, perhaps, both parties relate to others in the outside world, how the fee is handled may provide many clues around not just the client's dynamic or process. Hence, it may become apparent that the fee does indeed impact on psychotherapy, the parties to it, and the relationship within which these parties encounter each other.

The researcher will interview a sample of currently practicing therapists to elicit their views of the impact of the fee. Emerging themes and repeating patterns from the data analysis will be discussed and explored at a deeper level and cross-referenced with findings from the literature reviewed. This exercise will seek to facilitate the drawing of conclusions from the thesis work, and perhaps any recommendations around further research as are identified as being potentially of assistance to practitioners.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

Some researchers highlight the relative dearth of research on the topic of fees in psychotherapy. As for the reasons for this phenomenon, Bishop & Eppolito (1992) cite researchers', therapists' and theory-builders' resistance, the lack of a comprehensive theoretical framework to assist understanding of fee-related client psychodynamics, and the lack of consensus about clinical approaches that therapists can use to address the issue of fees with clients. Pasternack (1986, as cited in Sheilds, 1996) observed that providing psychotherapy trainees with a clearly defined policy on fees benefited them greatly. Sheilds (1996) cited the common enough practice of trainees completing training, then setting up a practice with very little instruction around how to handle fee issues, the impact of money on the transference and countertransference, and the meaning of money, real and symbolic.

Bishop & Eppolito (1992) remind that client *and* therapist dynamics around fees will be impacting, inferring at least that each may be as relevant as the other. In keeping with this they say therapists should not look to be highly paid nor underpaid, an extreme stance on fees leading to the relationship becoming distorted. Also, as with any other issue presented in the clinic, a client's response to fees can also be seen as material for interpretation.

### **2.2 The Influence of Fees on Treatment Effectiveness**

In their review of some of the research, Bishop & Eppolito (1992) point up a somewhat controversial topic, the influence of fees on treatment effectiveness. They note that some researchers question any purported link between treatment outcome and fee-payment, others suggesting that payment enhances effectiveness of treatment,

while still others posit that fees may serve to limit psychotherapy's effectiveness. Weissberg (1989), for example, sees myriad successful therapies funded by third parties as calling into question the essentialness of fee-paying for therapeutic benefit. Allen (1971) considers the claim that a patient's financial sacrifice is necessary for effective therapy does not stand up under scrutiny. Herron & Sitkowski (1986) explore further the 'financial sacrifice' assumption. These authors undertook a meta-analysis of studies conducted on this issue, studies that threw up conflicting, sometimes controversial findings. In sum, the jury remains out on the necessity of fees for treatment effectiveness, with some empirical evidence challenging the clinical theory that supports the idea that the patient is the party that derives most benefit from paying a fee (Herron & Sitkowski, 1986). Indeed some results suggest the possibility that the primary therapeutic rationale for paying a fee is to satisfy the service provider's needs, not to motivate patients. Likewise Chodoff (1972, as cited in Tulipan, 1983) saw the fee as a more important source of motivation for the therapist than for the patient. This all seems aptly summed up in Allen's (1971) stating that "in my experience the oft-repeated claim that the patient had to make some sacrifice financially in order for therapy to be effective does not stand up under scrutiny."

### **2.3 The Fee as an Interface**

Myers (2008) sees the fee as expressing the analyst's desire. For her, money struggles between the parties offer an outstanding opportunity for conflicting subjectivities to be revealed and understood. Weissberg (1989) sees an analyst's reliance on a set-fee policy as, among other things, missing a potential opening to explore a client's core conflicts, such as autonomy versus dependency, powerlessness versus omnipotence, and trust versus mistrust as represented by how s/he handles monies. Myers' contention regarding the analyst's desire suggests the (at least) equal role of the

therapist's dynamic in how the question of the fee might impact. Yet the same author cites the literature's heavy bias toward the value for clients in paying a fee they can afford, the case for the therapist's welfare or entitlements seemingly, at best, secondary.

The issue of fees and money in therapy (and beyond) historically has often been an uncomfortable one for all parties concerned. While acknowledging the difficulties of discussions around fees, Myers (2008) details the potential pay-off of a financial confrontation with a client; a greater sense of immediacy, more authentic engagement, and real intimacy. She warns however that such greater 'aliveness' will bring its own risks, including encountering our patient's more separate and authentic selves, which we cannot control, being abandoned (for asserting our needs), and having them not engage in the dialogue, thereby not working through the conflict. The possibility also of being seen as greedy or disappointing in some other way by our client can shake us too. It becomes apparent there is much more to 'mere' money and the fee than meets the eye.

#### **2.4 Different Approaches**

Lasky (1984) bore out the difficulties existing for practitioners around fees when she highlighted that ambivalence about setting fees exists, and it is not confined to novices. She goes on to say that the most frequently articulated conflict concerns how to balance a sense of professional worth and the wish to be of help, on the one hand, with the realities of needing to make a living, on the other. It is interesting to note some contrasting examples here. Freud (1913/2001) seemed distinctly frank and unambivalent in his policy on the related issues of time and money. Regarding the former he insisted on the principle of leasing his time by the hour, his patients being assigned a distinct hour of his available working day. If the patient chose not to utilise

that hour belonging to him, Freud still insisted on his liability for it (*id est.*, the patient still had to pay up).

In relation to money, with an inferred recommendation to analysts to dispense with any false shame, hypocrisy, prudishness or inconsistency characteristic of civilised people when dealing with money and/or sexual matters, the analyst should voluntarily express the price at which he values his time (Freud, 1913/2001). Furthermore, Freud, almost as an afterthought, appearing as it does parenthetically, includes a rather telling line; “(It is a familiar fact that the value of the treatment is not enhanced in the patient’s eyes if a very low fee is asked.)” (Freud, 1913/2001, p. 131).

Strict adherence to some Freudian dictates, however, may be distinctly misplaced. Firstly, the above reflected Freud’s early beliefs that treating the indigent with psychoanalysis was a fruitless exercise. However, a decade after expressing this, he wrote that analysis should be available to the many that have not the means to adequately compensate an analyst for his onerous work (Freud, 1923). Secondly, his stark assertion around a patient’s obligation to pay for missed sessions, regardless, (what he termed the ‘rule of indenture’), along with his view of every interruption of the treatment as a sign of resistance, seems to modify somewhat later. Thus, in a footnote added in 1925 to his ‘Interpretation of Dreams’ (1900), he comments on hearing of compromises to the rule (of indenture), terming such techniques as ‘gentlemen’s agreements’. These agreements saw patients granted the right of non-payment if sufficient notice was given, if the absence was unavoidable, or not deemed to be an acting-out (Schonbar, 1967, as cited in Eissler, 1974). This is not to say that Freud agreed with other analyst’s deviation from his recommendations, but it may foreshadow the more flexible stance of many practitioners of psychotherapy, as opposed to strict adherents of classical psychoanalysis. Also, it is important to note

that at least a few authors cited instances of Freud himself making exceptions to his own recommendations. More recently, even those of a classical analytic orientation admit that the decision around the ‘rule-of-indenture’ and ‘gentlemen’s agreements’ may depend on the general style of the particular therapist’s technique (Eissler, 1974).

## **2.5 Missed Sessions**

In her autobiographical novel, Marie Cardinal (1983) relates the matter-of-factness of her psychoanalyst when outlining his terms, not least the fiscal element. He dispassionately tells her his fee, the number of times he wishes to see her per week, that she will pay for her missed sessions, that it is best if she pays for her sessions with her own earned monies and that if it doesn’t cost her one way or another, she won’t take her analysis seriously, this latter being common knowledge. Cardinal’s analyst, it may be said, betrays a classical analytical handling of the issue of the fee.

Missed sessions, however, are not dealt with uniformly by therapists. Fromm-Reichmann (1950, as cited in Tulipan, 1983) felt it not a therapist’s right to exempt themselves from the cultural norm of foregoing payment for services not rendered. Some therapists even split the fee as an arbitrary compromise, reasoning that they have actually *gained* something from the missed hour, *id est* free time (Tulipan, 1983). In terms of judging the validity of clients’ reasons proffered for missing, even without notice, Fromm-Reichman (1950, as cited in Tulipan, 1983) stressed a therapist’s humanity, integrity and self-esteem rather than any functioning as a merchant in an over-the-counter transaction. Tulipan (1983), too, frowned upon invariable charging for missed sessions and did not, himself, charge for them – ordinarily. In preferring to relate to the part of the patient that embodies their real or potential strengths, their humanness and capacity for trust and integrity, as opposed to their pathologies, signs and symptoms, Tulipan thereby initially presumes a missed

hour does not invariably signify a resistance. The same author stresses the need for consistency above all else in a therapist's dealings with myriad issues, inside and outside the clinic, that consistency being enhanced by therapists allowing their individual, idiosyncratic character and style to be experienced whole, one part of him being as true as any other. Hence, should a client miss appointments, he can decide on the validity of reasons proffered and make his judgement whether to charge or not on that decision. The right or wrong of that judgement is open to question, but the therapist must have faith in his choice, and be able to accept the clients' reaction. Tulipan (1983) sees it as fact that no two therapists will act in an identical way when faced with a similar situation, nor does he believe they should.

By contrast, Rothstein (1995), when identifying a patient's resistance to analysis as one expressed primarily as a reluctance to pay the analyst's fee, or more accurately, the sought full fee, he advocates a novel, and brave tack. He suggests, for selected patients, gratifying the unconscious wish underlying the patient's reluctance to pay (*id est*, adhering to the request) may facilitate better, or may even be necessary for, more focused analysis of the unconscious aspects of their resistances and/or their transference potential. He parallels this to a child analyst's accession to join the child in play, thereby furthering the service of the work. Nevertheless, Rothstein (1995) posits the impact of a presenting patient who demonstrably can only afford one or two hours of the analyst's time (per week, that is), at a time when said analyst has numerous 'open hours', as constituting an ethical dilemma. In short, does he refer on, or drop his fee?

Fink (1997), a Lacanian analyst, advocates obligating clients to reschedule missed sessions, believing that merely insisting on payment is inadequate. He plausibly

suggests clients often prefer to pay than come and do their work. For Fink, failure to receive 24-Hours Notice sees him charge and reschedule.

Returning to Bishop & Eppolito (1992) briefly, they recommend that therapists diversify sources of income so as not to be overly dependent on individual client's payment for services. Power & Pilgrim (1990), on foot of research they carried out, found that therapists who felt most strongly about fee-paying being essential for effective psychotherapy, and further, that fee payment was symbolically important for clients, were also those who were most heavily dependent upon fee-paying for their livelihood and who tended to be less likely to express ambivalence about receiving money. These authors warn about the danger of focusing almost exclusively on the symbolic (over the real) significance of money in therapy. More pointedly, they stress that economic realities are ignored by therapists at their peril, and that a failure to respond to the client's economic realities and an insistence on the primacy of symbolic need may lead to disruption of the working alliance and a loss of trust.

## **2.6 Some Therapist Issues**

Weissberg (1989) sees the financial arrangement between therapist and patient as essentially a business agreement, in that the therapist, in supporting himself, is selling his time and training. He sees the standard claim that fee paying is essential for therapeutic benefit and motivation of the patient as an avoidance of the business realities that inhere, thereby encouraging perpetuation of the fiscal blind spot. Weissberg (1989) also discusses the relevant issues of how missed sessions are handled, and the 'fixed fee' or 'sliding scale' question. He also argues for approaching finance in a transparent, open manner, a policy he sees as guarding against any countertransference distortions for the analyst. This argument echoes Herron & Sitkowski's (1986) assertion that the need for therapists to accept their

identity as paid service providers is long overdue, the historical conflict between being identified as a helper and being in the helping business having resulted in therapist fee-guilt. In essence, therapist's conflicts around fees have fostered defensiveness and avoidance more so than forthrightness and experimental investigation. Yet, bills have to be paid, and sometimes that reality does not rest easy with a therapist's intention to support and empathise with their clients (Fay, 2013). The aura of guilt around monetary-related aspects appears to prevent therapists from dealing with the issue of fees in a forthright manner (Tulipan, 1983). Schonbar (1967, as cited in Sheilds, 1996) threw light on therapist's fee-guilt for those who may feel they are selling a relationship, effectively akin to a prostitution of sorts.

Staying with 'guilt' as an issue for a moment, though in a slightly different context, Sheilds (1996) sees a therapist who may have guilt over their own worth or autonomy being in danger of colluding with a patient in a joint-denial of the fee as an issue. This could lead to sadomasochistic enactments by either, or both parties. It could also lead to the therapist who shies away from addressing fee-issues (relative to the value put on the work) undervaluing their work.

## **2.7 The Influence of Gender**

Liss-Levinson (1990) discusses the tension between attending to therapist needs and patient needs in the context of money issues, but in the overall context of the influence or impact of the therapist's gender. Specifically, the perceived female valency for being more filial than males sees women more inclined to prize recognition of the other at the expense of the self, with men supposedly being the opposite. This, in terms of the therapeutic dyad, can have repercussions for the question of whose needs are being met, which by extension can complicate further the fee issue. Highlighting the complexity of the needs-meeting issue, Liss-Levinson

(1990) wonders aloud might women therapist's more innate relatedness and consequent emphasising of the other's needs be a symptom of 'moneyblindness' (Lieberman and Lindner, 1987, as cited in Liss-Levinson, 1990), an error in gratifying the patient's needs, a woman speaking in her own voice or hearing more clearly the voice of others. Liss-Levinson (1990) sees the fee as an issue around which the therapist must confront her/himself and must carefully explore what determines the choice of fee they set, and its impact on the relationship.

## **2.8 A Note on Terminology**

This latter point is echoed by Tulipan (1983) who sees conflict around openly discussing fees among practitioners pointing up the need for analytical self-scrutiny in this area. He points out analyst's preference for being seen as beneficent purveyors of good as opposed to being involved in commerce. This mirrors Schonbar's (1967) citing of therapists who have great difficulty with any suggestion of crass, business-like dimensions of treatment regarding satisfaction of their own status or security needs; the mere hint of any symbols of being in trade a denigration of how they view their professional position (as cited in Sheilds, 1996). Fink (1997) expresses difficulty with the widespread use of the terms 'client' and 'contract'. He sees the former as connoting consumerism, where one knows precisely what your asking for and getting, something Fink (1997) sees as not true of any real therapy situation. Regarding the latter, contracts suggest an agreement between parties where obligations to provide something are explicit. A Lacanian/Freudian analyst, however, will seek to frustrate and avoid the other's demands, consciously and in the service of the work, as they see it.

The imperative of analytical self-scrutiny recommended by Tulipan (1983) is further advocated by Kreuger (1986, as cited in Sheilds, 1996). Kreuger specifies that

scrutiny of the patient's regard for and handling of money may reveal much about them, but that the same is equally true for therapists. He holds, however, that such scrutiny may be something of a rarity.

A patient in therapy who fails to pay his bill contravenes an agreed upon and explicit responsibility (Gedo, 1963, as cited in Allen, 1971). Conversely, a therapist failing to properly deal with payment or non-payment of fees is equally in contravention of an explicit and agreed upon responsibility – that of functioning effectively as therapist to his patient(s) (Allen, 1971).

Fay (2013, as cited in Eisteach, 2013) highlights the bearing of a therapist's beliefs, values, past experiences and sense of self-worth on their decision around the level of fee to charge. She further explores the influence of such factors as the going rate among peers, self-imposed earning expectations, and levels of experience and qualifications and how practitioners might apply these in the fee they seek. Fay (2013) related an anecdote about a colleague's colleague practicing in London who was charging, and getting £260stg per hour, attracting and retaining clients without difficulty, and had a waiting list. She comments how she wouldn't feel comfortable charging such a fee, partly due to not feeling worth it, partly as she believes the greater the fee the higher the expectation around the outcome, and that is something that may not be within our control.

To conclude this literature review, it appears some of the emerging topics around the issue of the fee in psychotherapy include the following; an apparent reluctance or resistance to openly discuss; the consequent lack of formulation of any theoretical framework, and no discernable consensus on an optimal clinical approach to fees (both of which may be problematic for aspiring private practitioners); the question of the fee's influence on, or link to treatment effectiveness; the awareness and utilisation

of the fee as an opportunity to learn about *both* party's dynamics (conscious and unconscious); the set-fee versus sliding-scale conundrum; the potentially vexed question of payment (or otherwise) for missed sessions; how the gender of the therapist may influence their approach to fees.

One apparent omission in the literature sample reviewed is the question of a contract between patient and therapist and how this might influence, clarify or guide the parties around fee-related issues.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

To reiterate the research question, as rationale for this dissertation, the researcher wished to provide a qualitative exploration of what impact the fee may have in psychotherapy. This exploration investigated the impact of a fee on both parties to the therapeutic relationship and what it may reveal about the parties' underlying dynamics. It further explored any emerging, attendant issues relative to the payment of fees in therapy. This chapter outlines the research design and methods used to glean the required information to facilitate the exploration.

### **3.2 Research Design**

The research is of a qualitative nature. "Qualitative research is a research strategy that usually emphasizes words rather than quantification in the collection and analysis of data." (Byram, 2008, p. 366). It may seem paradoxical to pursue a qualitative rather than quantitative research strategy, given the centrality of monies in this dissertation. However, a qualitative approach is reflective of an interest in in-depth readings of qualitative material and understanding process, as opposed to identifying causal relationships or quantifying the size or extent of something (Harper and Thompson, 2012). A qualitative approach facilitates understanding experience and process. It was therefore considered most appropriate for this research given that the interviewing of the therapist-participants sought to elicit their experiences around fees and how this may have impacted on their own process.

An aim of this research was to add to the existing literature by, firstly, deciphering some identified arguments and conclusions therein and, secondly, establishing how any findings of this research compare and/or contrast with what has gone before. It

sought to achieve this aim with the specific objective of exploring how the study participants' clinical experiences have shaped their views of any impact of a fee.

A qualitative approach connotes an exploratory focus, perhaps specifically an exploration of meaning. The objects of analysis of the natural sciences cannot attribute meaning to events, or their environment. However, the subject matter of the social sciences, (*id est.*, people) can and do attribute meaning to their experience(s) (Byram, 2008). Hence, it is proposed that qualitative research lends itself best to an exploration of what impact the fee in psychotherapy may have through the eyes of the people being studied, in this case a sample of practicing therapists.

### **3.3 Data Collection**

The method of data collection for this research was that of a semi-structured interview. This method is considered in keeping with the underlying epistemology of qualitative research. Hence Lofland and Lofland's (1995) assertion that face-to-face interaction is most conducive to participating in another human being's mind, and that participation in another's mind is essential to acquiring social knowledge. The interview consisted of a number of questions relevant to specific topics emerging from the literature reviewed. The questions were included in an interview guide which allowed for some flexibility in the order they were asked from one interview to the next, as well as providing some leeway for interviewees in how they answered. Furthermore, this flexibility allowed for inclusion of questions not listed arising from replies to scheduled questions and additional or complementary issues raised by the interviewees themselves. However all scheduled questions were asked and a similar wording was used with each participant (Byram, 2008).

The questions were of an open, non-leading, non-prescriptive nature. Many of them began with a 'How' or 'What' in an effort to invite the interviewee, and give them

room to articulate and explore their opinions, attitudes, reflections, experiences, viewpoints, meanings and motives around the topics under discussion. All interviews were captured on an audio-recording device and subsequently transcribed, *verbatim*, by the researcher. The researcher conducted a pilot-interview before commencing the interviews proper in an effort to establish approximate interview times, ensure recording equipment functioned effectively, identify any weakness in question quality or order and to gain confidence.

### **3.4 Sample Participants**

A purposive sampling procedure was used for this dissertation topic. As per Byram (2008), purposive sampling's goal is to sample participants strategically so the sample is relative to the research questions being asked. Byram (2008) further asserts that often researchers seek to sample in a way that ensures a good deal of variety, so that in terms of key characteristics sample members differ from each other. In this regard, for example, this research included sample members of both genders. It further included practitioners from a variety of theoretical orientations (for example, strictly psychoanalytic, psychodynamic, person-centred/humanistic).

The research recruited five currently practicing psychotherapists. Eligibility criteria included the following; membership of one of the recognised accrediting bodies (for example, IACP, IAHIP); a minimum of two years post-accreditation experience; at least some of their work as therapists involves setting the fee themselves; at least some of their work is in their own private practice; the therapist will have experience of working in a low-cost centre at some time in their career.

One exclusion criterion was a therapist not setting the fee-level themselves.

The sample members were known to the researcher from a variety of settings, including those encountered in their placement, in the academic setting, and other professional contacts.

### **3.5 Ethical Considerations**

This research recognises the three fundamental principles of the Belmont Report (1979) (Zimmerman, 1997) relative to all research involving human subjects. These principles enshrine respect for persons, beneficence and justice. Respectively, thus; research participants are considered autonomous individuals, capable of making their own decisions; each participant must be treated fairly, equitably and given what s/he is due; and, in recognition of the practice of doing good, all efforts are made to improve individuals' well being. Potential participants were therefore invited to partake, at a location and time of their convenience, with estimated time-requirement identified. Interviewees were briefed on the research topic and its design. The voluntary nature of participation was highlighted, in advance, via electronic mail, as was the degree of divulgence participants could choose. Interviewees' prerogative to opt out was upheld, as was their right to articulate any queries they had around the research or interview. The confidentiality of participants' contributions was addressed by employment of pseudonyms thereby guaranteeing anonymity. Research participants were also informed of their right to access the completed dissertation and/or transcript copies should they wish to do so (interview transcriptions will be kept by the researcher in safekeeping for a period of seven years). Much of the foregoing was addressed in the issuance of an Informed Consent Form (see Appendices). The principle of respect for autonomy referred to in the Belmont Report is central to ethical codes in research and connected to facilitating informed consent.

Understanding of the nature, purpose and consequence of research by participants helps achieve informed consent (Harper & Thompson, 2012).

### **3.6 Data Analysis**

In analysis of content or data, researchers will seek to code text around certain themes and subjects and essentially categorize the phenomena of interest. Thematic analysis is a method for both identifying and analysing patterns of meaning in a data set. A theme may be described as a particular pattern of meaning discovered across the series of interview transcripts. This may include manifest content – something directly observable or explicit – and/or latent material – more implicit in nature. Thematic analysis seeks to highlight the most pertinent constellations of meanings existing in the data (Harper & Thompson, 2012). In coding thematically, many researchers will adopt an interpretative approach in an effort to discern both manifest and latent content (Byram, 2008). In this dissertation the researcher repeatedly listened to the recorded interviews before transcribing them verbatim, identifying emerging and recurring themes as they became apparent. The data set was also interrogated for any possible underlying, less obvious patterns.

## CHAPTER 4: INTERVIEW FINDINGS

### 4.1 Introduction

This chapter focuses on the results of interviews carried out with five currently practicing therapists, said interviews exploring the therapists' experiences of how all things fee-related may impact on the therapy. All participants are considered experienced (minimum two years post-accredited), have worked in both private practice and institutional settings (including, for example, low-cost centres), and practice from a variety of theoretical perspectives. The results are considered through a range of themes and sub-themes and are borne out *via* direct interviewee quotations. The following is a list of the pseudonyms employed, to protect the participants' anonymity, together with their gender and individual clinical modality or primary orientation;

Participant No.	Gender	Modality	Pseudonym
1	Female	Humanistic	Sue
2	Male	Jungian	Carl Gustav
3	Female	Psychodynamic	Melanie
4	Female	Jungian	Emma
5	Male	Gestalt/Body Psychotherapy	Wilhelm

### 4.2 Link between Fee and Treatment Outcome?

The first two interview questions focused on whether payment of a fee may be linked to treatment outcome or effectiveness, or whether, indeed, payment may serve to *limit* effectiveness.

Regarding the former, three of the five participants essentially doubted any link between fee payment and treatment outcome or effectiveness. For example, Carl Gustav, a practitioner and Supervisor of some eighteen years experience posited, “I doubt that there’s a link, a direct correlation between payment of a fee, handing over a fee, and the successful outcome of the treatment.” Conversely Wilhelm opined that “payment of a fee does concentrate the mind.” While citing the hazards of generalizing, the same practitioner saw a distinction between donation-based and private-practice clients, the latter he saw moving through a therapy, if not “faster”, then certainly “more focused.” Emma bore out her doubt of a link by recording that she has experience of clients whose therapy is paid for by a Third Party (an organisation, for example) but “couldn’t really say that they ... don’t engage as much in the therapy ... and likewise ... people who do pay, ... that they actually engage more.”

On the question of whether fee payment might limit therapy effectiveness, there were mixed responses. Sue reflected her own personal experience of her need for, and valuing of her own therapy in her lifetime. She therefore could say, with some conviction, “I don’t actually feel that it limits it at all.” Melanie held a similar view, but sounded somewhat defensive; “I don’t know where that view comes from and I don’t know where the information is to support it, so, I can’t really comment - I just think that it’s not correct, that would be my feeling.” (The interviewer left space and time for any further elaboration, but none was forthcoming). Carl Gustav seemed to counterindicate any limiting of effectiveness by suggesting payment “can initially mean a stronger engagement by the client, and, indeed, by the therapist.” Emma demurred somewhat, musing, “limit the effectiveness? ... I’m not so sure about that ... does it, doesn’t it? Hard to measure.” Lastly, Wilhelm pragmatically introduced

that payment “can limit the effectiveness o.k. if the person is under financial pressure but needs [*the therapy*]”, going on to indicate that should the fee level constitute too great a burden *vis a vis* the client’s fiscal situation, then this may limit effectiveness.

### **4.3 Advantages of a Sliding-Scale Policy**

With perhaps one exception, all interviewees see an advantage in applying a sliding-scale policy to fee setting (as opposed to a universal set-fee for all clients), but with some caveats. Sue appeared least disposed to the policy. This participant acknowledged the recent practice of negotiation of fees precipitated by straitened macro-economic realities, but still insisted “I don’t agree with that, ... I don’t think that’s good for the therapist.” The only exception they saw was a case for a student therapist, but only at a marginal reduction, “€5, or €10 less, but not offering therapy for €10 or €20 a session.”

Emma, while seeing the obvious advantages of a sliding-scale for clients, posed the question, from a psychoanalytic point of view, “What does it do to the relationship?” She goes on to opine that “it’s bound to, it *could* influence the relationship and ... that could be detrimental to the therapy”.

Of the assenters, Carl Gustav saw the “primary advantage – maybe the only one – would be one of accessibility.” This participant recorded they have employed a sliding-scale in their practice for those who cannot afford the full-fee, but still emphasised that “broadly speaking my fee is always my fee.” Concurring with the accessibility justification, Melanie sees a sliding-scale as “really important for the client.” Insistence on a set fee, they argued, would “limit, and maybe obstruct clients coming for therapy.”

Wilhelm too sees the advantages of sliding-scales, but differentiates between donation-based and private practice clients. This interviewee views provision of

therapy at a negotiable fee for clients who are in need of perhaps long-term therapy, as typically happens in low-cost centres, as distinctly advantageous. Interestingly, the same participant, in answering a later question, and referring to private clients, stated “I have a fee, and that’s it! I don’t negotiate it.”

#### 4.3.1 Disadvantages of a Sliding-Scale Policy

Sue indicated a further problem with deviation from sticking to a set-fee policy. She saw introduction of a sliding-scale retroactively as impacting negatively on the therapy. For example, a client perhaps paying full-fee to begin with who then suffers loss of income and whose fee is consequently reduced significantly; “there’s some change, there has to be a change.” Carl Gustav sees potential disadvantages in a lowering of the client’s value of the process, and even related his experience of offering a sliding-scale to some clients who then “treat it as a bargaining tool.” This reflected the experience of Melanie who stated “It can be disadvantageous because people might hook on to the lowest ... fee.” The same participant echoed Sue’s concerns around the difficulties in adjusting the fee, in this case upwards when a client’s circumstances improve, a disadvantage also articulated by Emma. Emma went on to say that having to leave a low fee in place due to awkwardness around re-visiting the fee issue could conceivably induce resentment in the therapist, regardless of any professional protestations to the contrary. Wilhelm saw sliding-scales in private practice, in particular, as “messy”.

#### **4.4 A Sense of Professional Worth, the Wish to be of Help and the Need to Make a Living**

This issue elicited varying reactions and most respondents voiced difficulties with different aspects of the dilemma. Sue, for example, saw a therapist’s work as distinctly “*not* a wish to be of help, so therefore I don’t think we should be tying in

something like our worth [*with*] that...we're professionals after all ... we're really trained and we deserve to be paid for the work we do." The same person reflected that nursing, for example, could be considered a helping profession, before posing the question "would a nurse ... operate on a sliding-scale ... you know, for the work she does?" Carl Gustav, too, in terms of the 'wish to be of help' dimension, considered "that that particular aspect of a person's make-up would be detrimental to their effectiveness as a therapist." While acknowledging the need to make a living, *per se*, this participant opined "I don't think that psychotherapy is a place for somebody whose need is money", and further, that a sense of professional worth "is not only measured in terms of money." Wilhelm saw this balancing act as "very difficult. Some people ... have no problem with it, but I have." This difficulty was mirrored by Emma who stated, "This is awkward for me, and I'd be aware inside that, 'Oh, I hate this bit'", also revealingly stating, "I am really bad with 'money', and the idea of 'business'."

#### **4.5 Missed Sessions**

The thorny question of how missed sessions are handled drew mixed responses. Carl Gustav was unique in his unequivocal stance; "I don't ask for money, I don't draw attention to it – it's the client's choice." Melanie stated explicitly, "if I don't get 24-hours Notice the client needs to pay me the full fee", yet at both the beginning and end of her answer admitted "I'm not very good at ... getting clients to pay for their missed sessions." Emma, also, considered she handled missed sessions "very badly, very, very badly", ultimately concluding "I don't charge them anyway." Wilhelm unambiguously asserted, "Person doesn't cancel or give notice, I charge them – end of story". However, Wilhelm also pointed out that in exceptional circumstances he does not charge, a 'theme' common to the rest of the sample.

#### 4.5.1 Therapist's Dependence on Fee-Income

Carl Gustav was unequivocal in his contention that sole dependence on fee-income was not a good thing for therapy. He saw it as “potentially a danger to ... the whole ethical issue and to the primacy and autonomy of the client” before going on to say “I think it not only has an impact on their attitude to fees, but ... also ... on their attitude to sessions and getting clients to come or not come, to missed sessions.” Melanie essentially concurred; “if you are focusing your ... work with clients simply because of fiscal reasons, I’m not sure you really should be in this work.” Both Emma’s and Wilhelm’s views were in harmony with this standpoint, the latter encapsulating the problem thus; “if the therapist is dependent on ... this income ... then they’re constantly ... looking at ‘What can I *afford* to do here?’, rather than what might be to the benefit of the client.” Emma candidly saw fee-dependency possibly resulting in “becoming quite resentful of clients ... messing me about,” despite theoretic pronouncements of impartiality, objectivity and unconditional positive regard, for example.

#### **4.6 Impact of Low Fees**

The charging of a very low fee and how this may impact on the value attributed to therapy by clients is a theme that reflected near unanimity among the interviewees. Though Melanie saw it as “not that black and white. I think there are some people who just don’t have the money”, she nevertheless proceeded to (unwittingly) concur with practically all other respondents when she added “a lot of people will think something that’s cheap, inexpensive, isn’t really very valuable, and yet if it’s a premium price they think, ‘Oh that must be really good because it’s very expensive.’”

#### **4.7 Underlying Dynamics; The Symbolic and The Real**

On the question of the very reality of some client's situation, the entire sample was unanimous. That unanimity might be expressed as such; 'Some clients *just don't have* the money', with the inherent inference in that being, 'and it's folly to go reading anything more into their issues around 'the fee''. The *other* 'reality' explored, however, of how many clients' dealings over fees probably reveal much symbolic material, much of their underlying dynamic or process, saw some fascinating feedback.

Sue suggested that some client's assertion that 'I can't afford it!' can often translate more accurately as 'I don't deserve it!', the former disguising, but nevertheless tied in with issues of self-worth. This suggestion was alluded to also by Carl Gustav, who included other observations. Firstly, he has experienced "a good few clients in my work" who have sought to "get control of" the setting of a fee at the contract-forming stage (first session) "as a means then of, in a sense, wanting to be in control of you, of the therapeutic process." Secondly, and not unrelated, he sees client's responses around the fee as indicative of their "readiness" (a term he consciously substituted for an initial "willingness") "to engage in a therapeutic process." Also, Carl Gustav highlighted the symbolism of money, revolving as it does around power, and control, and status. He posed the thought-provoking question, for example, of what's at play when a client wants to overpay the therapist. Melanie considered that sometimes clients' ostensible difficulties around fees are "used as an excuse to end therapy, it can be a really easy way to resist therapy." Reflective, perhaps, of the symbolism question, *vis a vis* the power/control axis, the same participant saw fee payment as important for the client as "it makes it more equal when money exchanges." Emma

related experiences around clients who put significant value on material goods and money, saying “it would come into the room in different ways.” Wilhelm recalled anecdotally a characteristically prompt fee-paying client who one day came having forgotten the money. She couldn’t bring herself to tell the therapist, instead presenting as *distinctly* uncomfortable in the chair. It came out she felt ashamed, Wilhelm positing “that reveals something about her ... what she’s like in other areas.”

Sue, Emma and Wilhelm were in accord with the theme of ‘value’ as a symbol of what therapy, and a payment for it, may mean to both client and therapist. Sue records, “It’s a value, I believe in the value of therapy, so therefore there is a professional fee for that if I’m providing that work”. Emma spoke of symbolism reflecting “the value of therapy in my life, the value of a therapeutic relationship, the value of exploring all this unconscious stuff.” Wilhelm introduced both the import of having a client pay *something* for their therapy (“and I think that’s important, and I *insist* on getting that something (laughs), so there is some-, there is an exchange.”), and the onus on the therapist to then acknowledge “that it’s equally valuable ... as valuable as any other contribution”, in order that any “shame element is addressed in it.”

On the topic of what fee-issues can reveal around the dynamics of the therapist, Emma related a distinctly revelatory detail. She spoke of how she has no difficulty in asking for money from patients in the GP’s surgery where she works as a practice nurse, “because it’s not *my* money!” She then goes on to lament that for many therapists “there’s kind of a ‘wrongness’ to be asking for money, which is absolutely insane,” bringing her back to the issue of value again; “I would say for myself that I don’t *value* ... and it is about my value on my work.”

Lastly, Carl Gustav, Emma and Wilhelm all cited significant symbolism in both how the client actually hands the cash (if it is cash) over and the manner in which the therapist receives it.

## **CHAPTER 5: DISCUSSION**

### **5.1 Introduction**

This chapter will reflect further on the findings of this research into the experiences of a sample of five practicing, experienced and accredited therapists. The participants' experiences, feelings and views of the impact of the fee in their therapeutic work with clients will be compared and contrasted with the findings of the literature reviewed.

### **5.2 Link between Fee and Treatment Outcome**

Information gleaned from the interviewees seems to accurately reflect Bishop & Eppolito's (1992) citing of the differing views on the question of whether fee-payment is linked to treatment outcome, or not. As stated above, three of the sample voiced scepticism of treatment outcome and fee payment having any linkage. Weissberg's (1989) assertion that successful therapies in third-party paying cases calls into question that link is somewhat reflected, for example, in Emma's reflecting that she cannot state categorically that these clients engage any less than those who pay themselves. That she equally could not vouch that paying clients engage any more in their therapy does seem to further cast doubt on any link. Thus, to reiterate Allen's (1971) assertion around the widespread claim that clients "had to make some sacrifice financially in order for therapy to be effective", it "does not stand up under scrutiny."

On the other hand, notwithstanding his stated reluctance to generalise, Wilhelm considered that private-practice clients' "movement ... through a therapy is probably ... more focused" [*than donation-based clients*], and further, his feeling that "payment of a fee does concentrate the mind" seem to bolster the argument that fees may be linked to treatment effectiveness. How, also, are we to account for the personal experience of, for example, Sue who put great stock in her own therapy, paid

for (handsomely) by herself? When Carl Gustav suggests that payment “can initially mean a stronger engagement by the client”, is he mirroring Freud’s view (as cited in Tulipan, 1993) of fee-payment as “a useful incentive to [*exertion*] to bring the cure to an end”, thereby suggesting a link? Yet Wilhelm’s highlighting that failure to account for any individual client’s financial realities may certainly link fees and treatment ineffectiveness offers a sobering light to the discussion.

### **5.3 Advantages of a Sliding-Scale Policy**

Weissberg (1989) sees choosing and applying a set-fee policy as providing a therapist with a certain comfort. Furthermore, failure to experience how a client is around handling money robs therapists of valuable early opportunities to witness the clients’ core conflicts. However, the biggest drawback Weissberg (1989) sees in a set-fee policy is that it deprives financially challenged clients from availing of therapy. This latter, thus, is what saw four of the participants vouch for the primary advantage of a sliding-scale, the accessibility/affordability factor.

However, while Emma voiced her agreement with this advantage, seeing it also as advantageous perhaps for therapists who are not as busy as they were during more affluent times, potentially attracting more clients, she still wondered aloud as to what impact it may have on the therapy. Sue was more explicit, stating “I don’t think that’s good for the therapist.” Wilhelm saw the advantages, again in terms of accessibility, pointing up however that in his private practice, his fee is his (non-negotiable) fee, a view echoed by Carl Gustav when announcing “broadly speaking my fee is always my fee”. Herron and Sitkowski (1986) record that most therapists use a sliding-scale, the logic for using this schedule traditionally seen as reflecting the proposed necessary link between a client’s sacrifice (as represented by the fee) and successful therapy. It seems, therefore, this research may suggest that payment of a fee does not necessarily

indicate any link between payment and treatment effectiveness. Yet employment of a sliding-scale by therapists, in itself, perhaps reflects their belief that fees can be tailored to meet individual client's financial realities (*id est.*, full-fee is not the only option), but that clients must still pay something.

### 5.3.1 Disadvantages of a Sliding-Scale Policy

Carl Gustav, for example, has experience of the offering of a sliding-scale to clients as resulting in that offer being treated as a bargaining tool, thereby devaluing the therapy often in the eyes of the client. Myers (2008) cited the literature's heavy bias toward the value for clients in paying a fee they can afford, but her experience strongly suggested that therapists too often feel unable to ask for or receive their preferred fee, even from those clients who can well afford it. Hence, as Melanie saw it, offering a sliding-scale "can be disadvantageous because people might hook on to the lowest, the lowest fee." In such a case, Emma's concerns around operating a sliding-scale (without an explicit agreement to resort to full-fee as a client's circumstances change), leading to a "kind of resentment" that "would influence the therapy [*negatively*]", become clearer. Thus Weissberg (1989) terms having a set-fee policy, as opposed to a range or scale, a prophylactic course of action, rendering new information that comes to light irrelevant to any issue of fee adjustment. These perspectives are reflective of Sue's difficulties with sliding-scales. In the case of a client who started out on full fee, for example, but who subsequently had their fee reduced due to, say, suffering a marked loss of income, in terms of the therapy, "there's some change, there has to be a change."

#### **5.4 A Sense of Professional Worth, the Wish to be of Help and the Need to Make a Living**

Lasky (1984), it appears, suggests that therapist ambivalence around fee-setting may be attributable to a most frequently articulated conflict – how to balance a sense of professional worth and the wish to be of help with the realities of a therapist needing to make a living. This finding from the literature elicited some marked responses from the researchers' interviewees.

As cited above, Sue asserted that therapists' work should not be viewed as a wish to be of help, and further, that therapists' worth as professionals should not be equated with any such wish. This person stressed the quality and rigour of most contemporary counselling and psychotherapy training, thus frankly contending "we deserve to be paid for the work we do." Carl Gustav also expressed reservations with any notion of a 'wish to be of help', seeing such a disposition as detrimental to a therapist's effectiveness. In terms of the 'sense of professional worth' aspect, this participant hoped that such worth would not only be measured in monetary terms.

Recall Weissberg's (1989) view of the financial arrangement in therapy as in effect a business agreement, whereby a therapist, in supporting himself, sells his time and training. Weissberg therefore sees the much-quoted claim that clients need to be paying a fee to ensure their continued motivation and for therapy to be beneficial as avoidance of the inherent business realities and perpetuating what he terms the "fiscal blind spot." Compare some of the data findings here. Emma's admitting "Oh, I hate this bit ... I'm really bad with 'money', and the idea of business" may be reflective of the historic discomfort considered characteristic of therapists when invited to discuss fee-issues. Alternatively, as evidenced in the main by the sample in this research, the

practicalities of providing therapy in the real world, including covering one's inescapable expenses, at least, is borne out by, for example, Melanie's statement "I'm trying to build a practice that will meet my needs financially because this is what I want to do full-time."

Thus Herron & Sitkowski's (1986) prompting of therapists to recognise and be more transparent around the fact that they are seen as remunerated service providers, the historical conflict between being seen as a helper and working in the helping business only resulting in therapists' fee-guilt. Weissberg, too, advocates for dealings in money matters to be more open, thereby protecting the therapist (and client) from countertransference interferences (at least regarding monies).

## **5.5 Missed Sessions**

The different participants demonstrated differing ways of dealing with missed sessions, something distinctly reflective of the literature reviewed. As stated, Fromm-Reichmann (1950, as cited in Tulipan, 1983) essentially saw therapists as obligated to adhere to the cultural norm of not charging when a service has not actually been delivered. Carl Gustav, it appears, would concur, outlining his policy of not "ask[ing] for money ... it's the client's choice." Emma also doesn't charge, yet described how she handles missed sessions as "very badly." She later commented that participation in the research pointed up for her a need to look again at how she manages certain aspects of her practice, not least missed sessions, a reflection echoed by Melanie. These thoughts, allied to Myers' (2008) experience of many therapists' difficulties around seeking their full fee, may point up an anxiety among the general population in discussing money matters, something alluded to more than once in the literature. Still, Myers' consideration that financial confrontation with a client can bring as much reward as it may risk, in terms of a more authentic engagement between therapist and

client, could prove beneficial for a therapist such as Emma when it comes to handling missed sessions. Sue, Melanie and Wilhelm all had little or no hesitation in charging for missed sessions when the 24-Hour Notice contractual clause was not adhered to, though Melanie admitted her difficulty in challenging a client on this issue. Charging for breach of the 24-Hour Notice covenant is reflective of, for example, a part of Fink's (1997) policy, though none of the interviewees spoke of obligating clients to reschedule the missed session. Cases of exceptional circumstances saw these three participants join Carl Gustav and Emma in not charging at all.

The differing perspectives and policies of the participants appear to bear out Tulipan's (1983) belief that individual therapists should be free to make their own judgments and choices around handling missed sessions, whether or not the reason given by the client is valid, whether or not, perhaps, that matters. He urges the therapist to put faith in their decision and be able to accept the client's response, whatever that may be. The participants related experiences and policies, overall, appear more akin to what Tulipan (1983) might advocate and somewhat divorced from the classical Freudian dictate of clients being liable for the assigned hour, whether or not they availed of it. Eissler (1974), too, indicates a more flexible approach in contemporary analysts whose decisions seemingly reflect their own style and particular technique than any strict adherence to doctrine.

#### 5.5.1 Therapist's Dependence on Fee-Income

The impact a therapist's dependence on fee-income might have on their attitude to the fee process saw some thought-provoking responses. Bishop & Eppolito's (1992) recommendation that therapists not be overly dependent on client's fees, something facilitated by having other, supplementary income sources, was distinctly mirrored in the interviewees contributions. Hence, Carl Gustav saw an over-

dependence on fee-income as “potentially a danger to ... the primacy and autonomy of the client.” This view may elucidate further the findings of Power & Pilgrim (1990). These researchers’ explorations suggested that therapists most dependent on fee-income for their livelihood were those who stressed most the link between fee-payment and treatment effectiveness. Such therapists were also most inclined to emphasise the symbolic import of payment for clients, and least inclined to express ambivalence around receiving monies. Thus, pertaining to therapists overly dependent on fee-income, such reflections as “the last thing the therapy [*needs*], that money gets in the way, ... so if the therapist is dependent on ... this income then they’re constantly sort of looking at ‘What can I *afford* to do here?’, rather than what might be of benefit to the client.” (Wilhelm), or “if you are focusing your ... work ... simply because of fiscal reasons, I’m not sure you really should be in this work” (Melanie) point up the hazards associated with this phenomenon. Power & Pilgrim (1990) found this variable (the extent to which a therapist is fee-income dependent) the most significant in their study in terms of determining fee-level, largely resulting in a pitching of fees at roughly what one felt the other was charging. This researcher wonders might this not indicate an unwillingness, at best, or an inability, at worst, to think autonomously, an ideal therapists purport to promote in the client population they render service to.

## **5.6 Impact of Low Fees**

Bishop & Eppolito (1992) recommend that therapists should neither seek to be highly paid nor underpaid, extreme stances leading to relationship distortion. Emma, for example, opined that “a lot of people will think something that’s cheap, inexpensive, isn’t really very valuable.” This upholds Freud’s (1913) “the value of the treatment is

not enhanced in the patient's eyes if a very low fee is asked" dictum, something Wilhelm responded to thus, "I think he has a point."

Reflection on Weissberg's (1989) seeing the financial arrangement as essentially a business agreement, the therapist, in supporting himself, selling his time and training, throws up questions when juxtaposed with Melanie's wondering aloud around charging very little, "what really, what are we doing there? Are we meeting our needs, ... the client's needs, ... enabling the situation?"

Are low fees, perhaps, indicative of fee-guilt? Shields (1996) views a therapist's guilt over their worth or autonomy perhaps giving rise to collusion with some patients, a joint-denial of the fee as an issue ensuing. An acting-out of any sadomasochistic tendencies is now possible, but more relevant is the possibility of a therapist undervaluing their work *via* a reluctance to address the fee-issue in terms of putting a value on said work. This is redolent of Tulipan's (1983) recognition of a possible link between guilt around money-related issues and many therapists' reluctance to deal with fees forthrightly.

Of course, guilt, and/or shame around fees are not the sole preserve of therapists. Charging very low fees may sometimes lead not to the value of the treatment not being enhanced in the patient's eyes, *a la* Freud, but to the patient-client's value of themselves suffering. This drawback reveals itself in Wilhelm's telling of "a particular client who is paying very little, ... who ... feels awful about it ... and feeling 'I'm not entitled to it'"

### **5.7 Underlying Dynamics; The Symbolic and The Real**

Power & Pilgrim (1990) posit that too strict an insistence on symbolic need over a client's economic realities can lead to disruption and loss of trust in the therapeutic alliance. All 5 interviewees expressed a pragmatism around the reality of some clients

simply not having the monies to engage in therapy. In such cases, the sample saw little merit in musing around any possible symbolism or revelation of underlying dynamics.

Otherwise, the fee-process and associated phenomena can be rich with symbolism and distinctly revelatory. Carl Gustav's experiences with clients who sought to take control of the fee setting at the outset reveals, he believes, a tendency to "wanting to be in control of you, of the therapeutic process." This echoes Myers (2008) belief that money struggles between therapist and client present a significant opportunity for conflicting subjectivities to come to light. Carl Gustav spoke of money symbolising often "power, and control, and status." Myers (2008) also saw the fee as an expression of the analyst's desire. Weissberg (1989) views a therapist's foreclosure on any fee negotiation by strict insistence on a set-fee policy as robbing the process of an exploration of clients' core conflicts (for example autonomy versus dependency, powerlessness versus omnipotence). Much of the literature focuses on what the fee-process may reveal about a client's dynamics, on what a client's handling of monies might be symbolic of. For example, Sue has experience of a client's stating that they couldn't afford therapy actually, when explored further, revealed a belief that they didn't deserve it. Melanie spoke of distinct experiences of the client using fee discontent to disguise a deeper dynamic, often a resistance to the work when it had begun to go to a deeper level, something the client confirmed subsequently.

It seems, however, that therapists have a duty to tease out symbolism and underlying dynamics and resist the temptation to jump to conclusions. Tulipan (1983) saw a missed session, for example, as not invariably signifying a client's resistance. This stance may find favour with Carl Gustav who doesn't ask for money, "make any fuss ... it's the client's choice."

## **CHAPTER 6: CONCLUSION**

### **6.1 Research Conclusion**

This findings of this research in the main echoed issues explored in the current literature. The research may be said therefore to complete further this body of existing literature and the findings therein. This was achieved *via* eliciting the views, feelings, beliefs, thoughts and experiences of five practicing and experienced therapists around the issue of fees and money and how these may impact on their relationship with clients and the fee-process.

That money can be richly symbolic of deeper underlying dynamics for both parties in the therapeutic dyad is something that was borne out among the sample. That the existing literature deals equitably with both client and therapist issues is perhaps open to question; there may be an imbalance toward scrutiny of clients' dynamics. This possible imbalance perhaps mirrors the notable lacuna in contemporary therapist training and education courses around fee-issues. The imperative of analytic self-scrutiny, as manifested in monitoring the countertransference in particular, suggests an obvious starting point and vehicle for addressing this anomaly.

### **6.2 Strengths and Limitations**

While the sample size may be seen as a limitation of this piece of research, employment of qualitative research criteria proved highly adaptive in eliciting interviewees patently honest and distinctly reflective contributions. Having no identifiable template or formula as to how fee-level might be decided upon, for contrast and comparison purposes, could also be considered to limit the effectiveness of the thesis. What the researcher initially considered as a possible limitation, not clearly delineating low-cost/donation-based considerations from private practice

material, may yet be seen as a strength. By this is meant that elimination of the experiences of therapists dealing with clients paying minimal fees and what impact that may have on both client and therapist would have robbed the work of relevant and revealing material. The purposive sample recruited covered a broad spectrum of theoretical orientations and included two males. Indeed, an initial envisioning of the impact of gender on attitudes to fees as a theme proved a moot point, all participants considering it a neutral influencer and theoretical orientation being far more influential.

### **6.3 Recommendations**

This research suggests further investigation needed around, specifically, the importance of therapists' dynamics and how these may impact on the fee-process and, in turn, the therapeutic alliance. The existing literature's perceived weighting in favour of analysis of client dynamics may need revisiting. Perhaps a useful opening exploration might centre on the question of the meaning of said imbalance in the first instance. Training and educational institutions and programmes have no small roll to play in this developmental and evolutionary issue. For example, that such institutions and programmes candidly claim and exercise their right to be remunerated for provision of education and training, but then omit to address the issue of the fee-process, a reality inescapably central to the work of the therapist, is remarkable in itself. If this phenomenon is reflective of a core dimension of this research, that of the difficulty of maintaining an openness and transparency when discussing a traditionally taboo subject such as monies, it might be recommended to overcome this difficulty in the service of the trainee therapist. One possible appropriate and obvious module that could be modified for this purpose is that of Ethics.

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## **APPENDIX 1: INFORMED CONSENT FORM**

### **INFORMATION FORM**

My name is Robert O'Malley and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with 'A Qualitative Exploration of the Impact of the Fee in Psychotherapy'. I will be exploring the views of people like yourself, all of whom work as Counsellors/Psychotherapists.

#### **What is involved?**

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, in having experienced the setting and collection of fees with Clients in your work. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 30 mins. to complete. During this interview I will ask you a series of questions relating to the research question and your own work. Upon completion, I may request to contact you by telephone or e-mail if I have any follow-up questions.

#### **Anonymity**

All information obtained from you during the research will be anonymous. Notes about the research will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview, coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

### **DECLARATION**

**I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.**

**I understand that as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.**

**Name of Participant (in block letters)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** / /

## **APPENDIX 2: INTERVIEW GUIDE**

### **Interview Guide (for Dissertation on An Exploration of The Impact of the Fee in Psychotherapy)**

May I begin by sincerely thanking you for affording me the time and courtesy to conduct this important part of my dissertation; it is greatly appreciated.

**Question No. 1;** Some researchers purport a link between the payment of a fee by a client for therapy and treatment outcome or effectiveness. Others refute this. What is your view on this question?

**Question No. 2;** How do you view the argument that suggests fees may sometimes serve to limit the effectiveness of psychotherapy?

**Question No. 3;** What, in your view, might be the advantages of operating a 'sliding-scale' policy in terms of fee-setting?

**Question No. 4;** How, in your opinion, might a sliding-scale policy be disadvantageous?

**Question No. 5;** How might we balance a sense of professional worth and the wish to be of help, on the one hand, and the realities of needing to make a living, on the other?

**Question No. 6;** How do you manage missed sessions?

**Question No. 7;** “It is a familiar fact that the value of the treatment is not enhanced in the patient’s eyes if a very low fee is asked”, posited Freud. What are your thoughts on this ‘assertion’?

**Question No. 8;** What do you feel a client’s responses to fee-related issues might reveal about their underlying dynamic or process?

**Question No. 9;** Should a therapist be practically dependent on fee-income for their ‘living’, how might this impact on their attitudes to fees, in your opinion?

**Question No.10;** How, in your opinion, is the balance between the symbolic and the real significances of money to be struck around the question of fee setting?

**Question No. 11;** How might a therapist’s gender impact on their attitudes toward fees and money?

**Question No. 12;** Is there anything you would like to add that has maybe come to mind in relation to the whole area of fees in the course of this interview?

Once again, to record my gratitude for your generosity in participating in this interview, mile buiochas.