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DEPARTMENT OF COUNSELLING AND PSYCHOTHERAPY

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**MONEY AND THE FEE: AN EXPLORATION INTO PSYCHOTHERAPISTS'
PERSONAL BELIEFS AND HOW THEY IMPACT ON FEE POLICY AND THE
THERAPEUTIC RELATIONSHIP**

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ABSTRACT

The purpose of this research was to explore money and the fee in psychotherapy from the psychotherapists' perspective. Firstly this study explored how psychotherapists' personal beliefs, gender and culture affected fee policy and the therapeutic relationship. Secondly this study investigated whether participants would consider it beneficial if the fee formed part of the training in terms of its psychological meaning and its practical requirement. Finally this study sought to acquire an insight into how psychotherapists structure their fee policy. A qualitative design was chosen because it provided a more complete understanding of the subject under investigation. Particular attention was paid to the participants' experiences and feelings about money in relation to: personal beliefs, culture, gender, the therapeutic relationship and fee policy. The sample consisted of five participants, two male and three female. Data was gathered using semi-structured interviews and this method was consistent with existing research design. The interviews were transcribed and the data was analysed using thematic analysis primarily at a semantic level. In general the findings of this research were reflective of the existing literature and provided an insight into this topic from an Irish standpoint. Past emotional experiences about money influence our behaviour in how we deal with money and this was apparent throughout the findings. Gender issues were evident in countertransference possibly due to the societal view of women as unpaid caretakers. Unresolved issues about money impacted on fee policy and on the therapeutic relationship as countertransference indicating the importance of working through them. A recommendation was made that training institutes incorporate the psychological meaning of money and the practicalities of fee policy into their training syllabus. Further research was suggested on a larger scale due to the lack of existing literature and the limitations of this research.

CHAPTER 1: INTRODUCTION

1.1 Outline.

Power and Pilgram (1990) conducted a study on the attitudes of a small sample of British psychotherapists in relation to: (1) the fee as an element in the therapeutic relationship; (2) does the fee influence the process or outcome; and (3) whether there were any apparent countertransference issues from the way therapists explored their money relationship with their clients. Monger (1998) conducted a study to examine fee practice in relation to: (1) the factors which prevent counsellors and psychotherapists from addressing the fee therapeutically, in particular countertransference; and (2) the gap between the theoretical symbolism of the fee within the therapeutic relationship and actual fee practice.

Literature on the significance of money and the fee within the therapeutic relationship is limited (Monger, 1998; Power & Pilgram, 1990). Monger also found that fee practice and guidelines has been addressed by few writers. Interestingly no research has been carried out to ascertain if guidelines are actually used in clinical practice. Monger pointed out the absence of money related issues within training. What little research is available is mainly concerned with the clients' attitude to the fee rather than the therapists'. Currently the situation remains the same (Herzig and Lavon, 2008; Myers, 2012). Money is not considered important enough for psychologists to study (Arnaud, 2003). The belief it that is better left to economists and financiers. This could be due to psychology being viewed as a helping profession so there is an aversion to the business side of psychotherapy (Treloar, 2010). Discussing money is seen as 'dirty'.

There appeared to be a lack of literature regarding money and the fee and virtually none from an Irish perspective. The gap in the research needed to be addressed. This was the purpose of this study. Issues for consideration were whether the existing research

findings are still relevant today if not, what has changed and why, and would new findings emerge. Psychotherapists encounter different issues in their work but one issue that is certain to arise is money and the fee, whether practically or therapeutically. Therefore its significance warranted further research.

1.2 Aim and Objectives.

This study sought to acquire an understanding of the monetary perspectives of psychotherapists working in Ireland and how it affected their fee policy and therapeutic relationships. Firstly this study explored whether money in relation to psychotherapists' personal beliefs, gender and culture affected fee policy and the therapeutic relationship. Secondly this study investigated if psychotherapists thought it beneficial if the fee formed part of the training in terms of its psychological meaning and its practical requirement. Finally this study sought to acquire an insight into how psychotherapists structure their fee policy.

CHAPTER 2: LITERATURE REVIEW

2.1 Money is Taboo.

Money is viewed as taboo (Atwood, 2012; Herzig & Lavon, 2008; Krueger, 1986; Lanza, 2001; Power & Pilgrim, 1990; Trachtman, 1999; Treloar, 2010) so it is a subject riddled with shame, guilt, and secrecy (Herzig & Lavon, 2008). Psychoanalysts are embarrassed by having an interest in money (Jacobs, 2012) and it seems to flow as an undercurrent within the profession (Fay, 2013). Indeed Freud (1913) said: “money matters are treated by civilised people in the same ways as sexual matters, with the same inconsistency, prudishness and hypocrisy” (p. 131). Freud (1905) refers to the use of mental forces such as shame or disgust to suppress infantile sexual impulses that arise from erotogenic zones and Freud (1908) later linked faeces to money through sublimation of anal erotism. This suggests that society’s reluctance to talk about money is because it is seen as ‘dirty’ and ‘shameful’.

There is less ambivalence towards money in America: people desire money, they strive for financial success and are congratulated for it whereas in Britain people tend to scorn money and also envy it (Monger, 1998). Trachtman (2008) agrees with this view of American society but says that in Israel and Norway it is quite acceptable to discuss income (Trachtman, 1999). Money is also culturally a taboo subject in France (Rochefort, 2008). We seem able to discuss certain elements of monetary transactions such as taxes, bills or bargains, but it is rare for us to reveal how much we earn, what we owe and more significantly what money means to us (Trachtman, 1999). Burkeman (2010) investigated the British attitude to discussing salary and found that it frightens people. We are afraid of being judged by what we earn because money doesn’t reflect our moral worth.

Societal beliefs influence the taboo about money. We are often taught that it is wrong to talk about money in terms of earnings and what we pay for things (Lanza, 2001). Social class dictates and guides this. If you have money you do not discuss it, asking how much something costs indicates that you cannot afford it. However, it seems to be socially acceptable to talk about material possessions, implying our level of wealth, and yet we shy away from talking about how much money we possess (Mumford & Weeks, 2003). Atwood (2012) points out that in most families the only time money is discussed is when there is an argument about it. We move from childhood into adulthood not knowing how to handle money and having a negative attitude and belief about it.

2.2 The Meaning of Money.

Freud's psychoanalytic view of linking money with faeces is still widely accepted (Fuqua, 1986). Money has an unconscious anal meaning of either retention or defecation. The desire to control, keep and give money imitates our bowel movements. If our toilet training was too strict or too early we tend to become mean, miserly and greedy. This equation with faeces is found in language with phrases such as 'filthy rich', 'money-grubbing' (Geistwhite, 2000) or 'filthy lucre' (Holmes, 1998). Lanza (2001) associates our desire for money with our longing for Klein's inexhaustible breast. Bargain hunting is related to trying to outwit the bad mother.

Holmes (1998) links money to the unconscious. Money can be exchanged for anything and in the unconscious anything can be anything. However, the conscious views money in terms of quantity and this is our main frame of reference – our value and worth. Money is a representation of our self-image: "how big we are, how good, how much we are worth, how powerful, how loveable" (p. 3). The use of money is determined by our ego-control (Herron & Welt, 1992). The Id desires it and the Superego considers it evil so money

is often split into good ways and bad ways to use it. Since money is viewed as good or bad we often conceal our true self wanting to publicly depict an acceptable self in order to avoid appearing pretentious or avaricious. In our discussions about money, our vagueness is indicative of this behaviour.

Herron & Welt (1992) define the functions of money as “exchange, value measurement, and storage” (p. 17). These functions have practical and emotional needs for people. We need money for our livelihood and the amount of money we earn is a measurement of wealth and power or of poverty and deficiency. Western society has a common goal – the accumulation of money in order to provide security, comfort and freedom. A fourth goal is power (Mumford & Weeks, 2003). Barth (2001) also supports this societal view of money and the implication that without money we are impoverished. When others have more money than us we can become envious and greedy (Holmes, 1998). When we ourselves have money we can become secretive and miserly. Therefore, money can influence how we behave towards others. Thus money is a very powerful symbol (Lanza, 2001). We fantasize about what it can buy us from comfort, love, and freedom to all the material things we wish for.

Each of us has a past emotional experience about money and this determines our attitudes and beliefs in how we deal with money (Krueger, 1986; Fay, 2013). As children we are taught the meaning of money and how to obtain it (Mumford & Weeks, 2003). This is usually passed down through each generation. Common money messages include: “money does not grow on trees; a penny saved is a penny earned; money is the root of all evil; money talks; put your money where your mouth is; he who has the money has the power” (p. 35); “blessed are the poor; waste not/want not; beware of Greeks bearing gifts” (Fay, 2013, p. 13). Money, of itself or as a gift, is often used by parents to condition our behaviour: as a reward it is given to us, as a punishment it is withheld or taken away (Mumford & Weeks, 2003).

How we internalise these messages dictates how we value money. These internalised values become incorporated into our sense of self both in reality and in fantasy (Trachtman, 2008). This influences how we relate to others in our monetary dealings. For example: if we believe ourselves to be honest and generous, we will tend to put our relationships with other people before our financial acumen and desire.

2.3 Gender and Money.

Traditionally society and culture place women in the role of caretakers where the reward is emotional rather than monetary. Men are seen as providers so they get paid for what they do (Dema-Moreno & Díaz-Martínez, 2010; Deutsch, Roksa & Meeske, 2003; Herron & Welt, 1992; Trachtman, 2008). Psychotherapy creates a paradox for both genders because therapists are paid caretakers. Women consider relating to be the important reward and as such often do not obtain the proper fee whereas men struggle with guilty feelings about be paid for not giving enough (Herron & Welt, 1992). Culture teaches us that a man's role is to be the 'breadwinner' and a woman's role is to be the nurturer (Liss-Levinson, 1990). Relatedness and connectedness to others enhances a woman's self-worth.

Liss-Levinson (1990) poses an interesting question "do women charge too little ... or do men charge too much?" (p. 121). Female therapists possibly charge less because generally women are paid less. This could be indicative of the societal and cultural belief that women are worth less. This stems from the traditional view of women being 'homemakers', a job that is unpaid, leading to assumptions that women should be self-sacrificing and caring. Men's self-worth is associated with their professional and financial success (Shanok, 2012). Men are congratulated for prioritising their own needs whereas women risk being negatively judged for doing the same. Men see the world as hierarchal and competitive but women see it as collaborative and democratic (Atwood, 2012). In families men prefer to earn more than

their wives. In order to stick with traditional beliefs a wife's income is not seen as providing for the family needs but as an extra for 'non-essentials' thereby reducing its significance (Atwood, 2012; Deutsch et al., 2003). This leads to women not viewing themselves or their income as significant (Shanok, 2012).

In 1980 the American Psychological Association (APA) conducted a survey of the annual earnings of all their members (Burnside, 1986). Their findings were that women earned significantly less than men regardless of employment setting, qualifications or level of experience. Monger's study (1998) showed that male therapists seemed to have a higher average fee than their female counterparts. The Power and Pilgram study (1990) was inconclusive with no discernible difference between male and female therapists. However studies continue to find that women psychologists earn less than male psychologists and that male psychologists charge higher fees in private practice (Newlin, Adolph & Kreber, 2004). Shanok (2012) reports no change in the research findings. A recent report (Central Statistics Office [CSO], 2012) showed that in Ireland women still earn less than men but when taking into account that women work fewer hours, the difference in income was considerably less with women earning 94% of what men earn.

Newlin et al. (2004) investigated the financial value that male and female psychologists place on their work. Their findings indicated that male and female psychologists with the same qualifications assumed that both genders would charge the same. However, differences arose when discounting fees: 56% of men offered no discounts but 96% of women did offer discounts. Women perceived local competition as a factor in setting their fees much more than men.

Barnett and Hyde (2001) suggest that social changes require a revision of the theories dominating research because they are now antiquated. In modern society gender roles have

become merged and multiplied with women adding the role of provider while men include or take on the role of 'homemaker'. Dema-Moreno and Díaz-Martínez (2010) suggest that these changes have affected women more than men. Traditional views still hinder couples who try to have more egalitarian relationships leaving them with the need to justify themselves. Interestingly Deutsch et al. (2003) state that while men accept women in the workplace they still prefer to earn more and not rely on their wife's income.

2.4 The Therapeutic Relationship and Money.

Freud (1913) is quite dictatorial when he says that analysts should be frank about money matters and should "cast off false shame" about charging for their time. Therapists are extremely willing to talk about clients' attitudes to money but reluctant to have the spotlight on themselves (Power & Pilgram, 1990). Power and Pilgram suggest that focusing on clients' monetary issues is a way to protect therapists' from their countertransference feelings about money such as economic need, motivation, guilt and anxiety. The study findings supported these theories and tell us that "therapists are no different from other human beings" (p. 15). Monger (1998) believes that therapists' countertransference in terms of unresolved thoughts and feelings may determine fee structure. The study findings supported this hypothesis and corroborated the findings in the Power and Pilgram study (1990). Monger (1998) also found that the less the economic need of the therapists the less focus on justifying the fee in therapeutic terms.

Therapists view money as a psychological problem for clients but simply as a practical one for themselves (Baron, 2008). In reality money has multiple symbolic meanings for each of us so it follows that therapists may have psychological issues about money. According to Schonbar (1986) when clients' defy or resist fee policy they trigger countertransference. Sometimes countertransference is projected into a strict fee policy, with

the belief that it is for the clients' well-being but this exacerbates the problem. Schonbar views this domineering and rigorous approach as therapists' discomfort, power-seeking, and emotional dishonesty.

Countertransference reactions can be associated with how therapists value themselves (Geistwhite, 2000). This problem often occurs with beginning therapists who feel inadequate and guilty about being paid. Other countertransference feelings include fear of being rejected or dismissed by the client (Barth, 2001), and experiencing the client's anger (Myers, 2012), when demanding payment. Undercharging can be a defence to offset these feelings. Myers believes these issues also pose a problem for experienced therapists. People want money but they also want relationships (Barth, 2001). In this we can feel disadvantaged, powerless and vulnerable. Cultural taboos and emotional meanings of money can stir feelings of shame, embarrassment and guilt. Much of the problem in being paid for providing a therapeutic service is that there is no concrete evidence of that work making it impossible to assess therapists' value and worth. This leads to feelings of doubt and guilt (Newman, 2005).

For many therapists there is ambivalence about the link between money and their profession as psychotherapists (Baron, 2008). They perceive themselves as givers and helpers whereas asking for money implies greed. Very often the reason therapists go into psychotherapy is due to personal experience as caretakers. They put others needs before their own so it goes against their personal beliefs to be perceived as having their own desires (Myers, 2012). Feeling 'good' about themselves may be lost at the expense of their desire. Training in psychotherapy means that all potential therapists must first be clients. This identification with the client can hinder therapists' ability to assert their own needs especially when they conflict with clients' needs.

Although therapists are rewarded by the connection within the therapeutic relationship, they must balance this with the reality of their economic need (Holmes, 1998). If they deny this need insisting they 'do it for love' they may be colluding in a client's fantasy of an early mother-child attachment. If therapists are uncomfortable about discussing money their clients will not bring it into the therapeutic relationship (Trachtman, 1999). Denying clients the space to talk about their money related issues does them a disservice. If therapists are inhibited about their own money issues they will not be able to control countertransference reactions to their clients. In facing difficult feelings about money therapists become more confident and assured in their relationship to money (Myers, 2012). Therapists who have resolved their personal monetary issues can embrace their client's issues about money and they are able to confidently deal with fee related issues (Newman, 2005).

2.5 Training and Money Issues.

Power and Pilgram's study (1990) found that the fee was rarely explored in training, supervision or personal therapy. If the fee formed part of the training it was focussed on the practical rather than psychological considerations. Monger (1998) concluded that the fee should form part of training courses and that examining the fee during training would allow for more understanding of countertransference. Trainees could explore their unresolved issues about money through their training and through personal therapy. This would allow therapists to make an informed therapeutic interpretation of the fee and better structure their fee policy.

Barth (2001) points out that although literature on fee issues in psychotherapy is growing it still does not form part of the course syllabus in training institutes and it is seldom addressed during training (Trachtman, 1999). It is only when the issue appears in the therapeutic relationship and it elicits countertransference does the therapist bring it to

supervision. Newman (2005) is very direct in stating that monetary issues and their effects on the therapeutic relationship should be clearly and methodically addressed otherwise they can have a significant impact on how therapy is conducted. Money meanings as well as the fee itself are a fundamental part of the therapeutic relationship. Newman advocates open and frank discussion about trainees' personal attitudes and issues about money. However due to cultural beliefs and societal taboo, therapists can address their issues about money to a certain degree but may not fully deal with them (Herschenfeld, 2008).

Dyller (2008) relates her experience in training when her professor was explaining how he handled fee payment. He did not ask directly for the fee but instead asked his clients to place it on the table in his office as they were leaving. This meant that he and his clients could avoid the discomfort of admitting that his care-giving service came at a cost. Dyller finds it peculiar that the issue of money in general and the fee is so obscure within training. Money is never discussed officially with professors, in case reports, in process classes, or in long-term supervision (Katz, 2008). Therefore money becomes a subject of whispered discussion among trainees merely informing themselves through gossip and casual conversation.

This 'unspoken' method of discussing money and the fee reinforces the cultural taboo leading to possible countertransference (Shanok, 2012). In training therapists learn to set aside their own needs, desires, and wishes within the therapeutic relationship. However money is part of that relationship so it is no wonder that it causes countertransference difficulties for therapists. Training institutes should have a clear and transparent approach to fee payment. Shanok also favours discussion in supervision stating that the subject, realistically and in fantasy, should be raised by both trainees and supervisors. Courses should contain a module on financial matters to include: highlighting difficulties addressing money issues and, exploring trainees' individual, cultural and gender-related meanings of money.

This affords the opportunity to consider how money issues and the fee may impact on their clinical work.

2.6 Fee Policies.

Power and Pilgram (1990) chose their sample from the private, voluntary and state sectors and included therapists who were mainly dependent on the fee and those who were only partially dependent. Nearly all therapists' discussions about the fee were quite brief. Full-time private therapists had a fixed market rate fee, were less flexible about their fee rate, less inclined to change the rate during therapy, always charged for missed appointments and the fee was commensurate with their colleagues. Those working in both private and voluntary or state sectors set their private fees at the market rate for their locality and were more willing to vary their fee based on client need. The sample in Monger's study (1998) was similar and these results validated Power and Pilgram's original findings. In addition the results showed that therapists in private practice either: (1) charged for cancelled sessions not cancelled within a set period of notice, or (2) did not charge at all. However, the majority of therapists in paid employment did not charge for missed or cancelled appointments. Monger concluded that economic need dictates stricter fee policies.

Newlin et al. (2004) found that psychologists discounted fees for students, friends, professionals, and single parents. There was also a gender bias with 30% of women and 6% of men offering discounts to women but not to men. 41% of women and 53% of men offered initial meetings at no charge. 60% of men and 43% of women had increased their fees within the past two years. 79% of the therapists indicated that the strongest influence on fee setting was education and qualifications. This was followed by local competition (47%) and business experience (47%). Fay's (2013) approach to fee setting was to look at what his

peers, therapist and supervisor were charging. In speaking with other therapists it is apparent that the recession is impacting on the fee with clients demanding more flexibility.

In the United Kingdom [UK] the private sector of counselling is still unregulated leaving it open to inscrutable and exploitative practices (Friery, 2011). Local market forces seem to dictate fee setting with higher fees being set in areas with high numbers of clientele and low numbers of counsellors. Friery is in favour of fee policies based on education, qualifications and accreditation. Currently the average fee in the UK is £40 a session but it ranges from £25 to £60 plus.

In considering the fee therapists should focus not only on the monetary reward but also the reward in terms of relational value (Jacobs, 1986). The client should be informed of the fee even before they commence the first session (Herron & Welt, 1992). Newman (2005) refers to the therapeutic contract, of which the fee is part, at the beginning of therapy as 'the stable frame'. The stable frame creates essential boundaries and in relation to the fee it shows an open and honest position. Ethically therapists should discuss the fee as soon as possible (Shanok, 2012; Treloar, 2010). The Irish Association of Counselling and Psychotherapy [IACP] and the Irish Association of Humanistic and Integrative Psychotherapy [IAHIP] code of ethics say that the contract, which includes the fee and fee policies, should be agreed before therapy commences. Some therapists have difficulty with this particularly if a client is in crisis because discussing money is perceived as insensitive. Nonetheless the fee should be discussed as soon as possible (Treloar, 2010).

CHAPTER 3: METHODOLOGY.

3.1 Research Design.

This research project was an explorative study into money and the fee in psychotherapy from the psychotherapists' perspective. A qualitative design was chosen because it provided a more complete understanding of the subject under investigation. Qualitative research aims to understand phenomena and finding meaning in experience (McLeod, 2008). In this study the objective was to examine the participants' personal beliefs, experiences and perspectives in relation to money and the fee in psychotherapy. Quantitative research was not considered appropriate for this research design. In her study Monger (1998) says: "quantitative data gathered in predetermined response categories does not capture the nuances of different practices and views" (p. 100). Qualitative research is concerned with providing rich descriptive detail in terms of context and processes with close involvement of the researcher in order that they can genuinely understand each participant's subjective view (McLeod, 2008).

This research project gathered in-depth data to acquire an understanding of the monetary perspectives of psychotherapists working in Ireland and how this affected their fee policy and therapeutic relationships. Particular attention was paid to the participants' experiences and feelings about money in relation to personal beliefs, gender and culture and how that impacted on the therapeutic relationship. Data was also gathered to ascertain whether participants would consider it beneficial if both the psychological meaning of money and the practicalities of fee policy should be included in training. A third objective was to gather data in relation to how fee policies are structured. A cross-sectional design was considered appropriate for this study because it involved gathering data from more than one source with the intention of finding paradigms using semi-structured interviewing (Bryman,

2008). This method was used in Power and Pilgram (1990) and Monger's (1998) studies so consistency in this research design showed reliability, replication and validity.

3.2 Sample.

Purposive sampling was considered appropriate for this study because: "the researcher samples on the basis of wanting to interview people who are relevant to the research question" (Bryman, 2004, p. 334). The sample was chosen from private practice, voluntary organisations and paid employment to reflect current literature. The sample size consisted of five psychotherapists, two male and three female. Specific inclusion criteria were: qualified psychotherapists who were working towards accreditation to their professional body and psychotherapists who were already accredited. There was no limit on the length of time since qualification. Psychotherapists with less than 100 client hours since qualification were excluded. One participant was an accredited supervisor, two participants were accredited psychotherapists, and two participants were qualified psychotherapists working towards accreditation. The qualified therapists volunteered their client hours during conversations with the researcher which confirmed that they met the inclusion criteria.

3.3 Recruitment.

The researcher had access to a centre in the voluntary sector. One participant was a former paid employee of the centre. One participant was a former volunteer counsellor at the centre and one participant was a volunteer at the centre. These participants were personally approached by the researcher to ascertain whether they would be interested in participating in the research. The remaining two participants were recruited by snowball sampling through personal contacts of the researcher. Snowball sampling involves the researcher making contact with people who are relevant to the research topic and through them the researcher establishes contact with others (Bryman, 2004). All participants were informed of the aims

and objectives of this research project prior to their agreement to participate. Upon agreement to participate a date and time was agreed with each participant to conduct the interview at a place of their choosing. Prior to commencing the interview each participant was given an interview consent form (Appendix 2) outlining: the purpose of the research, anonymity for the participant, the right to withdraw at any time and thanking them for their participation. Each participant was then asked to sign the consent form and given a copy to retain.

3.4 Data Collection Method.

Data collection consisted of semi-structured interviews recorded on a Dictaphone. A list of potential questions relevant to the literature review was compiled and the questions corresponded appropriately to the themes outlined in the literature review (Appendix 1). On occasion additional questions were asked to expand the participant's response or to clarify the participant's response. Flexibility in semi-structured interviews allows participants to have more freedom in how they respond to the questions. The researcher is also free to ask questions that are not predetermined if it is appropriate and relevant to do so (Bryman, 2004). A focus group was briefly considered then rejected on the basis that the existing literature indicates a taboo in relation to this research topic. Therefore "participants may be more prone to expressing culturally expected views than in individual interviews." (Bryman, 2004, p. 360). At the end of the interview each participant was asked if they had anything they would like to add in relation to the research topic and the researcher again thanked them for their participation.

3.5 Data Analysis.

The interviews were transcribed and the data was analysed using thematic analysis. "Thematic analysis provides a flexible and useful research tool, which can potentially provide

a rich and detailed, yet complex, account of data.” (Braun & Clark, 2006, p. 78). Thematic analysis is a method of identifying patterns within the data. It can be used to ascertain the experiences, meanings and the reality of the participants. The analysis was primarily at a semantic level identifying explicit themes. Secondary analysis was at a latent level examining underlying implicit meaning in relation to the themes identified. The aim of the analysis was the emergence of predominant themes providing a rich description of the data: “a particularly useful method when you are investigating an under-researched area” (Braun & Clark, 2006, p. 83).

3.6 Ethical Considerations.

Appropriate research design should take ethical considerations into account and should also include informed consent and confidentiality. All participants were fully informed about the research topic and the research process, that they would not be identified in the results of this research or in any part of the finished project, and that the information would only be used by the researcher for this research project. All participants were informed that under data protection the researcher is required to keep the transcripts from the interviews for a period of five years and they will be stored in a secure location during this time. Informed consent must be genuine, that is the person must be competent to give consent and the consent must be voluntary (McLeod, 2008). The researcher prepared a participant interview consent form which included the aforementioned factors. It also included the name, address, contact number and email address of the researcher, the name of the research supervisor and a statement about the right to withdraw from the study at any time.

Confidentiality strategies are similar to the protection of client information. However the dissemination of results requires that the participants’ identity is not present on interview

tapes, notes, or test results (McLeod, 2008). The researcher has all participants' demographic details in a secure place and they are stored separately from the tape recordings and transcripts of each interview. Each participant was given a code and that code appears on the tape recording and transcript. Only the researcher is able to identify each participant from their transcript. The participants' code was used in the results and discussion section of the research project.

CHAPTER 4: FINDINGS

4.1 Introduction.

This chapter outlines the findings from the semi-structured interviews carried out with five therapists, two male and three female, regarding their experiences and feelings about money and how it affects their fee policy and therapeutic relationships. Five main themes were identified and within two of the themes are a number of sub themes. The findings are supported by quotes from the interviews of the participants. The interviewees are referred to as T1 for therapist 1, T2 for therapist 2, T3 for therapist 3, and so on.

4.2 Personal Beliefs, Culture and Gender.

4.2.1 Money is Taboo.

All five therapists were comfortable talking about money. However T2 and T5 would only talk about money with close family and friends. T1 had a business degree and had “worked in banks and the corporate world for a long time so I’m comfortable with money”. T2 would “be comfortable enough answering questions ... most questions about money” but would be “a little bit hesitant is asking someone else”. T5 indicated that “asking people for money would be uncomfortable”.

Topics that were discussed varied. T1 referred to business matters saying: “I talk to people who ... help with that”. T2 and T5 discussed all aspects of money only with their husbands. T4 and T5 talked about the cost of living but T5 also talked with friends about getting a good deal and how to “manage to balance it all”. For T3 it was the recession and the lack of money and “people trying to make ends meet”. T4 also talked about “how do I make money work for itself”.

Three therapists did not discuss income. T1 also said: “I don’t talk about tax”. T2 mentioned “if somebody was left money I wouldn’t ask them how much they were left”. T5 added “I would talk about money in general terms, not specifics”. Until recently T4 would not talk about “loans, credit cards ... repaying loans”. T3 said:

I’m probably more cautious talking about money matters with people who have more money, who are financially very comfortable at the moment. Maybe I pick up on their resistance – they don’t want to talk about it.

4.2.2 The Meaning of Money.

As a child T1 “learned to value money”, that “money was limited” and the importance of saving. T2’s “parents would have been quite frugal ... my mother was always afraid that they wouldn’t have money”. “My sense was that I could never get the things I wanted because I didn’t have money” (T2). Money meant security and peace for T3 because “lack of money meant rows, arguments”. T4 learned to borrow money and didn’t learn about saving “which is something that I would like to do”. He comes “from a family business” and integral to that was “where your money was going”. He also learned that you can survive without much money. T5 believes “that it’s useful” and “you had to be very careful with money”.

For T1 and T3 money meant security. T1 added that security would include “the need to be sure I have a pension”. For T2 money meant “freedom, to do what I want” because “I’m always broke”. She thought about money “as in winning it, being left it”. T4 and T5 viewed money as a means of acquisition. However T4 was “very wary of it” whereas T5 believed “depending on how much you’ve got ... maybe you feel your experiences are more limited in a material way”. T1 and T4 were not materialistic and did not believe money brings happiness.

Four therapists said they were practical and methodical dealing with money matters but T2's answer was "not very well". T1's father was a "money manager ... and he was prudent" and "I think I'm quite like my Dad in that sense". He "keeps things simple" and "is quite organised" in order to avoid becoming stressed. T3 deals with issues as they arise. T4 is always looking for ways to better manage money and he worked in the bank intentionally because he "wanted to learn more about financial institutes". Sometimes T5 "sticks her head in the sand" when there is more money going out than coming in. T2 pointed out "I never get myself so into debt that I can't get out of it".

4.2.3 Gender and Money.

Both male therapists preferred to earn a living and would find it difficult to be a 'househusband'. T1's father was the provider and his mother was a housewife and for T1 "staying at home" was "never an option". T4 was brought up with the belief "being a male ... you have that status of earning money". The female therapists differed somewhat. T5 was the main earner in her household. T3 said earning was very important because "it's about independence ... and being able to contribute" and it gives her children security. Both T2 and T5 viewed their career as something they enjoy. T2 admitted:

There's a part of me that deep down inside has an expectation that my partner would be the person who brings in the money ... and I'm the one to ... do up the house, go on holidays, all the extras.

One male (T4) and one female (T3) therapist believed that men earn more than women especially in higher positions but said that this is slowly changing. "Lower down the scale they're kind of more on a par" (T4). T1 had split views saying as wage earners men seem to earn more but he had read that "women who actually run their own businesses earn more than men who run their own businesses". T2 did not believe that men earn more but

then clarified: “there’s probably ... the little girl still inside me who wants to be looked after” so she views herself differently “to how I see maybe the rest of the world”. T5’s personal experience is that both genders are on a par “it just depends where you are on the scale”. However she did suggest that men in executive jobs find it easier to make a full-time commitment because “very often the homemaking piece gets tagged onto the female role” so many women emotionally cannot make that commitment. T1 echoed this slightly saying that women often work flexible or part-time hours because they “are balancing other things as well”.

Both male therapists would not have any difficulty with women earning more than men. T1 had female friends who earned more than him. T4 said that his wife’s income is higher and “I took a moment with that because ... men would be threatened by that” but he took time to reflect on this and “didn’t feel in any way threatened at all”. Two female therapists (T2 and T3) thought it was great when women earn more than men. T2 believed that earnings should be based on qualifications and experience rather than gender. T3 “loves to see ... that they’re being valued for their work”. T5 had no opinion supposing “that the world has moved much more towards equality”.

4.3 The Therapeutic Relationship.

4.3.1 Money and the Contract.

Three therapists were comfortable discussing the fee with clients. T2 still had some discomfort and T5 was more comfortable than she used to be. All five therapists agreed on the importance of contracting with new clients and the fee and fee policies should be included in that. T1 and T3 informed people of the fee before the initial meeting. T1 said that many therapists have a discomfort around money and “I think in my background [*financial*] like there’s a familiarity with money and that’s been an advantage”. T2 gives the client a written

contract and “I’m very adamant ... these are the boundaries because it is about boundaries”. T4 currently works for a no cost organisation but also agreed with having boundaries around fee policies. He said having a contract meant “there’s no surprises” because at a later stage you could have “all sorts of transference then in a client”.

All five therapists were open to renegotiating the fee. Three therapists said the reasons for it would need to be explored. Three therapists stated that re-contracting would include an agreement to revert to the original fee when financial circumstances allowed. For three therapists the reduced fee would have to be reasonable and realistic for both therapist and client. T1 believed it was important for the relationship to continue because to stop working with the client would be quite callous.

Renegotiating the fee was “the ethos of the centre” where T3 had her practice. If the client really could not afford the fee she would give the client a list of free and low cost centres. T2 and T4 said if there is evidence that the client is spending money on ‘extras’ you would need to challenge them “to decide what your priorities are” (T2) and “watch out for the underlying themes” (T4). T5 sensed this was the case with a client and she was uncomfortable with it but she did renegotiate the fee. She also said it was useful for clients to learn to negotiate because often they are disempowered in other aspects of their lives. T1 has reluctantly offered fortnightly sessions because it works better for “somebody who’s used to having money, to paying their bills ... and they may not feel comfortable”. T3 has used this option with one client who attends monthly.

4.3.2 Money and Value.

All five therapists agreed that the fee was important to them because it puts value on their work. T1 believed “I think I provide a professional service” and stated: “I do the work,

I expect to be paid”. T2 added “that’s how I make my living”. T5 also included the value of her time.

Four therapists believed that it was important for the client to value the service. T2 said: “I just feel that people value something that they pay for more than something they get for free”. For T4 there was a boundary issue as well: “how the person will value the relationship and how they will value themselves”. T3 viewed the fee as the first exchange between therapist and client and “the emotional exchange” comes later. She also felt that in the client paying “you give them power ... they’re not being beholden ... I think it takes away doubt”.

4.3.3 Clients’ Money Issues.

Three therapists were comfortable discussing clients’ money issues. T2 and T5 were hesitant because of “the way ... that I deal with money myself” (T2) and “based on my own piece ... the difficulty some people have discussing money” (T5). T2 would be comfortable with the practicalities of money but “when it comes to what does money mean ... I don’t know if I’ve ever really done that ... there’s probably some hesitancy”. T5 said if there was ambiguity between the client’s income and lifestyle she would challenge the client. The clients’ money issues varied.¹

T5 remarked “I would find myself cautious about not, not knocking out defence systems from underneath the clients” because “pride ... has a huge place”.

¹ The presenting issues included: the impact of the recession on finances; changes in financial circumstances; changes in financial status; the lack of money and clients’ difficulty and stress around this; can they still afford therapy; can they renegotiate the fee; unhealthy relationships with money such as addictions and gambling; relationship problems associated with money.

4.3.4 Money and Countertransference.

Countertransference was apparent for all female therapists, some already detailed under other headings.² In relation to discussing the fee T2 said: “I’m a bit hesitant, I’m nearly apologetic when I tell them how much I charge”. T3 admitted she “would have had a lot of issues in the beginning”. T5 remembered the first time she discussed the fee with a private client: “I stuttered over the cost and bringing it up”. Prior to her meeting with this client:

I agonised over what my fee was going to be and was it fair ... I found myself leaning was it a fair cost to the client as opposed to whether it was a fair value ... for my time, and I had to remind myself that ... for me it’s about both.

"When it was given to me in an agency it was so much easier" (T5) because the fee had been decided by the organisation.

T2 wondered how she values herself because of her hesitancy to charge for missed sessions:

I wonder do I actually value it as much as I think I do ... I would value it maybe in somebody else but maybe I don’t value myself, maybe it’s something about how I value myself.

T5 recalled working and finishing with a client “but I remember feeling that I’d undersold myself ... and I don’t think I asked for enough money”.

T2 expressed concern about how the client would view her when she charged for a missed session: “my mother was very tight with money ... and I suppose I went to the other

² T5 renegotiating the fee even though she sensed the client was spending money on ‘extras’. T2 and T5’s hesitancy around discussing clients’ money issues due to their own difficulties.

extreme where I, I hate anybody to think that I'm mean with money". T3's initial response to charging for missed sessions was: "oh there's a taboo, I try not to". Three times she stated: "I don't like charging" and later remarked "that's my stuff" but did not elaborate further.

4.4 Training and Money Issues.

Four therapists believed the topic of money should be included in training and all said that it had not formed part of their training. The initial response from each was:

T2: Definitely! We wouldn't have had any training whatsoever.

T3: Yes. Without a shadow of a doubt ... because there's a taboo around it and it's not covered.

T4: Yeah absolutely. I'm still kind of feeling my way around it you know because there's still a hesitation in me. It's something that doesn't happen a lot.

T5: Yes! I didn't have a lot of input in this regard.

T1 said he hadn't really thought about it but that it would be beneficial. He added that in his experience supervisees do not understand that the fee is part of the boundary and the relationship. He believed that many therapists "weren't able to cut it ... because most therapists are self-employed" so he felt that "if there was a bit more business focus ... it would be good for trainees". T2, T4 and T5 believed that the practicalities of money should be included in training. T2 and T4 also said that the psychological meaning of money needs to be explored in training. T2 realised that she had never explored her own issues around money. T3 would "like the whole area of money to be just opened up and explored".

4.5 Fee Policies.

4.5.1 Standard Fee Policies.

The standard fee policies of each participant are detailed in the following table:

Table 1: Standard Fee Policies.

	Years Qualified	Sector	Standard Fee	Cancellation Policy
T1	13	Full-time private practice including agency work.	€70	48 hours' notice. Charges for missed sessions.
T2	11	Paid employment with some private practice including agency work.	€60	24 hours' notice. Charges for missed sessions.
T3	6	Full-time private practice.	€50	24 hours' notice. Tries not to charge for missed sessions.
T4	4	Paid employment and voluntary work.	€50	24 hours' notice. Charges for missed sessions.
T5	3	Paid employment and voluntary work. No private practice at present.	€40	One week's notice, if less than 24 hours' notice charges for the session. Charges for missed session.

T1 noted: “the range now is somewhere between €50 and €80, €85”. He also added: “the odd person seems to be miraculously charging €100, €120”. He had increased his fee on two or three occasions and his fee had not changed in the last five to six years. T1 and T3 did not offer low cost therapy whereas T2 did. T2 charged €25 when she “was working towards accreditation” and increased the fee to €50 when she got accredited. Three years ago she increased it to €55 and two years ago to €60. T4 had no private practice and early in the

interview he indicated that his fee would range between €20 and €60 but his response to question 16 (Appendix 1) was: “at this moment I would probably go A and B, A probably”.

Three therapists set their fee based on what others were charging and what the average fee was. T4 indicated that this was how he intended to arrive at his standard fee. T2 “didn’t kind of sit down and work it out.... How much am I paying for this and how much am I paying for that”. T3 said:

I worked for a few centres connected with the HSE ... the HSE ... dropped from €50 to €40 and then when I came here €50 was the standard fee ... it was a little bit lower than what other people were getting in private practice but it was above the HSE rate so to me ... it was a fair price.

T5 took overheads into account for example: rent, insurance, subscription to her professional body. Three therapists also considered the client’s financial circumstances when setting the fee. T3 did not charge for initial meetings.

4.5.2 Flexible Fee Policies.

All five therapists said they would reduce the fee if existing clients’ financial circumstances changed. Although T1 does not offer low cost therapy he would consider “if the referral source was maybe a personal you know kind of contact ... if it was more of a, what we’d call a hardship case”. T2 would reduce the fee if she found that people “were saying to me oh it’s too expensive”. Her reduced fee would be between €25 and €40. T1 mentioned that agencies had reduced the fee but one agency kept reducing it and “then it got to the point ... I was just pissed off and I just said like look it I don’t need your work”.

All five therapists said they would not always enforce their cancellation policy or charge for missed sessions for various reasons.³ T2 added that if “it’s just kind of a vague excuse I don’t have any hesitancy in asking a client for the fee”.

³ Illness included being hospitalised, if a relative was ill, death or funeral, an accident or emergency, if the car broke down, snow.

CHAPTER 5: DISCUSSION

5.1 Introduction.

The purpose of this section is to critically evaluate the findings from the semi-structured interviews in relation to existing literature regarding psychotherapists' experiences and feelings about money and how that impacts on the therapeutic relationship and fee policy.

5.2 Personal Beliefs, Culture and Gender.

5.2.1 Money is Taboo.

Although all five therapists were comfortable to talk about money they were selective in what they talked about and to whom which supports the literature that money can be a taboo subject (Atwood, 2012; Herzig & Lavon, 2008; Krueger, 1986; Lanza, 2001; Power & Pilgrim, 1990; Trachtman, 1999; Treloar, 2010). Having an interest in money is embarrassing for psychoanalysts (Jacobs, 2012) and T2 was hesitant to ask anyone about money. Both male therapists had a background in the financial sector which suggests that they were used to discussing money.

A variety of topics were acceptable to discuss: business transactions, the cost of living, the recession, managing money and investing money. Three therapists would not discuss their income. Inheritance was taboo for T2 and T4 was reluctant to talk about his borrowings. Generally these findings agreed with Trachtman (1999) who maintained that we are comfortable discussing taxes, bills or bargains but we rarely disclose our income and our borrowings. T1 would not discuss tax which conflicted with this view. T3's sense that people who are more affluent resist discussing money proved the social belief that when you have money you do not talk about it (Lanza, 2001).

5.2.2 The Meaning of Money.

Inherited childhood beliefs about money were diverse: you should value money, money is limited, saving is important, money is needed to acquire the things you desire, money is useful, be careful with money, you can survive without much money, you can borrow money. These results substantiated the conviction that every individual has past emotional experiences about money and this defines how we handle money (Krueger, 1986; Fay, 2013). T3 stated that the absence of money resulted in arguments verifying that usually money is only discussed when there is a dispute about it (Atwood, 2012).

In Western society the purpose of money is to provide security, comfort and freedom (Herron & Welt, 1992) because without it we are impoverished (Barth, 2001) and an aspect of this belief was inherent in each therapist. T1 and T4 were not materialistic and did not believe that money brings happiness which contradicted the opinion that we fantasize about having money and that it will bring us happiness and material things (Lanza, 2001). Nonetheless T2 validated this opinion because she thought about winning or inheriting money and T5 intimated that having less money meant you were materially limited.

Four therapists were pragmatic in their monetary dealings. T1 believed he had acquired this from his father who was a money manager and T4 wanted to improve his money management because coming from a family business you needed to know how to use money. T2 did not handle monetary matters well and although T5 was practical if things got unbalanced she would sometimes ignore it.

These conclusions endorsed Trachtman (2008) when he said our internalised beliefs become integrated into our sense of self, in reality and in fantasy. Therefore they influence our behaviour in relation to money matters and how we deal with them.

5.2.3 Gender and Money.

Our cultural beliefs imply that men are the providers and women are the caretakers (Dema-Moreno & Díaz-Martínez, 2010; Deutsch, Roksa & Meeske, 2003; Herron & Welt, 1992; Liss-Levinson, 1990; Trachtman, 2008), a principle supported by both male therapists and one female therapist. T1's parents stuck to this tradition so much so that he stated: "the new generation of men might consider staying at home and living off their partner's income but for me that was never an option". T4 was taught that as a man he had to earn a living. T2 had a veiled belief that her husband should provide for her. T3 and T5 had contrasting views: T3 considered it important to be a contributor and T5 was the main provider in her household.

One male therapist (T4) and one female therapist (T3) believed men in executive positions earned more than their female counterparts. T1 thought that employed males earn more than employed females. A number of studies on the earnings of psychotherapists and psychologists supported these answers (Burnside, 1986; Monger, 1998; Newlin, Adolph & Kreber, 2004; Shanok, 2012). T2 and T5 disagreed with these findings and T1 had read that when men and women were self-employed, women had more earnings. It was suggested that women could not commit to executive type jobs due to balancing home life with work (T5) and possibly worked part-time (T1). According to the CSO (2012) after making allowances that women do work fewer hours the difference in income was negligible. Two female therapists (T2 and T5) thought that earnings should be based on qualifications and experience.

Men like to earn more than their wives and in order to justify it the wife's income is perceived as being for 'extras' (Atwood, 2012; Deutsch et al., 2003) something T2 advocated. T4 differed and said that he was not threatened by his wife being the main earner.

5.3 The Therapeutic Relationship.

5.3.1 Money and the Contract.

Three therapists had no difficulty discussing the fee with clients but T2 still had some issues with it and T5 was more comfortable than in the past. T1 believed that having a financial background was an advantage. All five therapists were in agreement that the fee and fee policies should form part of the contract and they emphasised the importance of contracting with new clients. These findings supported the literature regarding fee issues (Shanok, 2012; Treloar, 2010) and upheld the guidelines in the IACP and IAHIP code of ethics. The client should be made aware of the fee before commencing the first session (Herron & Welt, 1992), a practice carried out by T1 and T3. T2 and T4 stressed the relevance of having boundaries around fee policies, a practice that Newman (2005) believed showed an open and honest position, and facilitated creating essential boundaries.

Although all five therapists were willing to renegotiate the fee, three therapists said they would need to explore the reasons for it. T2 and T4 advocated the need to challenge the client if evidence suggested they could afford the full fee. This included what the client's priorities were (T2) and if there were any underlying themes (T4). Three therapists asserted that any reduction in the fee would have to be reasonable and realistic for both therapist and client, and as soon as feasible to do so the fee would revert to the original amount. T1 and T3 believed it was important to try and continue working with the client: "if you lose your job and you can't continue your therapy I think that's actually pretty cold ... just to you know leave the client" (T1). These results supported Jacobs (1986) and Holmes (1998) who pointed out the need to balance the relational reward of the therapeutic relationship with the reality of economic necessity.

5.3.2 Money and Value.

Holmes (1998) claimed that money is a measure of our worth and our value so it is integral to our sense of self. All five therapists stressed the importance of placing monetary value on their work. “The fee is quite important because it’s validation, it’s a way of showing in a tangible way the value of the contribution that you’re making to another person’s life” (T5).

In relation to themselves therapists regard money in practical terms and yet they view money as a psychological issue for clients (Baron, 2008). Four therapists asserted the importance of the fee for the client and justified this in various ways: clients value what they pay for, it is how clients value the relationship and themselves, it is about boundaries, it gives clients power and takes away doubt, what are the clients underlying themes, renegotiating the fee is a useful way for clients to learn how to empower themselves. This suggested that the focus on the clients’ monetary issues was a means of avoiding their countertransference feelings about money such as economic need, motivation, guilt and anxiety (Power & Pilgram, 1990; Monger 1998) nevertheless these findings were open to debate which rendered them inconclusive.

5.3.3 Clients’ Money Issues.

Three therapists had no difficulty exploring clients’ money issues and added that the impact of the recession was coming into the therapy room. The therapists’ comfort indicated that they had worked through their own monetary issues which enabled them to discuss money issues with their clients (Newman, 2005). Trachtman (1999) argued that clients will not bring their money issues into the therapeutic relationship if they sense a discomfort in the therapist. T2 and T5 were tentative about discussing clients’ issues due to their own issues

with the subject matter. Trachtman (1999) asserted that unresolved money issues in the therapist will result in countertransference reactions.

5.3.4 Money and Countertransference.

In addition to countertransference issues already discussed all female therapists had an awareness of their countertransference regarding the fee and money issues. A possible explanation for this was gender issues as outlined in the literature: Society and culture viewed women as caretakers so there was an assumption that the relational reward outweighed the monetary reward (Dema-Moreno & Díaz-Martínez, 2010; Deutsch, Roksa & Meeske, 2003; Herron & Welt, 1992; Trachtman, 2008). Herron and Welt (1992) elaborated further saying because the emotional reward was more important to women they sometimes did not acquire an appropriate fee. Another reason conveyed by Shanok (2012) was that men are admired and respected for prioritising their own needs whereas the traditional female role of caretaker is unpaid. Herein was the paradox: therapists are paid caretakers (Herron & Welt, 1992) and this could lead to women not regarding their income as significant or worthy (Shanok, 2012).

Another possibility was the ambivalence between caretaker and professional, and the perception of giving and helping being contrary to requesting money which implied greed (Baron, 2008). Myers (2012) believed this contradiction can lead to therapists putting their clients' needs before their own. This was voiced by T2's concern that people would think her mean and by her being almost apologetic when discussing her fee. T3's emphatic and repeated response "I don't like charging" for missed sessions appeared to also support the literature. Likewise T5 stuttered over revealing her fee and agonised over setting the fee with her first private client.

Geistwhite (2000) maintained that the way therapists value themselves can lead to countertransference. This was the case for T2 when she reflected on how she valued herself

differently to how she valued others in relation to her hesitancy to charge for missed sessions. Similarly T5 remembered feeling she had undervalued herself after she had worked and finished with a particular client. T4 spoke of his hesitancy in setting his fee and it was something he was still feeling his way around.

5.4 Training and Money Issues.

Four therapists strongly agreed that money issues should be incorporated into training because it was not covered in their own training. T1 initially had not thought about it but agreed that it would be beneficial. These conclusions validated previous studies (Monger, 1998; Power & Pilgram, 1990) and the current literature (Barth, 2001; Dyller, 2008; Katz, 2008; Newman, 2005; Trachtman, 1999). Monger (1998) argued that including the fee in training would facilitate an exploration of unresolved issues about money and provide a better understanding of countertransference. The findings from this research project in relation to countertransference were significant and therefore verified Monger's (1998) deliberations. Shanok (2012) viewed the lack of discussion about money within training as reinforcing the cultural taboo leading to possible countertransference. T2 summed up these findings:

Until you mentioned this to me ... I probably didn't even give it a huge amount of thought but ... in talking about it now I suppose I'm realising that ... there is a piece there that I've never looked at which is around ... how I view money and how I use money in some way in my life and it'd be interesting to explore (T2).

Significantly T2 went on to say: "it would make it easier ... to do the work with your client if you'd already done the work on yourself".

All five therapists said they would like the practicalities of money included in the training and three therapists believed that the psychological meaning of money also needed

exploration. These findings supported Newman (2005) who stated that money issues and their impact on the therapeutic relationship should be clearly addressed with trainees.

5.5 Fee Policies.

Only two therapists were in full-time private practice (T1 and T3) and both had a fixed fee. Neither therapist offered low cost counselling and T1 did not reduce the fee for new clients. T1's fixed fee was based on the average fee of what others were charging and T3's fixed fee was set by the centre where she worked. These findings corroborated the results of earlier studies (Monger, 1998; Power & Pilgram, 1990). Aspects of both therapists' fee policy disagreed with Power and Pilgram's and Monger's results. Both therapists were willing to reduce the fee for existing clients if their financial circumstances warranted it. T3 was flexible with her fee because she took new clients' financial circumstances into account and she was not inclined to charge for missed sessions.

T2 was in paid employment with some private practice. T4 and T5 were in paid employment with no private practice although T5 had some private clients previously. T2 and T4 also based their fixed fee on the average of what others were charging. Likewise all three therapists considered new clients' financial circumstances when agreeing the fee. T2 said she would reduce her fee if people were telling her it was too high. These results validated existing studies (Monger, 1998; Power & Pilgram, 1990). T5 differed from the findings because she considered her overheads when setting her fee.

Interestingly none of the therapists considered their education and qualifications when setting the fee contradicting Newlin et. al (2004) and Friery (2011). T2 did increase her fee after accreditation which supported Friery (2011). Three therapists set their fee based on the average fee around them substantiating Fay (2013).

One of the two male therapists had the highest standard fee (T1) and T4 set his fee at a rate that was less than one female therapist (T2) and the same rate as one female therapist (T3). These conclusions contradicted the existing literature that males earn more than females (Burnside, 1986; Monger 1998; Newlin et al., 2004; Shanok, 2012). All female therapists and one male therapist were willing to 'discount' their fee for new clients by considering new clients' financial circumstances when setting the fee and this supported Newlin et al. (2004).

According to the results of Monger's study (1998) therapists in private practice either had a cancellation policy and charged for missed sessions or did not charge at all. T1 and T3 concurred with having a cancellation policy but deviated from the findings by not always enforcing their cancellation policies. T2, T4 and T5 had similar policies even though they were in paid employment and this conflicted with Monger's findings.

CHAPTER 6: CONCLUSION.

6.1 Research Conclusion.

In general the findings of this research were reflective of the existing literature. Therefore this study added to the current literature and research findings concerning psychotherapists' personal beliefs about money and how they impact on fee policy and the therapeutic relationship. In addition the study provided an insight into this topic from an Irish standpoint.

Money was still viewed as taboo. Past emotional experiences about money influence our behaviour in how we deal with money and this was apparent throughout the findings. Gender issues were evident in countertransference possibly due to the societal view of women as unpaid caretakers and the paradox that therapists are paid caretakers.

Unresolved issues about money impacted on fee policy and on the therapeutic relationship as countertransference indicating the importance of working through unresolved issues. This finding was further highlighted by the therapists' unanimous response that money issues should form part of training programmes. An interesting finding was none of the therapists considered their education and qualifications when setting their fee.

6.2 Strengths and Limitations.

One limitation was the lack of existing studies on fee policy for comparison against the findings of this research. Although the sample was limited to five psychotherapists the researcher believed it was a true representation of the relevant population. The sample consisted of two male and three female therapists providing a balanced gender representation considering gender issues was one of the themes under investigation. A qualitative research design using semi-structured interviews and thematic analysis produced a rich and descriptive

data regarding the experiences and beliefs of the participants, something that quantitative research cannot provide.

6.3 Recommendation to Training Institutes.

The findings that emerged from this research suggested that training institutes should incorporate the psychological meaning of money and the practicalities of fee policy into their training syllabus.

6.4 Further Research.

The lack of existing literature and the limitations of this research suggested that further research is required: (1) to investigate the psychological meaning of money from the therapists' perspective and its impact on the therapeutic relationship, and (2) how fee policies are structured within the psychotherapeutic profession. Ideally it would be of benefit if this research was conducted on a larger scale.

6.5 Overall Conclusion.

Firstly therapists are human beings and this means they are susceptible to cultural values and beliefs about money. Therefore it is important that any unresolved issues are worked through so as not to allow possible countertransference to impact on the therapeutic relationship and the structuring of fee policy. If therapists are informed through self-awareness about their own money issues they can respond in an appropriate manner to all money issues when they enter the therapy room.

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APPENDIX 1: INTERVIEW QUESTIONS.

Money is taboo.

1. How do you feel about talking about money?
2. What money matters do you talk about?
3. What money matters do you not talk about?

The meaning of money.

4. What did you learn about money as a child?
5. What does money mean to you?
6. Describe how you deal with money matters?

Gender and money.

7. What does earning a living mean to you?
8. Do you think men earn more money than women?
9. How do you feel about women earning more money than men?

The therapeutic relationship.

10. How do you feel about discussing the fee with your clients?
11. How important is the fee to you?
12. How do you feel about discussing clients' money matters within the therapeutic relationship?
13. How do you feel if clients want to renegotiate the fee?

Training.

14. Do you think the psychological meaning of money and the practicality of fee policy should be included in training?

Fee Policies:

15. Are you:

- (a) In full-time private practice?
- (b) In paid employment with some private practice?
- (c) In paid employment with no private practice?
- (d) In voluntary work with some private practice?
- (e) In voluntary work with no private practice?

16. Is your standard fee:

- (a) Less than €50?
- (b) Between €50 and €60?
- (c) Between €60 and €70?
- (d) Between €70 and €80?
- (e) Over €80?

17. What considerations do you take into account when setting your fee?

18. Under what circumstances would you reduce your fee?

19. Do you charge for missed sessions?

20. What is your cancellation policy in relation to your fee?

APPENDIX 2: INTERVIEW CONSENT FORM.

Fiona Smith
Metadell
Glencap Drive
Rocky Valley
Kilmacanogue
Co. Wicklow

087 247 3404
fionacasmith@hotmail.com

1st February 2013

Interview Consent Form:

Research Title:

An exploration of the fee in psychotherapy: Psychotherapists' attitudes.

This research project forms part of my final year studying a BA (Hons) in Counselling and Psychotherapy in Dublin Business School. My research supervisor is Mary Bartley.

This research seeks to acquire an understanding of the attitudes of psychotherapists working in Ireland in relation to the fee and how it affects their fee policy and therapeutic relationships.

The process involves an interview which should take no more than 30-40 minutes and the interview will be recorded. The questions are about your experiences and feelings about money and how they impact on the therapeutic relationship. There will also be some questions about your fee policy.

You will not be identified in the results of this research or in any part of the finished project. The information will only be used by the author for this research project. Under data protection the author is required to keep the transcripts from the interviews for a period of 5 years and they will be stored in a secure location during this time.

Your participation in this study is completely voluntary. You may stop the interview at any time or you may withdraw your participation at any time.

Please sign below giving permission for this interview. I wish to thank you for your time and contribution to this research.

The purpose and process of this research has been explained to me and I agree to participate.

Participant's Signature: _____ Date: _____

Participant's Name in print: _____