

- FARBER, B. A. & GELLER, J. D. (1988, June). *Factors influencing the process of internalization during psychotherapy*. Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Santa Fe, NM.
- FARBER, B. A. & GELLER, J. D. (1988, May). Gender and representation in psychotherapy. Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Toronto
- FELDMAN, S. S. (1945). Interpretation of a typical and stereotyped dream met with only during psychoanalysis. *Psychoanalytic Quarterly*, 14, 511-515.
- FREUD, S. (1900). *The interpretation of dreams*. New York: Avon.
- GELLER, J. D., COOLEY, R. S. & HARTLEY, D. (1982). Images of the psychotherapist: A theoretical and methodological perspective. *Imagination, Cognition and Personality*, 1, 123-146.
- GILLMAN, R. (1980). Dreams in which the analyst appears as himself. In J. Natterson (Ed.), *The dream in clinical practice* (pp. 29-44). New York: Jason Aronson.
- GILLMAN, R. (1987). Dreams as resistance. In A. Rothstein (Ed.), *The interpretations of dreams in clinical work* (pp. 27-36). Connecticut: International Universities Press.
- GITELSON, M. (1952). The emotional position of the analyst in the psycho-analytic situation. *The International Journal of Psycho-Analysis*, 33, 1-10.
- HALL, C. S. & VAN DE CASTLE, R. L. (1966). *The content analysis of dreams*. New York: Appleton Century Crofts.
- HARRIS, I. D. (1962). Dreams about the analyst. *International Journal of Psycho-Analysis*, 43, 151-158.
- KERNBERG, O. (1976). *Object relations theory and clinical psychoanalysis*. New York: Jason Aronson.
- KOHUT, H. (1977). *The restoration of the self*. New York: International Universities Press.
- KROHN, A. & MAYMAN, M. (1974). Object representations in dreams and projective tests. *Bulletin of the Menninger Clinic*, 38, 445-466.
- MEISSNER, W. W. (1981). *Internalization in psychoanalysis*. New York: International Universities Press.
- OREMLAND, J. D. (1973). A specific dream during the termination phase of successful psychoanalyses. *Journal of the American Psychoanalytic Association*, 21, 285-302.
- OREMLAND, J. D. (1987). A specific dream in the termination phase of successful treatment. In A. Rothstein (Ed.), *The interpretations of dreams in clinical work* (pp. 145-154). Connecticut: International Universities Press.
- ORLINSKY, D. E. & TARRAGONA, M. (1989, June). *Patients' representations of the therapist and experiences in therapy session: Further findings*. Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Toronto.
- ORNSTEIN, P. H. (1987). On self-state dreams in the psychoanalytic treatment process. In A. Rothstein (Ed.), *The interpretations of dreams in clinical work* (pp. 87-104). Connecticut: International Universities Press.
- PIAGET, J. (1962). *Play, dreams and imitation in childhood*. New York: Norton.
- RAPPAPORT, E. A. (1959). The first dream in an eroticized transference. *International Journal of Psycho-Analysis*, 40, 240-245.
- RORSCHACH, H. (1951). *Psychodiagnostics*. Bern: Hans Huber.
- ROSENBAUM, M. (1965). Dreams in which the analyst appears undisguised—A clinical and statistical study. *International Journal of Psycho-Analysis*, 46, 429-437.
- SAVITT, R. A. (1960). *On the undisguised dream about the analyst*. Paper presented at the Mid-Winter Meeting of the American Psychoanalytic Association, New York.
- SCHACHTEL, E. (1959). *Metamorphosis*. New York: Basic.
- SCHAFFER, R. (1968). *Aspects of internalization*. New York: International Universities Press.
- SPANJAARD, J. (1969). The manifest dream content and its significance for the interpretation of dreams. *International Journal of Psycho-Analysis*, 50, 221-223.
- STOLOROW, R. D. (1978). Themes in dreams: A brief contribution to therapeutic technique. *International Journal of Psycho-Analysis*, 53, 473-475.
- ULMAN, R. B. & STOLOROW, R. D. (1985). The "transference-countertransference neurosis" in psychoanalysis. *Bulletin of the Menninger Clinic*, 49, 37-51.
- WINNICOTT, D. W. (1960/1965). The theory of parent-infant relationship. In *The maturational processes and the facilitating environment* (pp. 37-55). London: Hogarth Press and the Institute of Psychoanalysis.
- YAZMAJIAN, R. V. (1964). First dreams directly representing the analyst. *Psychoanalytic Quarterly*, 3, 536-551.

NOTICE: THIS JOURNAL MAY
BE PROTECTED BY THE
Law Code 17, U.S. Code

THE CLINICAL MANAGEMENT OF CLIENT DYNAMICS AND FEES FOR PSYCHOTHERAPY: IMPLICATIONS FOR RESEARCH AND PRACTICE

D. RUSSELL BISHOP
JOHN M. EPPOLITO

Adler School of Professional Psychology

A brief review of previous empirical research on fees in therapy is reviewed as well as a conceptual framework based on the personality theory of Erich Fromm. Also, typology of client psychological function and purposes of behaviors associated with fees is presented. Strategies based on the typology are discussed for therapists to consider in order to deal more effectively with client dynamics associated with fees.

Money and the payment of fees for services are an integral part of the therapeutic relationship. Unfortunately, issues related to money are often overlooked, minimized, or avoided altogether in therapy. Schultz (1988) indicated that "dealing with money as a clinical issue can contribute to all aspects of treatment: diagnosis, therapeutic alliance, work with transference and countertransference, limit setting, improved reality testing, and working through childhood deficits and conflicts" (p. 7). Money has been addressed as an issue in therapeutic relationships since the time of Freud (Freud, 1913/1958; Singer, 1952), although this issue has received relatively scant attention in subsequent psychotherapeutic literature.

There are several reasons why fees for therapy have not been explored in more depth and detail.

The authors wish to thank Dr. Carol Oster, Erika Bishop and Elaine Eppolito for their comments on the earlier versions of this paper.

Correspondence regarding this article should be addressed to John Eppolito, 4124 West 100th Street, Oak Lawn, IL 60453.

First, there is personal resistance on the part of theoreticians, researchers, and practitioners (Chodoff, 1964; Feuerstein, 1971; Mintz, 1971; Pasternack, 1988; Schobar, 1986). Second, there does not appear to be any comprehensive theoretical framework to aid in the understanding of client psychodynamics related to fees. A third factor contributing to the limited exploration of fees, is the lack of consensus about clinical approaches that therapists can use to address the issue of fees with clients (Reider, 1986).

The issue of fees for therapy is influenced to a great degree by the setting in which therapy is provided and the associated policies regarding fees. In this article, focus is primarily given to fees in private practice settings, although the principles discussed have some generalizability. Fee issues are also limited to discussion from a clinical therapeutic perspective and not from a business perspective. Nevertheless, it is believed that a sound clinical approach to fees is highly consistent with the basic principles of good business practice (cf. MacHover, 1985).

Introduction to Research on Fees for Therapy

Research data on fees for therapy is limited. Shipton & Spain (1981) indicated that it is difficult to refute or support an argument about fees, because research is limited. Nevertheless, many therapists hold firm views about fees; views that are largely based on clinical experience and observation rather than systematic empirical investigation. This section outlines research findings about fees in several areas: fee level and the client's choice of therapist, effectiveness of therapy, and therapist perception of competence and warmth.

Client expectations about various aspects of therapy have received considerable research at-



tention (Garfield, 1986). Lowe, Howard & Dawson (1986) assessed the relation of level of fee for therapy and choice of therapist, and expectation about the quality of therapy. Results indicated that, "in all groups the psychologist offering free services was preferred to any of the fee-charging psychologists . . . This result confirms the factor of real cost [out of pocket payment by the client] as a significant influence on subjects' preferences" (p. 303). The pattern of choice of free service was in direct proportion to the amount of insurance rebate offered to offset any fees. Lowe et al. (1986) indicated that the results did not "support the view that the higher the level of fee the greater will be the expectation of quality" (p. 304). Although this study used a therapy analogue design, the results can benefit therapists. The general implication of this study suggests that therapists might expect that clients prefer to pay as little as possible for therapy, while they expect the quality of service to remain intact.

There has been a persistent uncertainty about the influence of fees on treatment effectiveness. Some authors have questioned the link between client payment of fees and treatment outcome (Allen, 1970; Chodoff, 1964, 1972; Lorand & Console, 1958; Tulipan, 1983), while others have suggested that treatment effectiveness is enhanced by clients' payment of fees (Davids, 1964; Gingert, 1952; Halpert, 1972; Nash & Cavenar, 1978). On the opposite side of the issue, Mowrer (1963) suggested that fees may function to limit the effectiveness of psychotherapy.

Yoken & Berman (1984) investigated the impact of client fees on treatment outcome. One group of clients was asked to pay for brief therapy while another group of clients was given free brief therapy. Fee paying clients did not improve more than those who received psychotherapy for free. These results appear to support the notion advanced by Mowrer (1963), as no-fee clients reported less symptom distress than clients who had paid for therapy. In an attempt to improve methodological flaws in their earlier study, Yoken & Berman (1987) assessed the impact of fee payment subsidy by third-party payers on psychotherapy outcome. Clients were randomly assigned to one of two groups; one group of clients had to pay a fee for therapy, where as another group of clients had their fee paid by a third party. Results failed to indicate a significant difference in symptom distress, problem distress, self-rated improvement, and satisfaction with therapy between paying and non-paying clients.

Orlinsky & Howard (1986) reviewed the literature on fees for psychotherapy with strict criteria for evaluating the methodological rigor of previous research. They concluded their review with the statement that, "only two studies met our criteria for inclusion in this review . . . One showed a positive association of fee payment with outcome and one did not." Additional methodologically rigorous studies are needed before any strong conclusions can be made on the effects of fees on treatment outcome.

While research on client issues and fees is limited, research on therapists' attitudes toward fees is even more limited. Therapists are generally reluctant to address fee issues, yet therapists' attitudes toward fees are bound to impact the therapeutic process just as any other values. Using an analogue design, Glennon & Karlovack (1988) assessed attitudes toward fees in a group of therapist trainees. Results indicated that

trainees with a non-psychodynamic treatment orientation perceived themselves as more competent when charging a high fee as opposed to a low fee . . . Post-hoc analysis also revealed that participants with a psychodynamic treatment did not seem to be affected by the fee level. It is suggested that this may be due to their greater training in issues related to the fee and to the intricacies of the therapeutic relationship, including countertransference reactions. (pp. 255-256).

Glennon & Karlovack concluded that therapist training should include a greater emphasis on the issues of fees and effects on the therapist in the therapeutic relationship. The literature repeatedly suggests that most graduate training programs provide insufficient training and preparation for private practice; most students do not receive any type of business management training, and many academicians do not have private practice experience.

Research on fees indicates that the level of fees for therapy does not have a consistent impact on therapeutic outcome. Fees do appear to impact therapy process factors: the client's expectations about therapy and some therapists' attitudes toward therapy. More empirical research with actual therapy clients is badly needed. The issues and framework presented in the remainder of this paper will provide a foundation for future the process research in this area.

Overview of Fromm's Personality Theory

A problem with the clinical management of fees for therapy is that there is no clear conceptual framework within which to understand client dynamics relating to such fees. Although many the-

ories of personality have much to offer on the issue of fees, most of the work in this area has come from a psychoanalytical perspective (cf. Davids, 1964; Weissbert, 1989). The personality theory of E. Fromm (1947) is a prime example of a theory with much to offer, although it has not yet been directly applied to the issue of fees. In his evaluation of Fromm's theory, Maddi (1980), stated that, "Fromm is one of the most sophisticated and perhaps the most complete of the personologists on the nature of the periphery of personality" (p. 365); nevertheless, the personality elements of his theory have not been widely applied or researched. Relevant elements of Fromm's theory are presented below.

Fromm (1947), asserted that persons strive to meet five basic needs: relatedness, transcendence, rootedness, identity, and frame of reference. Individuals develop strategies or personality orientations in order to meet their needs. The individual may strive to meet these needs in productive ways or in nonproductive ways, which are described in terms of positive or negative character types. Healthy and productive functioning is nurtured by an open cultural, societal, and familial atmosphere which promotes individualistic expressions of humanness. The productive orientation is motivated by love and concern for others. Individuals operating from a productive orientation work toward fulfillment of personal needs while at the same time seeking to better society.

Nonproductive functioning is a result of cultural, societal, and familial constriction of individualistic expressions. In this case, the individual strives to get personal needs met by operating from one of four orientations: receptive, exploitative, hoarding, and marketing. A person with a receptive orientation feels that the only way to get what is needed is to receive it from the outside. The receptive person expects gifts from others, while he or she contributes little to others. The exploitative person also looks outwardly to get needs met; however, the exploitative person takes from others by force or cunning. The hoarding person aims to bring in as much as possible, and to let out as little as possible. The person with a marketing orientation experiences him or herself as a commodity. In the marketing orientation, personal value is determined by what can be gained through exchanging oneself for things from others.

Fromm (1947) provided a detailed description of traits comprising each orientation (Table 1). It is typical that only one orientation is primarily

expressed through the individual's behavior, although traits from each of the orientations may also be present. Each orientation has positive and negative aspects. Nonproductive functioning is mitigated to some degree by positive aspects in each orientation, which together characterize the productive orientation.

The following section presents client dynamics related to fees, within the framework of personality orientation developed by Fromm.

A Typology of Client Psychodynamics Associated with Fees

Although research has consistently failed to demonstrate that fees have an effect on therapy outcome, fees remain an important issue for the therapeutic process. Clients respond to the issue of fees in a variety of ways that reflect their overall personality functioning and character traits. By observing the process of the client's thoughts, feelings, and behavioral responses to fees, the therapist may gain a wealth of information. Regarding the therapist's conceptualization of client dynamics, Adler (Ansbacher & Ansbacher, 1956) stated that

We can begin wherever we choose, every expression will lead us in the same direction—towards the one motive, the one melody, around which the personality is built. We are provided with a vast store of material. Every word, thought, feeling or gesture contributes to our understanding (p. 332)

In specific reference to the role of fees in therapy, Pasternack (1988) stated that, "money may be interpreted in innumerable ways, not simply as payment for services or goods. Money must also be understood symbolically as it fits into the intrapsychic work of each patient" (p. 113). The therapy process is enriched when the therapist is able to interpret the client's responses to fees in light of the client's functioning in other areas.

The strategies discussed below are in terms of the framework of personality functioning described by Fromm (1947; see Table 2). The presentation of the typology will follow a format that outlines each strategy in relation to the client's needs, goals, emotions, cognitions, and typical behavior patterns. The bulk of the examples provided are negative, such as non-payment, late payment, or inconsistent payment of fees. Nevertheless, timely payments or methods of payment may also provide clues about the client's personality dynamics.

The Receptive Orientation. Clients operating from a receptive orientation may use fees to get attention, to foster helplessness, or to maintain ties with the therapist in the therapeutic relationship.



TABLE 1. Fromm's Character Types

| Orientation | Positive Aspect | Negative Aspect |
|----------------------|-------------------------|-----------------------------|
| Receptive | accepting | passive, no initiative |
| | responsive | opinionless |
| | devoted | submissive |
| | modest | without pride |
| | adaptable | unprincipled |
| | socially adjusted | servile, no self-confidence |
| | idealistic | unrealistic |
| | sensitive | cowardly |
| | polite | spineless |
| | optimistic | wishful thinking |
| Exploitative | trusting | gullible |
| | tender | sentimental |
| | active | exploitative |
| | able to take initiative | aggressive |
| | able to make claims | egocentric |
| | proud | conceited |
| | impulsive | rash |
| | self-confident | arrogant |
| | captivating | seducing |
| | Hoarding | practical |
| economical | | stingy |
| careful | | suspicious |
| reserved | | cold |
| patient | | lethargic |
| cautious | | anxious |
| steadfast, tenacious | | stubborn |
| imperturbable | | indolent |
| orderly | | pedantic |
| methodical | | obsessional |
| Marketing | loyal | possessive |
| | purposeful | opportunistic |
| | able to change | inconsistent |
| | youthful | childish |
| | forward-looking | without principle or values |
| | social | unable to be alone |
| | experimenting | aimless |
| | undogmatic | relativistic |
| | efficient | overactive |
| | curious | tactless |
| Marketing | intelligent | intellectualizing |
| | adaptable | indiscriminating |
| | tolerant | indifferent |
| | witty | silly |
| | generous | wasteful |

Adapted from Fromm (1947), and Maddi (1980).

TABLE 2. Fromm's Personality Orientations and Clients' Associated Fee Payment Dynamics

| Personality Orientation | Dynamics |
|-------------------------|------------------------------------------------|
| Receptive | 1. attention, love |
| | 2. helplessness, dependence |
| | 3. maintenance of the therapeutic relationship |
| Exploitative | 1. power, control |
| | 2. distance, superiority |
| | 3. revenge |
| Hoarding | 1. proof of rejection |
| | 2. safety |
| | 3. preservation of self |
| Marketing | 1. face-saving |
| | 2. creating excitement |
| | 3. hero |

The goal of attention seeking clients is to secure personal devotion and commitment from the therapist. They feel alone and unloved. They think that in order to feel loved, they must be center stage in relationships; to be an understudy counts for nothing. These clients test the limits of the therapeutic relationship to make sure that the therapist's attention continues. A typical attention-seeking behavior is seen when the client "forgets" to bring the checkbook to the session, and requests to bring the money to the next session.

The goal of helpless clients is to get the therapist to do things for them. Helpless clients are parasitic because they require vast amounts of the therapist's resources for things that the clients could likely do for themselves. They feel inadequate and inept, and lack self-confidence. These clients think that in order to be successful they must rely on others to do things for them. Typical helpless behavior is seen when clients may ask the therapist to fill out insurance forms, or complain that they cannot figure out how to come up with the money for continued therapy. The therapist is called upon to solve all of the client's problem.

The goal of clients who seek to maintain the therapeutic relationship past the point where termination is reasonable, to avoid a feeling of personal loss and to remain attached to the therapist. They are sentimental and often fantasize about the relationship with the therapist. When faced with difficulties, these clients wish to return to the safety of the therapeutic relationship. These clients feel frightened by the prospect of having to face problems on their own. they think that

breaking relationship ties will lead to future failures. These clients may leave therapy with some portion of fees outstanding. Thus, they never formally end the relationship with the therapist. This strategy leaves the door open for possibly regaining the therapy relationship, even though it may only be a fantasy.

The Exploitative Orientation. Clients operating from an exploitative orientation may use fees to gain power, to maintain distance, or to get revenge with the therapist in the therapeutic relationship.

The goal of clients who seek to gain power is to elevate themselves by subverting the therapist. Power-seeking clients are aggressive and rash. They feel threatened and out of control. They think that to assert their own set of rules is to assure success in getting others to meet their needs. Power-seeking clients will take the liberty to make unilateral decisions about the fee contract as if to say, "I'll pay you when I decide to pay you. I am the one who determines the limits in our relationship."

The goal of clients who seek to be superior is to take from others, while maintaining the upper hand and interpersonal distance in the relationship. Superior clients are arrogant and egocentric. They seduce others into giving them undue credit for accomplishments, while they minimize the contributions or accomplishments of others. These clients feel weak and fear that others will see through the veneer of their character and find them to be less than adequate. Superior clients think that their weaknesses are best hidden by not allowing others to get close in relationships. These

Property of the Erich Fromm Document Center. For personal use only. Citation or publication of material prohibited without express written permission of the copyright holder.
Eigentum des Erich Fromm Dokumentationszentrums. Nutzung nur für persönliche Zwecke. Veröffentlichungen - auch von Teilen - bedürfen der schriftlichen Erlaubnis des Rechteinhabers.



clients treat the therapist like a prostitute who is simply paid for services rendered. Fees are paid in a cavalier way that minimizes the value of the therapist's contribution.

The goal of clients who seek revenge is to get even with the therapist, to overcome discouragement and pain. These clients feel deeply hurt and rejected. They think that feeling relief is achieved by turning the tables on their pain in order to inflict this pain onto others. Clients who seek revenge are likely to try to incur a large indebtedness and then not pay the bill.

The Hoarding Orientation. Clients operating from a hoarding orientation may use fees to try to get the therapist to believe that the client is being rejected, to assure safety and security, or to aid in self-preservation.

The goal of clients who try to get the therapist to believe that they are being rejected is to make the therapist work harder to demonstrate commitment to the client in the therapeutic relationship. These clients fear that others may take him or her seriously and may reject him or her. A client seeking rejection may think the following about the therapist, "If I get you to believe you are rejecting me, you will give me more in order to show me how much you really care about me." This highly manipulative strategy is seen when clients argue that the therapist is really "in it for the money" and really does not care.

The goal of clients who try to assure personal safety and security is to get their needs met by stuffing themselves; however, they are really never able to deal with the core issues and problems. These clients are haunted by a feeling of emptiness. They think that they will never be enough. Clients who seek safety and security may pay bills in advance, or have a running account with the therapist. Payment in advance allows the client to focus on the intake portion of therapy and minimizes the perception of the cost related to therapy.

The goal of clients seeking self-preservation is to get as much as possible from others, while avoiding any personal cost or investment. These clients feel cheated or victimized. They think that they can always get more for less. These clients will barter with the therapist to establish the lowest possible fee level, method of payment, payment deadlines, therapy times, and amount of therapy. In the most extreme cases, therapy becomes more costly for the therapist than it is for the client.

The Marketing Orientation. Clients operating from a marketing orientation may use fees as a

method of face-saving, to create excitement, or to be a hero.

The goal of clients who save face is to preserve their image in the eyes of others. These clients fear that showing weaknesses or making mistakes will lead others to reject them, or devalue them. They think that image is all important, and that observance of protocol is a method to preserve image. A client who is trying to save face will meet obligations when demands are high, but will push limits when given the opportunity. For example, this type of client will pay fees in a timely fashion when reminded by the therapist, but will choose not to pay if obligations and expectations are not explicitly outlined.

The goal of clients who create excitement is to distract attention away from themselves and focus attributes responsibility to factors outside of themselves. These clients often feel bored. They fear taking responsibility for their actions, and resent when others hold them accountable for their actions. These clients think that troubled life circumstances provide excuses for irresponsibility. When no excuses readily exist, they will often create a crisis in order to have something to blame: "I'll have to pay for this week's session the next time we meet. My credit card bill for my new furniture was due this week and I'm a little behind." Clients who create excitement will use excuses to avoid responsibility for lack of follow-through on fulfillment of fee payment obligations.

The goal of the client who tries to be a hero is to enhance his or her image in the eyes of others. The hero feels strong, yet fears failure. The hero thinks that others are impressed with rescue abilities, and that others value heroic qualities. Heroic clients will "find a way" to pay relatively high fees for therapy while living on a very tight personal budget. In such a case, the therapist may feel admiration for the client's ability to come through against all odds, and is at risk for overlooking other relevant dynamics.

Using the Typology. A major benefit of the typology presented above is that therapists can assess, evaluate, and interpret client's dynamics in terms of goals, needs, feelings, and behavioral expressions. Personality testing and careful clinical observation can help the therapist to identify the client's personality orientation. Also, Fromm (1970) developed a personality questionnaire designed to measure personality orientations. Her measure is particularly useful in identifying the hoarding orientation. The Life-Style Personality

Inventory (Mullis, Kern & Curlette, 1987; cf. Wheeler) identifies personality characteristics that parallel Fromm's orientations. The Life-Style Personality Inventory is useful for identifying client's personality orientation. The therapist using these measures is then able to predict different types of client responses to fees in therapy. Therapists can use typology to plan proactive interventions such as designing a fee contract for a client who would likely seek to maintain the therapeutic relationship, or setting appropriate limits for a client who creates excitement. Other strategies for using this typology to address fee issues in therapy are discussed in the next session.

Strategies for Dealing with Fees

The therapist should have a written statement that outlines the policy on fees for therapy (MacHovec, 1986). The outline should include comments about the fees structure (i.e., Is there a sliding scale?), acceptable methods of payment, specific payment procedures, collection process, third-party payment, expectations about overdue accounts, and payment for missed sessions. The policy may be presented within the general guidelines for ethical behavior of the therapist's particular professional associations. The policy may be quickly reviewed with the client at the first session, and is part of the general therapy contract. This strategy will avert early power struggles with the hoarding client.

The therapist is responsible to set limits with the client about the fee policy. Client violations of the policy should probably be confronted by the therapist on the first occurrence. Such behavior on the part of the client is representative of an egocentric, exploitive approach to the therapeutic relationship. A quick response by the therapist helps to assure good communication, conveys effective limit setting, and allows problems to be addressed before they become insurmountable (cf. Pope, 1986). If the bill continues to be unpaid, the psychologist may send friendly handwritten notes attached to a monthly reminder. After six months, the letters would become more formal, changing from friendly to firm, stating intentions to proceed with legal action.

Sometimes clients with the receptive orientations come to expect that the therapy will be provided for them even when they are no longer able to pay for it. Unrealistic wishful thinking and optimistic idealism leads these clients to expect the therapist to assume financial responsibilities.

The therapist should never undertake, or allow the client to undertake, unilateral decisions about changes in the fee policy. Any negotiation of elements of the fee policy should be discussed openly and subsequent agreements or addenda put in writing.

In situations where the client's ability to pay for services chance drastically, the therapist may consider waiving the fee until such a time when the client can again pay for services (cf. Woody, 1988, p. 121). Beach & Goebel (1988) surveyed 375 psychologists statewide in private practice in Illinois to examine various demographic characteristics including fees. The researchers found that 25% of the psychologists frequently reduced their fee schedule. The percentages for the other categories were: occasionally, 45%, rarely, 18%, and never, 12%. The results of this study were consistent with Tryon's (1983) national sample. Care is needed to clear overdue accounts in a reasonable manner and the change needs to be renegotiated at regular intervals.

Therapists must respect the fact that everyone has financial problems from time to time. These periodic incidents do not necessarily reflect client pathology or maladaptive character structure. Perhaps the most diagnostically significant aspect of changes in the client's financial status is whether or not they openly discuss these changes with the therapist as part of the general course of therapy. This passive client response may be suggestive of the passivity associated with a receptive orientation.

There are a few clients who will have chronic problems with payment of fees. Part of the therapy business involves accepting losses. Woody (1988) suggested that therapists should be careful about pursuing former clients' unpaid bills (cf. Pope, 1986). This concern is particularly relevant if a substantial sum of money is involved, or if the client operates from an exploitive orientation, or seeks to create excitement. Woody's suggestion is particularly warranted when clients have been angry, resentful, or disillusioned with the therapy.

In order to promote client functioning within the productive orientation, the therapist is encouraged to model sound financial management strategies, and prompt bill payment in their own personal affairs. All too often, clients are expected to do things which therapists are not able to or not willing to do themselves. There is absolutely no place for double standards regarding issues of finance. The therapist should not require clients

to abide by a fee policy which the therapist would not be willing to abide by. Strict adherence to this strategy will allow the therapist to avoid embarrassment and loss of therapeutic effectiveness when he or she is challenged by clients about personal financial practices. "Well doctor, don't you have outstanding bills? Everybody does?"

Other aspects of countertransference can greatly inhibit the therapist's effectiveness in dealing with fee issues. Wortman (1984) suggested that psychologists' personality characteristics may largely contribute to how they establish their fee policy. A complete discussion of this issue is beyond the scope of this article. Nonetheless, there are two extremes positions taken by psychologists dealing with fee issues. Some psychologists are compulsive about fee collection while others are laissez-faire. Therapists are encouraged to take time to introspect about their personal financial history, the development of personal values about financial matters, and how their family of origin dealt with financial issues (cf. Dibella, 1986). The information gathered through this process is helpful in determining what types of client behaviors and situations surrounding fees are likely to stir up strong emotional reactions from the therapist.

The therapist may wish to diversify sources of income so that he or she is not overly dependent on individual client's payment for services. This strategy will minimize the possibility that the therapist will become demanding of clients' payment of fees.

Finally, therapists should neither seek to be highly paid nor underpaid, and should strive to adopt an attitude of modesty and moderation toward fees for the services they provide. The therapeutic relationship becomes distorted when therapists are extreme in their position on fees.

Client responses to fees for therapy should be interpreted like any other issues the client presents in therapy. Client responses to fees represent examples of the client's general behavior. To avoid dealing with this particular behavior may unnecessarily limit the effectiveness and scope of therapy.

Summary

There are many facets to the issue of fees for therapy. The review of empirical research on fees indicated that there is no clear relationship between fees and therapy effectiveness, although fees do impact the therapeutic process. Few attempts have been made outside of the psychoanalytic literature,

to conceptualize the dynamics of clients' response to fees. The personality theory of E. Fromm provides a unique contribution to conceptualizing clients' personality orientation. By integrating Fromm's theory with a typology of client dynamics in response to fees, therapists are aided in the conceptualization of client dynamics, and are able to develop proactive treatment interventions. Using the recommended general practical strategies for dealing with fees, the therapist can develop a personalized response in order to be prepared to face the complex issues clients present regarding fees for therapy.

References

- ALLEN, A. (1970). The fee as a therapeutic tool. *Psychoanalytic Quarterly*, 40, 132-140.
- ALSOFROM, A. (1972). A factor analysis of Erick Fromm's non-productive orientations. Unpublished doctoral dissertation, Columbia University, New York.
- ANSBACHER, H. L. & ANSBACHER, R. (EDS.) (1956). *The individual psychology of Alfred Adler*. New York: Basic.
- BEACH, D. A. & GOEBEL, J. B. (1988). Psychologists in private practice: A survey of Illinois practitioners. *Journal of Training and Practice in Professional Psychology*, 2, 6-24.
- CHODOFF, P. (1964). Psychoanalysis and fees. *Comprehensive Psychiatry*, 5, 137-145.
- CHODOFF, P. (1972). The effect of third-party payment on the practice of psychotherapy. *American Journal of Psychiatry*, 129, 52-57.
- DAVIDS, A. (1964). The relation of cognitive-dissonance theory to an aspect of psychotherapeutic practice. *American Psychologist*, 19, 329-332.
- DIBELLA, G. A. (1986). Money issues that complicate treatment. In D. Kreuger (Ed.), *The last taboo* (pp. 102-110). New York: Brunner/Mazel.
- FEUERSTEIN, C. (1971). Money as a value in psychotherapy. *Journal of Contemporary Psychotherapy*, 3, 99-104.
- FINGERT, H. H. (1952). Comments on the psychoanalytic significance of the fee. *Bulletin of the Menninger Clinic*, 16, 98-104.
- FREUD, S. (1913/1958). On beginning the treatment: Further recommendations on the technique of psycho-analysis. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 123-144). London: Hogarth.
- FROMM, E. (1947). *Man for himself*. New York: Holt, Rinehart, & Winston.
- GARFIELD, S. (1986). Research on client variables in psychotherapy. In S. Garfield and A. E. Bergin, (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp. 213-256). New York: John Wiley.
- GLENNON, T. M. & KARLOVAC, M. (1988). The effect of fee level on therapists' perception of competence and nonpossessive warmth. *Journal of Contemporary Psychotherapy*, 18, 249-258.
- HALPERT, E. (1972). The effect of insurance on psychoanalytic treatment. *Journal of the American Psychoanalytic Association*, 20, 122-133.

- KREUGER, D. (1986). *The last taboo*. New York: Brunner/Mazel.
- LORAND, S. & CONSOLE, W. A. (1958). Therapeutic results in psychoanalytic treatment without fee. *International Journal of Psychoanalysis*, 39, 59-64.
- LOWE, R., HOWARD, J. & DAWSON, R. (1986). Choice of psychologist based on prior knowledge of fees and level of rebate. *Australian Psychologist*, 21, 299-306.
- MACHOVEC, F. (1985). To sue (clients) or not to sue: Is this the question? *Psychotherapy in Private Practice*, 3, 75-78.
- MADDI, S. R. (1980). *Personality theories: A comparative analysis* (4th ed.). Homewood, IL: Dorsey.
- MINTZ, N. (1971). Patient fees and psychotherapeutic transactions. *Journal of Consulting and Clinical Psychology*, 36, 1-8.
- MOWRER, O. H. (1963). Payment or repayment? The problem of private practice. *American Psychologist*, 18, 577-580.
- MULLIS, F. Y., KERN, R. M. & CURLETTE, W. L. (1987). Life-style themes and social interest: A further factor analytic study. *Individual Psychology: The Journal of Adlerian Theory, Research & Practice*, 43, 339-352.
- NASH, J. L. & CAVENAR, J. O. (1976). Free psychotherapy: An inquiry into resistance. *American Journal of Psychiatry*, 133, 1066-1069.
- ORLINSKY, D. E. & HOWARD, K. I. (1986). Process and outcomes in psychotherapy. In S. L. Garfield and A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp. 311-384). New York: John Wiley.
- PASTERNAK, S. A. (1988). The clinical management of fees during psychotherapy and psychoanalysis. *Psychiatric Annals*, 18, 112-117.
- POPE, K. S. (1986). New trends in malpractice cases and changes in APA liability insurance. *The Independent Practitioner*, 6, 23-26.
- REIDER, A. (1986). The clinical management of the non-paying patient. In D. Kreuger (Ed.), *The last taboo* (pp. 189-201). New York: Brunner/Mazel.

- SCHONBAR, R. (1986). The fee as a focus of transference and countertransference and treatment. In D. Kreuger (Ed.), *The last taboo* (pp. 33-47). New York: Brunner/Mazel.
- SCHULTZ, K. (1988). Money as an issue in therapy. *Journal of Independent Social Work*, 3, 7-21.
- SHIPTON, B. & SPAIN, C. F. (1981). Implications of payment of fees for psychotherapy. *Psychotherapy*, 18, 68-73.
- SINGER, H. H. (1952). Comments on the psychoanalytic significance of the fee. *Bulletin of the Menninger Clinic*, 16, 98-104.
- TRYON, G. S. (1983). Full-time private practice in the United States: Results of a national survey. *Professional Psychology, Research and Practice*, 14, 685-696.
- TULIPAN, A. B. (1983). Fees in psychotherapy: A perspective. *Journal of the American Academy of Psychoanalysis*, 11, 445-463.
- WEISSBERG, J. H. (1989). The fiscal blind spot in psychotherapy. *Journal of the American Academy of Psychoanalysis*, 17, 475-482.
- WHEELER, M. S. (1989). A theoretical and empirical comparison of typologies. *Individual Psychology: The Journal of Adlerian Theory, Research & Practice*, 45, 335-353.
- WOODY, R. H. (1988). *Fifty ways to avoid malpractice: A guidebook for mental health professionals*. Sarasota, FL: Professional Resource Exchange.
- WORTMAN, R. J. (1984). The relationship of psychoanalytically oriented psychologists' fee policies to personality, training, and experience. *Psychotherapy in Private Practice*, 2, 25-37.
- YOKEN, C. & BERMAN, J. S. (1984). Does paying a fee for psychotherapy alter the effectiveness of treatment? *Journal of Consulting and Clinical Psychology*, 52, 254-260.
- YOKEN, C. & BERMAN, J. S. (1987). Third-party payment and the outcome of psychotherapy. *Journal of Consulting and Clinical Psychology*, 55, 571-576.

