

**Money in therapy: Private practitioners' experiences and perceptions of charging for counselling.**

**A qualitative study.**

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## ABSTRACT

This is a small-scale qualitative research study of 32 participants, drawn from private counselling practitioners who charge a fee for counselling/psychotherapy. It examines their experiences and perceptions around the fee transaction in the therapy room, in an attempt to explore whether a taboo remains in this area.

The symbolic nature of money, the fee and its manifestations in the behaviours of counsellors and clients are examined, together with the roles value and self-worth play in the therapeutic journey of the client. Likewise, the counselling practitioner's journey within the sphere of private practice is scrutinised in the light of his/her professional journey towards establishing an ethical counselling business.

The findings that emerge are: (1) Counsellors face tensions by charging a fee; (2) Charging a fee signifies a contracted professional business service; (3) Charging a fee can be therapeutic; (4) The fee transaction has an impact on the therapeutic relationship; (5) Money in therapy is symbolic; (6) The counsellor undergoes a personal journey to feel comfortable charging fees.

Recommendations from this study include adequate preparation of practitioners for private practice, through business training on counselling courses and specific personal development of practitioners to address their own issues around money. It is also recommended that knowledge and expertise is shared across related professions, e.g. money coaches and debt counsellors. Those mental health problems associated with debt such as, depression, relationship problems and potential suicides should be addressed openly by therapists in an attempt to reduce the financial ignorance which may be perpetuated by "money blindness" of therapists and clients alike, in an attempt to reduce the stigma of the financial conversation in today's society.

## Declaration

This work is original and has not been submitted previously in support of any qualification or course.

Susan Patricia Doherty

## Acknowledgements

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## List of abbreviations

BAC	British Association for Counselling
BACP	British Association for Counselling and Psychotherapy
BACS	Bankers' Automated Clearing Services
CBT	Cognitive Behavioural Therapy
DNA	Did not attend
EAP	Employee Assistance Programme
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PC	Person Centred
TA	Transactional Analysis
UK	United Kingdom
USA	United States of America

Note: The terms 'counsellor', 'psychotherapist', 'therapist', 'analyst', 'psychoanalyst', 'therapist' and 'practitioner' are used interchangeably in this study.

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## **Chapter 1**

### **Introduction**

This study took place during an economic downturn in which large organisations were streamlining, redundancies were commonplace and many people were struggling with debt. Funding was being cut from voluntary and statutory organisations alike. At the same time, a growing number of trained counsellors was emerging in the market-place of therapy. They were either working voluntarily to maintain skills to pursue a career in the field, or setting up privately in the absence of paid employment.

My personal career journey involved redundancy from paid employment as a counsellor, leading me to choose to set up a private counselling practice. It was with some reluctance, but, with the awareness that few opportunities exist for employed therapists. I believed that the economic climate was unlikely to recover sufficiently for employment to become available. Thus, I embarked on private practice, the logical consequence of which was to charge clients for the counselling they received. This new development was personally challenging and fraught with unknowns. As an employed counsellor, prior to this change, I, like many employed counsellors, had no

experience of the financial transaction in counselling. I was content to remain blinkered by my “money blindness”, the difficulty, as explained by Herron and Welt (1992), faced by counsellors of taking money for a service, resulting in the choice that many counsellors make, that is, to avoid it whenever possible. I became interested in how society’s views of money remain imbued with sensitivities. I was intrigued as to how this “la\$taboo” (Krueger, 1986) permeates polite society and the realms of therapy too, despite the fact that talk of previous taboos, such as sex, is now commonplace in counselling rooms. Rowe (1998) suggests that “understanding money is a matter of understanding ourselves” (p23). My own experience led me to explore my buried feelings about money and how childhood messages had an impact on how I operated as a counselling business person today. My curiosity had been stirred in that I wondered how far “money blindness” (Herron and Welt, 1992) may have permeated the world of counselling. I was interested in the influence of childhood messages, culture and folklore in imagery around money. Metaphors equating money with filth and excrement (Freud, 1913; Ferenczi, 1914, cited in Valentine, 1999), for example, serve to perpetuate its taboo. Tang (1993 cited in Tudor, 1998) observes that people’s attitudes to money are consistent with their culture and experience in society. Somewhat paradoxically, people in British society are encouraged to strive for and dream

of money in abundance by being urged to buy their lottery ticket. Yet earned money seems to be reviled and envied at the same time (Rowe, 1998).

Despite the fact that symbolism and ambiguity abounds, money is not readily discussed, even though 'core values' and 'self-worth', concepts at the root of counselling itself, are themselves monetary terms. Mearns (1994) describes those parts of the therapeutic relationship which are unspoken as the most difficult to access yet likely to be the most therapeutically productive. It led me to question whether money of itself could prove fruitful ground for exploration and personal development within the counselling relationship?

I became curious to examine the issue in greater depth in an attempt to ascertain whether practitioners were struggling with their own personal issues around money. I wondered whether this had an impact on counsellors' business transactions and policies, such as pricing, marketing, advertising, contracting and handling non-payment. I questioned whether business management was covered within counselling training courses and I was intrigued to explore whether (or how far) the vagaries of the economic climate may have an impact on private counsellors, their perceptions and the ethical practise of maintaining a viable business in counselling.

The aim of this qualitative study was therefore to explore the perceptions and experiences of charging a fee from the perspectives of a small number of

private counsellors. I was aware that the topic of money in therapy is far-reaching, encompassing such issues as culture, politics and funding, as well as embracing conversations around paid counselling, voluntary counselling, the value of therapy, the value of counsellors and therapists' self-worth. The scale of this study, however, could not afford the scope to explore all these issues and would, therefore, require that I focus my inquiry on a particular area. My question needed to be concise, understandable, interesting and "doable" (O'Leary, 2004). I therefore chose to concentrate on a research cohort of counsellors who practise privately and to focus on that part of their work in which money is exchanged from the hands of the client to the practitioner. In an attempt to gain a greater understanding of counsellors' perceptions of receiving money from clients, I aimed to explore how therapists' internalised values around money may affect the counselling process. I wanted to better understand their contracting and handling of the fee and to ascertain whether the subject of money is covered within counselling sessions. I devised a questionnaire to investigate money in therapy focussing on practitioners' experiences and perceptions of charging a fee for counselling.

In the next chapter, I shall examine the history of paid counselling within the United Kingdom and explore some of the themes in a review of the literature

around money in therapy and counsellors' perceptions and experiences of charging a fee.

## Chapter 2

### Literature review

In this chapter, I describe my literature search on the themes of money, business and counselling and explore the themes which emerged. In order to look at the context of money in therapy, I present a brief overview of the history of contemporary paid counselling in the UK.

### Literature Search techniques

I used the university library catalogue to search for relevant books on counselling, private practice, money and fees and ATHENS to access journal articles, book reviews and research, including some material from the British Library.

I used the search terms Couns\* and Business on the EVSCO hosted Psychindex, PsychArticles and Socindex databases. At this stage, I was unsure of my topic and had not focused on a specific area. I carried out a mindmapping exercise (McLeod, 2003), in consultation with colleagues, of thoughts and ideas, enabling me to focus on the topic of money and its role in private practice. I then narrowed the search to Couns\* (as this would bring up the American spelling of “counseling” and the British “counselling”) and Money as well as Couns\* and Fee (s). 220 matches emerged, although, when using the British spelling only, the number was reduced to 9. I expanded this same search by looking on BusinessIndex, which elicited 20 matches.

My initial findings demonstrated that much of the information available was American in origin and the majority of research was within the field of psychoanalysis. There was a paucity of British research, with the early exceptions of Tudor (1998), Monger (1998) and Power and Pilgrim (1990). There have been developments lately, however, both in the USA and the UK, ranging from within the field of couples therapy (Shapiro, 2007) to journal articles, including the “Marketing Toolbox” series in *Therapy Today* (2008, 2009, 2012) and publications both in the field of psychoanalysis (Berger and Newman, 2012) and guidelines for practitioners (Dale, 2008; Barnett and Walfish, 2012).

I shall describe the areas encompassed by money and therapy in greater detail, exploring the role of symbolism, attitudes towards money, charging fees, tensions faced by therapists, counsellors’ self-worth and the effect of lack of commercial training within counselling courses. I place these descriptions in the context of paid counselling in the UK and present a brief historical overview as an introduction.

### Brief history of paid counselling

Etymologically the origins of ‘psychotherapy’ lie in the Greek ‘psyche’, meaning ‘soul’ and ‘therapy’ meaning ‘healing’. This soul therapy has been practised for centuries and continues through to pastoral and religious settings to this day. However, the contemporary practice of counselling/psychotherapy is commonly understood to have originated in Sigmund Freud’s development of the talking cure in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Medically trained as a neurologist, Freud developed psychoanalysis as a means to examine problems

with no discernible organic cause. Influenced by the physician, Franz Anton Mesmer whose theory on animal magnetism was the precursor of hypnotherapy, Freud claimed that the origins of these problems lay in the unconscious. By the 1920s Freud was arguing for lay analysis, claiming that medicine and analysis were two different entities. To this day, psychoanalysts in the United Kingdom are not obliged to have a medical training background.

The 1920s also saw the arrival of behaviourism, originating from the work of Wolpe on social learning theory, further developed in the United Kingdom by Watson and Skinner in their work on conditioning. From there, Albert Ellis formulated rational emotive behaviour therapy in the 1950s, followed closely by Aaron Beck's cognitive therapy, both of which are the precursors of cognitive behavioural therapy as practised today.

A third strand of psychological therapy emerged around the 1940s and 1950s when Carl Rogers began to develop his theory of client-centred therapy. He published the seminal title *"Counseling and Psychotherapy"* in 1948. As a psychologist without medical training, he borrowed the term "counseling" and called himself a "counselor". The term "counselor" had been coined by the social reformer, Frank Parsons, in 1908 to describe a person who helps another arrive at a career choice. It continues to be employed within the field of vocational "guidance counseling" in the USA today (Barker, Vossier, Langridge, 2010).

Within the United Kingdom, counselling, as it is recognised today, has its origins in the 20<sup>th</sup> century, with the advent of the Marriage Guidance Council in 1938. Therapy for married couples was provided by volunteer counsellors. The Council's roots lay in pastoral care; it was set up by the clergyman, Dr Herbert Gray in an effort to safeguard the family as a basis for community life

in the light of increasing divorce rates. Other bodies in the UK had similar origins. The Samaritans, for example, was founded by Reverend Chad Varah in 1953 as a service to befriend the suicidal and despairing. In common with the soul healers in the field of pastoral care, the Samaritans' listeners were unpaid.

This era also witnessed the birth of the National Health Service in 1948, the aim of which was to provide universal healthcare. To this day, counselling is provided free at the point of delivery by the NHS.

The 1950s and 1960s saw the arrival of client-centred humanistic counselling to the UK from America and the term "counselling" (with its origins in Carl Rogers' *"Counseling and Psychotherapy"*, 1948) became widely used, whilst 1960 witnessed the first fee-charging counsellor in private practice in the United Kingdom (Feltham, 2004). In the 1970s, Keele and Reading Universities were the pioneers of counselling courses and 1977 saw the inauguration of the British Association for Counselling (BAC). BAC changed its name in 2000 to incorporate "the umbrella terms" of counselling and psychotherapy and to become the British Association for Counselling and Psychotherapy (BACP).

The practice of counselling has developed into a professional career. Courses have become academic and accredited. At the same time, voluntary work is expected from trainee counsellors on placement and free counselling is offered widely by volunteers at charitable bodies, such as Mind. However, charities such as Relate are struggling in the current economic climate, striving to maintain charitable status whilst, at the same time, being forced to adopt a business model to survive. Counselling continues to be provided free, funded by taxation, through the NHS. NICE guidelines, however, favour traditionally-

research-based CBT over humanistic counselling approaches. The shortfall in demand for therapy may be partly filled by the employee assistance programmes (EAPs) which provide brief counselling to those employed by certain companies and by charitable bodies. Such examples serve to illustrate that “counselling is not immune from the economic realities of life” (Friery, 2003).

The patchwork of provision of counselling compounds the confused messages received by the public. The titles of practitioners, counsellors or psychotherapists, confounds practitioners too. An eminent therapist defined the difference as “about £8000” (Friery, 2003)! There also exist “debt counsellors”, many from charitable organisations, such as Christians against Poverty UK, a national debt counselling charity founded in 1996. In the same vein, the website, DebtCounsellor.com offers “debt counselling” from debt advisors, although the psychological aspects of money are not mentioned and psychological therapy is not offered within “debt counselling”.

The current climate in which the private practitioner finds him/herself presents itself as economically turbulent, which results in heightened anxiety and depression in the general population (Royal Society of Psychiatrists, 2009). The private counsellor may struggle to find his/her niche within the market whilst the customer must navigate the conflation of terms and models to locate counselling at all. It is in this context that I place my study.

### The symbolism of money

Rowe (1998) claims that “if money were something which served... (only) to maintain our survival as a physical body, we would be entirely rational in our dealing with it” (p35). In Western society we use money to conduct the daily

business of our lives and “to maintain our sense of being a person” (p36). Each person has their own private logic from which their values and decisions about money originate. Money has a “metaphorical currency” (Shapiro, 2007). “A financial portfolio must also include an emotional portfolio. Both need careful attention and management for risk and growth” (p45). Money has both real and symbolic significance: esteemed as a possession and essentially losable, worth nothing unless given up (traded) or risked (Koren & Joyce, 1953, cited in Power & Pilgrim, 1990). It can symbolise the comfort of being looked after yet also signifies dependence; is an expression of love or violence (Mumford & Weeks, 2003), of power, freedom, security or the need for love. Doyle (1992, cited in Mumford & Weeks, 2003) assigns meaning to personality characteristics associated with money:

- *Avoiding - Comfort*: money is used to avoid problems and to seek comfort;
- *Ruling - Superiority*: money is used to seek personal meaning by trying to be better than other people;
- *Getting - Pleasing*: money is used to buy love and acceptance;
- *Useful - Control*: money is regarded secretively.

The paradox of money as both subject and object is described by Valentine (1999) quoting Marx (1844): “Money is the procurer between man’s need and the object, between his life and his means of life” (p24). The counsellor works with both the sacred and the profane, a transaction symbolically and actually mediated by the commodity of money. It is “the most public and promiscuous of things” (p26) exchanged within the most intimate and private therapeutic relationships. A comparison to prostitution is noted by a number of writers (Chandler, 2009; Freud, 1913; Tudor & Worrall, 2002; Feltham, 2002; Newman,

2005; Mendoza, 2007), whilst Liss-Levinson (1990) describes herself as a “financial virgin” as she began to charge in private practice.

Freud (1913) suggests that money and the value placed on it is surrounded by powerful sexual factors. He points to the attitudes of “civilised people” towards money, as depicting the same inconsistency, prudishness and hypocrisy as towards sex. He advises the therapist to deal with money with the same matter-of-factness he relates to sexual matters, thereby demonstrating to the client that he has “cast off false shame on these topics, by voluntarily telling them the price at which he values his time” (p131). Glick (2012) suggests that “money, like sex, can actualize unconscious fantasy, and make inner hidden psychic reality come to life in the external world.” (p21).

Blum (2012) acknowledges that money is real but is psychologically related to milk, bread, faeces, breast, penis, a part object, treasured object, glorified self, potency and power, charity and penury, reward and punishment. Money may be compared to bodily functions and psychosexual stages of conflict: from Klein’s (1957, cited in Lanza, 2001) longing for the “inexhaustible breast” (the quest for money), its use as an attempt to deal with the anxiety of separation, to Ferenczi’s (1914, cited in Valentine, 1999) suggestion that the development of the anal sphincter in childhood equates with the child learning to control his savings (stools), leading to an unconscious inter-relationship with every physical or mental activity around collecting, hoarding or saving. In Freud’s analyses of dreams, gold is interpreted as faeces.

In contrast, McCreary (2001) likens money to a window into Soul, whilst Samuels (1997, cited in Tudor, 1998) describes economics as “part of the resacralisation of politics”. Orgel (2012) suggests that our financial situation affects how we believe we are viewed in the world: “all these self and object

images are embedded in one's character, and inevitably these aspects of one's identity enter into all of one's relationships" (p88). She describes conflicts around money being mirrored in "struggles over possession; boundaries; wresting oral, anal and genital gratifications from resisting objects; rage over frustrations of primitive needs; fantasies of being robbed, coerced to give up body contents and control of sphincters; active and passive fantasies of rape; shame and guilt over acquisitive urges...greed" (p88).

### Attitudes to money

These are mostly reviewed outside the areas of counselling, for example, within the sphere of financial planning. Dr James Gottfuchtt (1982) developed "the psychology of money profile" from which he coined the terms "prosperity thinking" and its opposite "poverty thinking". Engelberg and Sjoberg (2000) describe the use of money by "security collectors, autonomy worshippers and power grabbers" to reduce anxiety in relationships. Lim and Tea (1997) locate where money fits on Maslow's hierarchy of needs and describe it as a source of power at a higher level once the basic lower level needs have been satisfied. Tang (1993), in his Money Ethic Scale, examines attitudes towards money and work. He describes "the cognitive components of people's attitudes towards money" which illustrate a representation of one's achievement in society, a symbol of success which earns a person's respect in a community and confers a sense of freedom/power to an individual. Hanley and Wilhelm (1992, cited in Tang, 2001) posit that money reflects a symbolic ability to enhance an individual's self-esteem. Within our culture, however, Herron & Sitowski (1985) suggest that "we face two greatly contradictory ethics regarding money: altruistic, humanistic, selfless Judeo-Christianity

versus capitalistic individuation”, which creates ambivalence whereby money is “worshipped yet condemned”. (The Bible informs us “the love of money is a root of all kinds of evil” 1 Timothy 6:9-10). People tend to become defensive and offended when personal finances are discussed, to the extent that “in our society, we are forced to grapple with these very difficult issues alone, and for the most part, they are never resolved” (p512).

Money has an impact on mental health in society too. Fitch in his research on Debt and Mental Health (2011) comments: “large economic recessions affect more people.....including those with little previous experience of coping with hardship, who may be at greater risk of mental health problems than those ‘inured to financial insecurity’ ” (p3), with thoughts about suicide “influencing household psychological wellbeing”.

Parental attitudes to money are transmitted to children in “unconscious identifications” such as envy and self-esteem, particularly in parents’ attitudes towards children’s productivity linked to financial success, so that it may unconsciously become the child’s goal “to win the love of parents by living out their aspirations” (Jacobs, 2012, p6).

Mumford & Weeks (2003) describe how attitudes to money are ingrained and inter-generational. In their work with couples, they devised a Money Genogram (appendix B) as an assessment tool to “normalise money as a common issue... acceptable to discuss”. The tool explores each individual’s meaning and function of money and each partner’s view of how his/her family of origin managed money, with the resulting lessons internalised from each partner’s observation of the way in which their family used money.

## Charging fees

Friery (2002) reminds us that “counselling is not immune from the economic realities of life” but suggests that “a high fee demonstrates either an anger with, or contempt for, the client”. Freud (1913) describes the therapist as a role model in charging a fee: “he shows that he himself has cast off false shame on these topics, by voluntarily telling them the price at which he values his time” (cited in Valentine, 1999). Nonetheless, he treated the Wolfman for free and stated: “psychoanalysis should be accessible to the great multitude” (1923, cited in Krueger, 1986).

Some writers suggest that a fee is essential for effective psychotherapy (Freud, 1913; Powers & Pilgrim, 1990) so that the client will value the process via the “sacrifice” of effort put in (Herron & Sitowski, 1986). They cite Festinger’s (1957) cognitive dissonance theory in which the fee is seen as part of the dissonance created by the effortful process of therapy that motivates a patient to reduce the dissonance by achieving the goals of psychotherapy. However, they observe that “clinical folklore” suggests that patients who pay will do better than those who do not and point out conflicts faced by therapists in their “avoidance and defensiveness” rather than “forthrightness and experimental investigation” as they charge for therapy.

Fees reflect the boundaries of a real world relationship (Powers & Pilgrim, 1990; Dale, 2009). Zur and Offer (2009) describe the therapist’s fee as: “the basic parameter that defines the therapeutic relationship, differentiating it from social, romantic or other non-professional relationships (with money as) the boundary that defines the business aspect of therapeutic relationships” (p86). Others disagree, claiming that fees may interfere with the process (Orbach, 2007) or likening counsellors to the earliest psyche (soul) healers

(therapists) who were unpaid and therefore object to this “paid friendship” (Tudor, 1998).

A dependence on fees for livelihood is more likely to evoke a response that a fee must be charged (Powers & Pilgrim, 1990; Monger, 1998). Lack of clarity and regulation on how to set fees (Friery, 2003) causes ambivalence (Lasky, 1984, 1999), discomfort and “money blindness” (Herron & Welt, 1992), so that management of fees is viewed as “administrative matters” (Monger, 1998; Newman, 2005) irrelevant to therapists.

Tudor (1998) describes an ethical method of calculating fees (appendix F) whilst some practitioners utilise sliding scales (appendices C, D and E) or offer a free first session in an effort to provide counselling to all in need. Jones (2009), however, warns that sliding scales can be problematic when the volume is high in certain categories. Bartering has been considered by Feltham (2002) and Zur (2009) to broaden the scope of counselling.

It is suggested that lower fees are charged by women (Liss-Levinson, 1990; Lasky, 1984; Christian, 2001) :“women charge less because they see that other women are paid less” (Shanok, 2012, p171) having internalised the lower value society places on women’s work and the traditional female role as nurturer, to the extent that “financial and professional achievement may actually endanger the possibility of personal connection” .

O’Dea (2009) suggests a potential exploitation of counsellors whilst McConachie (2003) describes the counselling business as: “full of hidden subsidies because practitioners pitch their fees too low” (p7). Paradoxically, those practitioners charging higher fees are perceived by their clients more favourably (Conoley & Bonner, 1991).

## Tensions faced by counsellors

Several writers (Andrews, Peter & Hammond, 2003; Knapp & VandeCreek, 2008; Berger & Newman, 2012) articulate the tension of therapists between being a counsellor first and a business person second; a conflict between altruism and professionalism, through which the paying for a service distances one from that person. Our clients are our customers, yet therapists often struggle to link advertising and business conduct to overarching ethical values. The concepts of marketing and advertising are unclear (O'Dea, 2009; Jones, 2009; Tudor, 1998; Mintz, 1971; Krueger, 1986) whilst confusion adds to the tension as practitioners struggle to differentiate between competition and collaboration (Andrews et al, 2003; Power & Pilgrim, 1990; Clark, 2002; Grodzki, 2003; O'Dea, 2009). Tudor and Worrall (2002) point out that our clients are also our employers whilst Feltham (2001 cited in Clark, 2002) questions the ethics of seeing clients long-term. The provision of adequate services encompassing fair and impartial treatment to all clients (BACP, 2009) whilst charging a fee may pose ethical dilemmas, as does dealing with "kickback", the referral fee charged by another therapist as the fee is split (Barth, 2001), and facing competition within the marketplace of counselling.

Likewise, Karl Marx describes capitalism as causing "a split between man and nature, from the products of work, and thereby from a sense of himself as human (with) the power of money (as the) great deception...the ability to meet every need" (cited in Valentine, 1999). Kasser (2008) in his commentary on Grouzet's (2005) circular representation of the compatibilities and conflicts between 11 goals in 15 cultures (appendix G) questions how people in pain or insecure may move towards affiliation and self-acceptance rather than towards hedonism and financial success, since, he posits, a materialistic

orientation towards life is associated with lower levels of personal well-being. Myers (2012) suggests that the need of therapists to be liked, to feel secure and connected, may cause conflict in that we may keep fees low in an effort to hold onto patients, “believing that we are lovable and professionally valuable only if they stay, we might do anything to keep patients” (p152). For female therapists there may be a “felt conflict between femininity and ambition.... (and) a general conflict between the desire to help selflessly and the desire to succeed and earn money from what we do” (p145). Likewise, person-centred counsellors may struggle with the concept of unconditional positive regard being a necessary condition for therapeutic growth within the counselling relationship whilst payment itself is a precondition for most freelance therapy (Tudor & Worrall, 2002).

### Therapists’ self worth

Felton-Collins & Brown (1990 cited in Mumford & Weeks, 2003) describe 5 dimensions of individual differences in how money is viewed, whilst Rogers (cited in Kirschenbaum & Henderson, 1990) describes introjects as value patterns fixed by messages from childhood (for example ‘making money is the highest good’). Such messages perpetuate myths (Mumford & Weeks, 2003; Shapiro, 2006; Mintz, 1971; Power & Pilgrim, 1996) which fuel low self-worth (Therault & Gazzola, 2005) and lack of assertiveness in therapists. Myers (2012) describes therapists’ anxieties and guilt about their work being good enough, which heightens anxiety whenever a therapist pursues non-payment or increases fees. Lieberman (2012) articulates the shame of therapists who find themselves in reduced financial circumstances dependent for their livelihood on clients who have lost or may lose their jobs. Media perceptions

of therapists as avaricious (Young, Boester, Whitt, Tate & Stevens, 2008) or of higher fee-charging practitioners equating to better therapists (Conoley & Bonner, 1990) serve to exacerbate a poor self image of counsellors. Female analysts are described by Liss-Levinson (1990) as lacking confidence in the management of money, whilst McConochie (2003) attributes lack of self-esteem and assertiveness in counsellors as motivators for undercharging and undervaluing the profession.

### Lack of business training of counsellors

Pope (2006) suggests that myths make us feel safe when our work scares us or makes us feel insecure and that they act as time savers: “there’s no reason to waste time studying business principles, discussing how to set fees or learning to market a practice”...In so doing, myths “map out taboo areas and turn us away from them” (p5).

Mintz (1971), McConochie (2003), O’Dea (2009), Jones (2009), Tudor (1998), Newman (2005), Shapiro (2007), Power & Pilgrim (1990), Pointon (2008), Monger (1998), Lasky (1984, 1999), Stanley & Einhorn (2007), Iacobucci (2004), Hemmings & Field (2007) and Rogers (2004) cite the gap in business training for therapists, therefore perpetuating the “taboo” nature of money (Krueger, 1986). O’Dea (2009) suggests that this leads to confusion in that the market is model-driven, not client-driven. Jones (2009), McCall (2004) and Duncan Rogers (2008) concur that this leads to therapists not listening to customers’ (clients) needs. McCall (2004) and Duncan Rogers (2008) claim the gap is particularly striking in the field of debt (Pointon, 2008) where counsellors do not venture. In the report “Mental Health and the Economic Downturn”, the

Royal College of Psychiatrists (2009) notes the taboo element of money, highlighting that the issue of money is not addressed within schools and comments: “it is within a web of confusion that private psychological counsellors find themselves in business” (p6).

### Summary

Although a majority of the literature reviewed originated from the field of psychoanalysis, the themes that emerged, such as symbolism and tensions experienced by practitioners, are relevant across the field of counselling and are particularly pertinent to the counselling room in which a therapist charges a fee. The deficit in commercial training for counsellors is useful to explore in an attempt to increase practitioners’ confidence as they enter private practice in a time of recession. The study aims to examine how the issues raised in the literature search are experienced by the research participants in their practice of counselling.

## **Chapter 3**

### **Methodology**

In this chapter, I shall present my research philosophy (qualitative) and its design and explore the use of a questionnaire for this sample of research participants. I shall describe my data collection and analysis and refer to ethical issues, trustworthiness and limitations of the study.

#### **Research Philosophy and Design**

For this small-scale qualitative research study, I opted to use a questionnaire to explore the experiences of a number of private counsellors' handling of the therapy fee. My plan was to explore in depth the feelings and experiences that these private practitioners have around money, including those that they may not have examined previously but which may have had an impact on the financial transaction or process of counselling.

McLeod (1994) defines research as "a systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others". He describes qualitative research (2004) as being built around the collection and analysis of the accounts people offer of their experiences. The data are words (unlike numbers in quantitative research) and the aim is to illuminate and understand the meaning of social situations rather than explaining them. It is interpretive and discovery-oriented and empowers the research participants. The emphasis is on the "human as instrument"

(Maykut & Morehouse, 1994) with the researcher immersed in the experiences of the co-researchers (setting aside as far as possible his/her own experiences by bracketing them off in the process). Results of such data are ultimately presented descriptively, in the narrative form. The researcher cannot therefore be objective but will take a stance of epoche (Denscombe, 2003) in an attempt to suspend his/her experiences and biases and remove them from the research process.

In contrast to the positivist paradigm from which more traditional research originates, my intention was not to formulate and prove a hypothesis to be universally applied. The aim was to critically inquire into the specific experiences of a small group of individuals and explore phenomenology particular to them. This idea originates in the philosophy of Husserl (cited in Willig, 2008) which posits that there exists no universal truth, since truth is made up of multiple realities, constituted by each individual's constructs. Such constructs emanate from a host of influences, such as culture, background, education and gender. 'Truth' may therefore be complex and multi-layered.

My plan was to utilise a non-emergent research design in that I would pursue a focus of enquiry in the format of a questionnaire by means of qualitative methods of data collection and analysis. I would not refine the focus of enquiry and sampling strategy during the course of my collection and analysis of the data (Lincoln & Guba, 1985). Maykut and Morehouse (1994) observe that "although a non-emergent design is less desirable than one that is emergent, it can yield important information and suggest a direction for subsequent data collection efforts" (p94). Recommendations for future research could be gathered in this way.

McLeod (2003) describes the 7 stages to the research cycle which overlap and run into each other:

1. Immersion and gestation, in which the question is formulated through reading, discussion and personal reflection
2. Constructing a research plan
3. Data collection
4. Data analysis
5. Writing up
6. Dissemination of results
7. Reflecting on the learning and starting again (p28).

### Sampling

I proposed to recruit a group of approximately 30 participants to complete a questionnaire anonymously and return it to me by email or post. The potential sensitivity of my study topic justified the use of a questionnaire, as it could incorporate potential co-researchers who may not feel comfortable in revealing their identities (Robson, 1993; O'Leary, 2004). Neither were there any travel or cost implications as I was not obliged to meet and interview research participants. However, the anonymity itself meant that I had to trust those completing the questionnaires to give me accurate, honest responses. By specifying that the participants were to be qualified counsellors who abide by an ethical code, I acknowledged that the cohort of practitioners used would be honest therapists from whom I could be enabled to arrive at an accurate representation of their phenomenology. Furthermore, the use of questionnaires allowed my sample to come from a wider geographical area.

As my aim was not to establish generalisability of results but to gain an increased understanding of the topic, I did not plan to use random sampling, which would have been the preferred choice within the positivist research paradigm (Denscombe, 2003). Random sampling increases the likelihood that the sample accurately represents the population from which it was selected, thereby allowing for study results to be generalised to the larger population (Maykut & Morehouse, 1994). My intention was to utilise purposive sampling. I planned to select participants with a particular purpose in mind, that is, that these individuals meet particular criteria which are relevant to my research focus and, as a consequence, are more likely to produce the most valuable data. To this end, I set the inclusion criteria of my sample to comprise counsellors working in private practice, qualified to a minimum of Diploma in Counselling level, undergoing regular supervision, working to recognised ethical guidelines and with access to therapy. Categories from this purposive sample would represent a range of experience of the phenomenon that I was investigating. Variation of the sample (Maykut and Morehouse, 1994) would emerge in categories such as counsellors in paid employment in addition to being in private practice, age range, gender and length of experience.

### Procedure

I devised a recruitment poster giving a brief outline of my planned study as a Masters degree student of Counselling Studies at the University of Chester, inviting participants who would be willing to complete a questionnaire (the expected length of time of completion of no more than one hour). The

inclusion criteria of the study was specified on the poster (appendix I). I used “snowballing” as a means of increasing the number of potential research participants (McLeod, 2004) by asking colleagues from the counselling centre in which I work and peers from university to fix these posters on noticeboards at other venues in which they counsel. As a member of the Association for Independent Practitioners, I placed a recruitment advertisement (appendix J) in their journal, read by counsellors in private practice and a similar advertisement was submitted to *Therapy Today*. Conscious of the slow response, I pondered on how I might increase numbers. Having recently discovered LinkedIn, an online social networking group for business, I had joined its sub-group, Counselling and Psychotherapy, to which I added a message inviting interested parties to participate in my study (<http://www.linkedin.co.uk>). I was astonished by the level of response (56 replies), both from within the UK and further afield in the English-speaking world. I was ultimately obliged to decline some of the responses.

Once contacted by potential participants, I sent out the questionnaire, together with a letter of introduction and an explanatory cover letter (appendix K) to comprehensively inform interested parties of my research and the ethical guidelines to which I would adhere whilst pursuing this study.

### Data collection

Although information from questionnaires will not provide the depth of data elicited from interviews, questionnaires allow for a greater number of participants, are suitable for sensitive topics as they offer anonymity and they can reach a broader geographical area. Bond (2004) suggests that they open

up opportunities but also create challenges. One of these would be the formulation of the questions. O'Leary (2004) advises that, if relevant questionnaires or sets of questions exist, "adopt, adapt and modify" (p155) them. She describes the process as being potentially complex, giving the following advice:

- Plan the questionnaire
- Construct appropriate questions (avoiding ambiguous, leading, confronting, offensive, double-barrelled or pretentious questions)
- Pilot the survey
- Modify it as necessary, and then
- Execute it by distributing the final questionnaire. (p157).

I planned to open the questionnaire with a number of closed questions to ascertain the participants' ages, gender, counselling model employed, length of counselling experience, time in private practice and location. These questions would illustrate a flavour of the range of variability of those questioned. My intention was then to pose open-ended questions based on the themes that emerged from the literature search. In the spirit of O'Leary's (2004) advice to "adopt, adapt and modify", I specifically consulted Shapiro's (2007) list of questions used in couples' therapy (appendix A), the money genogram (appendix B) and those questions used by Power and Pilgrim (1990) in their research on fee-paying in therapy. I paid particular attention to their post-research advice to be direct and open in posing questions on the theme of money.

As with the format of interviews more typically used in qualitative research, I aimed for the questionnaires to give participants an opportunity to tell their stories and pass on their experience of the topic. However, I would not be in a

position to ask participants to elaborate or clarify their meanings, so the questions set required clarity and unambiguity. Once I had formulated these questions, I posed them to a small number of colleagues (3) in pilot form to assess the clarity of wording, length of time to complete the questionnaire, ease of completion and overall opinion of the process of filling in the survey (appendix H). McLeod (1994) suggested asking the pilot study participants whether others might have experienced difficulty answering the questions. Minor amendments were made, an average time necessary for completion was agreed and the recruitment information was duly adjusted.

### Data analysis

A questionnaire comprising 22 questions was sent out to 52 respondents. 32 completed questionnaires were received (61.5%) at which I arrived at the point where I no longer sought participants.

On arrival, each uniquely-coded questionnaire (A01 to A32) was photocopied and then individualised by colour coding (appendix N). I then proceeded to commence the constant comparative method of analysing the large amount of unstructured data amassed by the questions.

Maykut and Morehouse (1994, p135) describe the Constant Comparative Method of Data Analysis as:

1. *Inductive category coding and simultaneous comparing of units of meaning across categories*
- ↓
2. *Refinement of categories*
- ↓
3. *Exploration of relationships and patterns across categories*
- ↓
4. *Integration of data yielding an understanding of people and settings being studied.*

The first step was to prepare the data. The information from Questions 1 – 9 and 11 was collated and plotted in chart format to illustrate the variability of the purposive sample and to give a flavour of the context in which fee-charging practitioners work.

I typed each of the remaining questions (namely 10 and 11-22) as a heading to individual pieces of flipchart paper which I affixed to the wall. Each individual's answer to that question was cut out and stuck on to the paper, resulting in a colourful representation of all 32 participants' replies to an individual question. 12 sheets of paper adorned the wall.

Each question was analysed individually. The data was unitised, that is, broken down systematically into chunks of meaning, which I labelled, using a look/feel approach (Maykut and Morehouse, 1994). As each new unit of meaning was labelled, it was compared to previous units and groupings were made. These groups of units of meaning were noted on index cards and I documented my thoughts and ideas on a discovery sheet at the same time, so that concepts of

categories began to emerge. In addition, I continued to document my feelings and thoughts in my research diary.

The process was repeated 12 times for each question analysed. 121 units of meaning emerged from across the questions (appendix O). From there, I immersed myself further in the information on the cards, looking for patterns, commonalities and links between the unitised data as I asked myself where data fitted and how information related. I sifted the data, exploring new patterns tentatively, moving backwards and forwards as I sought and refined categories in which to neatly place the information. There was a period of gestation during which I constantly compared and contrasted information until I placed it into the final categories that I had developed. The final emergence of the categories is described by Maykut and Morehouse (1994) as “redundancy” whereby “what becomes important to analyse emerges from the data itself, out of a process of inductive reasoning” (p127). 19 categories had arisen from the data pooled from across the questions. (The origins of the questions from which data emerged was noted as part of the audit trail: appendices L, O and P). These categories were to form the building blocks of my ultimate conceptualizations and findings.

The next step was to formulate rules for inclusion to ensure that categories were clearly defined. I had already spent time relabelling, shuffling data and converting two categories into one as I attempted to group units of meaning into categories which remained grounded in participants’ responses, in the spirit of Glaser & Strauss (1967)’s grounded theory (cited in Maykut & Morehouse, 1994). Lincoln and Guba (1985 cited in Maykut & Morehouse, 1994) suggest writing the rule for inclusion as a propositional statement which conveys the meaning that is contained in the data cards under a category

name. They observe that the development of a rule for inclusion shifts the criteria for categorizing remaining data from look/feel-alike to the propositional rule statement and that the development of rules for inclusion, stated as propositions, is a critical step towards arriving at research outcomes. See appendix U for a list of my rules for inclusion and some of the ideas used to arrive at them.

The next step of the process was to examine the findings, which I present in the next chapter.

### Ethical implications

McLeod (1994) suggests that it is impossible to design ethically neutral research; ethical issues permeate much of the research process.

As a practitioner, I abide by the Ethical Framework for Good Practice in Counselling and Psychotherapy (BACP, 2009) which encourages therapists to undertake research “on behalf of the profession with rigorous attentiveness to the quality of the research and the dissemination of results” (p7). Trustworthiness is at the heart of counselling practice and also constitutes the core of ethical research. Rights of research participants must be considered, in particular, safety, the right to informed consent and the right to withdraw from a study at any time. To this end, I submitted my research proposal to the Department of Social Studies and Counselling’s Ethics Committee which approved my study. I was then allocated a research supervisor who would provide professional support to enable me to overcome the challenges posed by the research (Bond, 2004). The Ethical Guidelines for Researching Counselling and Psychotherapy (Bond, 2004) advise researchers to consider

their personal vulnerabilities and challenges whilst undergoing research and to seek professional and personal support.

Krueger's (1986) description of money as "the last taboo" informed my choice of research design. I opted for an anonymous questionnaire as I believed potential participants would feel less inhibited than speaking face to face in an interview setting. I had considered interviewing colleagues from the centre in which I work, but I had not considered sufficiently the boundary issues regarding competition and collaboration which would have caused tension in future working relationships. The Ethical Framework of BACP suggests that dual relationships within research are to be considered and addressed (BACP, 2009).

In the same way, I strove to protect personally sensitive information (Bond, 2004) by holding data in a locked cabinet and on my personal computer, for my eyes only, for a period of 5 years. In the spirit of trustworthiness (BACP, 2009), I informed participants that I could not guarantee ultimate erasure of information as it remains fixed on the computer hard drive indefinitely, but I promised that other information would be destroyed at the end of the period.

In order to ensure that potential participants were fully informed as they consented to take part in the research, I paid specific attention to the clarity of wording in my recruitment material. Participants were made aware of their right to withdraw from the study at any time and were given contact details of my research supervisor, to whom any potential complaints might be addressed. Furthermore, they were informed of the possibility that the dissertation could ultimately enter the public domain and could be used as a basis for future work, such as conferences and workshops (McLeod, 2009).

## Validity

Traditionally, good research from the positivist paradigm was based on objectivity, reliability, validity, generalizability and reproducibility (O'Leary, 2004). O'Leary suggests that assumptions to apply to post-positivist qualitative research should be: neutral or transparent subjectivity, dependability, authenticity, transferability and auditability. Bond (2004) posits that "research integrity requires a robust ethical commitment to fairness, honesty and competence" (p15). Credibility and trustworthiness (Lincoln & Guba, 1985) is paramount whilst openness about the challenges and difficulties faced in research is vital, particularly in qualitative study where interpretation of phenomena plays a major role. McLeod (1994) concurs that the researcher should aim for clarity and provide a comprehensive description of research procedures utilised. S/he should place the focus of inquiry in context, consider alternative interpretations of data and demonstrate reflexivity to ensure authenticity of participants' experiences.

In this study, my intention was to demonstrate my trustworthiness by being transparent throughout the research, openly working to recognised ethical guidelines (BACP, 2004, 2009) and maintaining a clear audit trail. Although interpretation is a necessary component of qualitative study, I attempted to bracket off my own biases as much as possible and I informed participants, in writing, of my background and origin of my interest in the focus of inquiry. By so doing, I congruently "name(d) my subjectivities" (O'Leary, 2004, p64).

Following approval of my study by the Ethics Committee of the Department, I was allocated a research supervisor to guide and challenge me throughout the research process.

Auditability comprises a full explanation of methods used so that others can trace the process via an audit trail. Discovery sheets (appendix L) and a research diary were kept to plot developments and chart progress. The constant comparative method of analysing data was utilised (Maykut and Morehouse, 1994) to break down the meaning of the information received, prior to my reconceptualisation of it to develop my research findings. It has to be recognised, however, that, despite following the principle of authenticity, there is potential for multiple and alternate realities and not one sole truth to be pursued. Alternate interpretations would therefore be considered and discussed before arriving at my final outcomes.

### Limitations

The topic of money and the fee within counselling is broad and far-reaching, so it would be impossible to examine all areas on which it touches within a small-scale, self-funded study by a novice researcher. However, I am certain that it will raise pertinent questions for future research, both in this country and beyond. I was mindful that the information I received by means of questionnaires was likely to be complex and difficult to unravel (O'Leary, 2004) and I might struggle to manage it systematically and comprehensively. Despite the fact that I had carried out pilot studies and was mindful that accurate wording is imperative to avoid ambiguity, I still could have been more precise in minimising duplication of questioning and answers. The questions too were

subjective in that they arose from my frame of reference (although I had attempted to minimise subjectivity by consulting advice from previous researchers and referring to subject literature). Unlike interviews, the anonymity of the questionnaires prevented me from carrying out member checks to clarify participants' replies. Neither was I in a position to consult with members of a research team, as I was a lone researcher (Bond, 2004). Therefore, the interpretations of the subject and of replies generated in the questionnaire could have coloured the outcomes of the data analysis, despite my attempts at maintaining a stance of *epoche* (Denscombe, 2003). With the guidance of an experienced research supervisor, however, I remained hopeful that I would navigate my way through the difficulties.

My technological expertise is limited and I struggled to send out questionnaires to some interested participants with non-compatible computer applications. I also became aware of the considerable reach of the internet by the level of interest generated at home and abroad when I posted a recruitment message via LinkedIn (appendix M).

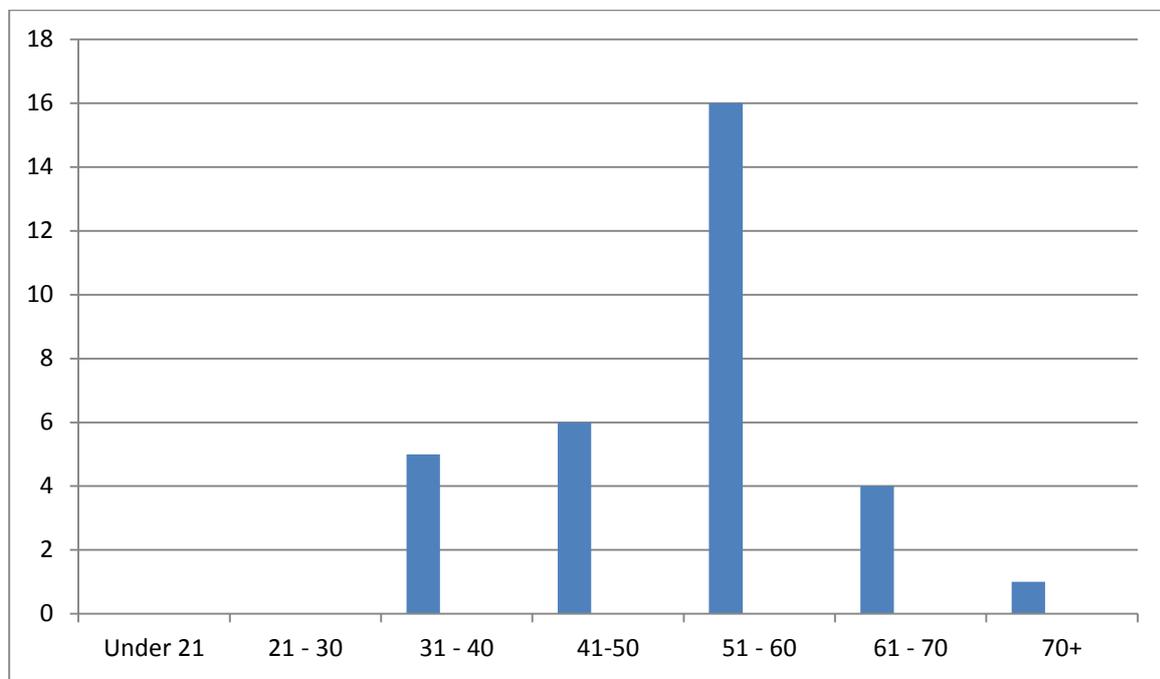
In the next chapter, I present my findings.

## Chapter 4

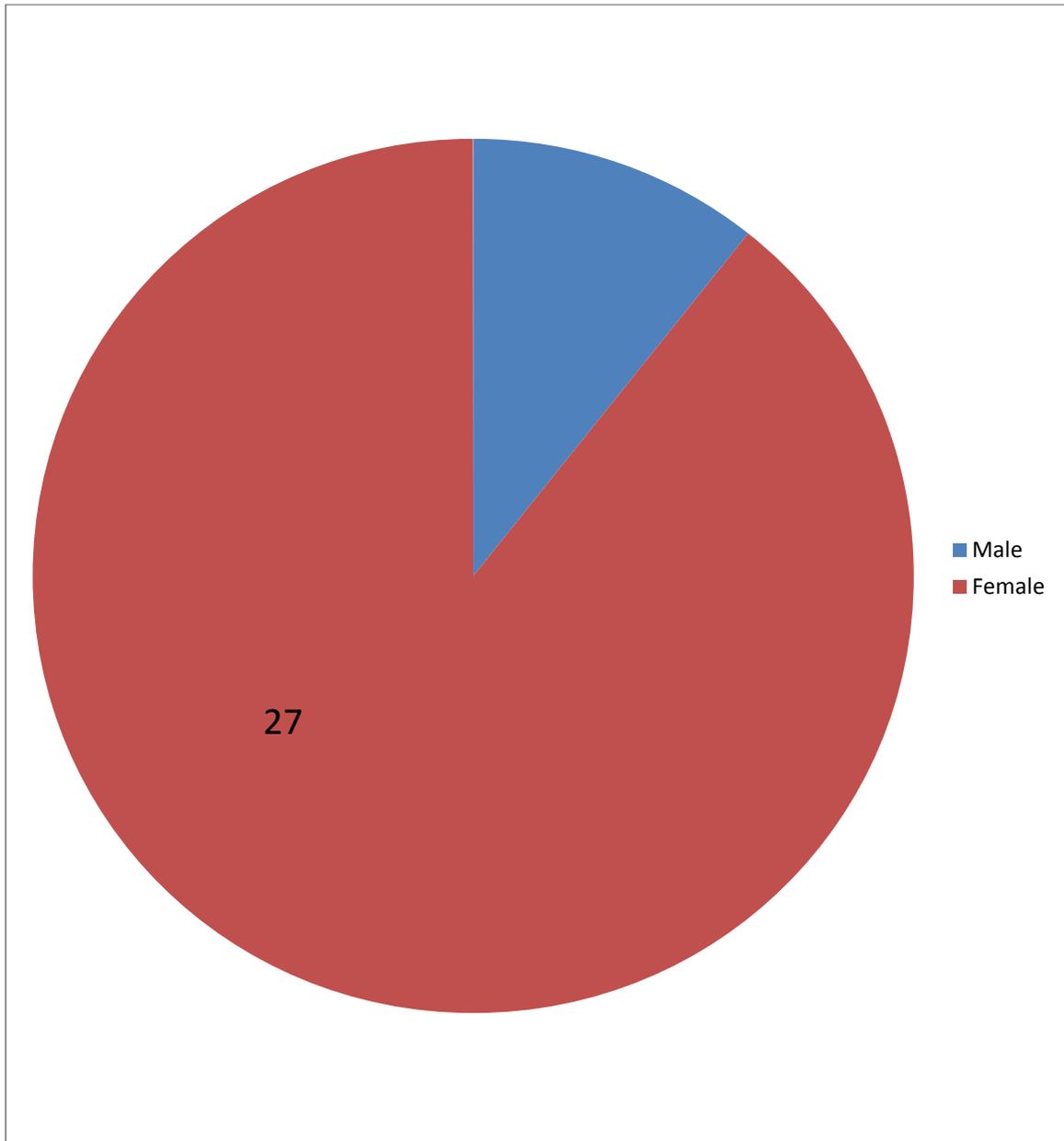
### Findings

I present the findings of the demographic questions in chart format:

#### Question 1: Ages of participants



Question 2: Gender of Participants (from a total of 32 participants)



Question 3: Locations of research participants (as described by participants)

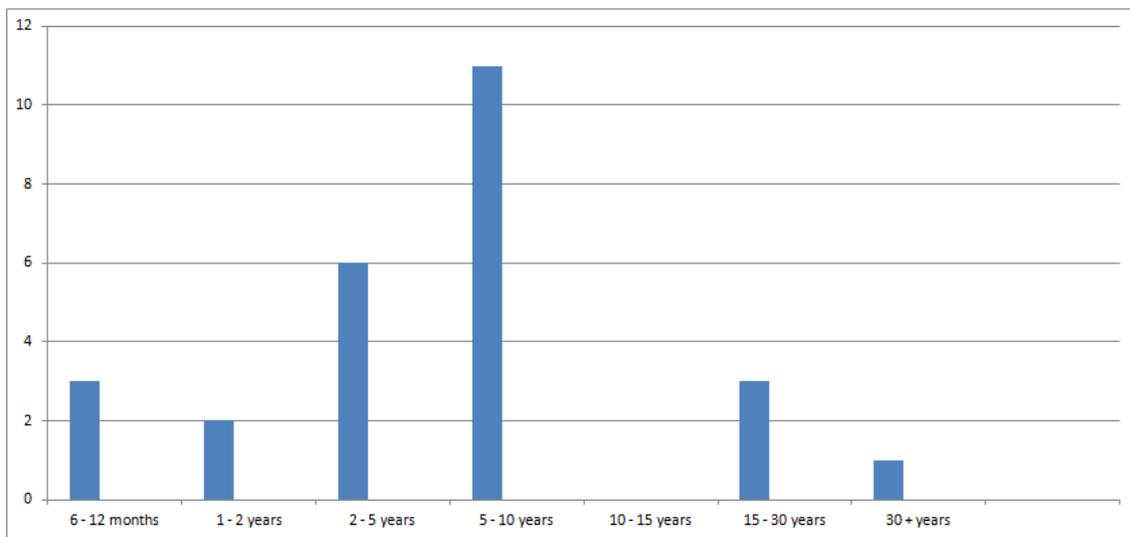
Location	Number
Altrincham	1
Bedford	1
Berkshire	1
Cheshire	1
Darlington, Co Durham	1
Deal, Kent	1
Doncaster	1
Dorset	1
East Sussex	1
Flintshire/Cheshire/Denbighshire	1
Frodsham	1
Hertfordshire	1
Lancashire	1
Liverpool	2
London	7
Midlands	1
North Staffordshire/Derbyshire	1
North Wales/Cheshire	1
North West	1
Shrewsbury	1
Wellington/Somerset	1
West Sussex	1
Wirral	1
Melbourne, Australia	1
Sydney, Australia	1

Question 4: Theoretical Orientation (as described by participants)

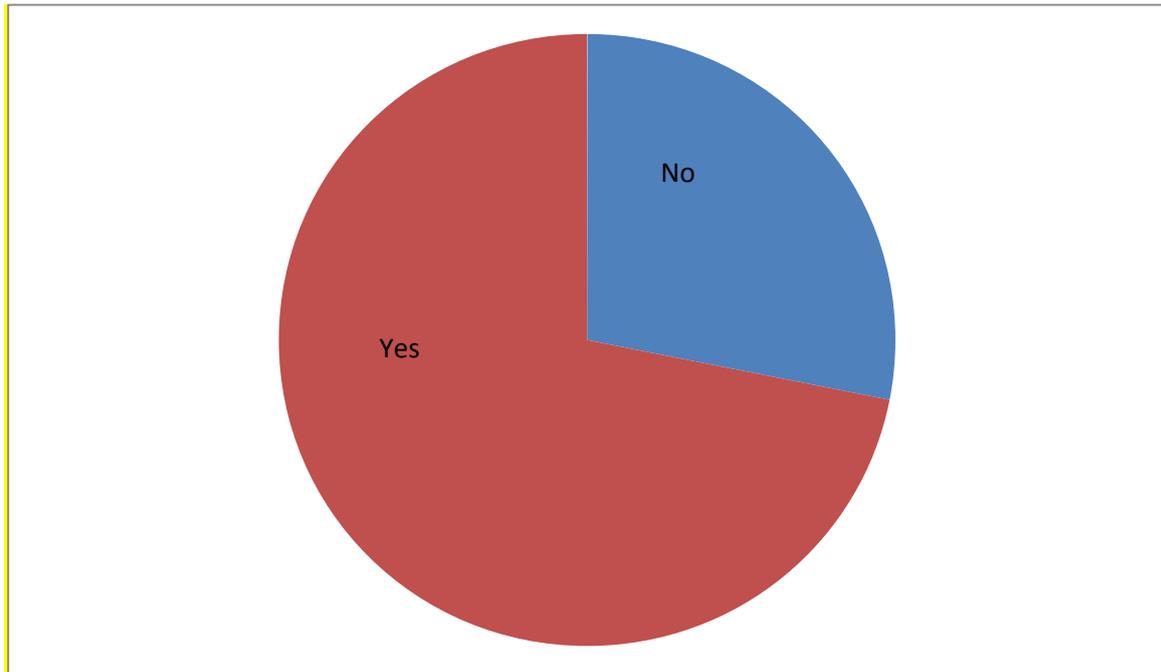
Person-centred	6
Psychodynamic	5
Integrative	3
Humanistic/TA	
CBT/Gestalt/PC/Psychodynamic	
PC/Psychodynamic/Integrative	
Integrative humanistic/Transpersonal/Existential	
Integrative/PC	
Psychodynamic/PC	
PC/TA	
Solution-focused Hypnotherapy	
PC with individuals: Psychodynamic/TA/Systemic with couples	
Biblical/Nouthetic	
Psychodynamic/Systemic	
Integrative: Core modality – Transpersonal	
Integrative/Pluralistic/Sexual and Relationship	
PC/Analytic	
Integrative (PC/TA/Existential/Creative/Gestalt/CBT)	

Question 5: For how long have you been counselling fee-paying clients?

Question 5: Length of time in private practice



Question 6: Do you have concurrent paid employment?



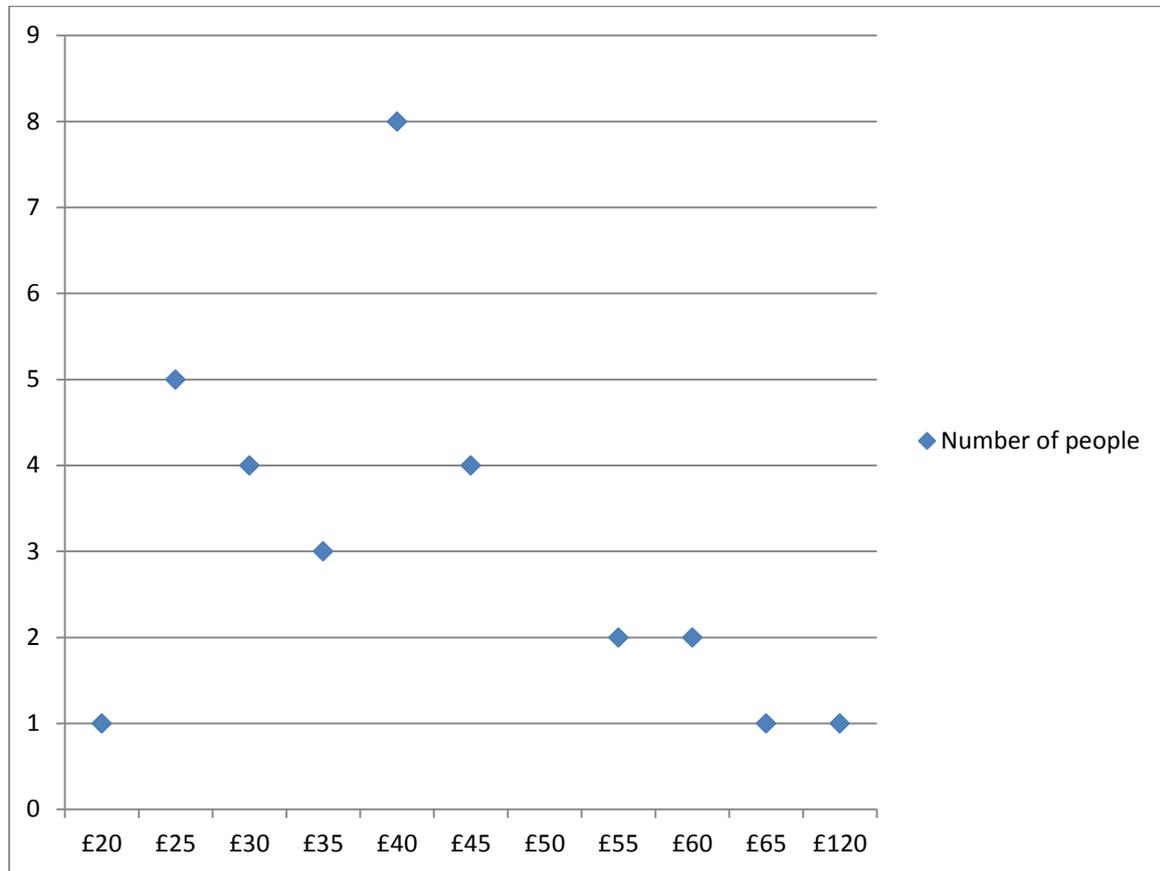
**19 say NO, 9 say YES**

**From YES: % of/or time spent employed**

%/hours	Number
6 hours	1
20hours paid/2 voluntary/1 fee-paying	1
5%	1
30%	2
40%	3
50%	1

(Note: This question was not answered by all participants)

### Question 7: Standard fees charged



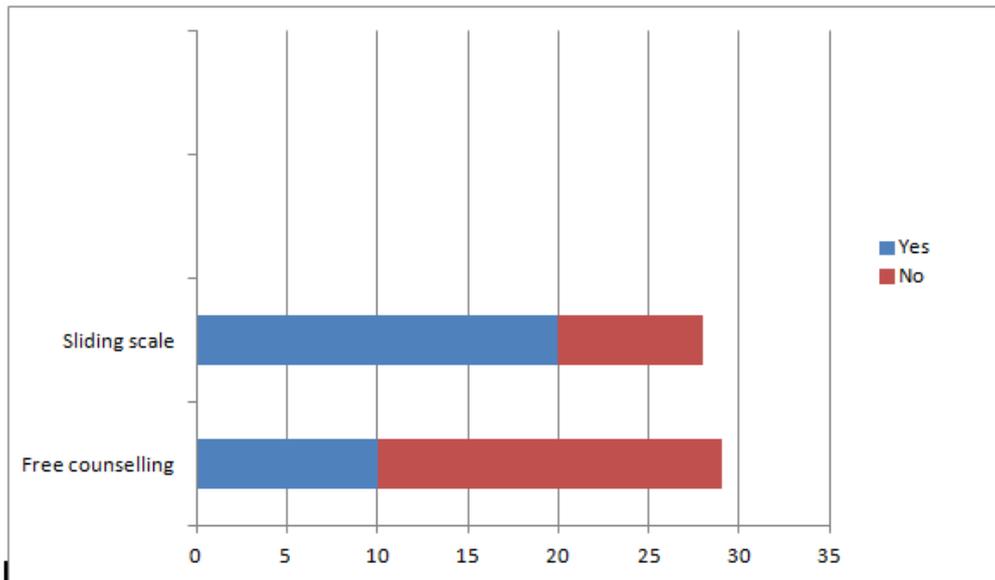
Note: those practitioners who worked with couples charged £40, £50 and £60 per session.

The research participants from Australia charged from \$40 to \$90 per session.

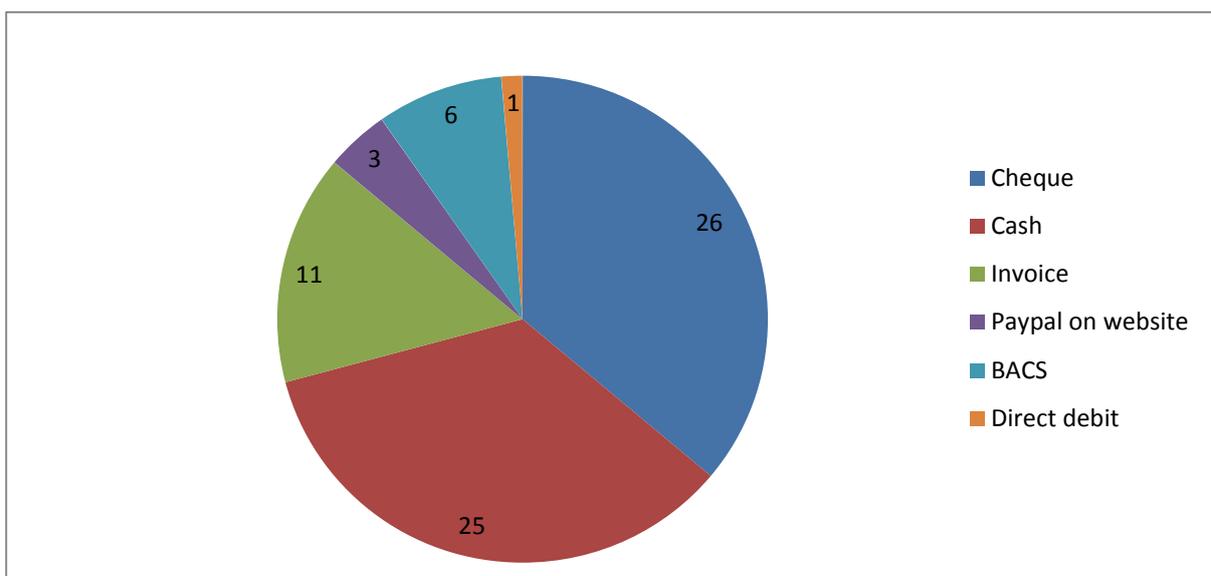
Questions 8 and 9:

Do you offer a sliding scale?

Do you offer free counselling?



Question11: How is your fee paid?



The following findings emerged from the information analysed from across the questionnaires:

1. Counsellors face tensions by charging a fee
2. Charging a fee signifies a contracted professional business service
3. Charging a fee can be therapeutic
4. The fee transaction has an impact on the therapeutic relationship
5. Money in therapy is symbolic
6. The counsellor undergoes a personal journey to feel comfortable charging fees

Note: I have attached a code to each quotation, comprising the A number, (the unique code given to each respondent's questionnaire, 32 numbers from within a range of 1 - 56) and a second figure indicating the question number from which the quotation arises.

## 1. Counsellors face tensions by charging a fee

Research participants describe the "struggle" they face in charging a fee:

*(I ) consistently struggled with charging a high fee because of where I practise (and I like to practise there) (a02,20)*

*I struggle when I consider how many people can't begin to pay for counselling...(I) always battle (a04,21)*

And some question their own work and its value:

*When I feel the session was not productive, I sometimes feel unjustified to charge for it...'I didn't do a 'good enough' job.' The opposite is true as well, i.e. when it was a particularly tough session, I feel undervalued if the client does not pay the full fee (a02,21)*

*It concerns me that my perceptions of clients can change when there is money involved (a06,21)*

For some participants, money is still "an issue" which is raised in particular circumstances, for example, when a client does not attend (DNAs):

*The only areas that cause me regular concern or embarrassment now ....are cancellations/forgotten appointments with no notice, which clients are charged for. I worry that they may resent this, although they are fully aware this is a condition of booking a session. ....It would seem that this may bother me more than my clients. (a41,20)*

*I invoice(d) a client for the missed session but ended up only invoicing for the room cost, whilst apologising for doing so, despite it (being) clearly*

*written in my contract that I charge if they don't provide 24 hours' notice. (a06,20)*

Some participants describe discrepancies in their feelings related to charging fees:

*It was – and still is – challenging to work in return for money. The charging part has been a challenge – one I've had to surmount – since I need to make a living. (a44,19)*

*(I feel) clear, calm as a business person: threatened when I suspect a client's discomfort or a misunderstanding about a fee we had agreed on. (a41,20)*

*I use therapeutic contracts and have experienced a conflict when suggesting a number of sessions with the consequent fees that this will incur. (a21,22)*

Some describe feeling “guilty” and unworthy, particularly in respect of the amount they charge:

*I used to feel a little guilty, it sort of feels okay now. (a14,21)*

*I have a twinge when people tell me about other therapists who charge more. Should I put up my fees? (a37,21)*

*feels strange 'costing out' your hourly rate in relation to worth (a17,21)*

*I charged very little because I felt unworthy..imagined they would not get value for their money (a27,19).*

Charging a fee at all causes difficulties for some participants:

*Paying is a luxury only some can afford and wrong for those struggling to cope whilst waiting for an (NHS) appointment (a06,22)*

*Counselling is a vocation rather than a means of earning money and it seemed quite amazing that people would pay for that (a08,19)*

## 2. Charging a fee signifies a contracted professional business service

Participants describe a “*service*” they provide which clients choose to buy:

*Client buying a professional service, not having some well-meaning and possibly amateurish opportunity just to be listened to. (a38,20)*

The importance of a contract is mentioned as a means of clearly defining the nature of the relationship and its boundaries:

*A professional relationship, not just a friendly chat (a26,18)*

*(The fee) secures that the relationship is professional as opposed to a friendship which some people may at first think they want (a52,18)*

*Normal practice: Client Service Agreement (a56,15).*

Many participants use terminology such as contract, negotiation and business to define the nature of the paid-for relationship. Participant A38 observes:

*the act of agreeing a fee....sends a message that this (is) a business transaction, albeit unlike any other (a38,17)*

and participant A26 concurs:

*money as a product....removes emotion from discussion (a26,15)*

Participant A13 may disagree:

*I see this transaction in the same way as any other in a commercial/business sense (a13,20).*

A number of participants keep “the business” separate from the session:

*The fee is discussed outside of their presenting problem (a08,17)*

A majority of the participants stated that openness in defining the business relationship was important, and that, to provide clarity, this may be a two-way process, with negotiation involved:

*I state in my contract that.....so we negotiated that.... (a21,12)*

*Recently created a new contract which stipulates.....having it contracted and clear makes it easier (a19,17)*

Asked whether fees were stated on advertising literature, 25 participants said that they were:

*“explicit, on the website”, “in my brochure, on my website and other websites where I advertise”*

*Payments are upfront, i.e. on my website that this is a paid service such as buying any other service (a42,12)*

*Very upfront as I don’t want embarrassment on either party of misunderstanding. I personally really dislike when I am interested in something and then can’t work out quickly and easily what payments are due and the process involved. (a42,13)*

The two-way nature of the business relationship is seen to be positive:

*In a consumer-led society, paying for counselling appears to positively impact the client, in that they are paying for a service and therefore, engage with the work, as they want a result for the money they have paid (a08,18)*

*Counselling is run as a business – positive effect (a56,22)*

*If clients DNA without 48 hours notice they pay the full fee...if this happens, the work continues: I expect the fee, give them my full attention, even though they are not present and often there is a positive impact on the work (a21,17)*

Counsellors themselves are responsible for the balance of the business relationship:

*I am committed to the private practice and the fees must reflect the service I offer and my household bills (a05,20)*

*Endeavour to give an excellent service – no waiting list (a05,20)*

*It is right that clients pay for counselling as for other professional services (a25,20)*

*My counselling practice is a business and the most important reason for being in business is to make money – I need money to live on (a30,20)*

### 3. Charging a fee can be therapeutic

Charging a fee raises issues of control, boundaries, modelling of core conditions and internal processes within the client and the counsellor.

These issues may be used to therapeutic effect or ignored.

*The fee is an integral part of the therapeutic frame and boundaries (a24,17)*

Participants mention modelling:

*Important to role model a sense of value to the client (a25,17)*

*(it is) the norm – I work at making it a non-event (a42,17)*

*(A19 describes) models of how ‘to do’ the financial aspects – ‘normal’ for me to pay my therapist – ‘normal’ for my client to pay me (a19,19).*

The concepts of the core conditions of congruence, empathy and

unconditional positive regard are highlighted:

*Important to say thank you and make eye contact during the transaction – to let them know they are appreciated in this way as well as many others (a21,20)*

*Feels imperative that issues and dynamics of the money transaction are acknowledged and processed with clients (a03,22)*

*If they’re uncomfortable, it’s about bringing it up in a way that is not critical or judgemental or shaming (a42,22)*

Difficulties faced by practitioners are noted too:

*I cannot imagine charging per session and having an exchange of money each time.... it would adversely affect the work (a01,22)*

*How the therapist handles the transaction can have a big impact – if she/he looks embarrassed or guilty..for example....it is important to be clear and comfortable...as it is real and it is in the room! (a41,18)*

*Underpayment: felt uncomfortable..this lingered into the next session for me (a36,17)*

Paying a fee indicates commitment from the client and a greater sense of control:

*Positive because attendance is 98% where free counselling can be as little as 20% (a02,17)*

*Have observed some clients on a reduced fee will spend 5 to 10 times as much on entertainment over their weekend and not understand that their therapy is not working because they do not prioritise it (a10,17)*

*The payment creates a balance...adds seriousness to the process that may not be there if ...free...adds to the commitment both parties are making (a38,22)*

*The private client is empowered..knows this is not a handout...has chosen and can choose to stop (a04,18)*

*The therapist controls so much just by definition of role providing the care..the client is employing the therapist so holds power in a different way (a41,18)*

*It equalises an otherwise unequal relationship. They can hire or fire me! (a39,18)*

Clients are described as:

*investing in their good mental health because they are 'worth it' (a26,17),*

and this can have therapeutic effects, as the fee

*shows the value they derive from therapy and the commitment to changing their life (a10,17),( as ) something she was giving to herself, spending her money on something important to her (a41,17).*

For some clients

*a high fee means they are getting the very best for themselves....increases confidence in the efficacy of therapy (a39,17).*

The issue of the fee and the way in which it is paid may raise deep-seated issues, which the counsellor may, or may not, address:

*Sometimes a client will attend but not have the ability to pay....an indication that they do not expect to receive the benefits they desire...sometimes address this explicitly (a41,20)*

*Therapeutically useful, e.g. exploration of value, worth..patient's disillusionment of payment..... helping to define the therapeutic relationship (a35,20)*

*Can have many meanings to the client, an exploration can often be helpful (a25,18)*

This is pertinent to occasions when clients do not attend and payment is requested in accordance with the terms of the contract:

*One client often 'forgets' money/chequebook...this becomes part of the therapy sessions (a21,12)*

*DNAs/non-payments : I used the issues as an illustration with the client of the behaviour they wanted to change (a04,18)*

*(faced with a late cancellation charge) client telephoned to say she would not be returning...would not come to talk it through either (a03,18)*

*Client cancelled the subsequent session as a result of being charged for a missed session (a03,18)*

*Client failed to pay for 3 sessions..we were able to use this as a tool...tricky but extremely useful..how it made me feel, how he valued and related to others..at the next session, I asked for the money at the start of the session. He had it with him this time. (a17,16)*

*Missing session, then incurring cancellation fee...this needed to be focused upon as material in the sessions as a replication of (debt and money management) issues faced outside of therapy (a03,17)*

*I have ended with a client who was very wealthy but who would never pay for missed sessions and would argue about value for money (a01,17)*

*I expect the fee, give them my attention even though they are not present and often there is a positive impact on the work (a27,16)*

The payment transaction can provoke unexpected behaviours and reactions, which may be used to therapeutic effect:

*When I gave him his first invoice, he reacted angrily...used therapeutically.....disillusionment...although s/he has found this idealised mummy, she will only love them if they pay her! (a38,18)*

*The fee as an integral part of the therapeutic frame ensures it must affect the process, although it may take some time to explore and understand...the way the client chooses to pay..e.g. a request to pay by credit/debit card may be a way of avoiding acknowledging this (a38,18)*

*Sometimes rather well-off people start saying they cannot afford to come...it is always another reason (a05,18)*

*Using financial issues as a game....chaos with finance might indicate boundary issues (a26,15)*

*Client needed reassurance that his forgetfulness (paying) did not impact my view of his truthfulness (a27,15)*

*Clients whose therapy pivoted on finance...working to help them expose and understand the thoughts and feelings about earning, saving and spending money (a10,16)*

*Once the fee became an issue during the course of counselling, the commitment of the client was starting to dwindle...I would bring that into the counselling room....client reviewing the fee was a cover-up for something else, starting to feel ready to leave or not feeling worthy of spending anything on themselves (a50,17)*

*I introduced the possibility of payment after working with him for 5 years for free. The client decided to stop working with me. (a27,16)*

*Client of 11 years, 8 of which she paid £10 per session, some years nothing, but when she began to work, she paid me back.....she felt trusted (a01,17)*

Participant A38 describes two examples of how money is used explicitly as part of the counselling process, highlighting issues of control and trust:

*Example of client's control of her money by her husband : the money she spent on weekly counselling became a battleground in the marriage..battles to retain her right to continue to spend on counselling...made (counsellor) angry with him for pressurising her and with her for assuming so little control .. made me feel that what I was offering was highly valued by the client, although the flip side was a pressure to ensure she would continue to see it so. I was aware of the risk that this might influence the course of the counselling (e.g. I might be tempted to avoid exploring painful or shameful places)....to feel as if she was making a choice between her husband and me...manifested often as splitting (me being the 'idealised good guy')...proud of the client standing her ground – she ceded control over money to her husband in every other respect...continuing to come to counselling despite her*

*husband's opposition represented a positive development in her own rather shaky sense of self. I felt as if her continued attendance was under threat, which caused me anxiety...(and) heightened her ambivalence about breaks...introducing complexity (and) additional therapeutic opportunity (a38,16)*

*Money as a theme: client on benefits struggling to establish own business..dependent on parents. His financial dependency seems to allow him to extend his dependency in other aspects, particularly emotionally..preventing full engagement with his partner....(I am) questioning whether it will become a way of avoiding engaging fully with me...(my) anxiety that when we get closer to the painful issues..he may decide that he can no longer afford the fees! I took great care with the fees for this patient and reduced them so he could afford to pay for them himself...Money is likely to grow in importance within the therapy (a38,16).*

Some participants describe how they have adapted their procedures to take into account such issues:

*I always agree that the deficit will be paid the next session (a10,20)*

*Review 4 – 6 weekly: ethical way to take into account the financial aspect and the therapeutic aspects (a13,22)*

*Clients approach me where fees would be paid by a third party. I try to negotiate so that the client would be paying direct (and the third party would have no idea whether the client was spending the money on me or some other priority) (a04,17)*

*Sessions themselves are prepaid one session in advance, a strategy introduced to reduce mid-process drop-outs (some clients, who were progressing, appeared to reprioritise and find reasons to cancel. This has all but stopped with prepayment). (a04,12)*

#### 4. The financial transaction has an impact on the therapeutic relationship

A number of participants describe how the fee transaction helps to equalise the balance of power in the therapeutic relationship:

*“gives a sense of equality..a joint practice” (a21,18)*

*“a power equaliser” (a21, 13).*

*“the payment creates a balance in the relationship for both of us” (a21, 20)*

*the transaction of money...is embedded in the relationship..(and) can spark off power dynamics (a03,18)*

*keeps the relationship professional...the boundary role models value... (a25,18)*

Participant A04 describes it as empowering the client:

*the handover of a fee is a strong indicator of client commitment and motivation.. (the) client is empowered.... they have chosen and they can choose to stop.....the relationship is closer to one of two equals, than in the case of a paid for referral, or treatment via a private insurer (a04,18)*

*it gives the client power so that they don't have to be so grateful (a20,15)*

The commitment is highlighted in the fee transaction:

*client paying....therefore..engage(s) with the work as they want a result for the money..and want to stop paying as soon as possible..so that also*

*inclines them to work hard both in and out of session. Those clients that don't pay don't always have the same impetus (a08,18)*

*money requires a commitment from the client to themselves and the therapy...paying shows the commitment to changing their life....I am committed to the work and I expect them to be (a17, 21)*

*this is not a friendship...adds seriousness to the process that may not be there if it were free...adds to the commitment that both parties are making (a07,20)*

Some participants observe that such commitment may be minimised if therapy is free or at a reduced rate:

*I was given the go-ahead to reduce a client's fee substantially..he rebooked but never returned...as if the commitment had completely gone (a50,17).*

*I used to offer a free first session...clients didn't come at all or came for that session, made a second appointment but didn't come back (a30,18)*

Participant A10 describes using the fee to increase commitment in the client:

*I try to negotiate so that the client would be paying direct (and the third party would have no idea whether the client was spending on me or on some other priority (a10,16).*

Difficulties experienced in maintaining the relationship are observed:

*I was unsure whether he could trust that I genuinely cared and wasn't simply doing so because I was being paid (a41,17)*

*times when it's difficult to discuss money...to remind a client of a missed payment, etc (a03,16) (an example of) how the financial transaction of*

*therapist-client plays out in the therapeutic relationship (through DNAs and forgetting appointments).*

*Charging a low fee for challenging tough work..I feel resentful...not enough 'reward'....may negatively impact on the counselling process, as I might not be as empathic (a02,17)*

*If I feel that someone is not paying enough it can cause a buildup of resentment...I would like to feel that it's not an issue but, in reality, it sometimes is (a09,22)*

*'performance anxiety' when paid highly (£60).. had to 'prove' myself...less congruent....paid least...feel taken for granted...last minute cancellations...annoying...less congruent (a27,17)*

The issue of premature ending is highlighted by Participant A41 who comments:

*some...particularly from working class backgrounds, have found it difficult to pay and dropped out prematurely..... middle class clients are much more prepared for this kind of transaction psychologically as well as in a position to afford it (a41,17)*

Likewise, social class and its relevance to the ability to pay is noted:

*incredibly important as someone from working class providing a service to mainly middle class..(I) have to consider privilege of such a service who I will work for and to what extent I work privately (a22,33)*

*paying for therapy is a luxury...seems wrong for those others struggling to cope whilst waiting for NHS appointment (a22,06)*

*wanting to be affordable to as many as possible (a21,15)*

together with the provision of an ethical service:

*review 4-6 weekly.....ethical way of taking into account the financial aspect and the therapeutic aspects (a22,13).*

Participants comment on how their own experiences and feelings transfer to the therapeutic relationship and the parallels of the relationship with other client relationships:

*the content of a client's life and in how the financial transaction of therapist-client plays out in the therapeutic relationship (a306)*

*as a parallel process, the way clients build their relationships with me has a strong link to how they build other relationships in their life (a08,22).*

## 5. Money in therapy is symbolic

The issue of payment in therapy holds a variety of meanings for client and counsellor:

*A powerful symbol of choice to attend, to choose this counsellor over another (a38,18)*

*(money) a token for the storage and use of value in our society (a10,22).*

Participant A39 describes therapy as

*an act of love between humans (a39,20).*

Similarly, participant A52 equates being owed money by a client to being “stood up” (a52,20).

Participant A21 observes that money

*starts to symbolise important aspects of the therapeutic relationship (a21,17)*

whilst A38 describes her client’s experience:

*he has found this idealised mummy (but) she will only love him if he pays her (a38,17).*

Payment can indicate the level of commitment to the therapy:

*empowered: they have chosen, they can choose to stop, which gives them control (a38,18)*

*paying the fee shows the value they derive from therapy (a10,17)*

*a high fee means they are getting the best for themselves...important and positive. High fees also increase confidence in the efficacy of the therapy (a39,17)*

The issue of “money blindness” is addressed:

*had a secretary who collected the money (a39,19)*

Participant A27 prefers to be paid by a third party (EAP): “*someone else*

*feeding my bank account”*

whilst participant A06 describes

*prompt(ing) payment by giving client a receipt (because) I feel uncomfortable asking directly for money (a06,12).*

Participant A09 circumvents the discomfort by being open

*arranging for the third party to fund the client direct so that the client chooses what to spend it on, including the therapy (a09,17).*

Clients’ behaviours around the fee are rich in meaning:

*the way the money is handed over, .i.e. the facial expressions, bodily gestures and possibly even comments that go with it....all are significant (a02,18)*

*client 'forgets' to pay, or sign the cheque, or writes the wrong amount (a38,18)*

*cash..more immediate....cheques a bit more removed (a38,18)*

*anger when given first invoice (a38,17)*

*a request to pay by credit/debit card may be a way of avoiding (a38,17)*

*late payment: ..the fee was a cover up for something else, starting to feel ready to leave or not feeling worthy of spending anything on themselves (a19,17).*

The meaning behind such behaviours may or may not be addressed by the

therapist:

*client with debt/money management issues missed a session, resulting in a cancellation charge, caused client to avoid sessions, incurring more cost...this needed to be focused upon as material in the sessions as a replication of issues faced outside of therapy (a03,17)*

*some clients, who were progressing, appeared to reprioritise and find reasons to cancel. This has all but stopped with prepayment (a04,12)*

*one client 'forgets' money/chequebook...this becomes part of the therapy session (a21,20)*

*once client cancelled sessions as she could not afford the fee that week. We didn't address it in subsequent sessions" (a11,18)*

*sometimes rather well off people start saying they cannot afford to come but it is always another reason (a05,17).*

*one client telephoned to say she would not be returning as a result of the (cancellation) charge; she would not come to talk it through either. I also had a client cancel the subsequent session as a result of being charged for a missed session (a22,17)*

Participant A42 observes the choice that therapists make:

*Money poor, time rich or money 'rich' and time poor – what is your choice? (a42,22)*

whilst Participant A24 describes part-time counsellors as

*“the poor relations” (a24,22)*

and Participant A22 comments that

*If people are not doing well they will offer/advertise free first sessions or money-off vouchers...an indication of desperation (a22,22).*

6. The counsellor undergoes a personal journey to feel at ease charging a fee

Some participants observe that their pre-counselling backgrounds gave them an advantage in preparing them for the business of counselling and dealing with money:

*I have been self-employed in retail so I see this transaction in the same way as any other in a commercial/business sense (a13,20)*

*I had a successful career in commerce where it is taken for granted that things you value have to be paid for (a27,18.)*

Participant A04 described feeling prepared, having had experience of charging within training:

*excellent training school: doing insured work for half price as a student from 6 months into my training (a04,19)*

and Participant A50 felt ready having worked for Relate:

*I had been accepting fees for over a year even though the fee was not for me (a50,19)*

Other participants believe they have invested in their development through their studies and are ready to begin to charge a fee:

*while training I accumulated my hours in charitable placements...once I completed..I was happy to open my private practice to fee paying clients (a10,19)*

*after studying and volunteering for years, I couldn't wait to start my own practice (a26,14)*

Some considered they had reached a period in their career when it felt right:

*after many years of voluntary work I felt it very necessary to gain a sense of value for my skills! (a11,19)*

*a transition from the voluntary sector to offering a wide range of issues and putting a price on that expertise (a11,22)*

*I felt used working voluntarily and was therefore ready to face the challenge of charging (a02,19)*

*I had been planning to go into private practice as I worked towards retirement (a11,20)*

*I have spent many years bringing up children and being kept by my husband so (the financial transaction) gives me self esteem...and financial independence (a30,21)*

*I have worked very hard to get where I am...I DESERVE it but it has taken time (a19,21)*

Participants point out how the transition to charging has an impact on them.

The transition poses its own difficulties, some of which, some participants have negotiated successfully, whilst others still struggle with the challenges:

*It is important to be paid, as the many years in the voluntary sector was beginning to give me a feeling that counselling was a profession not worthy of payment (a03,20)*

*I didn't feel valued in the public mental health system but now I can say I am self-employed (even if my income is much less) (a42,21)*

*when I first started, it felt strange, as if profiting from someone else's misfortune...I now feel it is justified and valid (a39,20)*

*often I find this uncomfortable and difficult. If I feel that someone is not paying enough, it can cause a build up of resentment and yet I don't always feel strong enough to address this (a09,20)*

*I am learning to value my skills more as a therapist in terms of asking for payment for the good service that I provide (a37,21)*

*initially apologetic, undeserving...now, more confident (a40,20)*

*word of mouth tells me I am good at what I do and my previous clients trust me to do the same for those they love (a21,21).*

Challenges arise which may, or may not, be addressed by therapists:

*Lots of supervision and therapy to explore my own issues with money have been necessary to feel 7/10 OK...after 22 years...showing how much progress I have made AND how much further I need to go...life is an ongoing process of growth and self-discovery (a39,22)*

*I didn't feel I had adequate experience to charge (a07,22)*

*It was, and still is, challenging to work in return for money (a02,22)*

*a challenge I have had to surmount since I need to make a living (a09,22)*

For some, their sense of unease at charging a fee may translate into practice:

*wanting to rescue clients by offering a discount but managing to stop myself (a38,15)*

*(it) made me feel that what I was offering the client was highly valued, although the flip side was a pressure to ensure she would continue to see*

*it so...I was aware of the risk that I might be tempted to avoid exploring painful or shameful places (a38,16)*

*uncomfortable broaching subject of payment: considering scrapping sliding scale..I try to rely on the integrity of the client but this doesn't always work (a06,15)*

*I often was unsure whether he could trust that I genuinely cared for him and wasn't simply doing so because I was paid (a41,17)*

This is tempered by awareness:

*getting better at valuing myself and my service, although in the early days I used to feel uncomfortable about charging anyone (a14,15)*

*I HATE it..but am getting better...a battle of self-worth (a19,15)*

*our culture's discomfort...to not avoid this in a covert fashion (a41,15)*

*about 6/10 comfortable charging....after 15 years, now 8/10 (a39,19)*

*I am aware of where my own relationship with money intercepts with clients (a29,15)*

*When paid very highly, I experienced 'performance anxiety'... I had to 'prove myself'....when paid least, feel taken for granted (a19,17)*

Some participants describe how they have changed their way of working as a result of the movement they have made personally:

*now after 3+ years I think it is so important to be comfortable around money and valuing what we do (a52,20)*

*I felt fine....have experience in my own life of worrying about money (a30,16)*

*I can empathise with the struggle of financial instability, and the complete journey of creating wealth/stability (a03,16)*

*initially I kept 'score' on how successful I was based on revenue....after 3 years this lessened and now I look at the hours per client rather than revenue. I also look at revenue less costs to see my 'real' income....a less 'rose-tinted' view (a26,20)*

*Before I gained experience clients may not have felt they could discuss their financial difficulties...may have felt they had to hold back and I probably felt relieved that they did....now, as a more confident counsellor, I would be able to be congruent about their holding back (a14,17)*

*I have become more rigid recently in my first contact with clients – getting their contact details to send them an invoice if they then DNA first session (a06,20)*

Participants observe their own difficulties and that of colleagues:

*with my own therapist, she is clearly uncomfortable when raising fees, etc (a38,18)*

*I used to worry that clients would think that I didn't care about them and sometimes because of the fee it takes longer for them to see that I do. However I think this is my perception and not the client's (a14,22)*

*the only area that causes me regular concern or embarrassment now that I feel established ..are dealing with cancellations/forgotten appointments with no notice, which clients are still charged for...it would seem that this issue bothers me more than my clients (a41,20)*

*running a counselling 'business' can feel a bit strange...'marketing' myself is something I still have to get used to although that seems somewhat irrational (a27,22)*

*'performance anxiety' when paid highly....late cancellations from students (make me) annoyed and less congruent. I find it easiest when EAPs place money in my bank account as I DO find payment stressful. This makes it a much freer process (a19,17)*

Question 15 asked participants how they felt about charging a fee. There appears to be a spectrum from those feeling “very” or “perfectly comfortable” ranging through “fairly”, “reasonably” to those who “HATE” charging fees and feel “damn awful”.

For some participants, their own self-worth is observed in the fee transaction:

*a subtle sense of being valued from being paid (a09,21)*

*(giving) “good value for money” (a27,20)*

*(it is not) the amount paid that’s important but the patient herself paying for your time and expertise (a21,21)*

*dead proud of myself when I received my first fee: important for my own sense of being valued (a27,22)*

*I am worth that client’s money and have no guilt/shame taking it (a40,21)*

*I charged very little because I felt unworthy.....imagined they would not get value for their money (a27,19)*

whilst one participant describes :

*a freeing and unpressured place to be ( because) my value comes from Christ the fee doesn’t increase my sense of being valued (a24,21).*

Participant A 52 asserts:

*We must become more comfortable with the finance side of therapy....we tend to sell ourselves short... therapy is long and expensive in training. We need to show our confidence. (a52,22)*

and Participant A04 suggests:

*therapists’ training should prepare them for this (a04,22).*

These findings will be discussed in the next chapter, in the context of information gathered from the literature review. Recommendations for further research and developments will be suggested.

## **Chapter 5**

### **Discussion and Recommendations**

In this chapter, I shall discuss the findings of the study and outline some recommendations for further research and practice.

#### *1. Counsellors face tensions by charging a fee*

Participants described the tensions they face in charging a fee as struggles, conflicts and a “battle”. In common with a number of writers (Andrews et al, 2003; Berger & Newman, 2012), they see themselves as a counsellor first and a business person second, facing a conflict between altruism and professionalism, through which the paying for a service distances one from that person. Participants describe practical situations where the tension is heightened, such as when a client does not attend (DNA) and the counsellor is faced with the decision of invoicing the client in accordance with the terms of the contract or ignoring the situation. Some ignore it, thereby perpetuating “money blindness” (Herron & Welt, 1992) and society’s taboo. Barth (2001) posits that money can make both the counsellor and the client

feel inadequate, vulnerable and powerless, whilst conversely seeming to give the other unfair advantages. As a result, both therapists and clients will shy away from exploring the area; an “unconscious collusion between patient and analyst...aimed at excluding the uncomfortable topic of money from the analytic discourse” (Jacobs, 2012, p2).

Participants describe confusion and lack of clarity at how to set and charge fees, which elicits their own feelings of guilt, anxiety and unworthiness in practical situations, such as late cancellations and missed sessions without notice, from which they struggle to deal with the situation in a business-like manner. Anxiety and guilt feelings arise, because “as soon as money is addressed, the value of the treatment is open for discussion” (Myers, 2012, p146). Participants question whether they have done “a good enough job” (A02), feel undervalued if they have charged too little or feel guilty at increasing fees (Lieberman, 2012). One participant objected to charging at all, viewing therapy as “vocation”, in common with the early Soul healers (Tudor,1998). Likewise, person-centred counsellors, who regard unconditional positive regard as a necessary condition for therapeutic growth within the counselling relationship, struggle with the concept of charging a fee as a precondition for freelance therapy (Tudor & Worrall, 2002).

Myers (2012) suggests that therapists grapple with splits within themselves and their professional practice. Counsellors want to be liked as helpers, yet have needs in terms of earning money for what they do, which she describes as “an inherent conflict between the desire to help selflessly and the desire to succeed and earn money” (p145). Indeed, practitioners are economically dependent on their clients. Therapists find it particularly difficult to assert their own needs, especially when they conflict with those of clients, as illustrated when clients DNA and are charged. Some writers (Liss-Levinson, 1990; Lasky, 1984; Christian, 2001; Myers, 2012) suggest that women charge lower fees and lack confidence in the management of money, illustrating a conflict women feel between femininity and ambition. Shanok (2012) claims that the traditional female nurturing role is low in value in society’s eyes, but is internalised by therapists (including male practitioners, who, by virtue of the profession, are nurturing in nature) who then charge less, to the extent that “financial and professional achievement may actually endanger the possibility of personal connection” (p171). The majority of participants in this study were female and they provided examples of low confidence in this area. A37 described questioning other therapists’ practice: “I have a twinge when people tell me about other therapists who charge more. Should I put up my fees?” Jacobs (2012)

comments that therapists rarely discuss fees amongst themselves and are self-conscious about what they charge and whether it is more or less than the going rate.

A similar experience of working in isolation is described by Reeves (2011) in his attempts to find a way of making independent practice financially secure “while also maintaining ethics and transparent practice” (p28). Participants noted the challenge of earning a living whilst charging a fee, at the same time providing an ethical service. As A06 comments, “paying is a luxury only some can afford”. Tensions arise as participants struggle to provide adequate services encompassing fair and impartial treatment to all in accordance with ethical guidelines (BACP, 2009). Barth (2001) suggests that the conflicts therapists experience around running a business and taking money for work parallel clients’ feelings around entitlement and the need for care, specifically entitlement versus deprivation, taking versus giving and separateness versus connectedness.

## *2. Charging a fee signifies a contracted professional business service*

Participants describe the contract as defining the professional nature of the service provided. It is a business in which a commercial transaction takes place. It is not a friendship but a real-world therapeutic relationship (Dale, 2009) in which money is the boundary (Zur & Offer, 2009). A38 concurs that it is a business transaction “albeit unlike any other” although some participants regard it in the same way as other commercial transactions and as a means of making a living. Participants describe the positive effect of running a business in that clients want a result for the service they have paid for and consequently engage with the work (Dimen, 2012).

The importance of negotiation in contracting is highlighted by participants, so that both parties are clear as to their responsibilities and boundaries. In the spirit of Freud ‘s (1913) advice to “cast off false shame” by being open and adopting open conversation around money, A42 describes being “very upfront” in order to avoid “embarrassment on either side of misunderstanding”.

The majority of participants (25) mentioned that fees were stated explicitly in advertising literature and on their websites, in an attempt to normalise money as a common issue which is acceptable to discuss (Mumford & Weeks, 2003).

Participants do not concur with Taller's (2001) research finding that the fee acts a barrier to client engagement in therapy, nor to Orbach's (2007) assertion that the fee may interfere with the therapeutic process.

### *3. Charging a fee can be therapeutic*

Charging a fee is integral to the frame and boundaries of therapy (Zur & Offer, 2009). Participants mention the importance of role modelling in the financial transaction to normalise the conversation. A19 describes "how 'to do' the financial aspects – 'normal' for me to pay my therapist – 'normal' for my client to pay me". The concepts of the core conditions are highlighted by role modelling, so that uncomfortable issues may be aired freely. Myers (2012) suggests that charging a fee offers an opportunity for both therapist and client to develop mutual recognition, "a basis for real intimacy" (p144). Participants describe the equalising of an otherwise unequal relationship with the client in the role of employer of the counsellor: "they can hire or fire me!" (A39). There is a greater sense of commitment from clients who feel empowered. A38 comments that it adds seriousness to the process that may not be there if counselling were free. It

demonstrates the client's investment in his/her mental health, (the "sacrifice" described by Herron & Sitowski, 1986) and the value derived from therapy with a commitment to spending money on something important personally. For some, a high fee increases their confidence in the efficacy of therapy, although Friery (2002) cautions therapists with his suggestion that a high fee indicates either anger with, or contempt for, the client.

Clients' behaviours around the fee may be used therapeutically. These include DNAs and non-payments when a client forgets money or chequebook. Participants describe using such behaviours as an illustration of areas in life which the client wishes to change and focusing on these as material within the sessions. They may be an indication of debt, financial chaos and money management issues or using financial issues as a game (Orgel, 2012). Such games, when played out in the counselling session, may be used therapeutically as A17 describes:

"client failed to pay for 3 sessions... we were able to use this as a tool...tricky but extremely useful...how it made me feel, how he valued and related to others...at the next session, I asked for the money at the start of the session. He had it with him this time."

Attitudes towards money, value, disillusionment of payment and worth may be exposed and explored within the counselling (Myers, 2012) so that clients may gain an understanding of their thoughts and feelings around earning, saving and spending (Mumford & Weeks, 2003). A38 gave detailed descriptions of working with 2 clients, specifically on the subject of money, one a woman in a relationship where her finances were controlled by her husband and the second, where dependency and attachment were the themes of the financial problems of a young adult male.

Participants point out the difficulties they face, for example, a build-up of resentment if a client pays a low fee when the work is tough. A02 describes the “lack of reward which may negatively impact on the counselling process” and A27 observes “performance anxiety when paid highly .. had to ‘prove’ myself...less congruent”. A41 notes the importance of how a therapist handles the transaction as “having a big impact” on the therapy, advising counsellors to be “clear and comfortable...as it is real and it is in the room!”

Some participants mention adapting their procedures to maximise therapeutic effect, for example, prepayment one session in advance “to reduce mid-process drop-outs” (A04) or negotiation with the client to avoid third party payment, to increase client commitment. A13 mentions

incorporating 4 to 6 weekly reviews as an ethical means of taking into account both the therapeutic and financial aspects of the counselling.

#### *4. The financial transaction has an impact on the therapeutic relationship*

Participants describe how the fee helps to equalise the balance of power in the therapeutic relationship, keeping the relationship professional and boundaried. Zur & Offer (2009) suggest that such a real world relationship provides safety in its boundaried frame. A21 describes it as “a joint practice” which empowers clients adding to their commitment. A08 suggests that clients “who don’t pay don’t always have the same impetus” while the reduced commitment in the relationship when fees are reduced is noted by A30 and A50. Shanok (2012) however, comments: “ while client investment and commitment ... are important, clients can benefit from free therapy” (p170).

A41 explores the issue of class in the relationship: “middle class clients are much more prepared for this kind of transaction psychologically as well as in a position to afford it”. Dakin & Wampler (2008) concur with this assertion, whilst participants describe their attempts to equalise power “wanting to be affordable to as many as possible” (a21) and

questioning the justice of “paying for therapy....seems wrong for those others struggling to cope whilst waiting for NHS appointment” (a22).

##### 5. *Money in therapy is symbolic.*

The issue of payment in therapy holds a variety of meanings for client and counsellor alike. Dimen (2012) comments that in a capitalistic economy, the therapist and the client, the buyer and seller, are like commodities to one another because they enter into relation with each other through the mediation of money that, simultaneously, separates them. This may create anxiety on the part of the counsellor.

Participant A10 describes money as “a token for the storage and use of value in our society”. It symbolises the value of therapy, to the extent that the fee exchange illustrates the value the client derives from counselling. For some, a high fee means that they are getting the best for themselves and it increases confidence in the efficacy of therapy (Conoley & Bonner, 1990). It is also related to self-worth and confidence (Tang, 1993; Lim & Tea, 1997), which may be exhibited in behaviours in the counselling room (Orgel, 2012), for example, late payment, ‘forgetting’ to pay, writing the wrong amount on the cheque and requesting to pay by card. A38 suggests

that such a request may be a way of avoiding and A02 asserts that facial expressions, bodily gestures and comments are all significant (Shanok, 2012).

Freud (1913) posited that money and value are surrounded by powerful sexual factors whilst a number of writers (Freud, 1913 to Chandler, 2009) have compared therapy to prostitution. Participant A39's description of counselling is "an act of love between humans". A52 equates being owed money by a client to being "stood up".

A39 describes her client's view of her as "the idealised mummy who will only love him if he pays her". Shanok (2012) notes a common transference reaction to a female therapist as anger for not playing the selfless role or resentment of payment as a reminder that the therapist is not offering therapy out of love. In the same way, anger at a female therapist may be evoked as she sets the boundaries and ends the session, in contrast to her traditional role dedicated to serving others. Participant A38 noted anger when her client was given a first invoice.

A number of participants observe client behaviours which abort the therapy, which they attribute to financial issues. A22 describes a particular situation: "one client telephoned to say she would not be returning as a result of the cancellation charge. She would not come to

talk it through either” and A05 notes “sometimes rather well-off people start saying they cannot afford to come but it is always another reason”. Money blindness is apparent in counsellors’ behaviours (Jacobs, 2012) when they fail to address such issues as invoicing for non-attenders or late cancellations.

The role of the value of counselling itself is considered by participant A42 who questions the choice therapists make: “Money poor, time rich or money ‘rich’ and time poor” whilst A24 comments that part-time counsellors are “the poor relations”. Participant A22 comments that therapists who “are not doing well offer free first sessions or money-off vouchers....an indication of desperation”. Shanok (2012) questions whether the mental health fields themselves suffer from gender identity splitting, between nurturance and empathy, and the need and expectation of professionals to earn their livings.

*6. The counsellor undergoes a personal journey to feel at ease charging a fee*

Participants describe their ease at charging a fee on a spectrum from “very comfortable” through “reasonably” to those who feel “damn awful” and

“HATE” charging fees. Those with a pre-counselling commercial background appear to make a seamless transition into charging for therapy (Jones, 2009). A27 observes “I had a successful career in commerce where it is taken for granted that things you value have to be paid for”. Likewise, A04 felt ready having had experience “doing insured work for half price as a student”. Most of the participants, however, report doing voluntary work for lengthy periods and feeling that the motivation to continue was exhausted. They had invested their time and resources into training for the profession. The transition into private practice had a positive effect on their self-value,” putting a price on that expertise” (A11). It also highlighted the low value placed on voluntary counselling and counselling within the public mental health sector. A02 felt “used working voluntarily”, A42 “didn’t feel valued” whilst A03 observed “many years in the voluntary sector was beginning to give me a feeling that counselling was a profession not worthy of payment”. McCormick (2007) observes “we are all shooting ourselves in the foot by doing volunteer work.... there are no jobs once you’ve completed your academic work, because there are too many volunteers” (p25).

Participants describe how the fee transaction increases self-worth, giving “a subtle sense of being valued from being paid” (a09), although A24

disagrees, because “my value comes from Christ the fee doesn’t increase my sense of being valued”. Some participants described feeling “unworthy” and observed discomfort in areas around money, such as marketing. Myers (2012) notes that fear can immobilize us and stop us from taking risks, which, she relates to the big jump some therapists take from a salaried job to private practice.

From a position of discomfort, most participants reported a movement to greater confidence as a fee-charging practitioner, although this may have taken time and is an ongoing process. A39 describes the movement after 22 years “to feel 7/10 OK showing how much progress I have made AND how much further I need to go”. Berger and Newman (2012) concur that even the most seasoned and senior therapists struggle with money in their own practices and in their lives.

### Recommendations

The taboo resulting in money blindness endemic in society and located simultaneously in therapy rooms must be challenged by counsellors. It manifests itself in the tensions and confusion faced by practitioners as they set rates, charge fees, exchange money and deal with the practicalities of

non-attendances and clients' forgetting appointments. Participants are ill-prepared for the depth of feelings and impact on self-worth such incidences arouse, eliciting ingrained and contradictory messages from childhood and culture. Rowe (1998) posits that money is used within society "to maintain our sense of being a person" (p35) whilst Valentine (1999) acknowledges both its real and symbolic significance. As therapists we must develop an understanding of our own attitudes towards money and their origins in order to cultivate an awareness of the symbolism of clients' behaviours around the fee so that we may become empowered to challenge ourselves and our clients. Myers (2012) observes: "having the courage to face the feelings that surround money – frequently fear, shame and anger – is what allows us to confront and improve our relationship to money" (p149).

Personal development and training around money, using a psychoanalytic approach, would be invaluable within counselling training, as a means to challenge underlying assumptions and to raise counsellors' awareness of attitudes to money and the symbolic tensions that are likely to be evoked in freelance therapy. Tools (some of which originate in the allied professions of financial advice and money coaching) such as the Money Genogram (Mumford & Weeks, 2003), the Psychology of Money Profile

(Engleberg & Sjoberg, 2000) or the Money Coaching Programme (Horniak, 2010) could be utilised to facilitate honest discussion normalising the topic and to prevent the replication of common business mistakes made by therapists (Duncan Rogers, 2008). An open conversation around money between professionals of various disciplines would serve to reduce the isolation in which we make sense of our own relationship with the cost of therapy (Reeves, 2011) and would begin to dispel myths around charging fees in counselling.

A gap in training of counsellors in business has long been identified by a number of writers (from Mintz, 1971 up to Berger & Newman, 2012). Participant A52 comments: “we must become more comfortable with the finance side of therapy....we tend to sell ourselves short... therapy is long and expensive in training... we need to show our confidence”. As A04 advises: “Therapists’ training should prepare them for this”, a sentiment shared by Bayley’s (2011) observation that unless we organise ourselves in a more businesslike way “the counsellor simply won’t be there to build a relationship with” (p29). It is recommended that counsellors would benefit from commercial training in techniques common to all areas of entrepreneurship, such as advertising and marketing (Jones, 2009).

To this end, recent developments for established counsellors include the introduction of training workshops on Private Practice ([www.counsellingbusinessknowhow](http://www.counsellingbusinessknowhow)) and the publication of practice guidelines (Dale, 2009; Barnett & Walfish, 2012). Further guidance around advertising on websites and management of social media, for example, would be a useful addition as counselling evolves in today's internet age. Such initiatives are welcomed and timely for experienced counsellors, but, equally, business training is required by the beginning practitioner too.

The learning journey around finance and therapy should be maintained within individual counsellors' personal and professional development. Counsellors would welcome professional bodies, such as BACP, advocating counselling business training for all practitioners and promoting open discourse within literature and research.

As this study has illustrated with the interest generated from counsellors both within and outside the UK, there is ample scope for further research. Cultural perspectives of charging a fee in therapy could be explored, for example, so that ultimately, counsellors may apply lessons learned from research to their therapy rooms with increased confidence.

## **Chapter 6**

### **Conclusion**

When I commenced investigating the topic of the fee in therapy, I found that much of the information available was American in origin and from the field of psychoanalysis. However, during the course of my study, there have been developments within British counselling circles too. The issue of money increased its ranking on the social agenda as the economy struggled in the aftermath of a banking crisis and debt became a problem for an increasing number of people. Efforts have been made in society to reduce the stigma and taboo element of money, for example, through a recent campaign to introduce financial education in schools (Lewis, 2012). There has been an emergence of debt charities to deal with the problems ([www.capuk.org](http://www.capuk.org)) and the Royal College of Psychiatrists' recent report noted a link between debt and poor mental health (Fitch, 2011). Recommendations include "debt care pathways" in which primary care professionals, including counsellors, work together with debt advisors to address clients' money management and resulting psychological problems.

The findings of this study on the fee in therapy would suggest that training is necessary for counsellors embarking on private practice, both within personal development in which therapists explore their personal relationship to money and by addressing business principles in commercial training. We should become more adept at selling our services by listening to our customers who are our clients, so that counselling can become driven by the clients and not by models (Jones, 2009). In addition, I would recommend mutually sharing expertise and learning from allied professionals, such as debt advisors, complementary health practitioners, financial advisors, business advisors and coaches and exchanging valuable information within each field.

As the topic of money in therapy is vast and encompasses a host of areas, further research would be welcome. The cultural dimension of money could be explored further via the internet, with its potential for electronic business networking within the global counselling and psychotherapy practitioner community. There is scope for both quantitative and qualitative studies to be undertaken both within counselling and within interested allied professions.

I would also suggest that it is time for surgery to remove the cataract that is money blindness so that clarity of vision within counselling may facilitate therapeutic growth for the client and the profession. In a recent letter to *Therapy Today*, Ryan (2012) highlighted the steps that still need to be made:

“Methods of payment and the impact they might have on the client, counsellor and the relationship seem to be a bit of a taboo subject and should be open to further debate” (p36). Let the debate continue.

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## APPENDIX A

### Family Financial Questionnaire

(taken from Shapiro, M (2007). Money: A therapeutic tool for couples therapy. *Family Process*, vol 46, no 3, 2007).

1. What are your earliest memories of money in your family? What is your best and worst memory regarding money? What feelings do these memories generate? Was money viewed as good, bad, scary, dirty or neutral for you as a child? Were there any family stories about money?
2. How did your parents talk about money between themselves and with the children? Was it easy to talk about, or was it treated like a secret? What kind of tone was used in the discussions? Did your parents fight about money, and if so, how?
3. Did your parents agree about how to deal with money? Who was in charge of spending, and who was in charge of saving? Did working, or earning the bigger portion of the income, connect to control over money?
4. How did your mother think and feel about, and deal, with money? How did her parents think and feel about, and deal with, money? Did your mother enjoy working (or staying home)? How did you know and what impact has this had on you? Repeat using father. How well off did you feel growing up, if at all?

5. What is your first memory of having an argument or disagreement about money in your family? What were your feelings regarding arguments about money, and how has this impacted you?
6. If you have siblings, were different genders or different ages treated differently in regard to money? How are your attitudes and feelings about money different from or the same as those of your siblings?
7. What is your first memory of making money of your own? How much control did you have over any money you made or received as a gift?
8. Where else did you get messages or information about money while growing up? Other relatives, religion, peers, TV, culture? How did these messages influence you?
9. What financial expectations did your parents and grandparents have of you? How was this communicated to you? What financial expectations do you have of your parents or grandparents?
10. What would you like to do differently from your parents regarding money in your relationship? What would you like to do the same?

## APPENDIX B

### The Money Genogram

(taken from Mumford, D and Weeks, G (2003). The Money Genogram. *Journal of Family Psychotherapy*, vol 14 (3) 2003).

### Meaning and function of money

1. What does money mean to you?
2. What does it mean to have financial self-discipline? What is positive about it? What is negative about it? How do you feel when you exercise financial self-discipline?
3. What does it mean to overspend?
4. What does it mean to underspend?
5. On what terms do you tend to over- or under- spend money?
6. How do you feel when you overspend and underspend? Identify all feelings, those on the surface and underneath.
7. What are your overt and covert motivations for over- or under- spending or being self-disciplined?
8. What are your financial priorities?
9. In what ways do you agree or disagree on your financial priorities?
10. Who has control over the money in your relationship? What are the rules you have about how to manage your money?
11. How would you like to change some of the rules about the two items above?

### Money genogram

1. What was your mother's role concerning finances? What was your father's role? How is your role like either of your parent's role?
2. As a child, did you think you were rich, poor, or middle-class? How did that feeling affect your perception of money now?
3. What were the money concerns or worries you experienced in your family? What lessons did you learn from them? Have those lessons altered how you deal with money now?
4. What big financial successes occurred in your family? What lessons did you learn? How have those lessons altered the way you deal with money now?
5. What was your family's greatest money fear or worry? Why?
6. In thinking about what your family did with money or could have done with money, what makes you the most uncomfortable? What gives you the greatest pleasure?
7. Were your parents well matched in money values? On what did they have different values?
8. Did your parents maintain separate checking and saving accounts? How did they decide which bills were to be paid out of which account?
9. How often did your parents talk about money? What were their conversations like?
10. Who paid most of the common household bills? How was it decided which parent should have the duty?
11. When there was a conflict about money, how was it resolved? Was there a pattern in either the conflict or who won?

## APPENDIX C

(taken from Covent Garden Counselling [www.coventgardencounselling.com](http://www.coventgardencounselling.com) .  
Accessed December 2009)

### Fee Scale (hourly rate)

<u>Income</u>	<u>Weekdays</u> (9.30 – 5.30)	<u>Other times</u>
Up to £25,000	£25	£30
£25 - £50,000	£50	£60
£50 - £75,000	£70	£80
£75 - £100,000	£90	£100

## APPENDIX D

Taken from Earls Court Community Project – Youth with a mission – Christian Counselling. <http://www.eccp-ywam.org.uk/indexhtm>. Accessed December 2009.

### Counselling Fee Scale

Household income	Counselling fee (per hour)
Up to £15,000	£15*
£15 - £20,000	£20
£20 - £30,000	£30
£30 - £40,000	£40
£40 - £50,000	£50
£50 - £60,000	£60
Etc*	

\*upper and lower fee limit to be negotiated with your counsellor

## APPENDIX E

Taken from Lacap – London Bridge Psychotherapy Centre. <http://www.london-counselling-psychotherapy.co.uk/Fees&Charges.htm>. Accessed February 2010.

### Fees

#### Individual therapy

##### *Fee rates if you are working*

If you are seeking psychotherapy and counselling and can afford to pay according to our standard fee rates, these are set at £10 plus 1/1000<sup>th</sup> of your annual income. For instance, if you are earning £25,000, the fee would be £25 plus the £10 to total £35. We make these charges if you are earning in excess of £20,000 per annum. The standard rate fees are used to support the low-fee and subsidised fee work that Lacap can offer to other patients allowing those on lower incomes to contribute what they can. Unwaged, student or similar applicants may expect the fee per session to be between £8 and £13.

Applications to Lacap's subsidised fee schemes would be suitable from those with annual incomes between £10,000 and £20,000.

## APPENDIX F

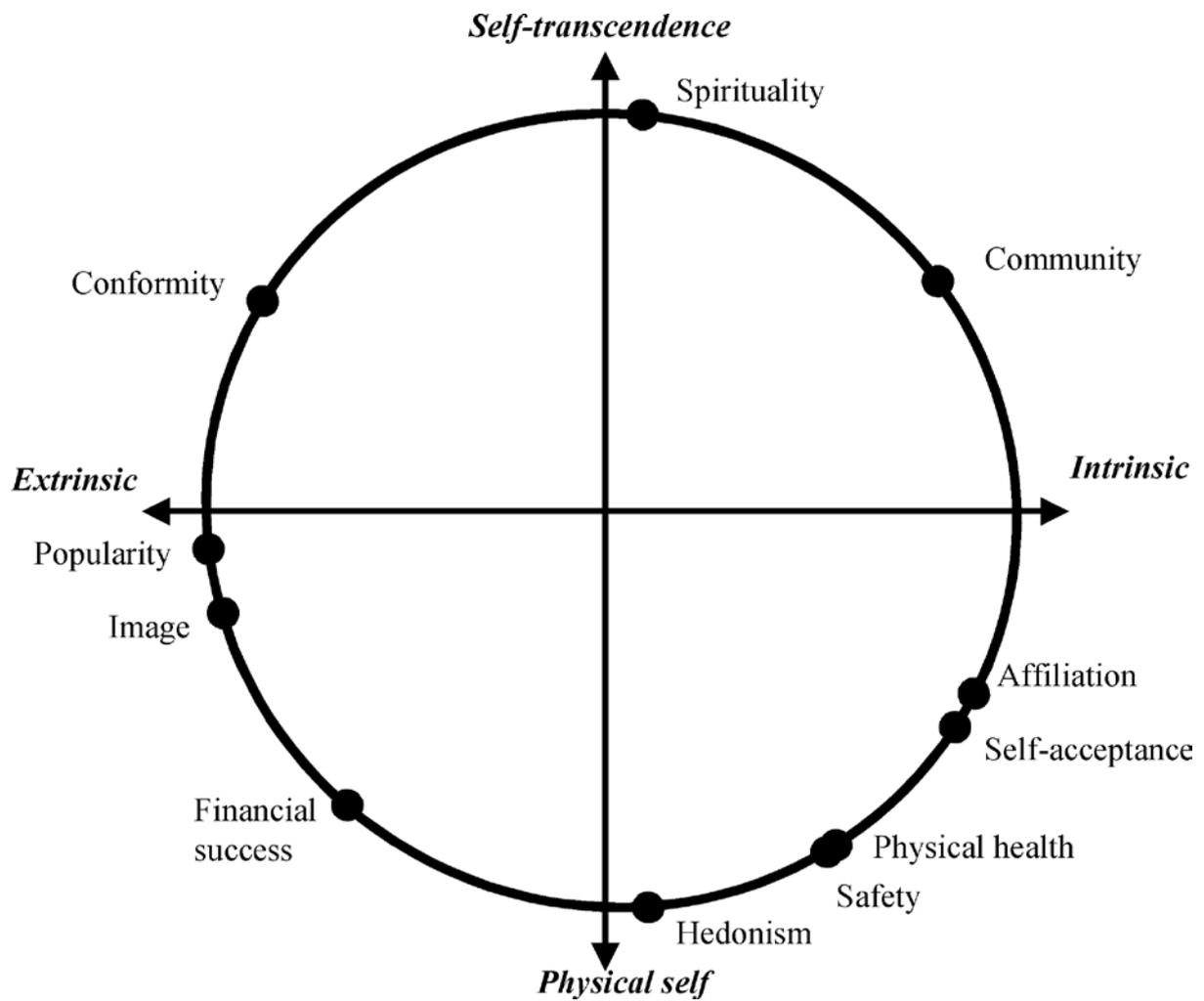
### Setting fees - Calculation

(taken from Tudor, K (1988). Value for money: issues of fees in counselling and psychotherapy. *British Journal of Guidance and Counselling*, Vol 26, 4, Nov 1998, p42)

1. Take an overall view of what you need in order to live your chosen lifestyle.
2. Consider, in terms of your workstyle, professional and ethical principles, how many client contact hours you will work.
3. Divide 1 by 2 and calculate how much to charge.

## APPENDIX G

Circular representation of the compatibilities and conflicts between 11 goals, based on *circular stochastic modelling analyses in 15 cultures (Grouzet et al., 2005)*.



## APPENDIX H

### Pilot Participant Information Sheet

Thank you for offering to help me in my research study towards the Masters Degree in Counselling Studies at the University of Chester.

I have chosen to examine the topic of money in counselling: “Money in therapy: private practitioners’ experiences and perceptions of charging for counselling”.

I would be grateful if you would answer the questions posed on the questionnaire and indicate the time it took you to complete them.

In addition, it would be most helpful if you would complete the following additional questions :

- How long did the questionnaire take to complete?
- Were the instructions clear? If not, please specify.
- Were any of the questions unclear? If so, which and why?
- Was the layout clear?
- Did you object to answering any of the questions?
- Any other comments?

Thank you for taking the time to assist with this research.



(APPENDIX I)

## **RESEARCH PARTICIPANTS REQUIRED**

### **MONEY IN THERAPY: COUNSELLORS' PERCEPTIONS AND EXPERIENCES OF CHARGING FOR THERAPY.**

**As part of my Masters Degree in Counselling Studies at the University of Chester, I am interested in contacting experienced qualified counsellors/psychotherapists who would be willing to complete an anonymous questionnaire to form part of a small-scale study into the role money plays in private counselling. Questionnaires will take approximately 45 minutes to complete. These may be returned electronically or by post.**

**Potential participants must be practitioners who see paying clients privately, be educated to Diploma in Counselling (or equivalent) standard, in ongoing supervision and work in accordance with a recognised code of ethics.**

**For further information, please contact Sue Doherty on 07985 119675 or [susan.doherty@live.co.uk](mailto:susan.doherty@live.co.uk).**

**INFORMATION SHEET**

**MONEY IN THERAPY: COUNSELLORS' PERCEPTIONS AND EXPERIENCES OF CHARGING FOR THERAPY.**



**Dear Participant**

**You are invited to take part in a research study. Before you decide whether you would like to participate, it is important for you to understand what that might involve.**

***My background***

**My name is Sue Doherty and I am studying at the University of Chester for a Masters Degree in Counselling Studies. I am a BACP accredited counsellor in private practice in Chester. Prior to establishing my counselling business, I was employed as a counsellor within further education.**

***My choice of research***

**My interest in the topic of money within counselling arose from my own move, post-redundancy, from employment to self-employment when, as a business person, I was obliged to face the issue of money within counselling. The topic appeared to be a largely under-researched area. I decided to embark on exploring it further in this small-scale qualitative study towards the M A Counselling Studies qualification.**

### ***Participants***

**I am seeking counsellors/psychotherapists who see paying clients, that is, clients who pay the counsellor directly. Such therapists may also see clients whose payment is made by a third party (for example, an EAP – Employment Assistance Programme) but I intend to focus on the financial transaction between client and counsellor.**

**Counsellors should possess a Diploma in Counselling (or equivalent), work within a recognised code of ethics, undergo regular supervision and have access to personal therapy if required.**

### ***Role of participants***

**You are asked to complete the enclosed anonymous questionnaire and return it to me, either by post or by email. Please try to answer all questions. Please keep a note of your questionnaire identity code as you will need to quote this to me should you decide to withdraw from the study at any time.**

### ***Confidentiality***

**You will not be asked to reveal your identity and questionnaires will be filled in anonymously. In accordance with the Data Protection Act 1988, all**

information received will be treated in the strictest of confidence. Questionnaires submitted by email will be printed off and I shall delete identifiable email addresses immediately. However, despite deleting, such information will remain on the hard drive of my computer indefinitely. In accordance with University regulations, I shall keep hard data securely in a locked cabinet for a period of 5 years prior to shredding. The information will be used to form part of my dissertation (M A in Counselling Studies) to be presented to the University of Chester and is then likely to be in the public domain. Such material may be used in conference presentations or published research papers at a later date.

### *Ethical approval*

This research has been approved by the Ethics Committee of the Department of Social and Communication Studies at the University of Chester and will be supervised by Dr Rita Mintz of the University of Chester. Any complaints may be addressed directly to her (tel 01244 511000).

### *Risks*

It is not anticipated that participants will be exposed to any degree of risk by completing the questionnaire. If, however, further support is needed, it is understood that participants will have access to their own supervisor or personal counsellor.

### *Withdrawal from the study*

You are free to withdraw from the study at any stage. Should you wish to do so, please quote your individual code so that your questionnaire may be discounted.

### ***Benefits of the research***

By carrying out this research, I hope to gain a greater understanding of how counsellors manage the financial transaction within therapy and whether this may have an impact on therapeutic work. I believe that the learning gained from this study may have a broader application too in that it may prove useful within the fields of complementary therapies where practitioners provide a helping service and are paid directly by their clients. I would hope that participants would find the completion of the questionnaire a useful activity of itself, in allowing them to reflect on their own practice and methods.

### ***Additional information***

Please feel free to contact me if you would like any further information ([susan.doherty@live.co.uk](mailto:susan.doherty@live.co.uk) or 07985 119675).

### ***Consent***

In the spirit of anonymity, I will not ask you to sign a consent form but will assume that you have given your informed consent to participate by reading this document and completing the questionnaire.

Thank you for taking the time to read this and complete the questionnaire.

## APPENDIX K



### MONEY IN THERAPY: Questionnaire

Thank you for offering to take part in this study. By completing and returning the questionnaire it is understood that you have read and agreed to the conditions as set out in the attached information sheet. Please take a note of your unique code ( **A01** ) which you will need to quote should you decide to withdraw your questionnaire from the study at any time.

1. Age group: (*please circle*) Under 21; 21 – 30; 30 – 40; 40 – 50;  
50 –60; 60 - 70; Over 70.

2. Gender: Male Female

3. Geographical location:

4. **Therapeutic orientation** ( *please specify, e.g. person-centred, psychodynamic, integrative, analytic, CBT, other*):
  
5. **For how long have you been counselling fee-paying clients?**
  
6. **Do you have concurrent paid employment within counselling? (If so, what percentage of your work is seeing fee-paying clients?)**
  
7. **What is your standard fee?**
  
8. **Do you operate a sliding scale? (If yes, how does it work?)**
  
9. **Do you offer free counselling? (If yes, what is your rationale?)**
  
  
10. **How did you arrive at your fee arrangement?**

**11. How is your fee paid? (e.g. cash, cheque, debit card, credit card, on receipt of invoice)**

**12. When, during a counselling session, do you request payment?**

**13. Are your fees stipulated in any advertising literature you use?**

**14. How frequently might you increase/decrease your fees?**

**15. How comfortable do you feel discussing the client's financial issues during counselling?**

**16. Has money as an issue itself ever been the focus of the counselling process? *(If yes, please explain how this made you feel as the counsellor.)***

**17. To what extent, if any, has the counselling fee ever had an effect on the counselling process? *(Please comment on positive as well as negative factors.)***

**18. In your opinion, does the handover of money have an impact on the therapeutic relationship in any way? *(If yes, please elaborate.)***

**19. How ready did you feel to commence private practice with fee-paying clients?**

**20. Please describe your thoughts and feelings around the payment transaction.**

**21. To what extent does the financial transaction have on your own sense of being valued?**

**22. Please add any other comments that you believe may be relevant to the focus of this study.**

**Thank you for taking the time to complete this questionnaire.**

**Discovery Sheet**

**11. How is your fee paid?**

- Cash. Cheque. Invoice. Credit card. Bank transfer. Paypal. Direct debit.

**12. When, during a counselling session, do you request payment?**

- Contract: online (payment in advance)
- Flexibility/negotiable
- End (mostly); at end, at same time as arranging next session
- Client-centred: (symbolic)
- Part of therapy: commitment (pre-paid in advance): investment
- Client willingness to pay: “forgetting”
- Counsellor’s feelings: self-worth: “feel uncomfortable asking directly for money” (prompt by giving receipt, “I hope they will pay”)

**13. Are your fees stipulated in any advertising literature you use?**

- NO 12 Part of contracting
- YES 20: “explicit – on website”. “clarity/openness”. “YES”. “very upfront”. “very clear”.  
Boundaries
- 1 does not advertise.

**14. How frequently might you increase/decrease your fees?**

- 3 increase annually
- 2 increase bi-annually
- 3 increase 3-5 yearly
- 7 review annually
- 1 reviews monthly
- “once in 7 years”
- “once in 10 years”
- Flexibility: change of client situation
- Market fluctuation: “economic conditions”; “to attract business”
- Competitiveness: delivering a quality service

## APPENDIX L

- Professional progression: qualifications : “when I have built up a full practice and reputation”
- Reluctance to raise fees
- Overheads: “Central London – 52% of fee”

### 15. How comfortable do you feel discussing the client’s financial issues during counselling?

- Continuum: very comfortable -- Mixed “ok” “reasonably” --- “HATE” “damn awful”
- Counsellor’s journey
- Service: Money as a product (removal of emotion)
- Openness
- Counsellor’s self-worth
- Counsellor’s awareness: “wanting to rescue clients by offering a discount but managing to stop myself”
- Cultural messages: “our culture’s discomfort”, “others often feel embarrassed”
- Counselling process
- Counsellor’s background: e.g. from commercial background

### 16. Has money, as an issue, itself, ever been the focus of the counselling process?

- No. 10/32 32%
- Continuum of frequency. Rare/not usual/occasionally/often/frequently/several times
- Counsellor’s self-worth
- Feelings of counsellor
- Counsellor’s journey
- Therapeutic relationship
- Issue for client to work with: money as control; challenging; “shameful places”; dependency issues
- Cultural/economic influences: “£10 client wanting to pay ‘normally’”

### 17. To what extent, if any, has the counselling fee ever had an effect on the counselling process?

- Business/service
- Symbols
- Feelings
- Congruence/empathy/upr
- Contract

## APPENDIX L

- Boundaries
- Premature endings
- Class
- Client's investment in self
- Mirroring issues faced outside therapy (fee used therapeutically)
- Prioritising
- Commitment
- "Money blindness
- Counsellor's self-worth
- Counsellor's journey

### **18. In your opinion, does the handover of money have an impact on the therapeutic relationship in any way?**

- No. 7/32
- Boundaries
- Exploration of meaning
- Value
- Paying for a service
- Therapeutic relationship
- Motivation
- Counsellor's self-worth
- Congruence
- Power dynamics: "equalises"
- Control
- Responsibility
- Choice
- Counsellor's journey
- Role modelling
- Expectations
- Unreliability of income

### **19. How ready did you feel to commence private practice with fee-paying clients?**

- Continuum of preparedness

## APPENDIX L

- Preparation. *Training. Voluntary work. Working in an organisation. Business plan. Supervisor/own therapist as role model*
- Journey of counsellor
- Timing
- Counsellor's feelings
- Tensions

### **20. Please describe your thoughts and feelings around the payment transaction.**

- Counsellor's journey
- "Money blindness"
- Value of therapy
- Counsellor's value of self
- Balance of power in relationship
- Feelings
- Congruence/upr/empathy
- Counsellor's background
- Earning a living
- Business transaction/procedures
- Tensions
- DNAs/Cancellations
- Role model
- Culture
- Therapeutically useful material

### **21. To what extent does the financial transaction have on your own sense of being valued?**

- Client's investment in self
- Continuum
- Value of therapy
- Counsellor as a professional
- Other means of validation
- Security
- Independence (earning a living)
- Counsellor's journey
- Counsellor's self-worth

## APPENDIX L

- Counsellor's feelings
- Relationship
- Tensions (including content of the counselling)

### **22. Please add any other comments that you believe may be relevant to the focus of this study.**

- Counsellor's journey
- Tensions
- Value of therapy
- Therapeutic process (congruence)
- Suggestions/reflections/requests for results/questions
- Counsellor's self-worth
- Short-selling of profession (official recognition)
- Earning a living
- Ethical practice
- Business/professional service
- Counsellor's background
- Social class
- Location
- Culture/symbols
- Therapeutic relationship
- Client's self-value

INTEREST RECEIVED GLOBALLY

A message was posted on LinkedIn Counselling and Psychotherapy Sub-group (<http://www.linkedin.com/group/item - 23.11.2010>) to which, 56 replies were received from the following countries (outside the UK):

Country	Number of responses
India	6
USA	3
New Zealand	1
Canada	3
Jamaica	1
Russia	1
Kenya	2
Ireland	1
Australia	2

Colour coding of questionnaires: Audit trail

A01	pink paper/black handwriting
A41	white paper/black ink
A11	green paper/black ink
A44	yellow paper/black handwriting
A09	blue paper/black ink
A14	buff paper/black ink
A24	pink paper/yellow highlighted
A17	green paper/yellow highlighted
A25	yellow paper/yellow highlighted
A36	blue paper/yellow highlighted
A26	white paper/yellow highlighted
A30	pink paper/orange highlighted
A19	green paper/orange highlighted
A08	yellow paper/orange highlighted
A16	blue paper/orange highlighted
A42	white paper/orange highlighted
A13	pink paper/blue highlighted
A21	green paper/blue highlighted

APPENDIX N

A03	yellow paper/blue highlighted
A39	blue paper/blue highlighted
A56	white paper/blue highlighted
A02	pink paper/pink highlighted
A10	yellow paper/pink highlighted
A04	blue paper/pink highlighted
A05	green paper/pink highlighted
A50	white paper/pink highlighted
A37	pink paper/green highlighted
A52	white paper/green highlighted
A22	pink paper/purple highlighted
A38	white paper/purple highlighted
A27	white paper/pink crayon underlined
A06	pink paper/green felt tip underlined

DISCOVERY SHEET/Units of meaning

121 units of meaning were noted from across the questionnaires:

- Age of counsellor: ?younger ones more ready to charge higher fees
- Background of counsellor (e.g. from commerce/home-maker) – having an impact on readiness to charge
- Self-valuing ?easier for some
- Money as boundary (NOT friendship) : paying for “Mummy” (symbolism); reparenting within strict boundaries
- Ritual of handover: cash meaning more than cheque/card
- Value of counsellor herself for the service she offers: value of client; spending money on themselves (self-care)
- Not strong enough to insist on the average fee: gives in to requests easily
- Feeling undermined as a counsellor by being handed cash
- Resentment of client paying reduced fee for challenging/tough work > having a negative impact on empathy
- The way in which money is handed over (e.g. body language)
- Felt used by doing voluntary work
- Sometimes feels it’s unjustified to charge or feels undervalued if client is not paying full fee
- Sliding scale: 1 in 10 on reduced fee (depending on income level)
- Paying fee shows the value they derive from therapy and a commitment to change their life
- Third party payment (different dynamics)

- Clients may attend and not have the ability to pay all or part of the fee > this may be an assumption that it may be an indication that they do not expect to receive the benefits they desire
- Money is a token for the storage and use of value in our society. Work > how they value themselves and others in relationships: therefore, a parallel process in relationship-building with counsellor
- Embarrassed: linked to self-worth (how I value myself)
- Uneven power: buying a service, whether therapist is there because they want to be or because they have to be (i.e. being paid)
- High DNA rate in GP surgery: linked to free NHS: > some don't tend to value what they don't pay for
- Uncomfortable, difficult > build
- Setting fee > positive impact on self-worth
- Different price structure for regular slot: more expensive for occasional slots with flexibility of booking
- Struggle of financial instability: the complete journey of creating wealth/stability. Replication of issues faced outside of therapy
- Investment in self
- Gives receipt as a prompt because feels uncomfortable asking directly for money
- Damn awful! (4 out of 5 on a scale 1 to 5)
- Discomfort when client paid £5 less > difficulty broaching it in the next session
- Impact on the therapeutic relationship: ? makes the person as client feel less valued at end of session. As therapist, questions her motives and UPR: confusing having previously been paid within an organisation.

- Begins to feel uncomfortable towards end of therapeutic hour in case client “forgets” to pay (DNAs)
- Learning to value my skills more as a therapist – asking for payment for the good work I provide.
- Concerns that perceptions of clients may change when money is involved e.g. DNAs causing her to be out of pocket: feeling undervalued by the client, therefore becoming more rigid in getting contact details (to invoice them if they DNA first session)
- Paying for therapy is a luxury only some people can afford: that seems wrong for those struggling to cope whilst waiting for an appointment (NHS, Mind)
- I hope clients will pay at end of session without my having to remind them
- Clients who “forget” to pay
- Clients saying they can’t afford to come but it’s always another reason: if they really want to get themselves sorted, they will prioritise their finances
- No waiting list. Fees reflect the level of service and household bills and expenses of running the practice.
- I enjoy being paid for what I do
- Market research of competitors’ rates
- Sessions are prepaid one session in advance (to reduce mid-process drop-outs); some clients who were progressing appeared to reprioritise and find reasons to cancel: this has all but stopped with prepayment
- Sometimes offer discounts – with caution: when asked to reduce frequency of initial sessions to make them more affordable, I will then reduced the fee “rather than compromise momentum”

- Client commitment and motivation: responsibility of therapist to deliver the most effective possible work. Empowered client: not a handout > they've chosen and can choose to stop, therefore they have control. Therefore the relationship is closer to one of 2 equals (than a paid-for referral).
- The fee and returning client offer you validation
- Should be covered in therapy training
- Tend to keep the "business" separate from the session (unless I feel it is important to work with it)
- Problems around money are usually to do with the client's personal process
- They pay full fee if they do not give 48 hours' notice (cancellation): the work continues: I give them my attention even though they are not present and often there is a positive impact on the work
- Exchanging money: part of the relationship – equality – joint practice – 2 human beings involved in this business together
- Important to say "thank you" and make eye contact during the transaction, to let them know they are appreciated in this way as well as many others
- ?different for long term/short term work
- Review 4-6 weekly to check clients are still getting something out of counselling > ethical way to take into account the financial and therapeutic aspects
- HATE it (discussing financial issues) but getting better: "a battle of self-worth"
- Used, taken for granted, angry < non payment

- “performance anxiety” at being paid very highly: paid £60: had to “prove” myself , therefore made me less congruent. Paid less < taken for granted
- Being paid for my work > positive impact on self worth and self esteem which, in turn, enhances the counselling process
- Initially embarrassing and almost apologetic: > now more confidence and value self. Professional. Clients choose to pay as they value what we create together.
- Prefer it when somebody else is feeding my bank account
- DESERVE
- ? common fee for counselling should be set: disparity at present
- Consumer-led society: paying for counselling positively impacts on the client who is paying for a service, therefore engages in the work wanting a result for the money they’ve paid > want to stop paying as soon as possible , therefore prepared to work hard in and out of sessions
- Counselling: a calling/vocation rather than a means of earning money “amazing that people would pay for that”
- “Typically British” clients find the payment transaction embarrassing
- The payment transaction is fair and right
- Client pays only a small fee but wishes she could pay “normally”
- Clients proud to be able to pay
- Therapist charged very little < felt unworthy and imagined client wouldn’t get value for money
- Bills monthly “I cannot imagine charging per session”
- Firstly I care for people. Money is at the bottom of my list of priorities
- (Charging) has a positive effect on counselling process (98% attendance)
- If you charge too little, people will undervalue your abilities

- If people are not doing well they will offer/advertise free 1<sup>st</sup> session or money-off vouchers: this is just an indication of desperation
- Boundary. It role models value
- Many years of voluntary work was making me feel that counselling was a profession not worthy of payment
- Anxiety (that clients were getting value for money)
- I used to offer free 1<sup>st</sup> session, but either clients didn't come at all or came, made 2<sup>nd</sup> appointment and then DNAd.
- I have no problem asking for money: I worked very hard to qualify; therapy is of a high standard; rates competitive - counselling practice is a business and the most important reason for being in business is to make money. I need money to live on. Has owned businesses previously.
- Raised self-esteem due to financial independence < had previously been kept by husband
- Impatience: especially when cheques bounce.
- I have a twinge when people tell me what other therapists charge more. Should I put up my fees?
- Address and fees: e.g. Harley Street
- Younger counsellors more willing to set higher fee rates and make annual increases.
- Money as an issue: control – money spent on the counselling became a battleground in the client's marriage: > working on this allowed her to become stronger and more assertive. Avoidance of engaging with painful issues: can no longer afford the fees.
- "Idealised Mummy" – yet she will only love them if they pay her!

- The act of agreeing a fee sends out a clear message that this is a business transaction, albeit one unlike any other, whether the client is ready to hear that or not
- Cash – more immediate (a reminder that they should expect some value from counselling). Cheques can be a bit more removed.
- Previous stay-at-home mothers coming into counselling as their children have grown up finding financial issues uncomfortable ? whether or not being in paid work has something to do with discomfort about one's own worth to another
- Therapist in Central London: overheads are 52% of her fee
- High fee: clients feel they're getting the very best for themselves: important and positive. Increases confidence in the efficacy of the therapy.
- Equalises an otherwise unequal relationship (they can hire or fire me!) especially with high flying professionals who hire and fire a lot.
- Therapy is an act of love between humans: how can we place a financial value on that?
- Need to earn a living
- Progress. Life as a process.
- It's not the amount that is paid but more about the patient herself paying for your time and expertise that is important.
- A sensitive matter that needs honest examination.
- I am getting better at valuing myself and my service although in the early days, I used to feel uncomfortable about charging everyone.
- Initially clients may have been holding back and not discussing financial difficulties > counsellor feeling relieved they didn't. Now > more confident and would be congruent at sensing the holding back.

- More difficult to “be”; more compelled to “do”.
- Used to worry that client would think that I didn’t care about them and sometimes think because of the fee it takes longer for them to see that I do. However, I think this is my perception and not the client’s.
- Sliding scale: unemployed and P/T workers > lowest: working > highest – with flexibility. However “I cannot realistically afford to have too many clients on a concessionary rate.”
- Concerns: too high a fee > clients would terminate prematurely or feel under additional pressure.
- Fee “attracting clients and keeping them”
- Personal politics: belief about availability of therapy to all who need it v. Need to earn a decent living (acknowledging substantial experience and skills)
- Important to acknowledge it’s a service being paid for: not to avoid it in a covert fashion. This culture’s discomfort
- Dropping out of therapy prematurely < difficulty in paying
- Clients’ views: giving something to self by spending on something important. ? client wondering if therapist genuinely cared or only because being paid
- Business transaction: client employing the therapist; therapist provides the care. How the therapist handles the transaction can have a big impact.
- Feels she needs to know what she’s doing to “earn” her money
- Feeling of discomfort when client uncomfortable e.g. dealing with cancellations, forgotten appointments with no notice that clients are charged for.
- Therapist’s self value: being worth the client’s money

- Social class. Privilege of such a service
- Offers discount to trainees (putting back some of other' generosity with their time when therapist was in training)
- Moving to include card payment to give "my business a more professional feel"
- Counsellor with previous commercial background > money "a product": can remove emotion from discussions. ?client using financial issues as a "game" (eg victim wanting to be rescued ) or indicative of other unhelpful behaviours (eg boundary issues)
- Some prospective clients don't come. Others decide on the amount they want to pay > then stop work (whether finished or not).
- Investing money is investing in good mental health: client is "worth it"
- Handover of money: professional relationship (not a friendly chat)
- Initially kept score of revenue to feel OK but now looks at hours per client to see progress: < less rose tinted view (i.e. revenue less costs to see real income) > reflects own sense of value. Less important when private work is not sole source of work.
- Free counselling < we all deserve a chance to access counselling. This counsellor also has F/T job, so more flexible. Does not want to appear cheap (ie charges set by looking at others') : potential clients will wonder why and not request her. However, will drop rates on request as she doesn't live on her counselling income alone. Yet still needs to appear competitive. Free from the pressure to make a living from counselling alone: not driven by whether the client attends or not or additional pressure of non attendance on income(For some who rely on counselling for a living DNAs are a loss of main earnings )
- What I charge is irrelevant to me: money for me is irrelevant

## APPENDIX O

- Thanks is worth more than money in my bank account
- Counsellor sees herself as a “poor relation” as she is not accredited by BACP

## Emerging themes

121 units of meaning were noted. From these, the following

19 categories/themes emerged from the questions numbered:

- Tensions (14,19,20,21,22)
- Contract (12,13,17)
- Part of therapy (12,15,16,17 *mirroring issues outside therapy, counselling process, issue to work with*, 20 *therapeutically useful material*, 22 *therapeutic process*)
- Counsellor's feeling of self-worth (12,15,16,17,18,20,21,22)
- Flexibility (12,14)
- Earning a living + difficulties (14 *competitiveness*, 18,19,20,21,22)
- Professional progression/Counsellor's journey (14,15,16,17,18,19,20,21,22)
- Counsellor's background (15,19,20,22)
- Client (un)willingness to pay ("*forgetting*", *DNA*, *cancellations*, 12,20)
- Professional business service (15,17,18,20,22)
- Openness (congruence) (13,15,17,18,20,22)
- Relationship/ balance of power (16,18,20,21,22)
- Culture/class (15,16,20,22)
- Client's investment in self (17,21)
- "Money blindness" (17,20)
- Commitment/motivation/prioritising (17,18)
- Value (18,20,21,22)
- Role model (18,20)
- Symbols/exploration of meaning (17,18,22)

Rules of inclusion:

1. Counsellors face tensions by charging a fee. (earning a living/difficulties/competitiveness)
2. Charging a fee signifies a contracted professional business service.
3. Charging a fee can be therapeutic. (role modelling, openness/congruence/client investing in self).
4. How a therapist feels about charging mirrors his/her level of self-worth.
5. Money in therapy is symbolic: ( client (un)willingness to pay, “forgetting”, DNAs, cancellations).
6. The counsellor undergoes a personal journey in feeling comfortable charging. (Professional progression/journey/background, “money blindness”)
7. The money transaction has an impact on the therapeutic relationship: (balance of power: Commitment/motivation/prioritising/value/culture/class).
8. The counsellor’s journey may mirror that of the client.

These were further amended as two sections were merged to arrive at the final rules:

1. Counsellors face tensions by charging a fee
2. Charging a fee signifies a contracted professional business service
3. Charging a fee can be therapeutic
4. The fee transaction has an impact on the therapeutic relationship
5. Money in therapy is symbolic
6. The counsellor undergoes a personal journey to feel comfortable charging fees.