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# the CANDIDATE

Perspectives from an Evolving Psychoanalytic Community

# Money

## Volume 3

### December 2008

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### The Analytic Hour

A series of interviews, structured within a 50-minute analytic hour, in which one senior psychoanalyst interviews another senior psychoanalyst about topics such as analytic candidacy and the development of an analytic identity.

**Dale Boesky, MD**, interviewed by **Shelley Orgel, MD**

### Panels

A series of panels and roundtables that explores various aspects of psychoanalysis.

**Money and Gender Roundtable:** Dr. Muriel Dimen moderates a roundtable examining the relationships among gender, money and psychoanalysis. Drs. Gilbert Cole, Orna Guralnik, Sue Grand, Donald Moss, and Steven Reisner participate in the roundtable discussion.

**Orthodoxy Is Unconsciousness: Examining Gatekeeping Practices at Our Institutes. A Dialogue Across Institutes Initiated by Candidates.** A panel discussion that includes Drs. Mark Blechner, Steven Ellman, Samuel Herschkowitz, Robert Lupi, Spyros Orfanos, Phee Rosnick, C.J. Churchill and Hilary Rubenstein Hatch.

### The Analytic Archive

A collection of video and audio recordings of seminal psychoanalytic thinkers.

**Jacob Arlow**

## Introduction from the Editors

**Abby Herzig, PsyD, and Sharon Lavon, LMSW**

In January 2008, we had the honor of inheriting the editorship from *The Candidate's* former editors, Rachel Blakeman and Hilary Hatch. Inspired and humbled by our predecessors, we hoped to further what has always been a mission of *The Candidate*: to engage psychoanalysts early on in their training, from varying theoretical paradigms, in a dialogue about the dynamics inherent in psychoanalytic training.

Unique and invaluable to *The Candidate* is the group of candidates and faculty that comes together to produce each volume. Since becoming editors, we have been surrounded by a team of creative colleagues who have worked with us toward developing and publishing Volume 3. It has been incredibly rewarding to work in such a collegial environment. Our advisors, Donald Moss, Stephen Reisner, Joseph Reppen, Arden Rothstein, and Jennifer Stuart, have offered tireless support and insight, helping us navigate the unknown waters of the editorship. We also have benefited from the addition of Lynne Zeavin, who joined the group of faculty advisors earlier this year. Jennifer Blum and Ellie Gelman took on their roles as managing editor-elect and editor-elect with tremendous enthusiasm and infused their talent and commitment into this volume. We also would like to thank two members of our highly-esteemed advisory board: Muriel Dimen, who helped create and was moderator of the videotaped roundtable discussion on "Money and Gender in Psychoanalysis," and Owen Renik, who generously provided editorial assistance to one of our candidate authors. We are very grateful to this group of generous, good-humored, and spirited individuals who helped us realize our vision for this volume. We also would like to extend a special acknowledgment to Marilyn Herleth and Deborah Huntington, who, in their respective roles, support the backbone of *The Candidate*. Finally, we are extremely grateful to the New York University Psychoanalytic Institute – and its foundation, FOSPER – which has unconditionally supported *The Candidate's* every endeavor, enabling it to evolve into a journal read by candidates and analysts worldwide.

When we began thinking about the topic of money for Volume 3, we were struck, as were many analysts, by the relative dearth of literature on this topic. We often found ourselves wondering why there is a tendency to avoid the topic of money. Not surprisingly, the authors in this volume have grappled bravely with similar questions. Inspired by this absence in the literature, we set out to create a volume that would encourage analysts at all levels to write about what has been relatively lacking from analytic discourse.

Recognizing the challenge this might have entailed, we would like to celebrate the many contributors to this volume who courageously stepped forward to write about a topic rife with shame, guilt, and secrecy. In "The Price of Candidacy: Fee and the Regulation of Anxiety," Sivan Baron discusses with candor her unsatisfactory experiences as a candidate attempting to find guidance from her seniors in her clinical handlings of money. As she shares with the reader, it was not uncommon for her questions and anxieties to be treated as symptoms of her developmental stage as an inexperienced psychoanalyst. In "Beyond the Fee: Addressing Non-Fee, Money-Related Issues in Psychotherapy and Psychoanalysis," Richard Trachtman argues that clinicians tend to focus exclusively on the fee as a resistance against an honest recognition of

their relationship to money in all its dimensions. As an institute director, Mary Beth Cresci delves into candidates' financial concerns about training. She argues that, after taking inflation into consideration, training fees have not increased, and attributes the rise in candidates' financial anxiety to a lack of clinical and financial reward at the completion of their training. Knuth Müller, a candidate from Berlin, offers his unique perspective on the role of money and psychoanalytic training in Germany. He writes of the contradictions inherent in a universal health care system that makes analytic training almost (financially) impossible. Müller aims to shed a different light on an idealized system, which, in his opinion, threatens the future of psychoanalysis in Germany.

In an effort to further galvanize public discourse on this subject, *The Candidate* and New York University Psychoanalytic Institute co-hosted a panel discussion entitled "Money: Unmentionable Transferences-Countertransferences in Psychoanalytic Training," which aimed to explore the topic of money in the realm of training analysis in particular and psychoanalytic training in general. The three panelists, Steven Ellman, Philip Herschenfeld and Wendy Wiener Katz, embraced the challenge of publicly addressing these issues, and along with Arnold Rothstein as moderator, engendered a provocative discussion that only ended due to time constraints. Capturing the audience's hunger for more dialogue, Margery Kalb, in her report on the panel, wrote: "*Nonetheless, money remains a tension, often uncomfortably held even when it can be held, posing challenges, anxieties, and uncertainties for analyst and patient alike, individually and together.*" In response to the panel and its ensuing discussion, our invited respondents wrote compelling reflections, including personal anecdotes and cultural and theoretical perspectives on the topic. All three original presentations, along with the invited responses and report, are included in this volume. We are grateful to Arnold and Arden Rothstein who were instrumental in the development of this panel.

It would be heedless of us to discuss Volume 3's dedication to money without mention of our current economic state. When we began conceiving the volume, we were unaware of the impending global financial crisis. While many condemn the greed, corruption, denial, and gluttonous desire for wealth unearthed as (few of the many) variables and contributors to the current economic downfall, perhaps it is our anxiety about recognizing these aspects within all of us that perpetuates money as a "last taboo."

We hope you enjoy the articles as much as we have, and invite you to consider what was not included in this volume and in which directions our discussions on money still need to go. It is our hope that this volume will encourage readers to contribute to the advancement of our understanding about money in psychoanalysis and in psychoanalytic training. The authors' voices, including those of candidates, senior analysts and other mental health professionals, have touched us and expanded our minds both clinically and personally. This is precisely what we had envisioned when we accepted our positions as editors of this volume. With much pleasure about having reached the end of our journey as editors, and with great nostalgia about stepping away from this unfathomably enriching undertaking, we are pleased to introduce Volume 3.

## Fantasy and Reality: Making Psychoanalytic Training Affordable

Mary Beth M. Cresci, PhD, ABPP

*“Money makes the world go round.”*

**The cost of analytic training can be daunting for analytic candidates, especially when they are not sure they will ultimately have a private practice of analytic patients paying substantial fees. This paper discusses the limitations of making analytic training more affordable, the intrinsic and extrinsic benefits of analytic training, and the necessity of improving the public perception of psychoanalysis as a treatment modality.**

It frequently has been said that the two areas of greatest conflict within a marriage are sex and money. It also has been claimed that, in psychotherapy and psychoanalysis, money is an even more taboo topic than sex. Not only is money rarely discussed by patients in the consulting room, but psychoanalysts themselves maintain this taboo in their professional lives by rarely discussing their hourly rates or private practice income. In addition, the importance of money to candidates in psychoanalytic training, whether in the form of training costs or in relation to what candidates can expect to earn as psychoanalytic practitioners, is rarely discussed in an open, straightforward manner. To a considerable extent, then, we approach this topic primarily from our own subjective experiences rather than from a pool of objective statistics and information. Nevertheless, those of us involved in psychoanalytic training, whether as program administrators, candidates in training, recent graduates or senior faculty, supervisors, and training analysts, have strong opinions (shall we say “fantasies”?) on the topic of the costs and financial benefits of psychoanalytic training.

As an administrator, I am frequently asked by prospective candidates how they can afford the high cost of training. They ask many specific questions, such as the cost of tuition, the number of required supervision sessions, and the number of required sessions of personal analysis. Sometimes they add up the weekly cost of supervision and analysis aloud and wonder how they can possibly afford these staggering amounts. For them, the cost of training is a reality that is overwhelming. It is easy to empathize with their anxiety and concern about how they can afford all of the components of analytic training.

As a former candidate myself, I can particularly empathize with current candidates. I also had to pay for my psychoanalytic training when I was a candidate in the mid-1970s. My particular institute had a system that ostensibly made the training more affordable. We were able to pay for most of our tuition and supervision costs by seeing our analytic and psychotherapy patients through the institute’s clinic and allowing the institute to receive the fees for those sessions. Thus, to some extent, my fellow candidates and I were able to substitute time for money. However, we still needed to negotiate the cost of our personal analyses and devote hours of pro bono time to the therapy hours provided through our institute, along with the normal time requirements of courses, personal analysis, and supervision.

In spite of my experience, I would argue that the direct costs of psychoanalytic training today are, relatively speaking, less expensive than they were in the past. If we adjust for inflation, the various components of tuition, supervision, and the candidate’s personal analysis



are cheaper or no more costly than they were in the past. I am sure that candidates today will be skeptical of this assertion. Yet a dollar in 1976, when I was in training, is currently worth \$3.85 in 2008. We might consider whether the various components of training have kept up with the rate of inflation – that is, whether they are almost four times as expensive today as they were 32 years ago. I think it is highly unlikely that they are.

For instance, if we consider tuition, most training institutes of which I am aware do not charge a lot for their courses. In addition, they do not raise their tuition fees very much or very often. We can find exceptions to this generalization, such as the possibility that those few psychoanalytic programs that are university-based may be required to raise fees in keeping with the university fee structure. However, unlike other educational programs, such as universities whose tuition has risen much more than the rate of inflation, most analytic programs have hardly raised their tuition fees at all.

What about supervision costs? Generally, most institutes set a standard fee for supervision whether the fee is paid strictly to the supervisor or is shared between the supervisor and the institute. These supervision fees are usually well below the typical fee for the supervisor's time as a practitioner. In addition, institutes do not tend to raise these fees very often. So, as with tuition, the supervision fee is usually well below the market rate for the supervisor's time and generally has not risen commensurate with inflation.

What about the training analysis? There is generally more variability in cost because most institutes do not have the same control over fees charged by training analysts as they do over the tuition and supervision costs. Most institutes allow the training analyst and the candidate to negotiate their own fees. To the extent that analysts are charging more for their time than they did in previous years, the cost of the candidate's analysis will be greater. There are, however, some ameliorating factors. First, it is not certain that analysts are raising their fees substantially every year. We actually have very little data about how much fees have risen in general. Division 39 is currently preparing a survey of psychoanalytic practitioners that will include questions about fees that analysts charge for their services. It is hoped the survey will generate some data that allow us to compare our financial situation with analysts in previous decades. It is my belief, one that I would be delighted to have disproved, that analysts' fees and psychotherapists' fees in general have not kept up with inflation and have not risen nearly as much as fees in other professions. Thus, as candidates negotiate fees with their analysts, I think that they would find the fee to be less than analysts charged in previous years once inflation is taken into account.

Second, candidates can often negotiate better fees than other patients. Most institutes have lists of training analysts who are willing to charge "moderate" or "low" fees for analytic candidates. Thus, if the cost of analysis is a significant issue for a candidate, he or she will seek out an analyst who is willing to charge less. As an administrator, I have encouraged the training analysts at my institute to offer candidates moderate or low fees for the candidates' personal analyses and have expressed my appreciation that they are willing to support our candidates, our institute, and the profession of psychoanalysis in this way. I also expect that they will only offer a reduced fee to one or two candidates so that no given analyst assumes too great a financial burden.

However, while I believe it is essential that we find ways for candidates to afford the cost of their personal analyses, I do see a number of dangers inherent in offering them reduced fees. Dimen (1994) has aptly discussed some of the conflicts between money and love in psychoanalysis. She has pointed to the contradiction in the analytic relationship in which patients as well as analysts want to be loved but use money as the medium of exchange. To me, money is an important leveler that anchors the analytic relationship in reality. The money paid for treatment notifies each of the participants that they are not there just to be loved but to do something together that is intended to provide certain benefits to each partner. The benefit to the analyst will be in part a financial one. Thus, if we lower a patient's fee below our normal range, are we not saying that we love that patient more than other patients? Might we even be saying that we are not loving ourselves enough as we agree to take a lower fee than we would have wished?

It is difficult to speculate about how reduced fees for the candidate's analysis affect the dynamics in the analytic relationship because each analyst and analysand has his or her own unique history and way of expressing wishes and fears about being loved. Initially, the analysand may profess appreciation for the reduced fee and display gratitude and positive transference feelings. Indeed, the analysand may feel loved as a special child in the analytic treatment because she is paying less for it. As the analysis continues, negative transference feelings inevitably will arise. The analysand's disappointment with the analyst may be expressed by suggestions that the analyst is not so competent or sought out by other analysands if she is accepting a lower fee for this treatment. In addition, as the analysand becomes more confident about her own work and capabilities, she will probably begin charging fees that exceed the fee she is paying for her analysis. This can lead to devaluing her analytic treatment and the analyst or guilt feelings about taking advantage of the financial arrangements with the analyst. A mixture of feelings of guilt and gratitude may restrict the analysand's ability to express her disappointment or negative feelings toward the analyst.

The candidate's analyst also may see herself as special to have been chosen to conduct a training analysis and may rationalize that this proof of her status as a training analyst and the opportunity to do analytic work compensate for the lower fee she is receiving for her time. However, if the analyst is having some resentment about the length of the analysis and the limited financial return she is getting, her countertransference feelings may be affected. For instance, she may begin to notice ways in which the analysand has greedy fantasies or is inconsiderate in her relations with others. If these observations are primarily seen as demonstrable facts and not as partially generated by the analyst's own resentment about the fees the candidate is paying, the analyst may not address this experience in the transference-countertransference relationship. Instead, she may displace these concerns onto the analysand's relationships outside of the consulting room. In that case, it will be difficult for the analyst to realize that these feelings have to do with her own masochistic concerns, and she will be hampered in working through her countertransference feelings and using them productively in the candidate's treatment. These are some of the ways that unconscious or unexpressed feelings about the reduced fees on the part of either the analyst or analysand can compromise the analytic work.

Another consideration about the reduced fees that analysts provide to candidates is how this may influence candidates in dealing with money issues in their own practices. We know that candidates tend to model their own analytic style on that of their analyst. If the analyst charges a reduced fee, what message does that convey to the candidate? In the early stages of their careers, most candidates have difficulty asking for substantial fees. The fact that they also need to see analytic cases that generally pay low fees does not help the candidates to value their work and feel confident in asking for a reasonable fee for their work. The reduced fees that their analysts charge them may give them some qualms in charging higher fees themselves.

In my own case, although I felt narcissistically injured that my analyst charged me for a missed session when I made a conflicting doctor's appointment with little notice, in the long run I was grateful that he modeled valuing his own time and importance. It helped me to set my policies for missed sessions in a way that did not cause me to feel masochistically abused by my patients. However, my analyst charged me a reduced fee, the equivalent in today's dollars of about \$115 per session for my four sessions a week. This did not help me to increase my fees regularly and to expect to be paid well for my work.

If my hypothesis is correct, that the direct costs of psychoanalytic training (i.e., tuition and the fees for supervision and the personal analysis) have been deliberately kept as reasonable as possible by the analytic institutes and their supervisors and training analysts, we need to consider how this policy influences the candidates' valuation of their analytic education and themselves as analysts. Does it suggest to them that they are fortunate to be obtaining a good deal on a valuable psychoanalytic education? Or does it mean that this education is not so worthwhile after all? Prospective candidates might ask themselves, for instance, if they would be better off spending their time and money obtaining cognitive-behavioral therapy training or taking workshops to become an executive coach. While candidates may appreciate that institutes are trying to make psychoanalytic education affordable, they may also begin to wonder about the value of a psychoanalytic education, the state of the profession, and their futures as analysts after the completion of analytic training.

There are other costs of training beyond the money spent on tuition, supervision and the personal analysis, namely, the time spent on courses, supervision, personal analysis, and conducting analyses with control cases. Since the training requirements at most institutes have not changed appreciably, the time spent in meeting those requirements is about the same as it has been in the past. The rub here is that the fees the candidates receive for conducting their control cases have probably not risen appreciably. Thus, the candidate's income from analytic work and even other psychotherapy work conducted outside of the institute will not have kept up with inflation. This means that the candidate's income will probably not go as far in paying for expenses and affording a decent living as a working professional as it might have previously. This fact begins to suggest why candidates today feel so concerned about the cost of their psychoanalytic education.

Although it may not be done consciously, much less with pen and paper or on a computer program, candidates do undertake a cost-benefit analysis when they consider entering psychoanalytic training. In making the decision to enter analytic training, candidates must reach the conclusion that the benefits they will receive on both a personal and professional level will be

a fitting reward for the time and money spent. For some, the commitment to psychoanalysis as a personal learning experience and as a treatment modality will be so strong that they will consider the costs, whatever they may be, worthwhile. For others, the costs will be seen as an overwhelming obstacle that makes training an unrealistic choice. For many, the costs will need to be balanced not only by the belief in psychoanalysis as an educational experience but by the expectation that their training will be beneficial in enabling them to become analysts or psychoanalytic psychotherapists with well-paying practices themselves.

In the past, candidates were willing to make the investment in psychoanalytic training because they believed their training would enable them to become part of a network of fellow professionals and to attain success in establishing psychoanalytically-oriented private practices. While the costs were high, they saw the benefit as being equally rewarding. Today's candidate or potential psychoanalytic candidate is understandably more concerned about whether psychoanalytic training will actually lead to a thriving, mostly psychoanalytic practice. While they may bemoan the costs of their personal analyses, they are concerned even more with the fees that they can expect to receive when they are graduates and the degree to which their practices will allow them to practice from a psychoanalytic perspective. If they are obtaining a moderate or low fee personal analysis themselves and begin to consider what their training analyst is thereby earning, their confidence that this major investment of time and money is really going to pay off for them may be further undermined.

I am appreciative that candidates of today have these concerns. On the one hand, as a psychoanalyst, I believe most fervently that psychoanalysis and psychoanalytic psychotherapy are the most effective means of helping people to understand themselves and solve their emotional and relational problems. As a psychoanalytic educator, I believe as well that psychoanalytic training is worth every bit of the time and money that we and our candidates spend on it. On the other hand, I also know that the professional and financial benefits that our candidates derive from training may be limited. They may not be able to follow in the footsteps of previous generations of analysts who established private practices of primarily psychoanalytic cases paying substantial fees. Most psychoanalysts today do not have that sort of practice, so it is reasonable to think that current candidates will not be more fortunate.

How, then, to make psychoanalytic training more affordable? I do not think the answer lies in reducing the costs of training. As I have suggested above, most training programs have actually taken that path and done their best to keep the costs of training down. What we need to really focus on is increasing the benefits of training to our candidates. That involves making a cultural shift within our society to raise the perceived value of psychoanalysis as a treatment modality. This cultural shift requires a major effort on the part of all of us to demonstrate both to our candidates and to the public that psychoanalytically-trained psychotherapists are the best trained mental health professionals. It means reflecting a pride in what we do and in the training we have received. It means publicizing the benefits of psychoanalysis as a treatment modality for those patients motivated to seek it out rather than being apologetic that it is a time-consuming, costly process. Our professional psychoanalytic organizations have realized the need to support public education campaigns to highlight the value of psychoanalysis and psychoanalytic psychotherapy as treatments of choice. They also are making efforts to influence undergraduate and graduate educational programs to portray psychoanalysis not as an outmoded,

unscientific theory but as the vibrant, useful theoretical model and treatment modality that it is. Then our candidates will be proud of themselves and will come to learn that the time and money they have spent on training were indeed worthwhile.

### Reference

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*An earlier version of this paper was presented at the Division 39 Spring Meeting, April 12, 2008.*

## **Beyond the Fee: Addressing Non-Fee, Money-Related Issues in Psychotherapy and Psychoanalysis**

**Richard Trachtman, PhD**

**A money taboo hinders the ability of psychotherapists and psychoanalysts to address the meaning of money in their clients' lives and in the transference and countertransference. When such issues are addressed at all, exploration is usually limited to issues involved in fee policies and management. In this article, non-fee-based issues involving money, including the meaning and importance of money in our clients' intrapsychic and interpersonal lives, and the connection of money to issues of values, identity, culture, class, sex, and family history, are discussed. The author's psychological definition of money is offered as a tool for thinking about money in a new way, and some practical suggestions and some cautions about how to ask about money are offered.**

### **Introduction**

A cultural taboo against discussing money on a personal level, referred to in this article as "the money taboo," exists in America and many other (but not all) societies. According to Krueger (1986), Americans, including psychotherapists, are "seclusive, embarrassed or conflicted about discussion of money." As a result of this taboo, money issues are seldom addressed either in our professional training or in the psychological literature, and most clinicians tend to avoid exploring, for themselves or with their clients, either the psychological meaning of money or the reality-based importance of one's relationships to it (Krueger 1986; Trachtman 1999). In this field, money issues are addressed somewhat frequently only when it comes to setting and managing fees, an area that has strong practical as well as emotional implications for therapists (Allen 1971; Eissler 1974; Freud 1913; Hilles 1971). Even here though, "avoidance has been apparent" (Krueger 1986).

How do we know there is a money taboo? Imagine that you are at a party and someone asks you how much money you make. If you are an American, you are likely to feel uncomfortable about being asked such questions and would think the questioner is rude and inappropriate. If you are an American psychoanalyst or psychotherapist, it is likely that you will tend to be reticent about asking such questions of your clients, because you don't want to be intrusive or inappropriate. Even when the client mentions a money-related problem during treatment, many clinicians tend to avoid such discussion because it makes them uncomfortable.

### **Overcoming the Money Taboo**

It is my stance that we should strive to work through the money taboo ourselves so that we can understand the meaning of money and help our clients with money-related issues whether they arise in relationship to the fee or otherwise. In my experience, clients do not often bring up money concerns unless they experience the therapist as willing to focus attention on such matters. That is more likely to be the case when the clinician has explored what money means to him, his attitudes and beliefs about it, how they were formed, and how he thinks, feels about, and relates to other people when money questions are involved.

In this issue, *The Candidate* is taking a big step toward addressing a much neglected topic in the training, self-analyses, and practices of psychoanalysts and psychotherapists. But even *The Candidate's* call for papers provides a good example of our tendency, when we do talk or write about money at all, to limit our focus to fee-related issues. Of 27 suggested topics to be addressed, 15 specifically used the word fee, while most of the remaining suggestions at least lent themselves to a focus of discussion around fee-related concerns or other practical issues related to management of treatment. Two of the three suggestions for articles on psychoanalytic theory appeared to be unrelated to the fee, while the third asked about Freud's theoretical and practical contributions to financial matters in the analytic situation, the latter part of which might invite at least some consideration of the fee.

In order to balance this bias toward consideration of money primarily in fee-related matters, this article addresses the importance of exploring the meaning of money, separate from fee considerations, in our own and our clients' lives, and how this affects interpersonal relationships and intrapsychic dynamics, as well as the relationship to money itself. It offers the author's own psychological definition of money and provides some brief case studies from the author's psychotherapy practice to illustrate how money affects all of us, and how failure to address the meaning of money results in neglect of one of the most culturally significant issues in our clinical dialogues with clients.

### **The Author's Background**

How did I become interested in the role that money plays in our clients lives? In 1985, a client, who I will call Roger,<sup>1</sup> came to me asking for help deciding whether to take a high paying but high stress job as a stock trader or seek more of a "lifestyle" type job. Exploration of this concern soon revealed that the question of how much money he would make was connected to all sorts of psychological issues, including self-esteem, concern about masculinity, guilt, shame and both loyalty to and the unconscious wish to denigrate his underachieving father. A few years later, I read a collection of articles edited by Krueger (1986) called *The Last Taboo: Money as Symbol and Reality in Psychotherapy and Psychoanalysis*, and shortly thereafter, I wrote my first article on this subject (Trachtman 1999).

In 1998, I started MORE Services for MOney and RElationships, with a threefold mission: to help people understand the psychological aspects of money, their relationship to it, and how it affects their relationships with other people; to help people learn to enrich their lives by redefining money as a tool for achieving their personal and relationship goals; and to help people overcome money-related social and emotional problems. In addition to providing clinical

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<sup>1</sup> In this article, I have included case material from the treatment of a number of my clients. In all cases, I have taken pains to protect confidentiality. The names, professions and sometimes the ages or other identifying information have been changed. In most cases, the amount of information provided has been limited so that, without further context, it could not be recognized as describing a specific person. Many of the clients described in this article were treated years ago, and attempts to contact them (even if that were still possible) would be intrusive. A few clients who are described in greater detail have been given the chance to review drafts of what I have written about them (some of which has been, or will be published elsewhere) to ensure that the information is both correct and adequately disguised, and to get their verbal consent to use this material.

services, I provide workshops and seminars for both professional and lay audiences.<sup>2</sup>

What relevance does the above information have to the inclusion of this article in a journal for an audience of candidates and senior psychoanalysts? While my style may seem unfamiliar to some who have different theoretical and clinical backgrounds, my goal is to convey the message that we all, whether psychoanalysts, family therapists, behaviorists, or therapists of some other stripe, need to recognize and pay more attention to the importance of money, not only as a practical issue, but also as a psychological and an interpersonal issue for our clients. The words “more attention” should be operative here. I do not mean that analysts and therapists should make money the central focus of treatment; only that its importance should be given the appropriate weight, a weight that it seldom receives. In my own clinical work, money is rarely a central focus of treatment, but I also have found that there is seldom a case where the client’s relationship to money, as well as money’s impact on his relationship to others and to himself, does not come up at some point.

### Money in the Psychoanalytic Literature

Questions about how to think about money go back to the earliest days of psychoanalysis. While Freud never referred specifically to the term “money taboo” and probably did not recognize its existence in any formal way, he did make reference to it in his recommendations on beginning treatment (Freud 1913). In this paper, he addressed the importance of confronting money when, in his advice to analysts on management of the fee, he wrote, “... money questions will be treated by cultured people in the same manner as sexual matters, with the same inconsistency, prudishness and hypocrisy. [The analyst] is therefore determined beforehand not to concur in this attitude, and in his dealings with his patients to treat of money matters with the same matter-of-course frankness that he wishes to induce in them toward matters of sexual life.”

But even Freud was not immune to avoidance when it came to his own money issues. He remained as blind about his own relationship to money as many of us are today about our own. According to Peter Gay (1988), when Freud talked about his father’s financial setbacks, he admitted that he preferred to suppress rather than explore their impact on him. This is surprising from a man who deemed self-analysis and exploration of traumatic childhood memories a linchpin of early psychoanalysis. In my mind, it illustrates the difficulty we *all* face when dealing with money issues.

In his paper “Character and Anal Erotism,” Freud (1908) suggested a symbolic equation that might contribute to our understanding of at least one reason for this taboo: feces = gold = money. This equation, by connecting “filthy lucre” to feces and the anal stage of development, which is often associated with the emotion of shame, suggested one possible motive for the money taboo.

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<sup>2</sup> Two of these, for professional audiences, were provided last year to The New York Psychoanalytic Society’s Works in Progress Seminar and to The New York State Society of Clinical Social Workers conference on identity.



What other meanings have psychoanalysts attached to money that do go beyond consideration of the fee? An earlier review of the literature (Trachtman 1999) included the following citations. As indicated, Freud linked money with feces and made a connection of money to anal eroticism. He also wrote of the unconscious, symbolic connection of money, through transformation of the instincts, with penises, babies and gifts (Freud 1917). According to Turkel (1988), Fenichel expanded on Freud's linkage of money with feces "by declaring that money can symbolize anything one can give or take: milk, breast, baby, sperm, penis, protection, gift, power, anger, degradation. He viewed money as a source of narcissistic supply originating in an instinctual need for food and for omnipotence." In the same article, Turkel espoused her own more recent view that money in our culture "is also a symbol of worth, competence, freedom, prestige, masculinity, control, and security, all of which can become areas of conflict."

### **The Meaning and Importance of Money**

Money is very powerful in our culture, and yet it does not mean anything at all. What I mean by this is that it is an abstraction. Money is something to which we assign meaning. Take a piece of metal, inscribe the king's face on it, and say it is worth so much. While we mutually agree upon its actual value, it is like a blank screen onto which we project all sorts of personal meaning. But it is still just a piece of metal. This leads to all sorts of problems. Our projections of meaning onto money can result in envy, insecurity, greed, disdain, hostility, fear, admiration, disgust, sexual attraction, competitiveness, etc., which, in turn, sometimes negatively affect interpersonal relationships and dynamics inherent in other areas of life. If you were to ask a client to choose one word or phrase that best describes what money means to him, likely answers might include: power, competence, security, prestige, pleasure, freedom, and evil or the root of all evil. The answer given is likely to say a lot about his broader beliefs about the world, what to expect from it, and what one needs to be able to deal with it.

But, when we can't think or talk about our beliefs about money, which are the source of many of our money-related problems, it is hard to change these beliefs or overcome the problems. This becomes even more challenging to the extent that we are discussing money as an internal, psychological phenomenon rather than as a purely external one. According to Needleman (1991), "... money is an invention, a mental devise, very necessary, very ingenious, but, in the end, a product of the mind." Yet we don't even have a good psychological definition of money to assist us in our understanding of it. For this reason, I have created what I call "A Psychological Definition of Money" (Trachtman 1999):

Money, psychologically speaking, is our projection onto coins, bills, bank accounts and other financial instruments, of our beliefs, hopes and fears about how those things will affect who we are, what will happen to us, and how we will be treated by others or by ourselves based on six possible conditions. We think of these six conditions as follows:

- 1) I do have enough money
- 2) I don't have enough money
- 3) I have too much money

- 4) S/he does have enough money
- 5) S/he doesn't have enough money
- 6) S/he has too much money.

Here are three examples:

1. One client told me that he didn't have enough money to buy drugs and, therefore, would be okay because he would not become addicted.
2. Another client told me that he was afraid that, if he took a high paying job (and was earning too much money), his father would consider him to be shallow and materialistic, and he might think that way about himself as well.
3. A woman wanted me to convince her husband to change careers because, by comparison with her wealthy father, he didn't earn enough money to measure up.

I believe that if one begins to think in these terms, and also asks the question "Enough money for what purpose?," one will begin understanding the importance of money in shaping a client's behavior, attitudes and beliefs toward others and himself, as well as how these attitudes and beliefs affect his relationship to money.

### **Money, Values and Identity**

When we do get into questions of the purpose of money, we are also beginning to address questions of values and identity. The *Psychiatric Dictionary* (Hinsie & Campbell 1960), borrowing from Erik Erikson, defines identity as follows: "That sense of identity which provides the ability to experience one's self as something that has continuity and sameness and to act accordingly."

Although one's mental image of oneself is not limited to values and includes other aspects, such as body image and sense of physical and mental ability, to name just a few, values do, once internalized, become an important part of our sense of who we are in reality and how we wish to be; and we tend to act accordingly. We judge ourselves according to how well or poorly we live up to our values. And, many of our values have a great deal to do with how we relate to money and to other people and to ourselves when money, or thoughts of money, are involved. If, for example, we think of ourselves as honest and generous, and value these qualities in ourselves, we will tend to use money, and the people with whom we deal, differently than if we take pride in ourselves for being skilled and clever at getting the best deal from our business competitors and value our financial acumen more than our relationships to other people. In the latter case, honesty may even be seen as a negative value held only by losers. If we like to think of ourselves as independent and autonomous individuals, we may take more initiative in earning and managing our money and our lives than if we consider ourselves to be loyal followers of an esteemed hierarchical leader. If we think of our desire to be collaborative as one of our valuable traits, we will approach decision making having to do with making or spending family money differently than if our self-images are of dominant, take-charge heads of the household.

One client, who had inherited money from her parents, did not feel entitled to make full use of it, because she had incorporated her parent's message that the world was not her oyster and she should not expect too much for herself. She also resented them for their lack of empathy toward her and felt she should not benefit from the beneficence of those at whom she was angry. Her father was a businessman who placed profit above relationships. My client – identified with his employees, toward whom he was condescending and abusive – felt the money itself was tainted and was thus uncomfortable using it. She also considered herself to be a very ecologically responsible person. During the winter, she would keep her thermostat turned way down and wear lots of sweaters, because she did not want to use her inherited money to burn heating oil. She did not see herself as entitled either to her parents' money or to the comfort it could provide. Her attitude toward money affected her relationship to herself because she was always miserably cold. These issues – her acceptance of the parental message, her resentment toward her parents, her conflicted feelings toward her inheritance, her lack of entitlement, and lack of care for herself – were explored in treatment and, over time, she was enabled to spend her inherited money on heat in the winter and other reasonable expenditures without feeling guilt or ambivalence.

It is not only our images of self that determine our relationship to money but also our images of others. Often such images are based on stereotypes that may cause us to assume, for example, that a poor person of another ethnic group cannot be trusted around money, a wealthy person will be snobbish, a Scotsman will be thrifty, or a Jewish person will be stingy. Often, even within families, the expectations of individuals may cause them to behave in expected ways. "Johnny is the responsible one, we can trust him with an allowance, but Sally is untrustworthy so we will dole out money to her based on our judgment of what is appropriate." The result, of course, is that Sally is not given the opportunity to learn responsibility while Johnny is. And, Sally will come to accept her parent's view that she is untrustworthy.

### **Money, Transference and Countertransference**

Our view of others does, of course, have a great deal to do with countertransference. A therapist who attended one of my workshops complained about how stingy a wealthy client was because she insisted on being treated like other clients on a managed care panel and paying only the authorized co-payment. This therapist was unable to empathize with the client's desire to be treated like others, rather than to be merely looked upon as wealthy and withholding. This lack of empathy was likely to undermine the treatment.

Transferences and countertransferences having to do with money that are not fee related can also contribute to the success or failure of a treatment. One of my failures, resulting from unanalyzed countertransference, occurred years ago, when I was treating a young man in his mid-twenties, who in appearance was large and powerful and who was certainly physically competent. But he was also a very dependent person, who had a strong need for approval as well as a sense of entitlement. He had broken up with a girlfriend, was unemployed, and living at his mother's home, letting her give him spending money and pay for his food and lodging as well as his therapy. The reason for this seemed to be characterological rather than due to depression.

My policy was that missed sessions had to be paid for and, as his mother was footing the bill, he had no problem with this policy and felt free to skip sessions whenever he felt like it.

Not yet having learned about and overcome the restrictions of the money taboo, I failed to explore the interpersonal meaning of money in this client's missed sessions. Since I was still being paid, that did not seem important. But my unexamined countertransference reaction was disapproval of this seemingly able young man's dependence on his mother and his wasting of her money and my time. Although his issues related to money were only peripherally related to the fee payment, I allowed the fee to become my tool for trying to get him to change. Instead of giving us time to understand the underlying reasons for his behavior, I encouraged him to become more independent. At the very least, I suggested, he should be responsible for paying his own fee, saying that he would benefit more from treatment if he took responsibility for payment (an opinion about the importance of paying a fee that I had often heard from teachers). Because he wanted my approval, he acted on my encouragement and got a job and an apartment and assumed responsibility for paying my fee. But, he also needed to be treated as an exception, to prove that he was special and, after the first time he missed an appointment, when I expected to be paid, he stopped coming. On the telephone he assured me that he understood my policy, thought it was appropriate, and that he would keep his next appointment and pay the fee. But he never did return and did not pay.

The point of this anecdote is not that the fee was never paid or even that I had a particular fee policy or had managed it poorly. It is that I failed to consider the role money played in his interpersonal relationships and his feelings of dependency and narcissistic entitlement. He had a powerful need to be loved and to be taken care of without expectation. My encouragement of independence was premature. Had I addressed the role that money played in his missed sessions and his willingness to have his mother pay for sessions he did not use, perhaps the issue of unpaid fees would not have arisen.

Another case illustrates how understanding and acceptance of a client's transference reaction to the therapist's relative wealth contributed to supporting growth. A woman who was in treatment with me for many years came from a background of poverty and deprivation. She had problems in her relationship to money, such as impulsive spending and gambling, which sometimes undermined her judgment. At one point, after a temporarily disabling illness, she refused to return to work. Wanting to be taken care of as she had not been cared for in childhood, she tried to force her husband to assume more financial responsibility than he could manage, thereby throwing her family into financial distress. On another occasion, because she interpreted the giving or withholding of money as a sign of how much she was esteemed by others (e.g., family members and employers), when she failed to get a raise, she took this as a personal slight, became rebellious and came into conflict with her supervisor.

In this case, as opposed to the earlier one, I was able to recognize my own feelings and attitudes that emerged around money-related problems, and rather than pushing for behavioral change, I now understood that her relationship to money was a reflection of her history and relationship to the world. We explored the feelings and fantasies underlying her behavior. I also engaged her ego in a critical assessment of her actions and beliefs (an ego-psychological technique, which some might call cognitive therapy).

While my client had many difficulties, the transference she developed to me was, to some extent, useful in her efforts to overcome or at least manage the external manifestations of her problems. She idealized me and wanted to become like me. During most of the time I saw her, my office was connected to my home. At one point, I moved to a larger apartment and, so, the office changed as well. She observed that I had moved from a relatively modest home to a nicer one, and she also knew that I spent weekends in a country home upstate. Not only did she express the wish to emulate me professionally, but also the wish to achieve a better income and to be able to have a nice home and the kind of nice things she saw that I had. We both understood that there was an element of idealization and envy at play here, but her using me as a role model to define for herself a vision for what her future could be like was accepted as offering a realistic possibility.

This client's wish to emulate me professionally and economically did at times provide a counterweight to those regressive wishes and tendencies that could undermine her adjustment. At least part (but certainly not all) of what I represented to her was a realistic vision of what she could strive for, both in terms of professional growth and economic achievement. These positive aspirations provided the motive to help her struggle against her addictions and other regressive tendencies. When, for example, she was in the grips of her gambling addiction and was losing money, one of the things she told me was that she wanted to stop gambling so that someday she could save enough money to have a country home like I did. This positive wish, combined with feelings like shame for being out of control, helped her to join Gambler's Anonymous, which, along with my support, helped her to stop gambling.

As these cases illustrate, understanding the role that money plays in transference and countertransference can make the difference between therapeutic success and failure.

### **Mental Health and the Purpose of Money**

What money means and what a person believes its purpose to be has a strong correlation with mental health. It behooves the clinician to become familiar with his clients' attitudes, beliefs and styles of relating to money since, as a French saying tells us, money is a good servant, but a hard master. Money is useful and can contribute to well-being when it is understood to be a tool for supporting meaningful life goals. The most important of these goals are the two often attributed to Freud (although Erickson (1950) tells us that this is allegorical): love and work. I would include under love a healthy narcissism that promotes self-actualization. But what is the result when a person is fixated on money or materialistic values? The following citation is taken from the draft of my forthcoming book,<sup>3</sup> *Money and The Pursuit of Happiness*: "Research shows that materialistic values undermine health and well-being. People who are more materialistic have lower scores on self-actualization and vitality, lower levels of community affiliation, are more likely to be depressed and anxious, have lower self-esteem, have fewer positive emotions and more negative ones, and have more headaches, stomachaches, backaches and sore muscles. Teens who are materialistic are much more likely to engage in risky behavior such as smoking, drinking, and illegal drug use, are more likely to suffer from

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<sup>3</sup> Publication expected sometime in 2009 or 2010.

personality disorders, are less likely to do well in school or jobs, and are more likely to skip school, carry weapons or be involved in vandalism” (Schor 2004).

One client came to me very depressed because he had lost his girlfriend and had become socially isolated. This was related to the fact that he had become so obsessed with the idea of becoming rich and famous that he had spent all of his spare time on a scheme that he hoped would achieve this goal. He had made no time to see his friends and, assuming she would share his aspirations, had not paid attention to what his girlfriend wanted. When, through therapy, he became more focused on the inherent value of his work and began making more time for social relations, his depression lifted.

### **Culture, Class, Sex, Family History and Money**

In order to understand our clients’ relationship to money, it is also important to understand how money issues generally play out under differing conditions involving culture, class, sex and family history.

While our individual interpretations of and reactions to money are expressed in the intrapsychic and interpersonal realms, culture has a great deal to do with determining how these interpretations and reactions are formed. In my view, the money taboo is a cultural phenomenon first, and only an intrapsychic one as a result of culture. In my efforts to understand how people relate to money (which, in addition to my clinical practice, has consisted of both formal interviews and informal conversations with a series of non-clients from different backgrounds), I have been told by informants from other countries (including one psychoanalyst who came from Israel) that this taboo does not exist or is less powerful in some other countries, such as Israel and Norway. In Israel, for example, it would not be gauche to ask someone at a party how much they earn, although asking how much money they have would be considered inappropriate. Compared to these countries, the money taboo is far stronger in the United States, a country that, while pretending to be a classless meritocracy, is actually highly competitive and strongly capitalistic.

When I have asked people why they think the money taboo exists, many of them have talked about not wanting to appear nosy or intrusive and not wanting to brag. I also encountered feelings of survivor guilt vis-à-vis those they have financially surpassed, as well as fears of hostility and envy.

Envy may have its origins in early life experiences that are universal in all cultures and that are not connected to money or material goods. But, because our economy is such a competitive one, disparity in wealth or income is more prone to stimulate envy here than elsewhere. For example, in Scandinavia, where there is a tradition of *janteag* (which translates roughly as “nobody is better than anyone else”), people are less envious of other people’s wealth and less secretive about their own than in the U.S. (Stinson 2008). In the U.S., talking about one’s money may be seen as bragging or may cause anxiety that one will appear not to measure up. But there is some evidence that, at least within friendship groups of people under 35, this is beginning to change, at least in terms of sharing information about salary (Williams 2008).

Since the money taboo is stronger in America than in some other countries, one may ask why money is such a taboo subject in our culture. It may be that the religious and the commercial origins of our nation have something to do with it. Much of the early settlement of our nation was based on the establishment of commercial outposts, such as the Massachusetts Bay Company and Jamestown, by European nations. But, for many, immigration to this land was based on the desire to find religious freedom. Religion and commerce do not always sit comfortably together. Our Puritan forefathers had no qualms about making money and acquiring wealth. Indeed, it was considered a sign of grace to be financially successful. However, propriety dictated that wealth not be flaunted.

What do class and sex roles have to do with how people relate to money? The traditional ethic of the man being the breadwinner and the woman staying at home and being provided for long defined what was associated with masculine and feminine roles. It was considered masculine to “bring home the bacon,” and to be a good provider, while it was feminine to be a good homemaker and helpmate. It was very much about who made the money, who controlled it, and who was taken care of with it. This ethic has eroded considerably since the sexual revolution of the sixties, although less so in very wealthy families than in the middle class (Bronfman 1987). Because our feelings about masculinity and femininity are still tied to money, it is often difficult for men and women to feel comfortable in situations where the woman is wealthier (Hughes, Bronfman, & Merrill 2000).

One client, who had been dissatisfied with his previous choice of career, had borrowed money to return to school and had to start at the bottom rung of his new profession. Consequently, his financial circumstances were temporarily limited. He was dating women who were already established in their careers and were earning more than he was. Despite his educational achievements and a high probability of considerable future earnings, he feared that they would see him as “insubstantial” and not be interested given his present financial status. Thus he accrued considerable debt by taking his dates out to expensive restaurants he could not afford. One might ask whether money was one lens through which he viewed himself. It is a lens through which we all view ourselves, but in his case, the lens was most intensely focused on his relationships to women in whom he was romantically interested.

Family history, of course, also impacts money-related attitudes and behaviors. Another client, a wealthy heir, grew up in a family where the mother, despite her great wealth, was very frugal. This was because, during the Depression, when she was a young girl, her father had lost most of the first installment of his inheritance, and the family was temporarily forced into the humiliating position of having to live with relatives until the second installment of his inheritance became available. My client, reacting against what he thought of as his mother’s unreasonable frugality, spent money without care as to what things cost or attention to what he could afford.

This was a complex psychotherapy and marriage counseling case. He initially came to me because he was unhappy about not working and not being productive (which is a common byproduct of inherited wealth). But he was also in conflict with his wife, a woman from a lower middle-class background, who worried that he was spending recklessly and who, like his mother, feared ending up poor. He was in denial regarding his excessive spending, and was not keeping

track of his finances while he was burning through his inheritance. It seemed to me (correctly as it turned out) that he was headed toward repeating the humiliating loss that had happened to his grandfather and mother.

Exploration of the underlying dynamics provided some insight but, even after several years of therapy, did little to change the behavior. He only began to modify his behavior after a referral to a financial advisor, who spelled out for him the consequences of what he was doing. The financial advisor's assessment, which undercut his denial, was that, at the rate he was spending, he would run out of money within five to ten years. To avoid this, he had to increase his income, reduce his spending, or both. He eventually did both, finding work that suited him and also adjusting his lifestyle to one that was less extravagant.

### **How Can We Talk About Money?**

When we grow comfortable thinking and talking about money, we become increasingly attuned to money issues that are important to our clients, even if they have not overtly been raised. I have found that such attunement often allows for exploration without creating much discomfort or resistance. There are also specific techniques that may facilitate entry into discussions about money. The intake interview is a time to explore a wide variety of matters. Much like during a general physical exam, the client expects the clinician to ask many questions and, even if some of them would normally seem intrusive, these questions tend to be experienced as more acceptable because of the context. This is an ideal time to raise a few money-focused questions. For example, simply asking "What role did money play in your life as you were growing up and how important is it to you today?" sends a message that, in the consulting room, it is acceptable to mention money-related concerns.

Asking for a word or phrase association to the word "money" can also reveal a great deal about what money means to a client and provides the opportunity for follow-up questions. The response to the three magic wishes question ("If you had three magic wishes, what would you wish for?"), which is used primarily in child therapy but which I use with adults as well, often includes money as one of the answers. The follow-up questions ("What would that do for you?" or "What would you do with the money?") often reveal a great deal about the client's concerns. Of course, some of these questions could be used later in the treatment, but only in response to the client having raised money-related concerns, which might be less likely if the analyst or therapist does not, at some point, convey his willingness to talk about money (beyond the fee).

Asking a client for an early memory involving money can reveal a great deal about the role money played in his personality formation and present concerns. In one session, a very anxious woman asked for advice. She was worried because her widowed mother was giving her generous cash gifts. She knew there was something called a gift tax and feared that, if she accepted too much, the IRS would penalize her for not paying this tax (in fact, it is the giver who is responsible for paying the gift tax, but neither she nor I knew this at the time). In order to clarify the reasons for her concern, I asked for her earliest memory involving money. She had not talked much about her father previously, but now remembered him holding a dollar bill in his fist and telling her that, if she could get it, she could keep it. When she found she could not get it any other way, she tried biting his hand to get him to open it. He got very angry and spanked



her. I interpreted, based on this memory, that because she was punished for trying to get her father to open his hand to get his money, she was now afraid to accept her mother's open-handed monetary gifts.

The client's response to my question was a screen memory. It revealed a great deal more about her relationship with her father than just their financial interactions. It also explained much about her relationship to men in general. Although the above interpretation seemed to make sense to her, my therapeutic efforts usually were experienced as inadequate. Medications prescribed by a series of male psychiatrists and other male doctors were felt to be ineffective, and none of her boyfriends were able to give her what she wanted. So, although this treatment was not focused on money issues, the therapist's readiness to ask a money-related question when an appropriate opportunity arose, led to a better understanding of the client's interpersonal world.

Some therapists, in order to avoid the potential pitfalls of a head-on approach to asking about money, will choose to explore a client's values first and then follow up by exploring how his money-related attitudes and behavior fit in with these values (Peck 2008). This puts questions about money in a more acceptable and meaningful context.

If I tend to be straightforward when asking questions about money, this does not mean this is always the best approach. In anticipating the impact of our questions about money on our clients, a certain amount of care is in order. A therapist can easily miss the underlying anxiety when, perhaps out of a sense of relief that someone is interested, a client pours forth his concerns about money. Such an unrecognized and unarticulated reaction of anxiety, in response to an invitation to talk about money, when overridden by the urge to unburden oneself, could be just what it takes for a client to not show up for the next or subsequent sessions (especially if a good therapeutic alliance has not yet been established), leaving the analyst puzzling about what went wrong. However, failure to address money-related concerns because the analyst fears they are uncomfortable or forbidden territory is likely to be equally threatening to the success of treatment.

### Summary

This article has detailed the negative impact of the money taboo on the analyst's or therapist's ability to address the meaning of money in his clients' lives and in the transference and countertransference. While people's relationships to money have both intrapsychic and interpersonal components, the money taboo is a largely culturally-based phenomenon, one that is pronounced in America. The importance of thinking and talking about money and addressing its multifaceted impact on the lives of our clients cannot be overemphasized. Our attitudes, beliefs and behaviors vis-à-vis money must be addressed in our training, self-analyses, and approach to treatment. Our attention to this much ignored area of concern must go beyond the practical issues involved in fee policies and management, to include the psychological and interpersonal meanings of money and their impact on our clients' adjustment and behavior.

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## Paradise Now? Psychoanalytic Training within the Boundaries of German Guideline Psychotherapy: A Candidate's Perspective

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This article introduces the non-German candidate to the German guideline psychotherapy system, a national mental health program that provides psychotherapy for almost every person regardless of financial situation or personal background. The regulations regarding psychotherapeutic and psychoanalytic training and practice are described, with special focus on the economic impact on candidates. The author affirms the program's social benefits, but argues that the statute's arduous training requirements have had a devastating effect on candidates in psychoanalytic training and have imperiled the future of psychoanalysis in Germany.

### Introduction

Years ago, an acquaintance of mine inquired about my future plans. "I want to become a psychoanalyst," I had confidently replied, filled with enthusiasm from my own positive analytic experiences. I had no idea at the time about the obstacles that lay ahead for me, for the German training and treatment system is vastly complicated. I look back ruefully on my naïve desire to emulate my analyst, for I could not know then how challenging it would be to pursue this ambition.

Germany is one of the rare countries where psychoanalytic and behavioral psychotherapy is an integral part of the German statutory health insurance system and thus accessible to any medically insured<sup>1</sup> person regardless of financial background.<sup>2</sup> Even with the requirement that psychotherapy be practiced within certain guidelines (*guideline psychotherapy*), this system might sound to both therapists and psychoanalysts like a dream come true. But dreams, of course, are multi-layered and complex. Judging only from the manifest content, one might get the false impression that the German system offers a paradise on earth. Indeed, patients, psychoanalysts, and psychotherapists for the most part appreciate the privilege of accessible psychotherapeutic treatment enormously. Unfortunately, closer examination of this seemingly idyllic dream reveals that the privilege is due in part to the exploitation of those in training.

This paper presents a summary of German guideline psychotherapy, followed by a description of how psychoanalytic training and practice takes place within guideline boundaries. I offer the reader a peek into the very complex German system from the perspective of a German psychologist, clinical social worker, and candidate in psychoanalytic training. Unfortunately, guideline psychotherapy is such a wide, constantly changing, and complicated topic that generalizations become unavoidable in order to make this article comprehensible. Certainly the problems that emerge are not solely due to guideline psychotherapy but also pertain to the difficulties of psychoanalytic training in general. Inevitably, this paper is a subjective account of

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<sup>1</sup> Over 90% of the German population are members of one of many diverse public medical insurance programs (Thomä & Kächele 1987, p. 198).

<sup>2</sup> Only Norway offers better services for patients seeking psychoanalysis. Sweden and Finland provide payment for psychoanalytic treatment as well, but the Norwegian system is optimal because it does not include the German guideline requirements (Enckell 2004, p. 10-11).

a candidate's perspective on the problems of navigating the German guideline training regulations.

### Historical Development and Definition of Guideline Psychotherapy

In 1967, Germany enacted groundbreaking legislation that both recognized neurosis as an illness and made psychoanalytic psychotherapy a right for all medically insured German citizens. In doing so, the government acknowledged that psychoanalytic psychotherapy could cut national medical costs significantly and committed to covering the expense of approved treatment. It also introduced a third-party peer review system in what heretofore had been the private patient / therapist dyad. Initially, the system allowed for reimbursement for physicians only, but in 1976, the legislation was amended to allow non-medical psychotherapists to work under the authority of physicians as well. In 1987, behavioral psychotherapy was added to the list of accredited psychotherapeutic techniques.

In 1999, a new *Psychotherapy Act* was passed in Germany that created the current guideline psychotherapy system. This act established the term *psychotherapist* as a registered professional title available only to medical doctors, psychologists, and social workers who complete specific additional psychotherapy training. The act also detailed psychotherapy guidelines that govern reimbursement through the government-regulated health insurance system and allowed all psychotherapists to bill insurance companies directly, eliminating the requirement that psychologists and social workers work under the authority of physicians.

Despite the existence of a wide variety of psychotherapeutic methods, under guideline psychotherapy only three major specific forms of psychotherapy are considered to have proven their effectiveness:<sup>3</sup> depth psychology-based psychotherapy, analytic psychotherapy, and behavioral psychotherapy. (Behavioral psychotherapy is practiced by trained cognitive-behavioral psychotherapists and will not be discussed further in this paper.) The segmentation of depth psychology-based and analytic psychotherapy into two distinct psychodynamic techniques seems to be a unique German feature. According to the guidelines, depth psychology-based psychotherapy is a limited therapeutic technique focused around a patient's specifically defined psychodynamic conflicts. Treatment is usually held once a week, without implementing techniques that would enhance regressive processes, and the duration of the therapy is limited to 50-100 sessions in total. Analytic psychotherapy is defined by a higher frequency (usually three sessions a week), psychoanalytic technique, and use of the couch. Note that *psychoanalysis is not an accredited psychotherapeutic method* by guideline parameters. Guideline psychotherapy strictly regulates the number and frequency of therapeutic sessions. The frequency in analytic psychotherapy is defined as three sessions per week, with a total of 160-240 hours. In some rare cases, a short period of four sessions and extensions up to 300 sessions (in very rare cases more than 300) may be petitioned.

Because a psychotherapist can implement only the specific form of depth psychology, analytic, or behavioral psychotherapy in which he or she was trained, those who train to work

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<sup>3</sup> A number of modified techniques can be used within guideline regulations. Due to limitations of complexity, I will focus only on the three mentioned major psychotherapeutic methods.

within the medical insurance system must decide between psychotherapeutic directions. Usually a psychotherapist holds a license for only one specific accredited psychotherapeutic method. Candidates who complete psychoanalytic training, on the other hand, usually earn the right to perform both depth psychology and analytic psychotherapy.

Guideline psychotherapy is characterized by third-party payment and a peer review system. The approval process for reimbursement roughly follows that for managed care in the United States. The psychotherapist prepares a detailed report on the patient that includes family background, psychiatric history, subjective perceptions, diagnosis, psychodynamic or behavioral considerations, prognosis, and prescription of the specific psychotherapeutic method to be employed. A peer reviewer then assesses the application and either approves, requires revision, or rejects the application. An appeals process with a senior reviewer is available. If the application is approved, the insurance company finances the requested psychotherapy. If both reviewers reject the application, the patient must self-finance.

### Summary of Psychotherapy Training Requirements

Because the requirements for the psychotherapy training of physicians had already been set by previous legislation, the 1999 Psychotherapy Act addressed the psychotherapist training standards for psychologists and social workers only. A psychology degree in Germany requires a nine-semester university course of studies that is approximately equivalent to an M.A. in psychology at an American university.<sup>4</sup> (There is no special licensing procedure in Germany for these graduates to be allowed to carry the registered title *psychologist*.) Social workers usually undertake a four-year degree at a university of applied sciences and graduate with a state-approved social work license. Both programs include approximately one year of part-time clinical training. Psychologists, like medical doctors, may train in psychotherapy for both adults and children, while social workers are permitted to train in child and adolescent psychotherapy only.

After university graduation, psychologists, physicians, and social workers can apply for psychotherapy training. However, unlike physicians, who can take a state examination upon graduation from medical school and can immediately practice as physicians, psychologists and social workers find themselves in a unique kind of no man's land. The Psychotherapy Act requires that all non-medical candidates must undertake 1,800 hours of psychiatric and psychosomatic internship in partial fulfillment of training requirements. Unfortunately, more than half of the internships available are unpaid and the remainder offer stipends that are far below poverty level.

Psychotherapeutic training in any of the three approved guideline techniques takes three years full-time or five years part-time. Many candidates in psychoanalytic training will elect to combine their required guideline psychotherapy with their psychoanalytic training, since some training institutes offer both in integrated programs. This combined training is the lengthiest and by far the most expensive. While training conceivably could be completed in five years part-

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<sup>4</sup> Compared to the American BA / MA in psychology, the German "Diplom" in psychology includes more hours as well as more psychology theory, and is significantly more embedded in the field of science.

time, the majority of candidates graduate after a significantly longer training period. Psychotherapeutic training ends with the *approbation*, a state-regulated licensing procedure that consists of a final written and oral exam. After completing the approbation procedure, the newly licensed psychotherapist can apply for the right to become a provider in the local insurance organization (equivalent to becoming a preferred provider in managed care organizations in the United States), with the hope of eventually starting a private practice and treating patients through the statutory medical insurance system.

### **A Candidate's Perspective on Psychoanalytic Training and Practice Under Guideline Psychotherapy**

My views on guideline psychotherapy are shaped by my personal experience as a psychologist, clinical social worker, and candidate of a psychoanalytic training program in Berlin. For the most part, I feel the German guideline system of psychotherapy offers a tremendous opportunity for treatment for people with mental disorders, even when they have little or no income. Likewise, therapists who are licensed to bill the statutory health insurance organizations are guaranteed to earn a living. To reach this position, however, some very difficult obstacles must be overcome. I would like to share my impressions of the difficulties and impediments that mark the road to becoming a psychoanalyst in Germany

A major consideration for candidates is commuting distance. Those who live in a large city like Berlin have easy access to a wide variety of institutes without having the major inconvenience of spending the duration of training on the road. Candidates in rural areas of Germany face a far greater difficulty organizing their psychotherapeutic training, often being forced to move to a larger city.<sup>5</sup> This might not be such a big concern for college or university students, but many candidates already have a job and a family, factors that collide in a tremendous way with the obligatory internship the Psychotherapy Act forces on psychologists and social workers in training. Nevertheless, the most arduous consequence of all is the financial burden that psychoanalytic training places on non-medical candidates. As a result, a basic law of free choice of occupation no longer guides the German psychotherapeutic training system. The candidate's financial and social circumstances become the most important criteria for enrolling in psychotherapeutic and psychoanalytic training, rather than professional responsibility and personal eligibility (see Siever & Löwa 2007, p. 22).

The obligatory internship has proven to be a financial nightmare. According to Hötzel (2006), 54% ( $n=446$ ) of the psychologists and social workers in training *have no incomes while in internship*; Busche et al. (2006) put this percentage at 57% ( $n=217$ ). Further, those internships that do pay offer a stipend that is far below poverty level. In order to fulfill the requirement, many psychologists and social workers must resign from current *paid* jobs and comply with the degradation of returning to the status of an intern. Here, a painful injustice becomes clear: While requirements state that psychologists and social workers are expected to undertake this training in addition to their professional work, the reality is that they are forced

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<sup>5</sup> This might sound surprising to Americans who are used to traveling long distances, but for German aspirants thinking of doing psychoanalytic / psychotherapeutic training, it can be a crucial element of the decision not to engage in training – especially when other problematic aspects and details of guideline training become known.

out of their professional jobs in order to fulfill their internships and likely will not be able to return to those jobs once their internships are completed. The logic of leaving a paying job in order to take on an unpaid one is difficult to rationalize, not to mention the consequences on the interns' families. Additionally, the "promotion" from a paying, professional psychological or social work position to that of an unpaid intern is certainly not an ego booster.

While interns, institute candidates nevertheless must pay their current training fees and living expenses. According to Busche et al. (2006), the average income of psychotherapy candidates during internship is €187 (\$224 [1 Euro = 1.20 US Dollars]) a month, which equals an *annual* gross income of €2,250 (\$3,150). At the same time, the cost of a single session of training analysis averages €65-€70 (\$78-\$84)<sup>6</sup> and the monthly institutional tuition fee is about €300, translating into monthly training fees for psychoanalysts that easily are €1,100 (\$1,320), and higher if the training analysis is four hours per week. Clearly, the financial situation of many interns in psychoanalytic training is not even way below poverty level – it actually hits rock bottom. The result is that only wealthy candidates or candidates with well-off parents, spouses or other relatives can afford the training. Of course, candidates can postpone their training in order to save enough money to afford a year without pay, but conditions and circumstances may be very different when years have passed, and the willingness and possibilities to engage in such a challenging venture often lessen considerably along the way. Scholarships, i.e., those that are offered by certain psychoanalytic organizations, do exist, but are limited.

As a result, the number of psychoanalytic candidates has decreased considerably over the past 10 years. In order to survive, psychoanalytic institutes have lessened their former rigid requirements for admission in order to catch the sparse few rich idealists. As a consequence, the often-claimed aim of pluralistic psychotherapeutic methodology in guideline psychotherapy has already declined to such a degree that 75% of today's candidates specialize in behavioral therapy, which tends to be the cheapest and shortest way to a license. In the near future, the average German psychotherapist will be a 33-year-old female<sup>7</sup> behavioral child and adolescent psychotherapist, who is financially secure and has no children (see Siever & Löwa 2007, p. 24).

After having survived the black hole of internship, when the candidate can finally begin treating patients, another financial oddity emerges: Currently, €73.53 (approximately \$88) is paid by insurance for one therapeutic session (50 minutes), regardless of the current professional status – be it psychotherapists in training, psychoanalytic candidates, or already licensed psychotherapists or psychoanalysts.<sup>8</sup> For "institutional purposes," the training institute, under whose license candidates train, will take a certain percentage (usually between 15%-30%) of the candidate's patient fees. Rarely will a candidate receive sufficient information about how the institute uses this money. Essentially it is a second unacknowledged tuition fee that never appears on the list of training costs that institutes issue (if they issue them at all).<sup>9</sup>

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<sup>6</sup> German training analysts adjust their fees to the internship payment. Even though they might charge somewhat less than the internship payment, their fees are nevertheless a tremendous burden on candidates.

<sup>7</sup> Currently, 80% of candidates in adult psychotherapy training and 90% in child and adolescent psychotherapy training are female.

<sup>8</sup> The fee for one psychotherapeutic / psychoanalytic session will be about €81 (\$97) in 2009.

<sup>9</sup> Neither do the costs of office rental while in clinical training appear in most of the issued institutional calculations.

In addition to the financial and personal burden, severe professional injustices occur in the initial phase of psychotherapeutic training. Although holding a university degree that includes clinical training,<sup>10</sup> candidates nevertheless are forced to work for no or a pitifully small amount of money, doing high quality psychological work (diagnostics, individual psychotherapy, group psychotherapy, administrative work, etc.) while being considered mere interns. It is only through this internship regulation that many psychiatric institutions are able to provide sufficient psychotherapeutic services to inpatients. It is thus the internship regulation that sustains the otherwise soon-to-be bankrupted health care system in Germany. Remember paradise?! Even though the Federal Ministry of Health stipulates that no unassisted work in the field of medical treatment, like group or individual psychotherapy, is allowed during internship, this is inevitably what candidates do. Interns do most of the inpatient group and individual psychotherapy in psychiatric and psychosomatic institutions. They aren't just co-therapists; *they treat patients independently on a self-reliant level*. Hypothetically their work is to be supervised, but in some psychiatric clinics, the pressures of the daily routines do not even allow for adequate support, let alone regular supervision.

Further, a candidate who trains in psychodynamic therapy can end up in a behavioral-oriented clinic and vice versa. Since guidelines prohibit mixing therapeutic techniques, an intern's clinical experience may not match with his or her psychotherapeutic aspiration, resulting in a learning experience that will be of far less value for future work with patients. Consequently, in addition to immense financial and social pressures, psychologists and social workers often feel very helpless, misled, discouraged, stressed, discontent, and abandoned during internship. Paradoxically, the difficult task of adjusting to a very confusing organizational environment – in addition to the work with severely disturbed inpatients – comes at the *beginning* of one's psychotherapeutic career, truly an extraordinary and highly questionable baptism by fire.

Another idiosyncrasy lies in the regulation of the amount of theoretical hours that psychologists are required to complete in order to be licensed as depth psychology-based psychotherapists. Although barely in contact with psychological theory while in medical training, physicians must undertake only 150 hours of theory, while psychologists, who have spent their entire university education (7905 hours)<sup>11</sup> learning psychological theory, nevertheless must complete 600 hours. Further, while in psychoanalytic training, medical doctors take 600 hours of theory, compared to the 900 hours psychologists are required to complete.<sup>12</sup>

Candidates must analyze at least two cases for a minimum of 250 hours each while in psychoanalytic training. Unfortunately, the number of hours approved by medical insurance is

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<sup>10</sup> When the psychoanalytic training begins, psychologists and social workers are considered to be in "Ausbildung" (qualification) while physicians are in "Weiterbildung" (further training). This illustrates the devaluation to which psychologists are subjected in order to be able to work within guideline psychotherapy. The official rationale states that in contrast to psychologists, physicians already hold a license to practice, but during internship the work of psychologists does not differ from the work they will do when they are finally granted a license.

<sup>11</sup> See [http://www.bdp-verband.de/psychologie/faq\\_titelerkennung.shtml#13](http://www.bdp-verband.de/psychologie/faq_titelerkennung.shtml#13). Accessed April 10, 2008.

<sup>12</sup> The number of hours can vary between institutes depending on their professional affiliation to the various German psychoanalytic organizations.



240 hours; only in exceptional cases are 300+ hours approved. While the requirements for training guarantee that cases will surpass the 240-hour mark, candidates must be very careful not to exceed the total amount of hours the system provides for. The result is a very unnecessary juggling of hours that further complicates the already quite confusing training procedures, with all their possible negative affects on the patient.

There is a final peculiar problem within German guideline psychotherapy: A candidate who is enrolled in an IPA-accredited training program must complete at least two cases of four-hours-per-week analysis in order to be recognized by the IPA. However, German guidelines do not support a fourth hour. Only in very rare cases and over a very limited period of time might one apply for a fourth hour (although it is very difficult to find a four-hour friendly peer reviewer anyway). But even if the reviewer would permit certain fourth-hour usage, the overall total of hours is constrained. As a result, the analytic therapy will be finished much sooner, which, of course, is the exact opposite of what the IPA standards intend. In addition, the IPA requirements state clearly that a *minimum* of four hours is necessary throughout an analysis while in training. But if candidates would offer a non-paid fourth or fifth hour, they would be violating the law, which prohibits medical treatment on a no-income basis. If they would bill the patient for the unreimbursable weekly hours, they would violate different laws (for one, they do not yet have a license). As a result, candidates who organize their training according to the IPA standards end up operating in very shady terrain in order to achieve international accreditation. (In the face of this, it is quite astonishing to witness the ease with which some psychoanalytic organizations seem to supersede these legal problems.) Quite frankly, there is no definite and legally sound way of operating either within or outside guideline psychotherapy when training according to the IPA requirements.

When the candidate has finally waded through a strenuous internship, the challenging years of psychoanalytic training, the state approbation exam, and the deep and muddy waters of financial ruin and uncertain legal issues, and is at last ready to begin his work as an analyst, one final enormous hurdle remains: the near-impossibility of opening a private practice. Similar to managed care in the United States, the for-profit insurance companies in Germany that reimburse for health care severely limit the number of providers they will enroll in any locality. Until analysts can join the insurance panels, they are unable to participate in the guideline psychotherapy system. Without preferred provider status, the analyst can work in a psychiatric clinic, family counseling office, or other such institution, but will not be able to practice psychoanalysis due to the time-limited therapies employed in these settings.

The graduate might be able to purchase preferred provider status from a colleague who is retiring or otherwise closing his practice, because membership on insurance panels can be transferred in Germany. However, this may precipitate yet another financial crisis because the current price ranges from €40,000 to €100,000 (approximately \$48,000 to \$120,000). The bitter irony is that those colleagues who sell their practices today didn't pay a single cent because there wasn't a limit on the number of insurance providers when they began private practice. On top of all the other expenses, the candidates of today also must pay for their colleagues' windfall of retirement benefits. Of course, we are told we are free to move to those rural areas (very few exist) where openings on the insurance panels can still be obtained, but this glib answer disregards the analyst's very real social and family needs. It is these same families that have

already been under tremendous strain all the while the candidate was in training.<sup>13</sup>

Although the idea behind a statutory medical health system that covers psychotherapy is a very unique and egalitarian concept, it puts candidates in a very difficult position. If the financial situation of candidates and their future prospects do not improve considerably in the near future, the consequences of the current policy will change the psychotherapeutic landscape in Germany dramatically. Without a change in training policies, psychoanalysis will slowly but surely disappear into obscurity.

### Conclusion

The German system of guideline psychotherapy offers an invaluable opportunity for every insured person in need of psychotherapeutic support to engage in psychotherapy, regardless of financial situation. Finally, psychotherapy in general – and analytic psychotherapy in particular – has become a treatment for people across all social levels. Patients are now able to choose their therapists and to have the advantage of psychotherapy without incurring great expense. This opportunity cannot be overrated. In addition, the professional psychotherapist can rely on a relatively secure income after being approved by the responsible institutions. Therefore, the German medical health system can be interpreted as an extraordinary example of a social consciousness in health politics today.

Naturally such a service must of necessity be administered employing effective and economical means that might interfere with a more traditional understanding of what psychoanalysis should be. However, the financial and personal consequences of psychoanalytic training for candidates in Germany have been so devastating that the entire guideline psychotherapy system cannot be discussed without profound criticism. It creates a peril to the future of candidates in general and to psychoanalytic development in particular, resulting in a system this author judges to be far from paradise. What a pleasure it would be if this pessimism about the future of German psychoanalytic training and practice proves to be a profound misjudgment!

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<sup>13</sup> Those attachments are essentially crucial to survive the long and burdensome training. That is why Lindel & Sellin (2007) refer to their book as a “survival guide for psychologists in psychotherapeutic training.”

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## The Price of Candidacy: Fee and the Regulation of Anxiety

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**The author explores the implications of the treatment fee as a symbol of self-worth. She discusses the symbolic meaning of the treatment fee as it may pertain to all analysts, and looks at the unique way self-worth and fee may play out in the candidate experience. The author proposes the possibility that, for candidates, the issue of fee plays out in specific and predictable ways that extend from the training process itself, and argues that analytic institutes should provide more guidance to candidates in this arena.**

The treatment fee presents particular challenges for the analytic candidate. This difficulty is something that I have wrestled with firsthand as a candidate two years into my own analytic training. I would like to do as Freud (1913) instructed and explore matters of money with frankness, yet, so far, such candor eludes me. My experience of thinking about fees, particularly that of raising or reducing my fee with current patients, has ranged from the perplexing to the disturbing. As much as I explore the issue in my own analysis, I remain quite confused as to why fee-related issues with my own patients persist in being so challenging for me. More bothersome is the way in which my sense of self becomes disturbed, i.e., dysregulated at times, by fee-related discussions with patients. At tense moments during these conversations, I often find myself longing for an experience of inner equilibrium. My reason for writing this paper is to explore the question of why the issue of fees has been such a difficult one for me and for many of my candidate peers. My intent is to explore the idea that, for candidates, the issue of fee plays out in specific ways that extend from the training process itself.

In attempting to work through the psychological reasons for my discomfort with the topic of fees, I have raised the issue in my own analysis, read articles on the subject, and sought the counsel of senior analysts. These attempts have yielded thought-provoking discussions, sympathetic looks, and, occasionally, proposed scripts for how to handle the matter.<sup>1</sup>

Still, the issue of fees remains a source of distress for me. I have found that the topic is a source of emotionally-loaded content for me and the patient, one that does not easily lend itself to scripts, but rather requires authentic, spontaneous and non-defensive exploration. More to the point, because money issues between therapist and patient are a primary crucible of both transference and countertransference (Meyers 1976), the topic provides an excellent opportunity in the here-and-now to explore such issues as dependency, inadequacy, competitiveness, status, prestige, and authority. Thus, the omission or avoidance of the topic is a liability for any

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<sup>1</sup> I should add that, during these conversations, the majority of the senior analysts with whom I spoke distanced themselves from expressing past or present personal experience with the topic of money / fees. Many of these same analysts also expressed a lack of interest in the topic in general (although they all expressed sympathy for my concern). My predominant impression was that these analysts viewed difficulties related to matters of fee / money as a beginner's problem, one that was no longer a challenge for them. I found myself reassured by the emotional distance with which these senior analysts responded to my queries; it allowed me the fantasy that I could expect to eventually grow out of my difficulties in this arena. Later, after reading Irwin Hirsch's book, *Coasting in the Countertransference* (2007), as part of my research for this paper, I was disabused of this wishful notion. Hirsch, an experienced analyst, highly respected in the field, and I assume, financially successful, devotes two chapters in his book to his own issues, and those of other analysts, related to money and fees.

treatment.

There is consensus in the field that most analysts find money to be a difficult and avoided topic in treatment (Myers 2008; Mitchell 2000; Dimen 1994; Aron & Hirsch 1992; Herron & Welt 1992; Tulipan 1986). Yet, the literature reflects a tendency among analysts to treat money as a psychological problem for patients, and merely as a practical one for themselves (Aron and Hirsch 1992). Money has the power to shape the analytic relationship in a multitude of ways, many of which may be anxiety-provoking for the analyst, and, therefore, uncomfortable for the analyst to address. For example, a large income or perceived class disparity between analyst and patient may give rise to feelings of envy, jealousy, competition, superiority, and / or inferiority on either the patient's or analyst's part. Rothstein (1986, 2004) has thoughtfully explored both the powerful transference implications of an analyst's attempt to seduce his analyst with money, and the analyst's temptation to be seduced by a patient's money.

Here, however, since my interest is in the candidate's experience, I focus exclusively on the issue of money in the form of struggles around fee. In addition to limiting the scope of this paper, my rationale for focusing exclusively on the fee is that many candidates, by virtue of both being at the beginning stages of developing their practices, and contending with the considerable expense associated with analytic training, rely on each and every patient's fee to make ends meet. Candidates existing in pressured economic circumstances will feel acutely their financial dependency on patients. Unlike established analysts who may enjoy sufficient financial security such that a patient's fee reduction or departure can be absorbed without significant impact, candidates often lack this buffer. Because candidates may depend on the fee's dollar value so directly, the fee is predictably positioned to become a highly affectively charged symbol.

Before exploring the unique struggle with fee that may characterize the experience of some candidates, I would like to mention some of the illuminating hypotheses put forth to explain why the issue of money is frequently a provocative one for many practitioners. Money becomes an anxiety-provoking topic because it comes to symbolize multiple personal and emotional meanings for individuals in our society. Once money is imbued with a given meaning, we end up managing or dealing with money as a way of regulating our anxiety about its symbolic meaning. Seckin (2008) argued that for analysts at all levels of experience, answering questions related to fee arouses the most anxiety, indicating that money continues to be a potent metaphor for "purity, dirt, security, power, control, self-worth, competence..." (p. 4). Recently, Myers (2008) addressed the way in which analysts, many of whom have identities based on the idea of being "givers," risk losing the good feeling associated with being generous helpers if they pursue their desire for money. Money, for these analysts, becomes a symbol of greed or self-interest, which is incompatible with the analyst's self-perception as a generous helper. For some analysts, money symbolizes desire, and for those analysts uncomfortable with their own desires, discussions of fee with a patient are experienced as tantamount to a spotlight shined on their desires (Myers 2008). An analyst may view money as a symbol of ambition. A female analyst who views ambition as irreconcilable with feminine ideals of being caring and nurturing may experience her act of fee-raising as threatening to her femininity (Myers 2008). Still other analysts may find the topic of fees anxiety-provoking because it is the only arena where the analyst expects and requires the patient to provide something that has a direct and concrete impact on the analyst's personal life (A. Hart, personal communication). In this

symbolic context, fee may come to represent a form of extra-analytic contact between analyst and patient that is actually built into the analytic frame, one which carries with it a whiff of something inappropriate: actual touch. Added to this is the irony that the act of *physically* exchanging cash or a check may result in the patient and analyst touching (A. Hart, personal communication). In an effort to ward off the anxieties associated with this kind of “contact,” analysts may tend to avoid thinking about and exploring the topic of fees.

In American society, money is a key symbol of self-worth. The amount of money one earns often operates as a metaphor for one’s own evaluation of self-worth and as a metaphor for one’s worth to others. What therapist could deny the positive feelings of worthiness, empowerment, and success that accompany engaging a patient at one’s full fee? Or the sinking feeling sometimes connected with accepting a low fee? As Herron and Welt (1992) explain, “People frequently value themselves in dollar terms, and in turn, in terms of competency and mastery ... money is narcissism” (p. 30). When money is a symbol of self-worth, the patient, who is depended upon for the fee, is needed to supply the analyst’s self-esteem.<sup>2</sup> An analyst in this situation may avoid the topic of fees to steer clear of the anxiety associated with the analyst’s dependency on the patient for narcissistic affect regulation.

If the symbolic and metaphorical dimensions of money were not enough to make the topic ripe for projection, denial and dissociation, to name just a few defenses, the fact that most of us need the money we earn in a practical, non-symbolic way creates another layer of complexity. Money is unique in its abundance of symbolic as well as real meaning.

### **Fee and Self-Worth During the Candidate Years**

Having discussed the way in which the fee may come to represent an analyst’s need for self-affirmation from the patient, and the way in which attempts to disavow this need might result in an avoidance of the topic of fee, I now turn to an exploration of the factors unique to candidacy that may result in a candidate’s susceptibility to having difficulty in the arena of fees. I raise the possibility that the analytic training journey, which transforms a candidate into an analyst, entails a reconstruction of the candidate’s personal and professional sense of self; for some, the process may be experienced as destabilizing. This metamorphosis, while desirable and crucial given the task at hand of “becoming an analyst,” may usher in times of great vulnerability for the candidate. A discussion of fee matters with a patient often implicitly or explicitly raises questions of what the patient feels she is getting from the treatment, what the candidate is providing to the patient, and the patient’s discontents. A candidate feeling self-doubt about her abilities may shy away from an exploration of fee in a self-protective effort to reduce her own anxiety about the value of what she brings to a treatment. Money may not always create self-worth, but you may need self-worth to ask for money.

An examination of the candidate experience reveals three aspects that invite a struggle with issues of self-worth, which in turn paves the way for difficulties dealing with the topic of fees. While it is without question the unique character of the individual analyst that plays an inextricable part in why issues surrounding the fee – setting, raising, exploring, and negotiating –

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<sup>2</sup> I would like to thank Warren Wilner for his help in developing this idea.

is challenging for a given candidate, my interest lies in the ways that such difficulty is a predictable, perhaps even a developmentally appropriate aspect of the training process. I also focus exclusively on the possibility that a candidate's difficulty with the issue of fee will result in her avoidance of the topic with patients. There are many other ways that difficulty around fee may manifest, including charging high or very low fees, rigidity around fee, or displacement of anger, rage, or envy onto the patient for seemingly non-fee related issues. My purpose in exploring only the avoidance of the topic of fee is to narrow the scope of this paper, and because in both my experience and my sense from talking to peers, avoiding the issue with patients is most common among candidates.

Three aspects of the analytic training experience exert a powerful force on a candidate's personal and professional sense of self, resulting in predictable narcissistic injury for the candidate. Two of the characteristics are overlapping but deserve separate consideration. The first is that commencing analytic training forces one into the role of "beginner" again, with all the attendant challenges common to starting something new. The second aspect relates to the postmodern turn in psychoanalytic thinking, which has resulted in the deconstruction of many classical psychoanalytic concepts, among them, that the analyst is no longer regarded as a blank screen, nor is she regarded as a neutral or objective party in the analytic dyad. Gone are the days where transference can be viewed solely as a function of the patient's projection or distorted thinking. It is now a mainstream psychoanalytic belief that the patient's transference reactions are often reasonable responses to the analyst's actual verbal and nonverbal communications. Third, the candidate's training analysis may inadvertently lead to the candidate's difficulty with the topic of her fees. The analytic candidate faces the situation of having to explore fees, which invokes the issue of self-worth, during a time when the candidate's beliefs regarding who she is and the value of what she offers to patients is undergoing extensive renovation.

### ***Beginner's Anxiety***

Whether or not the analytic candidate is in the early stages of her private practice career, she is, by definition, in the beginning stage of her analytic practice. A first-year candidate, even one experienced as a therapist, cannot know how to be an analyst. For most people, beginning anything new, whether it is a hobby, a job, or school, provokes anxiety. It is not only the risk of failure that contributes to the anxiety, but also the realistic assessment that there will be bumps and bruises along the way. The possibility of an experience of shame is usually a hovering anticipation. A beginning analyst is likely to feel inarticulate at times. She is likely to feel the impulse to ask teachers and supervisors for guidance in handling clinical situations that she has navigated numerous times in the past. A candidate is likely to engage in the microscopic examination of that which her patients, analyst, classmates, and teachers say and do not say. A candidate may have only one or two training analysts, but she may find herself trying to work analytically with all of her patients. For the analytic novice, the uneasiness associated with being a beginner may pervade her entire practice.

When the candidate begins analytic training, she will likely hear through the candidate grapevine that it is common for candidates to raise their rates when they commence analytic work. Intellectually, this seems logical; the candidate's work with patients is now receiving a deeper level of examination because of all that she is learning. Yet, the candidate learning to be

an analyst may have the experience of herself as confused, unskilled and awkward. In this emotional climate, the topic of fee may invoke for the candidate her inexperience. Keeping away from fee discussions will at times be the candidate's best recourse for managing her anxiety.

Being a beginner at a practice that is more art than science involves tolerating the fact, as well as the experience, of being in formation. Teachers, supervisors and analysts (herein "instructors") play an integral role in the development of the candidate's analytic stance and style. Instructors consciously and unconsciously convey their ways of being with patients. When a candidate presents case material, instructors utilize the opportunity to demonstrate the way in which the analytic exchange might have been handled. The candidate is thus exposed to different styles and techniques that influence her work, though the interaction is complex. The candidate does not merely take a page from the instructor's playbook. To do so would not translate; it would appear inauthentic or awkward. A candidate must take what she perceives and make it her own. This process of integration involves learning, illumination and discarding. Often, the result of this critical process is a reconfiguration of the candidate's perspective, which comes at a cost to the candidate's narcissism. After all, it is not as if the candidate was a blank slate or empty container at the start of analytic training. To overstate the point: In learning analytic technique, the candidate may come to believe that much of the way in which she was practicing was wrong, that is, non-analytic. A candidate, even one who is (consciously) not conflicted about her desire to become an analyst, may find overhauling aspects of her ways of working to be a narcissistically injurious experience. The candidate may have little concern that such a process is worthwhile in the long run; in the present moment, the candidate may find herself with a heaping amount of self-doubt.

A candidate's peers, teachers, supervisors and analyst have a marked influence on the way that a candidate develops personally and professionally. A candidate's theories, interventions, and style will likely be transformed in the course of training. How a candidate thinks about her work with patients may fundamentally change. Trying new theories and ways of being with patients imbues the work with vitality. Amid the exhilaration, however, may be a nagging awareness that the candidate is very much in the *process* of developing what she has to offer to patients. When the candidate and patient discuss fee, they are implicitly or explicitly referencing the service that the candidate is providing to the patient. If the candidate feels her work to be in a state of transition, it may be less clear to her during these times exactly what it is that she is providing.<sup>3</sup> The difficulty is that unless the candidate believes – based on specific ideas or reasons – that she is adding value to the patient's life, it may be anxiety-provoking to discuss fees. It is worth noting that whether the candidate is correct or incorrect about her hypotheses is irrelevant. What may be necessary to raise the topic of fee with the candor and curiosity that may lead to a profound exploration is a deep sense that one provides a valuable service. Otherwise, the fee becomes a symbol of the questionable value of the treatment, and avoiding the topic is a relief from the discomfort of this possibility.

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<sup>3</sup> I am not assuming that this question is ever answerable in a simple, straightforward way. And of course, there are dimensions that will never be conscious, or formulated. Moreover, one might argue that it is not for the candidate to know the answer to this question; that only the patient knows, consciously and unconsciously, what she or he is getting from the treatment.



I am not suggesting that candidates, by virtue of being beginners, or works-in-progress, do not have something valuable to offer patients. In fact, it is arguable that the best analysts allow themselves to be works-in-progress throughout their entire careers. What I am trying to capture is that during candidacy, the work-in-progress nature of one's identity is more an inevitability than a deliberate choice, and because of the sense of inadequacy associated with being analytically inexperienced, a feeling of shame may emerge.<sup>4</sup> In the effort to manage that feeling of shame, avoiding the topic of fees is often a tempting option.

### *Contemporary Institute Curriculum*

The second feature of the training process that may bear on candidate difficulty with the issue of fees pertains to the assumptions and ideas upon which current psychoanalytic theory and technique are based. Contemporary psychoanalytic theories often are defined by their rejection of claims to Truths. Analysts working in a contemporary style usually do not religiously adhere to any one theory or technique. A candidate training in a contemporary institute is not taught or expected to master one descriptive and prescriptive body of theory and technique, with the goal of attaining expert status on human development, mental illness and cure. The conviction at the heart of many contemporary psychoanalytic theories is that there is no Truth about the psyche (neither the patient's nor ours), and that the analyst, as a deeply embedded member of the analytic dyad, is in a particularly poor position to be the arbiter of the patient's Truth. Candidates at institutes with contemporary curricula learn to deconstruct psychoanalytic tenets, and get plenty of practice in the amorphous art of "thinking analytically." The non-authoritarian style with which psychoanalytic information is imparted to candidates is not a weakness of the contemporary analytic training curricula so much as a consequence of the field's integration of current epistemological ideas. In response to the postmodern turn in psychoanalysis, the field has backed away from claiming to provide expert, objective or neutral perspectives. Interpersonalists, as a matter of principle, question the role of organizing treatments around empathy, and do not typically value "holding" (Slochower 1996) or the "corrective emotional experience" (Alexander 1950) as the bedrock of the work.<sup>5</sup> In the training curricula of contemporary psychoanalytic institutes, there seems to be as much focus on deconstructing what we provide to patients as on what we do provide to them.

While I find myself in agreement with theories that challenge traditional / classical psychoanalytic ideas of the analyst's knowledge and authority,<sup>6</sup> there are some anxiety-provoking aspects of coming of age in this current intellectual climate. Candidates graduating from contemporary analytic institutes are in the position of having to develop a highly personalized analytic technique within a context where there are few rules and little agreement about what is acceptable and unacceptable analytic action.<sup>7</sup> Even if this was always true to a

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<sup>4</sup> A more general discussion of candidate shame is available in *The Candidate*, Vol. 2, No. 1, 2007.

<sup>5</sup> See Mitchell's (1993) chapter "What Does the Analyst Know" for a summary of historical and contemporary thinking about what analysts offer to patients.

<sup>6</sup> For a critique of the contemporary view, see Eagle, Wolitzky, and Wakefield (2000).

<sup>7</sup> I would like to note that I found Owen Renick's (2006) book, *Practical Psychoanalysis for Therapists and Patients*, clinically useful and highly relevant to the issue of what we provide to patients. Renick argues that analysts and patients should evaluate the value and productivity of a treatment based on a close tracking of symptom

degree, analysts passing through the ranks in decades past could rely perhaps on the reassurance of their privileged vantage point to draw on for their sense of professional worth / authority. To restate my point, it does one thing for an analyst's self-esteem to be raised a king and then subsequently "see the light" (i.e., join the masses). It does another thing entirely to be raised from the outset as "just one of the masses."

Although I find the deconstructionist orientation of current psychoanalytic thinking liberating as well as intellectually stimulating, it does seem to create a context where we are more comfortable discoursing about what we do not / should not / cannot provide to patients than what we do provide to them. Inasmuch as this is the case, it becomes more difficult to argue convincingly for the value of psychoanalysis. The anxiety triggered by understanding the limitations of what we can claim to provide in a psychoanalytic treatment may play out in the arena of fees because the topic of fee invokes the service for which one is being paid. This may be an extra challenge for candidates who may lack confidence in what they bring to a treatment (let alone quantifying that value and asking to be compensated for it) due to having less firsthand experience seeing their own gain, and that of their patients, from psychoanalysis or psychoanalytic psychotherapy.

### *Training Analysis*

The third factor shaping a candidate's sense of self and self-worth is the training analysis. I explore two ways in which the candidate's training analysis may leave the candidate ill-equipped to deal with the issue of fees. First, I examine the occasionally disruptive emotional impact of being in analysis. Second, I argue that the reduced fee that the candidate usually expects and secures for her own training analysis may interfere with her ability to explore issues around fees that arise in her practice.

Mitchell (1993) points out that "anxieties and dreads always lurk in any authentic analysis" (p. 210). There are times when it "becomes clear that the analysis itself has become the problem ... dark times ..." (Mitchell 1993, p. 210). During these dark times, when one feels lost in a sea of anger, confusion, and loneliness, it may be very difficult to have faith or hope in oneself, one's analyst, one's teachers, and in psychoanalysis as a healing practice.

The candidate analyst is in the position of potentially having an experience of emotional fragmentation at 11 am in her own analysis, and then at 12:15 pm, having to face an exploration with a patient about fees. Patients often begin exploring their discontents with the analyst by complaining, or voicing anxiety, about the cost of treatment. It is essential to the treatment that the analyst be able to think analytically, as well as practically, about what the patient is expressing. If the candidate's sense of self is fragile in these moments, the complaints about fee are likely to be taken at face value. The candidate, feeling herself to be on shaky emotional ground, may prefer to consciously or unconsciously avoid the topic of the patient's discontent in a self-protective effort.

Analysis regularly reflects the themes of the candidate's life, and also actively shapes her

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alleviation.

perspective on her current life circumstances. During times of painful psychic unrest, challenging personal and professional issues will likely feel less manageable. Mitchell (1993), although focused more on the analyst's experience, writes:

Times of crisis, when the patient directly focuses his dread, despair, and destructiveness on the analyst's understanding, tend to be difficult for the analyst .... This tends to, and should precipitate a genuine crisis for the analyst, who is brought face to face with authentic doubts about and with the limits of his understanding .... That realization is painful – necessarily so – for both patient and analyst ... periods of impasse in analyses are likely to disrupt the analyst's own personal equilibrium, awakening the analyst's own dreads, and challenging the analyst's hopes not only for the patient but for himself as well (p. 213).

Although an account of this crisis from the patient's perspective may emphasize different aspects, I think that this passage captures the far-reaching impact of the crisis of hope and the dread that the patient also feels. The candidate is in a uniquely difficult position during such stalemates. In addition to being in the position of patient, the candidate, through conscious and / or unconscious identification with her analyst, may also experience the crisis unconsciously from the side of the analyst who is experienced as failing her. At such times of despair, skepticism about the analytic process may make it difficult for the candidate to raise, or even explore, the topic of fees with patients without feeling like a charlatan. The candidate, at such times, may steer clear of discussions of fee to reduce anxiety around a feeling of hypocrisy.

It is probably safe to assume that institute training would be out of financial reach for most psychotherapists if a candidate was required to pay the full fee of her training analyst. However, the candidate's payment of a reduced fee for her training analysis is not without consequence. Arguably, in expecting and paying a reduced fee to her own analyst, the candidate's ability to effectively deal with the issue of fee in her own practice is hindered. A candidate receiving a reduced fee may find herself feeling less comfortable refusing a patient's request for a reduced fee. The candidate may feel pressure, out of guilt and / or competition with her own analyst, to extend the same generosity to a patient that her analyst extends to her. Or a candidate may be reluctant to charge a patient more than the reduced fee that she pays her analyst, consciously or unconsciously fearing that doing so disqualifies her from deserving her analyst's reduced rate.

Another related idea is the possibility that a candidate, struggling financially, may have difficulty charging and collecting a fee from a patient in a difficult economic circumstance if the candidate is overidentified with a patient who also requires a reduced fee (S. Buechler, personal communication). The candidate, who may struggle to pay her own training analysis bills, could potentially live out an unconscious or conscious wish that her own analyst waive or further reduce her fee by doing so for her own patient.

I would like to address a tangential issue that influences the candidate's sense of her work and has implications for fee issues. Unlike graduate analysts, who expect their patients to provide them only the fee as a concrete service, candidates depend on their training analysts

for fulfillment of training requirements as well. Candidates desiring to fulfill these requirements often offer their services to training analysts at clearance prices.<sup>8</sup> This can be true even when the candidate knows or has good reason to suspect that her analyst has greater resources than the negotiated reduced fee reflects.<sup>9</sup>

It can be difficult for candidates to find and maintain training analysts for the requisite time period to fulfill training requirements; this may result in complications that get lived out in the arena of fee. A candidate grateful to her analyst for staying in treatment with her, as doing so aids the candidate in meeting her program requirements, may infuse the treatment with a feeling of gratitude. In this context, the service and benefit the candidate provides to the analyst might be consciously or unconsciously overshadowed in the candidate's mind by "the service" (i.e., meeting the training requirement) the analyst provides to the candidate. One consequence may be the candidate's devaluation of her work and effort with the training analyst. Aside from the negative impact this devaluation may have on the candidate's self-esteem, the verbal and nonverbal communication of the devaluation to the training analyst may literally and metaphorically cheapen the treatment. The very low fees that candidates must offer to training analysts in order to engage them in analysis, in conjunction with the difficulty of finding training analysts, at any fee, creates a climate ripe for the devaluation of the treatment (in both the candidate's eyes and the patient's). In this context of devaluation, discussions of fee may become even more difficult for the candidate.

### Conclusion

The issue of fees is positioned to be an arena ripe for conflict and intense emotion given that money is both a symbol imbued with multiple meanings and a concrete necessity for living in this world. That we depend so directly on our patients for money presents a myriad of issues for the analytic dyad, all of which shape the analytic relationship. I have argued in this paper that, for candidates, difficulty with the topic of fees has a unique intractability, resulting from the emotional and financial vulnerability presented by the training process itself. I have explored some of the factors that may leave a candidate more invested in maintaining his or her emotional equilibrium than tolerating the anxiety that may accompany fee discussions with patients. One of the biggest obstacles to providing a patient with a rich analytic experience is a resistance on the part of the analyst to becoming disquieted at times. Institutes that want to train capable candidates who are prepared to provide high quality analyses to their patients might want to help candidates learn to embrace their own disturbance around the fee in particular, and financial issues more broadly.

In writing this paper, I have gained appreciation for the many layers of potential difficulties for candidates enfolded in the issue of fee, the "developmentally appropriate" aspect of the struggle, and the needless isolation in which candidates often struggle with financial

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<sup>8</sup> It is beyond the scope of this paper to address other dimensions, e.g., moral reasons, of a candidate's motivation to see a training analyst at a greatly reduced fee.

<sup>9</sup> Rothstein (1995) argues that for selected patients, the unconscious wishes underlying their reluctance to pay the analyst's desired fee must be gratified before the unconscious aspects of their resistances can be analyzed. Contrary to spoiling the transference, such an enactment is a prerequisite for engaging such patients. This paper is concerned with countertransference feelings that would inhibit the candidate's interpretation of such resistances.

matters. It is my belief that the absence of a formal institutional response addressing the multi-faceted symbolic and real issues related to money in the analytic context is a weakness in training curricula, leaving candidates ill-equipped to manage this unavoidable aspect of the work. “Candidate’s thoughts, feelings, fantasies and beliefs about money in general and payment of these fees in particular constitute one of the least discussed and explored areas during one’s training ...” (Seckin 2008, p. 1). Since the issue does not lend itself to didactic prescriptions, a class on the topic, where candidates have the space to explore and express their thoughts and feelings, would be invaluable. Not only might a class give a candidate the support to work through practical and emotional concerns around fee, but it could aid a candidate in the development of a fee policy that might actually be an extension of the candidate’s personal style.<sup>10</sup>

I have found the issue of the psychoanalytic fee to be a source of anxiety, and frequently, missed opportunity. Exploring issues around money in the treatment provides the analytic dyad with an invaluable, arguably unique, opening to work in the here-and-now. As Mitchell (1993) observed, “One of the most important areas in which needs, desires and wants are negotiated between patient and analyst is in the area of money” (p. 196). Yet, the topic is left out of training curricula, and perhaps by parallel process, omitted from treatments. In an article written in 1992, Aron and Hirsch recommended increased professional discussion of the complex and sensitive issues around fee and money. As a candidate in training sixteen years after the publication of this article, it does not seem that the institutions that train candidates have adequately responded to this challenge.

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<sup>10</sup> It is true that candidates are, in theory, free to form peer groups to gain support and insight regarding money-related treatment issues on their own time. However, I think that shame (and dissociation) triggered by fee issues may make it difficult for candidates to take the initiative necessary to form such a group. In addition, most candidates, myself included, hardly have any free time. Furthermore, an experienced analyst’s instruction would be invaluable in commenting on how candidates may navigate this thorny issue.

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## **Money: Unmentionable Transferences-Countertransferences in Psychoanalytic Training**

**Abby Herzig, PsyD, and Sharon Lavon, LMSW**

### **Introduction**

In 1913, Freud wrote, “*Money questions will be treated by cultured people in the same manner as sexual matters, with the same inconsistency, prudishness, and hypocrisy. The analyst is therefore determined from the first not to fall in with this attitude, but, in his dealings with his patients, to treat of money matters with the same matter-of-course frankness to which he wishes to educate them in things relating to sexual life*” (Freud 1913, p. 131).

In the 95 years since Freud wrote this, unlike sex, there is still relatively little written about money in the psychoanalytic literature. Are issues surrounding money largely avoided in the treatment room as well? If issues of money are avoided or are not well analyzed in psychoanalytic treatments, why is this? Unlike sex, transactions around money – from which the analyst derives benefit – are concretely expressed in the treatment room. Does the pleasure (and guilt) about receiving the patient’s money hinder the analyst’s candor in confronting this subject? Are analysts conflicted about making money given that they are professionals within a helping profession? Do feelings of greed and envy significantly compromise such frankness? What else might be at play?

These and many other questions seemed to us, at *The Candidate* journal, deserving of further inquiry. Perhaps if this subject were adequately analyzed, it would likely facilitate more successful training analyses and subsequent psychoanalytic careers. In order to begin a conversation among candidates, supervisors and training analysts about these issues, on May 8, 2008, *The Candidate* and the New York University Psychoanalytic Institute co-sponsored the “Money” panel. Moderated by Arnold Rothstein, MD, the panel comprised three well-known analysts – Steven Ellman, PhD, Philip Herschenfeld, MD, and Wendy Katz, PhD. Margery Kalb, PsyD, was the reporter for the panel.

Panelists were asked to consider the following questions regarding money in the realm of the training analysis in particular and training in general:

1. Many candidate-training analyst pairs approach the beginning of a training analysis with the expectation that the fee upon which they agree will be lower than the analyst’s usual fee. Although reduced fees are often arranged, there are situations in which other realities shape a different arrangement between the pair. Some examples are the candidate who has substantial financial resources, or the analyst whose financial situation makes offering a very reduced fee extremely difficult. Alternatively, some analysts do not rely upon (or primarily rely upon) income from their practices to support themselves. How might these factors shape their countertransference reactions to their candidate analysands?

- How do the reduced fee and the expectation of it (from both analysand and analyst) impact the analysis of money and the treatment in general?
  - Do these common conditions preclude / compromise effectively analyzing money and the fee in a training analysis?
2. How does the analysand's experience of a reduced fee and his / her ambitions as a candidate influence his / her handling of money with supervised cases?
- Do candidates inherit (from their analysts) an inhibition in their ability to analyze issues related to money when treating their own analysands?
  - How might candidates be helped more effectively to think about and navigate these complex issues, particularly in the context of having practices filled with low fee analysands?
  - What conflicts, if any, occur when candidates paying a reduced fee consult with patients who can pay a substantial, even a full, fee?

*The Candidate* invited 10 candidates and senior analysts to write pieces reflecting their diverse theoretical perspectives on the issues raised during the evening. The panel presentations, the reporter's contribution, and the 10 responses are published in this volume.

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## The Calling of Psychoanalysis: Can It Exist in a Materialistic Society?

Steven J. Ellman, PhD

**The author discusses his view that the setting of fees is part of the issue of trust in the analytic dyad. He comments on his own fee-setting practices and how he has come to terms with the issues that arise concerning fee.**

Although I agreed to be on the *Money* panel, it seems to me that I am a poor choice for the topic under discussion. Perhaps I should amend this comment, and say that since my friend Arnold Rothstein, the moderator of the panel, knew that I needed further analysis, particularly around the issue of money, he felt that embarrassing myself in public might drive me back into analysis. Even before Arnold's insistent (and premature) interpretations, I must say that at some level I have always known that I am conflicted about the issue of fees in analysis. Let me start from my conscious concerns, rather than struggling to present my partly conscious to somewhat unknown unconscious fantasies.

I trained during the 1960s and few if any of us discussed money; rather, we were "sensitive clinicians" striving to understand the mysteries of life. Clinical psychology and psychoanalysis (at the NYU Doctoral Program in Clinical Psychology, they were highly correlated) were callings, not professions. Clinical psychology was just coming into fashion and many of us saw ourselves (in fantasy) at the apex of the clinical and research worlds. The National Institutes of Health were giving out grants as fast as one could send them in and patients were readily available to any who desired a full practice – that is what we thought. I studied with George Klein, Bob Holt, Merton Gill, Leo Goldberger and others who came to the Research Center for Mental Health at the NYU Doctoral Program in Clinical Psychology (Fisher, Langs, Dahl, Bornstein, etc.). They helped present an unreal world of the scholar / researcher / clinician who was looking at psychoanalysis from a variety of perspectives. My first traumatic realization came when I was on internship and the crass psychiatric residents were talking about how high a fee a certain patient should pay. I was astonished that they looked at the patient as, in part, a client; I was pure and saw only the needs of the patient without thinking about fees. However, Arthur Arkin, a psychiatrist-psychoanalyst who became a colleague and good friend, taught a course (during my internship) on the meaning of money in the therapeutic situation. I will not try to recapture the course here, but I mention it to say that my early idealism or grandiosity was captured in this course, which was a strong impetus for me to think about my countertransference reactions and how I presented myself in the analytic situation with regard to fee.

My reference to being a psychologist is not done simply for comic relief but rather to bring into focus that a good deal of my values were shaped as a psychologist, or rather my choice of profession was due, in part, to the fit of my values with how I perceived the profession of psychology. In addition, so much of our transference to our patients is determined by our own analysis. My first analysis was with a psychologist who was extremely flexible with me in terms of his fee. At that time, I was a graduate student and had little income and he was willing to see me at a relatively low fee. This identification with him has undoubtedly shaped my approach and reactions to my patients with regard to fee. I have been willing to be flexible in terms of fee and have fantasized that this is a good part of the reason that I almost never have had open hours

and that over half of my practice is an analytic practice, 4-5 times a week.

In this context, let me say that while I am far from a compulsive person, the general time boundaries of my sessions are surprisingly exact. I am almost never late and rarely run over; if I am ever late, I am scrupulous about making up time. However, for years patients have had to pay at the end of the month and, unless forced, I never make out bills. It is the patient's responsibility to total up what they owe and pay at the end of the month. I consider this a chronic enactment, which at times I have had to interpret in the course of a treatment. In various ways, I would say that there was a denial of a more kindly thought of minimization of the fact that I was, in part, economically dependent on my patients' payments. It has become clear to some patients (and needed to become clear to others) that our economic arrangements are often unusual. Lately, I have seen a number of very wealthy patients and some of them do not pay my highest fee. When I start with a patient, I tell them I have a range of fees. If they choose a fee within the range, I do not discuss it except as it comes up as an issue in the treatment situation. I try to ask people who refer patients to me not to tell me about the patient (including their economic situation) but some colleagues cannot be quieted. Thus, the way I set a fee brings me up against the possibility of feelings of being cheated, not being given enough, etc. How am I able to handle these feelings or potential sources of countertransference enactments?

To answer this question, I will have to speak a little about some thoughts I have about the analytic situation in general. It is my view that for an analysis to truly be utilized (not one that simply goes through the motions), the patient has to make the treatment his or her own. Thus, while I may suggest a way of proceeding, it is the patient's choice as to how we will proceed (including the handling of the fee). If the patient wants the window open or closed or the shade up or down or wants to shift seats, sit up or lie down (or have me look away), I generally agree to these conditions. I always try to understand the limits of my ability to agree. Moreover, at the beginning of each transference cycle (yes, I think there are transference cycles), what I call analytic trust has to be established and re-established. I will not describe the different ways that enable the analyst to enter the patient's world, but clearly, being able to feel and communicate the affect in some way to the patient is a crucial aspect of what has been called affective interpenetration. This often involves reflection, synthesis and a certain type of listening that is hard to do and even more difficult to easily describe (Ellman 1991, 1998, 2007). But given my difficulties with fee, after a long while in practice I cannot recall not being paid by any patient that I have seen. This must count for something in terms of my economic acuity. Perhaps not, but it does say something about the trust that I have engendered in my patients and that I am likewise willing to put forth into the treatment situation. When trust is covalent, then at least one piece of the treatment is present. It is my view that, over the course of the treatment, I will work out my difficulty with fee and, together with the patient, will arrive at the correct payment. Normally this is done by the middle of the treatment but not always, and if one surmises that I have not economically maximized my earnings, I can only say that you are probably correct. But I would ask why is this an important factor in treatment? This question is particularly relevant if you will assume with me that the analytic pair can analyze the meaning of payment and arrive at an equitable fee in the course of treatment.

I could go on about a variety of technical factors in setting fees, and countertransference about receiving fees – I could decipher Winnicott's (1955) statement, "The analyst expressed

love by the positive interest taken, and hate in the strict start and finish and in the matter of fees.” But instead I will focus on what I consider to be crucial in answering the question that I feel is implicit in this presentation – what are the sources of conflict in setting and handling fees and discussing these issues with colleagues? I will posit two sources (perhaps three) of envy that affect our practices and our fees. The first is the more general factor (perhaps) and that is the envy of a number of our patients who make substantially more money than we do. This was announced to me by a patient (a woman) who presaged the enormous amounts of money that were about to be made by people in financial circles. She wondered how I would feel, because it was her view that in previous decades there was not such a wide discrepancy or difference between our professions and now there would be. I, of course, defensively interpreted her remark in terms of her competitive feelings and thoughts about analysis, since she felt at that point so dependent and vulnerable. This interpretation was effective enough that she eventually gave up her lucrative profession and went into a helping profession (after making a large amount of money). Fortunately, she feels she received a good analysis so I didn’t have to apologize when she returned to treatment for a brief period when she had a child. I assume that others experience the (same) sense of envy that I did, and I assume it is why I am sometimes admonished for not charging wealthy patients a higher fee. My answer is that I am aware that various patients can pay a higher fee but charging a fee that I know most people could not afford or even consider would put me in a defensive state and would make it more difficult for me to conduct an analysis. Surprisingly, Jacob Arlow said to me that he felt that some analysts thought that they were in partnership with their wealthy patients. He was not referring to a therapeutic alliance. Thus, we have to be aware of our envy of our patients and be willing to scrutinize our actions in response to this form of envy.

Let me move to the second source of envy, another powerful allied danger – talking about fees with colleagues, and the associated feelings of envy it engenders. I have received calls from colleagues who tell me that they would accept a lower fee for doing analysis but request that I do not publicize this since it would harm their reputation. It is as if a high fee is a badge of honor indicating that you are successful as an analyst. I, of course, coming from an anti-world, always thought that a low fee was a badge of honor until a senior analyst told me that it is a moral obligation to charge as high a fee as possible. I did not question this line of morality since I knew my relationship with him was tenuous at best. What I do know now is that there are a number of analysts (particularly today) who are envious of the wealth around them and have not dealt with their envy in terms of their analytic practice. Thus, one might deal with one’s envy (as I have) by saying that I do not need your fee; yet this is as pernicious a response as the grasping analyst who wants a partnership with their wealthy patients. In the first case (mine), there is the idea that “You cannot give me anything that I would value; only I have things of value in the analysis.” The other edge maintains that “I am interested in your value only in what you can give me materially.” These feelings are then intensified if envious feelings stirred by the psychoanalytic community move you to feel that you are a failure if your fees are not high enough.

The issue of envy plays out somewhat differently within a given profession. In the field of psychology, clinical psychologists use to be an object of envy because they could charge fees in private practice. That has changed in a variety of ways, with corporate counselors, neuropsychologists and industrial psychologists making more money. In psychiatry, the pool of

psychoanalytic psychiatrists has greatly diminished and biological psychiatry has moved into the limelight, in part because of the economics of the profession. Few of our heralded department leaders have fought for analysis, partly because of the economics of grant money. I could paint a similar picture of social work.

What is the analytic point here? In part, a number of our past leaders have bailed out because many were never analysts with the calling for analysis. Analysis at one point in time was a glamour field, which medical analysts desperately tried to protect. There is a Mel Brooks film from the 1970s in which he plays a psychiatrist-analyst; he begins to sing and Madeline Kahn says to him, "You could make it as a singer." He replies, "I know I'm good but the real money is in analysis." Since then, the real money is no longer in analysis.

Analysis is under attack from a number of sides; one of the reasons for the attack is the previous exclusivity of the analytic world. There was a trade union at a high level, which was rationalized in terms of patient welfare. There was also a non-scientific, non-clinical meaningful view of analyzability. One pattern excluded people from training, the other excluded patients from being in analysis. These are some of the reasons it is hard now to convince people that we are actually concerned with standards and patient welfare. From my point of view, it is extremely unfortunate that analysts fought against empirically testing analytic results, because I am a believer in the efficacy of analysis. I believe that Sandell's research (Sandell et al. 2000, Falkenström et al. 2007) is the tip of the iceberg and that psychoanalysis is one of the few (perhaps the only at this time) structurally transformative experiences that I know of in our society.

I have only commented peripherally on the effect of the training analyst's fee on the future analyst's (candidate's) fee policies. From my perspective, the question as to how the training analyst's reduced fee and the candidate's expectation of it influences the future analyst's behavior is too specific a question. The question is whether the training analysis was "good enough" to enable the candidate to form his or her own policies around fees as an independent analyst. Most training analyses that I have seen or taken part in have varied results. Some candidates have not sufficiently analyzed their idealization or identifications and this increases the probability of there being a strong influence from training analyst to candidate. However, my experience is that other factors – the sociology of the training institute, the availability of patients, the person's legitimate ideals – are more powerful factors in determining a candidate's view on and approach to fees in the analytic situation. Whatever one's position on fees, let me end on a positive note and say that I believe that the field is sorting out in terms of those that have the calling and want to honestly demonstrate the validity of the calling. This, I think, is extremely hopeful and, in the end, good prevails over evil (you didn't expect me to be profound about this topic). Thus, if you have the calling, practice psychoanalysis, do research in addition if that is your talent and interest, and trust that what you do will be valued.

### **An Addendum**

This paper was first intended to be a talk to provoke discussion and, therefore, I did not attempt to directly detail my views. In this addendum, I will try to answer some of the questions that naturally arose from the talk I presented.

For me, the heart of the analytic process is establishing trust in the analytic dyad. This trust must eventually be bi-directional and involve all aspects of the analytic situation (Ellman 1998, 2007). My view of setting a fee is part of the issue of trust, but before I give the rationale for my policies, let me summarize how I handle the setting of a fee. When I begin a treatment, I do not state a single fee; I present a fee range. Within that range (of \$50), a patient can choose their own fee. Their choice may be (usually is) a subject of analysis, as is any other aspect of the analytic situation. If a patient feels they cannot pay any fee within the range, then we discuss the reasons, and it is possible that I will refer these patients to another analyst.

Why do I state a range rather than a single fee? It is my view that \$200 a week may make a substantial difference to someone undergoing a four-times-a-week treatment. Rather than say I am lowering my fee if a patient can't afford the maximum, I would rather state a reality; that is, I am willing to accept a fee within a given range. This is my position and if someone picks a fee within that range, I do not feel that I am lowering my fee. Now you may ask why won't patients always pick the lowest fee? The answer is that patients pick the highest fee more often than the lowest fee. Most patients pick a fee in the middle of the range and as the treatment progresses adjust their fee to what they can truly afford.

Let me briefly illustrate this point. When I receive a referral, I try to know as little about the person as possible. This includes their financial status. A wealthy patient who was referred to me picked the middle range of my fees. At that point in time, I didn't know the person's financial situation but as I began to find out, it became clear that this person was very wary about people being friendly or approaching him because he assumed their concern was always because of his wealth. It was not until what I call analytic trust developed, that the person raised his fee and began to understand his difficulties in allowing many types of relationships to occur in his life. Another patient insistently maintained that even my high fee was low and wanted to pay a higher fee. His self-esteem was based on showing his wealth; gradually, he began to understand his need to impress me by going beyond my highest fee (and no, I did not accept his offer of a higher fee).

I could give a variety of short illustrations about fee, but part of the question raised is how does one communicate this point of view to candidates? Before answering this, let me reiterate that my range of fees is, for me, a way of saying honestly "Here are fees that I am comfortable with;" this states clearly what I will accept – as honest a statement as I can make. My coming to terms with the fees that I am comfortable with helps me deal with some of the dangers of envy that I have tried to outline previously.

Obviously, most candidates are not in a position to pay my highest or even the lowest fee in my fee range. I discuss this with the candidates and tell them my normal procedure. Implicit in this discussion is the idea that if their incomes rise (as is normally the case), the fee will be an issue for us to reconsider. Their analyses also are seen as part of my obligation to the profession and to the institutes that include me as a member and as a training analyst. It is undoubtedly an ideal that I consciously and unconsciously try to impart and it also must stimulate some guilt in the candidate. This is an issue that frequently comes up in training analyses, as does the compulsory aspect of training analyses. Both aspects of training should be revisited (I have tried

to comment on the nature of training analyses in the first issue of *The Candidate* [Ellman 2006]). It is clear to me that the subject of money and other issues may have to be dealt with in either prior or more usually subsequent analyses. In fact, I have seen substantially more analysts after than during their analytic training. Since I have had the opportunity to see analysts from four of the five IPA institutes, it seems to me that all of these institutes (and others) need to rethink their policies about their candidates' analyses.

I will end this short addendum by pointing out that a good analysis brings with it the trust of the analytic process in a way that no other experience can equal. For me, this is so important for the future of psychoanalysis that we should be focusing on how we can optimize the candidates' experience in analysis as our prime consideration in analytic training. The way we proceed with the training analysis at this point in time frequently does not optimize the possibilities for a therapeutic analysis. This is true in terms of understanding the importance of fees in the analytic situation but, more importantly, in trusting the efficacy of analytic therapy.

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## Fees in Training Analysis

Philip Herschenfeld, MD

**Money is an issue that has conscious and unconscious meaning for everyone, and it can be a vehicle for acting out as well as for analyzing unconscious fantasies. Any analysis that avoids the topic of money is missing something, given the importance and multiple meanings of the subject. The author discusses his view that the training analysis should be considered just like any other case that one has decided to take into treatment, and an appropriate fee for the current circumstances of the candidate-patient must be worked out.**

People come to us for help and we provide that help as paid practitioners of a particular method of helping. The frame of what we do in providing help is vitally important, and an important aspect of that frame is that we do what we do for a reasonable fee. If we charge too much or too little, we bend the frame and are less able to provide the help we are trained to give. I will get back to how to define what is too much or too little.

When most of us come upon a small child who has fallen and scraped his knee, the usual human impulse is to gather him up in our arms and try to soothe and comfort him. This is, obviously, the right thing to do and it is usually effective in providing a “cure through love.” But I think most of us will agree that this type of cure is not what we aim for in psychoanalysis. I want to acknowledge Milton Horowitz for bringing to my attention that, as analysts, we do cure through love, but not in the same sense. The cure comes through the patient’s gradually understanding the “hows” and “whys” of their wishes to be loved by the analyst, the roots of these wishes in the primitive past, and the manifold expressions and defenses against these wishes in everyday life.

Because of the human instinct to sweep up the hurt child, there has been, since the earliest days of psychoanalysis, a drift toward trying to cure the hurt child by loving her better than she had previously been loved. This is gratifying both to the giver and to the receiver of such love. It is emotionally easier for most of us to mete out, but it is not curative in the analytic sense. My opinion is that it is not curative in any sense. It is a pleasurable gratification of infantile wishes for both analyst and analysand, which are bottomless. Once the spigot is turned off, the bad feelings or maladaptive behaviors return. We aim to do a lot better than that in explicating and working through these infantile urges so that when they intrude, as they always do, the patient can recognize them and better handle them.

This kind of analytic stance does not come naturally to most normal people. Who in their right mind would answer the question “How are you today?” with the equivalent of “What wishes or seductions or resistances make you ask? What are you repeating from your early life by asking? And what are you avoiding? What aggressive act toward me is hidden in your seemingly harmless pleasantry?” It is an unnatural and emotionally difficult stance to take for ten hours a day. We earn our keep as analysts. It would be more pleasant and easier for everyone concerned to simply answer “I’m fine, and how are you?” But the patient would learn nothing about his emotional life from that answer and would have no cause to reflect on his inner life. This is not to say that analysis does not contain a degree of gratification. What could be more supportive (and loving) than having someone pay attention to your every word four or five sessions a week?

So, as analysts, we must constantly be on guard against doing the unthinking or unhelpful or “natural” thing. If simply being caring or loving to someone would do the trick, then most of our patients would have been previously cured by some good soul they had met along the way. In fact, their neuroses probably stood in the way of accepting whatever that good soul had to offer them.

There always has been and always will be a significant current in analytic thinking that says let’s stop this seemingly unfeeling, overly withholding approach to patients and just be loving and they will get better. Be empathetic. That approach comes with a whole array of theoretical justifications, but I think that at the root are the human needs of the analyst. To observe this, just pay attention to how you approach your patients at times when you are under stress. You will find a pull to be more humane or interactive or chatty or supportive. These impulses are not coming from a change in the patient’s needs. There has been a change in the analyst’s needs and ability to maintain neutrality.

What does this all have to do with the question of fees in training analysis? Money is a dirty word in most civilized company. An excellent and highly respected physician told me early in treatment that speaking to his patients or their families about fees was “beneath me as a physician.” This was in reaction to my handing him a bill at the end of the first month. “I am surprised that you handle such things. I have my office staff do the dirty work,” he said. In the ensuing analysis, we learned what was beneath that seeming disdain for filthy lucre. The issues included greed, hatred of his mother for nursing his younger sister, fellatio fantasies toward his father, and feelings of humiliation over a period of encopresis when he regressed, post surgery, at age six. A frequent memory that came up was trudging up tenement stairs with his immigrant doctor father who collected a dollar or two for the visit. He discovered that the degraded image he held of his “low fee” father at those moments in fact contained a competitive feeling towards him. It undid the high esteem in which his father was held by the poor patients. He was able to feel far superior to his father and me because we involved ourselves with these dirty dollars. Not surprisingly, his income level was negatively affected by these attitudes. Many doctors and other professionals avoid any mention of fees. Their attitude is that it is undignified to acknowledge the obvious fact that they are doing their job as a way to make a living.

Our patients want us to love them unreservedly. Their notion of what will make them better does not include an adult view of us as working professionals who have our own financial requirements and who are making a living by engaging in this particular professional work. The handling of finances in the analysis gives us a unique opportunity to interact with our patients over a real issue. Matters of schedule offer the same opportunity. Time also has emotional meaning. A young man routinely checked his watch immediately on the way out the door after every session. If it seemed to him that he had gotten an extra two or three minutes, his mood was buoyant for the rest of the day. It meant his analyst loved him. It felt more significant to him than anything that had transpired during the session.

In issues of time and money, our own needs impinge upon those of the patient. The varieties of enactments and defenses around financial issues are as endless as the unconscious. One patient routinely handed me a check at the beginning of the last session of the month before



I could hand her a bill. She thereby banished from her mind the notion that I saw her for a fee and not for love. Another routinely held back payment each month until I mentioned the lateness. He felt that I was thereby humiliating myself by demonstrating my greediness and helpless need. This formulation helped him overcome the humiliation that he felt because he needed to see me and had to pay me or else I would not see him. Not surprisingly, he had been mainly cared for during childhood by a long series of nannies. He had always been aware that they would not be caring for him without their salary. They didn't do it out of love, like a proper parent. There are patients who treat the whole issue as something totally matter of fact, nothing to comment on or have feelings about. As one patient said to me, "I go to the barber and I pay him twenty bucks. Do I spend the whole next week discussing it with him?" A dream revealed that this man felt I was trying to castrate him with my bills, which he equated to the neatly lined up razors on his childhood barber's shelf.

So what about the special issue of training analysis? First of all, I think there is a problem in seeing training analysis as a special issue, unless one is simply using the term to describe the analysis of someone who is in analytic training. Otherwise, it is an analysis like any other. Its aim is to work through the same issues that appear in any analysis. Hopefully, this will allow the future analyst to function well in his chosen profession without undue inhibitions, blind spots, or needs to enact unconscious fantasies. Holding the training analysis up as something that is somehow different from other analyses can give rise to all sorts of fantasies that it is not a regular analysis for the usual purpose of freeing someone from her neurosis so she can love and work to her capacity. If it is not a regular analysis, then it is unique and the analysand is an exception and subject to all the difficulties of the exception. If this is not a plain old analysis, then perhaps there is no need to get into all sorts of difficult issues. The candidate can feel, "I am just going through the initiation rights of a club or cult of analysts, so I don't have to mention my sadomasochistic fantasies toward my analyst. He is helping me learn the trade. We are soon to be colleagues. Why muck things up with humiliating impulses?"

I think that it is an error for the training analyst to see it as a different kind of analysis or feel a special kind of responsibility in conducting it. Those feelings are a recipe for added problems, difficult resistances and countertransference.

So, you might ask, don't the usual low fees of candidates indicate that this is a special situation? Most of us want to use this skill we have spent so much time and effort acquiring. It is a wonderful experience to conduct a successful analysis and see the results of this powerful technique. Therefore, we do not demand our set fee. The fee must fit the particular case. If the circumstances of our practice are such, we may not be able to accept a low fee candidate at a given time. My observations tell me that those of us who try to do a lot of analysis from the beginning tend to continue to do a lot of analysis, and the fees seem to improve over time. Some analysts feel that it is appropriate to charge the very wealthy very high fees, in effect subsidizing less well-off patients.

In becoming a training analyst, I think there is an accepted responsibility to the profession to conduct training analyses when feasible. And whenever we accept the responsibility of an analysis, it must be conducted at an appropriate fee level. Who determines what is appropriate and how that is determined are complicated questions. Customary levels of

fee, the circumstances of analyst and analysand, and the values of both, all come into play. Fantasies of both the analyst and candidate get involved, such as alternating ideas of being super rich or super poor. If the fee is too high, it burdens the patient's life and negatively impacts the treatment with legitimate resentment. An analyst may be taking advantage of the patient's dependency or masochism or lack of power in the situation. If the fee is too low, the treatment is impacted by guilt, feelings of having gotten away with something, or feelings of being a special beloved case. An analysand from a very wealthy family demanded a low fee because he did not want to ask for family help. "I don't want to feel like a dependent baby, sucking on my father's breast." The analyst agreed, and early associations revealed that the patient now felt like a dependent baby sucking on the analyst's breast since the analyst was now subsidizing the treatment through the low fee.

An appropriate fee for the current circumstances of the candidate-patient must be worked out, just like any other case that one has decided to take into treatment. And like any analysis, the work is about the understanding of defenses, drives and the development of transference, which is interpreted and deepens over time. The material will, of course, include the expression of the candidate's defenses, drives and fantasies through the narrative of her experiences as an analytic student, analyst and supervisee. This is no different from working with a lawyer or a surgeon who demonstrates conflicts and inhibitions and fantasies in daily activities as well as in the transference.

Can the training analyst's avoidance of money matters have an effect upon the candidate's attitudes toward finances in his own practice? Sure. In order to be an effective analyst, one must be intelligent enough and healthy enough and analyzed enough. That does not imply being perfect in any of these realms, despite the common fantasy of the perfect training analysis. So, given the frequency in our culture of irrational attitudes toward money, not all training analyses will deal with the topic perfectly. The training analyst may have his own issues of greed or masochism or inhibition, with which the future analyst may identify.

Any analysis that avoids the topic of money is missing something, given the importance and multiple meanings of the subject. Of course, there is also the possibility that many of the underlying issues, such as greed or inhibition or questions of worth or masochism, would be dealt with in other contexts, with a positive outcome. For example, a severe anorexic who had failed many treatments that focused on eating and weight began analysis. We spent seven years talking about her mother and her hatred and her fears and her need for perfect control. The words "food," "weight," and "eat" were never uttered during the course of the treatment. By the end of treatment, she was of normal weight. In another patient, a reaction formation had developed as a defense against wishes to starve a younger brother to death. As a child, whenever his mother was not looking, he sneaked food from the little boy's plate. As an adult, he became overly giving in most situations and pathologically altruistic. He worked long hours and charged unreasonably low fees. Of course, at the same time, he was unconsciously depriving his own children as he wished to deprive his brother. As this reaction formation was analyzed, he noticed that he had begun to ask for more appropriate fees from his patients, even though this had not been at all overt in the material of the analysis.

There is also the possibility that even in the non-perfect analysis, meaning every analysis,

insights develop that are not related to conscious interpretations by the analyst. One patient handed the analyst a check on which the number was written in numerals, but in words he had written “twenty eight fifty” instead of “twenty eight hundred and fifty.” The analyst returned the check and requested that it be corrected. The patient thought to himself, “What a fussy, obsessional dork” and did as requested. It never came up in the analysis. A year after termination, the patient wrote to the analyst describing the incident and the profound effect it had had over time. It helped crystallize for the young analyst a number of important issues that had been worked on. These included taking shortcuts, getting away with things, never doing the whole job, being smarter than “the dorks who did everything by the book.” It also made conscious a conflicted identification with his analyst – a straightforward, direct person who told it like it was – over how to be an analyst.

Charles Brenner’s idea about dreams is that they are compromise formations like everything else in our mental life and, therefore, no more or less valuable than any other compromise formation for the uncovering of unconscious conflict. I guess that I am saying something similar about the issue of money in the training analysis. It is an issue that has conscious and unconscious meaning for everyone, it is an issue between analyst and patient that affects them in real ways, and it can be a vehicle for acting out as well as for analyzing unconscious fantasies, the hallmark of psychoanalysis.

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## Fee and Fantasy in Psychoanalytic Training

Wendy Wiener Katz, PhD

**The author discusses the complexity and variety of meaning of analytic fees in the particular social-cultural context of psychoanalytic training. Brief vignettes highlight the pervasive consciousness of money matters among candidates in contrast to the relative silence about money in courses and supervisions.**

*Susan, a senior candidate in analytic training, was presenting a case to two training analyst instructors and four peers in a class. In the course of a discussion about the patient having missed numerous sessions while traveling, one of the instructors asked Susan what her patient's fee was. Attentiveness among the members of the class increased palpably, and after an awkward pause, Susan stated that the patient's fee was \$9 per session. The instructor remarked that the fee reflected an obvious devaluing of the analysis. Susan felt the instructor to be suggesting that the fee was "shamefully low."*

*Steve, another candidate, carrying out an unusual assignment in a course on ethics at his institute, asked his supervisors to tell him their standard fees and fee policies. When one supervisor, a training analyst about twenty years his senior, with whom he had maintained a friendly and supportive relationship over several years, named a fee that was lower than the fee Steve received from some patients, Steve felt "ashamed." He then lied to his supervisor when she asked him the same question, so that his standard fee would appear to be less than hers.*

Even apart from the training context, *money and psychoanalysis* is a complex topic, emotionally charged and intellectually complicated. Psychoanalysts are professionals, and this is understood to mean, among other things, that while our work is a means to earn a living, it is more than this; we derive intrinsic satisfactions of many kinds – emotional, esthetic, intellectual, moral – from the work that we do. Unlike many other professionals, though, we have a very concrete relationship to the money we earn – we hand bills to the individual people we work with, and we receive personal checks directly from their hands. Further, the nature of our work means that the experience of paying us for providing our skills is something that our patients not only have feelings about, but – if things are going well – they share these feelings with us. Traditionally, our field sees the monetary arrangements between analyst and analysand as contributing to the maintenance of a "frame" around the psychoanalytic treatment. Yet we all understand that the analytic process inevitably draws the frame itself into the field of action, and that money and payment necessarily take on much more complicated conscious and unconscious significance within each analysis.

But clinical complexity is not all there is to it; the meaning and management of money in the clinical encounter must be understood in the context of the realities of the interacting systems in which the practice of psychoanalysis as a profession finds itself – professional, cultural and economic systems subject to historical change. One current reality is that training, of which the training *analysis* is a major component, is *expensive* (disproportionate to any potential increase in income that training might bring) and financial aid exists only in the form of private grants (we call them fee reductions) by individual training analysts. Another systemic reality is that, in the private practice setting where psychoanalysts sell their skills, in 45 minute chunks, to a relatively small number of people, the wealth of the patients we happen to have has a direct relation to the

contents of our bank accounts.

Once having decided to undertake training, the candidate enters not only this difficult market, but simultaneously into a new professional culture. Our professional collective imagination comes with its collective defenses, and where money is concerned, group-level disavowal is prominent. It has struck me that among candidates, at least in the current climate, the topic of money is a steady dissonant counterpoint to professional discussions – a sort of shadow discussion always breaking through. Joking conversations about how to attract higher paying patients; whether, when and how to raise the fees of those one has; gossip about the fees and policies of peers and senior colleagues; muttered resentments and sniping about disparities in fees based on discipline; and so forth attest to the pervasive sense of money-consciousness that afflicts many candidates, who have already invested greatly in their professional education and are investing even more by getting analytic training. Yet money is almost never an “official” topic or one discussed between candidates and their professional elders. Indeed, candidates often seem to feel that their teachers and supervisors neither understand the financial pressures that they bear, nor appreciate the sacrifices they are making. This “generation gap” has a distorting effect on our learning environment, infecting it with hostilities and consequent defenses, beyond the necessary oedipal ones.

The vignettes I began with, spontaneously recounted to me when I started asking colleagues about money and training, reflect this anxious preoccupation. In them, we can see that the very idea of the fee is highly invested with affect. *The fee*, is of course, a misnomer, for almost all analysts charge a range of fees. The authors of one of the few full length books on this topic observe that an analyst’s “usual fee may not be usual but unusual, in that ... [he] has rarely received it and does not expect it, but uses it as a possible preventive device as well as a fantasied part-object of a grandiose ego-ideal” (Herron & Welt 1992, p. 132). Dimen (1994) makes a similar observation in quoting an anxious and competitive colleague who “rather loftily announced that she was now ‘taking’ patients at higher fees” (p. 85). Alluding to her colleague’s pretensions at graciousness, Dimen adds with a touch of sarcasm, “And I always think how nice of her!” (p. 85).

This *fantasy fee* may serve an almost fetishistic purpose in supporting the disavowal I referred to earlier. Denial of the realities of the analyst’s economic dependence on the patient and of the competitive and commercial nature of working privately is supported, in my view, by a mystification related to fees. We could see this mystification – in which fees in all their concreteness are rarely disclosed in case write-ups or process classes, and are even left out of the discussion in many long-standing supervisory relationships – as the acculturation into a group defense. A taboo on asking about fees, honored in the breach for Steve and Susan, further bolsters this defense.

What is the need for this defense? Does it have meaning specific to the candidate’s experience? How can we understand the accent on shame? One factor may be that, in a market economy, the fee paid for a service or commodity is understood to represent something about its *value*. In a paper on countertransference, Shainess (1991) hypothesizes that a link between the analyst’s feeling of worth and the fee he commands accounts for a reluctance to reveal it. In the absence of experience, which is acquired very slowly in our field, perhaps candidates are

vulnerable to distorted estimates of their own and others' abilities, and fees can represent external measures of their value as analysts. Along similar lines, one informal study (cited in Liss-Levinson 1990) observed that female psychotherapists tend to quote lower fees and to be more likely than males to say they have a sliding scale.

Given this tendency to represent value in terms of money, both in the surrounding culture and in the narrower milieu of our profession, it is not surprising that narcissistic conflicts and social-status tensions surface in relation to the exposure of fees. In this context, for Steve to presume, as a candidate, to be more expensive than his supervisor was highly improper and aroused the shame of either exposed grandiosity or greed, while for Susan to reveal the low fee she was getting implied the exposure of something defective. Indeed, a third candidate, Amy, remarked with typical psychoanalytic bluntness, that *her* supervisors, both highly accomplished men well-known for their robust self-esteem, were "quite pleased to reveal their exorbitant fees and wave their penises in the air." Well, we all know what she meant, and at the same time we cannot miss the low note of uneasy envy booming out beneath the dismissive "interpretation."

Early in my training, I began to analyze a man about ten years my junior who was in the early stages of opening his own business, in a field very unlike our own, where neither ethical compunctions nor fantasies of helping people had much currency. Mr. J was open about his desire to make a lot of money, to acquire property and material goods, to have beautiful homes in several locations, and someday never to have to work. He was often preoccupied in sessions with the creative details of building a business: marketing schemes, financing deals, store-front displays, outsmarting competitors, or writing contracts to protect his interests. I was aware of considerable pleasure in listening to him hatch his inventive strategies and spin out his seemingly unconflicted acquisitive dreams, although some of his hardball tactics made me anxious, and the fact that he expected emotional satisfaction to result from his wealth was, of course, of interest to me as his analyst. For Mr. J, the *sole purpose* of work was to make as much money as possible. While I hoped his success would allow me to raise his fee someday soon, I did not see my brand new private practice as a business in his terms; I think I actually saw it more as a kind of art studio. Its purpose was for me to have a venue in which to practice psychotherapy and psychoanalysis, and while of course I hoped to earn a living at it, unlike Mr. J, I did not aspire to earn money in order to *stop* working. After all, I loved doing clinical work, and my analytic career was just beginning! However, as I listened to Mr. J, I became aware that I had developed a highly specific countertransference fantasy about him, one that told another story. In my fantasy, I added my own elaboration to his dream of material success – I envisioned my young patient thirty years hence as the wealthy and indulgent father of an adored, spoiled daughter.

At the time, my main understanding of this fantasy was that it reflected my wish, stimulated by multiple factors in the process with Mr. J, to succeed with my patient by creating the kind of father I had longed for – an oedipal fantasy. But in reconsidering the fantasy in the context of this panel, I am struck by another aspect of it: my displaced identification with Mr. J's acquisitiveness, and by the way my fantasy conflated earnings and gifts, a conflation that became prominent in Mr. J's transference, when he habitually spoke of paying me as "bringing" or "giving" me money. In reality, far from being Mr. J's spoiled daughter, I was repeatedly made to be the *provider* of material goods, as Mr. J helped himself to involuntary "loans" from me, in the form of very delayed payments.

Over time, all this material was transformed into important analytic work, but it took a while. I think that my difficulty in confronting Mr. J's acting out around payment had *something* to do with the well-documented tendency of candidates to avoid interventions that they fear will lead to the patient dropping out of treatment, but also had to do with my identification with a *shamelessly greedy* part of Mr. J, a part I both wished to change and at the same time, less consciously, admired.

Undoubtedly we all agree that the most important determinants of a countertransference like this can be found within the individual experience of the candidate analyst, to be explored in her training analysis or self-analytically. At the same time – and I think this is part of what motivates the topic of tonight's meeting – perhaps our professional culture and educational structures could do more to help the analyst-in-training with such situations by simply acknowledging and airing the extraordinary, and often very unequally distributed, economic burdens of practicing analysis as a candidate.

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## Post-Panel Discussion: Report and Reflections

Margery Kalb, PsyD

How can we be freer and more creative about money with our patients when money is typically so fraught for both members of the dyad? What are some of the mentionable and unmentionable transferences-countertransferences when it comes to money? In an attempt to challenge the usual constrictions and air attitudes too frequently lurking as shadowy “unthought knowns” (Bollas 1987), the panelists put aside prepared text after reading their papers and engaged in a more informal dialogue about money and its place in analytic training and treatment. During an extended, spirited discussion with audience members, the panelists addressed topics such as managed care and insurance, fee setting and resistance to specifying actual fees charged, some fee issues unique to control cases, the interrelationship among fees charged by candidates and fees they pay for supervision and for personal treatment, money in the life of the institute, and our general discomfort and irrationality around money and its place in analytic space. What follows is a partial summary of that discussion, as well as some reflections on what seemed unmentionable, or at least neglected, in the exchange of ideas.

Prior to inviting questions from the audience members, the moderator, Arnold Rothstein, MD, asked the panelists to comment briefly on one another’s papers. Philip Herschenfeld, MD, noted that money is a multi-faceted transference-countertransference issue, such that each paper presented addressed a very different aspect of the topic. Wendy Katz, PhD, added that despite coming from different perspectives, each of the papers touched, implicitly, on questions of morality in relation to fees and fee setting. Herschenfeld responded that he does not believe that he was, even subtly, thinking about morality when writing his paper, and that morality does not enter into his thinking on how to set a fee. He said that the question in his mind is simply: What will work for this particular case? Steven Ellman, PhD, pointed out that training analysis is an inherently different situation, a forced situation where the candidate must be in analysis. Ellman went on to say that the forced nature of the training analysis was part of the reason Freud disparaged training analyses.

Following the panelists’ exchange about their reactions to each other’s papers, the audience was invited to participate in the discussion. Many stimulating and apparently disparate questions and comments emerged, creating the atmosphere of an interesting work-in-progress. Some topics were more thoroughly discussed than others, and some were utterly neglected or ignored, raising the specter of unmentionability. From the audience, Cristian Ciora, MD, a candidate at the NYU Psychoanalytic Institute, expressed the opinion that many supervisors are ignorant and often dismissive about insurance matters. Ciora noted various ways that the financial landscape of treatment today differs from the environment in which supervisors trained and developed practices, such that managed care considerations must often be concretely negotiated with patients. Ciora observed, too, that the ways that insurance can be related to the inner world of the patient also frequently are neglected. Katz replied that, in training, we typically circumvent insurance-related matters by setting fees low in the expectation that insurance will simply not cover most of treatment. However, Katz also underlined the feeling among some candidates of a generation gap, including some sentiment that their elders do not understand the difficulties of starting a practice today. Ellman agreed that these are issues that



should be addressed more in supervision and seminars; he also pointed out that insurance – like the institute itself – can often be the basis for a splitting off of transference, requiring transference-countertransference analysis.

Anthony Bass, PhD, a faculty member of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, drew attention to the absence of explicit reference to specific fee amounts. Bass observed that except for Katz, who mentioned an actual low fee in the amount of \$9 in the case of an anonymous candidate, no one stated actual fees. Bass commented that many of the themes in the papers presented had to do with anxieties, inhibitions, shame, and sadomasochism, and he wondered whether there were similar anxieties on the part of panel members around explicating fees. He remarked that, in his experience, it is difficult for therapists to say, “This is my range,” or “This is how I decided to charge this person \$100.” Bass further noted that he found specific discussion of fees at his institute to be enlightening for candidates and faculty alike. Rothstein voiced his opinion that an analyst measures the size of his fantasy penis by his fee. But, interestingly, none of the panelists responded directly to Bass’s question and the discussion fell into a momentarily awkward silence (perhaps actual fees are an unmentionable?) until another audience member asked: What contributes to the denial and underestimation of money issues that candidates face? (The question itself was conceivably a covert communication about group denial of Bass’s question.) Herschenfeld said that at his institute much time is dedicated to talking about money, beginning a practice, and other issues concerning candidates. Ellman then courageously returned to Bass’s question and clearly stated that his starting fee range is \$200-\$250, noting that he also is willing to go below the stated range as he finds clinically advisable. Ellman indicated that if complicated feelings about fee were really to be discussed in depth during this panel discussion, it would be a very long conversation. Like Bass, Ellman also said that there are helpful attempts at his institute to discuss actual fees. Neither Herschenfeld, Katz, nor Rothstein stated their fees. Katz responded to the discussion by saying she did not recall the amount of the “higher” fee mentioned in the vignette in her paper, but did recall that her reaction to the candidate in the case example was “How can you charge a higher fee than your supervisor?” Bass then said that, in his experience, younger analysts frequently struggle with issues about charging fees that are higher than their supervisors or analysts. He has observed that senior analysts with established practices, like Ellman, often tend to be financially able to charge “below market rates.” Bass emphasized that this is a rich but anxiety laden area for exploration. Perhaps illustrating Bass’s point about anxiety, the discussion quickly veered back to less loaded generalities. Rothstein asserted that moral masochism is underacknowledged in the field, a “normal,” intrinsic part of being a training analyst that requires seeing low fee supervisees. Rothstein also noted that lower fees are generally encouraged within institutes.

An audience member asked the panelists to comment on the length of the analytic hour, speculating that perhaps the shift from a 50-minute to a 45-minute hour was motivated by some analysts’ wish to use their time to make more money. Rothstein countered that the topic of the evening was money and fees. Several candidates later privately wondered why an issue so intertwined with money was so swiftly dismissed, and whether “hot issues” such as analysts’ incomes had been “glossed over” when they were mentioned. Katz said she works within a 45-minute hour frame, while Ellman sees patients for 50 minutes. No one explicitly addressed the relationship between time and money. Another audience member asked about the “blindly

followed tradition” of charging for missed sessions. Herschenfeld told an anecdote about how attendance at sessions increases tremendously when the analyst charges for missed sessions. Ellman also said he generally charges for missed sessions, although he presented a vignette illustrating how he can also be flexible and clinically creative about charging (or not charging) for missed sessions, as needed.

Donald Moss, MD, a faculty member at the NYU Psychoanalytic Institute, was reminded by the introductory comments by Sharon Lavon, LMSW, that Freud linked sex and money, and Moss wondered: What links them? He mused that perhaps the mere idea of a rational relationship to either sex or money is an illusion, and that rationality cannot be applied in any consistent way to either subject. Moss remarked that the fact that the panelists have such different beliefs and practices is testimony to the inherent irrationality of money. Ellman agreed with Moss, adding that the analyst’s relationship to money in his / her personal life will be a major determinant in how he / she sets the fee. What he sees as crucial is for the analyst to become as personally comfortable as possible with money. Rothstein countered that a rational attitude toward money is impossible, and that an “analytic attitude” is the challenge, bringing money into the analytic dialogue. Rothstein said that candidates feel this is neglected in their training. It also may be that Moss’s comment put words to a process occurring in the room, where a pseudo-rational discussion of money was taking place while, at the same time, certain unmentionable aspects of the topic were being unintentionally hushed.

Ilene Dyller, PhD, a candidate at the Psychoanalytic Center of Philadelphia, pointed out that the conversation had centered around fees, and that money is also an issue in the life of the institute, by way of tuition. Dyller linked the fact that only one of the panelists revealed their actual fee to the “taboo” among candidates surrounding who pays how much in tuition, when it is paid, and tuition increases that are often unannounced. None of the panelists replied to this observation. Perhaps, again, an unmentionable?

The discussion concluded with a brief conversation among the panelists about the value of our work – to our patients and to ourselves. Herschenfeld said he feels that his patients are paying him for his time. Ellman reiterated his view that countertransference issues, such as envy of a wealthy patient, call for analysts to try to enter the analytic relationship with some idea of their own comfort level with money. Rothstein cited Jody Davies’s declaration that a patient coming to see her moves into her mind, and emphasized that we are contracting to share someone’s life for a lengthy period of time. How do we put a price on that? Perhaps the best we can do, agreed the panelists, is to struggle with our countertransference, interminably.

But what of the unmentionable transferences-countertransferences? What was missing, or neglected, during the evening was nonetheless a hovering presence, and may well signal intractable transference-countertransference struggles: core points of intense tension or taboo. What was absent, therefore, may be as illuminating to think about as what was verbally present during the discourse. The questions that were neglected included some of those that most personally affect the analyst: actual fees charged, the relationship between time and money for the analyst, and money in the life of our institutes. These appear to be the issues that touch a deep transference-countertransference nerve in us. What is that nerve, exactly? What makes it hard for us to think meaningfully about these seemingly unmentionable concerns? In

unmentionable absence, aren't we unwittingly choosing (re)enactment rather than struggling toward reflection and meaning making? In continuing to ponder what was largely absent from the dialogue, it seems potentially useful to reflect briefly on an example that highlights just a few aspects of the unmentionable transferences-countertransferences noted above.

A couple of years into a three-time-per-week treatment, a supervisee of mine, who is working with a patient paying a fee of \$12 per session to a clinic (rather than to the therapist), introduced the possibility of a small fee increase. For many months, the patient was adamantly unwilling to increase the fee. At some point during the ongoing, intermittent explorations about the fee and its meanings, the patient said: "Why would you even want to increase my fee? You're not getting the money anyway. And you're only in school another year or two, and then it *really* changes because you don't need it [this treatment / me] for school, so it's very different. This way, now, it takes the pressure off me to increase the fee, it's not as personal, because by me paying less now I'm not depriving you personally of income. But if you weren't in school, I would be depriving you, it'd be more personal. So I guess it being depersonalized by me paying the clinic feels easier for me to be firm about not increasing the fee."

This situation raises a host of clinical, training, and institutional questions. To pose just a few: What is the transference-countertransference fallout / cost when a patient pays an entity other than the therapist? Under such conditions, which are common in training, how can we try to grow the space for money matters to be more fully included in the therapeutic encounter? How can we reduce the temptation to collude in splitting off the problems of money onto the third entity? What motivates a trainee who is not receiving the fee to negotiate an "appropriate" fee, or to discuss raising a fee, in the face of possible opposition or even precipitous departure by the patient? How free is the trainee to risk wandering together with the patient into the rich but rocky soil of money and fees and value, in the heat of transference-countertransference, when the therapist needs the patient hours? Is the trainee more apt to bypass a fee increase in order to sidestep the possibility of being the "bad object" and the often attendant fear of losing the patient or patient hours? How does the trainee's transference to the institute impact the issue of fee within the dyad? What of the trainee's personal reaction to receiving little or no payment? How might the trainee's feelings filter into the treatment relationship? How is the transference-countertransference similar to and different from a treatment where the analyst receives income from the patient?

Although far less frequently written about from the perspective of the analyst's feelings, money is a psychic, as well as practical, issue for analysts no less than for patients. Although she does not elaborate in detail on the topic, Chused (1996) writes: "It is not unusual for talk about fees to elicit affect-laden countertransference in me. I suspect I am not alone ..." (p. 246). Reflection on how feelings about not being paid, fee amount, and other money-related reactions might seep into the countertransference-transference relationship seems essential. If the fee is seen as one way to express "hate in the countertransference" (Winnicott 1975), it can also be a way to contain hate in the countertransference; issues around the fee need not continually collapse into a dichotomous hate versus love scenario. Nonetheless, money remains a tension, often uncomfortably held even when it can be held, posing challenges, anxieties, and uncertainties for analyst and patient alike, individually and together.

The exchange of ideas presented at the panel discussion raises as many, if not more, questions than answers. Yet the uncertainties and ambiguities are worth collective as well as individual pondering, for they are better unanswered than unmentioned and unthought.

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The panel reported on above, "Money: Unmentionable Transferences-Countertransferences in Psychoanalytic Training," held on May 8, 2008 at the NYU School of Medicine, was a collaborative effort between *The Candidate* and the NYU Psychoanalytic Institute. Moderated by Arnold Rothstein, MD, with introductory remarks by Sharon Lavon, LMSW, the panel comprised Steven Ellman, PhD, Philip Herschenfeld, MD, and Wendy Katz, PhD.

## Money in Psychoanalysis: The Socioeconomic Context

Neil Altman, PhD

In *Freud's Free Clinics* (2005), Elizabeth Danto points out that when Freud (1918) famously commented that he believed some day “the conscience of man will arise” and recognize that “the poor man should have just as much right to assistance for his mind as he now has to the life-saving help offered by surgery,” analysts of Europe responded as if by directive by setting up at least twelve free or low cost clinics in addition to Vienna’s Ambulatorium. Before reading Danto’s book, I had always thought of Freud’s comment as “pie in the sky,” and that the “some day” referred to the day when the state would provide free or low cost psychoanalysis, whereas Freud and many of his colleagues felt the time had already arrived for psychoanalysts to make provisions for such an egalitarian arrangement.

As Steven Ellman and Wendy Katz noted in *The Candidate*’s recent symposium on money and psychoanalysis, low fees have become reframed in the U.S. as a sign of shame rather than a badge of honor, as Freud would have had it.<sup>1</sup> What happened? I suggest that when the European immigrant analysts arrived on these shores, they bought in, figuratively and literally, to a capitalistic value system, highly developed in the U.S., that assigns personal value in monetary terms. The narcissistic vulnerability in relation to money often referred to by those on the panel has two levels. On one level, it is a symptom of the capitalistic value system that ties self-esteem to material status. On a deeper level, however, I suggest that discussions about money bring us close to an awareness of our unconscious and unreflected-upon submission to a set of materialistic values that drive our behavior,<sup>2</sup> how we present ourselves to our colleagues and the general public, and how we feel about ourselves.

The link between money and shame was pervasive in the discussions on the panel and with the audience. A major premise of *The Candidate*’s program on money in psychoanalysis was that this is an avoided, under-discussed topic in our field. And to no one’s surprise, it very quickly became clear that issues related to money are on everyone’s mind much of the time. Thus, the question quickly came into focus: What accounts for the avoidance of such a preoccupying issue in case discussions, in supervision, and in the analytic situation itself? On one hand, analysts rarely give specifics in case presentations about the fee they charge, as Tony Bass pointed out from the audience. On the other hand, fee setting is often treated as a given element of the frame, outside the analytic interaction *per se*. As a concrete economic matter, rather than a negotiation saturated with the subjectivity of both analyst and analysand, fees do not usually show up as worthy of extensive discussion and reflection.

In this context, one hypothesis that emerged among the panelists had to do with the role of shame in inhibiting discussion of money and fees: shame if one’s fees are too low, and shame if one’s fees are too high. Ellman mentioned that analysts occasionally call him to say that they

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<sup>1</sup> Freud himself had contemptuously referred to the United States as “dollararia.”

<sup>2</sup> I believe it is more common in the United States to see patients less frequently for a higher fee, rather than lower one’s fee in order to see patients more frequently, compared to other countries.

will accept low fee referrals, but “please don’t tell anyone.” He noted the implicit shame in accepting low fee referrals given the implication that the analyst’s practice is not doing well. Ellman added that high fees, as opposed to low fees, have become a “badge of honor.” Katz noted that when she revealed in a seminar that she was charging a patient \$9, the seminar leader responded that this low fee reflected an “obvious devaluation” of the analysis by analyst and analysand. Katz also noted the link between the size of the fee and the value of the analysis and the analyst, thus underscoring the narcissistic significance of the fee. Arnold Rothstein spoke of the “moral masochism” involved in his setting up the Lexington School for the Deaf, implying that masochism must be involved in work for little or no fee.

The panel also gave examples of shame in charging too much. Katz mentioned the embarrassment felt by candidates when they discover that the fees they are charging are higher than the fees being charged by their seniors – teachers, supervisors, training analysts – in their institutes. The nature of this shame is not immediately evident, and was not discussed explicitly by the panelists. Is it vicarious shame on behalf of the senior analyst whose fees are too low? Is it shame with respect to the candidate’s own greed and competitive feelings with regard to their seniors?

Some candidates in the audience noted that the panel failed to discuss the fact that candidates today often are not in a position to charge high fees for treatment involving multiple sessions per week because of limited insurance coverage for mental health. Rather, today’s patients often expect and want less frequent meetings at the limited fees managed care plans will pay. Ellman’s comment, referred to earlier, intimates that candidates and some senior analysts alike are hurting these days; Katz’s comments imply that the hurt being suffered is narcissistic as well as financial. Putting all this together, I developed the idea that there is an overriding source of shame at play in these discussions of money; that is, shame with respect to our submission, in general as individuals and as a field, to the capitalist socioeconomic system and the materialistic values associated with it.<sup>3</sup> I suggest that this was the unreflected-upon aspect of the link between shame and money that haunted the panel discussion.

Other values were in play in this discussion as well, such as the value we place on mastery that makes us prone to shame about submission (to materialism, in this case) and the psychoanalytic value placed on self-awareness that makes us vulnerable to shame when something is found to be out of awareness. But the highest psychoanalytic value was also honored in this discussion – that is, the value of seeking out and reflecting upon our blind spots. Doing so, in the case of money, can enrich our clinical work, better enabling us to explore the feelings, wishes, and vulnerabilities that attend the process of fee negotiation and other interactions around money. As the opportunities for material enrichment afforded by psychoanalytic private practice diminish, senior analysts’ ability to help candidates and junior colleagues feel good about themselves and their work can be enhanced by transmitting a sense of pride about one’s work that is independent of the fee charged, or that might actually be derived from providing high quality psychoanalytic treatment to a wide socioeconomic range of people. Raising our consciousness about the way the socioeconomic context shows up in our own

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<sup>3</sup> I am speaking of a trend here, one possible unconscious source of the shame that some of the panelists referred to, and not meaning to characterize all analysts nor to deny that many individual analysts have multi-faceted relationships to capitalism and materialism.

subjectivity, as well as in that of our colleagues, trainees and patients, has the potential to move our field forward in a distinctively, that is, self-reflectively, psychoanalytic and socially responsible way.

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## The Life We Choose

Jennifer Cantor, PhD

I write this paper in a rare state of mind. It is the day after the historic Democratic National Convention, and in the wake of Obama's reasoned, insistent call for change, I notice that against my better judgment, hope, like a tiny, hungry mouse peering warily from a dark hole, is hankering to emerge. My fantasy life is stirring, too, as if from protracted hibernation, as I imagine millions of newly awakened citizens taking to the streets to protest the injustice and incivility that we have grudgingly assumed to be inevitable and inexorable, prying our government from the clutches of special interests and restoring it to the hands of the people. It is a self-fulfilling prophecy: We believe *we can*, so we do. Obama, the realization of our hope, resuscitates the very hope we thought we had buried.

Of course, it is too soon to know whether *we can*, whether despair ought to give way to hope quite yet. The momentousness of Obama's candidacy, however, and the feelings it generates in his supporters, provide a wonderful backdrop to our discussion of money. Samuels (2001) rather poignantly reminds us that "because of economic thinking and economic systems people are suffering and dying every day. Anyone with a conscience has to try to evaluate what is going on in the economic sphere" (p. 135), a daunting undertaking for those of us who are not economists. But a few well-known statistics bear repeating: Close to 80% of people in the world's wealthiest nation are concerned about current economic conditions; nearly 46 million Americans lack basic health coverage; and roughly 40,000 people around the world die daily, unnecessarily, from hunger and hunger-related illnesses. I share these figures, not to eclipse our concerns about analytic fees, but to attempt to contextualize them, to understand the ebb and flow of our anxious preoccupations with money as, in part, a barometer and byproduct of shifting domestic and global economic and political conditions.

If, as Dr. Ellman suggests, clinicians were more idealistic in the 1960s when "NIH was giving out grants ... and patients were readily available," we might note the obvious connection between peace of mind and the sense of "enoughness" that seems to fluctuate in a culture over time. The anxiety or discomfort about fees to which all of the panelists allude is not new, nor are analysts alone in feeling it. Dimen reminds us that "Freud's pervasive, if intermittent, focus on money and its ups and downs of anxiety, cynicism, optimism and the like suggests that the roller coaster of comfort and fear about income so familiar to contemporary analysts" (p. 32) is both "a product of hard times," and shared by everyone in "the professional-managerial class" (a term she borrows from Ehrenreich). Of course, it cuts across professions and all but the highest classes; recall the chronic and overwhelming uncertainty, fear and loss that Altman (1995) describes among the inner city poor. Samuels (2001) points out that to "... live in an unfair economic system has a psychologically debilitating effect on all of us, leading to widespread anxiety about our general well-being" (p.152).

While Dr. Ellman writes most explicitly about the effects of his idealism on his fee-setting, all three panelists allude to conflicts about the fee within themselves or in their patients or colleagues. In her compelling paper, Dr. Katz describes the denial in our field of the "commercial nature of working privately," evidence of which she finds in the pervasive



reluctance to speak openly and concretely to one another about fees. While I agree that shame (both about being paid too much and about being paid too little), competitiveness, and inhibitions about greed have silenced many a discussion of fees, I wonder to what degree analysts might also be silenced by the cultural and professional pressures to adapt to a relatively new economic and value system that, in its most glaring manifestations, many of us find deeply troubling. Are envy, greed, and the defenses against them the only conceivably authentic responses to the excesses of, for example, corporate capitalism and the inequalities it engenders? Have we forgotten that the survival of our species has always depended on more than competition and unbridled entitlement to individual satisfaction? Even Darwin recognized that "... animal species in which cooperation among individuals replaced competitive struggle were able to secure the best resources for survival" (Walls 2004, p. 612). Should health, self-actualization, or success be implicitly defined by a readiness to make peace with a system that thrives on the suppression of our kinder instincts?

For me personally, the topic of money primarily raises the age-old conflict between the need to make a living and personal ideals. I wonder to what degree the youthful ideals with which so many of us begin our practices and our analytic training must inevitably fade into a dull pragmatism as we age, and if so, what the consequences are for our patients, our profession, our society, our humanity, and our global community. I am not alone in considering this question, or wondering what to do about it beyond simply bearing its tension. Infused with the progressive ideals of early 20<sup>th</sup> century Vienna, many of the first and second generations of analysts devoted at least a fifth of their work to indigent patients (Danto 2005). More recently, a surge of psychoanalytic writing on political and socioeconomic themes reflects a strong sense of social responsibility among contemporary American analysts as well as deep frustration with the current status quo. Finally, I need look no further than to many of my past and present supervisors, analysts, and peers for examples of public service, political activism, and profound generosity as clinicians, teachers, and mentors.

The process of resolving the tension between pragmatism and idealism is unique to each individual, reflecting a dynamic interaction of conscious and unconscious factors. My own thoughts about this topic have shifted somewhat over time, and to some extent are in flux even now. I bring to my practice both a left-leaning, spiritual bent as well as a somewhat global perspective, having at various points studied, worked, or volunteered abroad, in both the developed and the developing world. Living and working abroad is a wonderful mechanism for loosening one's conception of reality as fixed or absolute. As Hoffman (1998) says, "When we are aware of 'the constructed nature of our world,' we can no longer live in it with the same faith and in the same taken-for-granted way that was open to us without that awareness. Indeed, the one absolute that may survive such exposure is ... the value of critical reflection upon the world and oneself" (p. 88). Indeed, as a result of these experiences, I no longer take for granted that middle-class suburban culture, from which I come, is true or essential or even good, especially given how the forces of homogenization in such places often squelch uniqueness, authenticity, and possibility. Open to question, however, is how to thoughtfully and proactively redefine "the good" for myself (a question to which I will return in a bit). For many of us, notions of "the good" include some effort to make a difference, although how this is defined must vary considerably across time and space. For me, a nagging call to action is no longer as readily quelled as it once was by the passive boycotts and conscious consumerism of my youth (see

Botticelli 2004, and White 2004, for different perspectives on what constitutes political action).

Similarly unshakeable is some sense of responsibility for at least considering the global impact of our lifestyles and government policies, and their reciprocal influence. Political activism, it seems to me, packs its biggest punch when accompanied by a lifestyle that takes political and social realities into account, including the reality of global interdependence. Nearly all over the world, with the aid of television, success is defined by freedom from shameful feelings of want or need (Layton 2006), and is achieved either through identificatory striving to acquire what for most is unattainable, or rejection and / or destruction of the imagined sources of deprivation or humiliation. Success, then, at least as conventionally defined, could come at the frighteningly steep price of global safety and sustainability. Is it possible to promote alternative definitions of success, ones that mitigate shame by taking the entirety of a person and his or her context into account? We do this in our clinical work, but might we effect more widespread, even global, humanization and healing through our lifestyle choices?

But then again, one really must make a living, and here is where I notice another recent shift in my conflict. While proud to belong to a helping profession, I feel a certain guilt about having implicitly chosen *not* to spend my life helping those who need it most. Instead, I relish the privacy and independence of my practice, and treasure the space it provides to my patients and myself for depth and reverie. But several years into private practice, I no longer feel, as I once did, that this is work I would do for free, for the sheer nobility, art and love of it, the “intrinsic satisfactions” to which Dr. Katz refers. As fulfilling as it often is, it is nonetheless work for which, especially when it is particularly arduous, I wish to be paid handsomely. If I paid enough attention, though, I might notice that, at least some of the time, my “need” for higher fees, or my experience of the work as frustrating or depriving, is at least as determined by encounters with more affluent colleagues as by anything going on in the consulting room. Something tells me this might be true for others as well, as competitive and envious feelings both create and perpetuate needs and norms. From this vantage point, then, the demise of ideals appears not so much inevitable as difficult to resist, much like the peer pressure with which adolescents contend. In some respects, the structure of any society, including psychoanalytic societies, must subjectively replicate for each member the social dominance hierarchies so prevalent in middle school, and yet, while the template of traumas and triumphs from that earlier time in our lives is clearly subject to analysis, perhaps conformity to social norms too often is not (Hoffman 1998, p. 87). Unexamined conformity to what we perceive as the values, ideals, and lifestyles of our analysts or analytic communities constitutes, according to Adam Phillips (1991), borrowing from Fromm, an “escape from freedom,” with implications for our work with patients because, as he puts it “those who have conformed do not find it easy to celebrate other people’s possibilities” (p. 42).

Deciding how to live a good life amid innumerable possibilities is one of the core dilemmas of human existence. Passive conformity to social norms and expectations undercuts our freedom to decide what constitutes the good life. Every social category – race, class, gender, profession – contains within it judgments about the good, and to remain open to possibility and free ourselves from foreclosure often entails an Eriksonian-style crisis that may make the difference between a life lived with integrity and one that ends in despair (Burston 2007). In some ways, holding onto our ideals may seem at odds with ideas of the good life dictated by our

families' expectations, our class origins, or our professional status. As products of and pawns in a competitive, market-driven system, we often perceive little choice but to anxiously pursue individualistic goals for economic security, material comfort, social status, and access to exclusive opportunities for our children. We work hard and make sacrifices to achieve professional success and fulfillment, and yet we are relentlessly worried, exhausted, stressed, and financially strapped. The APA Monitor recently dubbed us "nomads on a treadmill" (Deangelis 2007, p. 50) of ever-increasing needs and desires, requiring longer work hours that rob us of time for our families, our communities, and ourselves. Perhaps we reassure ourselves that we have made it, that this is the good life. And it very well may be the good life, and it certainly is the norm. But as Joyce McDougall (1980) puts it: "The point at which the 'norm' becomes the straitjacket of the soul and the cemetery of imagination is a delicate one to define" (p. 484).

Despite the legitimacy of our wish and need to make a reliable living, I do think we need to give thought to the sorts of values we hope to reproduce through our work (see Cushman 1995), since at this point it must be obvious to us all that our influence on our patients is inevitable, even if undesirable or unintended. I would like to expand on what Dr. Katz has called our "group defense" to include the "unlinking norm," that is, the "norm to unlink the individual from his or her social context" (Walls 2006, p. 118) in support of the values of the dominant culture. "Dominant ideology," according to Layton (2006), "works very diligently on a number of fronts to hide the systemic nature of inequalities of all kinds, to make sure that an individual's problems seem just that – individual" (p. 108). We may be more likely, as a result, to understand our concerns about money as unique to our field or rock-bottom in human nature; to interpret a patient's commitment to social justice rather than a patient's indifference; and to defensively equate altruism with masochism or dismiss it as reaction formation. In our obsession with fees and our determination to replicate the lifestyles of our predecessors, we not only contribute to the obsolescence of psychoanalysis, but we ensure that those we treat are too cushioned from their own sense of lack to challenge the political and economic status quo on which our lifestyles depend. The ethos of indifference is reproduced in patients and students in the field who begin to raise their fees and restrict their number of analytic patients in order to emulate their more established and idealized colleagues. And yet, according to Ruti (2006), an acceptance of lack, of desire, as the precondition of existence, forms the foundation of ethics. In her words, "... it is the void within the self that creates the space for the 'presencing' of other people ... for without this nothingness – without this 'clearing' within the self – the subject would have no means of connecting with its surroundings, and therefore no ability to approach the world with an attitude of care, interest, and solicitude. Without nothingness, the subject would remain uninterested in, and unmoved by, anything beyond its own solipsistic world" (pp. 123-124).

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## Beyond the Analytic Fee: Money and Psychoanalytic Training

Ilene M. Dyller, PhD

In my first year of graduate school, I took an introductory psychotherapy class. Midway through the semester, the professor explained how he handled the nitty-gritty of fee payments. He told us – a group of eager first-year students hungry to learn about our chosen field – that he expected his patients not to hand him a check directly, but instead to place it on the table in his office as they were leaving. He explained that in this way he and his patients could avoid the discomfort of acknowledging that his attention and caring come, literally, at a cost. He even joked with us that this was a maneuver stolen by therapists from prostitutes, who also receive payment in a hidden fashion. My classmates and I, of course, picked up on this and later joked with each other about our professor-as-prostitute.

I suspect I remember our joking about this so many years later because I was uncomfortable with it. Although I was uneasy about the hostility in the jokes, I don't think that was a major component of my discomfort. I think I was uncomfortable primarily because I identified with my professor. I assumed that *his* way of doing things was *the* way of doing things, and I figured that I, too, would politely avert my gaze as my patients surreptitiously deposited their checks on my table. In other words, I feared that if he was a prostitute, I was a prostitute-in-training – hardly the career I'd envisioned for myself!

I was surprised, and frankly quite relieved, when I entered my own therapy soon thereafter and discovered that my therapist, an analyst, could openly accept a check from me. I was further relieved by his apparent comfort in discussing the financial aspect of my therapy. Nonetheless, it was a long time before I could acknowledge that the fee had meanings to me beyond the obvious and purely practical. Our first real discussions of the fee, beyond those needed for making our initial fee arrangements, terrified me, and I learned much about the power of resistance by realizing how effectively I'd kept my own feelings about the fee out of the therapy.

Much of the power of psychoanalysis derives from its uncovering of that which is hidden. Patients may feel ashamed of, guilty about, or otherwise disturbed by the wishes and impulses that become conscious during an analysis, but they are also freed from the potentially debilitating conviction that their own wishes and feelings are so bad, so taboo, or so dangerous that they cannot safely be known. They are freed, albeit incompletely, from having to blind themselves to their desires and to the conflicts surrounding them. In fact, wishes and fantasies that seem deeply shameful when hidden may, with a bit of working through, ultimately be experienced as benign and even enjoyable.

It is odd, therefore, that the topic of money in general and of the fee specifically – areas of conflict for most of us – should be kept hidden during the course of analytic training. And yet, as Wendy Katz points out in her evocative and thought-provoking paper, candidates are socialized into a culture of what she terms “group-level disavowal” around money when they enter training. Katz points out that money becomes a topic of “shadow discussion” among candidates, something clearly important to us but that we address predominantly in gossip and

casual conversation with one another, not in classroom discussions or case reports. We become a bit like my former professor, shying away from too direct an approach to money.

The panel that forms the basis for this volume of *The Candidate* represents a largely successful attempt to bring the topic of money in training into the light of public discussion. All three panelists, Drs. Katz, Ellman, and Herschenfeld, share useful perspectives on the issue of charging a fee. All three acknowledge the difficulties inherent in relying on our patients for our incomes. Their papers collectively deal with the fee as an area laden with conflicts for analyst and analysand alike, as a likely stimulus for transference-countertransference fantasies and feelings, and as a practical reality that must be managed in the face of all the fantasies it sparks. And yet, even in this panel, there is something of a shadowy quality to the discussion of fees. As one audience member pointed out in the question and answer period, the only fee that was actually revealed in any of the papers was a candidate's "shamefully low" \$9.00 fee. Are shamefully low fees, or at least other people's shamefully low fees, less shameful, perhaps, than high fees or even ordinary fees?

As therapists and analysts, we listen both for what is said and for what is left unsaid. Often what patients cannot bring themselves to speak or to know is (if you'll pardon the expression) where the money is. Similarly, as an audience member, I found myself intrigued by what was left unspoken in this interesting discussion of money. Despite the title of the panel, "Money: Unmentionable Transferences-Countertransferences in Psychoanalytic Training," which invites a broad consideration of money-related issues, the discussion was largely limited to analytic fees. In the interest of furthering the discussion, I'd like to raise a few as-yet-unmentioned aspects of money in training:

- 1) Supervisory fees certainly play a role in how candidates experience and understand supervision, yet that role, I believe, usually remains hidden. The fee for supervision is handled differently at different institutes. At some, supervisory fees are routinely based on the fee the candidate is receiving from the analysand. At others, candidates are expected to pay their supervisors' regular fees, and at still others, supervisory fees are negotiated within each dyad. I believe I have heard of one institute in which supervisory fees are included within the tuition. The effects on supervision of these ways of handling the supervisory fee are complex. My comments here are intended as speculation about those effects – speculation shared with limited certainty but with a great deal of interest in at least beginning a discussion.

Where the supervisory fee is negotiated between supervisor and candidate, there are important opportunities for learning. Both candidate and supervisor may be alerted to difficulties the candidate has in directly addressing financial matters, and any parallel processes that occur can provide meaningful information about what is happening in the analytic case. However, just as happens in analysis, supervisees may develop complicated transferences based on the supervisory fee. They may unconsciously experience their supervisors' willingness to reduce a fee as evidence that the supervisor loves or favors them, disdains them, wants to keep them a child (or perhaps a candidate) forever, or any of numerous other possibilities. Similarly, a supervisor's unwillingness to reduce the fee may be experienced as evidence of respect for the candidate's adult status, of disregard for the candidate's needs, etc. While these transferences might ultimately provide valuable grist for candidates' own analyses, they also may create

significant difficulties in supervision.

Where supervisory fees are set at a fixed rate, hidden within tuition, or expected to mirror the candidate's analytic fee, these particular supervisory difficulties are likely to be avoided, but at the expense of losing a learning opportunity created by the fee negotiation. Additionally, candidates may experience a fixed or hidden fee as evidence that money matters are, in fact, too dangerous or shameful to discuss. Furthermore, candidates may be overcharged (that is, expected to pay more than they can actually afford) or undercharged (that is, charged a minimal fee when their own resources allow them to pay substantially more) without the opportunity to address this. Both of these scenarios may, of course, create transference-countertransference problems of their own, and the first of these possibilities may simply make it impossible for some individuals to enter analytic training. No way of handling supervisory fee setting seems clearly better than the others, but it certainly seems important to consider the ramifications of whatever method is being used.

2) Institutes rely on candidates for their financial well-being. In this respect, candidates wield quite a bit of (usually unacknowledged) power within their institutes. It is unclear to me how this affects analytic training and institute life, but the question is intriguing. At a time when institutes are struggling for financial survival, what are the educational implications of institutes' financial need for more candidates?

3) Katz points out that the "generation gap" between candidates and faculty contributes to "oedipal wishes, hostilities, and consequent defenses" within the educational setting. Certainly candidates may want what they perceive faculty to have, financially and otherwise. Similarly, Steven Ellman speaks of within-generation envy – that is, the envy analysts may feel toward their financially successful colleagues.

These dynamics certainly affect candidate-to-candidate relationships as well. Sibling issues are ubiquitous in analytic training. Candidates may compete with their classmate-siblings for recognition from one another and from faculty-parents, shrink from competition at the cost of inhibitions that reduce the richness of their educational experiences, and in myriad ways act on the sibling rivalries stimulated by the training setting. Candidates may also, of course, analyze the repetition of sibling roles stimulated by training and enjoy more realistic relationships with classmates. They cannot, however, avoid having sibling issues surface.

Money plays an interesting role in this. Candidates are often aware of who among their educational siblings is doing well financially and who is struggling. They are sometimes aware of who is receiving higher analytic fees and who is seeing control patients at a very low fee. They also may know who can afford a sought-after but expensive supervisor or who is paying a lower fee while seeing the same supervisor or analyst to whom they pay a higher fee. Put differently, candidates may experience themselves and one another in such familiar roles as the privileged or deprived sibling, the favored older sibling or the older sibling who can't believe what the little ones get away with, the spoiled baby, or the youngest child forever wearing the older child's hand-me-downs. Clearly, opportunities for envy, guilt, and hidden gratifications abound and contribute in complicated ways to the educational environment, and money plays a complex, sizeable, but rarely discussed role.

A friend of mine told me some time ago that money is the new sex, that at least in her social circle frank discussion of sexuality was less taboo than discussion of financial matters. I think this is true in many circles, including analytic ones. I appreciate the discussion opened up by this panel and the attempt to make the unmentionable mentionable, and I look forward to seeing the discussion continue.

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## Language and Money in Psychoanalysis: A Lacanian Perspective

Lillian Ferrari, LCSW

During the psychoanalytic panel on money and its transference impact within the treatment, an important question was raised that points to the unique nature of the relationship between the analyst and the analysand. Almost in passing, in the context of elucidating the general rationale for charging a fee for analytical sessions, a discussant asked: “What do we want from our patients?”

This is a very interesting question with which to start off our reflections on money, since it points to the necessary inclusion of our desires as analysts in the functioning of the analytic process. Do we want money, love, prestige or knowledge perhaps? We seldom hear these questions coming from practitioners of other professions, in which the terms of exchange between the partners involved are supposedly clearly defined from the beginning, at least in the sense of supply and demand. This is especially true in our market-driven society, where an individual is reduced to being a “satisfied customer.” Things are different in psychoanalysis, principally because the demand that a patient addresses to the analyst is not identical to the unconscious desire that he brings into the analytic situation.

So what is the value and the signification that money has in psychoanalysis?

Freud (1908) turned to common language and other cultural traditions preserved in popular mythology and folklore to trace the significance of money and gold to its original anal source – excrement. The unconscious, libidinal equivalence between money and feces is acquired during childhood, via the signification that excrement has as the “first gift” dedicated to the mother; through defecation, the child submits to the request of the other, and agrees to detach himself from a highly valuable part of his body. In a later attempt to assert his own will, the child may refuse the demand to defecate, and instead obtain pleasure in the very retention of his bowel movement. Inevitably, though, this “willful assertion” betrays the libidinal connection and dependency that knot the obsessional and the other together; indeed, the demand of the other is the means and the precondition for the child to experience a sense of personal freedom, sometimes to the point of obstinacy and defiance (Freud 1908).

The intimate connections among the issues of money, debt and anal erotism are masterfully explored in the case of the “Rat Man” (Freud 1909), which also shows Freud’s sensitive attention to the role of the signifier in the constitution of the symptom. As we know from this famous case, the signifier *rat* included in the symptom is the focus of convergence of multiple unconscious factors that play a major role in the patient’s history. Through the signifying associations of the term *rat*, Freud establishes several interchangeable equivalences among different terms – money, excrement, child, and penis – creating the sense of a private economy, so to speak, that prevails in the unconscious. Moreover, according to Freud, the signifier *rat* is itself the currency through which all these different terms are being traded off, acquiring as a result a comparable value – and unconscious signification – in the psychic economy. In the first place, there is the tale of the *rat* that the patient heard from the “cruel captain,” which triggered his anal erotism in a mix of horror and enjoyment. The word *Ratten*

(rats) leads the patient to associate to the *Raten* (installments) that the patient used in reference to the money he paid as fee for the treatment. This leads to another set of complex unconscious ideas related to money and the father's gambling debt through the verbal term *Spielratte* (gambler). Additional important material comes about in association with the term *heiraten* (to marry), a topic that was deeply relevant to the case. According to family mythology, the Rat Man's father had chosen the patient's mother over a poor woman because of the mother's money.

The gambling debt contracted by the father and, incidentally, left unpaid, seemed to be at the root of the Rat Man's symptomatic difficulties in returning the money to the right person, i.e., the man who had lent him the sum for his glasses. It also accounts for his difficulties in making the decision as to whom he should marry: the rich woman chosen by his family or the poor one, the object of his preference.

There seems to be an inextinguishable aspect of this debt, something making it impossible to repay, that plays a major role in the constitution of the Rat Man's symptoms. Indeed, the maintenance of the unpaid debt is the manner through which the obsessional gives expression to his unconscious ambivalence, keeping him in a perpetual state of deliberation and lack of resolution. We know that this ambivalence is related to a position of rivalry towards the father. But the theme of the unpaid debt left by the father (literally, the one he could not pay to the friend in the gambling situation, and metaphorically, a debt the father had incurred when he submitted to an economically advantageous marriage) also indicates the incidence of a factor that has fundamental relevance in the structuration of the obsessional neurosis; it points to a condition that had preceded the patient's entrance into the world, and, therefore, illustrates the fundamental ways in which the desires and unconscious fantasies pertaining to previous generations are inscribed in our psyche and may eventually contribute to the formation of the symptom. This is the symbolic aspect of a debt that refers to the desires and unconscious fantasies of those who preceded us, but to whom we owe our symbolic existence. And we might as well recognize, rather than repress, what we owe to previous generations. In neurosis, the debt that is inscribed in the symptom acquires a special signification because it also comprises the incestuous, unconscious attachments of the subject to his significant others, and, therefore, represents not only a burden, but also the source of a libidinal, unconscious satisfaction that is difficult to renounce. Thus, as in the case of the Rat Man, the symptom represents the "currency" through which the subject attempts to settle "his accounts with the other;" it is an endless and fruitless attempt to pay back the debt, which carries with it the price of repression.

Unless, that is, the individual finds an analyst. In that case, money as real currency, the money that is paid for the sessions during the analytic treatment, may represent a more effective way to address this debt, because it cuts off some of the libidinal fixation attached to the symptom. Additionally, through the speech produced in the session, the subject can attain the closure that is necessary to move forward in the realization of his own desire.

Money is a privileged vehicle for transference in the analytic session, much like the speech exchange between the analyst and the analysand. The analyst should have some space to maneuver in the area of the fee, and charge accordingly. For instance, in some cases the analyst may request to be paid in cash instead of with checks, or he may want to increase the fees paid

by the patient, as a way to make an interpretation. Like the words the analyst uses for interpretation, money is a tool the analyst uses to intervene in a manner that responds to the unique unconscious truth of each patient, and not in a manner that obeys a standardized logic.

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## On Money in Psychoanalytic Training

David Frank, MD

In thinking about the panel discussion, it is useful to refer back to some of Freud's ideas about money in treatment. In "On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis)," Freud (1913) described his thinking about the matter of the fee, while making sure to clarify that he opposed "any mechanization of the technique." He thought it important to document his procedures, which he felt were "effective on the average," implying that his preferred manner of working in relation to money was not a set of rigid rules, but an approach that could be varied in certain circumstances. He advocated adherence to "leasing a definite hour" that belonged to the patient and for which "he is liable ... even if he does not make use of it." Freud believed that "no other way is practicable," in terms of the implicit permission for the patient to disappear for a session "just when the work promises to be especially important and rich in content." In fact, Freud stated that "nothing brings home to one so strongly the significance of the psychogenic factor in the daily life of men, the frequency of malingering and the non-existence of chance, as a few years' practice of psychoanalysis on the strict principle of leasing by the hour." In this regard, he emphasized the importance of safeguarding the patient's analysis as well as the analyst's livelihood, writing that the lack of responsibility for missed sessions would place the analyst in a position in which "he finds his material existence threatened" by the likelihood of the patient's "occasional non-attendances" increasing greatly without a "stringent régime" of responsibility.

Freud described the "increase of efficiency and earning capacity which results from a successfully completed analysis," stating that "we are entitled to say that the patients have made a good bargain. Nothing in life is so expensive as illness ...." In discussing the doctor's fee, he also made the point that "powerful sexual factors are involved in the value set upon it," noting that money matters are treated "with the same inconsistency, prudishness and hypocrisy." He advocated a frank and open discussion about fees, and wrote that "the psychoanalyst may put himself in the position of the surgeon, who is frank and expensive because he has at his disposal methods of treatment which can be of use." He considered it to be "more respectable and ethically less objectionable to acknowledge one's actual claims and needs rather than, as is still the practice among physicians, to act the part of the disinterested philanthropist ...." He also stated that in "fixing his fee the analyst must also allow for the fact that, hard as he may work, he can never earn as much as other medical specialists."

Freud's comments from 1913 remain remarkably apt and probably still form the foundation upon which most analysts rely when establishing the frame of treatment with respect to time and money. I find his opposition to "mechanization of technique" particularly important. Money can serve as a magnet, perhaps even a lightning rod in some instances, for all sorts of emotional conflict. Freud alluded to the sexual elements involved in the value set upon money (also discussed in the three papers presented at our conference), maintaining that financial issues will generate irrational thoughts and feelings in analysis and, indeed, in society and the economy at large. (The expanding field of behavioral economics is testament to the depth and richness of this subject.) Today we would be more expansive than Freud in emphasizing aspects of the value set upon money by including theoretical concepts that extend beyond ego psychology – to

self psychology, attachment theory, object relations theory, and “the total interpersonal situation” of the contemporary Kleinians. These meanings span the gamut from feelings about dependency, giving, receiving, depriving, loving and being loved, submission, defiance, and competitive strivings to feelings of entitlement, and phallic exhibitionism. As Philip Herschenfeld says, they are “as endless as the unconscious.”

I agree with Chuck Rothstein, the panel's moderator, that a flexible approach to fees, as opposed to having a single fee for all patients, carries the risk of enactments, both transference and countertransference. For instance, a fee that is set too high or too low can potentially interfere with the treatment. However, my own view is that different analysts can work effectively with a range of approaches to the setting of the fee, and no single approach, even the single fee approach, can possibly insulate a psychoanalysis from enactments – which are largely inevitable in the conduct of any analysis. Even the single fee approach carries with it the possibility that overly compliant or submissive patients might activate domination or control elements in the analyst's use of a set fee. The near inevitability of some measure of enactment in the course of an analysis is, of course, not a reason to justify countertransference enactments. What is important is that the enactments be handled analytically, with a scrupulous search for meaning. Chuck Rothstein's preferred and legitimate way of working involves setting a single fee for his practice. Philip Herschenfeld writes that “we do not demand a set fee. The fee must fit the particular case;” at any given time, he may or may not be able to accept a lower fee, depending on the current circumstances of his practice. Steven Ellman tells his patients he has a range of fees and “if they choose a fee within the range,” he does “not discuss it except as it comes up as an issue in the treatment situation.” His experience is that, in most instances, he and his patient are able to analyze the meanings and “arrive at an equitable fee in the course of treatment.” The reality of candidacy is that most candidates cannot and should not set a single fee. My view is that candidates should be encouraged to be flexible with their fees in order to increase the likelihood that they will have enough patients to allow for their educational development and progression within their training institute. Practically speaking, most first cases come through the institute's clinic and, therefore, are usually lower fee cases. As the candidate develops and improves skills at developing patients from within his or her private practice, or obtains referrals from analytic colleagues, fees often increase.

When the frame is brought into the treatment (Wendy Katz's apt description), there is the potential for productive analytic work around fee issues. The patient's attitudes toward money, both transference and extratransference, can be among his or her most privately and closely guarded subjects. As treatment proceeds, some patients are very explicit with the analyst about their income, expenses, and purchases. Others are more guarded and vague, hiding or generalizing just about any specifics of their financial lives whatsoever. The analyst's being included in, or left out of such details by the patient can give rise to countertransference reactions. The analyst comes to learn during the course of the analysis about the patient's financial history and about his or her particular style of discourse when discussing money. There are usually important characterological and transference meanings attached to this style of discourse. The method and goal of free association are often challenged by negative affects stirred up by money. One patient, for example, was afraid to discuss the details of a financial windfall for fear that I would raise his fee. As an atmosphere of trust and intimacy develops, patient and analyst are more able to analyze the derivatives involved. Patient and analyst “are

flying in the dark,” as it were, in the beginning of treatment. The setting of the initial fee occurs at a time when analyst and patient are probably least equipped to understand the many meanings involved.

Perhaps the best use of Wendy Katz’s thoughtful comments about group analytic culture in relation to money – the competitive nature of working privately, the “mystification related to fees,” the possibility of “acculturation into a group defense,” and analysts’ narcissistic conflicts that surface in relation to the exposure of fees vis à vis each other – is that they raise our awareness and hopefully our openness to more frank discussions about money in our supervisory and classroom work. It is also true, however, that countertransference issues about money can involve very personal and specific meanings for the candidate or graduate analyst, which often cannot be sufficiently understood or addressed without a more individualized approach. Jacob Arlow (1985) pointed out that countertransference is essentially “a loss of analytic stance.” Issues of fee and handling of money in the treatment are particularly prone to affect that stance. The analyst has his or her own analysis, or self-analytic capacities, or other preferred approach, to sort out the countertransference elements.

My own sense is that if there is a “group defense” that analysts use to fend off discussing money with each other, it is more a healthy than a pathological defense in the group culture of psychoanalysts. In parallel with Marianne Goldberger’s comments from the floor concerning the intimate nature of conversation about money between patient and analyst, it may be that many analysts rightly feel more comfortable discussing the specifics of the financial aspects of their practices more exclusively with close colleagues. This type of intimate conversation among analysts about their own practices could be mistaken as a consequence of an unhealthy “group defense,” rather than as an appropriate small scale forum for interchange. The meaning of money in the clinical encounter and the details of how the analyst and patient work together to understand the unconscious fantasies associated with payment are to me the most important and relevant issues. I find these matters – the meaning of fee and payment inside of the individual analysis – more compelling than the group psychology of analytic culture or why analysts, even in speaking at this conference on money, do not necessarily mention the actual fees they charge (one speaker from the floor commented that the panelists conspicuously omitted mentioning the dollar amount of their fees).

The dynamics of the frame being brought into the treatment are protean in their manifestations. Money can be a vehicle through which the patient addresses concerns about whether he or she is deserving of the treatment, worthy of spending the time and money necessary for analysis. The patient may feel shame, resentment, and other affects related to feeling he or she has to pay in order to be recognized and given attention. Prompt and reliable payment can be an expression of the so-called “unobjectionable” part of the transference, in which compliance, being the good patient, is a way of gaining the analyst’s love or cloaking forbidden oppositional urges. Paying can also signify the patient’s gratitude, and also maternal or paternal feelings toward the analyst, which involve wishes to take care of him or her financially. Inconsistent superego functioning is also sometimes revealed in the patient’s handling of money matters. Pathological entitlement can come especially alive in the transference via late payment or non-payment. The patient may use delayed payment as a means of testing or sadistically provoking the analyst, leading to sadomasochistic entanglements.

Wishes to punish the analyst can be expressed by delays in payment. In addition, the patient may sustain fantasies of free treatment as an expression of receiving a special kind of love from the analyst. Reactions to the analyst's policies about responsibility for missed sessions can be a particularly important avenue for analytic work, including useful work in the negative transference and for understanding derivatives of feelings of unfairness and the meaning of the patient's understanding or fighting the analyst's position. The analyst's need to be paid may come to represent a projected aspect of the patient's greed or a displaced version of parental demands. The patient's preoccupation with matters of fee may represent an attack upon the analyst's goodness, which can stem from envious feelings. The harboring of secrets and the multiple intrapsychic and familial issues related to secrecy can be expressed in the way in which the patient discusses, or does not discuss, money.

When I was a candidate, one of my analytic patients who paid a low fee had been referred by a senior analyst whom he had seen first in consultation. My supervisor at the time felt that I had acted too quickly in agreeing to the lower range of what the patient said he could afford. In retrospect, I think that my supervisor was correct, but my patient and I managed to work our way through it. Early in the analysis, he dreamt that I invited him and his girlfriend to my home for dinner. The dream occurred in the context of an initial period of conscious idealization of my skills. It was easier for this patient to express his feelings about my being a candidate through a dream than through a direct, less mediated statement. In the dream, he was appalled to find that I served only muffins in my nerdy, run-down, student apartment. My candidate status, and the low fee, served as a vehicle for him to begin to express negative and devaluing feelings in the transference that would eventually become amplified as the analysis proceeded into many important dyadic and triadic themes – including feelings about my unpalatable remarks, feelings of uncertainty about my ability to help him, “family romance”-type fantasies about the wish for other parents, shame and guilt about paying so little, and difficulty enjoying the analysis because of guilty feelings that closeness with me meant disloyalty to others. In addition, his focus on my lack of economic success aligned itself with an inhibition of his own acquisitive urges, which took the form of masochistic needs to live a life of poverty and self-deprivation. We learned about his family's approach to meals and to expressions of warmth, which had often left the patient feeling hungry and deprived. The same fee that initially felt too low for him, came to be experienced as too high during one phase of treatment when he seemed to declare war on me and the analysis, saying he needed his money for more important pursuits. I am reminded of the anecdote attributed to Mark Twain, who while listening in church to a sermon that greatly impressed him, planned to put money into the contribution box being passed around. As the sermon went on, however, he liked it less and decided to give less. By the time the money box arrived, he disliked what he heard so much that he decided to help himself to the money in the box. My patient was ultimately able to understand and work through his contemptuous feelings about my “sermons” and to understand how his devaluing stance towards me warded off affectionate feelings, which he had considered to be shameful signs of weakness. In addition, as we analyzed his guilt about competitive strivings in his relationship with his father and in the transference, he was eventually able to allow himself to be more entrepreneurial in a broad range of activities.

For candidates in general, being on the sharp upward slope of the learning curve, the sense of mystery and curiosity about what goes on in their teachers' and peers' analytic offices is

particularly intense. The sense of mystery applies to all aspects of candidates' wondering about how to be an analyst, by no means limited to money, and is fertile ground for narcissistic, oedipal, voyeuristic and even primal scene fantasies. I imagine that for trainees as well as graduate analysts, manifestations of universal aspects of the child's wish to be an adult are at play when the fees of other analysts become charged with a sense of mystery – a sense which is imbued with competitive intergenerational issues that can have pre-oedipal as well as oedipal components.

Another way in which the money issue arises for candidates is in their reluctance to begin analytic work. Difficulty accepting lower fees may be used by some candidates as a conscious rationale to avoid the scary prospect of beginning to do analytic work. In some instances, this might even apply more to taking on a second or third case than a first case. My feeling is that the teachers in an institute have a responsibility to protect candidates from the opposite problem, over-eagerness, which can lead candidates to take on economically burdensome cases in which an analytic process is not likely to develop. Some candidates may undervalue their own capacities and undercharge on that basis. I think that institutes have a role in helping to protect the financial aspects of the candidate's time and practice, which can be an important element in helping candidates to move through analytic training and to graduate as expeditiously as possible. This protective role is often best accomplished within the context of individual supervision – either with the supervising analyst of a control case or via specifically designated case development supervisors, within a case development supervisor system, who work with the candidate to help foster understanding and skills that apply to developing analytic cases from the candidate's consultation and psychotherapy practice. The institute's clinic also can be helpful in this protective role – by referring any moderate fee patients who come through the clinic to candidates who have open hours.

Analytic training has always been a time-consuming and challenging enterprise. The costs of tuition, personal analysis, and office overhead are significant. Incoming candidates today are realistically more concerned, and often anxious, about the cost of financing an analytic education than prior generations. Student loan indebtedness and the cost of education as well as home and office real estate have risen more than other elements of the economy, including candidates' fees. Candidates, like the training analysts who conduct reduced fee analyses, take on personal sacrifice. This is a reality of training. My own experience in candidate education is that the investment the candidate makes in granting his or her time as early in training as is feasible usually pays off in terms of the learning and clinical expertise that the candidate then applies to all of his or her clinical work – psychoanalytic and non-psychoanalytic. Just as Freud commented that his patients' "earning capacity" increased as a result of successful analytic work, it is probably also true that the earning capacity of the candidate analyst increases as he or she learns the art and science of analytic work.

At our Consultation and Treatment Service at the NYU Psychoanalytic Institute, when referring patients to candidates for affordable preparatory psychotherapy prior to analysis, I have noticed that candidates are often more willing to accept lower fee patients when they themselves have done the consultation than when the candidate receives a call from a faculty member who has seen the patient first and is trying to "sell" the low fee patient to the candidate. We have been able to place more patients in affordable psychotherapy with analytic candidates than under



a prior model in which faculty members rather than candidates did the initial consultations. Why is this? The sense of excessive burden in taking on a lower fee case is translated into an enjoyable endeavor. (The candidate's experience of a "low fee" may, of course, not feel at all low to the patient.) The candidate may come to respect the patient's motivation in choosing to be analyzed and, in understanding the patient's experience of what is affordable, feel comfortable in moving forward. Once the candidate has sat with the patient and developed a personal sense of involvement, the actual dollar amount of the fee can come to be less important. The drama of the patient's clinical situation draws us in. Of course, the situation sometimes can work the other way for certain patients, but the point of my example is that we are paid in more than money for our work. Our patients give us the special opportunity to learn and grow in the process of being granted access to their minds and lives, which in itself constitutes a kind of payment.

Providing lower fee treatments as a candidate also introduces the candidate to a part of the culture of the analytic community. The generativity of our community is based on a spirit of some *pro bono* type work – whether treatment, supervision of candidates and peers, voluntary teaching, or administrative activities on behalf of an institute. This spirit helps us all to transmit a precious discipline from generation to generation. At all stages, from candidate to senior analyst, both analyst and patient require commitment and passion to do good analytic work. It is a labor of love, which is such a special characteristic of the profession that we practice.

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## Patients as Part Objects

Allan Frosch, PhD

In his new book, *Revolution in Mind* (2008), George Makari writes: “At twenty-nine, [Freud] was still impoverished, no longer so young, with no prospects for a university position. His fiancée had been waiting for him to afford marriage” (p. 21). In this article, I argue that it is not possible to understand Freud’s views about money without taking into account the fact that, for a good part of his life, he was in dire need of it. As a corollary to this, I believe that, as analysts, we need to understand our own relation to Freud, as well as our relation to money, in order to appreciate how we deal with it in our work. My discussion of money is limited to how we handle missed sessions.

The stimulus for my discussion came from an audience member’s question regarding the panelists’ positions on missed sessions. One of the panelists presented the following vignette as a rationale for his policy of charging for all missed sessions: When he was a psychiatric resident, one of his instructors came in a day or two after a huge snowstorm and announced that it was his practice to charge for all missed sessions as long as the patient was still breathing. He had, he declared, 100% attendance in spite of the over two feet of snow. He went on to say that he called many of his colleagues who did not have the same “charge if they breathe” policy and guess what? They only had a 40% attendance rate.

This vignette is open to a variety of interpretations. One interpretation has to do with collegial competition but that, as I see it, is secondary to fears of survival. The issue of survival was certainly crucial for Freud: “In regard to time, I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day; it belongs to him and he is liable for it, even if he does not make use of it. ... no other way is practicable. Under a less stringent régime the ‘occasional’ non-attendances increase so greatly that the *doctor finds his material existence threatened*” (1913, pp. 126-127, italics added). Underlying Freud’s worry about his material well-being was a broader anxiety about losing control of his life. This was true both in regard to sex and money and, indeed, the two were linked for Freud on a personal level. The panel on money, of course, was organized around the 1913 paper where Freud wrote, “*Money questions will be treated by cultured people in the same manner as sexual matters ...*” (p. 131, italics added). And Freud’s concerns about his own sexual impulses have been very well documented (see Haynal and Falzeder 1993).

Freud was born into poverty. His parents rented a single room above a blacksmith’s shop in Freiberg. The economic hardships accompanied the family to Vienna, where they moved when Freud was four. According to Freud, these “were long hard years ... I think nothing about them was worth remembering” (cited by Gay 1998, p. 8). Freud’s poverty took on a new meaning altogether when he fell in love with Martha Bernays. Marriage, of course, was out of the question given his impoverished status. In his discussion of Freud’s relationship with Martha during their four-year engagement, Gay makes the point that the couple was celibate; and those years of celibacy “left their imprint on Freud’s theories about the sexual etiology of most mental ailments ...” (p. 38). Ernest Jones (1953) makes it clear that money, as well as sex, preoccupied Freud during this time. Jones describes Freud “as someone whose instincts were more powerful

than those of the average man, but, whose repressions were even more potent” (p. 138). At times this delicate balance could fall apart. When Martha’s brother Eli was not immediately forthcoming with monies that belonged to Martha, Freud reacted with rage. As an explanation for his loss of control, Freud told Martha “that it was not the money as such that mattered, but that their hope of married happiness had been at stake” (Jones, pp. 137-138). In other words, Freud felt that his whole world was falling apart. It is important to mention that Martha had no such feeling at all. From the account that Jones has provided, I get the sense that Martha pretty much took this in stride and did not see the doomsday scenario that Freud did.

My point in this discussion of Freud’s financial life is to suggest that his fear of loss of control around money influenced his technical position about the handling of money. That our experience shapes how we see things is, I trust, no surprise to anyone. In 1913, Freud was not faced with significant financial hardships at all. But as a member “of the professional-managerial class, like anyone in any class but the highest” (Dimen 1994), Freud was subject to the fear that things could spiral out of control – that a rash of missed sessions could send him “sliding into homelessness and indignity” (p. 78). As a way of controlling for this danger of losing control over his life, he adopted a “stringent” position vis à vis missed sessions. Freud, as George Makari tells us, was a man given to “absolute and exclusive formulations” (p. 92).

I am not arguing against Freud’s recommendations for the handling of missed sessions. His subjectivity does not take away from the value of his ideas. I am arguing against taking these recommendations as hard and fast rules – a position consistent with that of Freud himself: “I think I am well-advised, however, to call these rules ‘recommendations’ and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end” (Freud 1913, p. 123).

My own experience around money and missed sessions is that, for many analysts, money issues are often filled with feelings of shame. Some of this certainly can be related to our transferences to Freud. I have seen this played out with candidates in supervision who are uncomfortable talking about their missed session policy when it differs from that of Freud. Freud’s policy, of course, was formulated nearly one hundred years ago when analyses were months or a few years in length. Things are very different today where the average analysis is quite a bit longer. A more than reasonable argument can be made to “play with” or alter our approach to missed sessions.

But I think there are other emotional issues tied to money. “Analysts are dependent upon their patients. When money is exchanged in a capitalist economy, both buyer and seller – patient and analyst – come to be like commodities, or things, to one another because they enter into relation with each other through the mediation of a third thing (money) that, simultaneously, separates them” (Dimen 1994, p. 80). I think this is very well captured in the phrase “They pay as long as they are breathing.” In other words, “You, my patient, must keep my anxiety in check.” Is this stringent attitude, to go back to Freud’s term, related to a sense of shame that we are dependent on our patients and that this sense of dependence can be heightened by the regressive pulls that affect us, as well as our patients? When we say to our patients that we

cannot hold the hour unless they pay for it, are we saying “You are interchangeable with anyone who will pay me money?” Do we see our patients as part objects who must feed us, commodities who are there to serve us?

This is not an argument against charging for missed sessions. It is an argument to keep in mind the difference between a hard and fast rule that becomes imbued with shame when it is not adhered to, and a recommendation. It is also an argument for the analyst to consider his / her own relation to money and, therefore, to the countertransference. By placing the source of danger outside of ourselves (as Freud did), we can devise ways of “controlling” the expectation of trauma. If patients pay for missed sessions as long as they are breathing, I can create the illusion that my inner forces are under control. I think we do this all the time, not only in relation to missed sessions but also in terms of analyzability: “I am uncomfortable with patient X so I begin to see the patient as too disturbed to be analyzed” (see Rothstein 2002). I question technical positions that are absolute. For most of us, money is very important, and we get anxious when we feel we do not have enough of it. How we handle money in the analytic situation is always a good topic for self-analysis. I charge for missed sessions, but not all the time. I have exceptions that are influenced by my own history as well as other considerations. I do not charge when a patient misses a session because of illness when the illness also prevents him from going to work or doing the things that he usually does during the day. If the missed sessions become too frequent, I talk to the patient about it – always bearing in mind that I speak from a subjectively colored perspective.

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## A Greek Visitor at the Money Panel

Chrysi Giannoulaki, MD

In the Platonic dialogue "Phaedrus," Socrates suggests that involvement in a discussion is a uniquely effective way of "inscribing" values upon a soul. So I was delighted that during my visit to the New York University Psychoanalytic Institute (NYUPI), as an International Psychoanalytic Studies Organization fellow, I had the opportunity to attend a number of discussions at different psychoanalytic societies. This was an experience good for both mind and soul! The meetings were all very interesting, but none had the vivacity and the energy of the panel co-sponsored by NYUPI and *The Candidate*, entitled "Money: Unmentionable Transferences-Counter-transferences in Psychoanalytic Training." They were all there! The training analysts, the analysts, the graduates, the senior candidates, the beginners. Even more exciting, they were all there to talk candidly about money! And, as one of the speakers noted, money is a risky topic to bring into the open. It is easier to talk about sex than money. Money is too private, a kind of taboo, not only nowadays but also during Freud's era. As Drucker notes (1978, p. 95), in late 19<sup>th</sup> century Vienna and Europe, money dominated people's thinking but was unmentionable in polite society.

I want, now, to go straight to the very rich presentations at the money panel. Philip Herschenfeld underlined the need for analyzing the unconscious fantasies behind the issue of money in analyses. As I am very interested in the different unconscious meanings of money, I found his clinical vignettes very rich, stimulating and relevant to the way that money comes up in my own clients' analyses. However, I do not agree with his point of view that, outside psychoanalysis, the "good" thing to do is somehow obvious. He cited the example of a child who falls and hurts himself, and indicated that it is clearly right to pick him up and comfort him. From my point of view, people always have difficulties in knowing the right thing to do – in life and in psychoanalysis. This applies to money matters. Every analyst has his own character and stance towards money. He has to explore this in his personal analysis, in his supervisions, and in psychoanalytic classes to be able to form his personal "psychoanalytic character" and technique. From an Aristotelian viewpoint, it is precisely because it is impossible to specify a set of rules on how to act that each individual must build a psychologically sound character that will allow him to choose wisely. According to this character-based approach, there is no way to specify, in a particular set of circumstances, what the *psychoanalytic* thing to do is, without considering the judgment of the individual psychoanalyst. For Aristotle, character is a developmental and psychological achievement (Lear 2001, p. 2).

One question we can ask ourselves is: What does the psychoanalytic discovery of the unconscious have to do with our understanding of an ethical life? I think that Steven Ellman touched on this issue when he called into question the idea that a high fee is a badge of honor indicating that someone is successful as an analyst. Psychoanalysis is, for him, a calling and he is, as was his first analyst, extremely flexible in terms of his fee. I enjoyed the fact that he dared to approach the subject of psychoanalytic politics within institutes. He pointed out that, at one point in time, analysis was a glamour field that medical analysts desperately tried to protect. This took place when "the real money was in analysis." The real money is no longer in analysis, and we face different problems.

Last, but not least, I appreciate the willingness of Wendy Katz, as a somewhat recent graduate and as a woman, to approach candidates' difficulties around the issue of money with such directness. She started with two vignettes, of the kind with which we frequently deal, that illustrate the complexity of the matter. The shame of Steve or the hesitation of Susan can be explained by a wide variety of dynamic issues. Many psychological factors interfere with a person's ability to speak about earning money. Neurotic inhibitions (e.g., the fear of success or failure, the fear of rivaling or outstripping the oedipal rival) are possible reasons; "politeness" could be another. For many reasons, "money is almost never an 'official' topic or one discussed between candidates and their professional elders," according to Dr. Katz.

Dr. Katz also highlighted the historical dimension of psychoanalysis, locating it within the complex, contemporary social framework of a market economy. In our society, people have to earn money as a means of existence. This is one of several interlocking, discomfiting facts confronting both patient and analyst. As she states: "One current reality is that training, of which the training analysis is a major component, is expensive, and financial aid exists only in the form of private grants (we call them fee reductions) by individual training analysts. Another systemic reality is that, in the private practice setting where psychoanalysts sell their skills, in 45 minute chunks, to a relatively small number of people, the wealth of the patients we happen to have has a direct relation to the contents of our bank accounts."

Overcoming inhibitions about making money and managing one's finances responsibly are ways of achieving psychological adulthood. Another way is to speak one's mind freely. The willingness of the candidates in the audience to speak freely, and to challenge their psychoanalytic "elders" about money matters, is proof of the kind of maturity we strive for in our work and in our community. The only reason the money panel had to end was that we ran out of time. I, for one, was disappointed that the discussion came to a close. I hope I will be lucky enough to be there again next time.

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## Money – It's Personal

Jason D. Greenberg, PhD

Having had some time to reflect on *The Candidate's* money panel, my view has changed since the night I walked out of the auditorium. That night, I left feeling unsettled. While I appreciated *The Candidate's* sponsorship of a panel on the topic of money, I was disappointed and slightly irritated. Initially, I thought that it was because the panelists did not address the question of money in candidacy. Specifically, I was looking for the correct answers to the questions that I, as a candidate, have about money at this relatively early stage of my practice. How does one set a fee? What is the best way to handle the collection of the fee? What is a good cancellation policy? Should insurance affect the way that I and the patient deal with the fee in the treatment, and if so, how? For example, how does one handle the fee once the sessions covered by insurance run out? Overall, the panel did not directly address these questions. One panelist described how he developed his handling of the fee and cancellations based on what his analyst did with him, but beyond that, I found that my questions remained unanswered.

My post-panel reflections have made me realize that my wish for simple answers to concrete questions reflects my anxiety about the issue of money. I see now that it has less to do with my standing as a candidate and more to do with conflicts about money that I already have, which are highlighted by certain elements of candidacy. The conflicts are numerous, having to do with issues of control, power, autonomy, dependence, and self-esteem, to name a few. I do not think that I am unusual in this respect, as a candidate, clinician, or person for that matter. I have come to believe something along the lines of Dr. Donald Moss's comment to the panel, that thinking about money in a rational manner is an ideal, an impossible one to attain, and that we all approach the topic of money irrationally.

Thus, if we each have an idiosyncratic relationship with money, we are going to express that relationship differently. What I have realized is that it is not so much a question of the correct way to deal with money in treatment as it is how one decides to deal with money – what motivates that approach? For example, shortly after the panel, my class had a discussion about how a clinician should inform a prospective patient of the fee. Prior to the initial consultation session? On the phone? After the initial consultation has concluded? My classmates and I had varying opinions on the matter – for example, I always let people know my fee on the phone (for various reasons, including that I need to establish whether or not a patient is seeing me through their insurance panel, as well as a way that I resolve my conflicts regarding the fee). In contrast, one of my classmates never discusses the fee over the phone because she wants to be able to discuss the issue with a patient in person and wants to establish that money is another issue to be discussed in the treatment. Either approach could be critiqued; that alone would make for an interesting debate. But my point is that regardless of the approach to the issue of money, it is essential for my classmate and me to understand what has motivated us to come to these decisions. If I am more comfortable with my own issues about money, it will be less of an anxiety-provoking experience to deal with my patients' issues surrounding money, as well as the discussion of money with peers.

Immediately following the panel, a faculty member from my institute greeted me with

"You guys (the candidates) need to tell us (the faculty) how we can help (facilitate an understanding of and comfort with the issue of money)." I have noticed that the subject of money yields some interesting discussions when it comes up spontaneously in class. At first, I thought it might be excessive to set aside a structured time and place in the curriculum for discussion of money issues in analysis, but then realized that, with the exception of our current Ethics course, the topic of money is not given much airtime in our classes. Perhaps the only way to ensure that faculty and candidates adequately address the issue, with all its accompanying anxieties, would be to give it a well-defined place in the curriculum.

The panel helped me to think about what money means to me as the topic manifests itself in my practice, my own analysis, and in my relationships. I have discussed money issues a little more freely since the panel, both with classmates and in my analysis, as well as with patients. I do not expect to be "rid of" my conflicts around money, but if I can continue to be aware of them as they arise, then at least I will feel comfortable enough to discuss the issue with peers, supervisors, and patients.

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## Riffs on Remuneration

Jane S. Hall, LCSW, FIPA

On my way home from the money panel, a young woman from the audience asked me for my impression of the evening's discussion. She said she was a first-year candidate and felt that "something was missing – something unsaid or unspoken."

Initially I agreed with her. I had enjoyed each of the presenters and especially appreciated their honesty and candor, but wondered if, indeed, something had been avoided.

Upon further reflection I decided that no, it was not that "something" was avoided but instead, that the topic was too deep and broad to tackle in one evening. I think this panel must be the start of something bigger.

Becoming an analyst is based on a calling – something that draws a person to a certain field, usually a creative one. No matter how well analyzed, some kind of rescue wish is operative and some amount of masochism or at least high frustration tolerance exists in most analysts. The greatest motivation for me is benevolent curiosity about what makes people tick. A certain voyeuristic pleasure is present, too. But the talent we have lies in the ability to trust our intuition, to refine it, to remain benevolently curious, and to listen freely. Analysts need to exercise this talent, just as actors or writers or musicians need to give attention to their muses.

My husband is a jazz musician and some people ask "Can you make a living doing that?" or "My son is a musician, can he make a living in music?" It is kind of a rude question, sometimes asked out of real concern, and other times with incredulity. How can a person who "plays" support himself and a family? Acting and writing, along with music and art, are callings. A deep inner pull to do something can only be fought with great difficulty and sacrifice. No one answers a real calling when making money is the main concern; callings do not involve money. Still, we must be paid, so how do we decide on our range of fees?

Just as each analytic dyad is unique, the fee arrangement within that dyad is often unique as well – something to be negotiated and analyzed by the people involved. As Steven Ellman forthrightly said, he has a range of fees from \$200 to \$250. Ellman is well established in the field. His range seems appropriate to his experience. We all know that some charge more and some less, but Ellman gives us an honest figure with which to work. Assuming someone using this range works eight hours a day, with a six-week vacation, that comes out to a fine living wage.

Many analysts have a range and assess what the rate should be for each patient. Some of us will accept a reduced fee in order to practice psychoanalysis. Balance is a key issue – we cannot pay our rent with all low-fee patients. Another factor is our particular interest in certain kinds of patients. If we are studying or researching transvestites, for instance, we are more likely to accept such a patient at a reduced fee if necessary. My personal experience has been that as patients proceed with the work, they are often amenable to a fee raise or are able to afford a

higher fee because they have come to appreciate what they are receiving in return and because they are improving their own earning capacities.

As a supervisor, I am aware that beginning private practitioners today often charge \$100 or less, and rarely more than \$125. Candidates at most institutes are required to take a low fee case and should have a supervisor who agrees to a low fee.

How to assess how much a person can afford is also an important question. There are both subtle and obvious ways to make a determination. Asking patients about their income or how much money they are expecting to pay are viable questions. During the first consultation, patients let us know, sometimes subtly, sometimes overtly, how much they can afford. As we listen, we hear references to family, work history, potential for improving salaries, life styles, trust funds, and so on. We also register how patients present themselves (Gucci or Prada are usually dead giveaways), what they do for recreation, whether alcohol and other expensive recreational or more serious drugs play a part in their lives, and most seriously of all, how much they realize that treatment is necessary and something for which they are willing to stretch financially. I have met only one person who openly weighed whether buying a boat (her lifelong dream) was more important than understanding through therapy why she continually wound up with different married men. She could not afford to do both. She chose the boat, and I picture her cruising around the world with different mates on each trip, but never a mate of her own. Her choice was obviously a resistance, one that she refused to confront.

The patient's financial reality influences fees but so does an early sense of connection during the consultation period. Our confidence and our belief in the importance of our work usually reach the patient in the first interview. My experience while in training at a clinic where there was no selection process and no fee was invaluable. That was where I began to question the concept of analyzability, for I saw that everyone wanted a second chance and almost everyone was capable of analytic work (Hall 1998).

When do analysts raise their fees? Usually, experience is a factor. The beginning analyst needs to build a practice and so charges what referrals are able to pay. As the early patients improve and as the years go by, the analyst feels comfortable and justified in raising the fee. Some analysts flaunt their high fees or develop a reputation for charging a lot; I am not sure it is all about the size of the penis, as Arnold Rothstein jokingly stated, but instead, about the issue of self-esteem. Envy and its sister, greed, are common human traits – and there is no shortage of either among analysts. At bottom is the flaunter's need to convince others and himself of his value. The person with strong self-esteem – someone who is confident but not smug, humble but not masochistic, genuine but not limitlessly open, searching but not invasive – need not flaunt.

One area where analysts enact their conflict over self-worth may be around a hesitancy in charging for missed sessions. If we remember that we pay for our own insurance, our offices, vacation and sick days, I cannot see how we would not charge for missed sessions. Our own inner recognition of our worth and the value of treatment is what convinces a prospective patient to “go for it.”

I agree with Wendy Katz that there was a palpable generation gap at the meeting, which

speaks to another knotty issue. Male training analysts who are in their 60s and 70s are often idealized by candidates. (I would have enjoyed seeing another woman on the panel.) Training analysts, male and female, need a younger generation to practice their craft. But the day when training analysts made most of their money by analyzing candidates are waning, if not over, so we might ask if institutes are accepting more candidates than the market can bear so that they can continue practicing their craft. (The very idea of a “training analyst” and a “training analysis” needs a full and open discussion itself.) The difficulty in attracting analytic candidates may be a sign that the field has been flooded, or that IPA institute requirements are outdated. Katz questioned whether senior training analysts are cognizant of the reality of the current marketplace and how much the candidate sacrifices while in training. My own thought is this: If we replaced the word training with education, and dropped the title training analyst, the field could become more adult – more real. Candidates might feel empowered to speak freely. Oedipal transferences and countertransferences would still continue, but there would be less of an “infant / parent” tilt overall. The structure of our teaching and learning would allow for more open dialogue and would preclude the secrecy Katz alluded to when she said, “Yet money is almost never an ‘official’ topic or one discussed between candidates and their professional elders. Indeed, candidates often seem to feel that their teachers and supervisors neither understand the financial pressures they endure nor appreciate the sacrifices they are making. I would argue that this ‘generation gap’ and the oedipal wishes, hostilities and consequent defenses that it contributes to, have a distorting effect on our learning.” I believe that a less infantilizing education would make such important discussions part of the curriculum.

*The Candidate* must be congratulated for beginning a long overdue discussion. Good beginnings are to be cherished and I hope that this topic will be expanded by the candidates. Perhaps at the next conference, a roundtable discussion consisting of candidates and experienced analysts could tackle specific issues about the fee such as: What happens if the beginning analyst charges fees that his / her analyst and supervisor charge if a patient can afford such a fee and what are the transference and countertransference issues involved? What does an analyst do when a patient who began at once or twice a week psychotherapy becomes ready and in need of analysis? Does the therapist lower the fee, refer to a less expensive analyst, or continue in psychotherapy because of his / her own financial needs?

I end by addressing Katz’s comment about art and business. We analysts can both heed our calling and run our businesses professionally. Although we may never be among the superrich, we will always lead enriching lives.

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## Do Re Mi

Robert Langan, PhD

*Oh if you ain't got the do re mi, folks,  
you ain't got the do re mi . . .  
Believe it or not, you won't find it so hot,  
If you ain't got the do re mi.*

—Woody Guthrie (1937)  
on the necessity of money

The psychoanalyst panelists mentioned the unmentionable: having made a professional go of it in a diminishing market. Audience candidate questioners lamented the passing of easier times. I fell back into memories of when I was starting out.

Years ago, one of my first analytic supervisors grumbled at the whole necessity of fees. He had grown up in the Depression thirties, a son of left-leaning Jewish immigrants, and his inheritance was an indignation with economic inequality. What kind of country is this that makes treatment for one's ills a business proposition? Government should provide basic necessities equally and for all, so that with a set fee set aside, doctor and patient might get down to the real business of alleviating suffering.

That I remember his grumblings speaks not only to my own discomfort with the necessity of fees, but also to the common enough desire to have a psychoanalytically "right" way to handle money matters. A "right" way affords a clear conscience, an illusory sense of analyzing impeccably, within well-justified rules. And the illusion of being able to conduct an impeccable analysis hides a dirty secret: Money makes us, doctor and patient, partners in crime.

The criminal problem is that no price can be set on what we do together. Pricing reduces the analytic endeavor to an economic exchange. It entails the commodification of time, of thought, caring, curiosity and hope. *Ad absurdum*, it requires an itemized bill with unit pricing: perhaps \$5 for each encouraging "Um-huh," \$10 for the cautionary "Unnh?," pregnant pauses at \$15 per minute, interpretations off-the-rack from \$20 to \$50, and customizable with unique nuance starting at \$100, limit one per session. Participation in the exchange of money changes clinical psycho-analysis from a mutually participatory experimental phenomenology (as I see it) into a service for which there is a fee. As we collect our fees-for-service, the "impossible profession" discovers itself a willing bedfellow to the "oldest profession." My erstwhile supervisor (who now lives only in my mind) might conclusively see us, doctors and patients, as guilty perpetrators of a corrupt society built on invidious greed.

And yet, let us analyze that conclusion. We may agree with it. We may see childhood loyalties to much-loved parents incarnate in that belief. We may disagree. We may spy unresolved conflict over phallic autonomy lending itself to neurotic passivity ill-suited to a dog-eat-dog world. But whether we agree or disagree, what psychoanalysis does is to open to question any and all conclusions. The unique power of psychoanalysis as a therapeutic technique lies in its central strategy to interpret (and interpret anew, never finally) the experience

of what is, cognitively and emotionally, within the analytic dyad and without. Analytic reinterpretation does not asymptotically approach some ultimate, conclusive truth, because the truth of truths is that truths are contingent, looking one way now and another way later, shifting kaleidoscopically through altering perspectives. Analysis allows its participants to experience the undoing of assumed givens.

Of course, to maintain some semblance of sanity further, provisional givens pop into place. One must continue to be recognizable to oneself. William James's blooming, buzzing confusion (the chaos of unmitigated experience) is unbearable, posing, as it does, a threat to the very cohesion of self. My diagnosable me feels probably safer than a me fraying at the edges, open to becoming what I do not know. Psychoanalysis does not shrink experience to certainties. Instead, like a corrosive acid, psychoanalysis dissolves certainties, creating space for alternative realities. Altering mind, psychoanalysis alters reality. It merits another sobriquet: the dangerous profession.

That danger is mitigated by the dyadic set-up of the consulting room. Analyst and analysand are each, variably more and less, attentionally present. The room affords an illusion of constancy, being pretty much always the same place, seen always at the same times. Constancy inheres not only in the room, but in the presence of the presumably constant other, analyst or analysand. Continued recognition links one session to the next. Session after session, partly shared memories of what has gone on overlap. Overlapping as well are impressions of who and how the other is, what to expect, what is known. Each party holds the other in mind, and so provides, at least partly, a mooring to the continuity of going-on-being.

That provided, the risk of analyzing away old assumptions and beliefs becomes tolerable. In fact, what was held to be past fact ("I am irreparably flawed!") can come to be seen as a present construction ("I take on flawedness out of loyalty to my flawed father!") opening future possibilities ("I find myself not needing to be flawed?"). Reality shifts. The experiential companions, analyst and analysand, continue to recognize one another.

The whole process can be likened to a statistical multiple regression equation, where overlapping variable factors can be partially controlled. Reality, the totality of momentary experience, is abuzz in flux. Neurological filters find patterns of order in chaos, shaping present into remembered past and plausible future. The emergent, overarching pattern of patterns is the self. Pattern maintenance tends to rigidify in order to avoid the anxiety of too-rapid dissolution. In dyadic interaction, the urgency of pattern maintenance is eased to the extent that the other holds one's self in mind. One can then, to some extent, let go, not recognizing oneself, surrendering to experience anew, like falling in love, becoming a new person held in an undreamt of way in the eyes of the other, and then in the eyes of oneself.

But for this to happen more readily, certain variables in this shared multivariate reality (always equal to the present moment's experience) must be held constant (let's hang onto the laws of physics). Certain considered variables (say, gender identity) must be weighted for more and less attention because we cannot, you and I, pay attention to everything all at once. Constant and considered variables need, for the time being, less present attention than the tormenting variables we hope to change. Together, in our analytic dialogue, we negotiate where to spend

our attention.

Spending attention – be not surprised – brings us back to the issue of the fee. The fee, to the extent that it remains, for the time being, a constant or considered variable, may well merit no attention whatsoever.

My supervisor wished that a set fee could be set aside by the beneficent provision of an enlightened government. Making that government a reality was a logical goal contingent on his conclusions as to money's potentially dire effect on the analytic transaction. You may, or may not, agree with his estimation.

But the idea that a set fee can be set aside applies as well to the fee set through negotiation, or exigency, between analyst and analysand. It cannot be set aside if it comes to represent some central analytic conflict, such as abusive exploitation or sadomasochism. Assumptions underlying the role of the fee quite often may be analytic pay-dirt. Even so, like positive transference, an agreed-upon fee may best be set aside when it tacitly constitutes a pact recognizing a concrete overlap between the needs and desires of each party to the analytic endeavor. The fee is a concrete investment in the continuing interchange, real money in a real bank marking a real willingness for analysand and analyst to pay attention to each other's realities. That attention is the real pay, the fee each must be willing to exchange. Analysis cannot work if it ain't got that do re mi.

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## Film Review

***Un Secret (A Secret)*. Drama, 2007. Starring Cécile De France, Patrick Bruel, Ludivine Sagnier, Julie Depardieu, and Mathieu Amalric. Directed by Claude Miller.**

**Reviewed by Christine Anzieu-Premmereur, MD, PhD**

This Claude Miller film is based on an autobiographical novel by Philippe Grimbert, a French-Jewish writer and psychoanalyst who works with adults and children. His book, *Un Secret*, was a succès d'estime in France, and was awarded the Prix Goncourt des Lycéens 2004, and the Prix des Lectrices de Elle 2005. The book was published in the U.S. in 2008 under the title *Memory*. The film was awarded the Grand Prix of the Americas prize at the Montreal Film Festival.

*Un Secret* is a powerful and well-rendered portrait of guilt, transference and survival. The film tells the story of François, a boy in postwar Paris, who, in learning about his parents' past, discovers the history of their passion and their shame. Framed within the context of the adult François's devoted work as a psychotherapist for borderline children, his search also becomes a metaphoric quest for identity and connection within the silence of a traumatic and dislocated history.

Patrick Bruel plays Maxime, the father; Cécile de France portrays Tania, the mother; Ludivine Sagnier is Hannah, the mysterious first wife; and Mathieu Amalric is the adult François who is trying to piece together a history. *Un Secret* is a showcase for great acting. Julie Depardieu won a Cesar Award – the French Oscar – for her fascinating portrayal of François's maiden aunt, who is the non-judgmental keeper of the family's secrets and the person most acutely sensitive to the child's suffering. De France and Sagnier were also nominated for Cesars.

The story begins in France, a few years after World War II, where a little boy, François (Valentin Vigourt), lives with his emotionally withholding father and his statuesque and vibrant mother, who is a champion swimmer and a beautiful fashion model. The family is Jewish, but not observant, and their surname has been changed to disguise their heritage.

Scrawny François was born a four-pound baby who, despite vitamin B injections, grew into a fragile, skinny and unattractive boy. He will never live up to the standards of his exercise-fanatic father or his mother, a woman whose beauty embodies the desire for athletic perfection that gripped France in the 1930s.

Although the child is physically ill-equipped, his imagination is strong. In particular, he makes up beautiful stories about his parents, who are his idols. In his sadness and loneliness, François also fantasizes that he has an athletic, alter-ego brother who can climb ropes and execute perfectly controlled turns on the high bar, feats that François himself cannot perform for his demanding father. François, who is so curious about his parents' past, has the fantasy that they in turn would be curious to know about his imaginary brother. But instead of showing interest, they deny the existence of another child with an almost desperate insistence.



It is a gnawing sense of insecurity over his parents' evasive silence that continues to consume him, and plague him with questions. How could someone so slight slip from the loins of such an athletic couple? And why does his imagined brother drive his parents to exasperation, withdrawal and silence? When François discovers a toy in the attic, the search for truth escalates until he realizes that his imaginary brother is not as imaginary as he once believed. He learns that ghosts are more inclined than the people around him to reveal hidden secrets.

As the film progresses, it becomes clear that his daytime fantasies are both shockingly inaccurate and, at the same time, not far from the truth. Much of *Un Secret*'s tension derives from the way in which the narrative revolves around the titular secret.

An aura of secrecy hovers over his family's past, and finally one day, when the boy is 14, his maiden aunt (Depardieu) tells him the family saga. This winds the movie back to the pre-war years and brings about its first revelation: When the story goes back in time, the sight of the boy's father with a previous wife, Hannah, feels as strange to the viewer as it is surprising to the boy. The world turns inside out.

Maxime, the father, does not like being Jewish; his heritage doesn't interest him. The day of his wedding to Hannah, he meets and is powerfully attracted to Tania: "I tried to show Maxime's iconographic attraction to her, and filmed her like one of those Art Deco lamps of statuesque women," said Miller, the director, in an interview.

But Hannah is the heart of *Un Secret*. Her journey from innocence to disillusion to an almost fathomless despair and nihilism constitutes the film's widest emotional arc, one all the more extraordinary for its being conveyed with a minimum of dialogue. She is a simple, quiet woman, small and passionate, someone not prone to self-expression, with a sensitivity and an almost borderline quality that makes her so touching and frightening at the same time. It is to Hannah that Miller gives the film's single most important line of dialogue, when she declares her son Simon's Jewish identity, in a moment of unconscious rage. It is difficult to understand this sudden tragic gesture of sacrifice or vengeance when she discloses her Jewish identity to the police. We don't know what just happened. In the film, François never confronts his father with the story. In this moment, and others, much attention is lavished on characters who keep their conflicts to themselves, which makes the film heavy going at times. The characters' hesitations and impulses make them less than heroic.

*Un Secret* puts the viewer in dark incertitude. It is a very moving portrayal of simple people caught up in the midst of forces beyond their control – ordinary Jews living in extraordinarily savage times. It is an incredible but true wartime story. Telescoping the considerable spiral of events in Grimbert's book into a sleek mosaic of brief scenes, Miller allows the narrative's emotions to emerge without resorting to melodramatic flourish. Particularly vivid is the adulterous erotic charge between the two parents.

The film constructs its revelations through premonitions and layered flashbacks, interestingly rendered in full color while the present day is shot in black and white. This cinematic inversion of the norm works quite successfully, as if to say that there is more life in the past than there will ever be in the present. It is so close to the child's depressive feelings!

The film shows us how intense childhood fantasy life is, and even more so when confronted with intergenerational transmission of trauma.

We can share François's viewing history through the quirks of his family. In an early scene in the film, a bookish, teenaged François sits in a classroom intently watching the archival footage of the mass collection and burial of concentration camp victims during the Holocaust, before flying into an inconsolable rage over a student's racially insensitive comments. For François, the sobering images of emaciated, broken bodies not only raise the specter of his suppressed identity, but also remind him of his own physical frailty.

*Un Secret* is not just about how François's parents survived the Occupation, but a nuanced study of the near impossibility of keeping secrets. Though it is never openly stated, Aunt Louise – who reveals the family's skeletons to François at 14 – gives the impression of being a lesbian. Maxime, who has tried to make his Jewish ancestry a secret by aggressively wishing it away – baptizing François Catholic and Gallicizing the family name – is forced to face his unsuccessful evasions when his first wife Hannah disastrously discloses her Jewish identity, and that of their son Simon.

*Un Secret* illuminates the most intimate personal histories against a perfectly detailed political and cultural background; it tells its tragic story with a marvelously nuanced narrative, floating through time with memorable characters who never beg for our pity and demonstrating the effect of the Holocaust on one family four decades later. And while *Un Secret* depicts the devastating impact of Maxime and Tanya's adulterous relationship, it suggests that it is not illicit passion, but rather the crime of denial that has impaired this family down through the generations.

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## Book Review

### Plea for an Accessible Psychoanalysis: Response to the False Promises of Eckhart Tolle

*The Power of Now: A Guide to Spiritual Enlightenment.* By Eckhart Tolle. Novato, CA: New World Library, 1999, 224 pp., \$23.95

*A New Earth: Awakening to Your Life's Purpose.* By Eckhart Tolle. New York: Dutton Adult Books, 2005, 315 pp., 24.95

#### Reviewed by Desnee Hall, PhD

Eckhart Tolle's *The Power of Now: A Guide to Spiritual Enlightenment* (PON), written in 1999, and *A New Earth: Awakening to Your Life's Purpose* (ANE), written in 2005, have taken the country – and, in fact, much of the world – by storm, yet I could not find a review of either book in any psychoanalytic journal. In the nearly ten years since the publication of *The Power of Now*, interest in psychoanalysis on the part of both mental health professionals and consumers has declined, yet Tolle's audience is enormous, comprised of people who could benefit from the treatment psychoanalysts provide. Tolle's books are displayed in bookstores under "personal growth / spirituality," the section frequently next to "psychology" (a section that, incidentally, is shrinking). Although the "spiritual" focus of these books seems to place them apart from typical books reviewed for a psychoanalytic audience, some of Tolle's goals parallel those of psychoanalysis and he uses psychological language to describe many of his ideas. It might, therefore, be worthwhile to understand what he has to say and why his message proves compelling to so many.

Tolle claims that his work is part of a much-needed shift in human consciousness: "'A new heaven' is the emergence of a transformed state of human consciousness, and 'a new earth' is its reflection in the human realm" (emphasis in the original, ANE, p. 23). *The Power of Now*, written in question and answer format, enjoins readers to let go of their self-inflicted suffering by living in the present moment. *A New Earth* broadens this message, urging readers to recognize they are part of a larger, transformative process essential to civilization's survival. He writes: "Your inner purpose is to awaken. It is as simple as that. You share that purpose with every other person on the planet – because it is the purpose of humanity. Your inner purpose is an essential part of the purpose of the whole, the universe and its emerging intelligence" (ANE, p. 258). "The stronger the ego, the stronger the sense of separateness between people. The only actions that do not cause opposing reactions are those that are aimed at the good of all. They are inclusive, not exclusive" (ANE, p. 290).

By transforming human consciousness, Tolle largely means that people must rid themselves of crippling anxiety and depression. In fact, this is how he describes his own enlightenment: "I have little use for the past and rarely think about it. Until my thirtieth year, I lived in a state of almost continuous anxiety interspersed with periods of suicidal depression. It feels now as if I am talking about some past lifetime or somebody else's life" (PON, p. 1).

A psychologically sophisticated reader knows that something must account for those

early years filled with crippling anxiety and depression, but Tolle does not provide that information. In fact, despite more than a decade of international fame, very little is known of Tolle's life. Born in Germany in 1948, he lived with his father in Spain from ages 13 to 19. He refused formal schooling during those years, although he studied independently and prepared himself for university. At 19, he moved to London, where he attended and graduated from London University. (He also completed research at Cambridge.) Tolle studied literature, languages, and philosophy. Nothing appears to be known about his mother or about any work history prior to his "enlightenment" at age 29. Currently, he lives with a female partner in Vancouver, Canada, and makes his living as a writer and spiritual teacher.

Tolle describes how, in the depths of his misery, he found himself thinking: "I cannot live with myself any longer" (PON, p. 1). He posited: "If I cannot live with myself, there must be two of me: the 'I' and the 'self' that 'I' cannot live with." Tolle considered that there might be two selves, only one of which was real. This thought was followed by an intense experience of enlightenment: "That day, I walked around the city in utter amazement at the miracle of life on earth, as if I had just been born into this world." In other words, he began to disidentify from the second suffering self and to believe that the first "I," the observing I, was in touch with an underlying consciousness – another way of knowing that bypassed the thinking mind. Tolle began to study world religions in an attempt to understand and integrate his personal "enlightenment" experience. He also began to hold workshops at which he shared his personal experience with others. *The Power of Now* and *A New Earth* grew out of his experience as a teacher.

Tolle's message is a pastiche of the works of many spiritual teachers who precede him, whether they be established Buddhist, Christian, Hindu, Jewish, or Muslim teachers and theologians, or New Age prophets such as Ram Dass (*Be Here Now*), James Redfield (*The Celestine Prophecy*), Neale Donald Walsh (*Conversations with God*), or Marianne Williamson (author of various books reflecting her interpretation of *The Course in Miracles*, a spiritual self-study system). The message is simple: It is only necessary to let go of past and future to live a joyful life at one with the universe. Other traditions, however, advocate spiritual practices that enable adherents to reach this goal. Tolle, by contrast, does not provide followers with guidance on how to *achieve* the ability to live in the Now. In fact, he would say that the notion of "achievement" is focused on the future and by definition takes one out of the Now: "... nothing exists outside the Now" (PON, p. 41). And further: "In the Now, in the absence of time, all your problems dissolve. Suffering needs time; it cannot survive in the Now" (PON, p. 43).

Tolle is not well-educated about psychological theories or practices, although he frequently speaks as if he were. Common words such as "unconscious" or "ego" are defined and used idiosyncratically. He contends, "... all that is unconscious in you can be brought into the light of consciousness" (PON, p. 22), but defines unconsciousness as "being identified with some mental or emotional pattern. It implies a complete absence of the watcher" (PON, p. 33). Here, the "watcher" is the "I" that could not live with itself – what psychoanalysts would call the observing ego. Tolle, however, does not allow for an ego that observes and helps to modulate individual experience. Instead, Tolle's "ego" is an internal tormentor, an obsessive-compulsive persecutor: "Many people live with a tormentor in their head that continuously attacks and punishes them and drains them of all energy" (PON, p. 15). (Classical psychoanalysts might call

this a “superego;” object relations theorists, an “internalized bad object;” relational analysts, a dissociated self state.) He continues: “To the ego, the present moment hardly exists. Only past and future are considered important. This total reversal of the truth accounts for the fact that in the ego mode the mind is so dysfunctional. It is always concerned with keeping the past alive, because without it – who are you?” (PON, p. 18).

Tolle’s thesis, based on his own experience, is that man suffers from the delusion that he is synonymous with his mind; this total identification with the mind is the source of all problems. Tolle encourages people to listen to the tormenting inner voice dispassionately, to separate themselves from identification with it. “You’ll soon realize: *there* is the voice, and here *I am* listening to it, watching it. This *I am* realization, this sense of your own presence, is not a thought. It arises from beyond the mind” (PON, p. 15).

This living in the Now – letting go of past and future – is meant as something more than a simple relaxation technique. Tolle’s argument, taken to the extreme, is that one relinquishes one’s attachment to life itself: “If you have ever been in a life-or-death emergency situation, you will know that it wasn’t a problem. In a true emergency, the mind stops; you become totally present in the Now, and something infinitely more powerful takes over. This is why there are many reports of ordinary people suddenly becoming capable of incredibly courageous deeds. *In any emergency, either you survive or you don’t. Either way, it is not a problem*” (emphasis added; PON, p. 54).

This cavalier attitude may be troubling to Tolle’s audience, but he attempts to reassure his readers that they have been taken in by the delusion of time: “Some people get angry when they hear me say that problems are illusions. I am threatening to take away their sense of who they are. They have invested much time in a false sense of self. For many years, they have unconsciously defined their whole identity in terms of their problems or their suffering. Who would they be without it?” (PON, p. 54). He counsels an opposite approach: “Whatever the present moment contains, accept it as if you had chosen it. Always work with it, not against it. Make it your friend and ally, not your enemy. This will miraculously transform your whole life” (PON, p. 29). Tolle instructs: “Say ‘yes’ to life – and see how life suddenly starts working *for* you rather than against you” (PON, p. 28).

Tolle’s approach is dogmatic rather than philosophic. He makes absolute and universal statements and promises his readers relief from suffering. In fact, he elevates his readers to an elite group when he says: “This book is about you. It will change your state of consciousness or it will be meaningless. It can only awaken those who are ready” (ANE, p. 7). It is a very calming message: You are special, your problems are illusions, you can escape your suffering very simply – by living in the Now.

It is little wonder that this simple message appeals to those struggling with the vicissitudes of life. Because this message is couched in familiar terms – both spiritual and psychological – its magical essence is easily overlooked. The “logic” of simply letting go of one’s problems is compelling. Indeed, there *are* effective, cognitive approaches to the management of anxiety and depression (examples include meditation practices, square-breathing, and visualization). However, when Tolle writes, “Remember that your perception of the world is

a reflection of your state of consciousness. You are not separate from it, and there is no objective world out there. Every moment, your consciousness creates the world that you inhabit” (PON, pp. 164-165), this analyst must firmly disagree. Psychological processes may distort the perception of reality; nevertheless, there *is* a reality with which people do contend.

Some of what Tolle writes is true, when understood in psychological terms. Take, for example, the thought: “Through self-observation, more *presence* comes into your life automatically .... Whenever you are able to observe your mind, you are no longer trapped in it” (PON, p. 45). One goal of psychoanalysis is self-observation, or presence, in Tolle’s terms. The observing ego has long been an important tool for understanding and better managing life. Tolle’s distinction between a preoccupation with concrete life events and a capacity for maintaining perspective sounds, to this analyst’s ear, like the difference between the paranoid-schizoid and the depressive positions put forth by Melanie Klein (Klein 1946). And, of course, the *practice* of psychoanalysis calls for immersion in “the Now.” Freud’s “evenly suspended attention” (Freud 1912) and Bion’s “without memory or desire” (Bion 1970) come quickly to mind.

Similarly, few psychoanalysts would argue with the following: “Make it a habit to monitor your mental-emotional state through self-observation. ‘Am I at ease at this moment?’ is a good question to ask yourself frequently. Or you can ask: ‘What’s going on inside me at this moment?’ Be at least as interested in what goes on inside you as what happens outside” (PON, p. 64). In fact, this outcome – self-analysis – might be said to characterize a successful analysis; it also describes the analyst’s frame of mind when working optimally.

What Tolle does *not* account for adequately are the effects of severe psychological illness or trauma. It is well-known that meditation practices can be disorganizing for people without well-developed ego strengths (e.g., people with personality disorders or serious Axis I illness). Speaking directly to this issue, D. T. Suzuki, a well-known teacher of Zen meditation practice, instructs his students that one has to *have* an ego before it can be let go (Suzuki 1996). It is the ego that enables the spiritual student to follow a meditation practice, but Tolle ascribes no adaptive qualities to the ego. He states categorically: “The ego itself is pathological, no matter what form it takes” (ANE, p. 109).

Tolle appears to have little experience working with people who have suffered actual trauma, whose psychological health may require temporary dissociation from overwhelming stimulation. Survivors sometimes have difficulty “remaining in the present” or envisioning a future. Tolle’s naiveté is surprising, as his books have been written during a time of both political and natural upheavals that have affected the lives of so many. Tolle explains these calamities as the result of a collective surrender to the delusion of time, fostered by the ego: “You will not have any doubt that psychological time is a mental disease if you look at its collective manifestations. They occur, for example, in the form of ideologies such as communism, national socialism, or any nationalism, or rigid religious belief systems, which operate under the implicit assumption that the highest good lies in the future and that therefore the end justifies the means” (PON, p. 48). At a personal level, “all negativity is caused by an accumulation of psychological time and denial of the present. Unease, anxiety, tension, stress, worry – all forms of fear – are caused by too much future, and not enough presence. Guilt,

regret, resentment, grievances, sadness, bitterness and all forms of nonforgiveness are caused by too much past, and not enough presence” (PON, p. 50).

Tolle’s lack of psychological knowledge and sophistication is distressing and possibly dangerous. At one point he writes: “The mental illness that is called paranoid schizophrenia, or paranoia for short, is essentially an exaggerated form of ego. It usually consists of a fictitious story the mind has invented to make sense of a persistent underlying feeling of fear” (ANE, p. 118-119). He writes with assurance, giving the reader the false sense that this is scientific and authoritative information. Not only that, he holds the person suffering from the illness responsible for causing it.

Tolle also has some devaluing ideas about psychotherapy and psychoanalysis: “Whatever you learn through psychoanalysis or self-observation is *about* you. It is not you. It is content, not essence. Going beyond ego is stepping out of content. Knowing yourself is being yourself, and being yourself is ceasing to identify with content” (ANE, p. 193). And: “You can add a thousand more definitions (thoughts) of who you are and by doing so will certainly increase the complexity of the experience of yourself (as well as your psychiatrist’s income) but, in this way, you will not end up with the subject, the experienter who is prior to all experience but without whom there would be no experience” (ANE, p. 242).

Because Tolle is psychologically unsophisticated, he fails to understand the goals of psychotherapy in general and of psychoanalysis in particular. Psychoanalysis seeks to free people from the burdens of their past by recognizing the shadows cast by early, malign object relationships and life events, and by examining them in relation both to the patient’s current life circumstances and the mutative relationship with the analyst. Although it is true that the analysand’s self-understanding may become more complex, that complexity allows a richer experience of life and its possibilities and an enhanced flexibility in responding to life’s vagaries.

Why are Tolle’s books so well-received by the reading public and why do they escape review by psychoanalysts? The first question is easier to answer; the second, more difficult. To answer the first question: Tolle’s message is meant to be uplifting. Every individual has the capacity to reduce personal suffering by living in the Now. Living in the Now will imbue even minor daily activities with meaning. Additionally, each individual is part of a larger human transformation of consciousness that will improve life for all. Tolle is adroit at presenting his ideas as profound, but the secret of life has never been – and will never be – revealed in a pop culture best-seller. That is the true meaning of the *Power of Now*. Tolle is *now* at the top of the best-seller lists; in all likelihood, soon someone else will hold the same claim to fame.

Why the lack of interest by psychoanalysts? It would be easy to say that Tolle’s books do not warrant attention by our profession, which operates at a much greater depth. However, Tolle is misrepresenting our profession to large numbers of people without an alternative voice to challenge his black-and-white depiction of mental functioning; his vilifying and misunderstanding of the role of the ego; his omission of altruistic forces; and his lack of understanding of the goals and outcomes of successful psychoanalyses. It is frustrating to this analyst that Tolle’s simple approach is taken seriously by so many, while the rich, deeply-layered and creative method of psychoanalysis is misunderstood by the vast majority of people.

It is perhaps consistent with psychoanalytic training and practice to silence ourselves and to keep a low profile professionally. However, Tolle's books suggest a need for psychoanalysts to make an impassioned case for our profession and perhaps to condone a more public, charismatic role for its practitioners. It seems only reasonable to counter the false promises of people like Eckhart Tolle by making the true gains of psychoanalysis accessible, interesting, and inviting to people who are willing to put effort into finding meaning in their lives and to forego the magic of simple solutions such as those offered by Tolle.

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## Book Review

**The Missing Gleam: A Review of *Margaret Mahler: A Biography of the Psychoanalyst*. By Alma Halbert Bond. Jefferson, NC: McFarland, 2008, 239 pp., \$45.00**

**Reviewed by Ellen R. Hirsch, LCSW**

This disturbing and fascinating glimpse into the life of Margaret Mahler tells us much about what happens when a well-endowed infant has the misfortune to be born to a mother who does not want her. Mahler began life suffering the absence of the loving gaze that helps build a firm foundation for psychic life. That shared pleasure of the gleam in the mother's eye that we know is so crucial to early development was always missing for Mahler. Her mother spoke German to her Hungarian-born daughter, passed her to a wet nurse, and then fired the wet nurse after five months for stealing. Four years later, Mahler experienced the painful contrast as she watched her mother fall in love with her new baby sister.

Paradoxically, Mahler, who missed the gleam and gaze of a loving mother, became an advocate for appreciating, rather than blaming, mothers. Her professional life was devoted to observing, learning, and teaching about the importance of the mother-child relationship. "Primary Maternal Pre-occupation" was a stage that Mahler observed in her work but missed in her infancy, as she was the rejected first child, born 9 months and 8 days after her parents' marriage.

Mahler's father, a respected physician, idealized and adored her. He fostered and supported her becoming an educated woman. He encouraged her to pursue her dream of medical school during the years of Hitler's rise to power, and even supported her decision to become a psychiatrist (although he did not approve of the primitive treatments offered to the psychiatric patients of his time). He did not, however, support her development as a woman; he discouraged suitors and encouraged her not to marry. When Mahler married at 39, her father was late for the wedding. Then, during the celebration, he let her know that he expected to be reimbursed for the cost of the festivities. Several years before that, near the end of her medical training, Mahler had an exploratory operation for the intestinal problems that she struggled with all her life. The surgery terrified her as she had been told she might need a colostomy. Her physician father, who might have offered her support before the surgery, arrived after the surgery had begun.

Alma Halbert Bond, the author of this biography, is one of the many who revered Mahler but experienced the icy rejection with no explanation that characterized many of Mahler's relationships. The writing of this biography seems to have accomplished the author's rapprochement with Mahler, while drawing the reader into the complexity of Mahler's life.

Mahler's extraordinary intelligence, creativity and perseverance, as well as her entitled arrogance and bad temper, are clearly drawn. Though this is not a clinical case study, the reader will have ample illustration of the power of the repetition compulsion and will see clear and poignant connections to Mahler's early life and the repetitive attempts to master her early suffering by turning the tables. Though she was capable of intense engagement and generosity, only a very few of her friends and colleagues escaped her temper tantrums and humiliations.

Yet, one sees that, again and again, people were drawn to her, appreciating her clinical astuteness, research skills and sense of theoretical conviction.

Margaret Mahler's drive and endowment enabled her to develop and even flourish in certain areas despite her emotionally difficult early circumstances. As a teenager, she found companionship and emotional and intellectual nurturance with her close friend Alice and Alice's family in Budapest. Alice's parents were both analysts. The two teenagers read Freud together and spent time with the family and their circle of analyst friends. This seems to have been the conscious beginning of Mahler's desire to become an analyst. Her spirit, her confidence in herself, and her ability to engage people helped her, even during difficult historical times, to pursue her professional desires.

During Mahler's medical training, she was exposed to the inept ideas of her time. Ill children were cruelly isolated from their parents, even in programs run by the most renowned researchers and clinicians. Little was understood about the fears, confusions and depressions resulting from these medical isolations. What we all understand from exposure to Spitz's and others research, which came later, was not even thought about by those who were training Mahler. Being reminded of how little was understood about the importance of mothers' participation in the healing process underlines Mahler's contribution. Her negative experiences in these early programs clarified and intensified her ideas and growing convictions of what children need from their mothers at various stages of development.

It is also painful to read about Mahler's inadequate analytic experiences, beginning with her waiting four years to see her first analyst, Helene Deutsch, only to be dismissed from treatment just as the longing expressed in the transference was coming into focus. It is historically interesting and also gives all of us a deeper appreciation for the more systematic training, structure and boundaries of today's analytic training institutes.

Bond gives a good summary of the development of Mahler's theories, and weaves this throughout the book, with personal meaning and the turbulent historic context. In the ending chapter, Mahler's contributions to psychoanalysis are evaluated by clinicians from different theoretical perspectives. Some feel that Mahler's theories hold up well in light of current knowledge. Others have criticisms of her concepts of autistic and symbiotic stages and of how applicable her ideas are to a normal population. Whatever their views, all seem to agree that Margaret Mahler was a pioneer in directing us to learn and theorize about the inside by observing and generating hypotheses from what we observe on the outside. How to design and utilize data from infant observation is now a burgeoning and controversial area of study.

It was groundbreaking to distinguish between biological development and the psychological accomplishment of a separate identity. Mahler's clinical approach, which was to always take into account the mother's side, was revolutionary in a climate where "refrigerator mother" was a popular concept and mothers were constantly blamed for their children's difficulties. It is a compliment to her strengths that Mahler was able to move to this view. Harold Blum, one of the very few she did not criticize, speculates that Mahler's work blossomed after the Second World War and was devoted to the memory (perhaps the idealized memory, we may wonder) of her mother, who had been murdered during the Holocaust. Still, it is of interest

to note that Mahler was unable to look closely and study the early infancy experiences (i.e., the first 5-6 months) that her colleague, Anni Bergman, went on to make the focus of her work.

It is both compelling, and disillusioning to read about the early history of psychoanalysis, and the ways in which institutes functioned. There are ample examples of horrible technique and compromised treatments reported in this biography. By contrast, it is impressive to read of the ways that analysts helped protect one another during the Second World War.

The author utilizes many quotes from extensive interviews with colleagues to draw a picture of Mahler. Mahler emerges as a lonely, angry, fragmented individual, whose talents and creativity helped her make a respected contribution to the psychoanalytic theory of development.

For the author, it seems that the research interviews provided a kind of validation and sharing of disappointments that had resulted from the rejections by Mahler. Both the interviews and the writing of the book accomplished, according to the author, a deeper and multi-layered working through of these and other painful early experiences. This working through seems to have been the motivation for writing the biography. Although the book is sometimes repetitive and poorly edited, for the reader it provides an easy-to-read window into a complex, troubled and talented personality.

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## Book Review

**Women, Development and Pathology: A Critical Review of *Women & Money: Owning the Power to Control Your Destiny*. By Suze Orman. New York: Spiegel & Grau, 2007, 272 pp., \$24.95**

**Reviewed by Jo Anne Sirey, PhD**

Our relationship with money is a product of our personal and interpersonal experiences, both past and present. In *Women & Money: Owning the Power to Control Your Destiny*, Suze Orman, the guru of plain-talking finance, tackles the special challenges women face in managing their money. She offers a “save-yourself plan” outlining financial steps to carry out over five months. This book, her eighth, is targeted at all women. Orman has widely disseminated her ideas through her public television shows, guest appearances on the Oprah show, and numerous articles and interviews. According to her website, there are over 1,140,000 copies of this book in print. In addition, for one 24-hour period, Orman and her publisher offered the book at no cost as a downloadable PDF file through the Oprah show website. This book is more than a book, it is a phenomenon.

The premise underlying *Women & Money* is that women have a dysfunctional relationship with money and need special guidance. To justify this premise, Orman describes people in her life who she believes neglected their money. To support her claims further, Orman refers to difficulties reported by her TV audience and readers (p. 2). As an illustration of the inconsistency in how women manage their lives, she describes a “high powered businesswoman who refused to sign her will and trust papers for three years” (p. 2). For Orman, this woman was skilled in handling other people’s money, but not her own. Based on her personal contacts, Orman assumes that women’s difficulty making personally profitable decisions about money is “enormous and pervasive and universal” (p. 10). While Orman initially presents the etiology of this difficulty as an “unknown factor,” she goes on to argue that women’s self-neglect is a product of our culture.

According to Orman, “... our money is indeed an extension of ourselves” (p. 12). Women are raised and trained to be oriented towards others, and neglectful of themselves and their money. To support this claim, Orman states that “For a woman, a working family is more important than money” (p. x). She argues that the historical view of women as caretakers makes it difficult for them to manage their own money successfully. Adding to the sociological framework, Orman describes the impact of past traumatic experiences on how we handle ourselves and our money. She vividly describes her own experience of feeling academically inadequate. In grade school, she remembers being assigned a seat away from her friends because of her low performance on a standardized reading test. This public exposure of her limitation left her feeling ashamed. To Orman’s “amazement,” she was accepted by a college and attended with aspirations of becoming a brain surgeon (p. 21). Once she arrived, her adviser reviewed her grades and recalibrated her goals to “something easier.” In response to this blow to her self-esteem, Orman “did a little investigation and found out that the easiest major was social work” and signed up. Unable to graduate due to a language requirement, she set off on her own to perform odd jobs. A second setback occurred later when Orman lost her life savings after

trusting a (male) broker with her money. These formative experiences served as the catalyst for Orman to learn about money and to become self-reliant.

Orman's goal in *Women & Money* is to help the reader develop a "healthy relationship with money." She argues that financial success and security lead to happier relationships and improved nurturing of others (p. 16). According to Orman, in order to improve one's relationship with money, a woman needs to expend as much effort on her finances as she does on the care of her spouse, children and community. The expressed aim of the book is not to create selfishness, but self-affirmation. For Orman, money is not openly discussed enough and, consequently, women postpone decisions regarding financial security. Orman tries to bring the desire for money out of the closet, so that women can acknowledge the prominent role it plays in achieving quality of life.

In Orman's view, women do not feel confident dealing with money and are ashamed of their "shortcomings." It is this shame, combined with blaming others, that holds them back (p. 20). According to Orman, focusing on the past can only perpetuate the shame associated with financial inadequacy. Instead, she proposes that women stay "facing forward" and "not stuck in the past." She counsels her reader that "action conquers fear" (p. 48) and encourages the reader to be self-reliant. Orman cautions that relationships cannot provide security, and suggests that financial independence begins with women retaining their own savings accounts "just in case of emergency" – no matter their marital status.

At first glance, it is easy to appreciate Orman's help and accept her premise. Many can read her introduction and identify personal financial decisions or choices that could be improved. In our current financial crisis, it is especially easy to agree that more time needs to be devoted to personal finance. It is comforting to have a knowledgeable individual provide public guidance, be it Suze Orman or Warren Buffet. In addition, Americans appear more self-conscious than others about discussing their finances, whether one has a lot of money or a little. Orman encourages the desire for money and sanctions self-interest. Yet *Women & Money* goes beyond good financial information and advice; it offers a transformative intervention. Orman's tone suggests that she is making herself available as a good mother, dear friend and counselor who can save the reader from "fear, shame and confusion" (p. 61).

Orman's work implicitly raises the question: Do women need clinical intervention regarding money?

To answer this question, one can consider both Orman's premise and the supporting data. Theoretically, the premise can be seen as consonant with feminist psychoanalytic ideas that women are more relationally-oriented than men. Growing out of the Women's Movement, these theories propose alternative views to the traditional male-oriented developmental course. Chodorow, in her groundbreaking book, *The Reproduction of Mothering* (1978), proposed that female psychological development takes place differently because girls have their primary relationship with mothers, that is, parents of the same sex. This gender-specific experience contributes to both a conscious and unconscious sense of self formed through unconscious communications between mother and daughter. Based on this framework, women are seen as having a greater intuitive connection to others and more empathy, and as placing greater

emphasis on relationships. Women are believed to possess a “self-in-relation” that is different from the male self, which emphasizes autonomy as a consequence of turning away from the mother and identifying with the father. In recent reflections on her theory, Chodorow acknowledges the need to broaden her perspective to include “clinical individuality” and the importance of the specific characteristics of any mother-daughter pair (Chodorow 2000). Yet Chodorow is clear in saying that she makes no claims about the value of these gendered characteristics (Chodorow 2000, p. 338). The theory offers the potential to understand both strengths and weaknesses.

Theorizing about the female self as defined in relationship with others gave rise to explorations of women’s moral views (Gilligan 1977, 1982); self development from an interpersonal perspective (Miller 1976); and ways of thinking and knowing (Belenky et al. 1986). Although Orman might unwittingly be using this perspective to justify her premise, it is clear that she does not value understanding a person’s developmental trajectory or past experiences. She believes in action – not reflection – and shows no insight into the impact of individual differences and behavior, or appreciation of the time it takes to change. While it is understandable that to attract a large audience one may need to write in generalities, Orman’s view that *all* women are financially challenged based on their relational orientation is tantamount to pathologizing women.

The voice of the author in *Women & Money* is both critical and evangelical. The advice is offered with a condescending tone that can be as problematic as the symptom being addressed. Anita Hamilton, in “Lay Off, Suze Orman,” published in Time Magazine (April 5, 2007), argues that Orman’s approach overemphasizes women’s foibles. She notes the important gains women have made in earnings and challenges the idea that women engage in superfluous spending; if spending and debt rates are compared, the genders are comparable. Hamilton argues that we should stop blaming women’s emotions and look more carefully at the economic costs women bear. The assumption of universal dysfunction neglects the large number of women working in financial institutions, with their own businesses and other pursuits, robust savings accounts, and solid financial collaborations with their partners. Orman’s case study of the businesswoman who does not sign her will and trust papers also may be interpreted as expressing anxiety over mortality, not money. When Orman critically shakes her finger at her friends, or the reader, she is more like a disapproving mother than a supportive financial counselor.

Finally, from a research perspective, the data provided to justify the premise of *Women & Money* are biased. Orman’s view of women comes from a self-selected sample – from women who are part of her circle of contacts and women who come to her to solve their financial problems. This is the “financial guru’s illusion” (Cohen & Cohen 1984). Like the clinician’s overestimate of mental health needs based on observations of her own practice, a financial consultant’s view is influenced by her experience with people who identify themselves as needing financial help. A narrow perspective may not generalize to the entire population. Other data suggest that the wish for financial guidance appears gender neutral. According to the 2007 National Adult Financial Literacy Survey, a mixed methodology study surveying 905 individuals nationwide, with additional in-depth interviews, 38% of U.S. adults view their personal financial knowledge as poor, but most (60%) think it is important to learn more about financial topics (Godsted & McCormick 2007). There is a general consensus on the need and usefulness of

financial education that is well served by the vast market of self-help financial guides.

In sum, Orman's guide makes universal, simplistic claims without recognition of the tremendous heterogeneity of women's experience with money and the variation across racial, educational and socioeconomic status. On the individual level, Orman's diagnostic assessment may apply to some women and her behavioral plan could be helpful. The no-nonsense, straight-talking financial information may increase financial literacy. However, her financial advice might better stand alone without the preaching, criticism, or gendered framework. From the public finance perspective, we would all benefit if self-help books could improve money management. Yet, we know many individuals whose self-defeating difficulties go beyond money and would not respond solely to a behavioral plan. For many successful people with resources, difficulties with money frequently represent more complex issues, often with roots in early formative experiences. Being told to affirm oneself and follow a set of money management guidelines is insufficient to change behavior, which is best achieved in the context of a truly transformational therapeutic relationship.

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