

Clinical and Theoretical Aspects of the Fee

By

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The fee is that point in the treatment setting where the external world and its representations in the internal worlds of both patient and the analyst intersect, and sometimes even collide. How do we set our fee? How do we feel about it? Is it too high? Is it high enough? Is it too low? When do we raise it? How do we feel about it in comparison to another therapist's fee?

Money is neutral to neither patient nor therapist. The therapist's fee expresses one's sense of competence and confidence; one's feeling of fullness or deprivation; one's greed or largess; one's envy or contentment. Present as an issue in every treatment, the capacity of the therapist to explore the meanings of the fee as freely as he or she explores any other issue is a function of what the fee means to the therapist.

Because Freud's attitude regarding the fee has been instrumental in establishing our own attitudes, I plan first to present and then comment about the few thoughts Freud left us on the matter in his technique paper, **On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis**, Vol. 12, SE p. 127 & 131-2). Following this, I will present some case material from the literature that illustrates the multiple meanings the fee has for both therapist and patient and how those meanings have influenced the course of the treatment.

Here's what Freud had to say in On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis).

A.

"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." The bold face emphases are mine.

As the material I will present later demonstrates, Freud's attitude regarding them leasing of an hour, an attitude that many maintain today, establishes an immediate power differential between therapist and patient. The leverage for this "take it or leave it" contract plays upon the patient's need for the therapist and the patient's willing compliance to accept whatever deal is offered in order to obtain the help they desperately need.

This authoritarian attitude often repeats, in subtle form, the arbitrary milieu, present in the patient's early years, that contributed to the formation of the patient's difficulties in the first place. Although therapists explore the meaning for the patient of the power differential, the patient remains helpless relative to the principle of leasing an hour.

Freud continues:

B.

"Under a less stringent regime the 'occasional' non-attendances increase so greatly that the doctor finds his material existence threatened; whereas when the arrangement is **adhered** to, it turns out that accidental hindrances do not occur at all and inter-current illnesses only very seldom."

My experience differs from Freud's. I no longer charge for missed sessions. Yet, despite Freud's warning, I find that my patients seldom miss their sessions and suffer when they do. Contrary to Freud's claim, my material existence has not been threatened.

C. Freud continues:

"The analyst is hardly ever put in the position of enjoying a leisure hour which he is paid for and would be **ashamed** of; and he can continue his work without interruptions, and is spared the distressing and bewildering experience of finding that a break for which he cannot blame himself is always bound to happen just when the work promises to be especially important and rich in content. 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."

Now that I no longer charge for missed sessions, I can say that during the years I charged I did feel uneasy. I felt uncomfortable when I required my patients to pay for absences occasioned by actual events in their lives such as: a child's real illness, a lawyer's trial call, or an advertising executive's need to travel.

The combination of my discomfort and a successful analysis that helped me overcome my sense of internal deprivation enabled me to review my attitude toward my fee. As I said, I no longer charge for missed appointments. On the rare occasion, when I feel either demeaned or economically threatened by a patient's repeated absence, I take up the issue of absence with my patient and review what we will do. I have come to learn that nothing reveals the true nature of the

therapeutic partnership as does the attitudes of both participants toward the fee.

D.

"In cases of undoubted organic illness, which, after all, cannot be excluded by the patient's having a psychological interest in attending, I **break off** the treatment, consider myself free to dispose elsewhere of the hour which becomes free, and take the patient back again as soon as he has recovered and I **have another hour vacant.**"

I strongly differ with Freud on this point. I consider the treatment **interrupted** when a patient is away for a prolonged illness. I do not consider it broken off. In fact, I find Freud's freedom to give the open hour to whomever might arrive during the ill patient's absence to be cavalier and uncaring. It plays upon the power differential. When a sick patient returns to treatment, I feel that patient has a priority claim to his or her previous hours. I do not offer the returning ill patient a time when I "have another hour vacant." If I see another patient in the interim, while my ill patient is away, I inform the new patient that this is a temporary time and we will have to change it at a future date

E.

"The next point that must be decided at the beginning of the treatment is money, the doctor's fee. An analyst does not dispute that money is to be regarded in the first instance as a medium for self-preservation and for obtaining power; but he maintains that, besides this, powerful sexual factors are involved in the value set upon it. He can point out that money matters are treated by civilized people in the same way 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. He shows them that he himself has cast off false shame on these topics, by voluntarily telling them the price at which he values his time.”

In this I whole-heartedly concur with Freud in the matter of being direct and matter-of-fact in talking about money but differ with him in regard to the nature of the affects a therapist experiences in relation to the fee. Because a core element in Freud’s theory was that sexual drives motivated human behavior, Freud saw the discomfort people have talking about money as having a sexual origin. Because my guiding theory differs from Freud’s I don’t see the discomfort as a product of sexual anxiety. For the patient the issue has multiple meanings, each to be explored in the treatment. I don’t consider a universal meaning. For the therapist, I believe that issues about the fee usually express the therapist’s sense of internal deprivation or contentment, shame or pride in competence, envy, competitiveness or tranquility are all expressed in the setting of the therapist’s fee.

F.

“It is a familiar fact that the value of the treatment is not enhanced in the patient’s eyes if a very low fee is asked.”

Again, my experience differs from Freud’s observation. In my practice, I find that there are two situations that motivate a reduction in the fee. The first instance has to do with insurance that covers a portion of the fee. In effect, the insurance lowers the fee for the patient because the actual out of pocket expense is less than my stated amount. In those situations where insurance covers a portion of the fee I have not discerned a diminution in the patient’s valuation of the treatment.

The second instance occurs when I reduce the fee. This usually, but not always, is occasioned by a sudden change in the patient's life circumstances. In these instances treatment would end abruptly and disastrously for the patient if I did not adjust my fee. Certainly, the altered fee carries multiple meanings for the patient, which I listen for in the patient's associations and attempt to explore. In these situations, contrary to Freud's assertion, I have not found that the patient values the treatment any less because the fee is lowered.

G.

"...it seems to me 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 – a position which one is not, in fact, able to fill, with the result that one is secretly aggrieved, or complains aloud, at the lack of consideration and the desire for exploitation evinced by one's patients."

I agree with Freud about the importance of the therapist's capacity to acknowledge his or her "actual claims and needs" and not to falsely act the part of the philanthropist. I do feel, however, that entering into the partnership that is part of a prolonged treatment carries some obligations. For me, the assumption of an indifferent attitude regarding my patients' economic changes betrays the trust that initially invited the patient into the therapeutic work. When I do reduce a patient's fee I require myself to review how I feel about the patient and about the work. When I am invested in the work I feel rewarded by what we are doing and do not feel excessively deprived by the reduced fee. When I discover that I am ambivalent about a reduction I do not make the adjustment, knowing, as Freud asserts, that I will resent it later.

As I said, for many years I had charged patients for missed sessions, as Freud suggested. I learned to do that as a resident. I was taught that not charging for missed sessions reflected my personal problem that expressed itself in the difficulty I had addressing money issues and their concomitant meanings for the patient. I followed this procedure, somewhat blindly, for years. It was one of those rituals we were taught and rarely questioned. In truth, I often felt uneasy charging patients for their missed time. In the so-called “explorations” of how my patients felt when I charged for missed sessions I see now that after the “exploration” came to an end I ultimately resorted to a power play that basically said, “That is how you feel but this is how I do things here.” Most patients acquiesced with subtle compliance. A few brave souls persisted in their complaint and they helped carry me to my present position.

One patient requested that when I raised my fee, I inform him of my intent 1 month before actually raising the fee. He felt belittled when I informed him that I was raising the fee “on the spot.” Another patient reminded me that no other profession was absolute in charging for missed sessions. They usually had a time allowance built in to their policy and he thought it was appropriate for me not to charge him if he gave me three weeks notice of an absence. These requests struck me as fair and reasonable and started me on the path that led to my gradual decision to change my thinking about the fee.

Part of this decision came from my never having felt comfortable treating the patient’s complaints about being charged solely as a derivative of an internal issue of theirs. I always felt that they had a point. I, myself, did not like being charged for

missed appointments during my analysis and I felt like I was “identifying with the aggressor” when I likewise charged my own patients.

The wrangles around the issue of charging for missed sessions never brought the same fulfilling feeling as real work in other areas of my patients’ lives. It seemed to me that the “work” I did in this area was insincere at its core. It was the one area of my work where I felt that the therapeutic partnership was inauthentic. The final event on my path toward a changed policy was my second analysis in which my analyst did not charge me for missed sessions. What a difference this made for me. I never felt exploited, demeaned or helpless within the therapeutic relationship.

In summary, I wish to emphasize that the issue of the fee is present in every treatment, whether or not an actual fee is paid. The fee serves as a “day residue” upon which both therapist and patient hang their transference responses. While the meaning of the fee for the patient is the usual focus of therapeutic exploration, it is the meaning of the fee for the therapist that will determine the degree to which the therapist can comfortably explore the meaning of the fee for the patient.

Summary

To summarize, I will present a short vignette from the literature; a 1974 paper by Kurt Eissler, published in the International Journal of Psychoanalysis, entitled, “On Some Theoretical and Technical Problems Regarding the Payment of Fees for Psychoanalytic Treatment.”

In that paper Eissler, a highly respected analyst wrote:

“Furthermore, I should like to add a brief clinical vignette to Freud’s statement about the low esteem in which things are held when they are got cheaply. For eight years I had a young man in free psychotherapy, with one session per week. Almost regularly, I made the appointment over the phone, as soon as I knew what my schedule for the next week would be. It happened every so often that he did not let me know that he would be out of town and thus out of reach. Likewise, upon his return he did not call, but waited for me to do so. I repeatedly pointed out how strange this behavior on his part was.

“On one occasion, when I finally did reach him on his return to the city, he could not make up his mind about the next appointment, due to a heavy work schedule. I told him to call me as soon as he knew he would have time to come; he never called at all.

“It is striking that a patient would depart from his therapist in such a way, after he had participated with intensity in a treatment that had covered eight years, and, moreover had been greatly helped, despite the fact that the treatment had taken place under rather trying circumstances. Notwithstanding the patient’s undoubtedly severe disturbance in his object relations, I had the feeling that a patient who had been paying for his treatment would not have acted in such a callous way. His internal responses were not callous at all; he was, indeed, a rather sensitive person. One of the meanings of his peculiar behavior was, I am certain, an expression of contempt for what he had been receiving free.”

While Eissler’s paper is an excellent review and consideration of the relevant therapeutic issues concerning the fee as it relates to the patient, Eissler did not address the meanings of the fee for the analyst. His vignette reveals this blind spot.

In the vignette Eissler tells us, although not clearly, that he provided free psychotherapy during **open hours** in his week and called his patient at the **beginning** of the week to set a time once he knew what free hours he had available.

I believe Eissler must have been ambivalent about providing the free treatment because he did not give the patient a **regular time** in his weekly schedule. Such an appointment would probably have meant unconditional acceptance of the patient and would have provided regularity to the patient who, to quote Eissler, had a “severe disturbance in his object relations.”

A regular appointment for such a patient would have signaled an absence of ambivalence on Eissler’s part and would have made the statement to the patient that he was a first class citizen in Eissler’s practice, rather than a second class “charity case.”. If the patient was severely disturbed, as Eissler tells us, I can’t imagine that an experienced analyst like Eissler was not aware of his patient’s need for regularity and an unambivalent acceptance.

Only Eissler’s ambivalence about his gift could have blinded him to these issues. What did the arrangement actually mean to the patient?

Was the patient grateful for the treatment but secretly resentful about Eissler’s ambivalence?

Did Eissler’s blindspot in this area hamper his ability to explore the patient’s relevant issues as well as his own?

We will not know the answers but I suspect that Eissler's feelings about the "free treatment" did affect his ability to "hear" his patient, even the unspoken voice of his patient. Eissler tells us neither what he understood of the meaning of the "free treatment" for himself, for his patient nor how his patient felt about Eissler's ambivalent offering.

I have an understanding of the treatment's ending that differs from Eissler's conclusion that, " One of the meanings of his peculiar behavior was, I am certain, an expression of contempt for what he had been receiving free."

I suggest that the patient's so-called "contempt" and "callous" behavior expressed rage over Eissler's unvoiced yet enacted ambivalence and perhaps even an unvoiced and unexplored humiliation over the patient's feeling that he was begging for Eissler's unconditional acceptance when, each week, he had to call to arrange for that week's session.

Present as an issue in every treatment, in ways both subtle and not so subtle the meaning of the fee for the therapist effects the authentic exploration of the meaning of the fee for the patient.