



For a fee or for free?

by Dannie Rosenhammer

Dannie Rosenhammer reports the findings of her research into how clients feel that paying (or not) for therapy influences the therapeutic relationship. Non-paying clients were more likely to have had to wait for treatment, and more likely to say they would have liked more sessions, and many research participants were concerned about the limited choice of modalities offered through the NHS

Dorothy Rowe makes the point, in her book *The Real Meaning of Money*, that 'we recognise money but we don't know what it means. We, alone of all the animal species, use money, but we don't understand it'.¹ It seems this also applies to the question of paying for therapy. When fees are discussed among therapists or on training courses, in my experience this often ignites a lively debate. How much counsellors charge for their services remains an emotive issue enmeshed with personal values.² Attitudes to the fee appear to vary considerably - from the defiantly pro-fee stance, pointing to the counsellor's training and other investment into his or her vocation, to a considerable unease about the exchange of money for caring attention. This may stem from the common belief that caring should ideally be given freely by one human being to another.³

Views in the literature are similarly diverse. Freud and other psychoanalytic writers see the 'sacrificial' fee as an important part of the therapeutic process. The fee, they argue, increases commitment, provides a motivation to end therapy, and is a way of grounding the relationship in reality.⁴ At the other end of the spectrum, there are studies that suggest free counselling may have slightly better outcomes than paid-for services.⁵ There is also the view that counselling is a health service and should be free at the point of delivery, like other treatments provided through the NHS. Freud himself believed that free therapy is desirable for clients who cannot afford to pay, and capable of producing excellent results.⁶

The socio-economic backdrop

There is a related socio-economic debate, previously touched on in *Therapy Today*,^{7, 8} which centres on the monetary value and funding of counselling. Researchers on both sides of the Atlantic are increasingly interested in the demographic and economic aspects of counselling, such as uptake and cost-benefit analysis. These strands of research have become topical in a context where much counselling is third-party financed through various organisations, including the NHS, schools, charities and Employee Assistance Programmes (EAPs).

It is primarily in private practice that counsellors are paid directly by their clients. In other settings, counselling is often provided free at the point of delivery, although some third sector organisations accept donations from clients.⁹ Commissioners increasingly tie funding to the use of treatments with an established evidence base, like cognitive-behavioural therapy.¹⁰ As a result, a

community charity I recently worked for is now considering the introduction of a charging structure.

This article explores the significance of fees in the provision of talking therapies in the UK context, against this backdrop. It reports the findings of a mixed methods study that I conducted to examine the dynamics that paying, or not paying, for talking therapy can create within the therapeutic relationship. Unlike many other studies on this theme, it focuses on the client's experience. I also surveyed attitudes towards paying for talking therapy in a sample of the general population. The research was carried out as part of an MA in counselling at the University of Manchester.

An uncomfortable subject

Many authors have noted the widespread discomfort among practitioners around charging fees.^{11, 12} There are many possible sources of this unease. The personal, subjective nature of counselling makes its outcomes harder to evaluate than the work of a plumber or dentist, say. Inexperienced practitioners in particular may feel less entitled to charge fees for their work.¹³ Moreover, the 'customer' in this trade is by definition in a vulnerable position, so that financial exploitation becomes a real possibility.

As a caring profession, counselling is culturally viewed as 'women's work', associated with low status and pay. This kind of work is often perceived as a vocation, which implies it should be motivated by altruism.¹⁴ This cultural stereotype may engender feelings of guilt about charging a fee for something that 'should be given freely'.

While such perceptions might be unjustified, there are also more fundamental concerns here about the client 'buying love', or at least unconditional positive regard, from the counsellor, and about the counsellor's financial dependence on the client's continuation of therapy, both of which are arguably counter-therapeutic.¹⁵

Whether counselling is delivered for a fee or for free can change the power dynamics and can have implications for confidentiality.¹² For example, the paying client can choose his or her counsellor and can expect almost complete confidentiality. An NHS patient receiving counselling, however, will have the treatment listed on his or her medical record, accessible to all NHS staff involved in their care.

So, to simplify a highly complex subject, the three strands to consider in relation to fees are macro-economic factors, ethical and accessibility concerns, and fee dynamics (ie effects on the therapeutic relationship).

Research method

My research started with a questionnaire survey that collected both quantitative and qualitative responses from a sample of the general public (n=200), using a combination of convenience and snowball sampling to achieve a wide spread of population characteristics such as age, gender, class, and counselling experience. I also conducted three semi-structured interviews with counselling

practitioners who also had themselves extensive experience of talking therapy as a client.

Of the general public questionnaire respondents, 68 per cent had some experience of talking therapy. Some questions focused on general attitudes to therapy, and were answered by all respondents, regardless of their personal experience. Others related to past experiences of talking therapy and were therefore only answered by respondents who had been counselling/therapy clients in the past.

Particular attention was given to the comparison between the answers of (qualified or trainee) practitioners and those of (former or current) clients. Some statistically significant differences were found between these groups, and also for other factors, such as age and employment status. This article can only offer a brief summary of the findings.

Clients' experiences

A considerable majority of both paying and non-paying clients reported a positive experience of talking therapies.

Of the 68 clients and 29 practitioners who did not have to pay for their counselling, 80 per cent felt pleased or grateful that it was free, and only a minority selected other options that reflected more difficult or ambiguous feelings. However, these non-paying clients were more likely to report negative experiences, especially in relation to waiting times, and here the difference was statistically significant. This negative impact of waiting times in the context of free provision was evident in both the quantitative and qualitative data.

Most of the paying clients (60 per cent) reported that they were able to pay for as many sessions as they wanted; only 22 per cent said they could not afford as much counselling as they would have liked. In contrast, respondents receiving free counselling were split equally between the 42 per cent who were satisfied with the duration of their counselling and the 43 per cent who would have liked more sessions. This may indicate an inequality of access by income, despite increasing access to free provision.

Some other survey findings

Nearly half (43 per cent) of respondents said that some kind of means-testing was desirable when charges have to be levied for economic reasons (for example, by an agency struggling for funding). Over a quarter (27 per cent) favoured donations with suggested amounts for guidance; only 10 per cent favoured discretionary donations. This chimes with the experience of a colleague volunteering for a charity, who observed that clients appear happier to pay when a clear expectation is stated or the fee is openly negotiated during contracting. Based on her, admittedly anecdotal, evidence, lack of clarity about an appropriate level of payment may increase the discomfort surrounding fees. Younger people (aged below 50) were especially likely to favour means-tested sliding scales.

Older people (50+) were more likely to express a preference for private practice over other types of provision. None of the 20 respondents who described

themselves as unemployed had received paid-for counselling, highlighting the selection by ability to pay that is part and parcel of private practice. Experience of counselling, whether paid-for or free, was also less frequent among both unemployed and student respondents.

Free provision

Analysis of the qualitative data produced a number of important themes around access, quality and affordability of therapy. Many respondents were concerned about access, choice and quality of NHS therapy. These questions were also raised in relation to private provision, but less frequently. The dominant theme was that 'current NHS provision is insufficient and more is needed'. Comments included: 'I had waited over two years and NHS counselling never arrived'; 'The NHS is so very limited in many places as to what it can offer,' and, 'I didn't get free counselling [...] because I was unable to find any service where I could receive free counselling at that time.' This finding corresponds with the high proportion of survey respondents stating that they had to wait too long for free talking therapy (38 per cent) and that it ended before they wanted it to (43 per cent).

The point of being unable to afford counselling was made by many, either in relation to their own experience or as a general statement, such as: 'It seems like the people who need therapy/counselling the most [...] are the least able to afford it due to being unable to work.' These findings are echoed in a recent survey about mental health service provision conducted by the Welsh mental health charity Gofal.¹⁶

Positive and negative personal experiences of therapy were broadly equal across both categories, paid-for and free. There were 10 positive and nine negative experiences of free counselling, and 11 positive and nine negative experiences of paid-for counselling.

Private practice

The research also explored practitioners' policies, practices and experiences around charging for their services, most of which came from the practitioner interviews. There was a considerable amount of material, much of it describing difficulties in collecting or setting fees and feelings of discomfort about this. There were also some innovative suggestions from survey respondents on helpful fee policies: for example, being able to pay into an account in instalments, to spread the expenditure.

It was clear from the interview data that this can be a problematic area for practitioners. Sliding scales were considered desirable and important by many clients and practitioners but were seen as difficult to implement fairly.

Other issues raised by respondents included feelings of guilt or non-entitlement about charging a fee, alongside the need to earn a living. Guilt and conflicts of interest seemed to become a particular problem when clients were experiencing emotional and financial difficulties at the same time. Overall, it seemed that both fee setting and fee collection can pose considerable challenges for practitioners working in private practice.

Fee dynamics

I also tried to explore how clients really feel about paying for therapy. The responses, while sometimes guarded, were very diverse. Some expressed distrust of the charging practitioner's motivation, but also positive feelings about choice. Some resented the fee when the counselling was going through a 'rough patch'; others felt that having to pay for therapy motivated them and that it was good value for money, and there were countless other views in between these extremes. No one single experience emerged as pervasive or typical.

In this respect my study reflects a pattern in the literature of failure to demonstrate any clear fee effect or dynamic, either detrimental to or enhancing of therapeutic outcomes.¹⁷

Conclusion

The continued failure in research studies to come to any clear conclusion about fee dynamics serves to reinforce Dorothy Rowe's observation: 'We, alone of all the animal species, use money, but we don't understand it. How could we, when money has for us so many different meanings?'¹ Paying a fee for therapy has widely different connotations for each and every one of us. This does not mean that fee dynamics are not important; rather that they are another 'royal road' to understanding the individual's psyche.

The economic and practical aspects of fees, on the other hand, are more tangible. It is my hope that the issues raised by clients and practitioners in my study will be addressed by counselling providers, trainers and policy-makers in the future.

Dannie Rosenhammer is an integrative counsellor currently working in community mental health care and in private practice. Please email sd@rosenhammer.com

References:

- Rowe D. The real meaning of money. London: HarperCollins; 1997.
2. Friery K. The price of counselling. *Counselling and Psychotherapy Journal* 2003; 14(8): 7-9.
3. Schofield W. *Psychotherapy: the purchase of friendship*. Englewood Cliffs, NJ: Prentice-Hall; 1964.
4. Freud S. On beginning the treatment. In: J Strachey (ed & trans). *The standard edition of the complete psychological works of Sigmund Freud*. First published 1913. London: Hogarth Press; 1958.
5. Yoken C, Berman JS. Does paying a fee for psychotherapy alter the effectiveness of treatment? *Journal of Consulting and Clinical Psychology* 1984; 52(2): 254-260.
6. Freud S. Lines of advance in psycho-analytic therapy. In: J Strachey (ed & trans). *The standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth Press; 1919.
7. Seaton S, Evans D, Wellings J. A great deal. *Therapy Today* 2008; 19(5): 19-23.
8. Barrow C. What cost therapy? *Letters. Therapy Today* 2009; 20(2): p42.
9. Bondi L, Fewell J, Kirkwood C, Árnason A. *Voluntary sector counselling in Scotland: an overview*. Edinburgh: University of Edinburgh Counselling and Society Research Team; 2003.
10. Layard R, Clark D, Knapp M, Mayraz G. Cost benefit analysis of psychological therapy. *National Institute Economic Review* 2007; 202: 90-98.
11. Shipton B, Spain A. Implications of payment of fees for psychotherapy. *Psychotherapy: Theory, Research and Practice* 1981; 18(1): 68-73.
12. Newman SS. Considering fees in psychodynamic psychotherapy: opportunities for residents. *Academic Psychiatry* 2005; 29(1): 21-28.
13. Geistwhite R. Inadequacy and indebtedness: no-fee psychotherapy in county training programs. *Journal of Psychotherapy Practice and Research* 2000; 9: 142-148.
14. Abbott P, Wallace C. Health visiting, social work, nursing and midwifery: a history. In: P Abbott, L Meerabeau (eds). *The sociology of the caring professions*. London: UCL Press Ltd; 1998.
15. Chodoff P. Psychoanalysis and fees. *Comprehensive Psychiatry* 1964; 5: 137-145.
16. Heaney P. Mental health care delay concerns raised by Gofal survey. *BBC News Wales* 2012; 26 November. <http://www.bbc.co.uk/news/uk-wales-20487454> (accessed 28 November 2012).
17. Herron WG, Sitkowski S. Effects of fees on psychotherapy: what is the evidence? *Professional Psychology: Research and Practice* 1986; 17: 347-51.