

Issues and Controversies in Counselling and Psychotherapy

We need to abandon the practice of ‘free therapy’

By Mike Hackett



Nothing is free. Everything has to be paid for. For every profit in one thing, payment in some other thing. For every life, a death. – Ted Hughes, The Tiger’s Bones

In this short essay, I will make the controversial case for our profession to abandon the practice of providing ‘free therapy’.

What I mean by ‘free therapy’ is the provision of therapy to a client free of charge or in other words, on a no-fee basis.

From the title you will have noticed my use of enclosing quotes when referring to this practice. This is because there is clearly and demonstrably no such thing as ‘free therapy’ in an actual sense. Like everything that is labelled

free, ultimately, someone pays and trying to determine who actually pays is actually very complex due to the proliferation of stakeholders involved in therapy provision. Today, we operate in a very fragmented therapy landscape in Ireland.

As far back as 1976, the American Journal of Psychiatry published an article exploring a number of therapeutic, relational and practical issues which may arise where therapists provide ‘free therapy’. The paper ‘Free psychotherapy: An inquiry into

resistance’ (Nash & Cavenar, 1976) presents five case studies of clients receiving ‘free therapy’ and found that this practice “may lead to patients depreciating the value of therapy, feeling obliged to therapists, or expect him to make inappropriate nonfinancial demands”. In such cases, they further warn that such a service, “may become the focus of insoluble resistances to therapy”.

Forty-seven years later, as a profession, we seem to have essentially institutionalised the provision of ‘free therapy’, explicitly, when we train therapists and implicitly, by normalising the practice as an altruistic virtue. The evidential basis for this claim is provided by pointing out that our very own accrediting body promoted the practice during the Covid-19 pandemic by advertising ‘free therapy’ for frontline workers and indicating in our “Find a therapist” database those members willing to offer the service. Surely then, this must be a good thing if our representative body promotes it right? I don’t believe so, and I will explain why.

First, if the purpose of providing ‘free therapy’ is essentially *pro bono publico* (for the public good), do we spend enough time thinking about balancing public need with our own wellbeing (financial, social, professional etc.) and, more broadly how our profession is valued. For instance, surely the idea of counselling and psychotherapy as a profession carries with it a prerequisite monetary consideration for the work done in order for it

to be valued? Do people value products which are 'free', possibly, but free services – time, each week, week-on-week for potentially years – I'm not convinced of that position (more on this later when we look at the therapeutic issues 'free therapy' creates). I also wonder about our credibility as a profession in the eyes of the medical establishment when nearly one-in-ten of us charge nothing for our weekly work (B&A, 2021, p. 22). In all of my 50 odd years on this planet, I have never had a free GP consultation (as a once off), never mind a free ongoing GP service though clearly, both would be for my overall good.

Second, let's pick up again the theme of what the academic literature says about the practice of 'free therapy'. Looking as far back as Freud, the subject of fees has been explored somewhat intermittently. According to Freud, payment of a fee motivates the client to bring the work of therapy to a successful end (1913/1958). Fees can represent a means to define a client problem to both the client and therapist, Brody (1949). Koren & Joyce (1953) posit that clients who balk at fees, may in fact not be ready for therapy and the fee becomes a reason to drop out. Hofstein (1954) suggests that fees represent a limiting factor for the duration of therapy – ensuring it doesn't continue past what is necessary, and, that a client's ability to pay for therapy may be representative of their struggle with self-sufficiency in life. Menninger (1958) suggests that fees represent a sacrifice for the client sufficient to promote motivation for change, but cautions about the potential for indebtedness that can rupture the therapy relationship. Schonbar (1967) identifies the fee as an issue of both transference and countertransference in the

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therapeutic frame- both of which are a vital focus of effective therapy. Mintz (1971) suggests that the fee amount does not appear to influence therapy outcomes by any great degree – but I note that zero is not an amount, it is the absence of it! Chodoff (1972) asserts that fees may not motivate the client necessarily, but in fact may motivate the therapist in the work. This begs the question of the impact on motivation when no fee is involved. Eissler (1974) suggests that not charging a fee omits an important psychological factor in therapy, replete with symbolism and relevance for how clients live their lives e.g. as representing attachment schema. Geistwhite (2000) evaluates no-fee scenarios in US psychoanalytic therapy through the lens of inadequacy and indebtedness as a complex set of important elements in framing the therapy endeavour (e.g. boundary implications).

Working for nothing or an extremely low fee can lead to feelings of resentment in the therapist, especially when the work is challenging and long-term (Newman, 2012). Finally, most recently, the idea of *psycho-economics* has been explored in some depth as it relates to case formulation, treatment planning and ongoing psychotherapy in the work of Yager and Kay (2022). Their work

posits that, to not consider the fee is to potentially overlook significant aspects of therapeutic practice.

My third and final argument is anchored in my concern for our profession overall. There seems to be no limit to the market potential for counselling and psychotherapy training, but no data exists as to how many graduates actually go on to become career therapists. This is likely due to a substantial range of factors including; the variety of motivations to become a therapist (altruism, to give something back, as a response to a family or community need or tragedy, as a career etc.); changing life circumstances; initial expectations changing over time; some entrants enrol for personal development and not professional practice; many wish to make use of retirement or plan for a second, part-time career outside the home, or; to rebalance quality of life. It may also be, for students at least, their early experience of being a therapist involves working for nothing often exacerbated by post qualification limited access to clients (perhaps due to their struggle to market themselves well) leads to working for therapy providers, who either don't charge clients (or on a donation/contribution basis) who expect therapists to work for nothing.

All of this essentially makes it incredibly difficult for graduates and early career therapists to make a living, despite investing years of their lives and tens of thousands of euros in training to enter the profession. Though most of us work in private practice (64%), 52% of our number work part time (B&A, 2021, p.6 and p.16).

So, with such strong evidence for the symbolic, process and practical role of the fee, having explored the idea of pro bono work and outlined briefly my concerns for our profession, should we maintain the

status-quo? I have compiled the following suggestions ...

- That as a profession we abandon zero fee practices by introducing at least a minimal (contribution or donation) client-funded fee with an upward sliding scale of fees based on individual circumstances, having assessed client's circumstances to place them on the scale appropriately.
- Ensure that, where fees/contributions/donations are contracted, that they are actually collected (per-session, outstanding fees, missed sessions, do-not-attends and in the case of early therapy termination) with appropriate policies in place to address non-payment or overdue fee collection.
- Explicitly train students and the wider therapeutic community, including non-therapists who provide therapy services in the psycho-economics of therapy.
- Bodies representing the interests of counsellors and psychotherapists should offer transparency and guidance for potential clients on the costs and benefits of psychotherapy, to set expectations, with advantages and disadvantages of the various service options available in the market to help clients make informed treatment access decisions (private therapy, public services, agencies, charities etc).
- Clinical Supervisors should be more assertive and vocal about the interests of student therapists and those who are required/expected to work for nothing, to challenge the status quo and dispel the notion that free labour is a virtue.

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- Government and other funding agencies should ensure that services providing therapy on their behalf (or in lieu of), collect data on the use of public monies in terms of cost, efficiency and other key measures to support future service funding decisions.
- College and training institutes should work with agencies using students, pre-accredited or accredited therapists with zero remuneration to cover practice related expenses including supervision and potentially CPD as minimal consideration to therapists expected to work for nothing.
- Student therapists should lobby training institutes to reasonably protect the value of their current and future work by addressing insurance and legal issues put forward as reasons for their requirement to provide free labour e.g. consider an apprenticeship model of training where living wage or stipends are considered a viable alternative to current practice.

I hope that this short essay has stirred some thought for you the reader on the topic of 'free therapy' by highlighting some of the many complexities inherent in the practice. I have for the most part, purposefully stayed away from the controversy of zero remuneration

in this article as I hope this will be the subject of a future stand-alone piece.

My hope in writing this article is to argue for us as a profession to protect the value of our work, proactively consider client and therapist dynamics inherent in the fee and its practical and symbolic role in therapy and to offer some suggestions as places to start with the ultimate aim of finally abandoning the notion of 'fee therapy' both in theory and in practice. ☺

[References available on request].

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