

Feminist Therapy Fees: Critiquing and Rethinking

Bonnie Burstow
Toronto, Ontario

ABSTRACT

By fundamentally problematizing the business conceptualization, the author of this article critiques the central position taken in the literature on the payment of feminist therapy fees. Critiqued are such espoused beliefs as "not paying or underpaying for therapy is countertherapeutic," and such practice recommendations as (a) do not see anyone for free, and (b) inquire at length into the client's resources before setting the fee. The author demonstrates the incompatibility of these beliefs with feminism, recommends abandoning the business conceptualization, and articulates a reframing and restructuring of private practice by using the social services fixed salary as guideline.

RÉSUMÉ

En examinant fondamentalement la problématique de la conceptualisation commerciale, l'auteure de cet article fait une critique de la position centrale prise dans les ouvrages sur la thérapie féministe. Elle critique certaines opinions qui ont été adoptées, comme l'idée selon laquelle «le fait de ne pas payer ou de sous-payer la thérapie entrave à la thérapie elle-même» et des recommandations relatives à l'exercice de la thérapie, p. ex. (a) ne jamais rencontrer une cliente gratuitement et (b) s'informer toujours en long et en large des ressources des clientes avant de fixer ses honoraires. L'auteure démontre l'incompatibilité de ces opinions avec le féminisme, recommande que l'on abandonne la conceptualisation commerciale et décrit un remaniement de l'exercice privé en se basant sur le salaire fixe des services sociaux.

STILL IN ITS INFANCY, FEMINIST THERAPY remains splagued by dilemmas. The issue of fees is one of these. Unlike feminist social service workers, feminist therapists in private practice are faced with acute problems around payment. Seldom funded by third parties, yet still having to make a living from the work which they do, feminist therapists look for funding from the women being served.

The arrangement is far from ideal. It is fundamentally unfair to everyone involved — some significantly more than others — and it results in numerous difficulties and conundrums. The lower the women's resources, the more financially oppressed these women are and, as a result, the less accessible these services are. Many women are excluded altogether; many greatly suffer from the expenditure; some end up with massive debts to therapists; some do demeaning work as barter.

As a feminist therapist, I am painfully aware that feminist therapists, too, suffer from this arrangement, albeit significantly less than clients. We have, as employers (providers), women who do not want to have employ (use) us, who do not have the funds, and who, additionally, are needy and dependent on us. Some therapists allow clients to set their own fees, only to end up financially strapped themselves. Most feminist therapists are continually forced to negotiate payments on which they depend to live. At some level, moreover, we are all aware that our fees cause problems for many women who receive or would like to receive our services, so, as a result, we occasionally feel guilty about charging them.

Unfortunately, many of the principal ways that feminist therapists handle the guilt and the dilemma exacerbate the problem. We vacillate between feel-

ing apologetic and deciding that there is absolutely nothing wrong with our pursuing "good business practices." Most continue to charge fees which most women cannot afford, doing some good thinking and making some needed accommodation, while essentially obscuring the problems. Some push the fees to the limits of what the market can bear, while others gear themselves toward the mean — as if the mean were intrinsically just. A few cannot bring themselves to charge enough to allow them to survive or bring themselves above the poverty line.

For years now, aware that our handling of fees is not simply a personal but an ethical issue, feminist therapists have been actively grappling with what to do about payment. Numerous articles have been written on this issue. While there certainly are differences, there is a level of consensus in thinking and direction. Some of the understanding and the directions are sound. My contention, however, is that much of the reasoning is inherently flawed and self-serving, and that it is being used to justify practices which are at odds with our feminist principles.

In saying this, I am not stating that feminist therapists do not care. Nor am I stating that we are less ethical than those business people that the average citizen would regard as ethical. Aware that we do care and that we make accommodations that most others do not, I am suggesting that, like most people involved in a conflict of interest, many feminist therapists and theoreticians systematically obscure issues. Despite our good work, we are engaged in financial practices which pose difficulty for and arguably harm many clients. Some of this we cannot help and some we can. It is important that we distinguish what we can realistically remedy and what we cannot. Additionally, we compound the injury by convincing ourselves and often our clients that they are not being harmed. In some cases, we even present injury as benefit, as something "for their own good." As feminist therapists, we know the harm which such mystification creates, and it is critical that we rid ourselves of it.

The purpose of this article is to critique some of the reasoning around payment and the certain practices which it legitimates, to counter mystification, to bring greater clarity, and to explore new "more" feminist ways of understanding and proceeding. I begin by reviewing the more prevalent positions and practices to date, and identifying the strengths, that is, the reasoning and practices which seem sound. The bulk of the article problematizes reasoning and practices which I argue are not sound, and I conclude by reframing and suggesting some new directions.

The Literature

Unlike early feminist practitioners like Mander and Rush (1974), current feminist practitioners are clear that we are providing services that go beyond what can be received from feminist networking per se. It is a legitimate line of work involving specialized knowledge and skills. Theoreticians like Brown (1985), Lasky (1985), Margolies (1990), and Beigel (1990) maintain, accordingly, that feminist therapists should receive "reasonable" payment for services rendered. For the most part, they see no real moral problem with exacting this payment from the clients served, many arguing that payment benefits clients. They agree, nonetheless, that we are ethically bound to conduct our payment practices differently than traditional therapists to ensure greater accessibility. At the same time, they argue in favour of "good business practices," contending that we can both maintain good business practices and live up to feminist ethics.

A payment difference which has become standard in feminist therapy is the sliding scale. The theoreticians who maintain that good business practices are compatible with feminist ethics see retaining the sliding scale as ethically necessary. While a few feminist therapists argue against the sliding scale by suggesting that it can devalue women's services and signify a downward mobility for women, Brown (1985) points out that such a scale does not automatically entail these effects. Again, the ethical rationale given for the sliding

scale is the principle of inclusiveness. As feminists, it should be pointed out, we are committed to helping all women — not just the more privileged women. Without a sliding scale, our services become out of reach for many working-class women. The range and the application of the sliding scale, however, is less clear.

While some feminist therapists see a few clients for free, currently, most practitioner theoreticians maintain that all clients should be charged "something." Otherwise, argues Brown (1985), both therapist and client regard the client as a charity case and, inevitably, the client is negatively affected by the lesser status. "A therapist is ethically bound," adds Brown, "not to create situations that will lead her to resent her clients" (p. 301). Lasky (1985, p. 255) and others call not charging "countertherapeutic." The reasons given include the clients' lack of motivation to do good work if they do not pay for services. Furthermore, clients will be inhibited from doing good work by feelings such as gratitude and humiliation. "Undercharging," states Lasky, is "countertherapeutic" for the same reasons. Correspondingly, it is unethical, suggests Brown, because it, too, leads us to resent the client and thereby undermines therapy. Brown also alleges that an additional harm of modelling is that it sells our work short. The message being given is that women's work is not valuable. Women are similarly being given the message that therapy itself is not very valuable.

Put all this together and what theorists are suggesting is that charging substantially, albeit not "exorbitantly," is not only good business, but is ethically unproblematic. Beyond that, it borders on an *ethical calling*. It is in the interests of client and therapist alike.

Exactly how substantial the fee should be is less clear. Brown (1985) agrees that the fees charged by traditional therapists are too high. The fees exclude many women and, as such, are unacceptable. Lasky (1985) cites the wage gap between female and male therapists, and concludes that "women psychotherapists ... undervalue their professional services or ... men overvalue theirs" (p. 252). The second possibility is not explored.

Lasky (1985), Beigel (1990), and Margolies (1990) observe that women have trouble asking for money and are under-entitled, but owe it to themselves to become more entitled. We often charge too little yet we need to be entitled to charge more. Insofar as we are more entitled, Lasky adds, we additionally benefit the client by modelling a straightforward, unapologetic approach to money. Again, we are being told, there is no real conflict of interest.

Almost no guidance is given on where to set the upper end of the sliding scale. However, market value, having sufficient spare time for our friends, feeling successful, and having enough for a comfortable life are offered as points to consider when setting fees generally (see, for example, Lasky [1985], and Beigel [1990]). Brown (1985) points out that it is not clear what a "fair wage" is. Her recommendation is that the individual therapist examine "her own sense of what is the lowest pay at which she will feel well compensated and use that as the bottom of her sliding scale" (pp. 300–301).

Lasky (1985) recommends that we subject clients to a detailed monetary interrogation at the beginning of therapy to ensure that we are aware of all possible resources and deficits and can thus set a "fair fee." She advises therapists, "Include in your initial interview questions about income, assets, loans, insurance benefits, and so forth" (p. 255). These and other such steps, she suggests, can help prevent conflict about fees. Moreover, the information that we glean from clients' initial or ongoing reluctance to pay us fair fees, she suggests, can and should be used in demonstrating to them how they treat others. It is important information — an aid to good therapy, and further reason for charging substantial fees.

Lasky (1985) and others also recommend that feminist therapists automatically raise the client's fee when the client's salary raises, again, presenting this move as in both the therapist's and the client's interest. If the client is reluctant, she advises, treat such reluctance as an indication of how the client "uses" people and point this out to her. Margolies (1990) contends that without the automatic fee hike,

clients do not receive the needed acknowledgement of their success.

In the same vein, Margolies (1990) presents it as therapeutically and hence ethically important to charge clients for missed sessions for which they failed to give 24 hours notice. She pointedly includes times when the client was sick and had no way of knowing 24 hours ahead of time. A client not so charged, she claims, will feel insulted and degraded. She backs up this claim with anecdotal information about a sick client in such a situation who was told that she did not have to pay for the missed session. The client, we are informed, expressed hurt and indignation. In general, Margolies admonishes feminist therapists not to get into the practice of easily making exceptions, as it confuses clients. She specifically advises against letting some client amass significantly higher debts to us than we allow others.

Berman (1985) identifies the payment of fees by clients as involving the therapist and client in an overlapping relationship. The client is now both client and employer. While she suggests that overlapping relationships can contaminate therapy, she does not question the practice of charging clients. She simply lists it as one of many overlapping relationships and recommends keeping overlapping relationships to a minimum. Her assumption appears to be that we can do nothing about this specific overlapping relationship.

In the ethical interest of making feminist therapy more accessible, some feminist practitioners and therapists encourage barter arrangements. Berman (1985) ethically questions the practice, contending that it exacerbates the problem of overlapping relationships. The client is now client, employer, *and employee*. Brown (1985) acknowledges the problem, while suggesting that feminist therapists remain open to barter since it facilitates greater accessibility. Barter arrangements against which Brown cautions therapists are ones where: (a) the barter work which the client is doing is demeaning or of such a nature that it exacerbates a status of differential between client and therapist and/or (b) the therapist is accepting as barter work

which she does not want. Therapists who accept as barter work which they do not want, she points out, tend to feel shortchanged and resentful of the client, as if the client herself were responsible for the undesirable state of affairs.

Affirming What I Can Affirm in the Literature

Feminist therapy, clearly, is a legitimate skilled line of work involving considerable time and energy. Given the capitalistic context in which we have to survive, feminist therapists, like most other people, unfortunately, are forced to eke at least a good part of their income out of the primary work which they do — in this case, therapy. Feminist principles cannot oblige us to do our primary work for nothing or to receive funding that leaves us at the subsistence level.

I agree as well that some feminist therapists charge the rates which they do because, like women traditionally, they undervalue their services, as do some of the recipients of their services. Lack of entitlement and low self-esteem should not be determining factors in fixing payment. By the same token, overresponsibility and guilt are poor grounds for setting prices. As the practitioner theorists have pointed out, the fees gap between male and female therapists is also clearly problematic. The reality of low self-esteem and the existence of this gap, however, in no way rules out the possibility that the majority of both male and female therapists — even some with low self-esteem — may be charging more than is ethical.

Insofar as clients are the primary source of our income — a situation which, I will later argue, is ethically dicey — morality, I would agree as well, necessarily involves balancing the financial needs of both therapists and clients. Short of finding better ways to ensure greater accessibility and ease the financial burden on those with limited financial resources, a sliding scale which allows clients to pay deferential amounts seems necessary. Given a situation where clients with limited means have to pay for the services, I would agree also that it makes sense to be open to barter, despite the problems

which barter poses. The exceptions which Brown (1985) articulates strike me as correct, although not exhaustive.

The Critique

A key belief being used to justify charging clients at all, charging substantially, and accepting no one for free is that the client herself is benefited by this practice. As long as the client is not hurt but indeed benefited, there is no conflict or, at least, no sizable conflict between the needs of client and therapist. Ethicality, correspondingly, allows and indeed almost requires such charging practices. This belief, clearly, is convenient, but it is also self-serving and groundless.

The position did not originate with feminist therapists. It began with Freud, who contended that direct payment from clients would result in better work. The strongest versions of the theory were articulated by psychoanalysts like Menninger (1958), who held that psychotherapy could only be effective if it involved a "dramatic" financial "sacrifice" on the part of the client — a sacrifice big enough to greatly burden the client. As Shipton and Spain (1981) point out, cognitive dissonance theorists have also held that the client needs to pay a significant fee for therapy to be successful. Clients who do not pay a fee, they contend, *expect little* and, as a result, *obtain little*. Like practitioners from the traditional schools, feminist therapists are alluding to the "therapeutic" value of the client paying and paying significantly as if this therapeutic value was established. For the most part, what little research has been done tells a very different story.

Particularly instructive is research by Pope, Geller and Wilkinson (1975), who reviewed the records of 432 clients who received therapy in a clinic where fees ranged from zero upward in accordance with ability to pay. The counsellors' salaries were not affected by the fee, and the counsellors were not involved in determining or collecting the fee. Criteria of therapy effectiveness included counsellor ratings, number of sessions, and attendance. Pope et al. (1975) found no significant difference in therapy effectiveness between clients who paid and clients who did not pay or did not

pay immediately, or between clients who paid more and clients who paid less.

The Shipton study reported by Shipton and Spain (1981) is also instructive. Randomly, 26 clients were assigned a paying status and 27 a non-paying status. Counsellors did not know which clients has been assigned to which category. The experience of therapy was not fully influenced by hardship caused by paying, since payment was to be collected at the end and was never actually taken. Before learning that it would not be collected, clients were asked to rate the therapy, using as indicators overall satisfaction, how much they learned, and their interest in pursuing therapy. There was no significant difference between the groups.

The only study which appears to support the claim that paying and paying substantially is intrinsically therapeutic is Stanton's (1976). Stanton randomly assigned one of two statuses to clients wanting to lose weight — a paying and a non-paying. He found that clients assigned the paying status achieved a greater weight loss than clients assigned the nonpaying. He tentatively concluded that payment is therapeutic. The study, however, is severely flawed and limited and cannot reasonably be used as an indicator of anything. The number of subjects and the outcomes were insufficient to generalize. Weight loss was the exclusive concern and exclusive indicator. Influence coming from counsellor bias was inevitable since (a) a therapist who had recently begun charging was the originator of the project and the sole experimenter; and (b) this same counsellor knew who was paying and provided the counselling.

Yoken and Berman's (1984) rigorous study sheds further light. Clients were assigned a paying or nonpaying status, with the therapists not knowing who received which. Indicators used to assess success included: (1) the Hopkins symptom checklist; (2) a problem distress evaluator; and (3) a general single number rating given on therapy effectiveness, done independently by client and therapist. There was no significant difference on item 3. The "breakthrough" finding was that clients in the nonpaying status experienced a significantly

greater reduction in both "symptoms" and problem distress than clients who paid. Interestingly, having been asked before beginning therapy to rate what they expected to get from therapy, clients from the paying status indicated greater expectations. Despite these expectations and the argument that we "get what we expect," the nonpaying clients' own general ratings of success after therapy were similar to the ratings of the paying clients. Given that the finding involved correlations only, we cannot *conclude*, on the basis of this research, any causal relationship between having to pay fees and poorer therapeutic outcome. The more intricate measures, nonetheless, *appear to suggest* that the fee itself has harmed the paying client and interfered with the enhanced well-being that therapy promotes.

The research suggests that Lasky (1985) and others are wrong. Charging or "undercharging" are not inherently "countertherapeutic." Indeed, as long as counsellors are not themselves giving worse counselling because of their reaction to payment differences, clients appear to be intrinsically better off not paying. There appears, in other words, to be a very real conflict between therapist and client interest.

While there might be other issues given the financial burden that therapy involves, this outcome is hardly surprising. Women are likely to be more severely harmed than men given the economic oppression of women. Indeed, more abundant resources, where they exist, often come from attachment to a male partner that the woman may be better off without.

Additional evidence suggests that women are severely burdened by payment — even with the sliding scale. The Women's Counselling Referral and Education Centre (WCREC) study by Lepischak (1990) and others is instructive in this regard. WCREC, the Toronto referral centre for feminist therapists, lists only therapists who use a sliding scale. Asked the very maximum which they could pay, 89 percent of its clients gave a price which was below the average mean on the therapists' sliding scales, and 72 percent gave a figure below the average minimum. Many "chose" not to pursue therapy for financial reasons. Of the clients who

pursued therapy, 44 percent indicated that they were paying above what they could realistically afford.

Like other therapists, feminist therapists often disagree with such financial self-assessments, suggesting that the women are being manipulative or flippant, or simply do not have their priorities straight (see Lepischak [1990] and Lasky [1985]). While this is occasionally true, to assume that this is typical or common dismisses women and blames the victim, and forgets what research tells us about women and poverty — that women as a group possess very little of society's wealth, and that many women live below the poverty line. The fees which we are charging aggravate the difficult financial burden which women have. I have known of clients who withheld rent payments, accumulated frighteningly high debts, and bought no new clothes for years to afford paying feminist therapists who had assigned them the "appropriate" place on their sliding scale. Given that many of women's therapeutic problems directly relate to limited finances, this reality is therapeutically and ethically problematic.

The WCREC research substantiates something else that we already know — that all else remaining equal, the bottoms of most current sliding scales have to be lowered considerably if we are to make any real headway on the feminist principle of inclusion. Despite the accommodations advocated, feminist therapy still remains out of the reach of many women who need or want therapy. The more financially oppressed the women, the further out of reach therapy is to them. Additionally, while not overtly dealing with the issue, the research highlights the problem inherent in the recommendation "Don't see anyone for free." An unquestioned assumption is that everyone can afford *something*; many of the women who approached WCREC cannot. The working poor, for instance, often cannot. Moreover, according to Lepischak (1990), 25 percent of the women who approached WCREC are on welfare. This finding reflects a dramatic shift in the women currently seeking therapy. Given the compounded life difficulties that such oppressed women face, such a shift is hardly surprising. The problem, however, is that most women on welfare already have insufficient funds on which to live. A policy

of seeing no one for free effectively excludes them and leaves them lingering on impossibly long social service lists.

More blatantly self-serving are the arguments that feminist therapists owe it to the clients to: (a) automatically raise fees if their clients' salary raises and (b) charge them for missed sessions without sufficient notice, even if they were sick and could not have known ahead of time. I have often chosen not to raise the fees of low-paying clients when their salary increased because they very much needed the extra money, and I was not in a position where I had to raise their fees. Far from feeling unseen or insulted, the clients were relieved. Insofar as the salary increase connotes success, there are other ways of recognizing and celebrating success. Correspondingly, I have never charged a sick client for a missed appointment, and clients have never felt insulted. A colleague who recalls *one* client who felt insulted under the circumstances interpreted the problem — I would suggest correctly — as lack of entitlement on the client's part and handled the situation accordingly.

The interrogation Lasky (1985) recommended vis-à-vis fee setting is also problematic. Such a detailed interrogation, of course, makes good business sense, and feminist therapists are forced to ask *some* questions, such as whether or not a client is employed, because we need to survive financially. A lengthy interrogation, however, is based on a general mistrust and is callous. Clients who have been so interrogated by past therapists have indicated to me that it conveyed to them, "You are going to shortchange me if you can," and "I'm primarily interested in your money." Thus they felt humiliated. To assume that we can generally reach financial settlements fairly by what we thereby discover, moreover, is naive. We are not objective, and there is no objective measure that we can apply. Still more problematic is Lasky's recommendation that feminist therapists use their own interpretation of how clients are treating them financially to demonstrate to them how badly they treat others. While this may make sense "once in a blue moon," as a general way of operating, it is unethical. It reinforces the client's one-down position. The conflict of interest is obvious, robbing the cli-

ent of the right to truly negotiate with us. Insofar as we are willing to operate this way, we can always play the therapist card and "win."

To Brown's (1985) position on barter, with which I essentially agree, I would add further caution. Even if the work exchanged is of comparable status and the therapist wants it, serious problems can arise. What if we are not satisfied with the work? As an employer, we have a right to ask for changes. Either giving or withholding such requests or giving negative feedback at all, however, may impact negatively on therapy.

Margolies's (1990) recommendation to minimize exceptions makes sense only if the therapist remains keenly aware of when exceptions are wise. Her admonition not to allow some clients to amass significantly higher debts to us than others leaves unchallenged the practice of credit itself. While there are certainly exceptions, allowing or encouraging clients to amass huge debts to us is tantamount to encouraging them to "get in over their heads," much as stores and credit card companies do. It obscures the fact that they are agreeing to pay more than they can afford, and *that* is unethical. Negative consequences include: clients being saddled with back-breaking debts, leaving therapy out of a feeling of guilt, never returning because they cannot face this person to whom they owe a fortune, and therapists not getting paid.

The issue of modelling is more complex than theorists suggest. Indeed, feminist therapists should not be modelling "devaluing women's work" or "not charging enough to make a decent living." As therapists, however, we can avoid all of these problems while still seeing *some* women for free and *some* for small amounts. We can overtly value all of our work independently from the money received, thereby modelling a noncapitalist values orientation. Optimally, our charging practices should model political awareness and fairness both to self and others.

As clients are not intrinsically hurt but benefited by paying less or not at all, it is clear that low or nonpaying clients will be hurt only insofar as feminist therapists think of and treat them differ-

ently. Brown (1985) is undoubtedly right when she states that we owe it to our clients not to create situations where we will resent them. Her solution, nonetheless, is flawed. Setting the bottom of our sliding scale at the lowest price at which we will feel well compensated will certainly ease our resentment; however, such a solution contributes to the exclusion and harm of clients. The fee is more likely to be influenced by "market prices" than by any enlightened concept of fairness. What we feel, moreover, is directly related to what we believe. We will feel resentment if we charge someone very little or nothing while holding onto beliefs like: (a) We "should" earn more than school teachers; (b) I should be making at least as much as Emma, who is less experienced; (c) I should have more free time to spend with my friends than the average manual labourer has; and (d) Clients who pay below \$___ are "costing" me \$___. Brown's position, which is stated in ethical terms, entails leaving questionable beliefs unquestioned and using them to fix the bottom of our sliding scales, despite the difficulties that high fees cause.

Underlying all the problematic feelings, practices, and advice is the business conception itself. It is being claimed that feminist principles are compatible with good business practices. Clearly, they are not. Even the sliding scale, which is the standard of feminist therapy charging practices, clashes with the first rule of business: to maximize profit. Allowing women to amass formidable debt, charging substantially, and not seeing people for free are all sound business practices, but they all conflict with feminist values. The business conceptualization itself, moreover, makes it look as if women "ought" to be paying for their therapy, just as people pay for their tobacco or any other commodity. Emotional help, however, is different from tobacco. As feminists, moreover, we know that women's emotional problems, for which many desperately need help, are intrinsically linked with societal oppression. Though this reality in no way obliges therapists to work for nothing, the point is that women should not have to pay for crucial help to deal with *socially created* problems. It is especially unfair with regards to incest survivors, whose earning power is affected by incest, and working-class

women and women of colour, whose oppression entails not having the same earning potential.

Therefore, the business conceptualization legitimates unacceptable practices, and also obscures the very real conflict of interest between therapist and client. We owe it to women, I would suggest, to discard this conceptualization.

Some Ideas on Reframing and Restructuring

There are no quick or easy solutions. A good beginning is to acknowledge this, along with the inappropriateness of the entrepreneurially conducted therapy — the deep injustices and the very real conflicts of interest.

Given that we are charging people who should not be paying and are hurt by paying, and given that many women are excluded, it is important that we work for long-term systemic change in how feminist therapy is made available. Arrangements for which we might work include: dramatic increase in social service funding; 100 percent coverage for therapy; and various types of arrangements involving 100 percent community funding. The ideal for which to aim is 100 percent "non-client funding" which pays feminist therapists decently and for which therapists do not have to beg, bargain, or compromise. A shorter term goal might be partial government or community funding of all private therapy. Another possible short-term goal, which, unfortunately, like most capitalist solutions, is likely to benefit the underprivileged least and will not benefit the unemployed at all, is the extension of employee medical insurance to cover therapy conducted by people who are not licensed psychologists.

Even in the short run, replacing a business conceptualization with a service conceptualization is key. Feminist therapists are attempting to help women deal with the damage caused by sexism, racism, classism, ableism, ageism, and the internalization of these prejudices. As human beings, feminist therapists also have a right to a decent living. There is no necessary connection between these

two realities. Realistically, of course, at least for the time being, we are stuck with a connection. Even now, however, we can loosen that connection. For the immediate future, it is clear that most of the funding will come from clients, that such funding will hurt many clients, and that many women will be excluded. We cannot get around this unfair reality, and it is pointless for us either to feel guilty about it or to make unrealistic sacrifices. However, we can and should modify the reality.

As practitioners, one way that we can modify reality is to use the social services fixed salary as a guide and agree to earn at least somewhat less than comparably skilled feminist social service workers, with, of course, holiday time and benefits figured in. While there are certainly exceptions, it is financially feasible for most of us to agree to earn somewhat less than our social service counterparts. Reaching such a consensus makes ethical sense given from whom the money is coming.

A fixed income conceptualization itself constrains entrepreneurship. Such reframing also loosens the connection between the recipients of our services and our funding. Our need is now more clearly to secure our salary — not to charge our clients. Wherever we can secure third-party funding without seriously jeopardizing the work or our clients, we should put the effort into securing it. Where possible, we should diversify, at least somewhat, by getting part of our salary from consulting or conducting training workshops. We can charge higher rates for such work and use this funding to reduce the amount we charge to individual therapy clients. We can always take *some* (or very few) women for free as long as we make sure that we make the salary which we have set. No one is a charity case as long as we are clear that individual clients are not paying for individual therapy. Our individual clients, rather, are contributing to the

extent which they can, and not contributing if they cannot, in order to cover our overall salary. The understanding is — and let us make it explicit — that, while we cannot work for nothing or minimal wages, all women have a right to such services for free and, indeed, to a great deal more; the only reason that women are "paying" is that a white, patriarchal elite has organized society in its own interests. Women, correspondingly, are entitled to be furious about this.

We can also reduce insensitivity and rigidity by factoring predictable problems into our fee setting. In figuring out fees, we can make room, for example, for:

- nonpayment for cancellations without 24 hours notice, where the client was sick;
- some small bad debts (i.e., we should never be fostering large debts and we are obliged to caution clients against agreeing to pay more than they can realistically afford);
- nonpayment for *some* additional cancellations and *some* missed appointments on the part of women who find it difficult to leave their home, of childhood sexual abuse survivors who "lose time," and so forth.

Correspondingly, with careful factoring, we will be able to dramatically lower the fees of *some* women who find themselves severely financially pinched in mid-therapy.

As already noted, however, injustice and moral and financial dilemmas will continue as long as "clients" are paying for the therapy and as long as financial and human "resources" are limited. Still, I view such reframing and restructuring as a meaningful step in a critical change process.

REFERENCES

- Beigel, J. (1990). *Successful private practice in the 1990s*. New York: Brunner/Mazel.
- Berman, J. (1985). Ethical feminist perspectives on dual relationships with clients. In L. Rosewater & L. Walker (Eds.), *Handbook of feminist therapy* (pp. 287-296). New York: Springer.
- Brown, L. (1985). Ethics and business practice in feminist therapy. In L. Rosewater & L. Walker (Eds.), *Handbook of feminist therapy* (pp. 297-304). New York: Springer.
- Freud, S. (1958). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12). J. Strachey (Ed.). London: Hogarth.
- Lasky, E. (1985). Psychotherapists' ambivalence about fees. In L. Rosewater & L. Walker (Eds.), *Handbook of feminist therapy* (pp. 250-256). New York: Springer.
- Lepischak, B. (1990). Fees. *WCREC Newsletter*, 1(3), 2-5.
- Mander, A., & Rush, A. (1974). *Feminism as therapy*. New York: Random House.
- Margolies, L. (1990). Cracks in the frame: Feminism and the boundaries of therapy. *Women and Therapy*, 9(4), 19-35.
- Menninger, K., Geller, J., & Wilkinson, L. (1958). *Theory of psychoanalytic technique*. New York: Basic Books.
- Pope, K. et al. (1975). Fee assessment and outpatient psychotherapy. *Journal of Consulting and Clinical Psychology*, 43(6), 835-841.
- Shipton, B., & Spain, A. (1981). Implications of payment of fees for psychotherapy. *Psychotherapy*, 18(1), 68-73.
- Stanton, H. (1976). Fee paying and weight loss. *American Journal of Clinical Hypnosis*, 19(1), 47-49.
- Yoken, C., & Berman, J. (1984). Does paying a fee for psychotherapy alter the effectiveness of treatment? *Journal of Consulting and Clinical Psychology*, 52(2), 254-260.