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# Money and Psychodynamic Group Psychotherapy

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ABSTRACT

*Money may be the most upsetting and therefore the most avoided topic in group psychotherapy. To overcome this resistance, the leader must secure prospective members' willingness to speak openly about financial matters. Financial issues particular to group therapy emerge when money is normalized as a topic for discussion. These include lowering or not raising fees, rescheduling, leaves of absence, combined and conjoint therapy, and nonverbal behaviors. Several case examples are provided. Members' strong feelings toward the leader around financial transactions often find expression in angry accusations. Suggestions for dealing therapeutically with countertransference reactions to these accusations are offered.*

The spotlight of group psychotherapy can have a searing glow. Attention sometimes feels like dissection. Members can feel taken apart rather than cared for, seen through rather than understood, exposed rather than loved. These sensations hold true as well for the leader. Money, perhaps more than any topic, mobilizes such negative concerns. Shame and greed are not easy to talk about.

A literature search yields not one article on the topic of money and group psychotherapy in the *International Journal of Group Psychotherapy* and only three articles on the subject in all other psychotherapy journals in the last 25 years (Kadis & Winnick, 1968; Kanter & Kanter, 1977; Vasile & O'Loughlin, 1977)! In contrast, there have been a proliferation of articles and a book on various aspects of individual psychotherapy and money during this period (e.g., Chessick, 1968; DiBella, 1980; Hilles, 1971; Krueger, 1986; Schonbar, 1967; Tulipan, 1983). How can we understand this selective inattention in the group psychotherapy literature to money as a real, symbolic, transactional, psychodynamic, and hence valuable issue?

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Money is a taboo subject but at the same time a royal road to unconscious material including primitive affect, aspects of personality, and dimensions of orality and anality, especially greed, depletion, and withholding. Interpersonal transactions around money in group highlight favoritism, sadism, masochism, secrecy, seduction, protection, and corruption. Lifting the taboo against discussing money unleashes material that may be potentially upsetting for the leader as well as group members. Issues previously condensed into the topic of money and then split off from other parts of the self are now reowned and their relevance appreciated in sectors of life other than solely financial ones.

Group members often protest the heightened sense of vulnerability that results from normalizing the subject of money as a topic for open discussion and learning. They bombard the leader with projections and, sometimes, accurate observations about the leader's personal difficulties that become apparent in his or her financial dealings. The group setting intensifies the power of such assaults, frequently stirring up in the leader feelings of fear, shame, guilt, sadism, masochism, and anger.

The purpose of this article is:

1. To discuss ways to overcome the taboo against talking about money in group and to establish a fee and billing policy;
2. To illuminate the variety of situations that discussions about money create in group once the taboo is lifted; and
3. To suggest ways that the leader can deal more effectively with countertransference and thereby help the group to deal more therapeutically with the newly uncovered material.

This article will not address the financial implications inherent in co-therapy or in running groups in the public sector or in prepaid health maintenance organizations. Although this is not an article about fee collection, understanding and integrating the concepts discussed below should optimize the likelihood of getting paid.

## AGREEMENT TO SUSPEND A CULTURAL TABOO

In the pregroup evaluation, the leader mentions to the prospective group member that announcements will be made at the beginning of



each group. These announcements will involve information to which the leader has been made privy and about which other members could not know. Such announcements include (but are not limited to) late and unpaid bills. In other words, prospective group members, in deciding to join the group, agree to talk openly about money matters!

Securing this willingness to suspend the taboo about money is important for several reasons. First, it frees up as a legitimate area of discussion a topic rich in personal meaning and communication and does so with less shame and resistance than would attend discussions about money if they came as a surprise. Second, it contributes to the distinction between secrecy and privacy. Secrecy emphasizes the desire not to have somebody know something, while privacy indicates the delicacy of what is kept to oneself. This distinction gradually leads to the group's recognition that while secrets are usually destructive, privacy needs to be respected until sufficient safety and trust permit fuller disclosure. Third, as the opportunity for personal learning around this topic becomes more apparent, the group begins to appreciate the distinctiveness of its environment. The growing awareness of the differences between life inside and outside of group imperceptibly but powerfully generates feelings of safety, trust, and excitement over the possibility of acceptance free from shame and judgment. And fourth, along with the freedom to discuss this subject, the realization that money symbolizes many things and has very different meanings and associations to the various members gradually emerges. Once money is secured as a topic for open discussion, it is important to spell out clearly a fee and billing policy to minimize the potential for misunderstanding and consequent shame and humiliation.

### Fee and Billing Policy

Patients in my groups agree to pay for all sessions; they buy a seat in the room. Notice that in agreeing to this policy, members agree to pay for sessions missed for vacations, illness, deaths of family members, and other forced absences. The rationale for this policy is that, unlike in individual therapy, the leader is unable to fill a vacant seat by putting another person in the group for that week. Billing for all sessions also avoids putting the group leader in the rarely therapeutic, Solomonic position of deciding which are equitable absences and which are not.

This policy has the advantages of discouraging acting out and protecting the leader's income. Groups in which members are not charged for illness are only too willing to spend considerable amounts of time debating whether or not a member's absence was really due to illness. Such discussions often prove to be more futile than useful. The major disadvantage of this policy is that some prospective group members may find the policy too harsh or rigid and may join someone else's group.

Other arrangements mentioned to me by colleagues stipulate that members may miss a certain number of meetings per year and not be charged or members will not be charged for appointments missed for a certain number of vacation days and family deaths. If the patient is considering combined therapy, the therapist should be certain to spell out clearly any differences between his or her group and individual fee policies.

While various, differing policies can all be equitable, it is imperative that the leader articulate them clearly in the pregroup evaluation so that the patient knows exactly for what he or she is signing up. Although such clarity does not preclude misunderstanding, the leader who has spelled out his or her policy clearly has greater leverage to help the group deal therapeutically with a member who, later on, misrepresents the contract.

Several errors contribute to misalliances around the fee. Not asking in detail about patients' financial situations may result in the selection of patients who have substantial debt or histories of prior financial default. Some patients who can afford treatment only by working themselves to death, for example, working three jobs, are not appropriate candidates. The leader should avoid the urge to deviate from usual practice and suddenly change his or her fee for a compelling patient who is not able to pay the going rate. Other leaders seem comfortable with a more flexible, negotiated policy (Kanter & Kanter, 1977).

I hand out (and sometimes mail) bills at the end of the month and expect payment within a month. Another policy requires members to pay at each session. In the pay-every-session policy, the leader may insure getting paid but may get "shortchanged" on issues that might emerge from prolongation of the tension with a more liberal payment policy. In states where balance billing is not allowed, members should be told that insurance payments constitute payment in full. Members



should also be reminded that the leader is not permitted to bill third-party payers for missed sessions and that members will be financially responsible for these sessions. Where there is an option for insurance to pay either the provider or the patient, it is wise to have insurance pay the patient. In that way, the patient can pay the therapist directly and thereby get the full impact of the financial transaction as part of the therapy.

Leaders who only mail out bills may be sending an unconscious and subtle message that bills are not for group discussion. I often hand the bills in bulk to the first member I see, letting the members fumble through the stack and hand them out themselves. It becomes clear, as everyone has access to everyone else's bill—even though most are careful not to look—that bills are really group business!

## DYNAMICS OF MONEY PARTICULAR TO GROUP THERAPY

The group therapy situation generates issues and creates situations with regard to money that differ in quality and intensity from financial transactions in individual therapy. These differences include inevitable contractual violations and five situations distinctive to group therapy. These situations include lowering or not raising fees, rescheduling, leaves of absence, patients in combined and conjoint individual and group psychotherapy, and nonverbal behaviors that surround financial transactions.

### Inevitable Violations of the Contract

One of the items in any group contract should pertain to payment of the bill. In joining one of my groups, members know they will be billed at the end of the month and agree to pay within 1 month.

Unlike late or unpaid bills in individual therapy, which affect only the therapist and the patient, in group therapy finances between one member and the therapist affect the entire group. This is true even though the fee is set between the leader and each member (Rutan & Stone, 1984).

Violations of the group contract, including financial contractual violations, are inevitable. The contract anticipates such behaviors and

serves as a way to secure each member's willingness to take responsibility for such breaches. While contractual violations can serve to alert the group to its resistance to therapeutic work, the failure of the leader to attend to these violations and promote group discussion around them is invariably destructive to the group.

The leader has several options in addressing financial contractual violations. I do not favor speaking directly to the member in question at the beginning of a group session. Despite the leader's attempt at neutrality and curiosity in doing so, and despite the member's knowledge that such an announcement will be made, the member is likely to feel excessively shamed; alternatively, the group might experience the leader as overly critical.

I recommend that the leader, at the beginning of the group and along with the other usual announcements, mention that certain members have tardy or upaid bills. Notice the three options open to the other group members; not to take notice of the announcement, to take notice of the announcement but decide not to comment, or to comment. When the group as a whole does not address the issue, or when one member's comments on the bill in question go unheeded by the rest of the group, a very productive question emerges: why would group members be willing to exempt one member from the same agreement that the rest of the group has accepted and to which it is presently adhering?

Observing this resistance usually leads to group discussion about the late or unpaid bill that may yield the following most common dynamics and meanings:

1. The late payment may have to do with individual, subgroup, or group-as-a-whole phenomena;
2. The contractual violation and how it is processed may reflect the phase of group development;
3. The other group members may identify with the contract violator and by not commenting on his or her behavior hope for the same exemption when their turns come to break the rules ("greasing each other's escape hatch");
4. The contract violator may be a self-appointed leader or scapegoat;
5. The group member who comments on the contractual violation may be evidencing a healthy reaction or may be serving as a lightning rod to deflect group anger away from the leader;



6. The group may indicate that the issue belongs between the leader and the contract violator, thereby possibly revealing at a level of displacement each member's wish for an exclusive relationship with the leader;
7. The contract violator may be expressing the group as a whole's dissatisfaction with the leader;
8. The leader may have neglected to send a bill to the patient, who, in a passive-aggressive manner does not mention the error and behaves in accord with the letter and not the spirit of the contract;
9. The contract violator may be having cash flow problems that he or she is ashamed to reveal;
10. The contract violator may be traying to find out for the group more about the leader, as evidenced by his or her handling of the late payment.

The potential richness of these dynamics underscores the importance of the leader's and/or the group's avoiding collusion with the resistance to therapeutic work offered by the contract violator. Experience consistently reveals that the leader's announcement of the unpaid bill, or the leader's notation of the group's omission to comment on this announcement, are sufficient to mobilize group work. Occasionally the leader's persistence is necessary to counter the member who takes a reality-fixed approach and maintains that the "unpaid bill *is* the actual issue."

## Distinctive Situations

There are five situations involving money that generate issues specific to group and arouse strong emotions. These include lowering or not raising fees, rescheduling sessions, leaves of absence, patients in combined individual and group psychotherapy, and nonverbal behaviors that surround financial transactions.

*Lowering or Not Raising Fees*. Rarely, a member suffers an economic reversal that could not be avoided or anticipated. Group discussion of the member's situation makes it clear that resistance is not involved. The leader feels that it would unfair and destructive to ask such an unfortunate member to leave the group. The leader also feels, with good reason, that in asking the person to leave the group, he or she would be placing his or her presence as a genuinely caring person in jeopardy. Thus, in order to make it possible for the member to remain

in group, the leader would have to lower this member's fee or not raise it if a group fee increase was in the offing.

Unlike the comparable event in individual therapy, in group therapy the leader functions in a more intense and complicated emotional field. The need to be liked and fear of attack are both amplified. A sense of urgency may interfere with the leader's need to review his or her own motivation in coming to a final decision. Subsequent problems may arise in the group if the leader lowers the fee out of the following, often unconscious, motivations: masochism, condescension, guilt provocation, conflict avoidance, (projected) entitlement, or the need to be liked. Even when the leader makes a correct decision based on the unfortunate member's temporary reality, the leader must attend to the feelings of envy, rejection, idealization, and suspicion of the other members.

*Rescheduling*. In joining my groups, members agree to pay whether or not they attend. Questions are raised in regard to this policy when the leader has a scheduling conflict and has to change the time of a particular meeting. When I know that I will be not be able to attend a group session sometime in the future, I usually offer the group a few times when I could reschedule (I am not discussing here those groups that meet without the leader during his or her absence). When the group discusses whether or not it wants to reschedule, it is common for certain members to be unable to make the times offered. If the members unable to attend say it is acceptable to them if the group decides to meet and the group does decide to meet, an interesting issue is raised. Should members who cannot attend a meeting that the *leader* has had to reschedule still be under obligation to pay for that meeting?

If the members unable to attend the rescheduled meeting knew they were to be charged, most likely they would veto the proposed meeting. By charging them, the leader would be putting such members in the untenable position of depriving fellow group members of having a meeting. While I think it is a violation to charge these patients who are unable to attend and I do not charge them, there is a period of time when the issue comes up and the group does not know or is unsure what the leader will do. At this point, productive work results as the leader helps the members explore their fantasies about whether the members unable to attend should be charged and whether each member thinks the leader will or will not charge the absent member(s).



While most members who will be able to attend the rescheduled time think that those members who are unable to attend should not have to pay, occasionally a member thinks such members should pay (or no one should pay). It is not unusual for members holding such an opinion either to be overidentified with the leader or in a hostile or competitive relationship with the member who would not be able to attend.

An even more productive area of exploration involves each member's fantasies about whether or not the leader will charge the member unable to attend. Members in a state of negative transference to the leader may ascribe all manner of nefarious motivation to the leader. Charging the member unable to attend would serve merely to confirm in the minds of such members the leader's callousness and greed. If such fantasies are widespread or universal, the leader might suspect either an unexplored group-as-a-whole negative transference or review recent sessions for evidence of unacknowledged or undiscussed mistakes in leadership, including prior mishandling of financial transactions.

*Leaves of Absence*. Occasionally, a member discusses with the group a request for a leave of absence that *appears* to be in the service of growth and development and not a resistance to individual or group-as-a-whole work. At some point, the group, the leader, or the member in question brings up financial implications of preserving this member's place in the group.

The ensuing discussions may provide unmatched opportunities for welcoming in unconscious elements of character, those parts of personality that are evident to others but hidden from the member in question.

Fred requested a leave of absence and had not initially thought about whether he would have to pay when on leave. When other members suggested that the leader probably would not hold his space open otherwise, Fred suggested the following arrangement. He asked the leader to keep his space open until a new member wanted to join. If that occurred before he was ready to return, he would drop out. If no new member had joined by the time his leave was over, he would return to group. After some group discussion of this proposal, Emily said to Fred, "In other words, if a new member joins, I will never get a chance to say goodbye to you. I think I now understand better why I like you but don't really trust you. Relationships with you seem interchangeable. You can know and appear to care about us for 3 years and then with impunity leave without even saying goodbye. Like easy come, easy go. My relationship

with you will never mean any more or less to you than your relationship with anybody else."

During the discussion about Fred's possible leave of absence and before the group concluded that Fred would have to pay, other members offered other financial posibilities. Mary, a particularly masochistic woman who was fond of Fred, suggested that each member could chip in one-seventh of Fred's fee to keep his place open. Emily said that it was not surprising that Mary would be willing to give so much to someone from whom there was so little chance of genuine return. Sam wondered both why Fred seemed so surprised to realize that he would be financially responsible for the missed sessions and why the rest of the group seemed so uninterested in the question of Fred's financial responsibility.

Group animation, even exhilaration, replaced apparent lack of interest as the group realized that if Fred's spot were kept open and he was not charged, the leader could "be hurt financially." Suddenly, members, whose demeanor toward the leader up to this point in the group had been one of unequivocal respect and admiration, seemed excited at the prospect of Fred's hurting the leader. Receptivity to and appreciation of these responses by the leader permitted some members to speak of their newly realized ambivalence, including their resentment at the leader for having all the supplies and giving so little. This attack on the leader was soon replaced with a fruitful discussion about patterns of give and take among various members in the group.

## Patients in Combined and Conjoint Individual and Group Psychotherapy

Combined therapy refers to treatment in which patients are in individual and group therapy with the same therapist; conjoint therapy, in contrast, refers to treatment in which different clinicians provide each mode of therapy. Groups usually contain members who are in group therapy alone as well as members who are in combined and conjoint therapy. Financial issues result from such a mixture of patients in the same group. These issues can be categorized as follows:

1. When several of the group leader's individual patients are in the group and pay different individual fees;
2. When several group patients in conjoint therapy pay individual therapy fees that are different from each other's fees and different from the group therapist's individual therapy fee;
3. When a patient in combined therapy pays his or her group bill but does not pay his or her (entire) individual bill;



4. When a patient tells his or her combined therapist certain financial information in individual therapy but suppresses this information in group therapy.

The first two scenarios bring up issues of fairness and favoritism while the second two bring up issues of splitting, blackmail, confidentiality, and shame. Groups can subtly but powerfully induce their leaders to aspire to a degree of fairness that is humanly impossible. The covert message here is that in being consummately fair the leader can make restitution to his or her members for all the unfairnesses they have suffered in their lives. Some leaders participate in this fantasy more than they realize. They silently dread that the group will expose not only their shortcomings in this effort but also will cite evidence of their perpetration of additional unfairness in the form of favoritism. What leader has not tensed up over the prospect that an apparently innocuous conversation might reveal that some of his or her individual patients pay different individual fees? Usually, perfectly acceptable explanations exist for these discrepancies. For example, the two patients in question may have been in individual therapy for quite different periods of time. It is not uncommon for patients who have started individual therapy more recently to be paying a higher fee because fee increases for veteran patients often do not keep pace with the therapist's present, starting individual fee. On the other hand, a therapist whose actual favoritism of one patient over another has been reflected in a lower (or higher) fee will be more vulnerable to such group accusations. Group leaders may also feel that their self-esteem, masochism, and/or greediness is called into question when patients in conjoint therapy reveal in group that their individual fees differ from those charged by the leader.

Some patients in combined therapy split these two therapies through financial acting out. Carol ran up a large individual therapy bill through a combination of bureaucratic mix-ups with her insurance company and a psychotic transference. She paid her group bill on time. Her therapist, after several unsuccessful attempts to process and interpret the issues involved in her unpaid bill, interrupted the individual therapy until the bill was paid. In this last individual session, Carol forbid her therapist to mention in group that she had accumulated a large outstanding balance in individual therapy, citing the confidentiality of

this material. The therapist felt that Carol was blackmailing him by threatening never to pay her individual bill if he mentioned it in group. After giving Carol several opportunities to bring this uncivilized part of herself into group and to work on it, the leader decided that he would be colluding with Carol in a perversion of the concept of confidentiality by not mentioning in group the fact of her unpaid bill in individual therapy. The group tried valiantly to work with Carol on other terroristic aspects of her personality but it became clear that she was intent only on acting out these impulses, not on working on them. After the group had mourned its inability to provide the understanding and empathy that might be needed to move Carol to a more workable position, the leader did not oppose Carol's decision to leave group.

Did the leader make an error in timing with Carol? Perhaps the leader miscalculated the degree of Carol's shame and her consequent unreadiness to discuss her unpaid individual bill. Maybe the leader was unable to contain Carol's sadism and/or the group's sadism toward her and acted it out by facilitating her decision to leave the group by premature disclosure. Even a very clear financial policy cannot guarantee protection against painful collisions!

Some patients in combined therapy discuss information in individual therapy that they are not ready to reveal in group. Less frequently, other patients suppress material from the group (but not the individual therapist) that may jeopardize the member's status in the group and that is crucial to the group's understanding of the member's present predicament. Because of shame, financial matters are often kept hidden:

Edith, a single woman in her 30s, regulated her self-esteem through her financially successful company, stylish clothes, and frenetic social and sexual activity. As therapy mobilized powerful underlying wishes to be taken care of, Edith's world began to unravel. Her company failed and major cash flow problems threatened her ability to continue in therapy. While she talked openly in individual therapy, she made up lame excuses when asked by the group about her unpaid bill. Edith felt ashamed to tell the group about her financial failure because she could not envision their valuing her for anything else. By not being truthful with the group, I felt that Edith was depriving herself of a reservoir of empathy and support that existed for her in the group. I struggled with my desire to respect her wishes to keep the information in the individual therapy and my conviction that in doing so I would be perpetuating her shame and depriving her of a corrective emotional experience. After giving her several opportunities to be truthful with the group, I told the group the real reason for Edith's unpaid bill. Although Edith initially felt violated and betrayed by me, she gradually came to believe that the group truly valued many things about her much more than her ability to make a lot of money.



## Nonverbal Behaviors that Surround Financial Transactions

In group therapy, members function as each other's therapists. As a result, the most seemingly trivial or evanescent behavior can receive attention from many perspectives and elaboration on many levels. In contrast to individual therapy where financial interactions are confined to therapist and patient (and sometimes a third-party payer), in group therapy the rich group interaction can tease out important truths embedded in each member's financial relationship with the leader. The leader must help the group overcome its resistance to acknowledging and dealing with the feelings and communications involved in monetary exchange.

When I would come out to the waiting room to greet the group and invite them to come in the office, David would allow the members to enter, hand me a check, and then enter the office. Invariably the check would be one week late. In keeping with my policy about announcements, I would mention to the group that David had just paid me in the waiting room. David would respond angrily to the announcement, feeling that I was trying to humiliate him. A narcissistic man in his late 40s whose brilliant career had peaked in his early 30s, David perpetually sought the group's admiration of his intellect. He did not have a job, lived off accumulated savings, but told his children that he went to the office every day so they would not lose respect for him. He felt that he was lazy and a dilettante. One day Jake confronted David, "I finally understand why you pay Dr. Gans in the waiting room. You can't hand him a check in front of us, look him in the eye and say, 'Thanks, you earned this.' When you decide to get your act together and get a job so you have some self-esteem, you will be able to pay him in the office."

While some financial transactions involve repeated patterns, others, equally meaningful, happen in a split second.

Al was a middle-aged study in reaction formation. All his uncivilized impulses presented with courtesy, appropriateness, and consideration. Other members wondered why he was in group because he seemed to have everything so together. At the beginning of one group session, Al walked across the office

with a check in his outstretched hand. As I reached out to take the check, Al, at the very last instant, changed the direction of his extended arm and placed the check on the table next to my chair. I felt awkward, foolish, exposed, salivating, as it were, in front of the group for my cherished monetary reward. It all happened in an instant. I was as confident that everyone observed this interaction as I was that everyone just as quickly erased it from their memory. When the group did not mention this incident over the ensuing half-hour, I asked, "What else does poor Al have to do to make me look foolish before he gets credit from the group?" Of course Al was initially outraged at being given credit for a spontaneous act and denied the accusation. The group, however, in giving their observations of the interaction, felt that Al had had a momentary smile on his face. They expressed relief that, for once, he could be provocative rather than relentlessly proper. This interaction served as the starting point for Al's efforts to be more authentic in the group.

## COUNTERTRANSFERENCE

The leader who deals openly in group with money becomes a lightning rod for strong feelings that accompany financial transactions. Many of these feelings are expressed in the form of angry accusations (Gans, 1989) that involve the following topics: greed, favoritism, sadism and malice, secrecy, corruption, and imperfection.

Some leaders may experience a fee policy that protects them financially—even though it also decreases group resistance—as an expression of their own greed. As I pointed out in a previous paper (Gans, 1990), "Countertransference difficulties may arise for the therapist who finds any self-interest incompatible with also acting in the patient's best interests." Such therapists will be especially vulnerable to accusations of greed by group members who realize that running a group is lucrative for the leader. Such accusations will be intensified by a fee policy that provides the equivalent of a guaranteed salary.

Despite heroic efforts to be equitable, the leader will appear to play favorites or actually do so. Failure to announce late payments, mistakes in billing, and forgetting to fill out insurance forms inevitably involve some members more than others. The ferocity with which various members will cite such incidents to buttress their contentions of favoritism can be truly astonishing! It is incumbent upon the leader though to look into himself or herself, using data from valid indicators of countertransference blindness.



Sally grew up with an alcoholic father who was mean, sexually inappropriate, and unable or unwilling to own any of his destructive behavior. In working on her present-day difficulties relating to men, she told the group about a date she had had the previous night. Although this man owned his own company and was financially successful, he quickly accepted her half-hearted offer to split the bill for dinner. In the context of doubting her perceptions of this man as cheap, Sally turned to me and asked, "Dr. Gans, why did you send me a bill for $35 when the group fee is $30?" When I asked the group for its thoughts, Joe said, "Dr. Gans has a busy practice. I'm sure it was a mistake." Patty thought my secretary had made an error. Sally said, "When I had my evaluation session for the group a year ago, you told me that you would be raising the fee in a few months, which you have never done. I think you resent the fact that you haven't raised the fee and you took your resentment out on me. I think you hate me."

Sally's hunch about my unconscious irritation was, as it were, right on the money. It would have been destructive to Sally if I had not owned my countertransference acting out. I explained to the group that my conscious reason for my not raising the fee was the current economic recession. I now realized for the first time that Sally was correct about my resentment, and I thanked her for bringing it to my attention. I added that as far as I was aware I had no negative feelings toward Sally. The group proceeded to give Sally additional credit for her in-group intuition, encouraged her to trust her negative feelings toward her last night's date, but pointed out what they thought were negative transference feelings toward me that belonged with her father. The group also took up with Joe and Patty the underlying issues associated with their need to protect me.

When transferences are intense, group members can experience being charged a fee as sadistic and malicious. The leader will be assaulted with accusations such as, "You just want to take and never give," and projections such as, "You want to suck me dry; you know I have no money now." A member may feel that the leader enjoys exposing and humiliating him or her around money issues.

Leaders may be pressured to keep financial dealings secret and may find it more difficult to announce the late payments of certain patients than others. Invitations to participate in corrupt behavior can be offered in an innocuous manner, "Dr. Gans, could you bill this

month's sessions under my wife's name?" or, in March, "Can I back date my overdue check with last year's date to take advantage of a tax deduction?" Some members pay in cash, seemingly oblivious to the many corrupt possibilities. And finally, the inevitable mistakes the leader makes around money elicit powerful indictments of inadequacy that reveal an underlying demand for a perfect parent.

How is the leader to maintain emotional balance amidst his or her powerful feelings stirred up by transactions around money? In order to acknowledge, contain, metabolize, and deal therapeutically with such feelings, I have found it useful to pay attention to three concepts: (1) developmental experiences with money, (2) the implicit assumptions in the contract with regard to payment, and (3) the concept of counteridentification.

## Developmental Experiences with Money

Some feelings about money form early in life in one's first group experience, the family, and later in one's development in professional training. Some households worry continually about money while others seem to take financial success for granted. Feeling poor or rich may correlate less with actual income and more with emotional availability and responsivity. Money may be dealt with in an open fashion or in secrecy. A sense of generosity or a wish to control may characterize the giving of money. In spending money, a family can foster in its members a sense of healthy entitlement and responsibility or can create an atmosphere of worry and a sense of wrongdoing. In families characterized by strong feelings of insecurity, financial comparisons with peers may be intense, especially in adolescence. The leader's experience in his or her family of origin with regard to these factors exerts a strong effect on his or her reactions to financial transactions in group.

Training programs in the mental health fields often neglect the emotional dimension of financial transactions between trainee and patient (Pasternack & Treiger, 1976). Sometimes emotional splitting is promoted around charging patients for services: it is good to be altruistic and provide service as its own reward and bad and exploitative to benefit monetarily from helping somebody who is sick or in pain.



## Implicit Assumptions in the Contract with Regard to Payment

It is imperative that the group leader keep in mind what the group members are and are not paying for and what he or she is and is not getting paid to do. Group members pay for a better understanding of themselves, for the skills of a therapist who can build a safe and trusting environment in which psychotherapeutic work can take place, and for the skill, concern, and attention of a therapist whose self-esteem does not depend on the outcome of therapy. Group members do not pay for *guarantees* of symptomatic improvement, greater happiness, or improved functioning.

The group therapist is paid for acquired skills, time, and talent. The leader is not paid to reward good or punish bad behavior, sell friendship, be abused as an end in itself, gratify himself or herself at group members' expense, or to avoid the therapeutic work.

## Counteridentification

Counteridentification refers to an unconscious therapist behavior in which the therapist behaves in a manner analogous to what is observed in a patient (Fleiss, 1953). In contrast to countertransference wherein the therapist is responding, in the classical definition, to the patient's transference, in counteridentification, the therapist is responding in kind to the patient's defensiveness.

It is natural for the leader to feel judgmental and to want to hurt back when members threaten to jeopardize his or her livelihood. If such counteridentifications predominate and prevail, the leader will soon be issuing ultimatums regarding what will happen by what date if the bill is not paid. A preferable emotional response results if the leader can contain his or her anxiety about not getting paid and can join the resistance rather than try to overcome it. By joining the resistance, I refer to the leader's attempts to appreciate, feel, and savor the emotional communication expressed in the nonpayment of the bill rather than to judge the behavior or "get the patient to pay." In the language of structural theory, the leader aims for an id counter-

transference response rather than a superego transference response. The leader strives for a transient trial identification (Fleiss, 1942) with the member's primitive impulses or longings.

Tony, age 38, told the group about brutal scenes he had witnessed growing up in his Mafia home. The group liked him for his gentleness and exquisite sensitivity to injustice. He complained in group that his professionally successful girlfriend treated him as if he were her housekeeper.

After returning from summer vacation the leader received the following letter from Tony, which he read at the beginning of group.

"Enclosed is my payment for three of four sessions in June. Knowing of no other profession, trade, or instance where one is expected to pay for a service not rendered when the recipient gives timely notice that he or she will not be able to avail oneself of the service, I adhere to the view that one should not have to pay for those sessions when one provides ample notice that he or she will be on vacation. I am willing to discuss this with you if you so desire."

When asked by the group about the letter, Tony said it was academic because this was his last group meeting. For the next 25 minutes the group wheedled and nearly begged Tony to reconsider but to no avail. Finally, I asked the group, "What more does poor Tony have to do to get the group to acknowledge some of the brutality that he is trying to bring into the room and get our help with?" The group, alerted to its denial of Tony's murderous rage, was then able to help him gradually explore and acknowledge the hostility expressed in his contractual violation.

Through such an empathic response the leader conveys a powerful metacommunication, not only to the member in question but also to the group as a whole; I will subordinate my own interest in getting paid in order to understand and appreciate the hurts you have suffered, hurts that are finding expression in financial terms. By treating the financial acting-out as an initial communication rather than solely as a resistance (Munzer, 1967), the leader assumes a therapeutic posture that welcomes the more uncivilized parts of each member into the room. Such a stance by the leader communicates to the group that although he or she does want to get paid, the leader's major interest is still in attending to the emotional pain of the member in distress. Of course, this therapeutic posture is to be distinguished from a leader's masochistic submission to financial abuse by a patient who has demonstrated over an extended time period no genuine interest in working on his or her problems in group.



## CONCLUSION

The leader and group members conspire to avoid discussions about money in group psychotherapy. Patients wish to avoid shame and humiliation while therapists protect against accusations of greed and feelings of vulnerability. The leader must take active steps to normalize money as a legitimate topic of discussion. As financial issues distinctive to group psychotherapy emerge, the leader finds an unparalleled opportunity to help group members learn about their primitive feelings, unconscious character traits, and interpersonal transactions around give and take. An equitable fee policy that also protects the leader financially can help the leader deal therapeutically and nonmasochistically with the powerful emotions that this subject unleashes. The leader can expect to be the object of the group's angry accusations of greed, favoritism, sadism, and malice, secrecy, corruption, and imperfection. To deal therapeutically with this barrage, the leader should be conversant with three concepts: developmental experiences with money, implicit assumptions in the contract with regard to payment, and counteridentification. In the illustrative examples offered, the author aims for a therapeutic posture that welcomes into the room the strong feelings that get connected to financial transactions. In many instances, analysis reveals that these feelings have fundamentally little to do with money per se.

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# BOOK REVIEWS

*Edited by*
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*Book Review Editor's Note:*

*To mark the 50th anniversary of AGPA, we have decided to "revisit" some of the classics in our field. We have asked four distinguished members of the Association to reread seminal books about group therapy and to comment on how well these volumes have held up and whether the ideas they convey continue to be compelling and important for the modern-day practitioner. One such review will appear in each of the four issues of this golden anniversary year, beginning with the review that appears below. I hope you find this an interesting feature of the book review section this year.*

*Harold S. Bernard, Ph.D.*
*Book Review Editor*