New Therapist

Indispensable survival guide for the thinking psychotherapist

November/December 2008

The Recession Edition

Unlikely statistics on debt, excess, narcissism and anti-depressants

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New Therapist (ISSN 1605-4458) is a professional resource published by New Therapist Trust every second month and distributed to psychotherapists around the world.

CONTRIBUTIONS
Submissions for inclusion in New Therapist are welcomed. New Therapist reserves the right to edit or exclude any submission. Names and identifying information of all individuals mentioned in case material have been changed to protect their identities. The views expressed herein do not necessarily represent those of New Therapist, its publishers or distributors.

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A publication of New Therapist Trust.

Response to antidepressants differ among various ethnic groups

Spanish-speaking Hispanics take longer to respond to antidepressant medication and have a lower likelihood of going into remission than English-speaking Hispanics, according to researches at the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Centre. The research findings were published in the Psychiatric Services journal in November 2008.

Authors of the study analysed data from a nation-wide study of depression. They found that Spanish speaking participants were older, more likely to be women, had less education, lower income and more likely to have medical and mental conditions than English speaking Hispanics.

The researchers found that once they had adjusted for these differences in their socioeconomic status, other groups responded similarly to antidepressant medication.

Lead author of the study, Ira Lesser says, " These results are important for clinicians and patients to be aware that Spanish-speaking Hispanics with depression who come from lower social economic groups may need more than medication for depression."

Depression is America's most prevalent psychiatric disorder, with approximately 16% Americans suffering from it at some point in their lives. Lesser comments, "Hispanics are the nation's largest ethnic minority and its fastest-growing population group. As clinicians ourselves, we always are seeking information on the best treatments for our patients, taking into account the differences among them."

Adolescent meth abuse

Adolescents who abuse alcohol or are sexually active are more likely to take methamphetamines (MA), also known as meths or speed, according to researchers at the University of Alberta in Canada. Findings from the study were published in the *BioMed Central Paediatrics* journal in October 2008.

Methamphetamines are stimulants, which are commonly smoked, snorted or injected. They typically induce sensations of euphoria, lowered inhibitions, feelings of invincibility, increased wakefulness, heightened sexual experiences and hyperactivity. Individuals taking the drug often experience increased levels of energy for extended periods of time.

Authors of the study note that the drug is produced simply, cost-effectively and fast. They add that the ingredients used to make the drug are readily available and the recipes can be found on the internet. Collectively these factors present a serious problem.

In order to assess the various risks of the drugs, the researchers performed an analysis of twelve various medical studies. They identified some key drivers escalating the use of MA among high-risk and low-risk adolescence. The researchers define high-risk children as those who have experimented with drugs or gone to juvenile detention centres and low-risk as those who have not taken drugs.

Among the high-risk group, the researcher found that growing up in an unstable environment, such as being exposed to a family history of crime, alcohol and drug use, having history of receiving treatment for psychiatric conditions and being female significantly increased an adolescence likelihood of taking MA.

While the risk factors associated with the low-risk group emerged as having a history of engaging in behaviours such as alcohol consumption, smoking, sexual activity and homosexual experimentation.

Ritalin is the new "study drug"

Performance-enhancing drugs such as Ritalin are becoming increasingly popular in the academic world, according to researchers at the United States University. The research findings were published in the *Pharmacotherapy* journal in October 2008.

Authors of the study note that an increasing number of students are taking these drugs to maintain a competitive advantage over their peers. They explain that these drugs typically stimulate the brain, increasing alertness and concentration. However, some students admit to taking these drugs for recreational purposes.

Their study, which comprised 1,253 university students, showed that 18% of first year students had used non-prescribed stimulants to help with their studies.

These drugs are easily accessible over the internet and can be purchased at affordable prices. Although the risks of being caught with these drugs are high, they do not seem to prevent students from using them. Among others, performance-enhancing drugs such as Ritalin, are not available over the counter and illegal possession which could lead to a five-year prison sentence and dealing them can result in up to a fourteen-year sentence.

The researchers highlight that there are various hidden and potentially dangerous health hazards associated with taking the drugs. Possible side effects include a loss of appetite, headaches, insomnia, irritability, nausea and blurred vision. However they warn that the long-term effects are largely unknown They explain that when these drugs are prescribed, a doctor usually runs numerous tests to assess the patients susceptibility to the side effects. Authors of the study note that these drugs can be particularly dangerous if the user has an underlying cardiac disorder.

The researchers conclude that these drugs were designed for people who have difficulties studying. When students take these drugs as a performance enhancer they have an unfair advantage over their fellow students.

Ne

Financial crisis takes greater toll on women

Women may be reacting more adversely to the financial crisis than men, according to researchers at the Society for Women's Health Research (SWHR). Findings from the study were reported in *Psycport* online in October 2008.

The researchers analysed findings from a recent survey done by the American Psychological Association (APA). The findings showed that 75% of men reported anxiety over the current economic situation, compared to 84% of women.

The survey not only shows that women are expressing a higher degree of fear about the current financial situation than men, but women also report experiencing a comparably higher frequency of physical and psychological symptoms, including sleep disturbances, headaches, mood swings and changes in appetite.

Stephanie Smith, the public coordinator for the APA, says, "Women are sometimes more aware of the stress they are feeling. They are often more willing to talk about it and admit to the struggles they are having."

Smith notes that most women tend to be the primary caretakers for their families, she says, "Women have many roles to play in life. They are often the primary caregivers for children and the older generations (aging parents), as well as workers in industry," Smith said. This, in turn, may add to the burden during economically challenging times.

Smith highlights than many women also take on traditional household responsibilities.

The researchers highlight that stress is likely to manifest in various ways according to different individuals. They advise that becoming accustomed to personal warning signs may be the key to maintaining optimal health during stressful times.

Authors of the study encourage individuals to make use of adaptive coping strategies during times of economic turmoil.

Anger rises as economy crashes

Americans express anger toward the recent state of economic affairs, according to researchers at the University of Oregon. The research findings appeared in *Psycport* online in October 2008.

Authors of the study conducted a national survey across America, comprising 802 respondents. They found that 41% of the respondents reported being very angry, while 32% were moderately angry. They also indicated being similarly fearful, worried and sad.

Respondents' demonstrated a low degree of trust in the government and business leaders. They agreed that the financial crisis poses a greater threat to the quality of their lives than does the threat of terrorism.

The researchers advise that the psychological impact of the recent state of economic affairs should not be underestimated. Over half of the participants reported little or no sense of control or influence over the impact the economic turmoil has on their lives.

The researchers found that most participants indicated bleak future outlooks. The vast majority of respondents showed no inclination toward future planning and investments. Their primary concern was the prevailing economic crisis.

Authors of the study note that the current financial challenges present a unique opportunity to observe public risk perceptions and risk-related behaviours in the midst of an on-going economic crisis that appears to threaten the quality of life of a wide spectrum of citizens.

WS

Economic crisis triggers depression

The financial crisis may give rise to or exacerbate mental health disorders such as depression, according to medical health experts at the Psychiatric Medical Group in Modesto, California. The study appears online in *Psycport* in October 2008.

Tough economic times are not only leading to a rise in anger, anxiety and insomnia levels, but may be elevating personal crises and episodes of depression. The authors of the study suggest that the financial crisis is most likely to give rise to "exogenous" forms of depression (those related to external factors and the ability to deal with stress). The researchers suspect that the greatest challenge for individuals may be facing feelings of helplessness and limited control.

The Medical experts warn that people should monitor themselves for symptoms of depression. These may include a sense of hopelessness, intense sadness, sleeplessness, an inability to experience pleasure, suicidal thoughts and isolation from others.

They advise that in the event of experiencing symptoms typical of depression, individuals should seek out the support of friends and family and people of faith are encouraged to seek refuge in their religion. However, they warn that should these symptoms persist, individuals should seek the immediate help of mental health professionals.

Unhealthy coping methods in uncertain times

As stress and anxiety continue to rise during tough economic times, people seem to be adopting increasingly poor diets and lifestyle habits, according to researchers at the Vanderbilt University Medical Centre. These findings were published online in *Psycport* in October 2008.

The study analysed findings from an annual survey comprising 7,000 Americans, which was conducted by the American Psychological Association (APA). They found that over 80% of Americans were stressed and their anxiety levels had risen by 14%. They also found that 48% of the research participants had overeaten or consumed fatty and unhealthy food as a means of coping with stress.

Authors of the study highlight that stress at work can lead to heart disease both directly through the activation of neuroendocrine stress pathways and indirectly through health behaviours. Lead author of the study, Keith Churchwell says, "It's almost always multifactorial. It's not just the stress, but also how people adapt to stress."

The researchers warn that prolonged stress can cause increasing physical demands on the body, constriction of the coronary blood vessels and heightened electrical instability in the heart. They add that emotional stress can lead to decreased heart rate variability and elevated blood pressure, which strains the heart and puts greater stress on the whole cardiovascular system.

Churchwell offers the following practical guidelines for coping with stress.

If you have a positive routine in terms of stress relief, such as exercise, stick to it.

If you have to work 12-14 hours a day, take the time to eat healthily. Avoid unhealthy fast foods.

Continue to take your medication as prescribed.

Don't resort to smoking and drinking alcohol as "stress relievers."

If you experience chest pain, seek the care of a health care professional.

Rese

Gaining control through unhealthy beliefs

Superstition, rituals and conspiracy theories are used by some, as a means of gaining control over ungovernable situations according to researchers at the Northwestern University in Illinois and the University of Texas in Austin. The research findings were published in the journal *Science* in October 2008.

One of the authors of the study, Adam Galinsky says, "The less control people have over their lives, the more likely they are to try and regain control through mental gymnastics." In their study, the authors found that participants who lacked a sense of control were more likely to see images that did not exist, perceive conspiracies, and develop superstitions. One of the researchers, Jennifer Whitson explains, "Feelings of control are so important to people that a lack of control is inherently threatening. While some misperceptions can be bad or lead one astray, they're extremely common and most likely satisfy a deep and enduring psychological need." She describes this psychological need as the desire to minimize uncertainty and to predict beneficial courses of action.

The researchers initiated their study by placing respondents into situations in which they had little or no control. They then proceeded to conduct a series of six experiments. In the first experiment, the participants were asked to identify images in a range of snowy pictures. Half of the pictures were grainy objects with random dots, while the other half contained images such as chairs, boats or planets.

The researchers found that the participants who were not subjected to the "uncontrollable" situation, correctly identified 95% of the hidden images. While those who had been subjected to the situation in which they had no control claimed to have seen images in 43% of the pictures that were merely random scatterings of dots.

Whitson says, "People see false patterns in all types of data, imagining trends in stock markets, seeing faces in static, and detecting conspiracies between acquaintances. This suggests that lacking control leads to a visceral need for order – even imaginary order."

In an attempt to gain a greater understanding of why some may hold superstitious beliefs the researchers performed another experiment, whereby participants were asked to write about a situation they had experienced in the past. Half of the participants were instructed to recall situations in which they experienced a lack of control in their own lives such as car accidents or illness of a family member or friend. While others were told to recall a situation in which they did have control. They then instructed the entire group of participants to read short stories of people performing certain rituals before achieving success, for an example stomping their feet a certain number of times before entering a room.

The group of participants who had initially written about a situation that they had no control over, expressed greater belief in a superstitious connection to the story's outcome, and were more fearful of what would happen if the rituals weren't properly repeated in the future.

In a follow-up experiment, the researchers asked the participants to reflect on personal values that were important to them, and then reflect on the situation in which they felt helpless. The researchers found that by directing the participants to focus on important values helped them regain a sense of control. They found that when these participants focused on their own positive values their perceptions were normalized.

Decreasing anxiety in stressful situations

Behavioural conditioning may reduce anxiety in stressful situations, according to researchers at the Howard Hughes Medical Institute (HHMI). The research findings were published in the journal *Neuron* in October 2008.

Finding from the study provide insight into brain changes that allow safe and secure feelings in situations that would ordinarily provoke anxiety.

Authors of the study conducted experiments where they conditioned mice to feel safe during stressful situations. They found that the conditioned mice developed an inhibition of fear. The researchers termed this inhibition, "learned safety". They likened these behavioural changes in the mice to the manner in which antidepressant medications reduce anxiety. They note that the conditioning that they use on mice would be similar to methods behavioural interventions used in psychotherapy.

The authors explain that the two types of fear, instinctive and learned, have deep evolutionary roots and are essential for survival. However, for some, pathological forms of learned fear can lead to debilitating anxiety disorders, post-traumatic stress syndrome, or depression. On the other hand, learned safety has the potential of reducing chronic stress and therefore lessen a person's vulnerability of developing depression or other psychopathologies.

One of the senior authors of the study, Eric R. Kandel says, "The ability to identify, develop, and exploit conditions of safety and security is central to survival and mental health, but little is known of the neurobiology of these processes."

In their experiments, the researchers trained mice to associate safety or fear with specific auditory tones. For fear

arch

conditioning, the auditory tone was paired with a mild shock to the mouse's foot. For safety conditioning, the auditory tone was not followed by a shock. The researchers found that the safety-conditioned mice learned to associate the tone with the absence of danger and therefore showed less anxiety when the safety tone was sounded.

They then initiated an experiment, which would provoke anxiety in the safety-conditioned mice. This involved placing these mice in a pool of water for a swim test. The researchers note that in this situation where mice had no option but to escape, they began to show signs of behavioural despair. They found that in this situation the mice trained for safety could overcome their sense of hopelessness.

The researchers note that the study has given them several interesting insights, which may aid the development of new treatment options for anxiety.

Physical warmth associated with psychological warmth

Experiencing physical warmth may promote a higher degree of trust, according to researchers at the University of Colorado in Boulder. Findings from the study were published in the journal *Science* in October 2008.

The research findings showed that touching something warm can make a person feel and act more warmly toward others. Authors of the study believe that physical warmth may subconsciously prime people to regard other people in a more positive light.

In the study, the researchers set up a scenario whereby 41 college students were individually escorted to a laboratory with the impression that they were going to perform a personality test. While being escorted each student was casually asked to hold a cup of—either iced or hot coffee.

The researchers then described a fictitious person to each of the students. They found that the participants who had held the hot cup of coffee were more inclined to see the fictitious person as industrious, cautious and determined. These traits are all typically associated with a warm personality.

The researchers then repeated the experiment, on 53 different students using a hot pad or alternatively an ice pack instead of coffee. After completing the "personality test", the participants were then offered a complementary gift, which they could either keep for themselves or give to a friend. The researchers found that those who had held the hot pad were more likely to choose the gift for a friend, compared to those who held the ice pack who preferred to keep the gift.

Lead author of the study, Dr. Lawrence Williams, suggests that very subtle cues from the environment can significantly influence peoples behaviour and feelings of trust and empathy associated with social warmth.

Effectiveness of long-term psychotherapy for complex mental disorders

Long-term psychodynamic psychotherapy (LTPP), lasting more than a year, is more effective than shorter-term psychotherapy (STP) for patients with complex mental disorders, according to researchers at the University of Giessen in Germany. Results from the study were published in the *Journal of the American Medical Association* in October 2008.

The authors note that, although short-term psychotherapy is effective for patients experiencing acute distress, it is often not sufficient for treating patients with multiple or chronic mental disorders or personality disorders.

However, the researchers admit that the role of LTPP is controversial. Some might argue that the high costs of long-term therapy may outweigh the advantage it has over short-term therapy.

The research participants comprised 1053 patients who where receiving LTPP for conditions that included eating disorders, borderline personality disorders and depressive and anxiety disorders and an additional 275 patients receiving short-term psychotherapy.

Authors of the study observed significantly greater improvement among individuals receiving LTPP as opposed to those receiving STP. The benefits of LTPP included improved psychiatric symptoms and personality and social functioning.

Richard M. Glass, a researcher at the University of Chicago in Illinois, comments that the findings from the study are both is "ironic and disturbing" in that the evidence supporting LTPP is occurring during a time when provision of psychotherapy by psychiatrists is significantly declining in the United States of America. He believes that these trends may, in part, be attributed to financial incentives and other pressures to minimize the cost of psychotherapy.

A meta-analysis of randomized controlled trials showed that LTPP was associated with significantly better outcomes than were shorter forms of psychotherapy in terms of overall effectiveness, target problems, and personality functioning. These benefits were evident among most patients and particularly those with complex mental disorders. These effects were independent of age, sex, patient subgroups, therapist experience, or use of treatment manuals.

Narcissists are natural leaders

Narcissists tend to naturally step into a position of authority among groups with no leader, according to the researchers at Ohio State University at Newark. The research findings were published in the Personality and *Social Psychology Bulletin* journal in October 2008.

Narcissistic individuals are typically self-centred, have a tendency to exaggerate their talents and abilities and lack empathy towards others.

Lead author of the study, Amy Brunell says, "It's not surprising that narcissists become leaders. They like power, they are egotistical, and they are usually charming and extraverted. But the problem is, they don't necessarily make better leaders."

The study comprised 432 university students. The participants were instructed to complete an assessment in which various personality traits, including narcissism, were measured. The students were placed into groups in which they needed to elect a leader. The participants who demonstrated more narcissistic traits then others were more likely to elect themselves as group leaders. The other group members, in turn, were more inclined to elect these individuals as leaders.

In a following study, the researchers went further to measure the quality of leadership among the narcissistic individuals. The results showed although narcissists were more likely to become leaders, they did not perform any better than other group members in leadership roles.

The researchers then conducted a final study in which business managers were observed by professors in industrial/organisational psychology. The results showed that the managers who were rated the highest in narcissism were also most likely to be identified as emerging leaders by the expert observers. Brunell comments, "Even trained observers saw narcissistic people as the natural leaders," she adds, "This study shows that narcissism plays a role in leadership among real-world managers."

Depression diagnosis influenced by physicians' personality

A physician's personality can influence how accurately they diagnose depression, according to researchers at the University of Rochester in New York. Findings from the study were published in the *Journal of General Internal Medicine* in September 2008.

The researchers found that a doctor's inquiry about a patient's mood depends on their own individual traits. They suggest that some doctors might be inclined to avoid sensitive subjects such as suicide or depression.

The study comprised 6 female participants, who were trained to portray symptoms of major depression and adjustment disorders with depressed moods. These trained individuals visited 46 physicians on multiple occasions. These visits were recorded using audiotapes, which the researchers later analysed.

The physicians were characterized according to three dimensions namely: dutifulness, vulnerability and openness to feelings.

Authors of the study report, "Doctors high in dutifulness are more likely to document a depression diagnosis but ask fewer questions about depression. They are no more (or less) likely to ask about suicide than their less dutiful peers."

They add, "Concern with time-economy could explain why, despite their apparent level of vigilance, they ask fewer questions about depression and are not more likely to inquire about suicide, arguably the most important symptom of depression. Perhaps they believe that asking about suicide will extend the office visit."

They also note that there is a higher likelihood of diagnosing depressions for physicians who demonstrate high vulnerability.

Lead author of the study, Paul R. Duberstein advises that physicians should consider the possibility that their personal traits might have implications for their approach to the assessment of depression and perhaps other mental health concerns. He goes on to suggest that physicians who are reluctant to inquire about sensitive issues should consider using a screening questionnaire.

The researchers highlight that treatment for depression is often sought from a primary care physicians. They note that this may be challenging for physicians in that they have a limited time period to collect information and these inquiries may challenge physicians both intellectually and emotionally.

The authors say, "It is not surprising, therefore, that depression is frequently not diagnosed and physicians often do not inquire about suicidal thoughts," the article's authors state.

Veterans report sexual abuse

One in seven Afghanistan or Iraqi female veterans who visit veterans medical care centres report being sexually assaulted or abused during military duty, according to researchers at the National Centre for Post-Traumatic Stress Disorder in the Veteran Affairs Palo Alto health care system in California. These Findings are to be reported in the *American Public Health Association* meeting in San Diego in November 2008.

The study consisted of 125,000 veterans who received VA medical care between Octobers 2001 to October 2007.

The research findings also showed that one in a hundred men reported sexual assault or harassment. The researchers then analysed the mental health of these individuals. They found that women who reported military-related sexual traumas had a 59% higher likelihood of developing mental health problems, while sexually abused men had a 40% higher risk.

Although military women have been given the option of treatment after sexual assaults without having to reveal their identity or that of their assailant to supervisors, previous studies have shown that more than half of sexually abused victims do not report the incidents.

Authors of the study say that many of the individuals who are abused are afraid of reporting abuse. They suggest that this may be owing to the fact that their abuser may be at a higher level than them or in the same military unit. Some women report a fear that disclosing abuse may result in being ostracized.

The Money Taboo In Psychotherapy and Everyday Life

By Richard Trachtman

INTRODUCTION

Through the last century, and continuing into this one, the practice of psychotherapy has been hindered by the effects of a taboo against open discussion of money matters. The idea of money as a taboo affecting psychotherapists was introduced in 1986 in a book called The Last Taboo; Money as Symbol and Reality in Psychotherapy and Psychoanalysis[1] and, in 1999, the negative impact of this taboo on the psychotherapy profession was described by Trachtman (the author if this article) in an article called The Money Taboo: Its Effects in Everyday Life and in the Practice of Psychotherapy.[2] As stated in the article's abstract, "A cultural taboo regarding discussion of money affects psychotherapists as well as the lay public. As a result, the psychological literature regarding money is sparse while issues relating to money are seldom addressed in our training, our self analyses or the treatment of our patients." * That article briefly reviewed the literature, discussed the reasons for and effects of the money taboo, provided a psychological definition of money and offered some case material intended to focus thinking about money through the lens of psychodynamic, object relations and self psychological theories.

Some things have changed in recent years. The money taboo still exists, but some shift in our culture has been noted, including a growing interest within the fields of psychotherapy and psychoanalysis in the topic of money. Just within this year this author has been invited to run a workshop on Money, Identity and Personality for the New York State Society of Clinical Social Work[3] and to present his work at the New York Psychoanalytic Society,[4] while two recent books intended to aid therapists and other professional in addressing money matters have been published. [5,6] The publication of this issue of New Therapist Magazine is further evidence of growing interest among psychotherapists in the topic of money and the increase in focus on this topic in the literature and the training of professionals.

This article will be both a reprise of the author's earlier one about the Money Taboo and a furtherance of his ideas about that subject and about the use of money as a lens in addressing important reality and psychologically based issues in the lives of our clients. Part I will, with minor modifications, repeat much of what was written in the original article, while Part II will provide some additional thoughts and new case material. This reprise will not include the original case material. And, while the author's theoretical orientation will be evident at various points, unlike the original article this one will not specifically be formulated in terms of psychodynamic, object relations and self psychological theories. This is not because the author does not think they are relevant, but because he believes the main point is that we all, regardless of theoretical orientation, need to be attuned to this "central motivation for many in our society,"[7] Any clinician who is so attuned and is comfortable talking about the meaning of money in clients' lives and in the therapeutic transaction should be able to employ his or her theoretical understanding and treatment approach to enhance these discussions.

* The reader will note a change from the use of the term "patient" in the original article's material to "client" in the new material. This is because the author's work increasingly involves service to individuals which does not include treatment of a diagnosable mental illness, but rather counseling, coaching or consultation.

PART I

A Reprise of "The Money Taboo: Its Effects in Everyday Life and in the Practice of Psychotherapy" †

The introduction to this article states that "money is powerful, alluring, seductive." 'A central motivation for many in our society,'[8] it is a screen onto which almost any psychological issue can be projected and a magnet which attracts all sorts of emotional concerns. There can be no question about the importance of money in the lives of our patients. It can cement relationships or undermine them. As 'one of the richest fields in which to sow seeds of marital strife,'[9] conflict over it is the primary cause for divorce. Individuals' concerns about it can result in a wide array of problems including anxiety, depression, paranoia, impotence, impulse spending, gambling, social isolation, suicide, and murder. To address some of these problems there are [two][12] step programs: Gamblers Anonymous, Debtors Anonymous… "Yet, due to an emotional taboo in our society which makes Americans, including psychotherapists, 'seclusive, embarrassed or conflicted about the discussion of money,'[10] it is, perhaps the most ignored subject in the practice, literature and training of psychotherapy. In this field money issues are addressed somewhat frequently only when it comes to setting and managing fees, an area that has strong practical as well as emotional consequences for therapists. [11,12,13,14] Even here though, 'avoidance has been apparent'[15] and, 'there is a striking paucity of discussion about the meaning of money in the transference-countertransference aspects of the [treatment] situation.' [16] Other considerations of money, having to do with its symbolic meanings and how it affects the thinking, emotions and adaptation of patients, are less well addressed in our literature."

Brief Review of Literature

What meanings have psychoanalysts attached to money? "Freud identified money with faeces and made a connection of money to anal eroticism.[17] He also wrote of the unconscious, symbolic connection of money, through transformation of the instincts, with penises, babies and gifts.[18] … According to Turkel[19] Fenichel enlarged on Freud's linkage of money with faeces 'by declaring that money can symbolize anything one can give or take: milk, breast, baby, sperm, penis, protection, gift, power, anger, degradation. He viewed money as a source of narcissistic supply originating in an instinctual need for food and for omnipotence.' " In the same article Turkel espoused her own more recent view that money in our culture is 'also a symbol of worth, competence, freedom, prestige, masculinity, control, and security, all of which can become areas of conflict.'

"The connection of money with psychopathology was established by Freud, who linked it with anal character traits and obsessional neurosis in the Rat Man case.[20] Fenichel[21] pointed out that depression is often associated with compulsion neurosis and that very often fear of loss of money and of poverty play a role in the clinical picture of depression. More recently, Krueger [22] covered a variety of topics related to the psychological meanings of money and their effects, including development models and identification involving money, addiction to money acquisition, and fears related to money, such as fear of autonomy, fear of wealth and fear of risk."

† Note: In Part I, large sections of the original article will be repeated without change. These will appear with the usual double quotation marks. Where quotations were found in this original material they will appear in single quotation marks. No additional citations for this original article will appear.

Why Is There A Money Taboo?

Freud's[23] identification of the equation faeces =money and its connection to anal eroticism suggests a possible reason for the existence of the Money Taboo. Money is connected to the anal phase of development which is, in turn, associated with the emotion of shame. Shame may be a powerful motive for reticence in money matters. "A preoccupation with 'filthy lucre' is experienced as unseemly. Similarly, identification of money with other issues that may become conflicted, such as power, sex, love or narcissism, may also result in inhibition of thinking or communicating about money." Sociological reasons for a money taboo also exist, one of which seems worth repeating here: " 'In a society that claims to be a classless meritocracy on the one hand and a capitalist paradise on the other, there is no acceptable level of wealth. We have to pretend to be equal even as we know ourselves to have vastly different opportunities depending on our income. This contradiction necessitates that we speak of money euphemistically or keep quiet.' [24] …

"The importance of sociological explanations for a money taboo gain strength from the observations that this taboo does not exist, or is much weaker, in some other parts of the world. As part of my research into the psychological and social meanings of money, I have often asked individuals from other cultures about the money taboo. While some confirm the existence of such a taboo in their countries, three of these individuals, physicians from Norway, and Israel and a student from Switzerland, report that it is not considered particularly impolite to inquire about another person's income in these countries.

"In workshops on Money and Relationships, as well as in informal research interviews, I often question people about the reasons for the money taboo. They give a variety of explanations for their reticence regarding money. For example, one person suggested that to ask or tell others about their money would be a social distancer. Another, who was wealthy, said that she had grown up poor and, when she thought of how much money she now had, she felt survivor's guilt. She also remembered her mother referring approvingly to wealthy neighbours who did not show off their wealth, by saying 'You would never know they had money.' "

In O'Neil book, The Paradox of Success,[25] John Levy, an expert on inherited wealth, is quoted on additional reasons the wealthy are reluctant to talk about money. "They are: '… good taste ("It's just not done."), fear of manipulation by others, ("It will give them power over me."), concern for their children's welfare ("If they know how much we've got, they will never make anything of themselves."), embarrassment or shame ("I don't deserve to be so much better off than most people.") and fear of being judged on this basis ("All they can see is my money)."

"The very nature of money can make it a source of anxiety and add to the taboo on thinking or talking about it. According to the dictionary, [26] money is 'something generally accepted as a medium of exchange.' But it's also defined as 'a measure of value' and as 'of account.' This becomes a problem to the extent that people value each other and themselves in terms of money, as persons of account or, as of no account based on income or net monetary worth. Our value as individuals can't be measured by money but it is undeniable that this is exactly what many people try to do. Rich or poor, people don't like to be pigeon-holed based on the amount of money they possess and they may experience some shame when they do it to others."

The Consequences of the Money Taboo

"As sated previously, there is a taboo regarding the subject of money in our society, to which psychotherapists are not immune. We Americans may complain about taxes, discuss the prospects of Social Security and brag about the great bargains we found or the killings we made in the stock market, but we seldom discuss our incomes, our indebtedness or, more generally, how we feel and think about money and how we relate to others because of it. As therapists, many of us tend

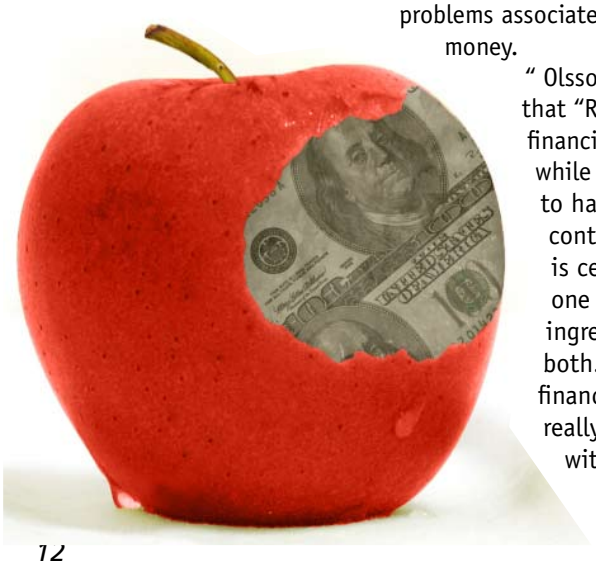
"The Money taboo is a serious problem because, though we do not talk freely about money, it is of major concern to almost everybody. This taboo keeps people from finding money's proper place in their lives."

to avoid exploring, for ourselves or with our patients, either the psychological meaning of money or the reality-based importance of our relationships to it.

"In this author's experience, patients will rarely bring up money issues unless the therapist is willing to focus attention on them him or herself. … It is the rare couple that marries these days without having at least some sexual knowledge of each other. It is quite common, on the other hand, for couples to marry without knowing anything about each other's assets or debts or discussing assumptions about who will earn the money, how it will be spent, for what, or how these decisions will be made. Because fights over money are so often the presenting problem, marital therapists may be forced to address money issues with patients in more depth than may occur in individual or group therapy. But even in marital therapy, it is by no means certain that the couple's irrational, pre-conscious or unconscious ideas about money will be explored. …

"The Money taboo is a serious problem because, though we do not talk freely about money, it is of major concern to almost everybody in America. This taboo keeps people from finding money's proper place in their lives. It keeps them from balancing their financial needs with other needs; such as love, family, self expression, self esteem, meaningful work and physical or emotional health. If people can recognize and overcome their irrational or destructive money-related beliefs and behaviours, money can become a valuable, life-enhancing force for them—a tool with which they can shape their lives rather than a cage in which they are confined. But, the taboo often turns money into a destructive force. Consider a few consequences of this taboo.

"Despite common wisdom to the effect that money can't buy happiness it is certain that many people believe that enough money could make them happier than they are. Many people squander huge amounts of time and energy, thinking about and trying to acquire money because of this belief. Even when they are reasonably well off, people often make increasing acquisition and control of money a higher priority than either self actualization or cultivation of relationships—leading to many of the personal and interpersonal problems associated with money.



" Olsson [27] writes that "Relative financial success, while not equal to happiness or contentment, is certainly one important ingredient in both." [but] Does financial success really correlate with happiness? According to one report [28] there is no clear correlation between living in a rich country and how happy people in that country seem to be, except that in very poor countries income does seem to predict well being. 'But for those who can afford life's necessities, further wealth matters surprisingly little. In the United States and Europe, the correlation between income and happiness is weak. Even the very rich—those surveyed among the Forbs' 100 wealthiest Americans—are only slightly happier than average. Wealth, it seems is like physical health. Although its complete absence can bring misery, possessing it is no guarantee of happiness.' Nonetheless, people believe money can make a difference. The same report suggests that: 'Although few of us believe that money can literally buy happiness, many suppose that a little more money would make them a little happier. Moreover, the American dream seems increasingly to have become life, liberty and the purchase of happiness. In 1996 'being very well off financially' led a list of nineteen goals among students entering college. It exceeded even 'raising a family' and 'helping others in difficulty.' Three quarters of those polled said that wealth was 'essential' or 'very important'—nearly double the proportion who said that in 1970.' The question we must ask our patients is, 'essential or very important for what?' What is it that they believe wealth will do for them? What is their fantasy? And, is it reality based or illusory?

"Lack of communication about money can foster social divisions and illusions about others. Ironically, it is often the rich who suffer most as a result of the money taboo. Most of us have idealized fantasies about being rich and, because of these fantasies, may envy those who are wealthy. These fantasies are supported by the resistance on the part of the rich to discussing the realities of their lives and the reluctance of others to ask. Many believe that the rich are contemptuous of those with less money, which is sometimes true. But, if the wealthy are capable of contempt for those with less, the reverse is true as well. Writing about success (and having a lot of money is a common view of success) O'Neil , a management consultant who deals with many very wealthy people, writes the following 'Envy and resentment cause most people to behave as if the highly successful have somehow been vaccinated against ordinary human suffering.'[29] The rich can be dismissed by others who assume that wealth insulates them from all sorts of problems. Even if they realize this is not so, envy may cause them to withhold an empathic, compassionate response to those with more money.

"Wealth has its psychological hazards. O'Neil (personal communication) believes that, like others, the rich have emotional problems, but they find it harder to get help because having a fat wallet stimulates narcissism. They tend to view their therapists as hired help and treat them as such. If a wealthy person does not like the way a therapist is working to clean up his psyche, he is likely to fire that therapist as he would fire a poor housekeeper. Olsson [30] adds that

'Unprocessed countertransference and therapists' envy and subtle condescension can add to the isolation of the wealthy mentally ill' who are likely to suffer from a variety of problems. These include: sociopathy; maternal deprivation resulting from the narcissistic character disorders of beautiful, vain mothers who have married rich men; paternal deprivation by wealthy fathers who often 'pursue gold as an immortality symbol rather than the generativity issues with their own offspring' impaired identity and autonomy formation characteristic of a minority group including suspiciousness of outsiders, loneliness, and isolation and; weakened family structures characterized by multiple marriages and extramarital affairs.

"To the extent that the money taboo undermines psychotherapists' ability to understand their own money issues and to explore the issues that affect their patients, it has a negative effect on their therapeutic effectiveness. It is helpful if people are able to communicate thoughts and feelings about money to psychotherapists, especially when those thoughts and feelings are causing problems in adaptation. When they do, or if it is difficult for them to do so, it helps if psychotherapists can encourage exploration of this area. This may alert patients to the possibility that their money related attitudes and behaviours are negatively affecting their lives. But too many of us are as inhibited as our patients in thinking about or discussing money issues, which may be one reason why many of them can tell us all about their sex lives but won't even tell us how much they make. When we can't address our own money issues, we also can't control our own countertransference reactions to our patients' money or their money related attitudes and behaviours. Until we first understand and overcome the money taboo in our personal and professional lives, we therapists can not effectively help our patients with money related issues. It is a problem in our profession that money issues are so infrequently addressed in our training or our personal analyses."

A Psychological Definition Of Money

"When we can't talk or think about the source of our money related problems it is hard to overcome them. This becomes even harder to the extent that we are discussing money as an internal, psychological phenomenon rather than as a purely external one. According to Needleman [31] '... money is an invention, a mental devise, very necessary, very ingenious, but, in the end, a product of the mind.' Yet we don't even have a good psychological definition of money to assist us in our understanding of it. In order to help us think more clearly about money as a psychological phenomenon, a new and different definition of it is offered here. It is based on the fact that we all, to some extent, depend on others' attitudes and behaviours toward us while, at the same time, how we think of and care for ourselves are essential ingredients of psychological well-being. It is also based on the fact that all of us have irrational, magical ideas about what money can do for- or-to us and others. What causes us to be so concerned about money is largely our beliefs about what will be the attitudes and behaviours of others toward us, as well as how we believe we will treat ourselves, depending upon whether or not we have enough of it. The definition is based on the idea of projection of these beliefs onto money. It is as follows:

"Money, psychologically speaking, is our projection onto coins, bills, bank accounts and other financial instruments of our beliefs, hopes and fears about how those things will affect who we are, what will happen to us and how we will be treated by others or by ourselves"

Money, psychologically speaking, is our projection onto coins, bills, bank accounts and other financial instruments of our beliefs, hopes and fears about how those things will affect who we are, what will happen to us and how we will be treated by others or by ourselves based on six possible conditions. We think of these conditions as follows:

1) I do have enough money,
2) I don't have enough money,
3) I have too much money,
4) S/he does have enough money,
5) S/he doesn't have enough money and,
6) S/he has too much money.

"A few examples will demonstrate the utility of this definition. 'Enough' usually has a positive connotation as in the phrase 'I have enough money to be comfortable.' But it could have a negative implication as well, as in 'He has just enough money to make him think he can lord it over me.' The psychological implications of the idea of 'not enough money' can be many. It may mean that 'I will not be loved because I don't have enough money' or that 'I don't have enough money to cause jealousy or attract the attention of thieves.' It could mean, as one of my patients feared, that 'I will end up living on the street and starve' or, as was the case with another patient, that 'Because I don't have enough money, I can't buy drugs, won't get addicted and so will be okay.' With regard to the idea of 'too much' consider these thoughts: 'Because I have too much money nobody will ever love me just for myself.' ; 'I'd better not let my wife go to work because, if she has too much money, I will no longer be able to control her and she will leave me.' and 'I can do whatever I want and don't have to worry about what others think, because I have too much money (and power) for anybody to mess with me.' Clearly, thoughts about the sufficiency of money have important personal and interpersonal meanings and it is these meanings that the psychological definition of money, offered here, highlights.

"An important money-related question which this definition raises but does not clarify is, 'What is enough, or too much, or not enough?' The whole issue of perception of need and recognition of limits in regard to money should be of great interest to therapists. If the above definition does not answer the question, it at least helps to clarify the issue by indicating the six conditions in reference to which the question of enough may be raised. The question of what is enough must be answered in the context of another question, 'Enough for what?' Answering this question requires clarity regarding our motives, values, aspirations and the like; certainly an area where psychotherapy can be helpful.

Discussion

The discussion in the original Money Taboo Article was as follows.

"It is a goal of psychotherapy to enhance the well-being of individuals and families, and their capacity to meet their own needs with both insight into their own motives and values and with a realistic understanding of the factors affecting their lives. We are hindered in addressing [these issues] when the money taboo inhibits our patients from bringing up money related issues and hinders us from pursuing such issues with them. When we can't even talk or think clearly about our own money related issues we are hindered from understanding our resistance and countertransference.

"There are many aspects of our relationship to money, only some of which have been touched on in this article, which bear attention in treatment, as well as in research and training. They include anxiety and depression, narcissism, object relatedness, fantasy and reality orientation, personality types, ego mastery, addictive behaviour, risk tolerance in regard to investing, interpersonal relations and response to trauma. Reality issues, which have been written about elsewhere, such as fee setting and collection, the effects of insurance and managed care on engagement of patients and on treatment outcomes, and the impact of poverty on adjustment should be rethought in terms of the intrapsychic meanings of money to our patients. The special needs and problems of the wealthy, a minority group that is seldom thought of as having either needs or problems, also deserves greater consideration.

"If we can overcome the money taboo within ourselves and with our patients this will contribute to helping them break down an important barrier to communication and understanding in their relationships with others."

"It is important for therapists to think about how these issues affect them in their own lives as well as in their role as therapists. This can be done through personal analysis, self analysis, supervision, reading and other forms of professional education. If we can overcome the money taboo within ourselves and with our patients this will contribute to helping them break down an important barrier to communication and understanding in their relationships with others. Only as cultural attitudes toward discussion of our money related fantasies, beliefs, attitudes and behaviours become more open will we, as a society, become able more freely to address these issues. Perhaps, as Freud did with sex, if we professionals face these issues within ourselves and with our patients, we can become pioneers in changing the attitudes of our culture."

PART II

UPDATE

Shifts In The Impact Of The Money Taboo

As stated in the introduction, Part I is a reprise of this author's original article on the Money Taboo, minus the original case material and the focus on a particular theoretical orientation. What is new? What has changed since the publication of this article? And how has the author's thinking changed? Also stated in the introduction is the fact that our profession is showing increasing interest in the topic of money. This willingness to talk about the subject in workshops and seminars and to include articles about it in journals such as this one is likely a result of a weakening of the money taboo in our society as well as a contributing factor in this weakening. Evidence that this taboo is beginning to weaken in our society, comes from articles like one from the New York Times[32] which describes a young woman who, at age 22, "like her friends, is less afraid to flirt with what many over 35 consider the last taboo in American life: discussing salary openly with friends and colleagues." [but] "While salaries may be disclosed casually among friends, that doesn't mean most young professionals brag about their incomes at a cocktail party. There is still an etiquette to sharing the information—a proper way to divulge."

While these changes may make exploration of money related issues easier and more likely to occur in psychotherapy,

"Personality can be thought of as the external expression of identity. Thus a money personality has a great deal to do with whom a person feels himself to be, not just how he thinks or behaves."

they do not make it any less important. Money is still of major concern in our society and all sorts of psychological and interpersonal concerns are projected onto it. Beliefs, attitudes and behaviours related to money remain an important area for investigation with our clients as well as in our own lives and our countertransferences. An example of the need for self examination came to my attention during a workshop about money that I was leading with a group of colleagues. I found it difficult to get the group to focus on anything but anger at managed care companies and problems related to the fee. One psychologist also complained bitterly about a very wealthy client who, because she was enrolled in one of these companies, for which the psychologist was a provider, "selfishly" insisted on paying only the authorized co-payment rather than the psychologist's usual fee. Aside from the ethical issue, her willingness to charge the client more than the fee for which she had contracted with the company, this clinician by referring to her client as selfish, showed no awareness or concern about what the fee meant to her. She was unable to understand or have empathy for the possibility that a wealthy person may wish to be treated the same as others and fear becoming the target of the greed and envy of people who will see only their money rather than appreciating them for who they are. This clinician's negative countertransference toward her client was likely to undermine the treatment.

Money Scripts and Money Personalities

In the years since I wrote the Money Taboo Article I have become increasingly aware of two terms which attempt to explain peoples' money related behaviours beliefs and attitudes: "money scripts" and "money personalities." The term "money scripts," has been described as the "unconscious beliefs each of us have developed concerning money and life."[33]

The term "personality" is a much more inclusive term than "script." It is my impression that therapists who think in terms of money scripts do recognize that these are not all that are involved, but they to use this term because the scripts that are a component of the personality are easier to access and address. Personality is defined, in part, in the psychiatric dictionary [34] as "The habitual patterns of behaviour of the individual in terms of physical and mental activities and attitudes of the individual ....." Thus, personality involves more that an expression of activities and attitudes but an underlying organizational principle involving patterns of behaviour connected to both activity and attitudes. In one workshop [35] I tied the terms "identity" and "personality" together stating that "personality can be thought of as the external expression of identity." Thus a money personality has a great deal to do with whom a person feels himself to be, not just how he thinks or behaves.

The term money personality is not new. Google the term or read personal finance books and you are likely to find it associated with categories such as: savers, hoarders, power trippers, hunters, gatherers, protectors, planners, penny pinchers, avoiders etc. I tend to eschew categories but, in my forthcoming book on Money and The Pursuit of Happiness, there is one chapter called "Your Money Personality." This is how I describe it. "What, exactly, is a money personality? While we all recognize that different people have different personalities, and that these affect their attitudes and behaviours, we are not used to thinking about people having money personalities. We do not tend to recognize that money, and our beliefs and attitudes concerning it have a major impact on who we are, how we think and feel, and how we relate to others, to ourselves, and to the world." Rather than categorizing individual's money personalities, I try to describe each person's money related behaviours, beliefs and attitudes and to understand how these were formed and became part of who the person is.

The Relationship of Money to Happiness

How else has my thinking about money changed? In the years since publication of the Money Taboo article I have become aware of and somewhat familiar with the research and writing of the positive psychologists, who are interested in the scientific study of happiness and its clinical application. Two questions have become a part of my focus: "What is the relationship between money and happiness in our clients' lives?" and, "What role should a consideration of happiness have in psychotherapy?" These issues have been explored in some of my workshops and seminars, as well as in my practice. When I do address money related issues and questions of happiness in treatment, my position is that, while a primary focus on money and a materialistic orientation tend to undermine personal and interpersonal wellbeing, when it's purpose is understood and it used wisely money can provide an underpinning for life satisfaction.

Should psychotherapists be in the business of helping people to become happier in their lives? Psychotherapy is, by definition intended to treat symptoms of mental illness. Certainly no insurance company or government regulator would agree that happiness should be a goal of any treatment that they fund. Nevertheless, we can argue that helping our patients to become happier can be a strategy for counteracting at least some negative symptoms. Positive Psychology advocates this position. And there is some evidence that it does help especially in relieving depression.[36] In clinics licensed by New York State, where I worked as a supervisor and administrator for many years, all clinical records must have documented goals and objectives for treatment. Achieving happiness may not be an acceptable goal, but, if an increase in happiness will reduce depressive symptoms this should be an acceptable objective. And, the use of money in ways that would support life satisfaction, a lasting form of happiness (as well as, perhaps, some short term hedonistic pleasure), would be an appropriate objective as well. Examples would be purchasing seasons' tickets to attend theatre or a concert series with a friend or loved one, or taking one's grandchildren on an excursion.

In my area of speciality, which I refer to as Money and Relationships Counselling and Psychotherapy,* I now also tend to consider happiness to be legitimate concern for a clinician, especially when the client is depressed or expressing dissatisfaction with life. The following case and commentary, addresses the question of how attention paid to issues of money and happiness can be useful in treatment. It was taken from the manuscript of Money and The Pursuit Of Happiness and expanded for my seminar at New York Psychoanalytic Society mentioned earlier in this paper. I will leave the reader with this case to consider without further comment.

"While a primary focus on money and a materialistic orientation tend to undermine personal and interpersonal wellbeing, when its purpose is understood and is used wisely money can provide an underpinning for life satisfaction."

Case Study

Sandy, a thirty something corporate employee, caused his own suffering through his efforts to become rich and famous. He came to see me, devastated because he had lost his girlfriend and had also become isolated from his friends.

A big part of the reason for this was that he was very disappointed that he had not achieved the salary level that he thought he should have reached by this time in his life. And so, outside of his day job, he had become so obsessed with working on an entrepreneurial project, which he hoped would make him rich and famous, that he no longer had time for friends or other enjoyments.

He had moved in with his girlfriend and was letting her pay the rent, while he invested whatever money he made in this project. He had assumed that she would be happy to share in his dream and would want to spend her life with him. Once he had put this into words he could see what he had been doing. He realized how isolated he made himself and he moaned, "How could I have become so greedy that I forgot about my friends and didn't pay attention to what my girlfriend needed?"

Although he didn't give up this project, or the dream of becoming rich and famous, Sandy became less obsessed by them and, with time and treatment, he began to change. With a bit of encouragement he began reaching out to the friends he had been ignoring and he started allowing time in his life for recreation. This encouragement was meant to help him find both pleasure and social connection to counteract his misery. Encouraging patients to do things that will make them happier is not a psychoanalytic technique, but it is therapeutic. When he started dating women again Sandy didn't assume they would want the same things from a relationship that he did and began asking what they wanted. This did not automatically make him happier. He complained that the women he was meeting were all looking for a man to support them financially rather than sharing this responsibility. He did recognize, however, that not all women would be like the ones he was meeting.

One of the things, I pointed out to him was that he found the project on which he was working, inherently interesting and it provided an opportunity for him to express his creativity in a way that his day job did not. It might or might not lead to his becoming wealthy, as he hoped it would, but focusing on an activity he both enjoyed and was good at made him happier than focusing on becoming rich. This kind of intervention comes directly from the teaching of the Harvard Positive Psychology professor Ben-Shahar.[37] He accepted this viewpoint and began to talk about his entrepreneurial activities as an interesting learning process through which he was becoming more and more competent.

As part of the treatment we did, of course, explore Sandy's history. His cousin and many of the kids he went to school with came from wealthier families than his own. He was never part of the in-crowd and at times he felt demeaned by his cousin. His father was, in his eyes, stingy and never ready to spend money on things Sandy or his mother wanted, although he lost a fair amount by making poor investments. And, when it came time for Sandy to go to college he would not pay for him to go to the school of his choice. So Sandy had to go to a state school, which he resented.

In elementary and high school Sandy wasn't a good student and thought he was not as smart as others. The one thing he was good at, and for which he got his father's approval, was thinking up schemes to make money. He would be the first one out shovelling snow for his neighbours. He designed a T shirt that his school mates bought. He bought an old boat, learned how to fix it up, and sold it at a profit. So we can see that Sandy was trying to repeat a pattern of success when, as an adult, he started an entrepreneurial project hoping to be successful.

What also became clear was that his desire to become rich and famous was a reaction against his feelings of deprivation

* The nature of this practice as well as a description of the authorís forthcoming book can be found on his website, www.moneyandrelationships.com.

caused by his father and rejection by his wealthier and more popular cousin and schoolmates. This reaction involved a revenge fantasy. At one point he was able to express the hope that he would become so much richer and more well know than his cousin that he would now have to admire Sandy and to feel as envious of him as Sandy had of his cousin. By being able to recall and to tell me about the emotional traumas associated with money, their sting was diminished. And, by making the changes described above, Sandy was already creating a richer life, without having made a penny more than he had previously.

Summary

This article is a reprise of the author's 1999 article, "The Money Taboo: Its Effects in Everyday Life and in the Practice of Psychotherapy," followed by some brief comments on recent changes involving the impact of the money taboo in the psychotherapy profession and in our society, as well as changes in the author's thinking and practice. The latter includes a new focus on the relationship between money and happiness and thoughts about how attention to this relationship may be useful in clinical practice.

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Bartering in Psychotherapy & Counselling: Complexities, Case Studies and Guidelines

By Ofer Zur

Bartering, in general, is the exchange of goods and services. It has been part of humankind since the beginning, thousands of years before gold, silver or money was introduced. In psychotherapy or counselling bartering is the acceptance of services, goods or other non-monetary payments from clients or patients in return for psychological or counselling services. This web page focuses on bartering arrangements between psychotherapists and clients.

Bartering is more common with poor clients who seek or need therapy or counselling but do not have the money to pay for it. It is also part of the norm in cultures and communities where bartering is a generally accepted means of compensation and economic exchange (Canter et al., 1996; Cory, Cory and Callanan, 2003; Hill, 1999; Koocher & Keith-Spiegel, 1998; Zur, 2004a, 2006, 2007). It is also more common at times of economic depression, when either clients or therapists are in financial straights. The dominance of managed care in the last couple of decades has contributed to therapists' financial woes, which in turn are likely to increase their flexibility in terms of payment for services to include bartering and other alternatives to cash payment.

Bartering, as discussed in this paper, is the exchange of goods (chicken, cabinetry, painting, etc.) or of services (automobile repair, plumbing, house cleaning, etc.) for psychotherapy services. Common examples are: a poor artist barters his/her painting or an indigent client cleans the office in exchange for therapy. There are many ways to structure bartering arrangements. One common way is an exchange of the fair market value of the exchanged goods or services. For example if the therapists' fee is $120 per session, a client's sculpture with a fair market value of $1,200 buys the client-sculptor ten sessions. Some poor agriculture communities often have more flexible bartering schedules, where the arrangement is one chicken for one session. Other bartering of services arrangements are based on an hour-per-hour arrangement, where an hour of client's work is provided in exchange for one "therapy hour" (Zur, 2007).

Introducing bartering into the therapeutic relationship for reasons, other than financial, has been discussed thoroughly in Rappoport's unique text, Value for Value Psychotherapy: The economic and therapeutic barter (1983). In the only book that is devoted entirely to bartering in therapy, Rappoport discusses the therapeutic value in bartering even when the client can afford the full fee. He writes:

For its' framework, the Economic and Therapeutic barter (EBT), designed as both a financial option and a therapeutic adjunct, draws upon the practices of primitive trade and modern psychological theory. Taking from the social, economic, and interpersonal dynamics of each, ETB attempts to enrich the patient's therapy experience and increase the therapist's effectiveness, while fulfilling more intimately the personal needs of both. (p. 5)

The Evolution of Bartering

Bartering is as old as humankind. At the beginning of humankind, obviously, there was no money or gold coins, and people bartered or traded in almost all areas of their lives. They traded items, such as food, decorative apparel, tools or weapons and they traded services as well. Bartering arrangements can be traced via records to ancient Egypt 4,500 years ago. The earliest coins were found in Mesopotamia (now southern Iraq) around 2,000 B.C. The Roman Empire became the greatest trade center in the world around 100 B.C., which led to the global spread of coins minted in gold and silver. As transactions became too complex for straight bartering, coins were introduced. As it become too cumbersome to haul around a lot of heavy coins or large items for trade, money was introduced. While money has obviously been the dominant mode of modern commercial exchange, bartering has persisted through the history of humankind. At times of economic depression, understandably, many people, including psychotherapists and consumers of psychological services, seem to revert to bartering (Stein, 2002). During economic recessions people who are low on cash still possess their skills and talents (i.e., mechanical, graphic and web designing, programming, farming), still posses valuable or tradable assets (i.e., works of art, cars, computers, tools) and still own tradable commodities (i.e., corn, chickens, produce) (Zur, 2007).

The introduction of the Internet revitalized the usage of bartering in our culture. A new frontier opened for people to trade services and goods. Hundreds or even thousands of websites, such as www.craigslist.org, www.barterco.com or www.barterforless.com, offer all kinds of online bartering arrangements. The burst of the high tech bubble in the late 90s exponentially increased those who suddenly became poor, were ready to barter and were skilled and trusted to do it online. Barter postings on Craigslist have skyrocketed to thousands of postings each month. Online bartering seems to know no limits. People simply list online the skills, talents and services they are ready to trade and then make an additional list of what they need or desire (Stein, 2002). When cash is sparse, many people trade their graphic skills for car repair, massage for a bicycle, foreign language tutoring for a German shepherd puppy, web design for a timeshare or painting (viewed online) for a home sound system. While some websites focus the bartering in small geographic areas where services, such as car repair, can be easily traded, others are keeping it open for the global village. Barter has become a major force in the economic system of the United States. Organized barter represents a $16 billion dollar industry (www.barterco.com).

"While money has obviously been the dominant mode of modern commercial exchange, bartering has persisted through the history of humankind."

The Opposition to Bartering

Bartering has been an especially controversial issue among psychotherapists. Consumer protection agencies, licensing boards, ethics committees and risk management experts often frown upon all forms of bartering. The reason they place bartering high on their avoidance list is because they consider the "power disparity" between therapist and client as likely to lead to exploitation of the client by the therapist in the bartering arrangement. Another opposing view is given by Faulkner and Faulkner (1997) who, mistakenly, assume that the analytic approach is universal and presumptuously claim that bartering should be avoided because it results in the therapist's harmful self-disclosure. Many of those opposed to bartering view it as the first step on the slippery slope towards harm or sexual relationships between clients and therapists (ASPPB, 2003; Doverspike, 1999; Grosso, 1997; NASW, 1999; Woody, 1998). The California Department of Consumer Affairs (1990) and the California Board of Psychology, along with the Association of State and Provincial Psychology Boards (ASPPB), (2003) even include the mandate to avoid bartering in their official brochure, "Professional Therapy Never Includes Sex". In the section in include bartering as one of the "Signs of inappropriate behaviour and misuse of power"(p. 8). Traditional analysts view all forms of bartering as interfering in transference analysis and, therefore, are harming to the therapeutic process and damaging to the client.

The literature on bartering seems to focus primarily on the potential hazards of bartering and the ensuing mandate to avoid it as much as possible. While bartering for services seems to be frowned upon by most experts and ethics codes, the bartering of goods seems more acceptable (Canter et al., 1996; Koocher & Keith-Spiegel, 1998). The support for bartering comes from the acknowledgment that bartering may be the only way for indigent people to get therapy, when it is done as a normal aspect of agricultural, rural and other communities (Canter et al., 1996; Cory, Cory and Callanan, 2003; Hill, 1999; Koocher & Keith-Spiegel, 1998; Zur, 2006, 2007). Some of those who oppose bartering reluctantly acknowledge that bartering cannot always be avoided. What seems to be missing in the literature is a discussion of bartering that is done intentionally and deliberately in order to enhance the client's mental health or as part of a well thought out treatment planning. Interventions that include bartering, like any other intervention, must be matched with the client's needs, wishes, style, situation, culture, etc. The focus in this paper is not on the traditional "do no harm" approach but on "do good" or do what is most likely to benefit the client and improve his or her mental health.

Bartering, Boundary Crossing and Dual Relationships

Bartering has often been confused and equated with dual relationships and boundary violations and, consequently, with risk and harm (Doverspike, 1999; Faulkner & Faulkner, 1997; Grosso, 1997; NASW, 1999; Woody, 1998). Those who take this rigid and dogmatic approach to dual relationships usually also judge bartering as inherently unethical and harmful. The fact is that only bartering of services constitutes dual relationships; bartering of goods does not necessarily translate to dual relationships. Dual relationships occur when a therapist has a secondary relationship with a client in addition to the therapeutic one. Many types of bartering of services-dual relationships can be clinically beneficial and ethically sound (Lazarus & Zur, 2002; Zur, 2004a, b, 2006, 2007). All bartering arrangements between therapists and clients are boundary crossings. Boundary crossings are defined as a deviation from a strict analytic or risk management practice. Examples of boundary crossings are any self-disclosure, appropriate gift exchange, flying with a client with fear of flying or a home visit. While all bartering is boundary crossing it is not necessarily boundary violation (which is defined as a harmful and exploitative violation).

When a client barters a sculpture in exchange for therapy, most experts agree that this does not create another relationship besides the therapeutic one. The sculpture just replaces the cash payment, and the bartering arrangement constitutes boundary crossing but not boundary violation. However when a client pays for therapy by cleaning the therapist's house, this arrangement definitely constitutes dual relationships because in addition to the therapist-client relationship now there is also an employer-employee relationship. (Some therapists consider even bartering of goods as dual relationships, not only boundary crossing. This is because it involves a seller (client) - buyer (therapist) relationship in addition to the client-therapist relationship.) For online web page that details definitions of boundary crossings, boundary violations and dual relationships and online clinical and ethical guidelines for boundary crossings and dual relationships, go to Zur, 2003.

Types of Bartering

There are a couple of major types of bartering such as goods, services or their combination. There are also other more unusual types of bartering described below. Following are descriptions of some of these bartering practices.

Bartering of Goods

Bartering of goods involves the exchange of tangible goods or objects for psychotherapy. Examples are when a client pays for psychotherapy with a chicken, rice, fresh produce, a painting, a sculpture or a chair. As was noted above, bartering of

goods seems to be more acceptable and less problematic that bartering of services (Canter et al., 1996; Koocher & Keith-Spiegel, 1998). The reason given is that a fair market price or value can be established more easily and more objectively for goods in comparison with services, and therefore clients are less vulnerable to therapists' exploitation. However, even bartering of goods must be handled with care, as some objects such as a "family heirloom" may have a strong sentimental value acceding its monitory value (Grosso, 1997).

Bartering of Services

Bartering of services involves the exchange of a client's work or services for psychotherapy services. Examples are when a client paints the therapist's house, fixes his/her car, provides the therapist with billing or landscaping services or cleans the therapist's office or home. Bartering of services is considered dual relationship and is often seen as much more complex, problematic and much less acceptable than bartering of goods (Canter et al., 1996; Koocher & Keith-Spiegel, 1998). The much given reason is that the discrepancy between the therapist's hourly fee and the poor-client's is often large and therefore problematic. Another often cited reason is when the therapist is dissatisfied with the client's services, but voicing it is likely to interfere with therapy. Along the same line of thought, disengaging from or stopping a bartering of services arrangement can be much more complicated than disengaging from a bartering of goods arrangement, whereby the therapist simply returns the goods to the client. Additionally, in bartering of services it may be more complex to determine the fair market value of the client's hourly fee. Generally there are two ways to arrange bartering of services. One way is to barter according to each person hourly rate. An example of this is a client, whose hourly rate is $10, would clean the therapist's office and work for 12 hours for each $120 session. Another potential arrangement is where the exchange is an-hour-for-an-hour where the client works one hour for each session (Zur, 2007). Like dual relationship, bartering of services, if conducted with thoughtfulness, integrity and clinical sensitivity, may be an acceptable and helpful arrangement. A much more complex and difficult bartering arrangement is when a client acts as a financial, investment or business adviser, marketing consultant or defense attorney for the therapist. One must be very careful when entering into such a complex bartering or dual relationship arrangement. Another complication, which can arise in a bartering of services arrangement, is when the patient-employee is injured while providing the service to the therapist-employer.

Bartering as Part of a Pro Bono or Low Fee Arrangement

Very often a bartering arrangement is in lieu of or part of a low fee or pro bono arrangement. In this case the chicken, fresh produce or services provided by the client are part of the pro bono or low fee arrangement (Zur, 2004a). Canter et al. (1996) states well: "Pro bono services, although certainly at times an option, may not always be possible, either because of therapeutic issues, the discomfort or unwillingness of the client or patient to accept free service, or financial pressure on the part of the psychologist, particularly in economically depressed areas where many indigent clients may need psychological services" (p. 51-52). Many clients feel that they owe the therapist some compensation and many others are too proud or dignified to accept the services for free. In these situations in order to avoid humiliation, a bartering arrangement in lieu of low fee or no fee arrangement may be the appropriate and clinically preferred solution.

Additional Types of Bartering

Combination of Goods and Services: Some bartering arrangements include a combination of goods and services as in the case of a client who builds a custom made cabinet for the therapist's office. In this case the patient is an employee-designer for the therapist as well as the producer of goods, the cabinet. Another form of bartering is when the arrangement is that the client conducts community service or a volunteer job for a local cause in lieu of a low fee or pro bono agreement with the therapist.

Bartering with the Wealthy: Another form of bartering is when the arrangement is that the client, who is not in financial distress or may be even quite wealthy, conducts community service or a volunteer job for a local cause in lieu of a low fee or pro bono agreement with the therapist. Rappoport (1983) describes a combination of cash and barter with clients who can afford the full fee. Bartering, in this approach, is a form of a clinical intervention, where clients get to observe and analyze their actions and reactions to the bartering arrangements.

Swapping Guns for Therapy: American Psychological Association's newsletter Monitor on Psychology reported in 1995 on an unusual program in California, in which psychologists were urging Californians to trade guns for therapy. Members of a couple of county psychological associations (i.e., San Diego, Contra Costa) were involved in gun-exchange and public-education programs that they hoped would reduce the number of guns and raise public awareness about gun violence.

Psychologists, in some cases, offered three free hours of therapy per person, with the stipulation they would help the person continue to go to therapy by providing sliding scale fees or other incentives.

Ways of Arranging Bartering

Regardless of the type of bartering arrangement between therapist and client (i.e., service, goods), there are several ways that therapists and/or clients can meet, negotiate and arrive at their bartering agreement.

Direct Communication

Obviously, the simplest and most common is where therapist or counsellor negotiates the bartering agreement directly and in person with their client. This can take place before or during the first session or later on in therapy. The dialogue can take place in person or by other means of communication, such as phone or e-mail.

Trade Associations

Some areas in the country have local trade associations that facilitate bartering arrangements between therapists and clients. These associations are composed of local merchants who agree to conduct business with each other via bartering and without the exchange of money. The association standardizes the criteria and value of services and products, and its computer keeps track of the points or credit that each member accrues or dispenses. Therapists and clients do not negotiate the bartering agreement directly with each other. The only requirement is that both are members of the trade association (Canter et al., 1996).

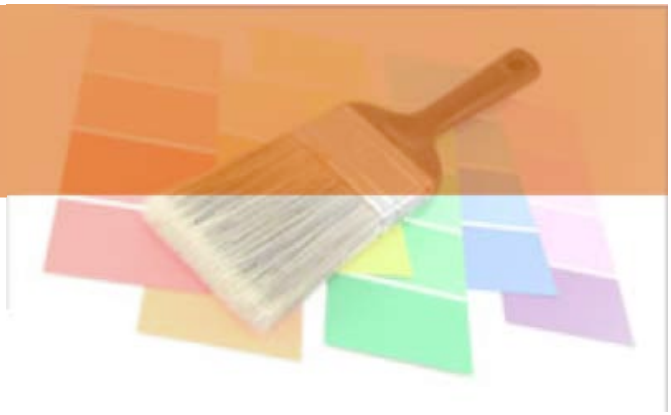
Online Bartering for Online Therapy

The boom in online bartering has been interdependently parallel with a boom in online therapy also known as tele-health or tele-therapy. These two developments form a new type of bartering for a new form of therapy, online bartering for online therapy, as online therapy is becoming more utilized and accepted (Maheu, Whitten & Allen, 2001). The ethics and laws of online therapy have been the focus of lawmakers, consumer protection agencies and ethicists. Virtually all states, including California, require people who deliver psychological services to be licensed in the state where the patient resides (APA, 1997; BOP, 2001a; BBS, 2003). An Internet search so far reveals very few references to therapists who barter online for goods or services. I suspect that the continued boom in online bartering and online therapy will bring an inevitable parallel increase in a new frontier of online bartering of online therapy.

Bartering Arrangements I have had with my Clients

While bartering arrangements have been relatively rare in my practice, over the many years I have been involved in some bartering arrangements with my clients. Each of the bartering arrangements was carried out with thorough consideration to each and every client's need, wishes, condition, personality, situation, gender, history and culture. Several of them required consultation with experts-colleagues before a final decision was made. These bartering arrangements resulted from discussions with the clients and concluded in the clients signing a document that detailed the bartering agreement. Following are some examples of the bartering arrangements I have had with my clients. Gender, professions, bartering items and other potential identifiers have been changed, altered and combined so no one example can be linked, related or associated in any way with a specific individual client.

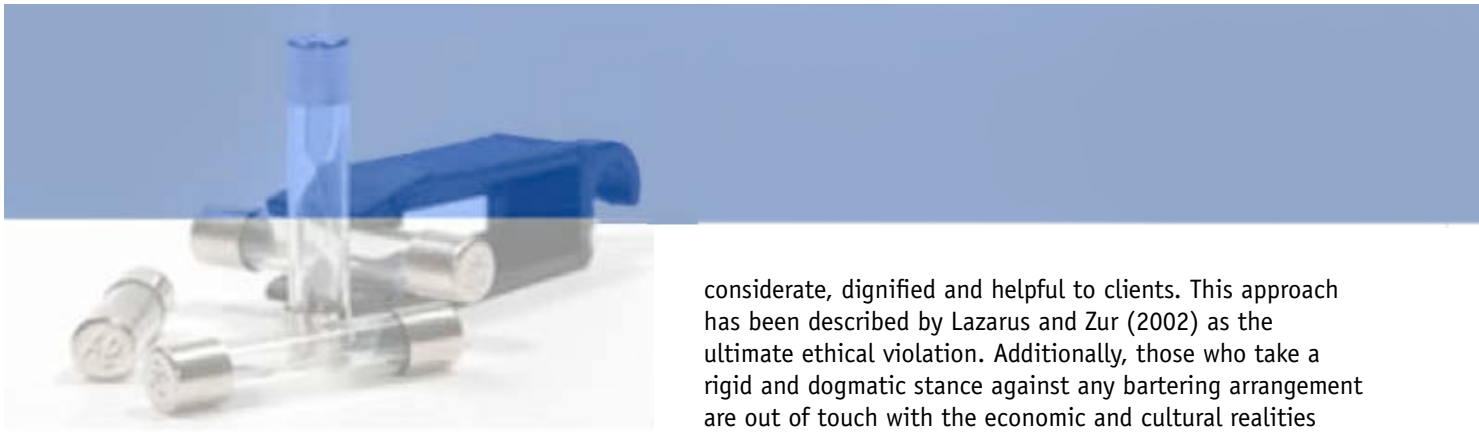
- A cash-poor painter offered to barter a painting in exchange for therapy sessions. The fair market value of the painting was determined by the exact sticker price that was assigned to it by the gallery where it was already for sale and on display. The painting was valued at $900. My full fee at the time was $90, and consequently the client contracted me for ten sessions. Having the painting hanging in my office deepened our connection and enhanced our therapy. In vast contrast to her dismissive father, competitive mother and jealous brother, the client felt appreciated and valued by me, which translated to a better therapeutic outcome.
- Even though I was willing to see the client as a pro bono because he was very poor, he was a proud man and did not feel comfortable "just receiving" from me. He felt humiliated even considering the option of seeing me for free. After a long discussion, at his suggestion, we agreed that for each therapy hour he would donate two hours to a community service for an environmental cause that we independently supported. The arrangement brought a new sense of connection and significantly enhanced therapy with this rather cynical client, as he felt that we were, indeed, on the same political and spiritual path.
- A temporarily cash-stripped attorney in need of therapy, who, for very good reason, refused to get into "any more debt", suggested that he draw up a contract that I needed at the time (between a third party and me) in exchange for therapy sessions. He estimated that the drafting of the contract would take him six hours. His hourly fee was $325 and my fee was $130 per session. Aided by simple math, we agreed that I would see him for fifteen sessions in exchange for his drafting the contract. By the end of the fifteen sessions he had settled a big case, paid all his debt and was able and willing to continue therapy by paying me out-of-pocket. My willingness to accommodate him at a time of distress meant the world to him, which enhanced



our connection and the therapeutic outcome.

- A sculptor-client had offered to barter one of his unique sculptures in exchange for twelve therapy sessions. However, therapy did not progress well, and the client felt he did not get his money's or, even worse, his sculpture's worth. He regretted making the arrangement and demanded his sculpture back. With the aid of consultations from colleagues, I came to the conclusion that his request was valid. While there is never a guarantee that therapy would yield the expected results, I nevertheless felt responsible for my part in the ineffective treatment. I shared with him my thoughts on the matter and gave him back the sculpture. Understandably, he also chose at that point to discontinue our therapy, which I, of course, fully honoured. Learning to disengage, separate or terminate with integrity and responsibility, and the capacity to model such transition to our clients, is an unavoidable yet important aspect of psychotherapy.
- A successful interior decorator was legitimately appalled at the tasteless picture frames I had in my office. After a few months of therapy she finally expressed her opinion about my poor sense of colour and design. She then offered to hand-make, her speciality, new picture frames in exchange for four sessions. While she did not need the money, it was important to her to feel that no one took her for granted. She was professionally successful but felt that if people only knew who she really was, they would not respect her or her work. My enthusiastic willingness to enter into the bartering arrangement was extremely meaningful, as she felt I took her seriously and respected her professionalism and talent "even though" I knew her emotional difficulties. The bartering arrangement helped her overcome low self-esteem and a deep sense of shame.
- A massage therapist, who, like many body workers, is used to bartering massage sessions with other massage therapists, offered to barter with me. I declined due to the nature of our therapy and the fact that she professed to be "in love" with me. She emphatically stated that her "in love" state would neither interfere with her professionalism as a masseur nor with our therapy. I shared with her my concerns and told her that I respectfully declined the offer. She felt rejected and discontinued therapy abruptly and angrily, an occurrence that supported, even further, my decision not to enter into a bartering arrangement with her.
- After one of my many basketball injuries a physical therapist client, who noticed me limping into the consulting room, suggested an exchange of a few physical therapy treatments with a new electrical stimulation devise he just acquired, for an equal amount of therapy sessions. The client had a very tumultuous history with his own dismissing father, who was openly disappointed and highly critical of his son not becoming a "real doctor". The bartering arrangement gave the client an opportunity to experience my appreciation and trust of his medical expertise. This time-limited bartering experience enhanced our therapeutic alliance and helped the client to feel more personally assured and professionally secure.
- This last example is about a very wealthy middle-aged, trust-fund baby, female client who recognized she was cursed by money. She had never needed to work or pay her way through life. She was spending her days shopping on E-Bay and immobile in her large and beautiful, however, neglected home. Money was always her way to buy love and effortlessly get want she wanted. Paradoxically, she was loveless and did not know what she wanted. After many months of therapy that did not yield any significant results, we discussed her relationships to me and to money. It became clear that as long as she paid for my "love and care" she and I would stay stuck. We decided that for two months, instead of paying me my fee, for each therapy session she would contribute four hours at the local battered women's shelter. This short term bartering arrangement, mobilized her to be active in the world for the first time in many years. This enabled her to finally trust me and, as a consequence, allowed me to help her in many other areas of her life.

In summary, even though it is infrequent, I obviously have been involved with a few types of bartering over my many years of conducting therapy. Each case presented a challenge. Each arrangement demanded of me to consider the client's need, condition, wishes, personality, culture etc. I also always have to look within myself to make sure that I am aware of my needs and desires and do not confuse them with what can be beneficial to my clients. I have used consultations regularly and relied heavily on my expert-colleagues' opinions. In any of the instances that I agreed to a bartering agreement, I knew that there was a risk and, like any aspect of life or therapeutic intervention, it may not have turned out as intended. I had to weigh the risk against the potential good that could come from it. I documented such risk-benefit analysis in my clients' charts and their signed informed consent was placed in their files. When things did not go well, I was prepared to change the course of action. In all of these situations, rather than fear of attorneys, ethics committees or boards, the client's welfare and integrity where of utmost important for me in my decision-making process.



Beyond Risk Management: Clinical, Communal and Cultural Considerations

The opposition to bartering, led by many ethicists, attorneys and risk management experts, seems to be a knee jerk reaction identical to the reaction to dual relationships (Lazarus & Zur, 2002). The California Department of Consumer Affairs (1990), like the Association of State and Provincial Psychology Boards (ASPPB, 2003), state in their "Professional Therapy Never Includes Sex" pamphlet that "hiring a client to do work for a therapist, or bartering goods or services to pay for therapy" constitutes "inappropriate behaviour and misuse of power." Hass and Malouf (1995), like Grosso (1997), Pope and Vasquez (1998), Woody (1998) and many others, give the classic defensive risk management advise: "In summary, though it is not inherently unethical to engage in bartering goods or services, it appears to us that a wise or prudent practitioner should avoid it in most if not all cases" (p. 141). Epitomizing the risk management attitude towards clinical decisions, Doverspike (2003) asks "Does anyone need to be reminded that one of the original lawsuits that sparked the debate on dual relationships involved a therapist who bartered for services with a client's father who was a house painter?" (Bartering section, para. 5). Besides fear of boards and courts, the main concern of those who oppose bartering seems to surround the issues of power and exploitation. While these two issues are indeed important, it is not clear why they are the focus of the opposition to bartering. Therapists can exploit and misuse their power regardless of whether the clients pay with cash, by check or are engaged in a bartering of goods arrangement (Lazarus & Zur, 2002). Bartering of services, as was mentioned above, is often more complex as it often involves a secondary employer-employee relationship and must be handled with more caution than bartering of goods (Cantor, et al., 1996, Koocher & Keith-Spiegel, 1998; Zur, 2007).

Risk management is often the case when therapists succumb to fear and defensive positions over what is decent, considerate, dignified and helpful to clients. This approach has been described by Lazarus and Zur (2002) as the ultimate ethical violation. Additionally, those who take a rigid and dogmatic stance against any bartering arrangement are out of touch with the economic and cultural realities of millions of Americans and thousands of psychotherapists who serve poor people, whose only way to be treated is by paying their therapists in goods or services. Those in opposition to bartering also deny the many agricultural and other communities where bartering is a normal and healthy part of the community. They ignore the numerous cultures that value and depend for their economic survival on mutuality and interdependency as expressed in bartering arrangements. Regretfully, only very few authors (i.e., Cooper, 2007; Corey, et al., 2002; Hill, 1999; Lazarus & Zur, 2002; Rappoport, 1983; Thomas, 2002) have presented a more balanced view on bartering in psychotherapy, were the clients' welfare is emphasized over fear, dogma and rigid risk management of boundaries in therapy.

A concern that is often raised in regard to bartering in psychotherapy is income tax considerations. The concern is that those involved in bartering may choose not to report the income in their tax filing. A therapist's decision of what income to report to the IRS or other tax agencies is a personal, ethical, professional and civic decision.

Summary

Bartering has been an economic arrangement through most of human evolution. It is a dignified and honourable form of payment for those who are cash poor but rich, capable or talented in other ways. It is a healthy part of a norm for many cultures, such as Hispanic, Native American and many agricultural communities. The ethics codes of most professional organizations do not consider bartering as unethical, per se. Unlike the risk management and analytic mandate to avoid bartering, it can also be part of a clearly articulated treatment plan where the benefits of bartering are likely to help the client's mental health and enhance the therapeutic outcome. While bartering of goods is often easier to navigate, bartering of services can be equally beneficial. Bartering, as often stated, does not necessarily lead to exploitation, harm or sex. The slippery slope concept that describes how one deviation from rigid guidelines inevitably leads to harm and sex is a fear based, irrational and unproven concept. Probably for self-serving reasons (Zur, 2004b, 2005) psychotherapists have developed a dogma about the depravity of bartering and place it next to dual relationships on the risk management avoidance list. As the guidelines below outline, it is important to have good discussions, excellent documentation, thorough consultations and clear understanding when therapists and clients make a bartering arrangement.

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at http://www.zurinstitute.com/bartertherapy.html

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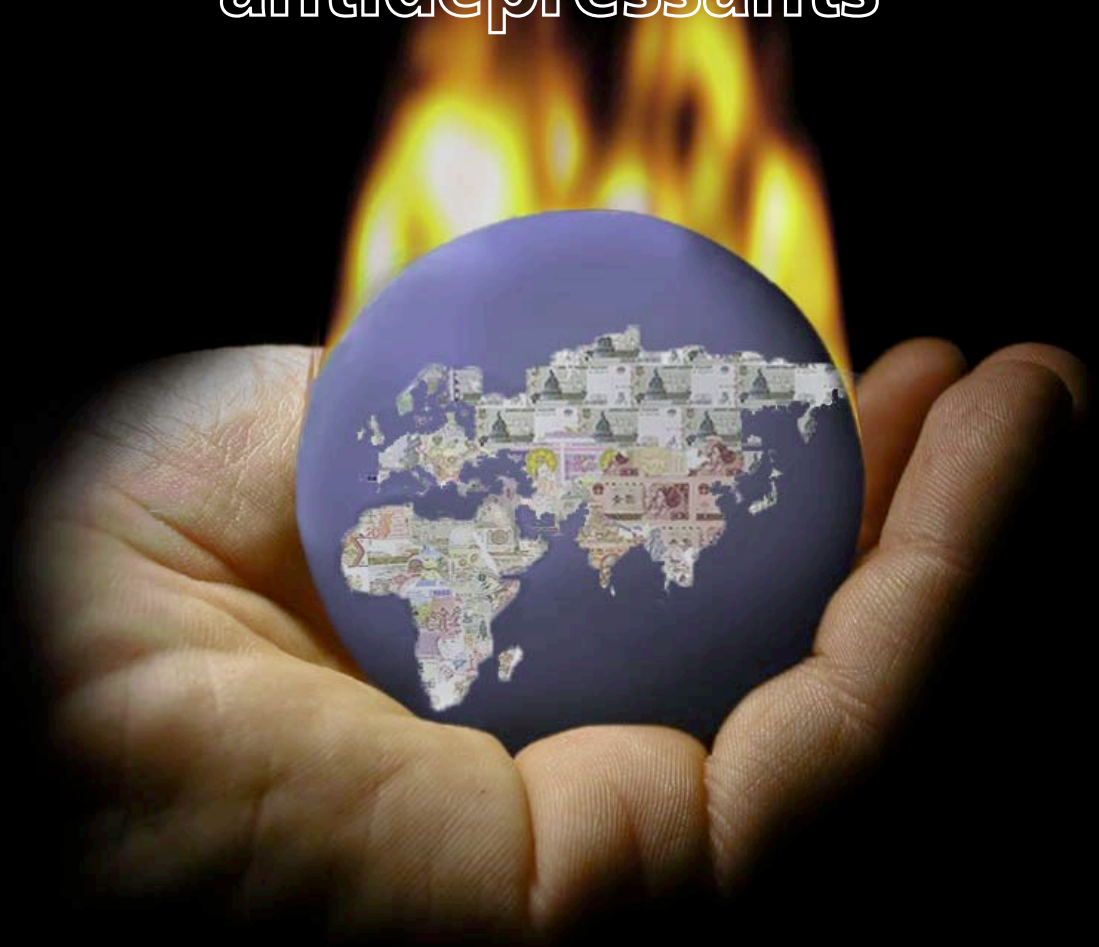
Guidelines for Bartering in Psychotherapy

- In planning on entering into a bartering agreement, therapists must take into consideration the welfare of the client, his/her culture, gender, history, condition, wishes, economic status, type of treatment, avoidance of harm and exploitation, conflict of interest and the impairment of clinical judgment. These are the paramount and appropriate concerns.
- Make sure that the client involved in the negotiation fully understands and consents, in writing, to the agreement.
- Include the bartering arrangement in the document that explains the payment agreement, and have the client sign the appropriate informed consent.
- Make sure that your office policies, when appropriate, include the risks and benefits of bartering and that they are fully explained to, read and signed by your clients before you implement them.
- The bartering arrangement must be well documented in the clinical notes.
- Make sure that the bartering agreement is consistent with and is not in conflict with the treatment plan.
- It is important to realize that bartering can be counter-clinical in some situations such as with borderline clients or those who see themselves primarily as victims.
- Do not let fear of lawsuits, licensing boards or attorneys determine your fee agreements, treatment plans or clinical interventions. Do not let dogmatic thinking affect your critical thinking. Act with competence and integrity while minimizing risk by following these guidelines.
- Remember that you are being paid to provide help and care not to practice risk management.
- Differentiate when and what types of bartering are best suitable to each client and situation.
- Consult with clinical, ethical or legal experts in complex cases and document the consultations in your clinical notes.
- Attend to and be aware of your own needs through supervision and consultations.
- At the heart of all ethical and clinical guidelines is the mandate that you act on your client's behalf and avoid harm. That means you must do what is helpful, including bartering when appropriate.
- Keep excellent written records throughout treatment if or when problems and complications arise with regard to the bartering agreement.
- Evaluate the effectiveness and appropriateness of the bartering arrangement regularly and change it if necessary through discussion with and, hopefully, consent from your client.
- If complications, negative feelings or disagreement arise due to the bartering agreement, discuss it with your client, get consultations and change it in a way that will be most helpful to the client and conducive to therapy.

Editorial

Unlikely statistics on debt, excess, narcissism and antidepressants



By John Soderlund

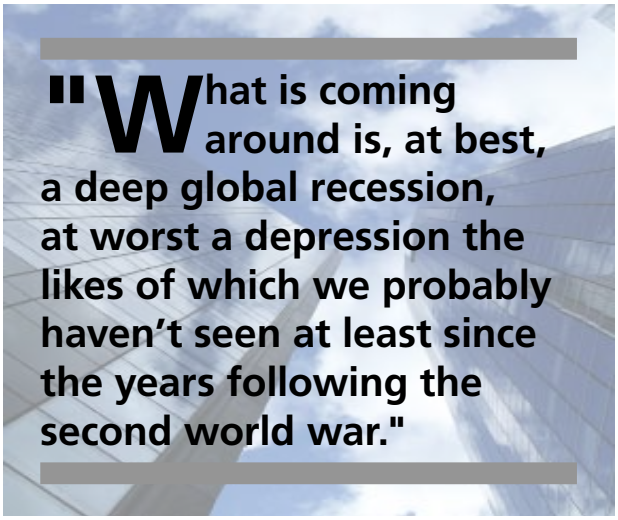
On obscene debt, obscene wealth, narcissism and anti-depressants

What goes around comes around. That's a tired adage but it remains a core principle of the increased awareness of the doubtful sustainability of where we're headed as a species.

What went around was almost a decade of the most profligate consumption, funded by an orgy of debt, sanctioned by the barons of private capital and their hand-maidens, the regulatory authorities of the world's most powerful economy, the USA.

All of this was self-evidently not sustainable.

What is coming around is, at best, a deep global recession, at worst a depression the likes of which we probably haven't seen at least since the years following the second world war. But this one is replete with all the self-pitying resentment and annoyance that shoppers like to demonstrate when their credit cards return the embarrassing "declined" response at the till.



I'd like to say I told you so, but nobody appears to have the congruence to confirm that they were told to take some care as they smothered themselves in unsustainably tangled webs of debt over the past decade. Nobody was really listening. Even Allan Greenspan, who facilitated the debt orgy since the early 2000s with a low interest rate regime that enticed millions in over their heads, failed to listen.

On debt

Unless you are seriously out of touch, you'll know all about the financial crisis into which our tired globe has plunged over the past three months. You'll have read how excessive refinancing of homes by American homeowners, spurred on by breathtakingly "generous" banks and complex derivative instruments designed to "capitalise" on those debts, has led to a credit crunch following swathes of foreclosures of these mortgages.

You'll have read accounts of how this left the USA's largest banks scrambling for cash and refusing to lend to anybody except those who could prove without any doubt that they had absolutely no need for a loan. And as the global economy continues to slow, the debt orgy extends to credit card write-offs that make the general citizenry of the developed world look like a herd of severaly bipolar patients in the midst of a long-term manic episode.

What has come around is the write-off of an estimated $21 billion in bad credit card loans in the first half of 2008 in the USA alone. With companies laying off tens of thousands of workers, the industry stands to lose at least another $55 billion over the next year and a half, according to analysts quoted in the New York Times on October 28, 2008.

And like all parties, when everybody's extended binge had slowed, sobriety was setting in, and the alcohol had dried up, the party turned sour.

Finding the whipping boy

As could be expected, the most profligate spenders are casting about for a whipping boy on whom to pin the blame for the morass of debt and ensuing financial woes of the world. Explanations for the financial meltdown abound. Among them, one notable prophet of today's crisis, was Fischer Black, the late financial economist who developed the Black-Scholes formula for options pricing with the Nobel economics laureate Myron S. Scholes. Black, who died more than a decade ago, argued in his 1991 book, "Business Cycles and Equilibrium," and his 1995 work, "Exploring General Equilibrium," that major business downturns could be caused by a combination of excess risk-taking and simple bad luck.[1] The bad luck can't easily be accounted for. But how do we account for excess risk taking in psychological terms?

Allan Greenspan, who was chairman of the US Federal Reserve who presided over America's economy for 14 years until 2006, was shouldering none of the blame. Greenspan's critics say that he encouraged the bubble in housing prices by keeping interest rates too low for too long and that he failed to rein in the explosive growth of risky and often fraudulent mortgage lending. He was behaving like the demigod that many thought him to be. But, in over five hours of testimony to a Congressional hearing in late October, he used the word "mistake" only once. And that was by no means in admission of a mistake of his own making. Instead, he noted that he was "shocked" that markets did not work as anticipated. "I made a mistake in presuming that the self-interests of organizations, specifically banks and others, were such as that they were best capable of protecting their own shareholders and their equity in the firms."

Self-interests indeed. The level of wealth generated by the architects of highly complex but fundamentally unsustainable debt-bearing vesicles were hardly doing it for the betterment of society. Greenspan's assumptions that markets will look after their longer-term survival by undergoing some short-term pain and lower profit margins sounds astonishingly naïve. Naïve because the prevalence of short-term aggrandizement and enrichment are the heart and soul of twenty-first century capitalism and consumption.

Psychodynamic theories of personality functioning posit that the most glaring failures of the capacity to relate to others in the reciprocal manner to which Greenspan is alluding occur as part of the personality disorders, particularly those

on the narcissistic spectrum, where the securing of constant reaffirmation is seen by the individual as essential to psychic survival. The consummate narcissist sees others simply as an extension of him or herself, as tools for the expansion of the self for the short-term gratification of a need for affirmation and ego bolstering. This is our mal du siècle, the defining personality of our financially inept globe. This is not a financial meltdown, it's the inevitable collapse of a narcissistic system into self-pitying meltdown.

Narcissistic markets

If you need some convincing that narcissism is at the heart of our modern financial markets, you need look no further than a list of the earnings of top Wall Street executives, many of whom are at the helms of organizations that have been responsible for the irresponsible lending that has led to the crisis. While they have lost hundreds of billions between them in bad loans, Wall Street executives have managed to ensure annual salaries and bonuses in the dozens of billions for their ineptitude.

According to calculations by the Wall Street Journal, conducted in October 2008,[2] Wall Street executives are owed around $40 billion in bonuses from the 2007 financial year—the period during which bad debts and write-offs began to gather pace, throwing into stark relief the unsustainability of the lending practices over which these executives presided.

These are the same banks who are the recipients of the tax money that is being used to bail them out by frantic government officials who encouraged the extension of such loans and who are now charged with mopping up the results of the debt orgy.

In other areas of the financial markets—principally those charged with managing and investing the fortunes of the top earners—the self-enrichment is even more pornographic. James Simons, director and President of Renaissance Technologies, took home $1.5 billion during 2007 for managing a hedge fund that controlled investments worth around $30 billion during the same period.

Simons' peers are not far behind. The New York State comptroller estimated that Wall Street paid $33.2 billion in bonuses for 2007, compared with $33.9 billion the year before.

During 2007, overall total compensation of the highest-paid executives increased 20.5 percent on average, while revenues increased 2.8 percent, according to a study entitled Executive Excess 2007, published by United for a Fair Economy.[3] The same study found that the Chief Executive Officers (CEOs) of large U.S. companies during 2007 made as much money from just one day on the job as average workers made over the entire year. The top 20 private equity and hedge fund managers, Forbes magazine estimated in October 2008, pocketed an average $657.5 million, or 22,255 times the pay of an average US worker. Workers at the bottom rung of the U.S. economy have just received the first federal minimum wage increase in a decade. But the new minimum wage of $5.85 still stands 7 percent below where the minimum wage stood a decade ago in real terms. CEO pay, over that same decade, has increased by roughly 45 percent, according to Executive Excess 2007.

Excessive CEO pay is fundamentally a corporate governance problem, according to critics. But when the board is structured so that the chief executive officer also chairs the board, narcissism is a more pressing obstruction. When the same man serves as both chairman and CEO, it is impossible to objectively monitor and evaluate his performance. He, in grossly narcissistic style, need make reference to none other than himself for a glowing appraisal of his performance.

But even for America's Joe Citizen, the weighting of the

economy's fortunes on consumption and personal enrichment is a fundamental flaw. Consumer spending makes up more than 70 percent of American economic activity. So when the average consumer gets offered unsustainable levels of debt (ably assisted by the regulatory authorities and his indulgent banker), if he has his own narcissistic leanings, he'll accept with open arms in the interests of the short-term gratification that his newly acquired spending power affords him.

Loans to the value of 120% of the value of a home, 40- and 50-year mortgages and 6- and 7-year car loans were the norm in our recent boom times. We were, in simple terms, living way beyond our means. That much was obvious to any casual observer who cared to note that some homeowners faced the very real risk of dying before the term of their home loans expired. And our mindless, narcissistic delusions only encouraged this kind of excess. The excesses lead to a feeling of fullness, of temporarily being complete, safe and less exposed to the emptiness that is at the core of narcissism.

The narcissistic emptiness and the narcissistic wound

The psychodynamic literature accounts well for what happens when the fullness of narcissistic indulgence collapses—as it must, by virtue of its Icarus-like trajectory—into the narcissistic wound. Narcissism, which is conceived in psychoanalytic terms as an alienation from one's true, sustainable self, leads to all manner of elaborate defences to avoid an encounter with this essential, flawed and unremarkable self. Diagnostically, it expresses itself in grandiose fantasies of self-importance, the pursuit of limitless power, influence, wealth and achievement. The narcissist needs repeated recognition of his or her brilliance and is loathe to have attention drawn to evidence that might hint at the opposite.

When the defences are shattered, the result is often rage and an overwhelming sense of emptiness, a stark reminder of one's mortality and finitude. Among the more narcissistic of patients, this is often the time when the risk of suicide is greatest. Although there is little in the way of formal research to support it, there is a case to be made for the fact that this narcissistic collapse is a significant contributor to the remarkable increase in antidepressant use over the past two decades.

Dodging the blues

Best-selling author of "Mad in America",[4] Robert Whitaker, tracked the profits of psychotropic medication sales since the first SSRI, Prozac, arrived on the market in 1987. He found that psychotropic medication expenditures were about $1 billion in 1987, but by 2004, had increased 40-fold to $23 billion. According to Mr Whitaker's analysis, global sales of antipsychotics went from $263 million in 1986 to $8.6 billion in 2004, and antidepressant sales rose from $240 million in 1986 to $11.2 billion in 2004. Prozac skyrocketed from 2.5 million prescriptions in 1988 to around 33 million in 2002.

Now, granted, it's an old fashioned idea to actually feel emotional discomfort without taking something for it. But does not our willingness to spend money on mind-altering substances suggest that we're firmly taken by the idea that distress is just another medical annoyance to be dispensed with through medication. This is consonant with the narcissistic intolerance for frustration of one's attempts to fulfil fantasies of grandiose omnipotence. Down time (or depressive pathology) is simply a distraction from the pursuit of this innate perfection. Back in the days of yore, when there were not as many readily available, legal drugs on the market, there was an assumption that people would try to get to the source of the problem, rather than simply prescribing drugs.

"The psychodynamic literature accounts well for what happens when the fullness of narcissistic indulgence collapses into the narcissistic wound."

More prescriptions are dispensed for antidepressants—232.7 million throughout the USA in 2007—than for drugs of any other type, according to the data firm, IMS Health. US sales of antidepressants totalled $11.9 billion in 2007, IMS Health reports. But of some interest is the fact that antidepressant sales grew by a more moderate 3 percent in 2005, down from 4 percent growth in 2004 and 5.5 percent in 2003.

What's more telling, however, is the trends that appear from more detailed study of antidepressant prescription. A study of antidepressant use in private health insurance plans by the New England Research Institute[5] found that 43 percent of those who had been prescribed antidepressants had no psychiatric diagnosis or any mental health care beyond the prescription of the drug.

Unlikely statistics

The above three trends make a compelling triumvirate of narcissistic functioning: Excessive and unsustainable debt; excessive and unchecked accumulation of wealth; and an exponential increase in the tendency to address emotional distress with medication, often in the absence of any insight-oriented attempt to obviate the likelihood of repeated bouts of similar distress.

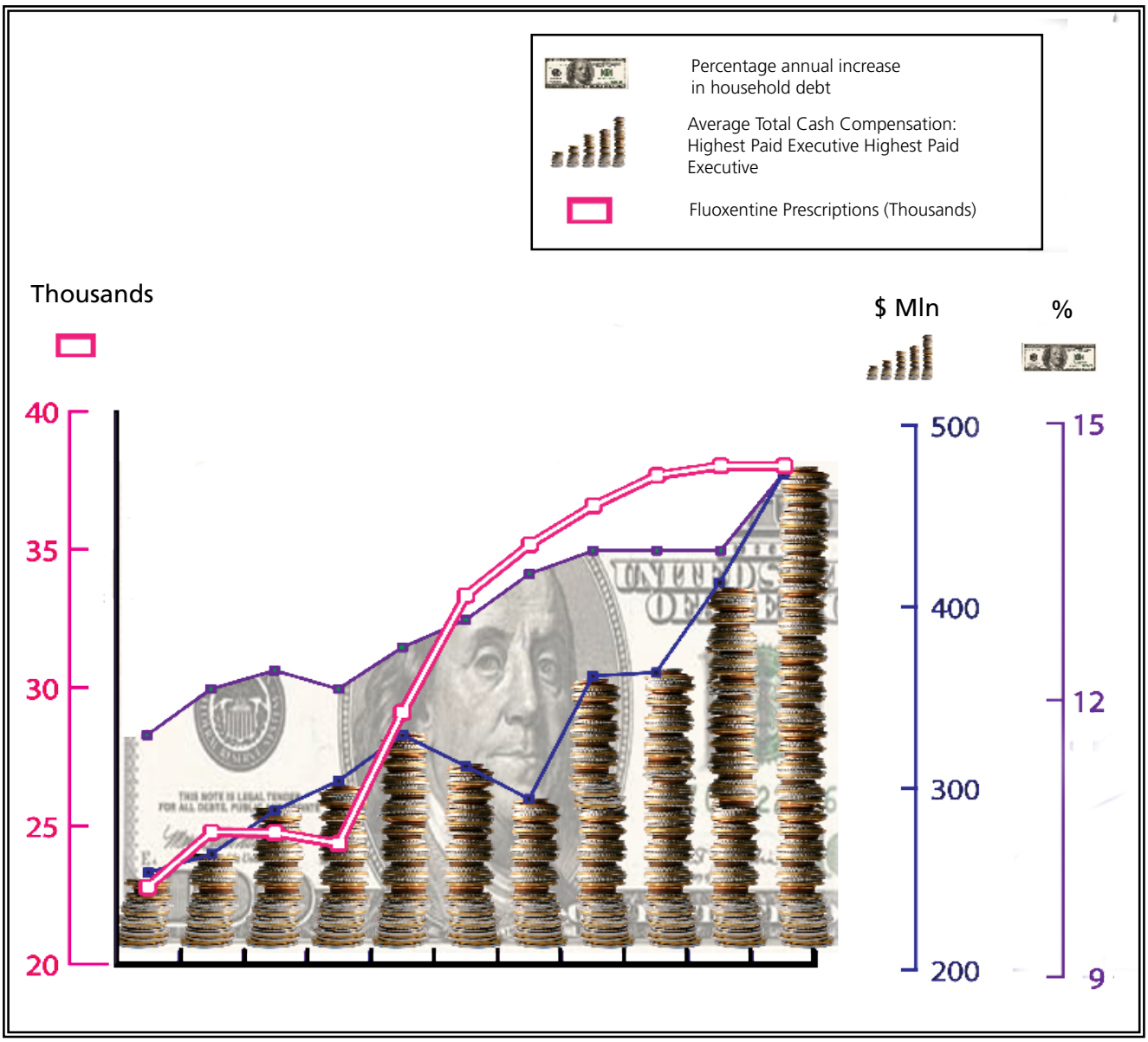
On a graph, they make compelling, if historically unlikely statistical bedfellows. The figure below illustrates the three and suggests something about their relationships to one another. Of perhaps most interest is the change in trajectory that all three have evidenced (for reasons that are too complex and speculative for this analysis) in the past few years, as the sustainability of all of them becomes more obviously tenuous.

What is of real interest is the sense that might be made from such unlikely statistical charts. Carlos Camargo of the Stanford University School of Medicine, commenting on the

correlation between higher rates of antidepressant use and lower rates of suicide over the same period, notes:

"A simple statistical association should not be confused with causality! For example, the authors did not take into account the possible influences upon suicide rates of the well-known economic expansion in the United States during the 1990s. For more than a century, scholars have mentioned the intricate and complex association between rates of suicide and economic parameters (e.g., poverty, unemployment, Gross National Product per capita, etc). For example, after the great crash of the stock market in the late 1920s and the ensuing Great Depression, the rate of suicide in the USA increased dramatically for several years, and then decreased as the economy improved." [6]

If Camargo's argument holds water, the coming decade will be a telling one in the management of excessive debt, excessive wealth and antidepressant use. And one of the key markers of how we manage it may well be the attention we can pay to excessive narcissism and the societal management of its origins and expressions.



Endnotes

1 Tyler Cohen, October 17, 2008, New York Times.

2 Wall Street Journal – October 31, 2008

3 Executive Excess 2007, United for a Fair Economy, Aug. 29, 2007.

4 Robert Whitaker, Mad in America 5 http://www.sciam.com/article.cfm?id=the-medicated-americans

Scientific American, February 2008.

6 Carlos A Camargo, MD/Emeritus Professor of Clinical Medicine, available 10 October 2008, http://medicine.plosjournals.org/perlserv/?request=read-response&doi=10.1371/journal.pmed.0030190

7 Modeling of the Temporal Patterns of Fluoxetine Prescriptions and Suicide Rates in the United States Milane MS, Suchard MA, Wong ML, Licinio J PLoS Medicine Vol. 3, No. 6, e190 doi:10.1371/journal.pmed.0030190

Conferences

2 - 5 December, 2008: **A Place in the Community... and Beyond**
Where: Convention Centre in Albuquerque, New Mexico
Website: www.kessjones.com/events/BHC08/BHC08.html

6 December, 2008: **Psychopharmacology for psychotherapists: An interactive workshop**
Where: The Metropolitan Centre for Mental Health located on West 165th Street, New York
Website: www.mitpp.org
Email: mitppnyc@aol.com

24 January, 2009: **Applying the Science of Positive Psychology to Improve Society**
Where: Garrison Theater, Claremont, California
Website: www.cgu.edu/pages/5808.asp
Email: paul.thomas@cgu.edu

26 - 30 January, 2009: **23rd Annual San Diego International Conference on Child and Family Maltreatment**
Where: Town and Country Resort & Convention Center 500 Hotel Circle N , San Diego , CA
Website: http://www.chadwickcenter.org
Email: sdconference@rchsd.org

11 - 15 March, 2009: **Summit for Clinical Excellence**
Where: San Diego, California
Website: www.bfisummit.com

26 - 28 March,
2009: **The Sixth International Conference on Positive Behaviour Support**
Where: Hyatt Regency Jacksonville Riverfront, Florida
Website: www.apbs.org

20 - 22 May, 2009: **National Scientific Conference**
Where: East Midlands Conference Centre, Nottingham
Contact: Joanne Greenwood
Email: joanne.greenwood@nottshc.nhs.uk
Tel: + 44 115 969 1300
+ 44 115 969 11809

4 - 7 June, 2009: **National Eating Disorder Conference - Advanced Treatments for Eating Disorders**
Where: Las Vegas
Website: www.bfisummit.com/

27 - 28 May, 2009: **2nd International Anxiety Disorder Symposium**
Where: Academic Medical Centre, University of Amsterdam
Contact: Ms. Marije Wiegerinck
Email: info@adsymposia.org
Website: www.adsymposia.org

Send conference information to info@newtherapist.com or fax to +27 33 342 7644.