‘A double-edged sword’: understanding gifts in psychotherapy

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Abstract

This paper discusses the range of interpretative and communicational meanings accorded the giving and receiving of gifts within the psychotherapeutic encounter. It forms a first report of the qualitative analysis of an open-ended survey on this topic completed by eighty British psychotherapists. When a gift was given, as well as what it was, informed the meanings conferred upon it by therapists. These meanings included aggression as well as gratitude or (negotiation of) dependency. The study identified a range of experience and practices around receiving and interpreting gifts which prompts questions about their unconscious elicitation, but also militates against specifying prescriptive guidelines for practice. Attending to the gendered and cultural relations elaborated through these reports of gifts invites a more nuanced discussion of gift giving as acting out (or acting in) within therapy. Moreover, beyond issues of the relative ‘health’ or ‘inappropriateness’ of gifts, it is suggested that more general questions arise through the evaluation of gift giving. These concern the relationship between therapy as a specific cultural site and the broader practices within which it is situated.

Keywords: psychotherapy, gifts, qualitative research

This article is based on data collected as part of a Gifts in Psychotherapy Project which analyses eighty questionnaires completed by members of the Society for Psychotherapy Research (SPR) and a sample of junior psychotherapists predominantly using various types of psychodynamic psychotherapy. A quantitative analysis of the same data and details of the methodology used are available in Amos and Margison (in preparation). This paper provides an overview and preliminary qualitative analysis of therapists’ self-reported gift experiences, with more specific areas of discussion taken up in Goldberg et al. (in preparation).
Interpretative and practical limitations

In offering our interpretations we should first draw the reader’s attention to methodological limits to evaluating specific practice implications from this analysis. First, it should be noted that some of the data come from volunteer questionnaire returns from therapists who were sufficiently involved in research to be members of a research-based society (the SPR).

Second, these were the members who considered research on gift giving in therapy important enough to complete and return the questionnaire (for which we are very grateful).

Third, further selection may follow from a sample composition of therapists willing to recount their gift-giving experiences; as with any questionnaire, answers may be skewed towards those experiences that felt ‘safe’ enough to disclose, whether for reasons of confidentiality, professional vulnerability, or from pressures to present the researcher with ‘relevant’ or colourful data.¹

Fourth, it may appear – in particular to practitioners – that our account is broadly descriptive and confirms rather than extends already held views in this area. Here we should point out that little or no previous work has actually set out to generate accounts from practitioners of gifts-in-therapy experiences, and, further, that documenting practice as a way of generating relevant theoretical debates is valuable. Our account here is necessarily descriptive since it is based on therapists’ accounts, although, as discussed below, the lack of clarity on how to handle gifts, the variations in practice and the different meanings attributed to gifts at different points within a therapeutic relationship form a clear preoccupation for therapists. Moreover, as part of portraying the broader contexts of individual therapists’ gift experiences, we indicate below how situating the analysis within a broader interrogation of the cultural meanings of gifts outside therapy can extend understanding of the range of meanings they fulfil within it.

Thus, the analyses presented within this paper are offered tentatively and are not meant as guidelines for practice. Rather the purpose of this paper is to stimulate debate into an under-researched area of therapeutic practice, that of gift giving in therapy. Despite these limitations we present the following discussion because of the theoretical and technical significance of gift giving in therapy. That this is an area of some concern to therapists was indicated not only by the relatively high rate of return (47 per cent) of questionnaires, but also by the reflective and questioning character of the responses. Respondents commented that the process of completing the questionnaire had been useful in helping them formulate and evaluate their gift experiences. In this respect the study served a similar purpose for the researchers involved, as we² also attempted to explore uncharted and, we suspected, sensitive territory. Hence our aim in this paper
is to discuss the range of therapists’ accounts in order to invite further
reflection on the meanings, responses to, and practices around, patients’
gift giving. The paper explores how gifts have been given and received in
therapy; the resources and strategies drawn upon to evaluate the meanings
of giving and receiving of gifts; and therapists’ own accounts of their
emotional investments.

Form of analysis undertaken

The account we offer was generated by a thematic analysis of responses to
the questionnaire, informed by the quantitative analysis generated so far,
but attending in particular to those parts where open-ended responses were
invited or additional comments made. 3 These were initially transcribed
from the original handwritten questionnaires and iteratively read until
forms of categorization or themes emerged structuring the corpus of text
(see Banister et al. 1994). In particular, the qualitative analysis focuses upon
examples provided of gift giving, what was given, when and what happened.
These formed the basis for discussion among the research team, and under-
went further revisions and debate until all were satisfied that the themes
both indicated the range of responses within the open-ended material and
addressed specific areas of interest to theory and practice.

As with any thematic analysis, not all of the questionnaires instantiate
each of the structuring themes we discuss below. Rather our aim was to
generate some initial descriptive parameters of the whole research corpus
to indicate major areas of concern, focus and orientation. For each of the
areas we discuss, we indicate the typical (most frequent) response, followed
by different ‘takes’ or illustrative examples of areas of complexity. Thus,
while some note was taken of major changes of position or contradiction
within each questionnaire response (to which, indeed, we occasionally draw
attention below), the constraints of the construction of the questionnaire
prohibited detailed interpretation of individual trajectories. While all
the participants were anonymous but (mostly) provided information
regarding age, gender and professional background, we offer quotations
here as illustrative both of the material and of key areas arising for
discussion. We therefore draw attention to information regarding the
participant’s background only where we feel this is relevant to the point
being made. 4

Moreover, our understanding of the process of engagement with this (as
with any) questionnaire was that the questions prompted a process of
reflection and re-evaluation for the participants such that fluctuations
of perspective – far from indicating some kind of inconsistency or ‘faulty
logic’ – might instead indicate its function as a tool to prompt further
thought (Burman and Parker 1993), as several indicated at the end of their
responses. Indeed, we would see this analysis as a starting point for further, more systematic, detailed and qualitative investigation of therapists’ accounts of gift experiences, and how these might intersect with particular professional or training orientations. However, as we will suggest, since there seems little by way of formal or specific theoretical framing of this within discussions of psychotherapeutic technique, this analysis, like much qualitative research, can perhaps be envisaged as a site for theory generation. Since psychotherapy and psychoanalysis themselves emerged from case-by-case theory generation, we would suggest that qualitative forms of analysis may indeed be highly appropriate approaches to attending to the significance and elaboration of the specific nuances of meanings so central to psychotherapeutic practice – and which gift-giving experiences instantiate (Burman in press).

**A significant silence? ‘Gifts in psychotherapy’**

Although there is a vast general literature on ‘gifts’, this is not the case in psychotherapy where an intriguing silence predominates. It was in an effort to explore this absence that one of the questions directly addressed the therapists’ knowledge of any material on gifts and psychotherapy. Despite some exceptions of the type ‘it may have been mentioned by Patrick Casement’ and the comment ‘I’m sure Freud wrote something’, the study indicated a lack of knowledge, alongside a sense of theoretical importance that also reflects the paucity of academic writings on the topic. This lack was accompanied by some sense of concern about the lack of ‘guidelines’. As one respondent wrote:

>{[I] would certainly be interested in any research on the subject. {We} do not even have any clear guidelines within our team as we all come from different professional backgrounds.}

Whether this concern was generated through the sensitization resulting from completing the questionnaire or not, this appeal for guidelines suggests a sense of insecurity around gifts in therapy. However, while guidelines have their uses, they can also deflect personal and professional responsibility for decisions on to an ‘external’ authority. We might surmise that interest in policy guidelines not only reflects therapists’ concerns about these potentially intimate, cultural (and maybe difficult) exchanges, but also the increasingly technical and less ‘humanistic’ climate of psychotherapy itself. But even as respondents requested guidelines, there was an awareness of the difficulties involved in regulating this highly contextual and idiosyncratic phenomenon. As one respondent pointed out, ‘gifts mean different things so the guidelines would be: what does that mean?’
Similarly, our aim in this paper is to report and explore rather than prescribe. As this research perhaps demonstrates, standardized guidelines would fail to address how patients transgress boundaries in ways that are difficult to anticipate or regulate, such as saving gifts until the last session, sending them in the post or leaving them at a clinic’s reception. Moreover, calls for guidelines also tend to limit the notion of the gift to a purely material artefact, ignoring the fact that smiles, jokes and dreams are often cited by therapists as having a gift-like symbolic status (Lewin 1953; Kritsberg 1980; Kimball 1985). Faced with such inventiveness, it is left to the individual therapist to devise their own policies on the acceptance and interpretation of gifts, giving rise to dilemmas:

Some people seem to feel accepting all gifts is wrong – although in practice I have never witnessed anyone implementing this position.

However, while restrictive guidelines might be unhelpful, the confusion surrounding gifts does seem to be exacerbated by the lack of professional discussion about the topic. Many respondents seemed to use the questionnaire as an opportunity to recount and re-evaluate gift experiences they claimed they had not thought or talked about since the incident happened. This supports some of the authors’ own experiences as practising therapists of the lack of open discussion among colleagues on the subject of gifts, and which prompted one respondent to admit that she had ‘never discussed it with others’. From the responses it is not clear that the lack of open debate was mitigated by therapists taking the gift experience into supervision.

Psychoanalysis and gifts

As most respondents in the study were psychodynamically informed therapists, many accounts drew upon psychoanalytic understandings of ‘transference’ and ‘countertransference’ to evaluate the significance of their patients’ gifts and their own responses to them. More surprisingly, however, non-analytic therapists also seemed to move into a psychoanalytic vocabulary when striving to understand the meaning of a patient’s gift giving. This could indicate three possibilities. First, that psychoanalysis, with its emphasis on unconscious motivation, is more readily amenable to theorizing gifts. Second, since therapists tend to experience gifts as a ‘problem’ (see below), psychoanalysis lends itself to a problematization of what, in other contexts, would be regarded as ‘normal’ social behaviour. Third, this highlights the availability, presence and dominance of psychoanalytic discourse as a cultural resource (Parker 1997). Since gift giving is frequently also a familial activity, its occurrence in therapy makes it particularly attractive for transferential and countertransferential interpretations.
The ‘problematic’ nature of the gift was specifically expressed by one therapist, although whether this remark was meant to indicate some ‘problem’ in the patient or referred to the confusion of the therapist was unclear. In an attempt to define the meaning of a gift, ‘confusion’ and ‘problem’ may become synonymous, with the former perhaps too readily slipping into the latter. This may perhaps relate to similar difficulties in the ascription of the psychoanalytic concept of ‘acting out’ (or in some cases ‘acting in’). While ‘acting out’ is rarely mentioned by name in the psychoanalytic literature on gifts – as also in the questionnaire responses, it was sometimes implied through conjunction with notions of transference (Talan 1989), as where a gift is interpreted as having a ‘defensive function’ substituting for verbalization and recollection (Silber 1969).

While a broader discussion of the definitional difficulties of acting in (or out) are beyond the scope of this paper, we can perhaps note here how in relation to gifts such ambiguities are linguistically reflected in how the term ‘present’ can be both verb and noun. However, the peculiarity of the gift is that it calls forth some response or ‘action’ from the therapist while also evoking powerful countertransference reactions. This combination makes the offer of a gift especially a ‘problem’, an experience which only adds to the general reported confusion about how to deal with gifts.

Although a psychodynamic understanding of gifts was prominent in the responses, there were also some exceptions. One respondent, commenting on supportive work with ‘psychotic’ patients, assessed the status of gifts in these cases as ‘much less clear’. Indeed, there is evidence in the literature that gift giving by those labelled ‘psychotic’ is viewed as a positive step forward in the patient’s establishment of reciprocal relations (see Meares and Anderson (1993) for an account of ‘the gift’ as simulating some of the functions of a ‘border’ or ‘transitional object’). Further, a cognitive analytic therapist (CAT) cited the practice of writing good-bye letters (involving the therapist) as an integrative part of the therapeutic process, allowing both client and therapist to exchange feedback about the therapy and any feelings of ‘loss’. It was claimed that this ‘tends to result in no (additional) gifts’. This suggests that the ‘letters’ in themselves take over many of the functions of a ‘gift’.

In group therapeutic work it was reported as common for members to exchange gifts with each other, as well as with the therapist. This is supported by a case reported by Smith and Vannicelli (1985) in which members of a group marked the ‘loss’ of a co-leader by the presentation of a communal ‘keepsake’, in which each member of the group was individually represented within the motif of the gift. In a similar fashion, our study also generated accounts from therapeutic communities where the ritual giving of gifts was considered an accepted way of exploring feelings
evoked as part of the process of communal living, and where gifts were often kept in the community for years.

Hence, how a gift was accepted appeared to depend on the parameters pertaining to different therapeutic contexts. While, within the frameworks of the therapies cited above, gifts were not necessarily considered a ‘problem’, it remains to be seen if they would also evoke similar, though perhaps more ‘collective’, anxieties elsewhere. Moreover – as with other matters of therapeutic dogma – such distinctions and adherence to particular approaches may well be less clear-cut in actual practice.

**Acting out or getting out**

From the accounts it seemed that *when* a gift was presented determined how it was received and treated. There emerged a clear distinction between gifts given during therapy, and those at the end, with gifts given during therapy more likely to be viewed as problematic or, at least, as something to be ‘worked through’. Here, again, notions of ‘transference’ were called upon, as in

> most gifts are given at the end of the last session of therapy. When they are not, there is usually an important transference issue involved

The appeal to transference issues was for one therapist accompanied by an explicit warning and evocation of ‘danger’.

> Beware erotic(ized) transference with regard to gifts given during therapy.

**Engendering seduction?**

The position taken by this therapist reflects that often taken in the psychoanalytic literature where gifts given by both male and female patients can be interpreted as part of an eroticized transference, or even an overt attempt on the client’s part to inveigle the therapist into sexual behaviour. Since this ‘danger’ has historically been associated with female client/male therapist relationships, gifts given by women may be regarded and treated as especially suspicious. Within the more litigious climate of North American society, definitions of ‘boundary violations’, including gift giving (in its widest possible sense, including invitations to dinner), are increasingly being directed by legal considerations and the imperative to ward off any ‘appearance’ of inappropriate behaviour (Gutheil and Gabbard 1993). Perhaps because this issue is sensitive, our study generated no male therapists’ accounts of gifts interpreted as overt sexual seduction, although
the theme was referred to obliquely in the comment cited earlier about wariness of erotic transference. In fact, there was only one mention of sexual misconduct provided and this was an attempted male seduction of a female therapist.

Here we perhaps need to consider the relative positions of male and female therapists, and how the history of psychoanalysis has sometimes been documented in terms of the abuse of female patients (Masson 1988). Consequently, while a woman therapist might feel secure in reporting such an incident (helped in part by a societal perception of women as less sexual than men), a male therapist might worry that just to raise the suggestion of sexual invitation might inversely invite reflection on their own conduct. Such interpretative matters highlight how social-political and cultural conditions inevitably enter into the therapeutic environment through and with gift giving.

**Gifts at the end vs. gifts during therapy**

When asked how they dealt with gifts given during therapy, many respondents reported that they tried to keep gifts ‘alive’ throughout the sessions. This often involved putting the gift ‘on hold’ (including decisions on acceptance and rejection) until an opportune moment for exploration or, as the therapist below notes, as an active ‘participant’ or ‘presence’ within the therapy, as in:

> I have a personal rule that gifts given during therapy should (where possible) remain part of therapy i.e. stay in the room and be available to future sessions. Gifts then become another form of symbolic communication and are treated as another manifestation of transference.

In contrast, gifts given at the end of therapy were, on the whole, seen as less ‘problematic’ and were usually accepted. Respondents made many clear references to a therapeutic ending marked with a ‘small and appropriate’ gift which was then ‘graciously’ accepted, as in ‘[s]ometimes a small gift given at the end of many years therapy is an indication of progress and refusing it (as opposed to interpreting plus accepting) would be wrong’, or, as another therapist put it, such gifts represented, ‘a cheap, clean, simple expression of thanks for help’. It should be noted that the criterion of appropriateness was appealed to as self-evident (rather than itself a social construction), in ways that indicate something of the broader cultural meanings of gifts as reproduced within therapy. Thus the production of ‘cheap’ commodities designed specifically for the gift market may be seen to collude in a sanitization or depersonalization of potentially intimate (and, perhaps, dangerous) relationships.
The distinction made between gifts given during, and at the end of, therapy presents further anomalies. While, as already discussed, gifts given during therapy were more likely to be perceived as transference or ‘acting out’, yet precisely by virtue of being given during therapy they were available for working through and so, strictly speaking, not really ‘acting out’ (in the sense of acting outside the therapeutic situation) but ‘acting in’. Correlatively, while those gifts given at the termination of therapy were examples of ‘acting out’ proper, they still tended to be treated by the majority of our respondents as less of a problem and were usually accepted in this spirit. This perhaps would seem to support the idea that the ‘problem’ lies more in how the therapist decides to deal with the gift than in the pathology of the client.

**Gifts as marking boundaries**

Whether a gift was accepted at the end of therapy or not often seemed to depend on the assessed ‘appropriateness’ of the gift and whether (as was often reported) the gift was offered as the patient left the room. Sometimes, the decision to accept or not was discussed as having been pre-empted by the patient leaving the room before a gift could be opened. This left the therapist with ‘no time to interpret’, and robbed of their interpretative role. As one therapist admitted, this left them feeling,

uncomfortable – not sure what to do about not having been able to acknowledge it/discuss it with her.

Another therapist, meanwhile, provided an insightful overview of these difficulties,

I think gifts given at the end of therapy are particularly difficult, because they are poised on the boundary of the person being a patient/ not being a patient – and when it is almost impossible to explore the meaning of the gift.

In this sense, the gift given at the end of therapy represents a ‘dual phenomenon’ for the therapist. On the one hand, there is a desire, on behalf of the therapist, to confirm the patient’s new social status (and boundaries) that termination of therapy typifies, without failing to attend to any disguised communication carried by the gift. Some respondents reported going some way to resolving their own dilemmas about this situation by sending ‘a thank you note’ to the client. It would thus seem that more general social obligations of the act may be experienced as stronger at this boundary point than they would be at other times during therapy.
Apart from termination of therapy, gifts were most commonly reported as being given at Christmas, after a client’s holiday, after breaks in therapy (where they are especially open to transference interpretations) and sometimes following a client’s ‘bad patch’ or ‘difficult spell’.

‘Cost’

In addition to ‘appropriateness’ respondent accounts focused on the financial cost of a gift. Those gifts viewed as excessively expensive tended to be rejected or kept ‘on hold’ and revisited at the end of the therapy. In one instance, a therapist tackled what he/she called the ‘patient’s idealization’ (the offer of a valuable gift) by suggesting that the gift be replaced by something more appropriate or, as the therapist termed it, ‘a more realistic assessment of the therapist/therapy’. In other cases, patients could be described as anticipating and outmanoeuvring the therapists’ delaying tactics by offering perishables such as flowers and food. The notion of ‘valuation’ of a gift suggests some social criteria by which a therapist arrives at and quantifies an ‘appropriate’ expense. This begs the questions of how such an amount is arrived at by consensus and how, for example, such criteria vary across both NHS and private sectors.

Power and gratitude

While gifts clearly offer potentially important ‘material’ for the task of therapy, they also appear to be used within the negotiation of power relations – which in turn can be regarded as at the heart of the therapeutic process. Seen in this light, the gift-at-the-end may be a ritual marker of a client’s disentangling themselves from, or transcending, their patient role and thereby asserting (self) control and a non-patient/non-problematized position. Beyond this, the gift may function as a means for the patient to re-negotiate, cross over or even subvert the pre-existing parameters of the therapeutic relationship. In therapeutic terms this is exactly why gifts were often viewed as problematic and seen as a ‘boundary issue’. The giving, and choice, of gift could be regarded as a communication about the therapy or therapist, an example of giving the therapist a taste of their own medicine. As an illustration one respondent cited the example of a client who obtained considerable enjoyment and power by presenting a gift during therapy when she knew very well how it would be interpreted.

It would seem that the gift given at the end is potentially the most empowering for the client as, first, it leaves the ‘last word’ to the client and, second, it is not a ‘word’ but an act – something non-verbal and, therefore, an antithesis to therapy. Further, the gift was regarded as impelling the therapist into an assessment of their worthiness, a calculation that does not
necessarily relate to the number of gifts received. As one respondent concluded when reflecting on his practice as a GP, ‘over half {of gifts} came from patients I’d done no good to’.

**Do we unconsciously invite gifts?**

An understanding of gifts may require an understanding of the personality and style of the therapist as well as of the client. Thus, one therapist pointed out that gift experiences may relate to the therapist’s own dynamics, for example, concerning giving/receiving gifts in their own lives. As one respondent commented:

> I have often wondered if different therapists get given gifts at different phases in therapy.

While, in the questionnaire corpus, several therapists reported their three gift examples as occurring at holidays/breaks, another suggested:

> Therapists’ (other) boundary behaviours would be of interest in relation to accepting/declining gifts.

It would appear that therapists generate their own specific gift patterns. While one respondent reported being offered what were the two ‘biggest’ gifts in the study, most respondents reported receiving gifts rarely. There were a number of examples of therapists reporting no gifts. One retired female therapist claimed she received no gifts after thirty-five years of therapeutic work, and another only twice in twenty years’ practice. Yet, on the other hand, some therapists reported a number of examples of gifts. We could speculate: are therapists who receive many gifts ‘better therapists’? Alternatively are therapists who rarely receive gifts those who are able to ‘contain’ the therapy so that the therapy itself is ‘enough’? As one therapist asked: ‘Do we unconsciously invite gifts?’ Clearly, such matters depend on the particular ‘take’ or interpretation of therapeutic approach, which in turn may relate to the personality/background of the therapist. However, responses highlighted other factors involved in evaluating the gift, including the mobilization of gender dynamics.

**‘Never had a gift from a man’: gifts as gendered**

Outside therapy gifts are widely regarded as culturally gendered (Strathern 1989). By this we do not mean merely the fixed stereotypical gender differences of *Men are from Mars, Women are from Venus* (Gray 1996), but rather how gifts have taken on historically gendered, and often feminized,
associations. Culturally women have been used as ‘gifts’, being ‘given away’ within patriarchal relations (Brown et al. 1981), which raises interesting questions about women’s identifications as gift givers rather than gifts. The issue of gender was salient to some respondents. One asked, ‘Do male patients give as often as female? Is it a gendered issue?’, while one female therapist commented, ‘as far as I can remember I have never had a gift from a man [in 20 years practice]’. There were also examples reported of mothers and wives of patients giving gifts, and the female partner of a mixed-sex couple in therapy. Superficially the responses supported a gender bias, with therapists reporting more than twice as many gifts from women as from men. However, this may simply reflect the general predominance of women (approx. 66 per cent) as patients in therapy.

Cultural and racialized issues

As already noted, responses did not tend to focus much on cultural issues. This may reflect the more general lack of literature and understanding of cultural/racialized issues in psychotherapy. Compared with the volume of literature on gift giving in anthropology, economics, popular culture, women’s studies (Otnes and Beltramini 1996), it is perhaps surprising that so few cultural associations and links seem to be made in psychotherapy. Significantly only one therapist in the sample identified themselves as non-white/Caucasian. Thus, this absence could have arisen from therapists too readily viewing/interpreting from their own cultural (and psychological) standpoint, and thereby missing particular cultural significances (which would have their own transferential dynamics – including those related to issues of inequalities and oppression). There were a handful of notable exceptions, however, in which the account of the gift was directly related to the client’s cultural/racialized background, where – as ever – the client carried the markers of ‘race’/culture as minoritized, in relation to the culturally dominant therapist (Burman et al. 1998). Thus a Tamil patient was reported as expressing the importance of gifts in her culture and extended family by telling her therapist that she ‘would have felt snubbed both personally and culturally if I were to refuse the gift’. In another example, a black client gave their white therapist a ‘cooking book written by a black woman’ in recognition of the ‘black/white struggle’ that had recurred in the therapy. (Clearly this also contains gendered associations.) In both these cases the gift was reported as having generated discomfort for the therapists. In addition, two Jewish clients were reported as having given gifts of books which explicitly related to their cultural background/heritage.
Class issues: ‘an emotional balance of payments’

We would argue for the need to situate an understanding of gifts, not only in the context of the therapeutic relationship, but also in the social contexts in which therapy itself is practised. The increasingly commodified, professionalized and individualized nature of care and support sets the context for modern gift giving. Psychotherapy itself has, arguably, become commodified as part of the wider socio-economic climate of marketing and contracting of services in which relationships of care are now costed.

Gift giving – inside as outside psychotherapeutic contexts – makes this cultural-economic situation explicit, but also is conventionally regarded as a free, ‘altruistic’ act. Yet ideologies and rituals surrounding the gift have their own ‘rules’ which may be felt to be as powerful as the ‘rules’ guiding therapy. We might recall here that the gift economy of modern Western societies is regarded as having developed as a subversion of what is felt as an overwhelmingly impersonal and alienated capitalist economy (Cheat 1996). Thus gifts seem to occupy an important if contradictory place in negotiating the relationship between the culture of therapy and the culture that has given rise to therapy – as a specific site that resists the commodification of caring relationships albeit through commodified means.

The majority of therapists participating in this study saw NHS clients. Concern was often expressed over how much gifts cost, particularly when patients were on low incomes or in receipt of benefits. Hence, while a gift of an expensive pen was seen as appropriate because the client ‘had no financial worries – so I didn’t feel concern or guilt as I might with the majority of NHS patients’, another therapist commented on how a bottle of ‘reasonably expensive wine’ was given at the end of therapy just before Christmas:

I think this was a class issue. They were conscious of the fact that they were from a different social class but perhaps felt that their association with me had brought them to some extent into my class. Ironically, my own origin was their social class and part of my affection for them was their similarity to my parents.

While there was often concern over gifts that cost money, ‘[the gift was] less problematic as she hadn’t bought it’, but also sometimes a disappointment was acknowledged at the cheapness of the gift. While differences might be expected in gift giving in private/NHS therapy, one therapist noted gifts being used like an ‘emotional “balance of payments”’. Occasionally, clients who were unable to meet (private) fees ‘were inclined to offer token gifts e.g. such as garden produce from their allotment’. There was also (rarely) some ‘bartering’ or ‘gifts in lieu of fees’, e.g. paintings and where,
as the therapist commented, ‘the principle of “painting = money” was an important validation of the patient’s main activity in life’. There was some support from the responses for the view that NHS clients on benefits tend to give gifts, but also one respondent reports experiences that suggest ‘professionals in therapy tend to give more gifts’. This could be to do with identification and/or the hope that ‘what goes around comes round’. Another therapist commented that, ‘NHS patients seem to give gifts relatively infrequently – or do we just not talk about them?’ This could be due to concerns about clients’ lack of money, or a fear of being seen to exploit the poor, but also raises the general point that therapists often presumed that their experience was universally valid with little evidence to support that view.

What is given

The choice of gift is clearly of interest. Again there were many seemingly straightforward examples reported of small ‘appropriate’ gifts described, such as chocolates, flowers, alcohol and books. ‘Appropriate’ in this context, again seemed to refer to a gift which had few individual qualities, but adopted the conventions of social gift giving appropriate to the therapist’s own culture. There were also a number of hand-made, creative gifts such as paintings, photographs, crafts and home-grown plants. These hand-made gifts were often seen as representing growth in the client, a discovery of their creativity and therefore symbolic of the therapy. Most examples were given of small not (financially) valuable gifts, with a small handful of exceptions (e.g. a patient offering their therapist a flat). Respondents sometimes reported that they knew of ‘others’ being offered big gifts of £100s, £1,000, a video camera.

Alternative interpretations of ‘gifts’ were also suggested, so as to include letters, poems, a play and quotes. Some therapists saw gifts as personal ‘material’ or ‘bits of themselves’, e.g. dreams, stories, jokes, smiles, and highlighted the similarities between dreams, jokes and gifts.

There were a number of examples that appeared to express a wish that the therapist could enjoy things which the client found difficult. Food was often reportedly given by patients with eating distress and alcohol by people with alcohol difficulties. There were also examples discussed of gifts of children’s/babies’ toys being given to a therapist going on maternity leave by a young mother who had experienced depression following childbirth and by a woman whose child had died in infancy. Other reports emphasized the importance of the therapist ‘using’/ getting pleasure out of the gift, particularly in drinking alcohol, also putting up pictures. This may be related to feeling ‘rewarded’ or ‘appreciated’, hence,
It was important that I drank some of the wine (and) I had a strong wish to drink a sizeable quantity of the port which I experienced as gratifying.

{I} drank it (a bottle of fine wine) on a special occasion.

While these were experienced as acceptable as a ‘private’ enjoyment, other gifts where the enjoyment would be ‘public’ were less likely to be used (e.g. theatre tickets). Some items, such as chocolates, were often shared with a team, or cake and toys given to the therapist’s family. Some gifts, however, were seen as involving complex messages, as in plants which needed looking after by the therapist. Some gifts were seen as ‘negative’ e.g. as angry, seductive or with an associated unconscious attack or ‘kick’. This last was sometimes associated with the (aggressive and persecutory) manner of the giving rather than the gift itself. Others were regarded as expressing narcissism or too much about the client. Still others were seen to involve a comment on the therapist’s skill, as where the gift was a book about therapy, or their ‘not having the inner resources to help people’, for example communicated by the gift of a healing crystal. While it seemed these cases might have been taken to supervision they rarely appear to have been discussed or checked out with the client.

Gifts were also occasionally viewed as an expression of the client’s depression or suicidal feelings, e.g. ‘nearly dead flowers’ or a sculpture of a ‘black depressed figure, sitting with head buried in hands’. The recognition that gifts may represent the inexpressible brings our attention to the importance of what is done with the gift, particularly problems with rejecting it. Rarely, but significantly, gifts were regarded as expressing difficulties in the therapy which might be followed by termination/leaving, or in one case reported a suicide two years later. One respondent described a gift of a double-edged sword (a paper knife) after which the patient broke off therapy:

I still have and use the paper knife – it reminds me of my failure to contain the therapy.

A further question concerns the therapist actually liking the gift. The survey indicated that many therapists ‘like’ gifts, which they see as representing something positive about the therapy (especially anything home-made such as a painting or a home-grown plant/from the garden etc.), perhaps so they can refer to it/look at to remind them of their (‘good’) work. An example offered included the pleasure one therapist got from the gift of a framed photo their patient had taken of a ‘labourer carrying a large load’. Also liked were indications of the client’s personal change, etc. (e.g. a ‘plant
symbolising new growth’) and gifts as a ‘summary of our relationship’. The predilection for home-made gifts is commensurate with a psychoanalytic culture that perceives ‘creativity’ as an embodiment or expression of ‘presence’.

Respondents also seemed to appreciate (albeit less so) something ‘useful’/pleasurable (e.g. chocolates/drink). Other items which were either too much about the patient (e.g. their own hobby, which was not shared by therapist) or something too much about the therapist (e.g. clothes) were likely to be experienced as too personal/intimate, intrusive and revealing – unless it was something shared/used in the therapy. Hence a therapist describing a Christmas gift of soaps, massage oil and a shirt wrote:

{it} felt too much, too personal (shirt) . . . I’ve never worn shirt (!), but have used other items.

and another

{I} accepted flowers but returned sweater etc.

An exception was where a therapist received a ‘beautiful sweater’ which was associated with the patient’s wedding and so perhaps may have been felt as less intimate. Sometimes gifts were regarded as acceptable if the patient had noticed something about the therapist and bought something accordingly, as when the gift of a stone was presented to a therapist who had some ‘on my coffee table’, ‘{I was} touched by her seeing something in me’. This moves us on to discuss respondents’ reports of feelings evoked by the gift.

Therapists’ feelings: ‘awkward but pleased’

As one respondent put it:

there seems, invariably, to be discomfort associated with gifts from patients

and

{gifts} arouse strong feelings in therapist.

Indeed, this was an area of major differences between respondents. Some failed to complete the question on ‘how did it feel?’ to be offered a gift, either ignoring it or answering it with an interpretation of the patients’ motivations. However, the majority of respondents did answer the question
with a great diversity of responses. Indeed over sixty different emotion words were mentioned across the eighty responses, which perhaps highlights therapists’ awareness of their own emotionality in the therapeutic relationship (and which, as one therapist pointed out, was part of addressing their own countertransference issues), and particularly their vulnerability, exposure and even pleasure in the face of gifts. Several mentioned the ‘issue’ of shame in gifts (e.g. ‘Probably a lot of shame around what is a common problem’), but none of the responses actually named ‘shame’ as having been felt in being offered gifts.

As discussed, gifts were often viewed as a simple expression of gratitude. Similarly, the most common feeling associated with receiving gifts was feeling ‘pleased’. At the same time, as one respondent points out, ‘Like everything in psychotherapy they [gifts] got complicated’. Thus gifts seem to usually arouse ‘mixed feelings’. Particularly mentioned were those such as ‘touched’, pleased and appreciated but also uncomfortable, discomfort, embarrassed and awkward. This was summed up with an ‘awkward but pleased’.

It is hard to cluster the emotions reported. There were more clearly positive states, such as pleased, appreciated, touched, delighted, gratified, grateful, thrilled, rewarded, moved, choked, proud, fine, fondness, privileged, warm and close (to patient), humbled, honoured, amused and relieved, as well as a number of more neutral ones such as OK, fine and good.

Responses expressed particularly mixed emotions (although many responses were described as mixed, with two feelings coinciding, e.g. ambivalent, mixed feelings, confused). Feelings of unsureness/uncertainty were reported about the patient, e.g. worried, concerned, interested, wary and, although less clearly, some sense of awkwardness on the part of the therapist, e.g. awkward, uncomfortable, embarrassed, clumsy, uneasy, incompetent, anxious, tense. One respondent noted, ‘I feel much more comfortable now with gifts, and I think I actually receive fewer gifts therefore’. Thus, again, it seems that the therapists held that their own feelings might in some ways ‘shape’ their gift experiences. A vast array of more negative feelings were elaborated, including jealousy, frustration, narcissistic gratification, guilt, overvalued, overwhelmed, disappointed, disassociated, inadequate, angry, irritated, sad, suspicious and even ‘sent shivers down my spine’.

Significantly, some particularly strong negative emotions were reported which highlight the issues of control and power discussed earlier (Talan talks about ‘the heightened sense of passivity and lessened sense of control’ (1989: 159) he experienced in the face of a gift which he felt demanded something from him). These included feeling attacked, disgusted, controlled, disarmed, intruded into, compromised, invaded, threatened, furious,
unnerved, terrified, coerced, trapped and powerless (and even – male therapist about female patient – ‘replaying sexual abuse in reverse’). A number of therapists reported experiencing feeling taken ‘off guard’ by gifts, e.g. surprised, alarmed, shocked. Further, some mentioned these feelings as a way of addressing countertransference issues for the therapist (e.g. with regard to understanding erotic transference), and also the offer of a ‘gift’/painting in lieu of payment withdrawn gave therapist feelings of being:

robbed of the opportunity to act as an accepting parent. This was significant in the therapy.

The negative, controlling emotions referred to were usually reported as taken to supervision. It may be that the therapist feels unable to contain these negative feelings, but we might wonder how more positive emotions are contained or processed. It is notable that, while feeling ‘pleased’ was the most common feeling reported, the experience of therapists’ pleasure or gratification is not one which has been particularly addressed in the psychoanalytic literature. Perhaps gifts could be regarded as occupying a transitional space in which the client’s speculations about the therapist’s desires are given material expression. Clearly the therapist’s responses to this need to be situated within a broader analysis of countertransference – but we suggest that the conventions of gift giving and receiving from outside the consulting room have perhaps precluded sufficient analytical discussion of the meanings of the gratification derived from gifts.

‘Reading meaning into everything’: what is done with the gift?

Emphasis was placed by respondents on what is done with the gift, i.e. whether it was ‘accepted’ or interpreted, in the words of one participant:

The issue for psychotherapists seems to me to be less about whether or not a gift is given, how often or who by – but rather what is ‘done’ with the gift e.g. whether it is worked with, accepted-rejected-interpreted.

To accept or not

The overwhelming majority of gifts were accepted – albeit in a variety of ways. There were few examples of gifts being turned down with various consequences. There were a small number of examples of not accepting the gift being regarded as useful, particularly if the gifts were valuable/expensive, e.g. with regard to over-valuing, idealizing the therapist. As would be
expected, this seemed to be all right only if it was worked through, understood and accepted by the client. In one case, a therapist turned down an invitation to see the ‘gift’ of a play production. The therapist claims that she continued to feel her actions were appropriate despite the ‘hard time’ she got as ‘there was time to analytically work through the issues’.

The rare examples offered of large, expensive gifts were often turned down (once explored), and more appropriate gifts subsequently offered. As we have seen, what is done is frequently related to when the gift is given. Thus less, but still valuable, gifts like a painting or ornament/jewellery were often refused during therapy, but the patient was sometimes invited to ‘decide whether or not to give it to me at the end of the therapy’.

However, there were also a number of examples of rejecting the gift giving rise to difficulties. One example of a box of notecards sent during the patient’s vacation was described as being brought back into the session by the therapist in an attempt to return the gift, but:

he left treatment shortly after and it did seem that the attempts to return the gift had been felt to be an intolerable re-projection of what had been evacuated in this gift.

Some respondents appeared to shift position within their account. Hence, while one stated:

my own experience leads me to believe that no gift should ever be accepted however hard it is for the patient or therapist. The feelings, thoughts, everything about it should be discussed,

thus implying a view of gifts as particularly meaningful to the therapeutic relationship, elsewhere in her return she wrote, ‘I don’t think presents have been of particular significance in my patients’ therapies’.

A useful summary of an ‘accepting’ position could be related to the articulation of a maturation discourse of professional development:

Early on in my career – before I knew better – I tried to refuse these end-of-therapy gifts. But I found the negative impact on patients was very significant. As long as the gift is not valuable, my policy now is to accept these as graciously as possible.

To interpret

The naive, young professional discourse can also work as a way of maintaining an interpretation stance, as in
It was very early on in my career as a therapist and I imagine I failed to follow it up in later sessions {and}

I don’t think/don’t remember whether I interpreted a deeper meaning of it in my junior state . . . I accepted it and didn’t talk much to her about it (she was my first psychotherapy case).

Here, the therapist’s reported naïveté, or past status of being in training and so on, is invoked to explain their lack of interpretation.

Interpretation may be a way for the therapist to regain their identity, ‘normalize’ the gift within their therapeutic remit, and also relieve the tension of the gift’s demand for reciprocity/action. Yet many gifts discussed were reported as accepted reluctantly, for example with the justification that ‘[t]he woundingness of not receiving a goodbye present would exceed the value of attempting to interpret’. Interpretation was also occasionally described as potentially ‘ruthless’ and ‘persecutory’.

Thus there was a concern about how it was ungrateful to reject a gift, and accounts focused on potential rejection, the patient feeling misunderstood, rebuffed, hurt, thereby affected in their self-esteem, and particularly on whether therapists’ acceptance of the gift was felt/witnessed to be ‘gracious’ or not. This might also indicate a wish to acknowledge the ‘social’ and conscious element of the gift.

There were some examples provided of interpretation being unhelpful. One therapist recalls an incident fifteen years previously where her attempt at an interpretation was rebuffed with a ‘you psychotherapists are all the bloody same reading meaning into everything’. This left the therapist feeling ‘embarrassed, inadequate and incompetent’. Another mentioned not wanting interpretations to ‘spoil/ruin’ either the gift or the client.

Interpretation appears also to depend on the therapist’s evaluation of the client as well as the gift. It may require an ‘on the spot’ assessment of their vulnerabilities, and whether it was felt that they ‘can bear’ or ‘tolerate’ looking into the meaning, including having their gift turned down/rejected.

Some respondents mentioned that gifts may be similar to a dream in its symbolic meaning. Yet, despite this, there were surprisingly few examples of interpretations having been helpful. One example was given where the therapist linked a gift interpretation with later opening out of new material. The nature of the gift was discussed in later sessions and ‘she later disclosed some sexual abuse which occurred in her early teens’.

Again we might speculate that the lack of concrete examples of the helpfulness of interpretations could arise for a number of reasons. First, it might be because of the therapist not sharing their ideas with the client; this
in turn might be due to the ‘timing’ of the gift and/or concern about rejecting/hurting the patient. A third possibility was that interpreting the gift is not a particularly useful exercise, or fourth, of course, that the memorable experiences are those that were more ‘difficult’ to process. Finally, it may also be that interpretation is more useful for the therapist than the client, a way of making sense or making comfortable the ‘alien presence’, the ‘uninvited guest’ that enters the otherwise regulated and safe space of the psychotherapy room (Goldberg submitted).

The notion that interpretation should be helpful is an expression of the general psychoanalytic assumption that there is a hidden underlying meaning to the gift which is independent of its exploration/narration (ibid.). Examples were given of a ‘gentler’ strategy which may be more useful in this context, which involves not interpreting but encouraging the patient to talk about choice of gift, meaning, etc. This could then result in a negotiated, and constructed understanding of the gift. While there may not be many examples of interpretations being particularly useful at the time, gifts given during therapy sometimes continue ‘to play an important part in the therapy’ and thus could act as a useful reference point. In addition, what may be more important/useful is the recognition and exploration of the meaning in the act of giving, rather than the nature of the gift itself. As one therapist wrote,

{the gift} relates to the personality of the giver, and to the function of the giving of the gift in the relationship.

The ‘health’ of gifts: some preliminary conclusions

In this paper we have documented how therapists report a variety of ways of understanding the usefulness of gifts in psychotherapy. We hope this account of existing practice will promote discussion on the theoretical and technical treatment of gifts. From this study, theory, practice and technique around gifts in therapy have all emerged as both under-researched and generating some concern for therapists. While generalizations cannot be warranted from so small a study, nevertheless as a first indicator documenting therapists’ practice there appears to be some evidence of a wide range of responses to, and corresponding consequences for therapy, of gifts. We therefore conclude our account of this preliminary study with eight summarizing points.

First, accounts suggested that refusal of gifts can cause harm, while equally both acceptance and over-interpretation can give rise to difficulties.

Second, while acknowledging that the ‘patient’s choice of gift often symbolizes some process in the therapy’, we would argue that there may be more mileage in attending to the significance within the therapy of other
meanings surrounding the giving/receiving aspect of gifts rather than solely emphasizing the symbolic significance of the gift itself.

The meaning of the gift (as opposed to what it portrayed) was never discussed. This was probably a mistake, and avoided important transference issues.

In particular we highlighted the difficulty for therapists of dealing with the gratification derived from the gift (whether materially or as a communication about the therapy.)

Third, in our view it is probably not particularly helpful to view gifts as merely ‘acting out’. Rather this could be seen as a part of the client's varied but limited repertoire of non-verbal communication (Bursten 1959; Talan 1989). We might note that, while ‘acting out’ may be anxiety arousing for the therapist, in adolescence it is frequently regarded as representing healthy familial separation and experimentation, giving rise to new possibilities for spontaneity. Hence, there were a number of examples in our study of gift giving regarded as ‘healthy’, as where the gift was ‘a transitional point in the therapy after which she began to take on more things herself’, and

with those with severe personality disorders the concept of giving (e.g. saying ‘thank you’ rather than feeling very deprived and hard done by) is a major developmental step.

Similarly, gifts were sometimes viewed as symbolizing familial attachment and/or gratitude. Thus one gift was:

accepted as the gratitude she was expressing was of a form always fundamentally rejected by her own parents.

The healthy nature of gift giving was also sometimes recognized if given during the therapy:

in the context of the stage the patient was at in the therapy I felt it was an expression of a growing healthy attachment and therapeutic alliance.

This idea of gifts ‘binding’ the giver and receiver together concurs with the discussions of Stein (1965). Following these, on the basis of our analysis it would be tempting to offer – fourth – some kind of guide to the ‘meaning’ of gifts, e.g. by distinguishing between gifts during therapy (expressing attachment) and those at the end (expressing separation). However, we
would prefer to avoid such categorization and rather draw upon these observations to assert some ways by which gifts can be viewed as a positive, even therapeutic, experience.

Further, fifth, we would not want to separate analysis of the gift from the giving of it as these are clearly intertwined. Indeed, as with gift giving outside therapy, in concentrating too much on what is given, we may miss nuances of meaning that the giving of, and response to, the gift elaborates within the relationship.

As we have indicated, there were many examples of positive experiences of the process of gift giving and receiving. This could contribute to the case for accepting gifts. However, sixth, there were also (fewer) examples of the act of giving being seen as ‘unhealthy’. These were often associated with the client’s giving been seen as a wish to ‘please’, ‘placate’ or ‘buy off’ the therapist, for example in order to ‘ward off’ perceived and feared feelings, especially of anger. While sometimes gifts were accorded ‘transitional’ qualities as containing difficult feelings, they were also seen as ways of the client ‘getting rid of feelings by acting’ especially if gifts were offered more frequently. Here we might note the words of a respondent talking of ‘the aggressive, persecuting nature of the giving’, with another describing the gift as ‘demanding’ or as ‘with strings’.

Seventh, it is difficult to assess the ‘health’ of a gift given at the end of therapy as the client (usually) does not return. Hence gifts given during therapy and reflected on later may be a useful way of ‘evaluating’ the gift. Some gifts revisited at the end of therapy were viewed by both therapist and client as useful. One respondent even reported an example of the gift as the most important event in a therapy, where the patient, later at the end of the therapy

said it was the most important incident for her in the whole of the therapy! Seeing my [the therapist’s] pleasure was significant.

This was echoed by another account of the gift being seen as a ‘crucial point’ by a patient at the end of therapy. Such accounts are particularly important as they were our only available access as to the clients’ evaluation of the gift experience.

This connects with our eighth and final point. It would be valuable to investigate how clients generally assessed the usefulness of the gift, the giving of it, its reception and the exploration (or not) of its meaning. As one account pointed out, respondents’ own experiences of giving gifts to their therapists may have been a relevant area for investigation – particularly in relation to how therapists may have later dealt with gifts themselves. In this regard one respondent highlighted the importance of giving her therapist a gift, as something that
would mean something to me . . . would mean something to her . . . be enjoyable and be acceptable.

As an ‘insider’ position, of ‘knowing’ of the rules of therapy, this perhaps sums up the circumstances under which gifts are seen to be acceptable and appropriate.

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Notes

1 The study was inspired by a query in clinical supervision that highlighted the absence of clear discussion and guidance in dealing with gifts in psychotherapy.

2 We should indicate our roles in relation to the project. Frank Margison and Tim Amos designed and distributed the questionnaire in 1996 and conducted the quantitative analysis. Helen Spandler was funded by the Department of Psychology and Speech Pathology, The Manchester Metropolitan University, to transcribe and analyse the qualitative, open-ended responses, and drafted an early version of this paper in spring 1999. Erica Burman and Brenda Goldberg further elaborated the paper, with comments from the others. The ordering of authors here reflects the specific contributions made by the research group to this paper, with authorship acknowledged differently in other papers in progress.

3 For copies of the questionnaire, contact Dr Frank Margison, Gaskell House Psychotherapy Service, Central Manchester Healthcare Trust, Swinton Grove, Manchester M13 3EU.

4 But see Goldberg et al. (in prep.) for specific and more detailed analyses of key illustration within this corpus discussed in terms of gender, culture and power relations.

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