

Money is important to all of us, and a frank recognition of this is necessary if we are not to be enslaved by it. As some people make money their only goal, others fight against this, and are equally enslaved by their obsessive altruism.

The Meaning of Money: A Psychiatric-Psychological Evaluation

The Psychology of Money

AMONG the treasures of life, money is considered as the most wonderful of possessions. It is viewed also as "filthy," and a life spent "in making a pile" is judged harshly. We will review some possible unconscious meanings of money; then ways money is used, or misused, in interpersonal contacts. As a convenient model relationship from which some generalizations may be allowed, we will investigate the conflicts associated with giving and receiving money in the psychiatrist-patient interaction. Since this issue is not involved directly in the clergyman-parishioner experience, it illustrates some of the differences between pastoral counseling and psychotherapy.

We may be startled a bit at the symbolic meaning of money, but probably not too much so in this day of psychoanalytic sophistication. When Freud presented his paper on "Character and Anal Erotism"¹ in 1924, there was a considerable reaction of disbelief and repugnance. Freud, anticipating this,

¹Freud, S. Character and Anal Erotism. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vol. IX. London: Hogarth Press, 1959, pp. 169-175.

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presented his ideas in a most conciliatory style, yet concluded, "Wherever the archaic way of thinking has prevailed or still prevails, in the old civilizations, in myths, fairy-tales, superstition, in unconscious thinking, in dreams, and in neuroses, money has been brought into the closest connection with filth."

In his explanation of character traits, he stated they developed as, ". . . either unchanged prolongations of the original instincts, or sublimations of those instincts, or reaction-formations against them." In discussing psychosexual development, he felt the early retention of feces, because of the heightened pleasure it affords (possibly by constitutional predisposition) becomes replaced by an increasing preoccupation with money since this is so much more acceptable. This tendency is seen especially in the orderly, parsimonious, obstinate anal character. Freud points

out mythological connections between money and feces with such examples as: the devil gives gold to his paramours and after he leaves the gold turns to feces; and ancient oriental beliefs that gold is the excrement of hell. He mentions a German slang term for wealthy spendthrifts—*Dukatenscheisser*—"shitter of ducats." A small Christmas ornament by the same name is a figure with exposed buttocks and a coin protruding from the anus.

Ferenczi, in his paper, "The Ontogenesis of the Interest in Money."² described feces as the first "savings" and the pleasure children have in heaping, holding, and observing it. This preoccupation with feces in the infant undergoes a shift to pleasure with mud, then sand (where a return of the repressed pleasure comes through moistening it), to pleasure in collecting pebbles, then marbles, buttons, bottle tops, and finally gold and money.

Feldman noted the frequency of dreams of finding money among his patients.^{3, 4} The characteristic dream consisted of finding many coins buried in the sand and the dreamer's excitement increasing as the coins seemed to be endless in number, so that at the end of the dream it seemed there were yet more to be found. He was struck by the hopeful theme of the endless giving of indestructible coins out of the sand, and equated this with a denial of death. The soil gives life in an endless supply instead of receiving the dead. His later view included the interpretation that the buried coins represented the inde-

structible but repressed (buried) infantile desires. He noted the custom of Jews in Central Europe to give coins to the children when they departed from the home of their hosts. To depart is to be forgotten and to die, but giving the coins to the children insures their remembrance of the guest or his continued life.

AS AN extension of money as a symbol of life, Gutheil has suggested its occasional use as a symbol for love or semen.⁵ A patient of mine related the following dream: "My sister and I see a coin or a plate of gold half buried in dirt and, on uncovering it, find many others beneath the soil. There are also hidden art treasures." This young man was struggling with powerful sexual feelings toward his mother which had been partially displaced onto his sister. In fact, the mother is an extremely young appearing and attractive woman (an "art treasure," the impulses toward whom are "hidden").

An interesting research project to verify these ideas was conducted by Griffith.⁶ In questioning a series of mental patients and college students, this recurrent dream of finding money was the best remembered, with subjects usually awakening disappointed because it was only a dream. Occasionally, sand was replaced by a city street, and bills were found rather than coins. Their most common associations were to time and love, and then that time, love, and money are all things people squander (waste). The author was then impressed by the sound "squ" and the associations to this were squat, squalid, squash, squeamish, squeeze, squirt. The reader may supply his own associations next.

²Ferenczi, S. The Ontogenesis of the Interest in Money. In: *Sex in Psychoanalysis*. New York: Basic Books, 1950, pp. 319-332.

³Feldman, S. Interpretation of a Typical Dream: Finding Money. "Psychiat. Q.," 17:423-425, 1943.

⁴Feldman, S. Contribution to the Interpretation of a Typical Dream: Finding Money. "Psychiat. Q.," 26:663-667, 1952.

⁵Gutheil, E. *The Handbook of Dream Analysis*. New York: Liveright Publishing Corp., 1951, pp 203.

⁶Griffith, R. M. Dreams of Finding Money. "Amer. J. Psychother.," 5:521-530, 1951.

Further common connections of money—life—feces are seen in the stories about the golden egg (life and money coming from same opening as feces) and the Egyptian view of the scarab, “the autochthon of the dung heap,” as symbolic of resurrection and immortality which they represented in images of gold and precious stones. The word “crap” in eighteenth-century England stood at once for the products of Mother Earth, a game where there was a rapid exchange of money, and feces.

I am reminded of the adolescent girl whom I heard remark indignantly, “Why, I bet he doesn’t even have any money!” when she learned of a 75-year-old man marrying a 17-year-old girl. This can be taken at face value or as a symbolic expression, and one would be correct either way.

We may assume, then, the great importance given to money in our conscious and unconscious lives, especially in American culture. Allport⁷ describes it as a major incentive in American culture, and Thorndike⁸ feels that money as an incentive leads to greater physiological, social, and personal motivation in our culture than in others. Unfortunately, it also becomes a vehicle for the expression of guilt. Lowenstein⁹ observes that Jews avoid having too much or too little money, and if too much is accumulated the son is steered into a “dedicated profession” (i.e.—one not leading to wealth). He felt the in-between position was a better place for the role of the persecuted. An-

other author^{10, 11} believes that tipping is a confession of guilt for unacceptable sexual wishes for the mother (waiter who serves the “child”), and this accounts for the lesser need of women to tip. Ferenczi¹² noted the tendency to believe money smells badly (“filthy lucre”) when he observed two women patients, guilty over marrying for money, who felt they gave off an offensive odor.

Money and Psychotherapy

Let us now turn to a discussion of money and its meaning in personal interrelations as, after all, this is where the most significant meanings of money must occur. Since I am writing as a psychiatrist who earns a significant proportion of his income through fees, I will investigate this as a model relationship. Generalizations can be made to other personal interactions, especially where these interactions are intimate ones. While the pastoral counselor does not face the issue of fees, the very lack of fees changes his relationship to his counselee to a considerable degree from that between psychiatrist and patient. Nevertheless, the pastoral counselor does live in a money-oriented culture as do his counsees, and their feelings about money and its acquisition in other settings may become important issues.

Thomas Szasz¹³ points out the di-

⁷Allport, G. W. *Personality: A Psychological Interpretation*. New York: Henry Holt, 1937.

⁸Thorndike, E. L. *Human Nature and the Social Order*. New York: Macmillan, 1940.

⁹Lowenstein, R. M. *Christians and Jews*. New York: International Universities Press, 1951, pp. 86-87, 107-147.

¹⁰Bloom, L. *Tipping and Nocturnal Emission*. “Psychoanal. and Psychoanal. Rev.,” 46:118, 1959.

¹¹Bloom, L. *Further Thoughts on Tipping*. “Psychoanal. and Psychoanal. Rev.,” 49:135-137, 1962.

¹²Ferenczi, S. Money smells. In: *Further Contributions to the Theory and Technique of Psychoanalysis*. New York: Basic Books, 1952, pp. 362-364.

¹³Szasz, T. S. On the Experiences of the Analyst in the Psychoanalytic Situation. “J. Amer. Psychoanal. Assoc.,” 4:197-223, 1956.

lemma facing the professional helper when he receives money for his services. The ideal "mother" has no interests of her own¹⁴ and becomes uneasy at profit made through the suffering of others. In his opinion, there is a rough correlation between the degree of discomfort experienced in a profession and the money earned. Thus, the medical psychiatric practitioner often may be seen working inordinate hours and complaining of the suffering involved in having so many people clutching and sucking at him. If he admitted how enjoyable he found his work, he would feel anxious about making such a large income. In addition, there is narcissistic gratification in being the hard worker and giver (adult) rather than being the receiver or one who engages in play (child).

The question of fees for psychiatrists has engendered rather little difference of opinion. Most agree the fee is a necessary component to a successful psychotherapeutic contract. Karl Menninger describes the contract as similar to a vendor who has apples and needs money, and a customer who has money and needs apples.¹⁵ In this case, the "apples" are professional services for a specified period of time (not the time itself, as time cannot be sold). Cost as a reality acts to shorten treatment, and if too low may prolong treatment.¹⁶ and cost acts to reduce the tendency toward a regressive dependence on the analyst.¹⁷ The cost should be a sacrifice for the patient and not someone else, as this would provide an oppor-

tunity for sadistic revenge with the therapy only the tool for this, rather than a tool to recovery. However, the analyst must be cautious that the patient does not agree to a fee greater than he can afford in order to please the analyst. To avoid such excesses, it is recommended that the patient not pay out of current earnings but from savings. At the other extreme, not to pay results in a load of obligation that prevents free expression.

Freud expressed somewhat the same ideas earlier,¹⁸ though with a more practical orientation. He advocated a rigid adherence to time and fees with no free services and no allowance of fee accumulation. He felt any exceptions amounted to too large a proportion of one's income and said the analyst should be willing to cast away his shame at taking money and demand a frank discussion of it with the analysand. Other leading analytic writers agree, including Kubie, who warned that failure to charge for missed appointments gave the patient an inducement to escape.¹⁹

That the high fee is a necessity is challenged by the experiences of those who work in public-supported hospitals and clinics, though admittedly their services are rarely close to the intensity of psychoanalytic treatment. Nevertheless, one of those rare personages, a psychoanalyst from a communist country who recently visited in the U.S., expressed wonderment and amusement at such an idea, since he practices psychoanalysis without a fee and sees no difference from the good old capitalist

¹⁴Balint, A. Love for the Mother and Mother Love. In: Balint, M. *Primary Love and Psycho-analytic Technique*. London: Hogarth Press, 1952, pp. 109-127.

¹⁵Menninger, K. *Theory of Psychoanalytic Technique*. New York: Basic Books, 1958, pp. 15-42.

¹⁶Menninger, K. op. cit. pp. 128.

¹⁷Menninger, K. op. cit. pp. 157.

¹⁸Freud, S. Further Recommendations in the Technique of Psychoanalysis. In: *Collected Papers*, Vol. II. London: Hogarth Press, 1950, pp. 342-365.

¹⁹Kubie, L. S. *Practical and Theoretical Aspects of Psychoanalysis*. New York: International Universities Press, 1950.

days.²⁰ A most interesting review of this subject by Chodoff²¹ quotes reports from free psychoanalytic clinics in New York and London where no differences were found as a result of the lack of fees. He felt there was a significant lack of scientific discussion of the psychoanalyst's wish to acquire money and the effect this had on choice of patients, length of treatment, and frequency of appointments. Still, American psychiatry treats as dogma the idea that fees are a necessity, even refusing professional courtesy to fellow physicians.

One senses a self-consciousness about taking money on the part of psychiatrists. There seems to be a moving away from Freud's frankness that *he* (Freud) *needed* the money to attempts to find explanations that it is best *for the patient* to pay high fees. It is apparent that psychiatrists recoil from seeing themselves as vendors (as Menninger suggests) but are trapped by the medical tradition that fees are an unfortunate necessity in medical practice. The other side of this tradition is the automatic response of the medical profession when there is any interference with the fee system of medical practice. As one author put it: "Some of my colleagues, for example, still tout the old Olympian idea that the doctor shouldn't even think about fees; he should just let the money come in unobtrusively, through the back door of his mind, and hope that enough comes in to keep him alive. Others remind us that we are the key figures in a \$19-billion-a-year enterprise and had jolly well better take a business-like attitude toward it."²²

²⁰Betlheim, S. Personal communication, 1963.

²¹Chodoff, P. *Psychoanalysis and Fees*. "Comp. Psychiat.," 5:137-145, 1964.

²²Chernus, J. *When Not to Adjust Your Fees*. "Med. Econ.," June 29, 1964, pp. 84-87.

Clinical Illustrations

The meaning fees play in our model relationship can be considered as it affects the patient primarily and the psychiatrist primarily.²³ Clinical examples will illustrate:

The patient

Struggles over aggressive or sadistic urges, and passive or masochistic urges are brought out more readily where a rigid fee system is followed.

A young man suffering from passive homosexuality cannot allow himself to accumulate money for his own pleasure yet he expresses resentment toward me for preventing him from having certain luxuries. If money begins to accumulate, he gives it to his sister, who is periodically partially dependent upon him but exacts a price in her guilt. Recently, when he felt he was not being cooperative with me, he offered to pay a higher fee since he felt he was depriving me of pleasure in treating him. The fee stays the same despite his resentments or offers of paying more, and it has been possible to use this issue to show him his tendency to assume a helpless and suffering role with people, followed by turning on them with demands and anger. He had previously hid this from himself by a system of rationalization.

Since the therapist's income is dependent on fees, if he were not to charge for absences the tool would be placed in the patient's hands to take away the therapist's money. By failing to show up or cancelling at the last minute, it would not be possible to fill the time with another appointment. One young man felt belittled by his father and very resentful about it. His wish to

²³Haak, N. *Comments on the Analytic Situation*. "Internat. J. Psycho-anal.," 38:183-195, 1957.

retaliate was inhibited but, in the therapy, was manifested by chronic missing of appointments. His attempt to take money away from me was matched by his finally turning to his father and demanding he pay for his treatment since he blamed the father for his difficulties. His inability to castrate me was responsible for his becoming aware of his desire to retaliate in kind against his father who had castrated the patient.

A person indebted to another feels considerable strain in the relationship as witness the reaction of nations indebted to the U.S. However, if you pay for what you get, you can feel free to be frank with the other and express whatever aggressive urges you have, without undue guilt. The fee makes you equals. Some patients, however, desire to be in debt and thus assume a regressive, dependent, and masochistic relationship. To allow this to occur will prevent any end to the treatment, but also will deprive the patient of the opportunity to be aware of this desire if it is being gratified. This issue is frequently acted out in the way patients approach fee payment. One patient with a paranoid illness constantly tried to be in debt because of his underlying and unconscious homosexual wish, as did another who was overtly homosexual. Another patient fought off any sense of dependence by paying for each hour *before* the hour began, leaving him free to attack me each hour and try to force me into a passive relationship to him. After all, each hour started out with me in debt to him. This struggle is reflected in how early or late in the subsequent month patients pay their bill, i.e., how long they can comfortably be in debt. Some view receipt of the bill as a shock and find it hard to open the envelope, while others relish the child-like feeling it engenders and wish to

have the bill personally presented to them.

Possibly the patient feels greater responsibility toward the treatment relationship when he pays for it. It is a common observation that clinic patients are much more prone to miss appointments or drift away from treatment than private patients. However, there may be a selective factor at work in that patients able to pay a private fee may be more responsible people in general and better able to complete a task once started. In addition, the therapist has a greater sense of responsibility toward the patient who pays a fee and, by covert methods, may provide him a greater incentive to come to the hours. The contract is sealed by the fee but is left blurred and open-ended (either person has a ready escape) when there is no fee. On the other hand, where unconscious forces are strong in making the patient feel defensively indifferent, the fee may be quite inadequate to counter this.

The rigid fee system keeps before the patient the professional nature of the relationship. As treatment progresses, strong transference feelings may lead the patient to believe she, or he, is deeply in love with the therapist and this feeling is reciprocated. Money is a dirty contaminant of this love and must be magically taken out of the treatment. A young woman was developing such deep feelings of devotion for me, and at one hour came in quite shocked. Her last check to me had been cashed, not deposited, as she could see from the endorsement. She assumed the money had been spent on necessities such as food, and suddenly realized I *needed* the money. Her phantasy, now revealed for the first time, was that I was saving the money and at the end of the therapy would give it all back to her so that our love would be pure. Another young

woman was furious when my wife countersigned the check so as to cash it. For her, the money was an expression of love and she deeply resented my passing it on to my wife. A third young woman was charged a lower than usual fee because of limited finances. Her father offered to pay her fees for her but she had been unable to take money from him for many years because it meant he bought her love. In time, her neurotic inhibition lessened to the degree that she was able to allow him to pay her fees. Her father was a rather wealthy man, so I raised the fees to the usual level. The patient was furious and threatened to quit, as it meant to her I was like her father—my only interest was money and my affection was to be purchased.

The Psychiatrist

Our own unconscious reactions toward the patient are more readily kept in bounds or brought to our awareness by the traditional fee system. The dogmatic fee system takes away most decisions about fees from the psychiatrist. This is fortunate, since his own unconscious wishes and defenses against these wishes toward the patient might be acted out through manipulations of fees. I have found myself at times uneasy about my ability to help a particular patient and wonder if it is right that I should charge such a high fee. Other patients have not been rewarding, and this makes me wonder if I shouldn't charge more as compensation or as a punishment of the patient. Sometimes patients will spend hours telling tales of financial woe and I feel guilty of depriving them of money for necessities. If I find myself concerned with a patient's feelings about me, I may fear my fees will make him dislike me. If I feel inferior in some respect to a pa-

tient, I may wish to assert my credentials by raising the fee. All these reactions are the results of neurotic conflict from the past, re-kindled in me by my treating the patient in my unconscious as if he were a figure from my past. The fact that I cannot act on these impulses to alter the fee makes it more likely the anxiety I am experiencing will be allayed by introspection and the patient will benefit from this. This does not rob me of the opportunity to occasionally alter the fees or the time of payment where reality makes this necessary.

By his honesty about money, the analyst shows his healthy self-esteem. This requires considerable maturity to see through the old rationalizations about altruism and recognize the basic selfishness in all of us. Recognition of this selfishness, with acceptance but not over-indulgence, is certainly evidence of healthy self-esteem. Unfortunately, many of us are not so mature, or consistently so, and experience considerable guilt over our incomes. To allay such guilt, many find it more comfortable to work at salaries far below readily available private practice; the money coming not from suffering patients but from the impersonal State. One such public psychiatrist also had a repetitive dream about finding money, but it was in the gutter.

By the dogmatic assertion that the high and rigid fee system is necessary, we allow ourselves to feel no responsibility and thus have no need to defend ourselves when the patient uses the fee as a displaced target for his frustrated rage. After all, we are doing what is best for him as defined by our school of orthodoxy. This is particularly useful when we are treating a fellow physician without professional courtesy. To present an innocent face to his sense of outrage against our breaking one of the profession's time-honored traditions, I

The final article which we planned for this issue, "Some Emotional Uses of Money" by William Kaufman, M.D., an outstanding psychiatrist, will, because of lack of space, be published next month.—Ed.

have insisted that all medical care received by members of my family be paid for.

The Absence of Money, and Pastoral Counseling

Money is important to all of us, and a frank recognition of this is necessary if we are not to be enslaved by it. As some people make money their only goal, others fight against this, and are equally enslaved by their obsessive altruism. Even more than the psychiatrist, the pastoral counselor faces a serious conflict. He is equally aware of cultural attitudes toward money, is equally as selfish, but cannot find the rationalizations available to the psychiatrist to allow himself to accumulate money. As a result, the lack of formal contract in pastoral counseling is a major factor differentiating psychotherapy by a psychiatrist from psychotherapy by a clergyman.

The above is not necessarily all bad. The absence of a fee encourages a more passive attitude in the counselee who sees the counselor as a wise teacher and giving parent. Such a relationship allows quick identification, gives the counselee a warm feeling of support and strength, and enables him to accept and follow advice and encouragement. "Treatment" of this type is very appropriate in solving self-limited problems

of adjustment—an area where the pastoral counselor is especially effective.

By encouraging this form of contact with the major emphasis on day by day reality, the tendency toward regressive transference is reduced. This is a very important protection because only the most highly trained counselor is prepared to deal with such reactions. Equally as important, his acting the role of benevolent authority helps him avoid painful counter-transference feelings that might cause him much psychic distress, discouragement, and embarrassment.

Summary

In summary, we have reviewed some psychoanalytic formulations about the symbolic meanings of money, such as its equation with feces, semen, life, and love. Money becomes a sublimated interest so that we may avoid more primitive desires. Nevertheless, it also is an interest upon which is focused guilty feelings for more basic wishes from the past, so that seeking money is both pleasurable and anxiety-provoking. The helper of suffering humanity who demands money for his services is in a particularly conflicted position. As a result, he finds it necessary to develop a rationalization system that concludes that his demand for money is good for the sufferer. While this is true in some circumstances, it is better to face one's basic selfishness and realistic needs for money. The pastoral counselor experiences a different conflict, faced as he is with his need to be altruistic, and his lack of a good system of rationalization as possessed by the psychiatrist.

The family is the basic unit of growth and experience, fulfillment or failure. It is also the basic unit of illness and health.—NATHAN W. ACKERMAN, *The Psychodynamics of Family Life* (New York: Basic Books, 1958), p. 15.