Social Disease and Professional Unease

Therapists serve two very different constituencies. First, there are the people who have been marginalized—the disadvantaged, the recent immigrants, the minorities, the poor—those who are likely to be labeled as mentally ill rather than as eccentric when they act in strange ways. Indeed, a great number of helping professionals devote their lives to working exclusively with clients who could be described as indigent or economically disadvantaged.

Another large segment of the population that seeks the services of a therapist, especially those in outpatient and private practice settings, is relatively affluent. Indeed, our profession was born when Freud applied his talking cure to upper-class women with lots of leisure time. Ever since then, many therapists have specialized in work with the "worried well"—those who are mostly functional in their lives but who are seeking help for growth, learning, self-awareness, or reduction of symptoms that, although annoying to themselves or others, are not necessarily incapacitating.

Many therapists prefer working with relatively affluent, middle-class clients for a number of reasons. Such individuals tend to be relatively attractive, or at least better dressed and have better manners than many economically disadvantaged clients. Such clients are more likely to show up for sessions on time, pay their bills promptly, and express gratitude in ways we prefer. It is also a mixed blessing that they struggle with issues that are most familiar to us in our own lives.
There are a number of themes that emerge frequently in our work with affluent clients (LeBeau, 1988; Olsson, 1986). They talk about relationship conflicts. They struggle with depression and anxiety that result from either too much stress or too little stimulation in their lives. They search for some underlying meaning to their lives. They feel bored or stifled or empty or restless. They get sick of their routines and long for something more to their lives. They feel unappreciated and overworked. They feel a longing for something that is missing and then spend too much money and get themselves in debt as a way to fill unsatisfied needs. They spend an inordinate amount of time thinking about the things they own, and the things they would like to own, and not nearly enough time about what really matters most. They say they value love and intimacy, helping and healing, and making a difference in the world, but they spend most of their time making money, planning what they want to buy with it, and then figuring out how to pay for it later.

Does any of this sound familiar?

**WHAT MATTERS MOST**

This is a book about the social disease of acquisitive desire for material things (such material "objects" can include not only tangible possessions, but also material "experiences" or "services," such as a Harvard education or a live-in housekeeper)—often at the expense of other human needs along the way. Although the focus of discussion will be on the worlds of clients in therapy, there are a number of parallel issues that emerge in the lives of clinicians as well. We may have chosen a life of service and altruism, but we live in a world in which status and power are often judged not so much by what you know or how you love, but by what you own. The car you drive, the neighborhood in which you live, the clubs to which you belong, and even the watch you wear all advertise your relative success to others. The status you hold as a professional is also measured (if not by yourself, then by others) in terms of the degrees you hold; the relative prestige of the university from which you were graduated; the number of articles you have authored; and even your identified discipline as a social worker, family therapist, psychologist, psychiatric nurse, counselor, or psychiatrist.

Much of this image we know is illusion. We tell clients every chance we get how superficial such symbols of status are. We cite data that show that having lots of possessions, and the money to buy more, are not necessarily correlated with life satisfaction and happiness. In fact, as our culture has become more affluent only 29% from 35% over the past decade financial situations, only slightly more

In spite of the lack of lives, the hunger for adults, it has been parents. Although in lots of money and that percentage has came of age during without regard for c on television shows Leave it to Beaver, Dynasty, and Beverly glamorous.

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become more affluent, the number of “very happy” people has declined to only 29% from 35% in 1957. Those whose income improved significantly over the past decade are no more happy than those who did not improve their financial situations. Furthermore, even the 100 richest people in America are only slightly more happy than the average person (Myers & Diener, 1996).

In spite of the lack of satisfaction that material things provide in people’s lives, the hunger for more is growing. In several recent surveys of young adults, it has been found that they are even more materialistic than their parents. Although in 1973, one third of those in their 20s declared that having lots of money and nice things was an extremely important goal, nowadays that percentage has doubled (Hornblower, 1997). This is the generation that came of age during the Reagan years of greed and prosperity, wild spending without regard for cost. Unlike the previous generation, which was weaned on television shows that emphasized family values like Ozzie and Harriet and Leave it to Beaver, the next generation worshipped programs like Dallas, Dynasty, and Beverly Hills 90210 which made materialistic excess look glamorous.

Of course, the fascination with being wealthy has occupied people’s fantasies for a very long time. Although it is certainly true that “wholesome” family shows were popular in the 1950s, so too were programs like “The Beverly Hillbillies” and “The Millionaire,” where money and material objects were the primary focus of life.

In spite of our clients’ indoctrination from the media and cultural icons, we tell them that what really matters most is the quality of relationships in life, the love you give and receive, and the good that you do for others. Sometimes, we even believe this. Yet against our best intentions and most noble self-restraint, many of us are seduced by the urge to own a bigger home in a more exclusive area, a nicer car, a more fashionable wardrobe, and any number of toys to play with—boats, planes, jewelry, art, antiques, vacations—the list goes on and on.

This book is an in-depth study of the love/hate relationship that people have with their possessions, and what these indulgences cost them. It is an investigation of what compulsive consumerism means and the impact it has on various components of life. It is also about the neglect that our profession has demonstrated in dealing with issues that are so much a part of many clinicians’ lives: reconciling a life devoted to service with the temptations of the material world. This may be helpful to therapists for a number of reasons.

First of all, so many of the issues that our clients bring to us involve underlying existential issues that are related to finding meaning and purpose.
of life. Apart from clients’ presenting complaints and identified symptoms, there are also themes to be considered that are related to lifestyle choices. So often, the sources of stress and dissatisfaction in people’s lives can be traced to a preoccupation with material things over spiritual, relational, social, and familial priorities.

Second, as professionals, we are firmly entrenched in the middle class. We struggle to make our mortgage payments, pay our debts, and save for vacations and luxuries, just like everyone else. We covet things that we cannot afford. Sometimes, we work far harder than we need to just because we want more toys. And just like our clients, we pay a dear price for this acquisitive desire.

The object of this investigation is not to encourage people, or ourselves, to give up all attachment to things and the pleasures derived from them; rather, it is to reduce the degree to which we are controlled by them. Living an ascetic existence, devoid of material comforts, is too barren a lifestyle for most. Such restraint and self-denial may be appropriate for a monk but certainly is not realistic or desirable for most people, who enjoy luxuries on occasion. We especially appreciate the fruits of our labors, the toys that we can afford, and limited indulgences that provide considerable pleasure.

One central theme of this book is that it is far better when satisfaction comes not from owning possessions but from using them for fun, stimulation, and learning.

NEGLECT AND DENIAL

Issues related to “acquisitive desire,” “excessive materialism,” “compulsive shopping,” “consumer addiction,” or, more simply, “greed” are mentioned occasionally in the literature. Most of the systematic studies are reported in consumer research journals and, to a lesser extent, in social psychology. In therapy professions, there has been some attention to the taboo of money, especially as it relates to the payment or withholding of fees. By and large, however, the subject of struggling in the material world has been ignored by clinicians. It is as if we have avoided the subject because it hits too close to home, literally and figuratively.

There have been philosophical treatises on the nature of materialism (Karl Marx, Jeremy Bentham, Adam Smith); intellectual investigations with existential (Fromm, 1976) or psychoanalytic (Kaplan, 1991) themes, scientific studies (Braun & Wicklund, 1989; Dittmar, 1992; Kasser & Ryan, 1993) and many sources that have been cited in the literature (Belk, 1988, 1992; Kasser, 1992; Kassin et al., 1996; Myers & Diener, 1991). As further testament to the bookstores are chock-full of books on materialism (Karl Marx, 1913) and hoarding behavior (Belk, 1988, 1992; Kasser, 1992; Kassin et al., 1996; Myers & Diener, 1991). In reviewing some of the literature, it is clear that hoarding behavior, in particular, is a problem that is well-documented in the psychological literature.

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Yet in spite of the many therapeutic interventions advocated by professionals, hoarding behavior continues to be a problem for many people. In reviewing some of the literature, it is clear that hoarding behavior, in particular, is a problem that is well-documented in the psychological literature.

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many sources that have dealt with the pursuit of happiness (Lane, 1993; Myers & Diener, 1996), compulsive spending (Natarajan & Goff, 1991; 1992), hoarding behavior (Frost & Gross, 1993), the meaning of possessions (Belk, 1988, 1992; Kampfner, 1995; Richins, 1994), and the role of money in people's lives (Doyle, 1992; Ventura, 1995; Walker & Garman, 1992) and in the practice of therapy (Krueger, 1986; Mellan, 1992; Wylie, 1992).

As further testimony to the relevance of this subject to contemporary life, the bookstores are choked with bestsellers about pursuing a deeper, simpler life: Sarah Breathnach's Simple Abundance, Canfield and Hansen's Chicken Soup for the Soul, Deepak Chopra's Seven Spiritual Laws of Success, Karen Levine's Keeping Life Simple, David Myers' Pursuit of Happiness, and Wayne Dyer's Your Sacred Self, to name just a few.

Yet in spite of the fascination the public feels with the idea of a simpler life, many therapists have been reluctant to deal with the subject. If the truth be told, our profession has always been uncomfortable with the subject of money. In reviewing surveys of practitioners dating from the 1930s through 1962, Mintz (1971) found that it was the one issue about which therapists were most unwilling to speak. Not much has changed since then, as Burnside (1986) and Mellan (1992) have noted. A review of research, or even discussions in the literature, related to fee practices does indeed produce a sparse collection of citations.

In his classic book on "the last taboo," Krueger (1986) included a number of contributions by therapists on the phenomenon of how fees affect outcomes and how third party reimbursement complicates matters further. Ever since Freud (1913) originally equated money with sex, power, and retentiveness, advocating that fees should be talked about honestly and openly, the profession has struggled terribly with the underlying meanings and pragmatic realities of collecting payment for services rendered.

There is a consensus in the literature on the subject that:

1. Therapists must deal with their own feelings related to collecting fees for service.
2. The particular meanings clients have associated with their fees should be explored.
3. Gender and cultural factors should be taken into account.
4. Deviations from established boundaries (late or nonpayment) should be interpreted and confronted.
5. Transference and countertransference reactions related to money should be carefully monitored.
6. Dialogues over money issues can become metaphors for larger issues in the therapeutic relationship or the client's life.
7. Third party payments complicate the dynamics of therapy in ways that can't often be recognized.
8. The mismanagement of money issues is responsible for a number of premature terminations of treatment.
9. Therapists have a moral and professional obligation to adjust their fees in such a way that they reach out to disadvantaged populations.
10. In these times of increased accountability and managed care, treatment plans should be constructed and implemented with an eye toward cost effectiveness.

Although the subject of this investigation is not about the role that money plays in therapy or in client's lives, this review of what is known about the subject does bring to light the many ways that our work is affected by economic considerations. Things become even more convoluted and complex once we begin to consider the ways people choose to spend their money and what the purchases mean in the context of their lives.

**LIVING IN THE MATERIAL WORLD**

Looking at the material world from an archaeologist's perspective, as one who is used to digging up the remains of ancient civilizations, Miller (1987) has found that our own culture is moving irrevocably toward an increasing emphasis on goods over authentic human interactions. This, of course, is quite good news for future archaeologists, who will have plenty of artifacts to sort through in their search to understand our lives. Rather than just a few bits of pottery and arrowheads, they will find the enduring legacy of our garbage heap—rusting hulks of Volkswagens, spent nuclear fuel rods, plastic hula hoops and vibrators, Smith and Wesson revolvers, 8-track tape recorders, and all manner of other junk we have consumed so relentlessly. From all the crap we have left behind, they ought to be able to reconstruct our lives fairly accurately.

Although we have made the work of future scholars far easier, we have done so at considerable expense to those who will enter a world that has been stripped, dredged, and depleted of most of its natural resources. There will be no doubt that we will be labeled as ultraconsumers who were addicted to the acquisition of toys and tools.

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What exactly is an "ultraconsumer?" Materialism is out of control under the following conditions:

1. Owning things is at the center of your life.
2. Possessing more things is essential to continued happiness.
3. Success in life is measured by what is owned.

Few individuals would ever voluntarily admit that they actually subscribe to these tenets. Even those whose behavior clearly falls within these parameters prefer to see themselves in a different light because of the connotations we associate with being materialistic.

Quick. What comes to mind?

Greedy. Superficial. Self-centered. Exploitative. These are not the qualities that most people will embrace.

This means that "materialistic" is a trait ascribed to others but rarely to oneself, making the study of the subject that much more difficult. That is a pity, because there is nothing inherently wrong with enjoying possessions. Material wealth is not the root of all evil, it is the love of them that creates problems (Douglas, 1997). As Economist Andrew Schmookler (1993b, p. 51) reminds us: "Also out there in the marketplace for our 'materialistic' society—along with all the Bart Simpson sweatshirts, decorator lamps, and sports cars—are dance lessons and Bibles, psychotherapy and visits to one's family in another part of the country."

Money is merely the instrument of our own desire, wherever we choose to direct it—toward greater power and status, toward maximum pleasure and enjoyment of daily life, or toward service of others. It is indeed an ambitious task to change the human desire to acquire things and hold on to them. Our whole culture and economy rest on the assumptions that people want things, the marketplace can provide them, this desire is limitless, and there will always be new products to satisfy needs as well as create new ones (Falk & Campbell, 1997).

Manufacturers continue to produce assembly lines of products designed to wear out after a short period of time, if not from their use than because of fickle public tastes. Advertising and marketing specialists convince us that we need these things in order to be happy and satisfied. Even our governments do whatever they can to provide incentives for spending in order to create more demand for products, and thus a "healthier" economy. The mechanisms of keeping this spending cycle going are so intractable and overpowering that each individual identity becomes linked not just with who we are, or what we
do, but with what we own. This is the case not just with the possession of material objects, but even with human beings who function in roles that provide not only a contracted service, but also corresponding status in the eyes of others.

AN ENDNOTE:
THERAPIST AS POSSESSION

The practice of therapy includes two facets of our subject that practitioners will easily recognize. One involves the payment of fees, or the purchase of a product in the form of professional services. The other includes the very perception of the therapist as a material object.

Possessions usually refer to things like cars, boats, and planes that have some value. To some people, however, their most treasured possessions are virtually worthless to someone else—photographs, souvenirs, and mementos that act as memory triggers of cherished times.

Possessions might also include other people—not in the sense of slave ownership but in the feeling of propriety, as in, “I was talking to my shrink this week and she said...”

The operative word in the preceding sentence is “my.” Some clients do think of their therapists as “possessions”—objects that are owned for purposes of amusement and greater productivity. We are not alone in this category of depersonalized status symbol because people say the same thing about their pet, astrologer, masseuse, or personal trainer. Before you protest, consider that one definition of a material possession involves (a) exclusive use of something, (b) attachment to that object, and (c) feelings of self-importance and status associated with its ownership (Furby, 1980).

Whereas there is little doubt that the last two criteria fit the way many clients feel toward their therapist, we might also concede that some do think of us as their exclusive property, even if they rent us for an hour per week. In fact, we take great pains to demonstrate our exclusive devotion during the therapy hour—avoiding interruptions and communicating full and complete attention.

In the same way that people attain status through the possession of a fancy car, exclusive club membership, or coveted address, having a therapist on the payroll also is viewed in some circles as a symbol of affluence and enlightenment. Certainly, we battle image problems with some clients, who feel shame and embarrassment associated with their emotional problems and the “weakness” associated quite proud of their the in the eyes of others. It signifies the ability to

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In spite of these inv practice, there has been whole subject of acqui discomfort with mater desires go underground way that sexual desires to therapists. We have increasingly acceptable cannot be said for acqu
"weakness" associated with getting help. Many other clients, however, are quite proud of their therapy—not just what it does for them, but what it means in the eyes of others. Having a therapist, at least for many affluent individuals, signifies the ability to own luxury items.

Even with only a minimal co-payment, there is still a sacrifice that many clients make to continue their treatment. The same $10 or $100 that is used to purchase an hour of therapy could also be spent on other things, such as a ticket to the opera or a toaster oven.

There is virtually universal agreement that the fees paid for therapy become a significant area of reflection and discussion—not only for the client but for the therapist. For the private practitioner, in particular, money issues create a lot of ambivalence related to the ideas that we are selling our time, if not our friendship, for an hourly wage (Kottler & Hazler, 1997; Schofield, 1964).

Furthermore, there has been considerable debate in the field regarding issues surrounding the fees paid for therapy services. These include themes related to nonpayment of monies owed (Gedo, 1962; Hillers, 1971; Reider, 1986); transference and countertransference processes that emerge around money issues (Schonbar, 1986); third party payments as they affect the therapy relationship (Chodoff, 1972; Gray, 1973; Karon, 1996); differential effects of fees on outcomes (Raney, 1986; Yoken & Berman, 1984); complex meanings of fees to clients (DiBella, 1980); and even practical concerns related to charging for missed appointments (Scanlon, 1982).

In spite of these investigations into how money issues affect therapeutic practice, there has been a great degree of professional unease surrounding the whole subject of acquisitive desire. In part, this neglect stems from a similar discomfort with materialistic urges in society at large. As such, acquisitive desires go underground, disowned and unacknowledged, in much the same way that sexual desires were once considered forbidden to speak about, even to therapists. We have made great strides in opening up doors that make it increasingly acceptable to explore sexual identity and practices, but the same cannot be said for acquisitive desires.