Panel: The Legacy of 'Freud's Free Clinics': The psychoanalytic process in the setting of a Psychoanalytic Clinic.

The Directors of two of the original Psychoanalytic Clinics (Vienna Ambulatorium and London Clinic of Psychoanalysis) will give papers concerning the history of the Clinic and how the setting and the transference in these Clinics affect the psychoanalytic process in current practice. Their work has come out of the EPF Working Party for Initiating Psychoanalysis of which they and the Chair are all members.

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The Impact of a low fee on an analysis[1]

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Abstract
The history from 1918 of the idea of low fee analysis and the 'free clinics' is described with particular reference to the London Clinic of Psychoanalysis (founded 1926) and how it works today. The functions of the low-fee Clinic and the significance of the fee as part of the setting for the psychoanalytic process are reviewed with reference to material from some of the Clinic's cases.

Introduction

In his paper 'On Beginning the Treatment' in 1913, Freud (1913) gives helpful recommendations concerning the beginning of a new analysis and the important arrangements that must be made about *time* and *money*: he writes, "…money matters are treated by civilised people in the same way as sexual matters – with the same inconsistency, prudishness and hypocrisy." He recommends that the analyst should not fall in with this attitude but should rather show his patients how he has "cast off false shame" and be straightforward in voluntarily telling patients the price at which he values his time; ask for payment at regular intervals and not allow large debts to accumulate. It is "more respectable and ethically less objectionable to acknowledge one's actual claims and needs… than…to act the part of the disinterested philanthropist.." He notes that 'the value of the treatment is not enhanced in the patient's eyes if a very low fee is asked'.

Furthermore, Freud is very definite in recommending that analysts should refrain from giving treatment free. He discusses this first in purely practical terms, pointing out that to see just one patient for no fee out of, say, seven or eight patients a day means a loss of a significant proportion of ones living.

He then raises the possibility that the clinical advantage to the patient might nonetheless outweigh the analyst's sacrifice, but then gives a clinical example to show how this really isn't, in his view, likely. He says that for 10 years or so he set aside one or two hours a day for 'gratuitous treatments' because he wanted to work in the face of as little resistance as possible in order, as he put

[1] Many thanks to those members of the clinical staff at the London Clinic of Psychoanalysis who have generously allowed me to use some of their material and also to Caroline Polmear for drawing my attention to a paper which she and colleagues had written and presented to the British Society some time after their qualification about their experience of transferring clinic patients to their private practice.

it, “to find his way about in the neuroses.” Freud notes: “The advantages I sought by this means were not forthcoming”. “Free treatment enormously increases some of a neurotic’s resistances … which presents one of the most troublesome hindrances to the acceptance of medical help. The absence of the regulating effect offered by the payment of a fee to the doctor makes itself very painfully felt; the whole relationship is removed from the real world, and the patient is deprived of a strong motive for endeavouring to bring the treatment to an end.”

While Freud notes that “one does occasionally come across deserving people who are helpless from no fault of their own, in whom unpaid treatment does not meet with any of the obstacles that I have mentioned and in whom it leads to excellent results”, he does also regret that his general conclusion is that psychoanalysis is out of the reach of poor people[2].

In 1918 (Freud, 1918), towards the end of the first World War, Freud strikes a somewhat different note when he addressed the 5th IPA Congress in Budapest[3]. In thinking of the future of society, as everyone one in Europe must have been doing at the time, he offered a vision that he acknowledged might be “fantastic” to many, which was that:

> “it is possible to foresee that at some time or other the conscience of society will awake and remind it that the poor man should have just as much right to assistance for his mind as he now has to the life saving help offered by surgery”

He offers the argument that “the neuroses threaten public health no less than tuberculosis” and hence just as much need State treatment.

“When this (time comes), institutions or out-patient clinics will be started, to which analytically trained physicians will be appointed… Such treatments will be free. It may be a long time before the State comes to see these duties as urgent…. Probably these institutions will first be started by private charity.”

He goes on to repeat some of his argument about treatment of the poor from 1913 and notes that

> “we shall be faced by the task of adapting our technique to the new conditions” and that “…the large scale application of our therapy will (probably) compel us to alloy the pure gold of analysis freely with the copper of direct suggestion…but whatever form this psychotherapy for the people may take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict and untendentious psycho-analysis.”

All of this comes at the end of a paper that is centrally concerned with a re-statement of the basic principles of psychoanalytic technique, including the

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[2] But then offering his famous argument that maybe those who are forced into ‘a life of hard toil’ are perhaps less easily overtaken by neurosis, and furthermore, that those who are so overtaken will gain such advantage from the secondary gain from illness that they will not easily relinquish their symptoms.

[3] On 28th September, co-incidentally 89 years to the day before a meeting in Vienna between the London and Vienna Clinics in 2007 on the matter of low fee analysis which resulted in this Panel.

need to avoid what he describes as 'activity' on the part of the analyst, to sustain the rule of 'abstinence' where the analyst, without being too harsh and uncompromising, does what he can to avoid getting drawn in to act to relieve the patient's frustration in any way. He has clearly foreseen the very particular need which is increasingly and painfully familiar to all of us working psychoanalytically in the public sector to struggle to maintain a psychoanalytic stance in the face of economic and managerial pressures.

Freud's Budapest paper is held up by some as the inspiration for the 'free clinics' that subsequently flourished in the Psychoanalytic Institutes of Budapest, Berlin, Vienna and London[4]. It certainly came at a time, at the end of the First World War, when society across Europe was on the brink of massive social transformations that would influence just about all areas of life, including the medical and psychological care of the people. The psychoanalytic societies in those countries were setting up systematic trainings and alongside of these started Clinics, partly so that candidates would have patients to see. The Clinics varied in the sort of service that they provided, and were able to provide, for the public[5]. All provided at least some full psychoanalytic treatment.

Of course 'modern' psychiatry was also flourishing at this time and different developments unfolded in different countries, and not all mental health approaches and services were based on psychoanalysis, by any means. In the UK, psychoanalysis has been an enormous influence on mental health thinking, but today, while psychoanalytical psychotherapy provision is available in the NHS it is patchy and very much under threat from funding cuts; mental health services in general are grossly underfunded and are considered 'the Cinderella' of the health service managers. In many other countries in Europe, psychoanalysis is to a greater or lesser extent available through state organised insurance, far more widely than in the UK where most patients have to pay full fees. A survey of EPF Societies concerning psychoanalytic clinics, tells us that of the clinics in Europe for which we have data, 46 offer low-fee psychoanalysis or psychoanalytic psychotherapy, and we know that there are more. For some, the low fee analysis in these clinics is supported by insurance or state funding and for others it is charitably funded or offered by candidates who do not charge a full fee.

The fate of Freud's Free Clinics is well known: it was, in mainland Europe, determined by the rise of Nazism and other political events, with the Berlin, Budapest and Vienna Clinics being effectively closed down and psychoanalysis all but devastated, the Clinics only re-forming at a much later point and in a different sort of way.

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[4] E.g in a recently published book by American historian Elizabeth Danto, 'Freud' Free Clinics'. Danto's book, subtitled 'Psychoanalysis and Social Justice 1918-1938' presents a socio-political history predominantly of the rise and fall of the Clinics in Vienna and Berlin. We will not review this book here, but suffice it to say that it has been met with criticisms of its style and, in places, accuracy. See Engstrom 200

[5] This is at a time before psychiatric services were particularly developed and so they probably served a very much wider population, symptomatically speaking, than later specialist psychoanalytical services.

In London we were in a different position and the London Clinic started in May 1926 and has continued to operate ever since, retaining its independence from the State. For many years free consultation and treatment were offered to the public. All analysts in the Society had the obligation at all times to see one analytic patient in their private practice at no charge. Candidates too saw patients for no charge, as they do now.

Over the years, there were more candidates taking patients from the Clinic, the patients making in exchange a charitable 'donation' to the Clinic, according to what they could afford. In the 1960's it became economically more difficult for qualified analysts to give five hours a week of their time to the Clinic and so the obligation was reduced to a total of 1,000 hours, as it still is today, and most of this is accommodated through seeing training cases. Because most cases were seen by candidates, the emphasis in the Clinic's activities shifted more towards the task of the assessment and selection of patients as "good training cases", and correspondingly *away* from the task of providing a psychoanalytic service to those who could not otherwise afford it. All clinical training institutions are familiar with the inevitable tensions and occasional compromises between the training needs of candidates and the clinical needs of patients. The London Clinic accepted 'applications' for low-fee analysis, accepting those who could be seen by candidates and rejecting the rest, and relying financially for premises and administration on the voluntary contributions made to it by the patients, together with some backing from the Institute of Psychoanalysis. The Director of the Clinic and the analysts who assessed patients all gave their time and expertise free.

The Clinic is a registered charity and this is organisationally valuable, attracting various financial benefits. Over the years bequests and donations to the Institute[6] have led to funds being available to run the Clinic and to subsidise some treatments. However, the 'charity' provided is largely that of the analyst who is prepared to receive a low fee; at the London Clinic, most of the analyses are undertaken by candidates who are not paid for their work until their qualify and even at that point they may continue to only receive a small fee because they are expected to continue with the analysis to a satisfactory termination. Other cases are taken on by qualified analysts at a low fee, and a few are subsidised, for a maximum of three years, by our charitable funds[7]. In *all* cases, the patients get an affordable analysis and the analysts benefit professionally from the experience of five times weekly cases. The Clinic also offers the institutional containment so valuable to those just starting their analytic training and career, helping them to establish and maintain an analytic stance.

We now offer a full consultation service to the public so that anyone who is interested in having a psychoanalytic consultation can do so at the Clinic, paying either a full proper fee if they can afford it or a low fee if they are on a very low income. If analysis is recommended as the treatment of choice and

[6] For all the Clinics set up by psychoanalytic institutes, the charitable provision of funds by wealthy benefactors has been essential, not only to set them up but to sustain them over the years.

[7] Currently, we subsidise 9 analyses and hope to increase this to 12, at a total cost of over £50,000 a year.

if they need to have this at a low-fee, we can place them on our waiting list. We usually have about 50 patients in low-fee psychoanalysis at any one time.

So over the last 90 years, what has become of Freud's 'fantastic vision' that free mental health care based on psychoanalytic principles would begin to be offered by charities and/or the State? Has this vision been fulfilled? The answer is both yes and no: It is impossible to imagine what psychiatry would look like without an underpinning of psychoanalytic theory, but, at least in the UK, mental health services fall very far short of Freud's vision. The practice of state funded psychoanalysis is non-existent and even psychoanalytic psychotherapy is by no means universal. And so these treatments are mostly carried out in relatively expensive private practice or in those Clinics which, one way and another, are able to offer affordable treatment options. So yes, in many ways it was a 'fantastic' vision, but an important one that has been partially fulfilled, more so in mainland Europe than in the UK.

But turning to the other question implied by Freud's 1913 view: Can you treat needy people for free or on a low fee without provoking obstacles to the analytic process that would not otherwise occur?

Perhaps as Freud became more aware of the power and ubiquity of the transference and the potential for the understanding of money matters in the analysis, the disadvantages of no and low-fee treatment are not something that he highlighted in later work. He was clearly supportive of the 'free clinics' and of psychoanalysts thereby being able to offer free or low-fee analysis. In commenting on Eitingon's work in founding and developing the Berlin Policlinic, Freud (1923) wrote that it is his

> "wish that individuals or society may be found elsewhere to follow Eitingon's example and bring similar institutions into existence."[8]

In Berlin, Budapest, Vienna and other places, the experience of the psychoanalysts who were seeing patients for little or no fee accrued. By 1925, Eitingon wrote that colleagues could no longer argue that, "the factor of the patient's paying or not paying has any important influence on the course of the analysis" (cited by Danto, 2005, p13). [9]

The patients were getting the treatment that they could afford and the analysts were getting the training opportunity and breadth of experience they needed to develop. In the London Clinic of Psychoanalysis, we have ample opportunity to observe the ways in which a low fee impinges upon the patient and also the analyst.

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[8] "If psychoanalysis, alongside of its scientific significance, has a value as a therapeutic procedure, if it is capable of giving help to sufferers in their struggle to fulfil the demands of civilisation, this help should be accessible as well to the great multitude who are too poor themselves to repay an analyst for his laborious work." (SE 19, 285)

[9] Freud (SE 21, 257) wrote about the three functions of an Institution such as the Berlin Institute which incorporated a Clinic: The accessibility of psychoanalysis, 'our therapy', to those who cannot meet the cost of treatment[9]; the provision of a centre where analysis can be taught theoretically and at which the experience of older analysts can be handed on to pupils anxious to learn; and 'it aims at perfecting our knowledge of neurotic illness and our therapeutic technique by applying them and testing them under fresh conditions.'

Money and the low-fee as part of the analytic process

When we are considering offering a patient a low-fee analysis, we ask for more details of their financial affairs than is normal – in an assessment we are asking them to not only expose the painful reality of their difficulties, their psychic life and personal resources but also the facts about their financial resources. What they can or cannot pay may reflect a great deal about what personal resources and potential they can and cannot, and sometimes will not, realise.

Clinical example: A Clinic case seen by a qualified analyst who received a subsidy from the Clinic to supplement the patient's fee:

The patient, Mr A, had stated on the form we send to all prospective patients that he thought he could only manage £5 a week. We say that our minimum fee is £5 per session, although in practice, patients are seen for less than this when necessary. In the first meeting, the analyst asked whether Mr A could "stretch himself" to £2 a session (£10 for the week rather than £5). As he spoke and reflected on the words he had chosen to use and the way in which he found himself speaking, the analyst then immediately thought, that he might be enacting some sadistic countertransferential response, as the patient had just been relating to him his grief about his presenting problem, his small genitals. However, they started at £2 a session. After some months, it became apparent that the patient was spending a lot of money on alcohol. Shortly before the first summer break, the analyst challenged Mr A on this, questioning his drinking and the relative expenditure on his analysis. Mr A responded by developing panics and a phobia about travelling on trains, which was the way he travelled to his analysis. When this extended to buses and any form of public transport, the analyst was not sure how to understand the severity of the reaction to the making 'public' the drinking and the financial disparity revealed, but felt anxious that his exploration of the situation was being experienced as 'sadistic'. But through recognising the pressure, he was able learn more about the patient's object relationships which he could then interpret in the transference.

In spite of this difficult beginning, the analysis has been worthwhile and Mr A is now in his fourth year of analysis, paying a more realistic £20 a session as his work situation has improved and there is considerable improvement in his capacity for social and sexual relations.

The fantasies about why a low fee is being asked

The Clinic patients are given a bill by their analyst at the beginning of each month for the sessions in the previous month. They are asked to make a cheque out to the London Clinic of Psychoanalysis, which they give to their analyst who then passes this to the Clinic.

There is an abundance of various fantasies that a patient who is offered an analysis for a low fee may have about their analyst and about the institution that is able to make this arrangement. Sometimes the fee plays a big part in a clear way in the analysis – sometimes it seems hardly to feature at all, apparently. Is it a low fee because the analyst is 'a mere student' who isn't really worth much more? Is it a low fee because of the vast resources of the bountiful breast of a Clinic which is then able to pay the excellent analyst a full fee worthy of the hours of helpful work? What sort of an object is this Clinic? For some it is a demanding and highly conditional father – the patient believes that they can have this analysis only on condition that they are sufficiently deserving and behave well in the analysis.

Clinical example:
Mrs B had been in full fee analysis for several years before starting analysis with one of our candidates, A. Her previous analysis had come to an end when her analyst left the country. Mrs B's financial situation changed shortly after and she could no longer afford the analytic fees of several psychoanalysts she had approached. One of these suggested the London Clinic but at first the patient was opposed to this idea because she did not want to be in analysis with somebody in training.

From the start of her analysis, the patient and the analyst agreed on a reduced fee for a five times weekly analysis which Mrs B could afford. This low fee soon became a way for her to express her dissatisfaction with A and her concern that A would not be a capable analyst:

Mrs B: Well it is true that in reality, things which are free or cheap are worse than private services, is it not? (scoffs) I feel that I am in a terrible position and it is not fair. I wish I had the freedom to choose. I know that there was some choice involved in terms of this analysis, but not much. I did a thorough search to find my first therapist, one who was right for me. And I had the freedom because I had the money.

A thought that Mrs B's complaints were probably related to the pain of the loss of her previous analyst and worries about being misunderstood and that her experience would be repeated in this new analysis.

Mrs B: Your method does not help me, it makes me feel stuck. My first therapist would give me something to hold on to, something that would make me understand. (Pause) When I was talking to you yesterday about how I attach value to money, I was thinking that I make a lot of effort, coming here and telling you in great detail about my life, my feelings, and I get so little of you. I thought, 'I am not getting my money's worth'. But then I thought that I pay you very little and that maybe I am getting its worth. (Pause) I am afraid your method is not good for me. Or maybe you don't realise how sensitive I am. You are very harsh and I think you do not realise my sensitivities.

A: It seems that you would like me to be careful with you, but more than that you would like me to be like your first therapist, to have nothing change. And

it makes you very angry to see that I am different from your first therapist because you are reminded of how painful it was for that analysis to end.

Unconsciously Mrs B had felt devalued by the analyst who had left her and in turn, devalued that analyst. This is unbearable for her and so the devaluation is projected into the new analyst and her 'low-fee'. In this way she maintained an idealised relation with her previous analyst. However, due to A's good work with her, Mrs B remained in analysis where the low fee has allowed her to have the chance to explore and begin to reintegrate these split off feelings.

The Low Fee and the Clinic in the Transference

In a paper by a group of newly qualified analysts, Caroline Polmear and others(1993) noted that in their experience, as the patient was transferred to the now qualified analyst's private practice, and the analyst, no longer depending on them to get through the training, felt freer in their work, issues in the analysis which had previously gone unnoticed quite often came into sharp relief. "As we examined how each patient explored or avoided the subject of paying a direct fee to his or her analyst, rather than to a charitable institution, we noticed how the subject of money often contained, and then revealed, central anxieties stirred up by the impending change." In a clinical example which they explore, describing how the analytic couple struggled with money matters around the change, they "illustrate the way in which the fixing of fees became a focus first of what had been avoided, then, of the anxieties and habitual defences aroused and subsequently of constructive and productive work which moved the analysis into the next stage and a much deeper level of work."

The triangular relationship of Clinic, analyst and patient can of course offer ample opportunities for splitting. The transfer to private practice has a considerable impact on this. Polmear et al: "Sometimes we noticed a split between the idea of an impersonal clinic, represented by (the Clinic Director), and personal contact with the individual analyst. The change from clinic to private practice threatened the maintenance of this split as it focused both sides of the split onto the person of the analyst. For example, one patient said that it was easier to cheat an institution of money than a person. He was aware that his fee was too low. He saw (the Clinic Director) as being conned and triumphed over as well as a persecutory figure who watched on and judged him. The cheating was then projected onto his analyst who was seen as dishonest and colluding with the patient, as he thought, by not telling (the Clinic Director) of his deception."

The following clinical example illustrates something of the patient's use of the triangular relationship, as well as the way in which money issues, given an elevated significance when the fee is unusually low, can usefully bring central anxieties and habitual defences into the transference for analysis:

Mr. C was a divorced man in his early 40's. He was ambitious and felt that prestige and success are in part indicated by financial success. Although he had done reasonably well in the past, things had been more difficult in the last

few years and he was aware of 'putting on a face' of success. He sought help when a relationship broke down and was seen fortnightly for three months by a senior analyst, X, at a somewhat reduced fee. X recommended him to the London Clinic for an analysis. The patient had been told by X that he would be having an analysis with a student. He was also aware of what one can expect to pay for psycho-analytic sessions with a qualified analyst.

The reduced fee, the internal state and the value of the analysis

Being a reduced fee patient was very difficult for Mr. C because it brought him into conflict with his need to keep up a front of professional and financial success. It confronted him with the reality of his financial situation. This in turn resonated with an internal situation in which he felt quite impoverished.

He had been asked in a pre-consultation questionnaire and by the consultant who assessed him how much he could afford to pay per session. He had said £12. In a preliminary meeting with his prospective analyst he raised the issue of the fee as a question. The analyst asked him what he could manage, acknowledging that this issue had already been discussed with the consultant. He replied £40 *per week*. It was clear to the analyst that he needed to present himself as someone who deals with larger rather than smaller sums of money. Using larger units, weeks rather than days, it seemed to the analyst that he hoped to hide both the low fee and the fact he was now offering to pay less (£8 a session rather than £12) than previously in order to evade feelings of humiliation.

The manner in which he paid his fee was of particular note. He would give his analyst a very large envelope with the analyst's name in bold hand writing. Inside was his modest cheque. Mr C's divergent feelings about himself were in this way illustrated: He oscillated between feeling himself to be impoverished and feeling himself to be successful and a very important person. The 'special' place he felt he occupied with X and the 'ordinary' one he now had with his analyst co-existed in his mind. He would like to be a patient paying high fees, and finding himself having to negotiate felt humiliating. He needed to project an inflated image of himself as successful in order to protect himself from feelings of smallness and inadequacy.

Mr. C had a deep seated fear of damaging his objects, inner and outer. There was an underlying despair about the possibility of reparation. This often led to efforts at reparation which had a rather manic and insubstantial quality. Because he was concerned about hurting or exploiting his analyst, he developed the fantasy that it was the analyst, not the Clinic, who received the money he paid and that the Clinic added a subsidy so that the analyst would receive an ordinary fee.

There was also for Mr C the question of the value of an inexpensive analysis. At times he felt he was getting an "incredible deal." At other times he seemed to question the value and usefulness of something that cost so little.

The Patient, the Analyst and the Clinic

Mr. C had contact with The Clinic by telephone and mail but had never been to the actual Clinic building. This created a feeling of unreality around the Clinic for Mr C which gave increased freedom and power to his fantasies about it: for example, the idea that the Clinic paid the analyst and that they therefore had the power to suddenly end his analysis.

The fact of the triangular nature of the relationship between patient, trainee analyst and Clinic, provides a powerful vehicle for Oedipal fantasies. For example Mr. C could sometimes feel like an impostor, (accepting a Clinic analysis when he was a professional person from a middle class background.) He imagined that the analyst made a report to the Clinic at the end of each academic year; he feared being exposed and that on the basis of the report they may decide to stop his analysis. The analyst imagined that for the patient, the fact of his continuing in analysis may have created the fantasy that the analyst was secretly protecting the analytic relationship by not revealing everything to this powerful external father/Clinic. As 'the third' in the relationship, for Mr C the Clinic most often occupied the role of an all powerful figure; however it could also serve as a location where uncomfortable feelings in the transference could be displaced, such as his fears that he will be abandoned by his analyst.

The impact of a low fee on an analysis

Does the fact of a low fee provoke obstacles to the analytic process or material that would not otherwise be provoked in some other form? It is often said, and Freud implied as much himself in the 1913 paper, that the patient will devalue the analyst and the analysis if a very low fee is charged. And this may often be the case, but if he does, it seems to me that if the same patient paid a *high* fee it would be very unlikely that he would not find some other reason to devalue the analysis and the analyst. For example, in the manic defence of devaluation and contempt for the object and the patient's need of the object, the fee may well be one of many possibilities for expressing this and I think this is what we see operating in the cases described. But in any of those cases, had money not been an issue, the defence would undoubtedly have found some other vehicle.

While there is no research on the effect of the level of the fee, there is a great deal of anecdotal material on the subject – whenever psychoanalysts discuss among themselves the awkward matter of the fees they charge, there is usually someone who takes the position that they have a flat fee that they charge all patients, another who says that he takes the patients' income into account when setting a fee, and another who says that wealthy patients need to be charged significantly more than others or else they do not value the analysis and are too easily drawn into devaluing the work of the analyst, that they will not give the analysis sufficient weight or importance in their daily lives and that this will detract from the weight of the analytic work in their internal lives.

When it comes to low-fee clinics where most of the analyses are carried out by candidates, or by newly qualified analysts who need analytic cases for their professional development, the situation is complicated by the fact that the candidate *needs* the experience of treating the patient. The 'cost-benefit' analysis of the financial transaction is very different to that in normal private practice – with the 'benefit' in low fee clinics being for both the patient *and* for the candidate. When the candidate qualifies and transfers the patient into their private practice, the 'cost-benefit' analysis becomes more obviously to do with the cost to the analyst of carrying in their practice patients who continue to pay a low-fee. And of course all these factors have their due impact on the analytic process.

It is my view that the *fee* is a part of the setting of the psychoanalytic work, whether it is in private practice, a low fee service, a treatment paid for by an insurance company, and even the treatment that is free at the point of delivery in the National Health Service (where the fee appears as a no-fee, a right to free treatment); and as such it is as much an element in the psychoanalytic process as anything else. *The low fee, like any other part of the setting, plays its part in the exploration and articulation of the transference. It can be used by the patient as a means to express some aspect of their internal world in the transference. The analyst can equally use their understanding of the fee and how it is used to work through the patient's conflicts.*

Of course, it is not just like any other aspect of the setting – because it is about *money* – and, as Freud pointed out, we tend to treat matters of money, like sex: inconsistently, prudishly and hypocritically. Money matters are similarly charged with a sense of power in both the genital and the anal registers – the power to give and the power to withhold. And so it brings along with it a particularly potent set of symbolic resonance for the patient/analyst relationship. The bill and the cheque involves a physical and material exchange between patient and analyst; whatever the patient is gaining from the analysis, the analyst gains money at the patient's expense when the bill is paid – and the patient withholds income from the analyst when it is not! But like anything else in that relationship, it evokes fantasies and feelings on both sides and so material to interpret. Although when it comes to interpretation, and realities, we do seem to find it difficult to talk about it. Brendan MacCarthy, a former Director of the London Clinic added 'secrecy' to Freud's adjectives about our attitude towards money. He agreed (MacCarthy 1993) with Polmear et al (1993) who point out that the question of fees is hardly ever written about and may go unanalysed and goes on to speculate that "it is probably the case that the higher the fee the less likely it is to be analysed".

But whatever the level of the fee, we seem to tend to be reluctant to explore the financial realities and their psychic links. In the Clinic, I have noticed how our consultants at the Clinic often overlook a necessary discussion with patients about the fee for the consultation or what the patient would be able to afford to pay for or towards their treatment. Candidates rarely mention money matters in their reports to the Clinic, even when the patient has built up a significant debt. We should heed Freud's early warning (1913) about how,

in the absence of a (realistic) fee, 'the whole relationship is removed from the real world', with all the scope for a collusive defence that this presents.

I think that there is probably a great deal less reluctance to address financial matters in the real world of private practice than there is when there is a 'third' object such as a Clinic or an insurance scheme involved. In these cases as we have seen from the clinical material, the fee easily lends itself to an expression of the patient's Oedipal drama: 'me and you joining together to cheat the Clinic', or 'you and the Clinic ganging up on me to deprive me of the breast'. It can also provide a way for the analyst to delegate the uncomfortable responsibility for bringing the 'real world' to intrude upon the analysis, and in that way enact the analyst's own Oedipal solution. There are of course many reasons for holding on to 'blind spots': for a candidate seeing a training case, there is the tricky question of who is dependent upon whom? A candidate may hesitate to introduce a realistic fee increase for fear of losing the patient and all that this implies for the training. Or they may in this way express their own uncertainty about the value of their developing analytic skills. Our Clinic has, until recently, written directly to patients each year to invite a review of the fee paid, almost by-passing the candidate-analyst. I think that this is to do with the particular sort of charitable culture that had evolved, where what is effectively the 'fee' was always called a 'contribution' – that is, something charitably offered rather than something rightly paid in return for the analyst's work.

In my view it is an essential part of the analyst's training to have experience in discussing the fee with their patient and noting the material that arises as a result. Accordingly, we have now changed the practice in the Clinic and candidates are responsible for initiating an annual review of the patient's fee and taking up the reactions to this, in both patient and analyst, in the analysis.

Anything that goes on between analyst and patient has the potential to be an obstacle to the analytic process if, for whatever reason, it is unavailable for analysis in the transference or countertransference[10]. So, no, a low fee does not provoke specific obstacles to the analytic process – like any other aspect of the setting, it provokes valuable material for analysis. On the contrary, a low fee can, as in our Clinic, facilitate analysis for many who could not otherwise afford it.

I will conclude by summarising what, in London at least, we find is the rich legacy left by Freud's 'Free Clinics':

1. We can provide psychoanalytic consultation[11] and treatment for people who would not otherwise be able to afford it.

2. We can provide clinical cases, held in a containing institutional setting, for candidates in training.

[10] One could say that psychoanalysis is almost wholly engaged with the struggle to identify and work with obstacles of one sort or another to the analytic process.

[11] The therapeutic value of which should not be underestimated, even if it does not at that point lead to treatment.

3. Candidates, supervisors, and consultants all have their analytic experience enriched by hearing about the wider than normal range of patients who come to our Clinic

4. The public profile of psychoanalysis is enhanced by the widely publicised Clinic. Other professionals may understand and appreciate psychoanalytic work more through our liaison with them over particular cases.

5. Through the low fee clinic we are all able to have good experience of seeing patients five times weekly in full psychoanalysis in order to have the best possible experience as the basis of whatever other work we do later in various settings.

6. The low fee Clinic helps to keep five times weekly analysis alive. We see that in other countries psychoanalytic training requirements have been modified to 4 or even 3 times weekly sessions because candidates find it difficult to find patients who will come 4 or 5 times a week[12]. Our scheme in London does allow candidates to have this experience and we do not find it difficult to find patients who do commit to 5 sessions a week analysis[13].

[12] I am grateful to Alejandra Perez, a candidate in the British training, for conveying to me that at the IPSO meeting in Berlin (2007) entitled "Is what I do psychoanalysis and what you do, not?" candidates were discussing the issue of 3 sessions a week vs 4 or 5 as a requirement for training. A few commented that their societies had changed the requirement to 3 times a week because candidates were finding it very difficult to find patients who would come 4 times per week and pay a full fee, and many shared the view that it is impossible in this day and age to expect people to come 4, let alone 5 times a week – people do not have the time or the money. The candidates from the British Society pointed out that the low fee scheme at the Clinic does allow candidates to have this experience and that we do not find it difficult to find patients who do commit to 5 sessions a week analysis. Alejandra Perez also made the very good point that the candidates will have a strong conviction about the worth of this and will transmit this to their patients, thus sustaining the patients' motivation. Of course the candidates are also in five times weekly analysis which will also be supporting their conviction.

[13] The candidates work for the Clinic for no fee, but on the other hand, in the British training, they do not pay for the theoretical or clinical seminars.

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