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Sarah Knox
Marquette University, sarah.knox@marquette.edu

Robert Dubois
Marquette University

Jacquelyn Smith
Marquette University

Shirley A. Hess
Shippensburg University of Pennsylvania

Clara E. Hill
University of Maryland

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Clients' Experiences Giving Gifts to Therapists

By Sarah Knox, Robert Dubois, Jacquelyn Smith, Shirley A. Hess, and Clara E. Hill

Nine therapy clients were interviewed regarding their experiences of giving gifts to therapists. Data were analyzed using consensual qualitative research. In describing a specific event when they gave a gift that was accepted, participants described having a good relationship with the therapist and usually identified their therapy concerns as relationship or family struggles or both. Most bought a relatively inexpensive gift they thought their therapist would like and gave it during a nontermination session to express appreciation or mark an important life event. Most participants acknowledged mixed emotions when giving the gift and noted that any discussion of the gift was brief and did not explore its deeper meaning. Nevertheless, most participants perceived that gift events positively affected them and their therapists.

When a client presents a therapist with a gift (i.e., a tangible object given by one person to another), she or he may do so for both known and unknown reasons and may enter the interaction with anxiety regarding how the therapist will respond. How the therapist does, in fact, respond is vital to the therapy relationship and process because such gestures may stretch the therapy boundaries (Hundert, 1998). Gift giving, however, has received little attention in the theoretical literature and even less attention in the empirical literature. Furthermore, clients' perspectives on such events have rarely been the target of attention; instead, much of the literature has focused on therapists' thoughts about such events. Thus, in this study we examined clients' experiences of giving gifts to their therapist.

Why Clients Give Gifts

According to the theoretical literature, much of which comes from psychoanalytic and psychodynamic perspectives, clients give gifts for a variety of reasons. Freud (1963/1917) asserted that clients' gifts hold unconscious meaning and are an expression of transference, such that via the gift, the client seeks to win the therapist's favor, just as the client would with a parent. Gifts may also depict clients' symbolic desires for themselves or the therapist, including wanting to please the therapist, be more intimate with her or him outside of therapy, or become a real object to the therapist (Kritzberg, 1980). Furthermore, clients may hope to somehow bind therapists to them through a gift, to temper anger or manipulate the therapist into kindness, to

offer the gift to be “consumed” instead of the client, or to ward off fear of anger or sexuality (Lewinsky, 1951). Talan (1989) also suggested that gifts reflect the inadequacy of words to express clients’ thoughts and feelings and the desire for greater activity in the therapy or a demand for reciprocity from the therapist. Because they convey meaning via behavior rather than words, however, client gifts increase the chances of misunderstanding (Ruth, 1996) and thereby heighten the importance of therapists’ response to such events.

Theoretical Suggestions about Responding to Gifts

As might be expected given their potentially provocative nature, disagreement exists regarding how therapists theoretically should respond to client gifts. On one end of the spectrum are those who assert that therapists should never accept gifts from clients (e.g., Glover, 1955; Hundert, 1998; Langs, 1974; Simon, 1989; Talan, 1989) because doing so jeopardizes the therapy process by inappropriately reassuring and gratifying clients. Rather than accepting gifts, therapists are to assist clients in making the gift’s nonverbal communication verbal. Reflecting a slightly more moderate position, some therapists acknowledge that it is appropriate to accept a small gift through which the client conveys her or his appreciation for the therapist’s help in overcoming an important challenge or one given at a holiday time or at termination (Hundert, 1998), especially if from a client who struggles with giving anything to anyone (Stein, 1965). When gifts are accepted, according to Kritzberg (1980), they should be discussed and explored to address clients’ interpersonal behaviors and unconscious desires.

On the other end of the spectrum, those adhering to an intersubjectivist orientation (e.g., Atwood & Stolorow, 1984; Hahn, 1998; Stolorow & Atwood, 1996) advocate a slightly different response to client gifts. In this perspective, accepting a client’s gift affirms the client and enhances her or his own self-acceptance; refusal of a gift stimulates defensiveness, which impairs selfreflection and insight and may lead the client to experience the rejection of the gift as a rejection of the self. By discussing the gift (e.g., describing it, asking about its meaning), therapists also provide clients with the opportunity to express verbally what they sought to express nonverbally in the gift, to explore their subjective experience of the therapy, and thus to experience a nurturing relationship (Hahn, 1998).

Ethical Considerations Regarding Client Gifts

When consulting their state or professional ethical codes regarding client gifts, however, therapists find little explicit guidance. Of the 50 states and the District of Columbia, only three jurisdictions directly speak of client gifts to therapists, with two stating that unsolicited token gifts

to therapists are acceptable and one stating that gifts are not to be accepted. The remaining states defer to the American Psychological Association's (2002) Code of Conduct, which does not directly address gifts. The Code of Ethics of the American Counseling Association (2005) notes that in some cultures, such gestures are tokens of respect and gratitude. In addition, the American Counseling Association's code recommends that in determining how to respond to client gifts, therapists consider the therapy relationship, the gift's monetary value, the client's motivation for giving the gift, and the therapist's motivation for wanting to accept or refuse the gift.

Empirical Literature on Gift Giving

We found five survey studies, each asking therapists a few questions about their experiences with clients giving gifts in therapy. In his study of 29 practicing British psychoanalysts, Glover (1955) found that none of the respondents accepted large gifts or money offerings, most did "not receive gifts gladly" (p. 319), and most analyzed patients' motives for giving gifts, hoping to reduce such behaviors in the future. In a survey of members of the American Psychological Association's Division 29 (Psychotherapy), Pope, Tabachnick, and Keith-Spiegel (1987) and Borys and Pope (1989) found that therapists almost universally accepted gifts of minimal financial value (e.g., less than $5) and rarely accepted those of higher value; they usually considered the former ethical and the latter unethical. Gerson and Fox (1999) surveyed 600 forensic professionals (MA, MD, MSW, PhD, PsyD) whose work demanded familiarity with the law (e.g., civil, competency, criminal, custody, workplace); respondents disapproved either somewhat or absolutely of five types of gifts (e.g., food, tickets to an event) and were neutral toward accepting a cupcake on a patient's birthday. In their study, Brown and Trangsrud (2008) found that 40 licensed psychologists were likely to accept client gifts that were inexpensive, reflected a cultural context, and were given at termination to express gratitude for successful therapy work, but they were not likely to accept gifts that were expensive, given during treatment, and perceived as manipulative or sentimental.

Spandler, Burman, Goldberg, Margison, and Amos (2000) surveyed 80 British therapists (many of whom were psychoanalysts) regarding gifts in therapy. Commonly reported gifts were small and of minimal financial value (e.g., food and alcohol, flowers, books, and handmade items), and those considered appropriate were not too personal or intimate and followed social conventions. Both the timing and cost of the gift affected its reception, and therapists rarely examined cultural or racial elements of the gift-giving process. Therapists understood the gifts to express clients' desires that the therapist enjoy something that clients found challenging (e.g.,

wine from a client with substance abuse concerns) or to convey clients' depression or suicidal feelings (e.g., a dead plant). Receiving gifts elicited mixed emotions, and although most gifts were accepted, "large expensive gifts" (p. 95) were frequently refused until they had been explored in therapy.

Finally, Knox, Hess, Williams, and Hill (2003) interviewed 12 therapists regarding their experiences receiving gifts from clients. Participants noted that clients infrequently gave gifts, but all had accepted small tokens, handmade objects, consumables, or personal items (e.g., perfume). Most reported that addressing gifts was helpful in therapy, that gifts held symbolic meaning and were a normal part of human interaction, and that they discouraged client gift giving. They were less likely to accept gifts of "high monetary value" (p. 204), those given too early in therapy, those that seemed to cross boundaries, or those that felt manipulative; in contrast, they were more likely to accept gifts if refusal would be hurtful to the client. They noted that problematic gifts were given early or midway through therapy, and both problematic and unproblematic gifts were given for a number of reasons, including appreciation, manipulation, and equalization of the therapy relationship. These gifts stimulated both positive and negative internal responses in therapists, and participants more often discussed unproblematic than problematic gifts with their clients. Problematic gifts, however, were more frequently discussed with others (e.g., colleagues, supervisors) than were unproblematic gifts. Both problematic and unproblematic gifts facilitated the therapy process.

As Knox (2008) summarized in her practice review of gifts in therapy, when therapists accepted client gifts (which were usually small and of minimal financial or emotional value), they reported doing so carefully and with mixed emotions, weighing a number of factors (e.g., nature and timing of gift, therapy relationship, client diagnosis and demographics, perceived motivation for giving gift) and frequently discussing the gift and its giving with clients. In all but one of these studies, however, researchers included only a few questions about gifts as part of a larger and more diffuse survey, and thus the information gained was limited. Furthermore, specific information regarding the clients whom participants had in mind when responding to the questions was often limited, and operationalization of what constitutes a small versus a large gift was similarly vague. In addition, and perhaps most important, no research has yet examined clients' perspectives regarding giving gifts in therapy. We need, then, to hear what clients have to say about their experience of giving gifts to their therapist, for such experiences may well affect the therapy itself.

Current Study

In building on earlier research, we sought to examine clients' experiences of giving gifts to their therapists. We wondered how clients select the gifts they give, why and when they give such gifts, what they feel as they do give them, how any discussion of the gifts proceeds in therapy, and how the whole gift interaction may have affected them. In seeking to answer such questions, we hoped that the findings would provide information useful to therapists, and potentially also to clients, so that such events transpire as therapeutically as possible.

Method

Research Design

We used consensual qualitative research (CQR; Hill et al., 2005; Hill, Thompson, & Williams, 1997), which facilitates an in-depth examination of phenomena and relies on a team of researchers to arrive at a common understanding of the data. Furthermore, CQR enables unanticipated findings to emerge through its inductive process (i.e., researchers query participants' experiences without predetermined responses in mind). Moreover, CQR permits researchers to use participants' actual language to guide data analysis.

Participants

Clients

Nine European American clients participated in this study, eight of whom were women. (To maintain the confidentiality of the one man, we use feminine pronouns when discussing the clients in this article.) Clients ranged in age from 26 to 61 (M = 41.88, SD = 11.90) and had seen between two and 20 therapists (M = 4.89, SD = 4.65). Their estimated number of therapy sessions reflected a wide range (between 38 and 1,600 or more), as did their estimated weeks in therapy (between 40 and 494). They reported the following reasons for seeking therapy (in descending order of frequency): depression disorders or grief, relationship or family concerns, trauma or posttraumatic stress disorder, anxiety, eating disorders, and miscellaneous other causes (e.g., training, attachment, "finding myself"). Two participants had never given gifts to a therapist other than the event they described here, five reported giving such gifts on a few occasions, and three indicated that they regularly gave gifts to therapists.

Therapists

According to clients' reports, the therapists to whom they gave gifts were European American women (with the exception of one man) ranging in age from their late 30s to their 60s.

Of those theoretical orientations noted, three were psychoanalytic or psychodynamic and three were cognitive or cognitive–behavioral.

Interviewers and Judges

Sarah Knox, Robert Dubois, and Jacquelyn Smith served as interviewers and judges on the primary team. Sarah Knox was a 47-year-old female faculty member in a counseling psychology doctoral program, Robert Dubois was a 45-year-old male doctoral student in the program, and Jacquelyn Smith was a 26-year-old female doctoral student in the program. Shirley A. Hess and Clara E. Hill were auditors on the study; one was a 59-year-old female faculty member in a different counseling psychology doctoral program; the other was a 58-year-old female faculty member in a counseling program. All identified as European American.

With regard to our biases, two of us had given termination gifts to a therapist, only one of which was discussed in therapy. We felt that the appropriateness of client gifts to therapists depended on a number of factors (e.g., the gift itself and its timing, the client's therapy concerns and therapy relationship, the perceived intentions behind and meaning of gift) and that small or inexpensive gifts given to show appreciation would usually be appropriate and should be discussed, even if only briefly. More troubling would be expensive or intimate gifts, gifts intended to manipulate the therapist in some way, or gifts from clients with tenuous boundaries; we also felt such gifts should be discussed. We believe that clients give gifts to show appreciation or gratitude, to mark a special event, to symbolize something important, or to adhere to cultural norms about gifts. More problematic reasons included manipulation, obligation, or provocation. We surmised that most therapists would normally and graciously accept gifts they deemed appropriate, perhaps engaging in a brief discussion of the gift's meaning for the client. Gifts considered less appropriate may more often be rejected and would likely stimulate a lengthy discussion to understand the client's intentions and meanings of such gifts.

Measures

Demographic Form

Participants were asked to provide basic information about themselves on the demographic form: age, sex, race or ethnicity, number of times they had sought therapy, number of therapists seen, estimated total number of therapy sessions, estimated total weeks in therapy, and primary reason(s) for seeking therapy. In addition, participants were asked to provide their name and contact information so that we could arrange for the first interview.

Interview Protocol

We all assisted in developing the protocol (e.g., primary team members proposed questions based on experiences giving or receiving gifts in therapy; the primary team then integrated these questions and sought feedback from the auditors). In addition, the primary team reviewed the questions used by Knox et al. (2003) to inform the current protocol. The protocol was piloted on one nonparticipant volunteer who met the participation criteria. On the basis of her feedback, we altered the protocol (clarified wording, reordered questions, removed redundant questions). The resulting semistructured protocol (i.e., we followed a standard set of questions, and interviewers were encouraged to pursue other questions on the basis of participants' responses to gain more in-depth information about each person's experiences) began with a reminder of the study's focus on participants' experiences giving a tangible gift (other than a card, note, letter, or holiday item) to their therapist in individual therapy within the past 3 years. The interviewer then asked about the frequency and types of past gifts to therapists. From there, the interviewer asked participants to describe a specific experience of giving a gift to a therapist, one that the therapist accepted. In discussing this experience, participants were asked to describe a number of features (e.g., relationship with therapist, concerns addressed in therapy, what prompted the gift, content and approximate cost of gift, selection of gift, meaning of gift, process of giving gift, therapists' response to gift, effects of event). The interviewer concluded by asking participants about the meaning of gift giving in therapy as well as the effect of the interview and their reasons for participating in the research.

In the follow-up interview, the researcher asked any further questions that arose after the first interview or queried for more detail on earlier responses; likewise, participants elaborated on or emended information from the first interview. Thus, the second interview followed no distinct format but instead accommodated the content that the interviewer, participant, or both wished to address. Data from both interviews were included in the data analysis.

Procedures for Collecting Data

Recruiting Participants

Through Web-based electronic mailing lists (e.g., Society for Psychotherapy Research) and bulletin boards (e.g., volunteers section of craigslist.com in two Midwestern and two mid-Atlantic cities) that might be used by therapy clients, we recruited five participants. In addition, we asked therapists known to the research team to distribute packets (i.e., letter to potential participants describing the study, including the researchers' names and contact information, and explaining participant requirements [adult clients who had at least 10 sessions of outpatient or independent practice, individual psychotherapy with one therapist within a 6-month period of

time; who had given a tangible gift to their therapist other than a card, note, letter, or holiday item in person during therapy within the past 3 years; and who were willing to complete two phone interviews totaling 1 hr]; informed consent form; demographic form; interview protocol) to clients who had given gifts; these therapists were also invited to ask their therapist colleagues to do the same. Recruiting via therapists yielded three participants. The final participant responded to a local newspaper advertisement (the ad provided Sarah Knox's university affiliation and contact information and stated that we sought adult clients who had given their therapist a gift in individual therapy within the past 3 years and who would be willing to complete two phone interview totaling 1 hr). All potential participants who met the study criteria were invited to take part in the research; they received no incentive for their participation.

Interviewing

Each member of the primary team then completed both the initial and follow-up audiotaped telephone interviews with three participants. At the end of the approximately 45-min first interview, the interviewer scheduled the follow-up interview. The approximately 10-min follow-up interview occurred about 2 weeks later.

If a participant experienced difficulty or distress during the interview, the researcher checked in with her and asked whether she wished to continue; all who experienced temporary distress did continue with the interview. Researchers again checked in with distressed participants at the end of the interview to see how they were doing and ask whether they needed any additional time or support; none stated such a need. At the end of the follow-up interview, all participants were debriefed (i.e., they were asked whether they had anything more that they wished to discuss, were thanked for sharing their gift-giving experiences in therapy, and were reminded that they would later receive a copy of the manuscript based on the research to provide them an opportunity to ensure that their confidentiality had been maintained).

Transcripts

Interviews were transcribed verbatim (other than minimal encouragements, silences, and stutters). Potentially identifying information was removed from transcripts, and each participant was given a code number to protect confidentiality.

Procedures for Analyzing Data

Data were analyzed according to CQR methods (Hill et al., 2005, 1997). This qualitative method is now well known, and thus we have not included a lengthy explanation of it. CQR rests on research team members reaching consensus about data classification and meaning as they

proceed through the three steps of data analysis (domain coding, core ideas, cross-analysis); Shirley A. Hess and Clara E. Hill reviewed each step.

Draft of Final Results

All participants received a draft of the study's final results. We asked them to comment on the extent to which their individual experiences were reflected in the group results as depicted in the draft and to confirm that their confidentiality had been maintained. Five participants responded: Three suggested no changes to the manuscript's content. The fourth participant acknowledged that reading the manuscript made her feel uncomfortable and that it was unlikely that she would continue to give her therapists gifts. In her communication, she nevertheless assured us that she was okay ("Thank you for letting me be part of this study regardless of the effects on me. I'll do what I need to to take care of myself"). The final participant (the many-gift example, described in the next section) offered extensive comments on the manuscript to further describe her gift-giving experiences with her therapist.

Results

First, we present findings that emerged when participants discussed their past experiences giving gifts to therapists (see Table 1). Such findings serve as context for the later results, in which participants described one particular experience of giving a gift to a therapist, the primary focus of this study (see Table 2). In all findings, we followed CQR guidelines with regard to labeling category frequencies, such that categories that emerged for all cases were considered general, those that emerged for more than half and up to the cutoff for general cases were considered typical, and those that emerged for between two and a half of the cases were considered variant. Findings that arose in a single case were placed into an "other" category and are not reported.

Contextual Results

When speaking of gifts to prior therapists, participants noted that they typically gave handmade items and variantly gave purchased items, typically doing so to show appreciation for the therapist or therapy or variantly to denote the strong therapy relationship or mark a special occasion for either member of the therapy dyad.

Clients' Experiences Giving a Specific Gift to Therapists

Participants generally reported that they enjoyed a positive relationship with the therapist to whom they gave the specific gift. Their therapy concerns typically focused on relationship and

family problems and variantly focused on trauma, depression or anxiety, or eating and body image. Participants typically purchased the gift they gave but variantly gave an item that they had themselves made; typically, the items cost less than $25, but variantly the items were worth more than $50. In selecting the specific gift, participants typically chose something they thought the therapist would like. They variantly chose an item linked to their therapy and also variantly noted that they considered the boundaries related to and appropriateness of the gift. Participants' typical pattern was to give the gift at a nontermination time, but gifts were variantly given on termination from the therapy. More specifically with regard to time, participants typically gave the gift at some point within an actual therapy session and variantly gave it outside of the session. As they gave the gift, participants typically experienced mixed emotions, although they variantly reported that the predominant emotions were nervousness or discomfort or positive feelings. With regard to the gift's meaning, participants generally indicated that they gave the gift to express appreciation and typically to mark a particular life event. Gifts were variantly given to please therapists. Participants typically reported that any discussion they had with their therapist about the gift was brief and did not explore the gift's deeper meaning. Discussions of such gifts variantly elicited therapist disclosure and variantly addressed the gift's appropriateness. Typically, these gift events had positive effects on participants. Some participants, however, variantly reported mixed effects. Participants perceived that the effects on therapists were generally positive and also typically sensed that therapists were surprised by the gift.

Illustrative Examples

We now provide two illustrative examples of participants' experiences giving a gift to their therapist. The first reflects the general and typical results and thus is prototypical of the more prevalent themes of our findings. We incorporated details from a number of specific cases to illustrate these findings vividly. The second example depicts one case in which the client gave her therapist many gifts. Although this case is an outlier among our participants, we present it to illustrate some of the problems that may arise when gifts are mishandled in therapy. Some elements of this gift experience have been altered to protect the client's confidentiality.

Prototypical Example

Gail (pseudonym) reported that she had a positive relationship with Dr. R (pseudonym; Gail had tried different therapists over the years and felt that Dr. R was "the best by far" because she was the first therapist really to listen, which enabled Gail to trust Dr. R). In therapy, Gail discussed difficulties with her family and other relationships (Gail talked about patterns of

withdrawal between herself and her husband and also about her struggles after the death of several family members).

Gail bought Dr. R a paperback copy of a book Gail had loved as a child, one she also thought Dr. R would enjoy. Gail gave Dr. R the book at the beginning of a session about halfway through the course of her 2-year therapy and acknowledged that she had mixed feelings as she did so (she felt shy and vulnerable because “you never know if the receiver will like the gift” but also felt excited and safe). Gail noted that she gave the gift to communicate her appreciation for all that Dr. R had done for her: The gift was an appropriate, small, inexpensive, and not overbearing expression of appreciation and thanks to Dr. R for being not just a therapist but also a kind, caring human being, for “giving of herself” to help Gail and others, and for showing genuine, unwavering concern for Gail’s well-being. The gift also marked an important life event for Gail (it was the anniversary of her recovery from significant medical concerns). Gail and Dr. R talked briefly about the book but did not probe its potential deeper meaning (Dr. R said, “Thank you, that’s very nice,” and they chatted briefly about the book). Gail felt that the event positively affected both her (it was one of many examples of Dr. R accepting rather than rejecting Gail) and Dr. R (Dr. R appreciated the gift, read the book, and stated that she enjoyed it). Gail noted, as well, that Dr. R seemed surprised by the gift (Dr. R said “Oh, what is it . . . ohhh!”).

Many-Gift Example

Emma (pseudonym) had given Dr. E (pseudonym) more than 100 gifts across their 5-year course of daily therapy, collectively totaling thousands of dollars. Some of these gifts included sizable donations, in Dr. E’s name, to local charity groups, as well as books, concert tickets, movies, music, flowers, stuffed animals, food, jewelry, and crafts. In addition, some gifts were items originally loaned by Emma to Dr. E, who did not return them. These gifts were given sometimes weekly, and at least monthly, to express feelings that Emma was uncomfortable verbalizing, such as her love and affection for Dr. E or her “need to repair something in [her]self” through Dr. E’s acceptance of her gifts. Dr. E always welcomed and accepted Emma’s gifts (welcomed them “in an overtly warm and often verbally and affectively effusive” way in praise of the gift and in appreciation of the thoughtfulness), regardless of their value, which Emma said reinforced her gift-giving behavior.

The first time she gave Dr. E a gift, Emma asked Dr. E how she felt about getting gifts and whether there was a price limit that would render a gift inappropriate. Dr. E responded in a jovial manner that she was not opposed to gifts and would accept expensive gifts, as long as they did not exceed $50,000. Emma reported in the interview that she felt, then, that she “could

give her a Jaguar and it would be okay." Emma acknowledged that Dr. E was probably joking in her response to Emma's question, but they never discussed the statement, nor did Dr. E discourage Emma's giving gifts. Emma's gifts to Dr. E "started out small and fairly inexpensive," but as the treatment continued, both the frequency and dollar value increased. Emma gradually began to feel that Dr. E considered the gifts "her due," and Emma became ambivalent and even felt exploited about giving them and was upset that the gift-giving behavior was never analyzed. Emma never verbally expressed these feelings to Dr. E because she did not want to hurt Dr. E's feelings or risk rejection.

The gift Emma discussed in the interview was a large sculpture she purchased for slightly less than $400, an item she selected because she liked the artist and thought Dr. E would as well. Emma gave the sculpture to Dr. E during a session about 3 years into their work together. As she gave the gift, Emma described feeling anxiety because she feared that Dr. E would not like the sculpture, would think it inappropriate, and would not display it. In fact, when Dr. E initially did not display the sculpture, Emma became worried, concerns that lessened only when Dr. E stated that she was looking for a special table on which to put the artwork.

Emma indicated that she gave the gift to show how much she appreciated Dr. E and to express her own comfort with Dr. E's recent redecorating of her office. Given Emma's long relationship with Dr. E, Dr. E invited Emma to collaborate with her on the new de´cor to ensure that Emma was comfortable with the changed surroundings. Emma and Dr. E briefly discussed the gift upon its giving, with Dr. E stating that she liked the sculpture's color, texture, and theme, but they never discussed its significance. Emma stated that this gift-giving event had positive effects for her: It was one of many experiences in which her gestures of love or appreciation were enthusiastically accepted by Dr. E. She also felt that the event positively affected Dr. E because Emma sensed from Dr. E's tone of voice and facial expression that she was touched and moved by the gesture.

Discussion

We note some important characteristics of the sample. These clients had quite extensive therapy experiences: They had seen, on average, almost five therapists and had been in therapy for long periods of time. During the interviews themselves, we also perceived that the interview evoked some difficult emotions for two participants, perhaps because these two individuals were more psychologically distressed than the others (although we cannot verify this impression because we did not collect diagnostic information). Another consideration is our difficulty recruiting participants, despite multiple attempts to do so. Admittedly, reaching clients

directly is hard, but our difficulty may also reveal information about the sample (perhaps clients were reluctant to talk about gift giving).

Contextual Findings

Most often, these participants reported a history of giving to their therapist items that they had themselves made, and they did so to demonstrate their gratefulness for the therapist or the therapy. The nature of the reported gifts is consistent with those noted by Knox et al. (2003) and Spandler et al. (2000), who also found that clients frequently gave handmade gifts. We note that when clients were directly asked why they gave gifts to therapists, simple appreciation was the predominant reason, a finding empirically echoed in Knox et al. (2003) and theorized in Brown and Trangsrud (2008). Intriguingly, then, clients' reports of their reasons for giving gifts appear to differ markedly from those offered by therapists.

Clients' Experiences Giving a Specific Gift to Therapists

Enjoying a strong relationship with their therapists, these participants struggled with family and relationship concerns, thus paralleling the client problems described by the therapists in Knox et al. (2003). Most gifts were relatively inexpensive purchased items, echoing the findings of Knox et al. (2003) and Spandler et al. (2000), and were chosen because clients thought their therapist would enjoy them.

These participants most often gave the gifts during nontermination sessions. We note, however, that some literature (Brown & Trangsrud, 2008; Knox et al., 2003; Kritzberg, 1980; Spandler et al., 2000) has suggested that gifts given during therapy (and not at termination) may be viewed by therapists as more problematic than those given at the end of therapy. Here again, then, emerges an intriguing difference between clients' and therapists' perceptions, although we acknowledge that the findings did not arise from matched therapist– client dyads: Clients saw no inherent difficulty in a nontermination gift, instead viewing it as an opportunity to express their appreciation for the therapy endeavor (Hundert, 1998); many therapists, in contrast, apparently consider such gift-giving timing troubling. Perhaps therapists deem such gifts as evidence of clients' transference distortions, whereas clients seek only to communicate an unspoken desire to engage in a more real relationship with the therapist (Greenson, 1967).

Nevertheless, these participants did acknowledge their mixed feelings when giving the gifts, with their concerns most often arising from their uncertainty regarding how their therapists would respond. Although not explicitly stated, perhaps these concerns reflected some awareness of the potentially troubling timing of the gift because participants may have feared

that a gift at a time other than termination might more likely be refused; alternatively, they may have been concerned about what their giving a gift might say about them as clients. In either case, clients may have feared that therapists' refusal of the gift would be experienced as rejection of them.

Despite theorists' and clinicians' assertions of the importance of discussing gifts with clients (Glover, 1955; Hundert, 1998; Knox et al., 2003; Kritzberg, 1980; Langs, 1974; Simon, 1989; Talan, 1989), these participants did not report conversations in which the meaning of the gift was fully examined; instead, brief conversations were the norm. On the basis of the extant research with therapists, this strikes us as curious. Perhaps such conversations occurred but were not recalled by participants, or perhaps participants' understanding of what constituted a deeper examination of the gift's meaning differed from that of therapists. It is also possible that those clients who more fully discussed the gift with their therapist, and may then have uncovered a deeper (e.g., transferential) reason for its giving, were less willing to talk about such experiences in a research study. Recalling the work of Knox et al. (2003), who found that unproblematic gifts were more often discussed (although we do not know the extent or depth of such discussions) with clients and problematic gifts were more often discussed with others (colleagues, supervisors), it may be that if these therapists experienced the gifts as troubling in any way, they talked about the gift not with the client but with other, potentially helpful resources. In their interview data, our participants expressed no dissatisfaction with the lack of a detailed discussion, and none stated a desire for greater conversation about the gift's meaning. Given their mixed emotions when actually giving the gift, we wonder whether participants might even have been relieved about the lack of deep exploration of the gift-giving event. Nevertheless, the seeming contradiction between the recommendations in the literature to discuss gifts and these participants' experiences of a lack of such discussion is indeed curious.

Whatever the nature of the conversation, participants reported the effects of these gift-giving events as being favorable for themselves and for their therapists. In their therapists' accepting the gift, participants stated that they felt affirmed, validated, supported, and accepted, paralleling previous findings (Atwood & Stolorow, 1984; Hahn, 1998; Knox et al., 2003; Stolorow & Atwood, 1996). Therapists may well have experienced some of the mixed reactions noted in the literature (e.g., Knox et al., 2003; Spandler et al., 2000), but these participants sensed only that their therapists were touched and honored that clients wished to give them something.

Many-Gift Example

Emma's experience with gift giving was not the norm for this sample, but her story may reflect a subset of clients who feel compelled to give gifts and whose therapists welcome gifts. We were struck, first, by the sheer quantity, frequency, and financial value of Emma's gifts to Dr. E. Relatedly, we were struck by Dr. E's apparent welcoming of all gifts. Furthermore, not only were these gifts not discussed (at least according to the client reports), but neither was Emma's admitted use of the gifts as a means of expressing feelings she was uncomfortable verbalizing in the therapy nor her sense of the gifts as a way she could "repair" herself via behavior rather than therapeutic discussion. Echoing earlier theorists' concerns and contradicting other researchers' suggestions about gifts in therapy (Borys & Pope, 1989; Freud, 1917/1963; Gerson & Fox, 1999; Glover, 1955; Hundert, 1998; Knox et al., 2003; Kritzberg, 1980; Langs, 1974; Lewinsky, 1951; Pope et al., 1987; Ruth, 1996; Simon, 1989; Spandler et al., 2000; Talan, 1989), Dr. E reportedly did not address Emma's motivations for giving the gifts, the nature of what they communicated, the prominent role they began to take in her therapy, nor their effect on the therapy process and relationship. Perhaps, following a more intersubjectivist approach (e.g., Atwood & Stolorow, 1984; Hahn, 1998; Stolorow & Atwood, 1996), Dr. E may have sought to affirm and accept Emma by accepting her gifts (although we cannot know this without having talked to the therapist). Nevertheless, the disconcerting nature of this client's story is difficult to ignore.

Limitations

These findings arise from the perspectives of nine therapy clients who volunteered to discuss their experiences giving gifts to their therapist. Only one was male, and all were European American, so the degree to which the findings apply to male or non-European American clients is unknown. As noted in the literature (Herlihy & Corey, 1997; Sue & Zane, 1987), the gift-giving process may be influenced by such cultural factors. Furthermore, we have only clients' accounts and acknowledge that therapists' thoughts about these experiences may be different. Each participant also received a copy of the interview protocol before deciding to take part: Our hope is that doing so allowed clients to make fully informed consent and to think about their gift-giving experiences in therapy, but it is also possible that knowledge of the questions allowed clients to render their comments more socially desirable. Finally, all participants described their relationship with their therapists as positive; it is possible that those with less strong relationships may experience gift-giving quite differently, if they give gifts at all.

Implications for Practice

Several practice implications emerge from these findings. First, we remain curious about the divergence in reasons that therapists versus clients assert for clients giving gifts in therapy, with therapists viewing such events as more troubling than do clients. Recalling earlier findings that therapists are often unaware of clients' hidden thoughts and feelings (Rhodes, Hill, Thompson, & Elliott, 1994), we suggest, then, that therapists may likewise not always be aware of clients' reasons for gift giving, especially if the gift remains unaddressed.

One way to increase awareness and pursue such understanding is through a discussion of the gift as part of therapy, and we encourage therapists to exercise sound clinical judgment (e.g., considering time in therapy, context and frequency of gifts, client dynamics) regarding such discussions. It may be, for instance, that not all gifts warrant full discussion (e.g., those given to show appreciation or of modest financial value), but that some (repeated or expensive gifts) do merit conversation. Although therapists must indeed be careful not to make too much out of a gift, especially those that clients at least initially see as being given simply as a way to say thank you, such conversations may enable both members of the dyad to attain greater insight into the gift's intention and meaning. Such insight may prove quite helpful to the continued therapy work.

Implications for Research

First, because we were unable to consider gender or racial, ethnic, or cultural diversity in our findings, we encourage others to explore how such factors may affect the gift-giving process in therapy. Second, having the perspectives of both members of the therapy dyad speak to the same gift-giving event would be ideal. Furthermore, we wonder how therapists' refusal of gifts may affect clients. We also encourage researchers to examine how client diagnosis may affect the gift-giving process, whether in terms of the nature and cost of the gift, its timing, the therapist's response to the gift, or any discussion of the gift. Furthermore, how does the gift-giving process proceed in more tenuous therapy relationships? Might such clients give gifts for different reasons (e.g., to please the therapist, to improve the relationship), or might they never even consider giving a gift because the relationship is so poor? With regard to discussion, we are curious about the effects of the type of discussion recommended in the literature but intriguingly not found here: Were these participants' experiences positive because the gift was not discussed (e.g., they were relieved at not having to talk about the gift at all or glad that it was not discussed ad nauseum), for instance? In addition, how might repeated gifts be experienced differently, by both therapists and clients, than single-gift episodes? Finally, are

Emma's experiences truly out of the norm, or might other clients have similar stories to tell; if so, how do those stories end? Thus, although we now have the first glimmer of insight into clients' experiences giving gifts to their therapist, clearly much more remains to be examined.

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Appendix

Table 1: Contextual Findings

Domain and category	Frequency	Illustrative core idea(s)
What the client gave to prior therapists		
Things made by participant	Typical	Tape of vocal performance; artwork
Things bought by participant	Variant	Planted basket; stuffed animal
Meaning of gift giving in psychotherapy overall		
Shows appreciation for therapist and psychotherapy	Typical	Show appreciation for therapist doing good job; shows how therapist and psychotherapy helped participant become healthier
Indicates good relationship between participant and therapist	Variant	Gift showed that participant and therapist are able to “shovel the shit” together
Marks special and rare moments	Variant	Gift denoted a “biggie” life event
Relationship with therapist		
Positive	General	A warm, “transformative” relationship; therapist was not “shrinky”
Concerns addressed in psychotherapy		
Relationship—family problem	Typical	Romantic relationship breakup; death of family members
Trauma	Variant	History of “awful” abuse and neglect
Depression—anxiety	Variant	Relapse of deep depression; panic attacks
Concerns about eating or body image	Variant	History of eating disorder and body image issues
What gift was		
Something bought by participant	Typical	African basket given at weddings; inscribed candle holder
Something made by participant	Variant	Knit scarf; handmade doll
Cost of gift		
$25 or less	Typical	$8; $18
Greater than $50	Variant	$125; slightly less than $400
How participant selected gift		
Something therapist would like	Typical	Thought therapist would like book; thought scarf a good color for therapist
Something linked to psychotherapy	Variant	Book related to participant’s childhood; CD of an opera participant sang 3 times (importance of music to participant addressed in psychotherapy)
Considered appropriateness or boundaries	Variant	Considered cost; considered whether giving the gift was the “right” thing
When in overall course of therapy gift was given		
Nontermination times	Typical	Gave after 1.5 years of psychotherapy; gave 7 months into 1-year psychotherapy
At termination	Variant	Gave in final session

When in specific session gift was given		
Within session itself	Typical	Presented gift at start of session
Outside of session	Variant	Presented gift as therapist walked from office in hallway
What participant felt as she or he gave gift		
Mixed emotions	Typical	Proud of gift but uneasy with giving process; excited to have something to give therapist but nervous because unsure how therapist would respond
Mostly nervous or uncomfortable	Variant	Anxious because therapist may not like gift and think it inappropriate
Mostly positive	Variant	Grateful and appreciative
Meaning of gift		
To express thanks or appreciation	General	Chance to make loving, appreciative gesture to therapist
To mark life event	Typical	To symbolize pact of marriage relationship
To please therapist	Variant	Therapist ecstatic about participant's artwork, so participant gave some to therapist
Discussion of gift with therapist		
Brief, without exploring deeper meaning	Typical	Talked for a few minutes; therapist commented that she liked gift
Discussion elicited therapist disclosure	Variant	Therapist shared more of herself; therapist talked about other gifts received in psychotherapy
Discussed appropriateness of gift	Variant	Therapist told participant that gift giving was a "person-to-person" thing with no set rules
Effects of event		
On participant		
Positive	Typical	Felt good, empowering; helped participant trust therapist more
Mixed	Variant	Worried about appropriateness of gift but thought it meaningful
On therapist		
Positive	General	Participant could tell that therapist was touched or moved by gift
Surprise	Typical	Therapist said, "For me?"

Note. General = 9 cases, typical = 5-8 cases, variant = 2-4 cases.