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“Here's a Little Something for You”: How Therapists Respond to Client Gifts

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Descriptions by 12 therapists of their experiences receiving tangible gifts from clients are examined. Using consensual qualitative research (C. E. Hill, B. J. Thompson, & E. N. Williams, 1997) therapists' overall gift encounters and specifically identified gift events were explored. Results indicated that although clients rarely gave gifts, all of the participants had accepted gifts. Problematic gifts (i.e., ones that raised concern for therapists) were given at more provocative times than were unproblematic gifts (i.e., ones that evoked few concerns for therapists). Both types of gifts were given

for various reasons (e.g., appreciation, manipulation, equalization). Participants reported positive and negative internal responses to both types of gifts, but more often discussed unproblematic than problematic gifts with clients. Problematic gifts were more often discussed with others than were unproblematic gifts. Gift episodes of both types facilitated therapy process.

An adult client has just given you a gift. What do you do? What thoughts and feelings do you have about whether to accept the gift and how to handle it in the therapy? Such questions formed the foundation of the present study, for whatever the therapist's response, important consequences may ensue for the therapy.

Gifts are a means of expression, both outside and inside the therapeutic context. Outside of therapy, gifts are given for holidays and celebrations of significant life events to express our good wishes, thereby seeking to signify and maintain our relatedness to others (Meares & Anderson, 1993). Inside of therapy, gifts may serve some of the same functions, but also likely differ because therapy is not a regular social interaction. Hence, we sought to learn from therapists how they respond to the presence of a client gift.

Why Clients Give Gifts: Theoretical Literature

The phenomenon of adult clients giving gifts to therapists has received minimal attention in the theoretical literature (Kritzberg, 1980). What theory does exist about why clients give gifts has come primarily from the psychoanalytic and psychodynamic perspectives, and often relies on therapists' comments about clinical cases in which their clients have given them gifts. Out of these experiences have emerged several postulations for why clients give gifts. Some theorists assert that gifts are expressions of transference (Freud, 1917). A client may, for example, give a gift to a therapist in an attempt to win favor with him or her, just as the client tried to do with a parent. Another theory suggests that gifts represent clients' symbolic desires about the therapist or the self (Kritzberg, 1980). Thus, when clients wish to please the therapist, be more intimate with the therapist outside of the therapy hour, become a real object to the therapist, or convey a message unknown even to the client (i.e., one of Kritzberg's clients gave a bottle opener and admitted in a surprised manner that she was having trouble "opening up"), they may give gifts. Similarly, Lewinsky (1951) suggested that clients attempt to bind therapists to them

through gifts in order to assure welcome, to assuage anger and coerce the recipient into kindness, to announce the ability to give and deny hoarding and greed, to offer a gift to be "devoured" instead of the client, or to protect against fear of anger and sexuality, or both. An additional theory about why clients give gifts proposes that gifts express the inadequacy of words, a desire to have more activity within the therapy or an inherent demand for reciprocity from the therapist, or both (Talan, 1989).

How Therapists Respond to Gifts: Clinical and Theoretical Literature

Controversy exists regarding how therapists should manage client gifts. At one extreme, theorists admonish therapists against accepting gifts from clients (e.g., Glover, 1955; Hundert, 1998; Langs, 1974; Simon, 1989; Talan, 1989), suggesting that acceptance of any gift endangers the therapeutic process, for acceptance both gratifies and reassures clients. Such satisfaction of clients' neurotic wishes may then interfere with the therapeutic work. Instead, therapists are to address the nonverbal communications implicit in the gift and assist the client in making these communications verbal. Other theorists assert that acceptance of a small gift intended to convey the client's gratitude during the holiday season, at termination, or after the client surmounts a difficult emotional challenge is acceptable (Hundert, 1998). Kritzberg (1980) stated that he accepted gifts, but discussed them with clients in order to work on clients' interpersonal behaviors and unconscious wishes. Stein (1965) noted that an analyst generally

should not accept gifts, but he [sic] should also know when to make an exception. When a patient who has great difficulty in giving anything is able, in the course of treatment, to make the analyst a small present, it would be a serious mistake not to accept the gift. (p. 480)

From the intersubjective perspective (e.g., Atwood & Stolorow, 1984; Hahn, 1998; Stolorow & Atwood, 1996) come additional thoughts about therapist responses to client gifts. Here, therapist acceptance of client gifts affirms the client and helps promote client self-acceptance. Refusal of a gift activates client defensive maneuvers that inhibit self-reflection and self-understanding, potentially leading the client to

experience the refusal of the gift as a rejection of the self. Furthermore, when therapists show that they are interested in the gift by naming and describing it, and by inquiring about the gift and its meaning, they may help clients discover and express the symbolic meaning of the gift. As a result, the "focus of attention gradually shifts from the object of the gift to the patient's subjective experience" (Hahn, 1998, p. 81), providing an opportunity for the client to experience relationships as more accepting and supportive. The nature of the gift also seems to play a role in therapists' responses. A holiday fruitcake given to a therapist likely holds a far different meaning than does a gift of a TV set or of an x-rated video (Hundert & Appelbaum, 1995). The gift's form, shape, color, design, price, value, and function may likewise reveal meaning. Kritzberg (1980) suggested, for instance, that clients who give plants or other animate objects are expressing a desire to be cared for and nurtured; artistic or creative items may portray some hidden meaning for the client and her or his core conflicts. The timing of the gift may also be an important consideration, for gifts given at termination, after vacation, or on a seasonal basis may convey different meanings from those given at other (i.e., non-"occasion") times (Kritzberg, 1980). In the theoretical literature, then, there exists a range of opinions about why clients give gifts, about gifts' associated meanings, as well as about the complex implications of therapists' responses to such interactions.

Therapists' responses to gifts may also be influenced by state ethical codes, as well as by the American Psychological Association's (APA; 1992) *Ethical Principles of Psychologists and Code of Conduct*. Among the 50 states and the District of Columbia, we found that only 3 jurisdictions explicitly address client gifts to therapists: Two states (i.e., Missouri, Ohio) assert that unsolicited token gifts are acceptable, and one state (i.e., Colorado) asserts that gifts are not to be accepted. Two states (i.e., Arizona, Nebraska) did not respond to our queries. Most states defer to the APA Code of Conduct, which at present does not specifically address client gifts.

Empirical Literature

Unfortunately, the topic of client gifts to therapists has garnered even less empirical than theoretical attention. In his survey of British

analysts, Glover (1955) found that none had accepted large gifts or money offerings, the majority did not receive gifts gladly, and analysts' tendency was to analyze the motives of the giving with the intention of discouraging clients from giving gifts. His respondents reported that some patients who could not afford full fees were likely to offer small gifts, and analysts may more often accept a gift if it is seen as a sign of progress or if refusing is deemed undesirable.

In a survey of the degree to which members of APA's Division 29 (Psychotherapy) engaged in each of 83 behaviors and the degree to which they considered such behaviors to be ethical, Pope, Tabachnick, and Keith-Spiegel (1987) and Borys and Pope (1989) found that most therapists accepted gifts worth less than \$5, whereas most never accepted a gift worth more than \$50. They also reported that 78% of the respondents considered acceptance of client gifts worth under \$10 ethical under some or most conditions. In contrast, the majority of respondents (82%) considered accepting a gift worth more than \$50 as never ethical or ethical under rare conditions.

In a study by Amos and Margison (1998), 80 British therapists and trainees were surveyed through open-ended questions about their experiences with, and ways of, responding to gifts. The researchers found that although the majority of their respondents had received gifts (92%), client gift-giving was rare. The most common types of gifts were alcohol and flowers, followed by arts and crafts items. Gifts were given more often by female than male clients, and most were given at termination or holiday times. Regardless of the type of gift, almost one half of the clients incorporated writing as part of the gift (e.g., a written note accompanying the gift object). More than 90% of the gifts were accepted, but those seen as excessively expensive were rejected or kept "on hold" and reexamined at the end of therapy. Those given during therapy were discussed and the relevant theme(s) revisited later, for respondents viewed these gifts as related to transference or "acting out." Gifts given at the end of therapy were simply acknowledged and viewed as less problematic, inasmuch as clients were disentangling themselves from or transcending their client role. Most of the therapists discussed the gifts in supervision and reported feeling some discomfort associated with the gift. Amos and Margison reported many examples of positive experiences of the process of gift-giving and receiving, but also acknowledged the

potential for harm in both refusal and acceptance, as well as in overinterpretation of gifts. They suggested that more benefit to the therapy may accrue if the discussion with the client focused on the giving and receiving aspect of the gift (e.g., what the experience of giving the gift means for the client) instead of the symbolic meaning of the gift itself (e.g., what the gift itself may mean).

Across almost 50 years, then, the literature contains four empirical studies, only three of which have been published. In addition, of these four studies, only one focused primarily on gifts (i.e., Amos & Margison, 1998). Clearly, there is a call for more empirical research on this important topic, for there is much that we still do not know.

Purpose of Study

Although we have some understanding of gifts in therapy from the extant research, much remains to be examined in this area. We proposed that consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997) would be a useful next step to probe the phenomenon, a step that would enable the exploration of therapists' gift experiences without predetermining the responses. We focused first on therapists' descriptions of their overall gift encounters (i.e., experiences with client gifts across the whole course of their professional work as therapists), asking such broad and survey-type questions as how therapists defined gifts in therapy, the types of gifts they have received and the percentage of clients who have given them gifts, and factors that affected their decisions regarding acceptance or refusal of gifts. We then focused more narrowly on discrete gift events (i.e., a specific client gave a specific gift to a specific therapist) and therapists' inner experiences thereof, such as their perception of why the gift was given, their degree of comfort or discomfort with the gift, and their opinion about the impact of the gift episode on the therapy. Thus, we sought to better understand not only therapists' internal experiences related to specific gift events (i.e., our latter focus), but also the context that therapists' overall gift encounters (i.e., our former focus) would provide.

Method

Participants

Therapists

A sample of 12 therapists (7 men and 5 women; all White) participated in this study by completing an initial and a follow-up phone interview. Therapists ranged in age from 41 to 60 years ($M = 50.67$, $SD = 7.30$), had been in practice from 7 to 29 years ($M = 19.42$, $SD = 8.15$), and reported seeing between 6 and 40 clients per week ($M = 19.61$, $SD = 9.16$). Therapists identified their theoretical orientation (nonmutually exclusive) as behavioral/cognitive/cognitive-behavioral ($n = 5$), humanistic/existential ($n = 4$), psychoanalytic/psychodynamic ($n = 4$), and other ($n = 2$).

The clients whom therapists discussed as being involved in unproblematic gift episodes were White women in their 30s or 40s who had been in long-term psychotherapy. They came from a range of social classes (i.e., economically struggling, middle-class, or wealthy) and wrestled with a range of therapy issues, including family of origin and relationship and interpersonal concerns. Clients whom therapists reported as being involved in problematic gift episodes were also White women who fell into the same range of social classes and grappled with the same therapeutic issues as those who gave unproblematic gifts. Their ages, however, ranged from 20s to 60s, and they were less often in long-term psychotherapy.

Interviewers and Judges

Three counseling psychologist researchers, a 39-year-old White woman with a psychodynamic/humanistic orientation, a 50-year-old White woman with a psychodynamic/humanistic/feminist orientation, and a 33-year-old White woman with an integrative/feminist orientation, conducted the audiotaped interviews and served as judges on the primary research team. All were assistant professors and at the time of the study were engaged in therapeutic practice. A 52-year-old White female counseling psychologist professor with a

humanistic/psychodynamic orientation served as the auditor. All were authors of the study.

Prior to conducting the interviews, all 4 authors examined their expectations by responding to the interview questions as they anticipated participants would respond. The authors also recorded any biases they felt as therapists or as clients about gift-giving in therapy. All found the topic fascinating, but did not have extremely positive or negative personal experience with gift-giving in therapy. Of the 4 researchers, 3 believed that therapists would define gifts as tangible objects, usually small token items of minimal monetary value that were either purchased or made at home. All believed that most therapists would have accepted at least one gift, with 3 of the researchers indicating that therapists would discuss the gift's meaning with the client. Two researchers believed that therapists would keep the gift in their office or at home, or in the case of a gift of food, would eat it. Of the 4, 3 believed that gift experiences that went well would differ from those that went poorly in terms of the processing, timing, and value of the gift; the therapy relationship; or client diagnosis.

Measures

Demographic Form

The demographic form asked for some basic information about participants: age; gender; race/ethnicity; years in practice; theoretical orientation; number of adult, individual clients seen per week; and the three most common diagnostic categories among their adult, individual clients. The form also asked participants to indicate name, phone number, and e-mail to enable further contact, as well as convenient times to call to arrange for the first interview.

Interview Protocol

The interview protocol began by asking participants about their definition of gifts in therapy, the types of gifts that adult clients have given them, and the estimated percentage of clients who have given them gifts. The purposes of these early, broad questions were to encourage therapists to reenter their experiences of receiving gifts in therapy and, also, to gather some basic information about these

experiences. In addition, we clarified at this point that we would be focusing on tangible gifts in this study and asked therapists to respond to the rest of the interview protocol with this parameter in mind. The next set of questions focused on four types of specific gift events for each therapist. We asked therapists to describe one instance in which their acceptance of a gift went well and one where it went poorly; then we asked therapists to describe an instance in which their refusal to accept a gift went well and one where it went poorly. For each of these events, we asked therapists (a) what the gift was, (b) why they thought the client wished to give them the gift, (c) why they decided to accept or refuse the gift, (d) what, if any, countertransference issues were raised by the event and how these issues were handled, (e) the time in therapy at which the event occurred, (f) the effect, if any, of the event on the therapy and the therapeutic relationship, (g) the therapist's evaluation of the appropriateness of the gift, (h) the estimated cost of the gift, (i) whether the therapist liked the gift, (j) how, if at all, the event was discussed with the client, (k) how, if at all, the event was discussed with others (e.g., supervisors, colleagues), and (l) what the therapist did with the gift if it was accepted.

The final portion of the interview asked therapists about their general opinion regarding therapists receiving gifts from clients. We also asked how therapists learned to manage gifts in therapy and if therapists' thoughts and feelings about accepting client gifts had changed over the course of their doing therapy. Therapists were asked, as well, under what conditions they would and would not accept a gift from a client and why they thought clients tended to give gifts.

The follow-up interview, conducted approximately 2 weeks after the initial interview but before data analysis began, provided an opportunity for the researcher to ask additional questions that may have arisen after the first interview and for the participant to clarify content or amend previous responses, or both. It also enabled both researcher and participant to explore what, if any, other thoughts had been evoked by the first interview.

Procedures for Collecting Data

Recruiting Therapists

In all, 200 therapists were randomly selected from APA's Division 42 (Independent Practice) and sent a letter informing them about the nature and focus of the study, assuring them of confidentiality, and also assuring them that the study was in no way an evaluation of their practices regarding gift-giving in therapy. In addition to the letter of invitation, therapists were sent the demographic and consent forms, as well as the protocol for the interview. Two weeks after this mailing, those therapists who had not yet responded (i.e., had not returned their demographic and consent forms or had not returned the postcard indicating that they were not interested in participation) were called by phone and again invited to participate. For those who declined, either by mail or phone, their involvement was thus ended. Those who volunteered to participate were asked to complete and return the demographic and consent forms in a stamped envelope addressed to one of the primary researchers. Upon receiving the demographic and consent forms, one of the primary researchers called the therapist to set a time for the first interview. Of the 200 packets sent, 43 could not be delivered and 12 agreed to participate.

Interviewing

Each member of the primary team piloted the protocol with at least one nonparticipant volunteer. We used feedback from the pilots to revise the protocol and to familiarize ourselves with the questions. Each of the primary team members then completed both the initial and follow-up interviews with 2 to 6 therapists. At the end of each interview, the researcher made notes on the interview, noting the length of the interview and the level of rapport built with the therapist. At the end of the approximately 40–60-min first interview, a follow-up interview was scheduled with each participant for 2 weeks later. At the end of the 5–20-min follow-up interview, the interviewer asked participants if they were willing to receive and comment on a draft of the final results. The second interview concluded with a short debriefing paragraph.

Transcripts

The interviews were transcribed verbatim (except for minimal encouragers, silences, and stutters) for all of the participants. All identifying information was deleted from the transcripts, and each participant was assigned a code number to maintain confidentiality.

Draft of Final Results

Those participants who so requested ($N = 12$) were sent a draft of the final results of the study for their comments. They were asked to examine the degree to which their individual experiences were reflected in the group results presented in the draft. In addition, they were asked to verify that their confidentiality had been maintained in any examples described in the results. Three participants responded. One suggested a minor clarification in an illustrative example; this clarification was made. The other 2 participants suggested no changes to the results.

Procedures for Analyzing Data

The data were analyzed by using CQR methods (Hill et al., 1997). Essential to this qualitative methodology is arriving at consensus about the classification and meaning of the data. Consensus is achieved through team members discussing their individual understandings and then agreeing on a final interpretation that is satisfactory to all. At least some initial disagreement is expected and is later followed by agreement (i.e., consensus) on the meaning of the data.

Coding of Domains

A "start list" (Miles & Huberman, 1994) of domains (i.e., topic areas) was initially developed by the primary team by grouping the interview questions. The domains were modified by going through the transcripts, and additional changes were made throughout the process to reflect the emerging data. The final domains appear in Tables 1 and 2. Using the final transcripts, the 3 judges independently assigned each meaning unit (i.e., a complete thought, varying from a short phrase to several sentences) from each transcript into one or more

domains. The judges then discussed the assignment of meaning units into domains until they arrived at consensus.

Coding of Core Ideas

Each judge independently read all of the data within each domain for a specific case and then wrote what she considered to be the core ideas that captured the content of the data in more concise words. Judges then discussed each core idea until they arrived at consensus about both content and wording. The auditor examined the resulting consensus version of each case and assessed the accuracy of the domain coding, as well as the wording of the core ideas. The judges discussed the auditor's comments and again reached consensus for the domain coding and the wording of the core ideas.

Cross-Analysis

The initial cross-analyses were done on 10 of the 12 cases. Using the core ideas from all of the cases for each particular domain, each member of the primary team independently and inductively developed categories that best fit these core ideas. The team then arrived at consensus regarding the conceptual labels (titles) of the categories and the core ideas to be placed in each category. The judges then reexamined the consensus versions of all cases to assess whether the cases contained evidence not yet coded for any of the categories. Categories and domains were continually revised until the judges agreed that the data were well represented. The auditor then reviewed the cross-analysis. Any suggestions made by the auditor were discussed by the primary team and incorporated if agreed upon by consensus judgement, leading to a revised cross-analysis. The auditor then checked this revised cross-analysis.

Stability Check

After the initial cross-analysis had been completed, the remaining two cases (dropped in the initial cross-analysis) were added to assess whether the designations of general, typical, and variant changed, and also to investigate whether the team felt that new categories should be added to accommodate the cases. The remaining

cases did not alter the results meaningfully, and thus the findings were considered stable. Categories were considered general if they applied to all cases, typical if they applied to at least one half (but not all) of the cases, and variant if they applied to fewer than one half but at least two cases. Core ideas that fit for only one case were placed into the "other" category for that domain.

Results

We first present findings that emerged from therapists' comments about gifts as a whole (see Table 1). Then, we present results that emerged when therapists discussed discrete instances of receiving gifts in therapy (see Table 2). Finally, we present illustrative examples that capture some representative gift experiences.

Description of Therapists' Overall, Nonspecific Event, Gift Encounters

In this section we present results from the overall gift encounters, focusing on general and typical findings; we refer readers to Table 1 for presentation of variant findings. Therapists defined gifts as both tangible and intangible objects such as small tokens, handmade items, consumables, and personal items. In these therapists' collective experience, such gifts were valued at less than \$20 and were given by a small percentage of clients. These therapists indicated that they felt it helpful to address client gifts in therapy, often discussing them as physical objects with symbolic value and meaning or as normal parts of human relationships. In addition, therapists often discouraged client gift-giving, for they saw such client actions as "red flags" signaling some sort of problem. As they gained more experience as therapists, these participants reported becoming more flexible and more skilled in responding to gifts, an evolution that often took them away from their prior training. They reported learning through graduate school and supervision, as well as through their own clinical experience and intuition, how to manage gifts. These therapists were less likely to accept a gift if it had high monetary value, was given too early in therapy, appeared related to boundary issues, felt manipulative, or elicited their own intuitive concern. They were more

likely to accept a gift if they perceived that its refusal would be hurtful to clients.

Specific Gift Events

In our protocol, we asked therapists to discuss instances of accepted and refused gifts that they considered to have gone well and ones that they considered to have gone poorly. Thus, we structured our interview to yield four "cells" of discrete gift events (i.e., accepted and went well, accepted and went poorly, refused and went well, and refused and went poorly). The results themselves, however, did not fulfill this structure, for most therapists described only accepted gift events. We also found that using the terms "went well" or "went poorly" was misrepresentative of the data. Hence, we classified examples as reflecting one accepted gift event from each therapist that was perceived by the therapist as unproblematic and one that was perceived by the therapist as problematic. Unproblematic gift episodes were those that largely evoked few, if any, concerns for therapists and were more easily managed in the therapy. By contrast, problematic gift events were characterized by marked questions or concerns on the part of therapists and were quite difficult to manage. These results, then, are based on accepted gift events, one that the therapist perceived as unproblematic and another perceived as problematic (see Table 2). Of those few therapists who described more than one instance of these two gift events, we used the first reported instance for analysis. Were we to have included duplicate instances for some but not all therapists, those therapists' experiences would have been disproportionately represented in the results. With respect to refused gift events, only 3 of the 12 therapists discussed such incidents, so we did not include them in the present analyses.

When Clients Gave Gifts to Therapists

In the instances of unproblematic gifts, therapists reported that such gifts were given at no typical time, but instead at a range of variant times. For instance, such gifts were variantly given at termination, during the middle of therapy, or at holidays.

Problematic gifts were typically given in the middle of therapy, and variantly given at other times, such as termination, early in therapy, at random times, or at times of specific events in therapists' lives (e.g., a wedding, the return from a maternity leave).

Therapists' Perceptions of Why Clients Gave Gifts

With the unproblematic gift episodes, one typical and six variant categories emerged. Therapists typically reported a belief that clients gave gifts to express appreciation and gratitude. One therapist stated, for instance, that he viewed the gift of a statue as an expression of gratitude and appreciation for the therapeutic process, as well as for the depth of the relationship that he and his client shared. Another reported that she believed a client gave her a gift of food as a thank you for the therapist's seeing the client at a reduced fee. In the first variant category here, therapists reported that they felt clients gave gifts to manipulate therapists. In one example, the therapist stated that the client's gift of a plant was an attempt to garner special treatment from the therapist. As a second variant category, therapists believed that clients gave gifts to symbolize their work in therapy. Here, for instance, the gift of a wooden carved animal was seen as symbolic of the slow but persistent progress the client made in therapy. In another variant category, therapists asserted that clients gave gifts to be remembered or to feel special. As an example, one therapist felt that gifts intended for the therapist's coming baby were also a means of ensuring that the therapist did not forget the client during the former's maternity leave. Therapists also variantly indicated that clients gave gifts to equalize the power in the therapy relationship. The gift of a bedspread, for instance, was viewed as a client's attempt to feel less "beholden" to the therapist. In the fifth variant category, therapists stated that gifts were expressions of client transference. As an illustration, the gift of food to one therapist was seen as a way for the client to be a "good client." In the final variant category, therapists believed that gifts were given to commemorate or mark termination. Here, for instance, a statue was given to a therapist as a way of saying goodbye while leaving a piece of the client with the therapist.

Now looking at the problematic gift episodes, only variant categories emerged. First, therapists indicated that they felt such gifts were also given to express appreciation and gratitude. Here, a client who saw the therapist as having saved the client's life gave a crystal vase for the therapist's wedding as a way of saying thank you. Problematic gifts were also believed to have been given to manipulate therapists. In one case, a gift of a hand-made wall hanging was viewed by the therapist as a client's attempt to say "I care for you and how can you say goodbye after I give you this hand-made thing?" Therapists also variantly reported that problematic gifts were given to symbolize clients' work in therapy. For example, a therapist stated that a handcrafted art item was given to him as a representation of the different parts of his client's psyche or different chapters of her life that she had uncovered in therapy. Equalizing the power of the relationship also emerged as a variant category with problematic gifts, with one therapist asserting that a gift of food was a client's way of maintaining her sense of power and mastery. Finally, therapists believed that problematic gifts were variantly given because clients thought therapists would like the gift. For example, a client gave an unusual type of food to his therapist, at least in part because he believed that the therapist, who had grown up in an area of the country known for this type of food, would like it.

Therapists' Internal Responses to Receiving Client Gifts

Two subdomains will be discussed here. First, we address therapists' positive internal responses to receiving client gifts, and then discuss therapists' negative internal responses to receiving such gifts.

Positive responses. When discussing their reactions to unproblematic gifts, therapists typically reported positive reactions, a broad category within which emerged three typical and two variant subcategories. As the first typical subcategory, therapists indicated that they liked the gifts. One respondent stated that he thought the gift of a carved box was beautiful, and several others simply stated that they liked the gifts. In the second typical subcategory, therapists also reported that they felt the gifts were appropriate. A plant, for example, was deemed economically appropriate and not

counterproductive to the therapy. Therapists also typically felt appreciative of unproblematic gifts, the final typical subcategory to emerge here. For instance, one therapist stated that she was thankful and appreciative for the bedspread a client gave to her. In the first variant subcategory, therapists indicated that the gifts evoked positive feelings toward clients. The therapist who received a hand-made cosmetic-type kit, for example, remarked positively on his client's craftsmanship, and another therapist was pleased that her client, by giving the therapist several baby gifts, had found such a positive way of handling the therapist's coming maternity leave. Finally, therapists reported that unproblematic gifts elicited feelings of being enjoyed by clients, as exemplified by one therapist who, in response to receiving food from a client, indicated that he enjoyed feeling appreciated by his client.

With regard to problematic gifts, therapists also typically reported some positive internal responses, but here only one typical and one variant category emerged. In the typical category, therapists reported feeling that the gifts were appropriate. A gift of an ashtray from a client's home country was considered appropriate because it was not personal, and a hand-made art item was similarly deemed appropriate because it represented a continuation and deepening of the therapy process. Only variantly, however, did therapists report liking problematic gifts.

Negative responses. In addition to these positive responses, therapists also typically reported some negative internal responses even to unproblematic gifts, a broad category containing three variant subcategories. First, therapists variantly stated that they felt uneasy with the process or meaning of the gift. Here, for example, one therapist responded to the gift of a carved box with some discomfort, because he feared it would have been expensive if store-bought. Therapists variantly reported, as well, conflicting feelings or ambivalence related to unproblematic gifts. When given a painting done by a client, for example, one therapist vacillated with whether to accept the gift, ultimately deciding not to "battle" over the gift and concluding that accepting it would not be disadvantageous to his client's growth. Finally, therapists variantly reported not liking unproblematic gifts, with one respondent stating that a handmade

knickknack clashed with her office décor and caused her to cringe every time she looked at it.

With problematic gifts, therapists typically reported negative responses, a broad category within which two typical and one variant subcategories emerged. In the first typical subcategory, therapists indicated that they were uneasy with the process or meaning of the gifts. As an illustration, one respondent stated that he feared that he was being manipulated by his client to accept from her a belt about which he had previously complimented her. He also reported that he felt he had to take the gift, or else be "eviscerated" by the client. When given an unusual food item by a client, another therapist felt that he had to deal with his client's "primitive rage" represented by the food, as well as resolve the bind of being the "devouring" mother by eating the food or the "abandoning" mother by not eating it. As the second typical subcategory, therapists reported conflicting feelings or ambivalence related to problematic gifts. The gift of a handmade pottery clock, for instance, later evoked disturbing associations in the therapist who perceived its shape as resembling a tombstone. The gift of a paperback book to another therapist, although ostensibly a benign object, was later viewed as an early sign of the client's transference sexual gestures toward the therapist. Finally, therapists variably reported feeling constrained by termination. One therapist, for example, was frustrated at not having enough time to process the unresolved issues he perceived in his client's gift of a handcrafted art item.

Therapists' Actions in Response to Clients' Gifts

As the broad, overarching category, all therapists had accepted a gift that they considered unproblematic. Within this broad category emerged three subcategories. First, therapists typically used these gifts. For example, they ate food, used baby gifts and cleaning items, and put a bedspread on a bed at home. Variantly, they kept or displayed the gift in their office. One respondent, for instance, stated that a statue given to her is still in her therapy office. Therapists also variably did not display gifts, gave them away, or threw them out. As an example, one therapist reported that he did not feel obligated to

hang in his office a painting his client did, and instead took it home and put it in a drawer.

Now looking at problematic gifts, as a broad, overarching category, all therapists had also accepted a gift that they considered problematic. In the subcategories here, only variantly were such gifts used. For instance, the therapist given the item of unusual food ultimately decided to eat it, and the therapist who received a crystal vase reported using it in her dining room periodically. Similar to the unproblematic gifts, problematic gifts were variantly kept or displayed in therapists' office. The ashtray from a client's home country was kept on the therapist's desk, and a handmade crochet object was hung on one therapist's office wall. Finally, therapists variantly reported that they gave away, did not display, or threw out client gifts. Here, for example, one therapist threw out a keychain given to him by a client.

Therapists' Discussion of Client Gifts

Therapists typically discussed clients' feelings about and processes of choosing unproblematic gifts. When baby gifts were given to a therapist just prior to her maternity leave, therapist and client talked about each item and how it was chosen. Upon receiving a bedspread from a client, the therapist was told by the client that the client knew what color bedspread to give because of a comment that the therapist made during an earlier session. Therapists also reported that they typically had brief, superficial, or no discussions with clients regarding gifts. One respondent indicated, for instance, that she and her client did not spend much time talking about the client's gift of food. In the third category, therapists variantly discussed the meaning of a gift or a client issue connected to the gift. Here, for example, the gift of a handmade cosmetic-type kit allowed therapist and client the chance to talk about how the client had experienced giving to others earlier in her life, especially her children and grandchildren who often seemed unappreciative of the client's gifts. Therapists also variantly expressed thanks for unproblematic gifts, telling clients that they appreciated the gifts. Also, in response to unproblematic gifts, therapists variantly discussed with clients their own feelings evoked by the gift. After receiving a carved box, for example, one therapist shared with his client that he felt surprised and a bit uncomfortable,

referring to the moment as “awkward and then pleasant.” Finally, therapists only variantly discussed unproblematic gifts with others, such as colleagues or spouses.

With regard to discussions with clients about problematic gifts, only variantly did discussions about clients' feelings related to and processes of choosing such gifts occur. After giving her therapist a crystal vase, one client told him how much time she took to think about and then carefully select the gift. In the second category here, brief, superficial, or no discussions of problematic gifts occurred variantly. Upon receiving a paperback book, for example, one therapist reported having a very brief discussion with his client. Problematic gifts were variantly discussed in terms of their meaning or their connection to a client issue. By way of illustration, the gift of unusual food was addressed as representative of a client's “primitive rage” and the possible sources of this rage explored. Here, too, therapists variantly expressed thanks for gifts. Finally, therapists variantly discussed their own feelings evoked by problematic client gifts. Upon receiving the paperback book, the therapist reported telling his client that although he appreciated the book and perceived it as a nice gesture, he felt uncomfortable taking it because it was not part of the therapy contract. In terms of discussing problematic gifts with others, therapists reported that typically such discussions did occur. Within this typical category, such discussions occurred variantly with colleagues or spouses, and variantly in supervision.

Effects of Gift-Giving on Therapy and Therapeutic Relationship

Typically, therapists perceived that unproblematic gift-giving interactions facilitated the therapeutic processes. Within this broad category emerged two typical and one variant subcategories. In the first typical subcategory, therapists reported that the interactions elicited positive feelings and enhanced the therapy. One therapist commented that after he and his client talked about a gift of food, the therapist felt that the relationship had been “burnished” or made more special. Another therapist perceived that her acceptance of a plant from her client enhanced the relationship because it made the client feel needed, special, and important to someone. As the second typical

subcategory, therapists asserted that the gift interactions provided a way to work on clients' issues and dynamics. Here, for instance, one respondent stated that as she and her client processed the gifts for the therapist's coming baby, they were able to talk about different (i.e., verbal) ways for the client to express her feelings, an issue relevant to her therapy. In the variant category, therapists reported that the gift processes enhanced termination. As an illustration, one therapist stated that a client's gift of a home-cleaning device may have made termination feel more "final."

According to our respondents, problematic gift interactions also typically facilitated the therapeutic processes. Here, though, only two variant subcategories emerged within this broader category. First, therapists reported that only variantly did problematic gifts elicit positive feelings and enhance the therapy. For instance, one therapist perceived the gift of a crystal vase as a turning point, wherein the client appeared to feel more of a sense of presence in the therapy, in contrast to the therapist's perception that the client would earlier have been terrified to give the therapist anything. In the second variant subcategory, therapists reported that problematic gifts provided a way to work on clients' issues or dynamics. The gift of a key chain, for example, ultimately led to a "showdown" in which the therapist and client needed to address and resolve boundary issues in the therapy.

Illustrative Examples of Accepted Gift Episodes

Here we provide illustrative examples of gift episodes that were reported by our participants. The examples have been altered slightly to protect confidentiality. In the first example, this one an unproblematic gift event, "Cheryl" was a woman in her early 30s with diagnoses of Adjustment Disorder and Depression, as well as financial and fertility problems. She gave homemade jam and produce from her garden in the middle of therapy to Dr. U, her 49-year-old female therapist. Dr. U felt comfortable with the gift and considered it reasonable, especially as it was a "one-time thing." She believed that Cheryl gave her the gift as a way of saying "thank you" for seeing her at a reduced fee. She took the food home and ate it. Dr. U indicated that there was little discussion of the gift with Cheryl, and no discussion of the gift with anyone else. Finally, Dr. U reported that her

acceptance of the gift had no effect on the therapy relationship, but she felt that a refusal of the gift would likely have had a negative effect.

In the second example, this one a problematic gift event, "Cindy," a 35–40-year-old client with a troubled family history, came to therapy one day wearing an embroidered belt. Her therapist, Dr. P, was a 62-year-old male with whom she had a complicated and difficult therapy relationship. Dr. P complimented Cindy on the belt, so she gave it to him. Dr. P initially refused the gift, but Cindy insisted that he take it. He reported feeling manipulated by Cindy regarding the gift: He had complimented her on it and then felt he had to accept it because he feared her response, specifically that she would "eviscerate" him. He also feared discussing the gift with Cindy, for he was concerned that she would become angry, hurt, and belligerent. He did not discuss the gift with anyone else, but given his discomfort, feels that he should have. Dr. P thought the belt was beautiful and wore it until it fell apart, but reported never feeling wholly comfortable taking it, even though Cindy, who had financial difficulties, had not paid for it. Dr. P perceived that Cindy gave him the belt to equalize the power in their relationship. Although he could not recall any specific effect of this event on their relationship, he suspected that Cindy felt "triumphant" because she got Dr. P to accept a gift he had initially refused.

Discussion

All of these therapists accepted gifts on some occasions, although all reported rarely being offered gifts, findings consistent with Amos and Margison (1998), as well as with Spandler, Burman, Goldberg, Margison, and Amos (2000). Gift events evoked a range of reactions within the therapists, who asserted the importance of being prepared to manage gifts from clients in therapy. In the following discussion, we first address findings from therapists' overall gift encounters, and then from their specific gift events.

Therapists' Overall, Nonspecific Event, Gift Encounters

These respondents indicated that they had accepted a wide range of gifts, including token-like objects, handmade or food items, most with a relatively low estimated monetary value. Therapists seemed to view such gifts as comparatively safe, given that they appeared inconsequential or inexpensive. However, they had also accepted gifts possessing a more intimate feel, gifts that had the potential to find a presence in therapists' more personal lives (e.g., clothing, soap, towels, bedding, pictures, jewelry). It was exactly this presence that therapists felt motivated some clients to give gifts. Of the existing literature, only Amos and Margison (1998) discussed the specific types of gifts that therapists had accepted (e.g., alcohol, flowers, arts and crafts items), which parallel many of our results. Also similar to our findings, other literature suggested that therapists accepted mostly gifts of minimal monetary value (Borys & Pope, 1989; Pope et al., 1987).

Although these therapists viewed gifts as a normal part of human experience, they acknowledged that gifts given in therapy may communicate important meaning and may thus be worthy of discussion. The finding that therapists favored discussing gifts in therapy is consistent with existing literature (e.g., Amos & Margison, 1998; Atwood & Stolorow, 1984; Glover, 1955; Hahn, 1998; Kritzberg, 1980; Stolorow & Atwood, 1996). The asserted value of such discussion, however, is not consistently reflected in these participants' own specific gift event results, for they typically engaged in brief, superficial, or no discussion of unproblematic gifts with clients, and infrequently discussed problematic gifts with clients.

Our respondents indicated that graduate training and supervision, as well as intuition borne of accumulated clinical experience, were the primary sources from which they learned about managing client gifts. The use of supervision for responding to client gifts was also reported by Amos and Margison (1998). As these therapists gained clinical experience, though, their thoughts and feelings regarding gifts changed. In most cases, they reported becoming more flexible in their responses, a flexibility that often diverged from their own training. Some also indicated that they felt

more skilled at managing gifts. It may be, then, that new therapists initially hold tightly to their formal training, for in the counsel of their mentors they may find direction and comfort in difficult clinical situations. As they gain experience, therapists may feel more free to attend not only to technical competence, but also to other less technically bound elements of the therapy process (e.g., the relationship).

When therapists discussed factors that influenced their decisions regarding gifts, we found that every participant identified at least one factor that decreased the likelihood that a gift would be accepted; however, not all therapists identified factors that increased the likelihood of a gift's acceptance. These therapists, then, more readily reported reasons to be wary about client gifts, to proceed cautiously when responding to such gifts. This atmosphere of caution may be borne of therapists' training, and may also arise from their accumulated clinical experience, experience that may have included difficult gift episodes. Such wariness is consistent with the sentiments expressed by a number of theorists (e.g., Glover, 1955; Hundert, 1998; Langs, 1974; Simon, 1989; Talan, 1989) who assert that acceptance of client gifts may endanger the therapy process.

When examining more closely those factors cited as reasons that gifts are less likely to be accepted, many appear related to therapists' desire to maintain an appropriate therapeutic frame. Whether categorized as gifts eliciting boundary issues (a point echoed in Hundert & Appelbaum, 1995), as gifts whose timing (see Kritzberg, 1980) or monetary value, or both (i.e., too early, too expensive), are seen as problematic, as gifts that trigger therapists' internal "gut" warning bells, or as gifts that feel in some way manipulative, such factors speak to therapists' attempts to preserve appropriate limits on the therapy process and relationship. Gifts may inherently be perceived as introducing something outside the normal therapeutic interaction, and when therapists sense additional problematic potential, they may wisely respond with caution. In contrast, those factors that therapists cited as making it more likely that they would accept a client gift focused predominantly on a concern that refusal would be hurtful to the client or to the therapy process, a fear also raised in the literature (e.g., Atwood & Stolorow, 1984; Gartrell, 1992, 1994; Glover, 1955; Hahn, 1998; Helms & Cook, 1999; Meares &

Anderson, 1993; Stein, 1965; Stolorow & Atwood, 1996; Sue & Zane, 1987). It appears, then, that when therapists sensed that refusal might endanger the therapy relationship, they may have been more willing to accept client gifts. Clearly, therapists attended closely to the possible consequences of their actions when responding to gifts, and often weighed potentially competing concerns about the appropriateness versus the ramifications of acceptance.

Findings for Specific Gift Events

With respect to the timing of gifts, unproblematic gift episodes did not yield any prevalent pattern; like those gifts described by Amos and Margison (1998), they were given at various times. Problematic gifts, however, were most often given in the middle of therapy, and were also sometimes given early in therapy, at random times, or to mark events in therapists' lives. The distinct types of gifts thus appear to differ with respect to timing, with problematic gifts characterized by potentially more provocative occasions. Gifts early in therapy, and thus before a relationship has been established, or at wholly random times, for instance, may signal a client's boundary difficulties, and thus may alert therapists to pay close heed to such behaviors. If early or random gifts are repeated, therapists will likely need to address this emerging pattern.

Therapists believed that the primary reason clients gave unproblematic gifts was to show appreciation; this motivation emerged less frequently for problematic gifts. Given the intensity of the therapeutic process, therapists thus posited that clients wished to demonstrate their gratitude through a gift, a common social means of expressing good wishes to others (Meares & Anderson, 1993). Problematic gifts, though, by their very nature, may be viewed as less clean and less pure, and thus may make therapists wonder what strings might be attached to a seeming gift of appreciation. A desire to symbolize the work of therapy, to equalize the power of the therapy relationship, and even to manipulate the therapist was equally prevalent in both types of gifts. In such circumstances, words may indeed feel insufficient (Talan, 1989), and thus clients may have turned to a physical object to express their intent.

In terms of therapists' inner reactions to client gifts, positive reactions occurred more frequently and negative reactions occurred less frequently for unproblematic than for problematic gifts. Although they did not discuss their results in terms of unproblematic and problematic gifts, Amos and Margison (1998) similarly found both positive and uncomfortable reactions among their respondents, whereas Glover (1955) reported that the majority of respondents experienced uneasiness with client gifts. Perhaps these results illustrate an expected diversity of response, regardless of the complexity of the gift, wherein one therapist in the present study stated that "sometimes a cigar is just a cigar" and another asserted that there was no such thing as just a gift, but rather that gifts possess a strategic importance that must be pursued by the therapist. The former response may depict some therapists' attempts to affirm and accept clients (Atwood & Stolorow, 1984; Hahn, 1998; Stolorow & Atwood, 1996). The latter may reflect the position that acceptance of any client gift jeopardizes the therapy process, and thus therapists must instead foster clients' verbal communication of the gift's meaning (Glover, 1955; Hundert, 1998; Langs, 1974; Simon, 1989; Talan, 1989).

Whatever their internal responses to client gifts, every therapist in this study had accepted an unproblematic, as well as a problematic, gift, a result consistent with Amos and Margison (1998), the vast majority of whose participants likewise reported accepting client gifts (although, again, they did not divide their gifts into unproblematic and problematic types). Some theorists might view such acceptance as a fundamental breach of clinical propriety (e.g., Glover, 1955; Hundert, 1998; Langs, 1974; Simon, 1989; Talan, 1989), whereas others might construe such actions as acknowledging and honoring therapist and client as two human beings engaging in a profound and intimate human relationship (e.g., Atwood & Stolorow, 1984; Gartrell, 1992, 1994; Hahn, 1998; Helms & Cook, 1999; Hundert, 1988; Kritzberg, 1980; Meares & Anderson, 1993; Stolorow & Atwood, 1996; Sue & Zane, 1987). After accepting client gifts, our respondents often kept the items for a period of time. Through their gifts, then, clients did indeed achieve some degree of physical presence in these therapists' lives beyond the therapy relationship. Just as clients often symbolically take parts of their therapist with them after terminating therapy, these

therapists were given by their clients not merely a symbolic, but rather a tangible, reminder of their client.

With regard to discussion of client gifts, therapists more frequently discussed clients' feelings about and processes of choosing unproblematic than problematic gifts. Perhaps the unproblematic nature of these gifts themselves fostered greater conversation, for they may have felt easier, cleaner, and less threatening to discuss. Candy at Christmas, for example, may be perceived as less troubling than a gift of food believed to symbolize a client's "primitive rage." Both Glover (1955) and Amos and Margison (1998) similarly reported therapists' tendency to discuss gifts with clients.

However, given that many theorists have endorsed the potential benefits of discussing client gifts (see above), the frequency with which the participants engaged in brief, superficial, or no discussion of gifts, and their seeming reluctance to discuss problematic gifts, is intriguing. Perhaps these therapists had not received training regarding how to have such discussions with clients, or perhaps they felt uncomfortable approaching such conversations or lacked confidence in their utility. Furthermore, with gifts that themselves felt troubling in some way, these internal doubts may have dissuaded therapists from engaging in such discussions.

When therapists discussed client gifts with others, problematic gift events were more often discussed than were unproblematic gift events, whether those others be colleagues, partners, or supervisors. Here, too, perhaps the nature of the gift stimulated these discussions: A more troubling gift may not feel as safe to discuss with a client, but may well spur therapists to discussions with less involved others.

It is interesting that therapists in the present study rarely discussed with clients their own feelings in response to either type of gift. Whereas they did engage in discussion of clients' feelings surrounding the gifts, they appeared reluctant to disclose their own emotional responses. Perhaps the gift itself was enough of a stimulus, one that already raised the potential for discomfort, that therapists felt it wiser not to add to the uneasiness by revealing their own feelings about the gift. As therapists are often trained not to accept gifts, so, too, are many often advised against therapist self-disclosure (Freud,

1912; Goldstein, 1997; Jackson, 1990; Lane & Hull, 1990). The combination of these stimuli may have prompted therapists to refrain from self-revelation.

In discussing the perceived effects of gift interactions on therapy, unproblematic gift episodes, as might be expected, were associated more frequently with salutary effects than were problematic gift episodes. The former more often appeared to elicit positive feelings, enhance therapy, provide a way to work on client issues, and augment termination. These seem potent effects, indeed: The relationship was strengthened, important clinical work was stimulated (an outcome echoed by Hahn, 1998, and Kritzberg, 1980), and the leaving process was enhanced. It is important to note, as well, that neither type of gift was associated with harmful effects on the therapy. Difficult though they might have been, then, even most problematic gift events led to some type of positive impact.

Summary

Our impressions, emerging from our immersion in and analyses of these data, are the following: These participants' experiences with client gifts, whether perceived as unproblematic or problematic, often stimulated an internal debate within therapists, and sometimes an overt discussion with clients, of therapy boundaries. Therapists essentially wrestled with the questions: What do I do now? What response would be ethical, appropriate, and facilitative rather than unethical, inappropriate, and/or damaging to the work with my client? Quite frequently, these debates occurred within a matter of seconds, provoked by the very presence of the gift itself, and called for an immediate response. Therapists were also acutely aware that the nature of their response could well have long-lasting consequences on the therapy relationship, for boundaries extreme in either direction (i.e., strict or loose) may impede therapy. The whole exchange, then, was laden with potential, a potential yet to be realized. It is in understanding how that potential may be realized in a beneficial direction that our participants' experiences may shed some light. When presented with a client gift, it is incumbent upon therapists to understand the gift's significance and respond in a way that preserves, and ideally enhances, the boundaries that facilitate the work and

relationship of therapy. Gifts, no less than spoken words, are a means of communication.

Limitations

We recognize that these results are limited to this sample of 12, self-selected, White therapists who responded to mail and phone requests for participation. Thus, our findings may not be reflective of those who chose not to respond, nor may they depict the gift experiences of non-White therapists. Our participants may be unique, for instance, with respect to their experience with or interest in client gifts. The size of our final sample, however, is well within the methodology's established guidelines (Hill et al., 1997). These participants also discussed gift events involving primarily White female clients, who, although they may have dominated these participants' caseloads, may nevertheless not represent gift interactions of male or non-White individuals, or both. It is possible, for example, that the phenomenon of client gifts in therapy carries with it different meanings and necessitates different responses in non-White populations. Also, therapists may not have wanted to discuss behaviors that might be perceived negatively, either because they ran counter to many therapists' training or because they were aware of theoretical injunctions against accepting client gifts. Furthermore, our results are bound by what participants spontaneously reported in response to the protocol questions. As an illustration, only in reference to problematic gift events did therapists report that such gifts might have been given because clients thought therapists would like the gift. It is possible that therapists perceived a similar motivation in the unproblematic gifts, but such was not reported. We also admittedly have only the therapists' perspective here, and as such are limited in our understanding of the clients' experience of the gift process.

Implications

Therapists reported that they learned about responding to gifts through graduate school training and supervision, as well as clinical experience; they also reported, however, that they later diverged from these precepts. Was this training in some way unsatisfactory, and if so, how might it be improved so future clinicians may be more

effectively trained? Or did these therapists become more aware of a potential value of accepting client gifts for fear that refusal might jeopardize the relationship or be harmful to clients? Such questions regarding the evolution of therapists' thoughts and feelings about responding to client gifts are worthy of further pursuit.

Therapists also reported that they perceived the effects of the gift interactions, whether referring to an unproblematic or a problematic gift event, to be largely positive. We do not know, however, what may have contributed to this beneficial impact, or whether clients shared this perception. Conjectures about exactly what elicits these observed benefits of the gift-giving process call for investigation of clients' experiences of gift-giving. Clients could be asked, for example, about their experiences with giving gifts to their therapists, including why they gave the gift, how the therapists responded, and how that response affected therapy.

In addition, we do not know the effect of therapists' theoretical orientation on their responses to client gifts. Furthermore, these therapists reported limited experience regarding refusal of client gifts. The lower frequency of such episodes here is itself intriguing and begs for further exploration in future research.

Although this study adds to the literature regarding therapists' responses to client gifts, there is clearly more that we can learn about this phenomenon. As with other "unexpected" events in therapy (e.g., requests for personal information about therapists, sexual gestures, and invitations for a relationship outside the therapy boundaries), the gift presented by a client is a gesture laden with opportunity, and demands some type of response. It behooves us, then, to learn more about gifts in therapy, both from therapists' as well as from clients' perspectives. In this way, we may be able to ensure that "Here's a little something for you" becomes useful fodder for the therapeutic process.

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Appendix

Table 1: Domains, Categories, Frequencies, and Illustrative Core Ideas Regarding Therapists Overall (Nonspecific Event) Gift Encounters

Domain/category	Frequency	Illustrative core idea
Definition of gifts		
Tangible	General	"Anything material"
Intangible	Typical	"Can be intangible"
Beyond contract	Variant	"Something client gives to therapist beyond fee"
Unplanned/unexpected	Variant	"Something unsolicited"
Has value	Variant	"Has meaning and value for client"
Types of gifts		
Small tokens	Typical	"Stuffed animals"; "small items"
Handmade items	Typical	"Handmade crafts"; "paintings"
Consumables	Typical	"Food"
Personal gifts	Typical	"Clothing"; "perfume"
Flowers/plants	Variant	"Plant or some flowers"
Books	Variant	"Paperback books"
Crystal/statues/purchased artwork	Variant	"Tall clay statue"
Money/property	Variant	"Money"
Value		
Less than \$20	Typical	"Worth just over \$10"
\$20-\$100	Variant	"Retail value about \$60"
More than \$100	Variant	"Probably worth over \$150"
Percentage who give		
Rare/not common	General	"Less than 1%"; "less than 20%"
Opinions about gifts		
Addressing is helpful	Typical	"Rich opportunity for good work"
Symbolic value/meaning	Typical	"Always has some strategic importance"
Part of human experience	Typical	"Part of human relationship"
Discourse gift-giving	Typical	"Should not be encouraged"
Signal problems/red flag	Typical	"Can signal deterioration of relationship"
Need to be flexible	Variant	"Hard and fast rules won't always work"
Need to be self-aware	Variant	"Must be aware of own needs"
Changes in thoughts		
More flexible/moved from training	Typical	"Become less consistent with training"
More skilled managing	Typical	"Better at figuring out what to do in the moment"
Education/learning		
Grad school/supervision	Typical	"In grad school, learned that not supposed to take gifts"
Clinical experience/intuition	Typical	"Experiences over the years of doing therapy"
Post-doc professional development	Variant	"Peer consultation"
Experience as client	Variant	"Via own experiences as a client"
Factors in decision:		
Decreased likelihood of acceptance if	General	
High monetary value	Typical	"Very costly gifts wouldn't be acceptable"
Given too early	Typical	"Early gift giving a borderline, warning flag"
Related to boundaries	Typical	"Uncomfortable with anything that blurs boundaries"
Feels manipulative	Typical	"Wary if there is a manipulative quality"
Intuitive concern	Typical	"If gets 'uh-oh' feeling"
Related to transference	Variant	"Depends on transference"
Given too often	Variant	"Concerned by repeated gifts"
Client borderline or psychotic	Variant	"Fuzzy boundaries problematic"
Increased likelihood of acceptance if	Typical	
Refusal hurtful	Typical	"Would hurt client feeling if refused"
Feels like normative social exchange	Variant	"Appropriate exchange in relationship"
Gift expression of thanks	Variant	"Genuine way for client to express, caring and appreciation"
Gift handmade/token/consumable	Variant	"Would destroy relationship not to accept handmade gifts"
Given at holiday	Variant	"At socially acceptable time"

Table 2: Domains, Categories, and Frequencies of Specific Gift Events

Domain/category	Frequency	
	Unproblematic gifts	Problematic gifts
When gifts given		
Termination	Variant	Variant
Middle of therapy	Variant	Typical
Holidays	Variant	—
Early in therapy	—	Variant
Random/no special time	—	Variant
Events in therapists' life	—	Variant
Why gifts given		
Appreciation/gratitude	Typical	Variant
Manipulative therapist	Variant	Variant
Symbolize therapy work	Variant	Variant
Be remembered/feel special	Variant	—
Equalize power in therapy	Variant	Variant
Expression of transference	Variant	—
Commemorate/mark term	Variant	—
Thought therapist like it	—	Variant
Internal responses		
Positive	Typical	Typical
Liked gift	Typical	Variant
Felt it appropriate	Typical	Typical
Felt appreciative	Typical	—
Evoked positive feelings for client	Variant	—
Felt enjoyed by client	Variant	—
Negative	Typical	Typical
Uneasy with process/meaning	Variant	Typical
Conflicting feelings/ambivalence	Variant	Typical
Did not like gift	Variant	—
Felt constrained by termination	—	Variant
Actions in response: accepted gift	General	General
Used gift	Typical	Variant
Kept/displayed in office	Variant	Variant
Did not display/gave away/threw out	Variant	Variant
Discussion of gift		
With client		
Discussed clients' feelings and process of choosing gift	Typical	Variant
Had brief/superficial/no discussion with client	Typical	Variant
Discussed meaning/client's issue related to gift	Variant	Variant
Therapist expressed thanks to client	Variant	Variant
Therapy discussed own feelings with client	Variant	Variant
With others	Variant	Typical
With colleagues/wife	Variant	Variant
In supervision	—	Variant
Effects of gift-giving: facilitated therapy process	Typical	Typical
Elicited positive feelings/enhanced therapy	Typical	Variant
Provided way to work on clients' issues	Typical	Variant
Enhanced termination	Variant	—