

# Intimacy for Sale

Diana E. H. Russell

**SUMMARY.** This article focuses on gender differences in the respective services men and women are willing to purchase. In contrast to men, most women won't buy sex. They are, however, much more willing than men to pay for intimacy in the form of psychotherapy. The theory explicated here is that the selling of intimacy by therapists (including psychoanalysts, psychiatrists, clinical psychologists, social workers, marriage guidance counselors, and others who get paid to engage in psychotherapy) has become an increasingly successful business in the United States in part because it capitalizes on the fact that so many women are willing, or driven, to buy intimacy. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworth.com](mailto:getinfo@haworth.com)]

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My last therapist was *so* supportive. She always said just the right thing. It was just like buying a good friend.

—College professor, 1996

Psychiatry's wink at economics, the peace we have made marrying empathy and money, may ultimately erode the moral and spiritual underpinnings of the field.

—Keith Russell Ablow, psychiatrist and associate medical director at a mental health center, 1992

It's a stereotype with more than a kernel of truth: Men want sex whereas women crave intimacy. The great gender divide—less obvious in heterosexual unions where each partner must compromise to have his or her needs met—becomes starkly apparent when looking at same-sex unions. Personal columns in gay and lesbian periodicals provide dramatic illustrations of this chasm between the sexes. For example:

Attractive gay white male offers world class oral to guys looking to get sucked off. Big loads a plus. Gay/bi/str8/married all o.k. (*Bay Area Reporter*, February 15, 1996, p. 47)

Single lesbian 30something seeks romance and possible LTR [life time relationship] with single woman, 35-45, attractive, emotionally available, warm, attentive, affectionate, good sense of humor, strong passion for music, literature, art and willing to pamper and spoil me. I will return the pleasure. (*Dykespeak/ICON*, 1995, p. 24)

Gender differences are also reflected in the respective services men and women are willing to purchase. In contrast to men, most women won't buy sex. They are, however, much more willing than men to pay for intimacy in the form of psychotherapy (Nolen-Hoeksema, 1990; Weissman & Klerman, 1985). I suggest that the selling of intimacy by therapists (including psychoanalysts, psychiatrists, clinical psychologists, social workers, marriage guidance counselors, and others who get paid to engage in psychotherapy) has become an increasingly successful business enterprise in the United States in part because it capitalizes on the fact that so many women are willing, or driven, to buy intimacy.

### INTIMACY DEFINED

The following definition of intimacy formulated by psychologists Richard and Virginia Sexton describes well what most women want in their primary relationships.

Intimacy means an awareness of the innermost reality of one person by another; it is a privileged knowledge of what is disclosed in the privacy of an interpersonal relation, while ordinarily concealed from the public view. (1982, p. 1)

Corresponding well with this definition of intimacy is British psychologist Rachel Perkins's list of qualities that clients value most about therapists and therapy:

- Someone who will take us seriously.
- Someone who is prepared to understand and sympathize with our distress.
- Someone who will be there when we need them.
- Someone who will really listen to what we have to say.
- Someone whom we can rely on.
- Someone who does not get fed up when we go over the same ground again and again.
- Someone who is not scared of pain.
- Someone who doesn't give up when we remain miserable.
- Someone who will treat what we say as confidential. (1996, p. 81)

As Perkins points out, nothing on this list *requires* a therapeutic framework (1996, p. 81). Although her article relates specifically to lesbians, all these positive attributes of therapy apply equally well to qualities most women prize in intimate relationships.

The premise that intimacy-for-sale is a more appropriate way to view this enterprise occurred to me during one of my own stints in therapy. As skeptical as I've long been about the value of therapy, I have turned to it from time to time for lack of alternative refuges, and because of the constant pressure of well-meaning friends in today's excessively therapized culture. "Have you thought of seeing a therapist?" is the constant refrain whenever one admits to despair, depression, or any number of other negative or distressing emotions. I must admit that I've been guilty of asking others the same question on several occasions when at a loss for anything constructive to say.

Although like most clients, I presume, I didn't seek therapy with a view to getting my intimacy needs met, I have subsequently come to see this longing as the reason I kept forking out money from once to four times a week to the therapists to whom I became attached. At the time, the comfort of having the total attention of someone who seemed interested, caring, and empathetic about my pains, fears, disappointments, confusions, and despair was more gratifying than the accumulating cost of therapy was

distressing. When therapy had ended and my dependence and warm feelings had finally died for lack of sustenance, my regret about the thousands of dollars that these relationships cost me moved to center stage, particularly because I believe the therapeutic gains were minimal (this is on my positive days). I hasten to add that I was no more successful in perceiving or experiencing significant therapeutic benefits while still engaged in this enterprise.

### **BUYING INAUTHENTIC INTIMACY**

The intimacy clients experience with their therapists can be very real. Talking about problems requires a certain degree of trust and willingness to be vulnerable. (This is where male clients often have a tough time.) Many therapists facilitate this process by asking questions, by trying to appear nonjudgmental, and by offering reassurance and validation. Many therapists act like a perfect friend or lover—interested, understanding, empathetic, concerned, supportive, sometimes even warm, loving and seductive. The feeling of being known and accepted despite having revealed one's personal pain, humiliations, shameful thoughts and behavior, and most private secrets, can be profoundly meaningful to clients, and deeply bonding. Being rewarded for these disclosures sweetens the experience still more.

Yet as genuine as the intimacy in therapy may be in some ways, it is phoney in others. How many clients would remain in therapy if they knew what their therapists really thought and felt about them? According to a national survey of 285 therapists conducted by Kenneth Pope and Barbara Tabachnick, for example, almost one third (31%) admitted hating at least one client, and close to half (46%) reported feeling so angry with a client that the therapist did something to the client that s/he later regretted (Goleman, 1993, p. C11).

How would Freud's clients have reacted had he told *them* rather than confiding in his friend Sandor Ferenczi, that he, Freud, had come to see his clients as "only riffraff." Or that he had said that "the only thing patients [are] good for is to help the analyst make a living and to provide material for theory" (Ferenczi's private diary, written in 1932 [Masson, 1988, p. 89]). According to Ferenczi, Freud arrived at these opinions after his "discovery of the mendacity of hysterical women" (Masson, 1988, p. 90).

Carl Jung's attitudes toward clients and therapy appear to have been equally contemptuous. When addressing a meeting on psychotherapy in 1937, Jung is cited as talking about a "sick" woman in the following manner: "When a crazy chicken like this one comes through my door. . . .

I enjoy seeing what I can do with such a nut. It has become a game for me to cure the most difficult cases" (Masson, 1988, p. 112). How would Jung's Jewish, black, and other politically progressive clients have felt had they known about his pro-Nazi views and actions and/or his extreme racism? (Jung asserted, for example, that "Living together with barbaric races exerts a suggestive effect on the laboriously tamed instinct of the white race and tends to pull it down" [Masson, 1988, p. 115].)

Most therapists wouldn't be able to make a living if they weren't consummate actresses or actors able to hide their feelings and thoughts. True, more modest acting talents are required of psychoanalysts who, because they sit hidden behind their clients, are free of the burden of dissembling their facial expressions. But most other therapists, even when bored stiff, are obliged to feign interest on their faces as well as the rest of their bodies. They have to try to suppress their fatigue, their memory loss about past disclosures, their feelings of exasperation, shock, contempt, hatred, and rage toward clients, as well as their sexual attraction or lust. Eighty-three percent (83%) of the therapists in the Pope and Tabachnick survey, for example, admitted feeling sexually attracted to a client, and 90% felt angry toward a client perceived by the therapist to be uncooperative (Goleman, 1993, p. C11).

Many clients develop positive transferences toward their therapist, often including intense erotic desires. These feelings combined with the gratification of intimacy needs can create an especially intense dependence of clients on their therapists, sometimes to the point of obsession. In my case, an intense bonding occurred on three occasions within the first three weeks of therapy. Once so attached, clients tend to continue with the therapist, regardless of the quality of the therapy, the competence of the therapist, the size of the escalating bill, or whether or not they are benefiting from it. Because of the intensity of the attachment, therapists can often get away with outrageous and/or abusive behavior, which may lead some clients to attempt or to commit suicide or to end up in mental hospitals (see, for example, some of the shocking accounts of indoctrination by therapists described by some women who were manipulated into falsely believing they were incest survivors [e.g., Goldstein & Farmer, 1993, pp. 221-425]). It can also cause clients to tolerate, and pay for, rape or other forms of sexual exploitation by the therapist (to use a Mary Daly-type play on words) (Herman, 1981; Russell, 1993).

When a client expresses negative feelings toward her/his therapist, the therapist can draw on a rich repertoire of strategies to deflect or discredit the client's feelings. For example, when one client confronted his psycho-



analyst for falling asleep in a session one time too many, the clinician broke his usual pattern of evasiveness with a blunt denial.

"What were you doing, then?" his client asked. "Because you were making this snoring noise and, look, there's a spot of drool on your neck-tie."

"An analyst adopts a freely hovering attention to become empathically attuned to the analysand," was the psychoanalyst's disingenuous reply (Hullett, 1992, p. 22).

Such defenses also come in handy for therapists who want to dispose of unwanted clients. For example, therapist Kathleen White declared that when she doesn't "feel connected" with a client after two years, "I try to get them out. I can't bear it." How does she do this? "I don't pick up on their signals," she explains. "I don't say, 'Oh, you poor baby', when they want me to. . . . And then they leave" (Minsky, 1987, p. 9).

### SELLING INTIMACY

"The examined life [therapy] turns out to be hard to defend as cost-effective," therapist Keith Russell Ablow concludes (1992, p. 35). Most medical insurance programs heartily agree. But for many therapists, of course, it is decidedly cost-effective. For example, in 1992, the average net income of psychiatrists, the highest paid category of therapists, "for working 35 hours or more per week was \$99,850 for men and \$73,174 for women" (Dowart, Chartock, Thomas, Fenton, Knesper, Koran, Leaf, Pincus, Smith, Weissman, & Winkelmeyer, 1992, p. 1499).

The financial fortunes of therapists depends on their success in attracting clients. The more in demand therapists are, the more they can, and usually do, charge. Like other business people, their status and lifestyle depend to a great extent on the size of the fees they can exact from clients as well as their total business earnings.

Today, by and large, these fees are not covered by clients' medical insurance. A national probability sample survey conducted by the Division of Health Care Statistics in 1993 found that "Self-payment was the expected source of payment listed most frequently at (sic) visits to psychiatrists (63.5 percent)" (Schappert, 1993, p. 3). This percentage compares with only 30.3% of self-payment for visits to all other physicians.

Supposedly engaged in trying to help their clients to heal, therapists are often perceived as unusually altruistic, ethical, and caring individuals. For many clients, the pedestal reaches skyscraper proportions. Indeed, clients are apt to perceive their therapists as mini-gods. This idolization is attrib-

uted to "transference." Client adulation is a heady experience for therapists, who often come to share this exalted perception of themselves.

Of course, all therapists are not guided solely by the profit motive. And some go way beyond the call of duty to help particularly traumatized and needy clients, including responding to numerous crisis calls, lowering their fees, and giving of themselves emotionally. Nevertheless, it is important to recognize that therapists are in business and so can be as mercenary as other business people. How many therapists refrain from jacking up their fees as high as the market will tolerate? When they have meaningful sliding scales (many certainly don't slide very far), how many are equally willing to extend themselves to their lowest-paying clients and equally willing to terminate those who pay the most? How many end therapy when they believe their clients are gaining, or are likely to gain, little or nothing from it, particularly when the therapists enjoy their sessions with their client and/or want more client hours (i.e., money) than they've been able to drum up from new consumers?

Not only is the one-dimensional view that many therapists have of themselves as selfless healers of mental suffering steeped in denial. It also reflects a failure to comprehend that therapists who don't give time, energy and/or money to try to change the social forces that give rise to the mental suffering that plagues their clients (for example, the power imbalance in the traditional patriarchal family that fosters wife abuse), are actually profiting from these forces and their clients' pain.

In an article aptly titled "Prisoners of Psychotherapy," Terri Minsky cites several pertinent examples of self-serving therapists who manipulate their clients to remain in therapy. For example, when a client named Elizabeth broached the idea of terminating therapy after five years because her sessions were becoming filled with "mostly idle chitchat," she reported that her therapist "would bring up some niggling trouble, usually with her [Elizabeth's] mother, a subject that was always good for 45 minutes of discussion." After six months of such manipulations, Elizabeth confronted her therapist about his resistance to her leaving. He admitted that she was at least partially correct. But it took the imminent birth of her child to finally provide Elizabeth with an escape from her therapist's costly clutches.

From private conversations with therapists, I understand that it is not unusual for female clients to remain in therapy despite acute difficulties in meeting their basic expenses like mortgage payments or rent, to say nothing of the high interest rates on their credit cards. This distressing predicament most often occurs after clients have already established a dangerous dependence, and frequently misplaced trust, on their therapists.

Several women have told me that they continued in therapy because they felt their therapists would be upset if they quit. While this conduct may signify problem behavior on the part of these women, it may also be that they read correctly their therapists' reluctance to let them go. "You think I like to see \$10,000 a year walk out the door?," one therapist conceded to Minsky (1987, p. 8). How refreshing it would be if more therapists shared Keith Ablow's anguish about the "traffic in empathy" and the ways in which "payment colors the relationship between psychiatrist and patient" (1992, p. 35). Money aside, some therapists get "as attached to their patients as their patients do to them" (Minsky, p. 8). There would be nothing wrong with this—if it weren't for the fact that the clients are footing the bill.

### FEMINIST THERAPY

Many feminist therapists believe that they have succeeded in banishing oppressive patriarchal assumptions, attitudes, values and abuses from their work. According to feminist therapist Laura Brown, for example, feminist therapy should be "a conscious and intentional act of radical social change, directed at those social arrangements in which oppressive imbalances of power hold sway" (cited in Anderson, 1996, p. 5). Yet the very principles of sisterhood and equality that differentiate feminist therapy from other less woman-oriented forms implicate it even more deeply in the problem of intimacy-for-sale. Consider the following excerpts from women therapists' advertisements in a California newspaper:

- "We who hunger for peace and strive for justice sometimes need a little help from our friends" (*Express*, 1996, p. 50).
- A second therapist claims to provide "a unique approach which combines the relaxing/energizing effects of walking with intimate soulful dialogue" (p. 51).
- A third therapist describes herself as "warm and interactive" (p. 50).
- A fourth characterizes herself as "skilled at a compassionate, interactive style which makes my clients feel comfortable and safe" (p. 51).
- A fifth offers "heartfelt counseling" (p. 51).
- A sixth considers it relevant to mention that she is "an accomplished artist and a parent" (p. 50).

Many clients of feminist therapists don't just hope for intimacy. They feel they've been promised more closeness, caring, and understanding



than with non-feminist therapists, and they expect to enjoy greater reciprocity and equality in their relationships with their feminist therapists. Feminist professor and theologian Carter Heyward, for example, chose her therapist because

I could tell that, with Dr. Elizabeth Farro [pseudonym], I'd be able to receive and give; learn and teach; be moved myself, and move another. I knew we would work *with* each other; that we would grow together, both of us becoming; and that further along we might well become friends. (1993, p. 25)

When explaining why she preferred to address Farro by her first name, Heyward said, "because it's more like we're sisters, working *together*, like we're friends" (1993, p. 36). Clearly, Heyward wanted, and felt entitled to, a more intimate, equal, and reciprocal relationship with Farro than clients would typically expect of nonfeminist therapists, and Heyward used feminist concepts like sisterhood to justify her expectations.

The attempt to deviate from traditional therapies resulted in many boundary crossings—for example, feminist therapists disclosing more about themselves and their feelings, becoming friends with some of their clients after the termination of therapy, and engaging in more physical affection during therapy sessions. Heyward went so far as to argue that Farro's unwillingness to contemplate being friends after therapy was "unethical" (1993, p. 10), and she even maintained that it was responsible for her serious life-threatening breakdown.

Heyward's mistake was to interpret Farro's interest, warmth, respect, and even admiration for her (if one assumes that Heyward is correct in so describing her therapist's reactions) to mean the same as it would likely mean had she and Farro not been engaged in a therapeutic relationship. Just as it is a great mistake for clients to forget that their therapists' behavior is transformed by money, johns are similarly in error when they imagine that the prostitutes who service them would be willing to do so for free.

Heyward's desires and beliefs notwithstanding, the pendulum has largely swung back to a reinstitution of the boundaries that feminist therapists formerly rebelled against. Today the differences between feminist and traditional therapies are not entirely clear. But regardless of the differences or similarities, the analysis and observations made in this article apply as much, or more, to feminist therapy as to nonfeminist therapies.

## CONCLUSION

I was delighted to see recently a newspaper ad for a support group for "Women who've done too much therapy" (*Bay Times*, 1995, p. 110). With the exception of survivors of shock therapy, it has taken a very long time for survivors of unnecessary, inappropriate, destructive, or abusive therapy to come together to share their experiences in order to better understand them in a political, as well as a personal, context. And wouldn't it be wonderfully ironic if, in the process of recovering from the ersatz intimacy of therapy, women really did find the supportive intimacy they had been seeking all along?!

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