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Financialization may affect the therapeutic relationship in psychotherapy

Finansjalizacja wpływa na jakość relacji terapeutycznej w psychoterapii

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Abstract

Background: The therapeutic relationship is one of the most important and independent predictors in psychotherapy. Therapeutic relationships take place in a social environment, which shapes the mentality of therapists. One of the important aspects of this environment is financialization, which is considered to be the most significant socioeconomic phenomenon characteristic of capitalism. The aim of this paper is to discuss the effect of financialization on the attitudes of psychotherapists and on the quality of care they provide. **Discussion:** The paper presents a theoretical analysis of the relationship between the primary constituents of the therapeutic relationship (i.e. trust, realness, individuality of approach, honesty, truth, ethics, the good of the patient) and the phenomena characteristic of the process of financialization (such as replacement of relationship for transaction, distrust, advertisement, statistics, profitability, acceptance of a lie, relativism, consumptionism, perception of own benefits). **Summary:** Financialization can change the therapeutic relationship through indiscriminate introjection of financialization by the therapist. The primary cognitive and behavioural effect of this process is a shift in the proportions between the foundations of therapeutic relationship towards the foundations of financialization (as defined in this article). To the best of our knowledge, this is the first article presenting the correlation between financialization and psychotherapy.

Key words: financialization, therapeutic relationship, culture and psychotherapy, professional ethics in psychotherapy

Streszczenie

Wprowadzenie: Relacja terapeutyczna jest szczególnym związkiem terapeuty i pacjenta. Dobrze rozwinięty związek terapeutyczny należy do najważniejszych niespecyficznych technik wszystkich podejść terapeutycznych. Relacje terapeutyczne z definicji rozgrywają się w środowisku społecznym, kształtującym mentalność zarówno terapeutów, jak i pacjentów. Jednym z dominujących w tym środowisku procesów jest szeroko obecnie dyskutowane zjawisko finansjalizacji, czyli podporządkowania całej organizacji nowoczesnych społeczeństw wymogom rynków finansowych. Celem niniejszej pracy jest podjęcie dyskusji na temat potencjalnego wpływu finansjalizacji na osobiste postawy i zachowania psychoterapeutów, jak również na jakość świadczonych przez nich usług terapeutycznych. **Omówienie:** Została podjęta teoretyczna analiza korelacji zasadniczych składowych relacji terapeutycznej, którymi są: zaufanie, realność, indywidualność podejścia, przejrzystość, uczciwość, prawda, dobro pacjenta, ze zjawiskami charakterystycznymi dla procesu finansjalizacji, takimi jak: zamiana relacji na transakcję, nieufność, reklama, podejście statystyczne, zyskowość, akceptacja kłamstwa, relatywizm, konsumpcjonizm, dostrzeganie własnych korzyści przed postawami utylitarnymi. **Podsumowanie:** Finansjalizacja może wpływać na relację terapeutyczną poprzez niezreflektowaną przez terapeute „introjekcję finansjalizacji”. Głównym skutkiem poznawczo-behawioralnym tego procesu może być zmiana proporcji pomiędzy fundamentami relacji terapeutycznej a definiowanymi w pracy fundamentami finansjalizacji na korzyść tych ostatnich, co może prowadzić do systematycznego obniżania jakości terapii, zacierania się jej indywidualnego charakteru, co staraliśmy się wykazać. Według naszej wiedzy jest to pierwszy artykuł opisujący potencjalną korelację pomiędzy zjawiskiem finansjalizacji a psychoterapią.

Słowa kluczowe: finansjalizacja, relacja terapeutyczna, kontekst społeczny psychoterapii, etyka zawodowa psychoterapeuty

BACKGROUND

The therapeutic relationship (also called: “therapeutic alliance”) is one of the most important and independent predictors in adult and adolescent psychotherapy (Flückiger *et al.*, 2012). By definition, therapeutic alliances take place in a social environment, which shapes the mentality of therapists as well as patients (Foster, 2007; Kołaczek, 2009; Kupiszewski, 2006; Martin, 2002; Rathner, 2001). Since the political revolution of 1989, which ended the period of socialist economy, the Polish society has undergone a process of capitalistic transformation (Kołodko, 2013). One of the important aspects of the aforementioned transformation is the phenomenon of financialization. From a purely economic standpoint, financialization is defined as the process whereby markets, institutions, and financial elites gain a dominating influence on politics and economic processes. From a broader perspective, it is defined as the subordination of the entire organisation of modern societies to the requirements of financial markets (Martin, 2002). The process of financialization involves a shift of focus within the basic organisation of social contacts where relationships play an increasingly less important role in favour of transactions (Dembinski, 2009; Kołaczek, 2009; Kupiszewski, 2006). By definition, a therapeutic meeting is a relationship, not a transaction, but the authors of this article can also observe the ongoing shift from relationships to transactions in the area of therapeutic services. Based on the accepted definitions (Rakowska, 2005), we can assume that there are processes indisputably desirable in the therapeutic alliance, which for the purposes of this paper are called “foundations of therapy.” We distinguish the following foundations of therapy: trust, realness of a meeting between persons, individuality of approach to a particular patient, honesty, truth as the goal of therapeutic investigation, ethics as the basis of undertaken actions, treatment as an element of a relationship, and the good of the patient as the primary goal of therapy. Their common characteristics are that once incorporated into the area of therapy, they determine its realness, are not ethically or formally questionable in terms of their intentions, do not invoke any negative associations, and are directed at the clear benefit of a particular patient. The personification of the sum of these traits forms the theoretical construct of an “ideal therapist.” Obviously, the authors of this article do not naively assume that such an “ideal therapist” exists. Instead, our goal is to establish theoretical points of reference for the foundations of financialization – analogous to those described in the economic literature (Beisert, 2006; Dembinski, 2009; Slany, 2004), which are considered to stand in opposition to and be potentially destructive for the therapeutic alliance. We understand the foundations of financialization as an approach by which aims, strategies, and emotional phenomena are valued and allowed primarily from

the viewpoint of the market and business environment, which operate within the broader context of global financialization. The foundations of financialization include: replacement of relationship with transaction, mistrust, advertising, statistical analysis, profitability, consumerism, and perceiving own benefits as superior to utilitarian attitudes. With the assumption that the global process of financialization, which is present throughout the social environment, motivates conscious reflection and affects subconscious psychological mechanisms, we wish to look for an answer to the following question: can the process of financialization shape the therapist’s mentality and thus affect the specifics of the therapeutic alliance, and if so, in what manner? Apart from establishing the postulated causal relationship between financialization and therapeutic alliance, we will also look for possible mechanisms of this process by conducting an assessment of the aforementioned individual foundations of therapy and foundations of financialization based on an analysis of changes in the ratio between potentially opposite values (for a better presentation, we will emphasise the significant points of each of the proportions in the following paragraphs).

DISCUSSION

Does financialization affect a psychotherapist?

We should take into consideration the fact that social processes in which we participate affect our attitudes in life, actions we take, the set of individual resources we use and aims we set before ourselves. The therapist’s brain, like any other person’s brain, may be imagined to fall under the massive influence of various stimuli (information, experiences, associations, fears, desires, comparisons, definitions, etc.) on a daily basis. These stimuli are a part of a memory material with different degrees of self-awareness and integrity. This material constitutes the starting point for the process of thinking, creating definitions and concepts and taking actions. New stimuli and information communicate with the therapist’s existing schemes, life strategies and models of attitudes, thus motivating a more or less conscious process of an internal dialogue that aims to find balance and adapt to current conditions on a new cognitive, emotional and functional level. The process resembles a ceaseless negotiation (comparison and assessment) of one’s views, attitudes, and values. In other words, the therapist’s brain is a home to a ceaseless process of negotiating one’s therapeutic identity in an ever-changing world.

The relationship–transaction ratio

Financialization consistently involves the replacement of alliance with transaction. The therapeutic alliance assumes acceptance rather than hostility, interest rather

than uncertainty and anger as well as complementarity of behaviour rather than rivalry (Rakowska, 2005). In contrast to a relationship, however, a transaction is established only to take temporary advantage of a given opportunity and to gain a personal benefit. The transactional approach typically includes rival behaviour, protecting oneself against a “backstab,” and sudden termination of allegiances and breaking of loyalty bonds, often at the expense of one’s partner (Dembinski, 2009). A transaction can be terminated practically without prior notification. The lack of empathy, not caring about others, and a devaluation of moral rules facilitate success in a transaction. The extinction of “relationship-based” principles of therapy may cause public trust in therapy in general to drop, create a feeling of threat coming from business-oriented therapists, and destroy the creative potential of relationships, which “will become hollow and meaningless” (Dembinski, 2009).

The realness–advertising ratio

The next thesis of financialization states that good advertising is more important than the real quality of the offered product (Berger, 2004; Hausman, 2000; Milgrom and Roberts, 1986). The development of virtual reality of the Internet have opened new, extraordinary opportunities to marketing companies. In the field of psychotherapy, a potential client becomes familiar with therapeutic centres’ advertised services far earlier than they meet the actual therapist. On the other hand, therapists, especially those who are just beginning their business activity, endeavour to create a virtual image of their vocational practice. Instead of caring about real skills and professional experience, some therapists tend to focus on distinguishing themselves from their competition, keeping up with current trends, and engaging in profitable therapeutic directions. Developing well-conceived Internet websites, distinguishing one’s offer, finding yet uninhabited business niches and even creating new needs for clients, are becoming more and more important for the development of the therapist’s identity. At its climax, this phenomenon may engender a complete loss of realness of the patient–therapist interaction, which will instead involve a virtual therapist–avatar meeting a patient–avatar.

The trust–control ratio

The organising process in the market of medical services, which includes psychotherapeutic services, demonstrates an upward trend towards an increased proportion of control in the trust–control ratio (Kramer and Tyler, 1996). The leitmotif of this process is “less trust, more control.” This phenomenon corresponds to an increase in the number of organisations offering more and more standards, procedures and certificates. We observe

that in the institutions in which we work, the time a therapist needs to spend on keeping complex documentation, mostly unrelated to the actual medical treatment, approaches the time they work with patients. The time available for building relationships with patients decreases because it is being used to bureaucratically feed one auditory institution after another. A cynical mind may imagine a therapist who is utterly uninterested in providing proficient treatment to the patient and instead prioritises the creation of a positive relationship with supervising institutions of the national administration.

The individuality–statistics ratio

In the age of financialization, the results of statistical analyses constitute a measure of effectiveness of each method of therapy – including psychotherapy (Aleksandrowicz, 2010; Lutz, 2003; Shedler, 2010; Stiles and Shapiro, 1994; Whiston and Sexton, 1993). Such a way of thinking underlies the paradigms of the evidence-based medicine (EBM) and evidence-based psychotherapy (EBP), which currently dominate in science. The rank of scientific proof is ascribed to those population studies in which the final statistical analysis allows researchers to state whether the assessed hypotheses are true or false. This is obviously a major simplification; however, it still reflects the basic meaning of the EBM. The EBM paradigm justifies itself ethically. In practice, this means that using therapeutic methods that have been statistically proven to be significantly more efficient becomes more acceptable from the professional, economic and ethical standpoints. The problem arises in the case of methods for which there are no appropriate instruments that would allow researchers to analyse them in accordance with the rules of the EBM. One such method is psychotherapy. The experience of numerous generations of therapists is unable – when confronted with the lack of possibility to conduct a proper statistical analysis of their findings – to withstand the criticism of the EBM. No appropriate statistical devices exist to analyse consciousness and subconsciousness, relationship with the object, transference, projective identification, deep thought, narration and dream interpretation. We are far away from the thoughtless criticism of the numerous benefits of the EBM in such fields as clinical trials of drugs. However, we wish to note that the dominating scientific method – a derivative of financialization – cuts off a considerable area of human experience, knowledge and culture. This therefore leads to a paradoxical devaluation of the individual and of personal experience.

The honesty–effectiveness ratio

The period of financialization confronts us with the following question: Is honesty profitable? (Carr, 1968; Keep, 2003; Lutz, 2003). Good medical practice would always

involve an honest and thorough approach to the patient's needs, under the classical doctrine: *Salus aegroti suprema lex esto* ("the good of the patient is the supreme law"). In practice, this often means maximising the cost of diagnosis and treatment. Countless generations of physicians and therapists would follow the rule "when you save one life, it is as if you saved the entire world," which is absurd from the statistical viewpoint and has now been overridden with the rules of financial effectiveness. The primary constituents of financial effectiveness are the cost reduction principle and the profit maximisation principle. Under the cost reduction principle, the patient's access to comprehensive diagnosis and treatment is being limited, leading to patient selection, a task perversely deputed to physicians and therapists. We hardly need to comment on the deconstructive influence of this process on patients' trust for the entire system of health care. Conversely, the profit maximisation principle may involve the phenomenon of objectification and patient abuse through performing a number of unneeded tests or taxing medical examinations, or through scheduling examinations in such a way that would maximise the amount of money obtained from refunded procedures. Through each of these processes, the patient is objectified and becomes "a sheep to be sheared." If a therapist internalises this phenomenon, the result may affect the subconscious part of their relationship with the patient and motivate various types of patient abuse for one's own ends, including cognitive, scientific and research-related.

The ethics–relativism ratio

In the age of financialization, the notion of ethics seems an anachronistic construct (Duska, 2000; Keep, 2003). Only the economic principle matters. The psychotherapeutic environment more and more often asks itself the question: Can the therapeutic alliance still allow for universal ethical values? Also, in regard to the question of (patient's) agency, it seems dangerous to ascribe such significance to financial matters, i.e. to introduce and establish the "financialization of therapeutic ethics," and to create an environment in which money is the central value, the power of which allows one to transgress all boundaries and can precondition excessive (and ultimately harmful) increases in the area of patient's subjectivity. As a result, this area of patient's freedom that, quoting Isaiah Berlin (1969), can be termed "freedom to," becomes vastly overgrown. Financial capacity becomes its only limit in these circumstances. From this point of view, such pathology of subjectivity can be called a peculiar self-will. In the therapeutic context, it can lead to the development of quasi-therapeutic methods that enhance various pathologies of behaviour or personality and support temporal satisfaction of individual perverse, aggressive or other needs. All of this would take place in the name of "client satisfaction,"

forgoing insight, frustration, and developmental crisis, and without any reference to traditional values of mental health. On the day of financialization, a question concerning psychotherapeutic practice arises: To what degree do therapists' ethical attitudes, shaped by the aforementioned financialized systems of values and related ethical compromises, affect their thoughts, motivations, attitudes and style of therapeutic work?

The truth–lie ratio

Another thesis of financialization states that "In business, truthfulness equals naivety" (Arrow, 1984; Carr, 1968; Tian and Keep, 2002). Lying, often called a politically correct action, cleverness, intelligence or diplomacy, is a commonly accepted tool of communication (Arrow, 1984; Bok, 1978; Hausman, 2000, Serban, 2001). According to W. Bion (1970), "the aptitude for lying, so universal that only a liar could disregard its all pervading nature, has its own place as an object for study and is ignored at a dangerous cost to analyst and analysand". Bion, a psychoanalyst, not an ethicist, and a student of Sigmund Freud and Melanie Klein, goes even further in his evaluation of the consequences of lying for one's personality: "The disposition to lie may be regarded as a symptom of a severely disordered personality". Politically correct attitudes as well as cleverness in business and diplomacy are treated as tools for everyday use that make it easier for us to climb ever higher on the social and economic ladder, the top of which is occupied by leaders of success in the age of financialization. Therapists, who grow up to professional life on the day of financialization, surrounded by a cult of success at all cost, are not free from dreams of achieving the top. Therefore, another question arises: To what extent does the acceptance of lying as a means to a goal, an attitude that the therapist introduces into the area of the therapeutic alliance, twist the relationship into pathology?

Introjection of financialization

When discussing the aforementioned changes in the ratio between given foundations of the therapeutic alliance, we indicated that the process through which the therapist internalises the dominating attitudes and values related to the age of financialization is a natural and unavoidable risk. To justify our intuition, we introduce the term: "introjection of financialization."

Introjection (from the Latin, *introiecto* – "throwing in") is a psychological mechanism that involves indiscriminating internalisation (adding to one's personality) of norms, ideals and cultural models present in the environment and other people's feelings, judgments, attitudes, thoughts, assessments and motives. Introjection is a subconscious process. These norms, judgments and attitudes are treated as one's own; that is, added

to the area of one's ego. Introjection has a particular significance in the creation of the superego and in shaping one's character. It concerns a broadly defined population of patients (clients) and therapists (both sides of the therapeutic alliance). In Poland, an especially severe risk of introjection of financialization concerns persons from the "financialization generation," who started professional activity in the second part of the 1980s, and the youth. On the level of the society, introjection of financialization may solidify and escalate in the coming years with the diminishing number of alternative models in the environment.

SUMMARY

Financialization carries the risk of changing the therapeutic alliance through indiscriminate introjection of financialization on the part of the therapist. The primary cognitive and behavioural effect of this process is a shift in the proportions between the foundations of the therapeutic alliance toward the foundations of financialization. This shift may lead to a systematic decrease in the quality of therapy, loss of its individual character and a redefinition of the significance of the therapeutic alliance itself, as we have attempted to demonstrate in this work. In fact, it may be that the process has already taken place. Can therapists of yesterday be compared at all to therapists of today? In other words, have we maintained the continuity of classical therapeutic methods at all? As Torrey observed as early as in 1986, psychotherapy cannot be conducted separately from the cultural context. A contemporary cultural context in the Western and westernising countries involves financialization. With this in mind, can psychotherapy be conducted separately from financialization? Does the language of therapeutic interventions, which is formulated differently from the language that constitutes the dominating narration in a given society, have a chance to be effective, or at least heard? Does the age of financialization not require a comprehensive redefinition of the identity of the therapist, the identity of the therapy and the identity of the individual? The authors of this paper belong to the first generation that reached their therapeutic maturity after the period of the Polish political transformation. Therefore, subsequent generations of therapists might not share the dilemmas presented in this article to an equal extent. The process of financialization is believed to play an important role in the development of the current global crisis. The crisis has exposed the naivety of viewpoints that considered financialization the best method of regulating social relationships (Dembinski, 2009). Since the beginning of the twenty-first century, the most highly-developed economies of the Western world have been undergoing a crisis of own institutions and are not opening their eyes to the inefficiency of current regulations and economic theories or even of the social models in force.

There seem to be many reasons to doubt that a society whose only integrating strength is the market can function properly (Dembinski, 2009). The theoretical analyses presented in this article cannot be verified scientifically, which means that they possess little value from the perspective of the evidence-based medicine. Nevertheless, we hope that our proposed approach, which is based on our experience in therapeutics and teaching, will encourage the reader to participate in further discussion on the subject and ask their own questions.

Conflict of interest

There are no conflicts of interest to report in this work.

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