

## Some considerations on gratuitousness

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In the field of psychology there are often initiatives offering free psychological counselling to citizens, some of these are even promoted by the Psychologists' Regional Association. More and more often, single professionals and professionals' associations offer free psychological counselling as a preliminary step to psychotherapy.

Although free psychological counselling has already been discussed (Scabini & Rossi, 2000; Petrella, 2001), the effects on psychological practice and on social representation of psychologists seem to be underestimated. This is a good reason for further investigating the phenomenon. Taking apart the guidance and knowledge function brought out by this kind of initiatives, the focus would be directed mostly on the methodological dimension, because it seems obvious that gratuitousness of the first (or the first few) interviews could be considered as a change in the setting of professional intervention, or as Eissler (1953) pointed out, the incoming of a "parameter" which can affect the setting and the professional practice.

In this perspective we would like to point out a problem, which, beyond its philosophical, anthropological and ethical complexity, is inevitably essential to our discussion. Is it possible to give something to someone without getting anything in return even if minimal? In other words: is it possible to donate something "for free"? Hence, does gratuitousness "without a payback" exist?

According to Derrida (1991), the question could be exhausted affirming that a *totally* free gift is impossible for the human being because he cannot achieve anything "absolute". The authentic, pure, unselfish gratuitousness, without any expectation of return, implies an unconditioned openness towards the other, impossible for a human being, which is "finished" by definition, and belonging only to God.

Leaving to the divine the idea of an absolute gratuitousness without a payback, it is necessary to put the gift into the "dense and dramatic plot of relationship and ties which constitute not only human experience but also life itself [...] the possibility to donate cannot be conceivable outside the relationship, in recognising both in the passive sense (being recognized) and in the active sense (being grateful) (Parolari, 2006, p.32).

Conceiving the gift in terms of relationship and reciprocity is not a new concept. Marcel Mauss in his essay "The gift" (1924) enrolled it into a reciprocal social network of obligations based on "giving-receiving-returning". The act of donating is not sporadic but a systematic practice which daily feeds the social bond allowing, among others, to substantiate many parts of human existence, just as, for example, the role played by the system of donations in care and education of the young people, or the exchange in family relationships and friendships, or the community's reactions to emergency situations and to natural disasters. Besides, it is easy to understand the relevance of the "gift" in day life interactions accounting only on personal experience.

In this perspective Hénaff (2002) proposed to distinguish the *exchange between equivalents*, on which the circulation of goods and services is based, from the *asymmetric exchange*, which is a peculiarity of the gift, identifying its origins in the relationship of mutual recognition which binds social actors. According to Hénaff, the human being has discovered that in the personal and social

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procedures of recognition it is possible to offer something particularly dear to the other as a "substitute and a pledge of himself".

This symbolic act doubles the gift at the same time in a gift of an object (gift of a measurable material amount) and in the intention to honour the other (gift as recognition). According to this it seems that the gift implies an ambiguity which is often difficult to manage. It is described at the same time as a challenge (a seductive act of attracting the other by means of the given object as a symbolic substitute of the donor), as an offer (the object is precisely as an identification with the donor) and finally as a bond (the association with others as a result of the request and supply of recognition) (Zanardo, 2007, p.10).

However we will not go any further dwelling about the gift, since our intention was simply to raise some doubts about the possibility to limit gratuitousness to a gift in psychology, with the idea that it is "just" a "present" made without any expectation of return. Instead, it is clear that proposing free psychological interviews is an incentive to improve the access to psychological services even if the declared intention is to spread psychological culture, or to promote prevention and psychological well-being. Therefore free interviews can reasonably be considered as real promotional tools.

In fact, the term *promotion* refers to a variety of means - free samples, coupons, lottery – aiming to get a quicker and convinced reply from potential customers. Although they are quite often considered simply as sales' tools, promotional tools serve different purposes: a free sample, for example, may induce the customer to try a particular product, while the free advice of the shopkeeper (optician, decorator, etc..) aims to build and strengthen the relationship between the seller and the customer (Kotler, 1967-1984).

Therefore, from this point of view, it should be useful not only to wonder about the aim of free psychological interviews – i.e. is the aim to "appeal" and create a bond? – but rather to understand the consequences to approach and stimulate the "market" in such manner.

According to this, it could be useful to take a look on what happens in the medical field where similar proposals are fairly common and medical and paramedical professionals provide free services. For example, the "Month of Dental Prevention" sponsored by the National Italian Dentists (ANDI), which has involved about ten thousand dental practices providing free dental examination in the edition of 2009. As in some of psychological proposals, in this project the aim was to spread a suitable culture of prevention and oral hygiene, making it possible for the Italian families to take advantage from it in the nearest dental practice among the many participating. All those who submitted for a free visit to the dentist received a free sample of toothpaste, toothbrushes [...] and an information pack for an appropriate dental prevention ([http://www.percorsidiprevenzione.it/cosa\\_mese.aspx](http://www.percorsidiprevenzione.it/cosa_mese.aspx), in bold text).

The proposal, however praiseworthy in its efforts to sensitize people to hygiene and oral care products, clearly refers to the "medical model" (see, inter alia, Carli, 1993; Carli & Paniccia, 2003; Carli, 2006), to a practice which is based on the splitting of the object - the body is conceived as a machine in which it is possible to distinguish and differentiate organs and organ systems - and based also on the technician's attention which is focused on the pathology (disease). It is no accident that the "Month of Dental Prevention" enucleates one part (the mouth) from the whole (the body), and puts forward an intervention in which the assessment stage (diagnosis) is distinct from the transformative one (therapy). Moreover, it solicits the customer to follow the physician's instructions (prescriptions) about implementable behaviours.

In fact in this model, the patient is only

*an auxiliary figure, as a carrier of disease, a depository of information and as a passive receiver of decisions deemed necessary by the physician. Even in the assessment stage, essential for the anamnesis, the physician receives/acknowledges only those elements which are related with the hypothesis of a damage/biological problem (Moja & Vegni, 2000, pp. 19-20).*

Basically the object of the intervention is not the patient himself/herself but rather a segment of the patient's body which the latter entrust to the doctor so that he/she can, in an early stage, assess the presence of a pathology and, in a final stage, administer a cure which allows the *restitutio ad integrum* of that particular organ, or organ system. The patient's contribution, in this model, is essentially limited to the acceptance of the medical prescription (compliance).

Getting back to ANDI's proposal free dental advices, toothpaste and toothbrush samples are, actually, the promotional tools with which people are seduced and encouraged to go to a dental practice, an experience which normally tends to be avoided (otherwise ANDI's promotion would be useless and absurd). On the other hand, the possibility to divide the part from the whole and to differentiate the assessment from the transformative stage legitimates the promotional advice on oral health and hygiene which differ effectively from the real treatment.

But what could the consequences of these proposals be in psychology?

The answer, of course, varies depending on the reference perspective. If the medical model, which has just been described, was applied to psychology, the offer of a free evaluation would seem absolutely fair.

Not deserving to dwell on the possibility to extend this model to the psychological practice (cfr. Grasso, Cordella & Pennella, 2003; Grasso, 2010), we would just outline our interest in the perspective in which the target of the intervention is not "a priori" defined by the technician and in which the relationship is at the same time the tool and the target of the intervention, assuming two possible relational modalities: the relation aimed at possession and the relation aimed at exchange (Carli & Paniccia, 2003, Carli, 2006). From this point of view, if we consider the offer of one or more free interviews eventually followed by other rewarded interviews, it would be unavoidable to associate it to the medical model and to its dichotomy diagnosis/treatment. In fact, unless it were possible to consider the end of the intervention in one or two interviews, this (free) stage, aimed to assess the problem (diagnosis) should be preliminary to the second (remunerated) stage aiming to treat it (therapy). The matter is that in clinical psychology when a knowledge function is activated and customer participation to the process is promoted, it is not a simple collection or provision of information, but it affects, inevitably, also their organization and communication, activating a new and different process of signification - reaching different results from time to time -. The act of knowing, observing oneself while telling and acting the object of knowledge - meaning by this the relational modality of the subject - inevitably influences the way it is evaluated and treated. Therefore, somehow, it makes also the "diagnostic" stage a transformative one. Exploring and influencing, knowing and intervening are not just dichotomous activities in clinical psychology. On the contrary they are intimately intertwined and their separation can only be arbitrary, if not totally unrealistic (Pennella, 2008).

Therefore, proposing one or more psychological free interviews implies giving them a sense: is it an assessment stage similar to that offered by the dentists in the "Month of Dental Prevention"? If so, regardless of professionals' purposes, psychological practice would be conformed to medical practice, thus promoting the illusion in the client that there is a *later* stage (therapy) characterized by activities and processes substantially different from those which characterize the *previous* stage (diagnosis). On the other hand, if free interviews were meant as a purely instructive event aiming to promote a greater knowledge of psychology and its potential usefulness for people, it would be worth considering the employment of other means, undoubtedly more effective in spreading information to promote a specific culture.

Moreover, gratuitousness has many connections with the relationship established between the psychologist and the client. In fact, let's imagine a person to whom is offered the opportunity to enjoy one or more free interviews, a service which usually implies a cost sometimes quite high would be available without any obligation. Why shouldn't he/she take advantage? Obviously the use of this verb is not casual. The proposal for a free item or service stimulates not only the attention and the interest of the potential user but also the desire - at times overwhelming - not to lose what is offered, often in limited quantities or periods of time. Let's consider, for example, what happens at conferences, trade fairs or exhibition openings in which a free coffee break, a drink or a

lunch, is available for the public. It is not uncommon to witness a sort of hoarding of food which would be well worth "war times", even if absolutely incongruous with people's real food needs. In these situations gratuitousness pushes people not to lose such "good things", spurring them to enjoy everything, tasting food as if it were unique, unrepeatable, something absolutely impossible to go without.

It is easy to remind the fantasy of possession which is based, as everybody knows, on the "idealized" appreciation of what lies outside ourselves, from which we feel excluded and, therefore, we want inside ourselves" (Carli & Paniccchia, 2003, p. 181). In fact, when the value of a given object is emphasized and its uniqueness is underlined (undoubtedly it is uncommon to have free access to a rich buffet or to receive expert advice without spending a penny), the need of possessing that particular object is stimulated even taking it away from whom we think is the owner, to avoid the unpleasant sensation of vacuum perceived when we feel deprived of what has been given such a value. Possessing what is outside of ourselves implies a symbolization of the other as a simple container of what we would like to possess, thus making him/her the subject of a real "predatory fantasy" (Carli, Paniccchia, 2003, p. 181).

In this sense, the offer of one or more free psychological interviews, emphasizes the client's need to *take advantage* of this opportunity (not to be lost because limited in time) and potentially it enhances the intervention requests which aims to reinforce a possession-based relationship. Therefore the offer is incongruous with a model of intervention whose goal is to promote exchange-based relationships (Carli & Paniccchia, 2003).

Considering possible implications of the offer of services for free, it has to be said that giving away something that would normally involve payment, often rises (or strengthens) client's doubts on the true value of what is offered and on the real intentions of who is offering it. In fact, if it is true that there is a relationship between the value attributed to an object and the amount you are willing to pay for it; it is nonetheless true that the high cost of an object often pushes the customer to assign it a high value ("if it costs so much it is well worthwhile!"). From this point of view, interviews for free would entail, on one hand, a depreciation of what is offered and, on the other hand, a number of concerns about professionals' real intentions (interests). After all, why should anybody give us something for free? Essentially, gratuitousness may reinforce a *distrustful* approach to the relationship. Continuing to reason on a polysemic level about the conceptual implications of gratuitousness, the term "gratuitous act" describes something *not required, not acceptable, if not harmful*.

In addition to what has been said so far, it is useful to pay attention to customer's levels of participation to the process (and the same could be said for the psychologist as well): the "cost" could in fact discourage the tendency not to get involved, attitude which leads to the ineffectiveness of the intervention.

In what sense, however, may gratuitousness interfere with involvement?

According to us, the possibility to use an object or a service for free can induce the idea that it is risk free, which can easily influence the way people get in touch with the object or the service. For example, let's consider a game. We know that it is mainly fiction and that play implies putting ourselves in a situation in which some characteristics of reality are simulated. From this point of view the game is an indirect experience of life. A sort of *life fiction*, whose meaning lies in the delicate balance between "reality" and "fiction". In fact, if the balance is moved too much on reality, the game will tend to overflow and overlap with day life (which happens to those who transform the slot machines from a pastime to the main event of the day). On the contrary if the balance is too much on the fiction, considering the game as something absolutely unreal, people's interest in participating emotionally would decrease (Pennella, 2002). Similarly, it is possible to consider that avoiding the inevitable uncertainty connected with economical investment in the situation, gratuitousness can help to enhance the absence of implication. In other words, a service with no cost can enhance the client's tendency not to take responsibility connected with the intervention.

In fact, when somebody tries a promotional product or service, this can become – from the client's point of view - the only reason why the product/service is used, thus, attributing to it the role of action motivating agent while forgetting *his/her own* desires. Substantially, the offer is symbolized as appealing itself and explains his/her adhesion to it as a mere response to the proposal. It also seems clear that this could reverberate on the client's tendency, however, "physiological", to delegate the responsibility of the intervention to the technician.

But is the use of gratuitousness always so negative for the setting of psychological intervention? To answer this question we have to go back to promotions. Certainly it will happen to many people to be given samples for free after buying a perfume or to find them enclosed in a fashion magazine, or even to receive them at home after filling out a data card on the brand's website. Even in these cases, the goal is to allow potential customers to test the product to verify its features and quality. In these cases a critical role is played not only by the novelty of the product - such as a perfume or a beauty cream - ,but also and especially by the high appeal of the brand with which the customer often has already a relationship, even if it is only that of simple knowledge. Then, in this way, the free sample is inscribed within a *pre-existing* relationship in which the customer already has an image of the brand, and often a substantial sense of trust in it. The offer, therefore, becomes an occasion that allows customers to expand their knowledge related with the products of that particular brand and make an experience that could not have made in the absence of the free sample (just think of the high cost of some perfumes). Substantially, the client is in a position to explore new flavours but also and especially to test them personally.

In this perspective, gratuitousness may be understood in psychology, as an opportunity *to start* a process of exploration and knowledge of a different way of experiencing oneself and the environment to which one belongs, in a setting perhaps more reassuring, where "trying" the "sample" allows to evaluate a service that one might enjoy. In a way, one might think that gratuitousness could work for the client as a sort of relaxing element for the inevitable ambivalence present in any request of psychological intervention (of course, this takes us back to prior knowledge and representation that the customer has of the "psychologist" as a professional category).

However, it seems important to emphasize that the issue is not limited to listing the possible pros and cons of gratuitousness as a variable of organizational practices in clinical psychology; this would mean de-contextualizing the offer, in the illusion that, having its own intrinsic characteristics, the offer could be independent from the context in which it is inscribed. On the contrary, it is obvious that the conduct of one or more free interviews can take on different meanings, for example, if carried out as part of the non-profit organizations interested in the psychological and social distress of individuals and groups or whether it is part of a "package" offered by a private or a single professional.

In fact, the prohibition of remuneration of workers and gratuitousness to users for the services provided constitute the basic elements of the legal identity of non-profit organizations active in social and health care. The meaning and *raison d'être* of this type of organization that is founded on its own free services, establishes the relationship with the users. On the other hand, it can be useful to note that gratuitousness, although increasingly being called into question during the last decade, is, in some way, also the foundation of the National Health Service. Established by Law 833 of 1978, it constitutes the final passing of a health care of philanthropic nature based on private initiative, especially religious, or health insurances directed only to specific categories of workers. Law 833 guarantees to all, as citizens, the right to health and acknowledges the possibility of free access to a range of services, regardless of the economic contribution made by any individual of the community (Feola & Di Corato, 2006). For this type of organization, gratuitousness is an expected condition by both the providers and the service receivers. Gratuitousness is the bedrock on which the demand for psychological intervention grows, unlike other contexts where the absence of charges is rather a grafted element to which a meaning has to be given.

The question, then, is not so much to assess gratuitousness in absolute terms; it is rather an element which characterizes the clinical relationship in relation with the context in which it is inscribed. On the other hand, it is obvious that offering one or more interviews for free, implying setting changes which are normally used to understand and address client's problems, influences the *relational proposal* expressed by the psychologist to the client. In fact, when technicians tell customers the setting rules (time, place, etc.) and procedural rules (reciprocal roles, rules of conduct, etc.), they believe functional for clinical intervention, not only they set out a series of organizational elements, but they mark the limits to their participation to the process as well, thus formalizing the modalities with which they intend to start and maintain their relationship with the other (Pennella, 2004).

In this perspective, if the offer of gratuitousness is intended as the centrepiece of clinical relationship, it cannot be considered "neutral", but rather a factor which can direct interaction's dynamics, co-determining, albeit with varying intensities, the client's responses *to* and *in* the establishing stage of the relationship. This is even more likely in interventions and proposals in which gratuitousness is the *main proposal* seeking to facilitate customer access to the service and which may not appear as an element belonging to the proposing subject. If it is true that when we come to clinical psychology we mainly refer to a method intrinsically relational, expressing itself in structured settings in order to make the emotional experience thinkable, it is equally true, that the setting structure - which includes gratuitousness - also affects the possibility to think of the experience itself. As we previously pointed out, gratuitousness should therefore be considered as a factor that can influence the network of reciprocal social obligations based on "giving-receiving-returning" in which, of course, also the relationship in clinical psychology is inscribed.

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