

GIFTS IN PSYCHOTHERAPY: ATTITUDES AND EXPERIENCES OF PUERTO RICAN PSYCHOTHERAPISTS

REGALOS EN PSICOTERAPIA: ACTITUDES Y EXPERIENCIAS DE PSICOTERAPEUTAS PUERTORRIQUEÑOS/AS

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RESUMEN

Ocasionalmente algunos clientes le entregan un regalo a su terapeuta. Estudios previos han encontrado que muchos terapeutas aceptan regalos si éstos son de bajo costo y se interpretan como un gesto de gratitud. Sin embargo, estos estudios han sido realizados en los EEUU y con participantes anglo-americanos. En el presente estudio, reportamos las actitudes y conductas hacia los regalos en 75 psicoterapeutas puertorriqueños. Los resultados indican que la mayoría (>80%) de nuestros participantes muestran actitudes positivas hacia los regalos, en especial si éstos son ofrecidos en la última sesión, si son comestibles u objetos que no son costosos (menos de \$20.00) y si son ofrecidos por un niño/a. En cuanto a su conducta, cerca del 60% han aceptado regalos de sus clientes. Sin embargo, cerca del 20% de nuestra muestra endosó la creencia de que aceptar regalos siempre constituye una violación ética. Los resultados son interpretados tomando en cuenta aspectos culturales sobre lo que significa un regalo, así como construcciones locales de lo que constituye una conducta ética. Se hacen recomendaciones para clarificar que el recibir un regalo no necesariamente implica infringir los cánones éticos.

PALABRAS CLAVE: Regalos, psicoterapia, decisiones éticas, cultura.

ABSTRACT

Occasionally clients bring a gift to his/her therapist. Previous studies have found that many therapists accept gifts if they are not expensive and are interpreted as a token of gratitude. Nevertheless, previous studies have been conducted in the USA, mostly with Anglo-American participants. In this study we report on the attitudes and behaviors of a sample of 75 Puerto Rican psychotherapists. Results revealed that most (> 80%) of our participants had positive attitudes toward receiving gifts if they are offered at the last session, are comestibles or objects that are not expensive (less than \$20.00), and are offered by a child. In terms of their behavior, about 60% have accepted gifts from their clients. Nevertheless, about 20% of our sample endorsed the view that accepting a gift was an ethical violation. The results are interpreted taking in view different cultural viewpoints about gift giving, and the construction of local ways of ethical behavior. Some recommendations are made to clarify that receiving and accepting gifts do not necessarily indicate an ethical violation.

KEY WORDS: Gifts, psychotherapy, ethical decision making, culture.

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Previous research points to the fact that some clients, at some moment during the course of a psychological treatment, bring a gift to their therapist. For example, Pope, Tabachnick and Keith-Spiegel (1987) and Borys and Pope (1989) conducted surveys among members of the American Psychological Association and found that most therapists accepted a variety of gifts, except when the value exceeded more than \$50.00. When the gift exceeded that amount, 82% considered that it was never ethical or ethical only in rare circumstances to accept such gifts. Nevertheless, most therapists (78%) considered that a small gift worth less than \$10.00 was under most conditions ethical.

More recently, Ringstad (2008) conducted a study with 220 randomly selected clinical practitioners and found that over three-quarters had accepted small gifts from clients. Similarly, in another study reported by Bersoff (2008) fewer than 10% of the respondents indicated that they never accepted a gift. In another recent study, Brown and Trangsrud (2008) found that 57% of nearly 100 graduate students reported that they had received gifts from their clients while in their internship training. Only 16% reported that they declined the gift, and 53% said that they consulted with their supervisor the final decision. In sum, gifts offered by clients to their therapists are a usual occurrence.

From a social and anthropological viewpoint, offering gifts to another human being is usually an expression of gratitude, appreciation and in some cases love. In a psychotherapeutic scenario, the most common form of gift is a symbolic (e.g. a card with a poem) or a concrete object (e.g. a book). Various authors have highlighted the fact that the timing, frequency and the monetary value of gifts are to be evaluated before deciding if the gift is an appropriate or inappropriate action by the client (Zur, 2009).

For example, some have defended the idea that gifts given very early in the therapeutic process, those that are exploitative or that can have a sexual connotation are to be interpreted and avoided (Zur, 2007). The clinician must understand that gifts could play very diverse meanings for different clients. Issues of power, control, gratitude, love, appreciation should be carefully evaluated utilizing his/her clinical skills and experience. Each gift must be evaluated within the context that it is given. The nature of the therapeutic relationship, the client's presenting problem, history and culture are some factors that influence the appropriateness of the gift (Barnett & Barteck, 2009; Brown & Trangsrud, 2008; Hahn, 1998).

On the other hand, a gift of small value, given after the therapist overcome an illness or adversity, or as a celebration of an important professional appointment, tend to be seen by most therapists as unproblematic and may in some cases contribute to the strengthening of the therapeutic alliance (Hahn, 1998; Spandler, Burman, Goldberg, Margison & Amos, 2000; Zur, 2007). As expressed by Zur: "Most common, small, well-timed gifts have simply been viewed as a normal and healthy expression of gratitude" (p. 190).

The relationship between gifts and psychotherapy has been fraught with some uneasiness at least among some therapists. As is typical of their therapeutic posture, psychoanalytic and psychodynamic therapists have historically expressed strong concerns regarding accepting gifts in psychotherapy (Glover, 1955; Knox, 2008). According to some psychodynamic authors, gifts are always problematic because they tend to be expressions of a transference reaction due to some unresolved unconscious conflict. According to the psychodynamic model, gift giving can be a manipulation to express erotic love, to assure

that their therapist does not reject them, and as a neurotic fantasy that they can control their therapist. Basing their clinical judgment on those interpretations, there are some therapists that have a policy to never accept any gift whatsoever (Talan, 1989).

However, it should be clear that no code of ethic explicitly forbids the receiving of a gift by a client. There are no code of ethics or guidelines of major organizations that specifically ban gifts in therapy (Zur, 2007). Neither the major US professional organizations' (i.e., APA, CAMFT, Feminist, NASW, NBCC), nor Canadian (i.e., CPA, CCA) nor Australian (i.e., APS, AASW, AIWCW, PACFA) codes of ethics mention the topic of gifts. For example, the Code of Ethics of the *American Psychological Association* does not mention receiving gifts as unethical. We think that standard 3.08 of the APA Ethics Code is where some extrapolation can be found. Standard 3.08 mention that psychologists do not exploit persons over whom they have some type of authority or relationship. Nagy (2005) in his interpretation of this passage indicates: "You provide a psychological service for which you get paid; you are not entitled to anything else from the other person, even though he or she may possibly be very willing to provide it" (p. 86). Likewise, Fisher (2003) presents the following example that would violate this standard: "Encouraging expensive gifts from psychotherapy clients" (p. 75).

The American Counseling Association (ACA) is one of the few professional organizations where the thematic of gifts is explicitly discussed. In the revised code of 2014 the ACA takes a flexible stance of gifts and states in section A.10.f.: Receiving Gifts: "Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and

the counselor's motivation for wanting to accept or decline the gift."

The present investigation was undertaken because the authors felt that there is confusion surrounding the role of gifts in psychotherapy and that this state in exacerbated by the lack of professional and clinical discussion about the topic. In some cases known by us, some therapists and graduate students are terrified when their clients, including children, give them a small gift, thinking that they are violating some type of ethical code. On the other extreme, there are documented cases of psychotherapists that have received and accepted dozens of gifts, amounting to thousand of dollars (Knox, Dubois, Hess & Smith, 2009). This sorry state of affairs in complicated when one finds that many excellent texts about ethical behavior are completely silent about how to manage gifts in a psychotherapy session (Fisher, 2003; Nagy, 2005).

To complicate matters, the role of culture has been entirely missing in this literature. Obviously, gift giving can constitute a small token of gratitude to someone whom one considers special or significant. As culture imposes meanings, directions and rituals to express gratitude, it is expected that the role of culture should have some type of impact on gift giving (Shen, Wan & Wyr, 2011). It is imperative that therapists and counselors make an informed and sensitive decision basing their decision-making on a sound multicultural understanding of their client's culture and values. Not to do so could potentially create a rupture in the therapeutic alliance, as the client could be offended or feel rejected by the negative behavior of his or her therapist.

As a way of example, Santiago-Rivera, Arredondo and Gallardo-Cooper (2002) have pointed out that it is not unusual for a Latino client to give a gift that expresses appreciation, represents a special holiday or marks termination. They rightly assert that: "Among Latinos, it may be rude not to accept

a gift” (p. 144). The experience of one of the authors (AMT), who has more than 25 years of clinical experience with Puerto Ricans, is exactly as expressed by Santiago-Rivera et al. Although not a predominant occurrence, it has happened that in significant holidays (like Christmas) some clients have given them cards, bottles of homemade liquors and foods. Other clients, in the last session have expressed their appreciation and gratitude with some small gift, such as books, pens, or a small figure. Latinos, and Puerto Ricans are not the exception, could be deeply offended if they offer a gift to a person (e.g., his/her therapist) and is not accepted. In our language we use: *Me faltó el respeto* (the therapist was disrespectful). As expressed by Zur (2007): “rejecting appropriate gifts of small monetary value but of high symbolic and relational value can be offensive to clients, cause clients to feel rejected, and thus can be detrimental to the therapeutic alliance” (p.199).

In the present study we want to examine how the act of gift giving in a therapeutic situation is constructed and experienced by clinical and counseling psychologists in Puerto Rico. We take this opportunity to reflect on the APA Ethics Code, which has a marked European American worldview that may be extraneous to local ways of knowledge and more indigenous conduct. Hall, Iwamasa and Smith (2003) have expressed concerns with the mono-cultural nature of psychology and the exclusion of cultural defined standards of appropriate conduct. For their part, O’Donohue and Fergusson (2003) in a thought provoking paper, has critically expressed that the APA ethics code, as a prescriptive universal document, many times do not present any data to support their assertions, and arrive at their conclusions by a “series of bald, undefended, unargued, authoritarian fiats.... In summary, because the ethics code does not argue or cite evidence but rather simply asserts, it provides no acceptable warrant for its assertions” (p.4). We must stress the point that although ethics codes pretend to be

neutral or objective, they inevitably reflect particular worldviews that are situated in particular places and times. Ethics codes are evolving living documents that reflect what at the moment are interpreted as useful values that guide professional behavior. Ethic codes should never be seen as static and universal documents, as values and moral behaviors are socially transformed even in a few generations (Hoop, DiPasquale, Hernández & Roberts, 2008).

In the present study, we set out to examine attitudes, beliefs and experiences of 75 experienced Puerto Rican clinical or counseling psychologists working with Puerto Rican clients. With the scant extant literature as our basis, we expected that Puerto Rican psychologists would express positive attitudes toward clients giving them gifts in the context of psychotherapy. Also, we expected that the majority of our participants would report that gift giving by their clients is not a rare occurrence and that gifts are usually received in an unproblematic way.

METHOD

Participants

The sample was selected non-randomly, by availability, from continuing education activities at the Carlos Albizu University and through contacts with psychologists that participated in professional activities of the Psychological Association of Puerto Rico. Each psychologist was informed that their participation was completely voluntary and anonymous and that they could choose to withdraw from it at any time without penalty. Participants were 75 clinical psychologists that voluntarily completed our instruments during the year of 2012. Fifty-three (71%) of our participants had a doctoral degree, twenty (27%) had a Master Degree, and two (2%) had a post-doctoral education. The participants ranged in age from 27 to 78 years, with a mean age of 45.05 (SD= 11.09). The participants included 21 males

(28%) and 54 females (72%). Forty-five percent reported that their main job was private practice, 10.7% worked in a psychiatric hospital, 13.3% in a university setting, and the rest in other miscellaneous settings. When asked about their main theoretical therapeutic model, 56% endorsed cognitive-behavioral therapy (CBT), 16% an eclectic model, 9.3% integrative psychotherapies, followed by other models: psychodynamic (5.3%), humanist (5.3%), behavioral (2.7%), and others (1.3%).

To be eligible to participate in the study, the psychotherapists had to be licensed as a clinical or counseling psychologist in Puerto Rico for at least two years. Excluded from our sample were psychologists that had an academic degree in other areas of psychology (e.g., industrial-organizational, academic, social).

MEASURES

Socio-Demographic data.

A brief questionnaire was administered asking for information on socio-demographic data such as age, gender, marital status, level of education and questions related to number of years of clinical practice and their preferred theoretical orientation.

Questionnaire of gifts in psychotherapy.

To assess the beliefs, attitudes and experiences of the psychologists residing in Puerto Rico and with clinical practice, we administered the Scale of Attitudes and Behaviors toward Gifts in Psychotherapy (SABGP). This self-report scale was developed as part of this investigation and was previously evaluated by 10 clinical psychologists with extensive experience in the field of psychotherapy.

The SABGP scale is composed of 40 items using a 5-point Likert-type response ranging from 1 (agree) to 5 (disagree).

Respondents were asked to indicate which came closest to their attitudes (18 items) toward clients giving gifts to their therapists, and to their actual clinical experience when confronted with that situation (22 items). The attitudes section of the SABGP demonstrated excellent internal consistency with an alpha Cronbach of .85. This was also true for the experiences section of the SABGP with an alpha Cronbach of .86.

In the 18 items related to their attitudes toward gifts in psychotherapy, the SABGP required the participant to state if he/she agreed with a series of statements that were related to positive or negative attitudes toward receiving gifts in psychotherapy. Sample items are "To accept a gift is an ethical violation of boundaries"; "Gifts that are offered by children do not pose a threat to the therapeutic process"; "Gifts in psychotherapy are a way of our client to express gratitude"; "To accept gifts from our clients is a type of exploitation"; "We should take into account the cultural idiosyncrasies of our clients at the moment to make a decision if to accept or not to accept a gift".

In the 22 items related to actual experiences with gifts, the participants were asked what they typically do when a client is giving a gift to them. Sample items are "I usually accept gifts if it comes from a child"; "When a client offers me a gift, I explain to him/her that it is not ethical nor appropriate to accept it"; "I usually accept gifts if the value is less than \$20.00"; "My experience is that clients appreciate the moment when I accept their gift"; "There has been moments when some client have offered me a luxurious gift (a watch, a ring) and I have accepted it".

RESULTS

Attitudes toward accepting gifts.

To make a meaningful comparison in this section, we collapsed the answers "Totally agree" and "Agree", and the "Totally

Disagree” and *“Disagree*”. In general terms, our participants were inclined to have positive attitudes toward accepting gifts in psychotherapy. For example, 65% think it’s appropriate to accept a small and symbolic gift if it is given in the last session. Similarly, 88% would accept a small symbolic gift if it comes from a child. When we examined if our participants were reluctant to accept gifts, only 14.6% stated that accepting gifts is a type of exploitation; and only 28% thought that accepting gifts could deteriorate the therapeutic relationship.

In terms of ethical considerations, 30% endorsed the item that stated that accepting a gift is an ethical violation. Moreover, 81% stated that when clients offer a gift to their therapist they are offering their gratitude. Our participants were inclined to accept a gift if it cost less than \$20.00 (65.4%), but less positive if it cost more than \$50.00 (14.6%).

As far as cultural variables were concerned, 73% stated that in our Hispanic milieu, refusing a gift could deteriorate the therapeutic relationship and 84% stated that such refusal could potentially be interpreted as an offensive gesture from the therapist. Specifically, in Christmas time, 77% stated that it was acceptable to receive a gift from a client.

From a therapeutic standpoint, 79% of our participants considered that it is necessary to dedicate some time in the session to discuss with the client the implications of gift giving. We posit that this type of data reflects the position that the majority of our participants acknowledged that gifts in psychotherapy could have multiple meanings and implications.

In summary, most of our participant’s (60-85%) would accept a gift if it is not costly, if it comes from a child, if it expresses gratitude, and if it is given in the last session. Few of our participants (<30%) think that accepting a gift is a form of exploitation or that it could damage the therapeutic relationship.

Interestingly, it should be noted that there were some therapists (<30%) that consistently stated that gift in psychotherapy should be always be refused and maintained very negative attitudes. For example, 5% stated that even if the gift was symbolic and came from a child it should be refused; 12% stated that even if the gift came in the last session it should be refused; and 11% stated that accepting a gift always deteriorates the therapeutic relationship. Moreover, 13% endorsed the item that accepting a gift always was an ethical violation. One specific participant, after ending the Scale, wrote forcefully, that receiving a gift, always constituted an ethical violation.

Experiences with gifts.

To make a meaningful comparison in this section, we collapsed the answers *“always, frequently and occasionally”*, and the *“rare or never”*. Sixty one percent have accepted gifts by a child while only 33% have accepted gifts given by adults. That means that our participants were more cautious if the gift came from an adult client. Forty nine percent have accepted food items. Related to the monetary value of the gift, only 18% stated that they have received gifts independently of the cost. In fact, only 1% stated that they have received gifts that are costly (>\$50.00). Twenty-seven percent reported that they have accepted the gift if the value of the item is below \$20.00.

Reflecting cultural dimensions, 77% stated that gifts were usually offered on Christmas, and 73% reported many were food items that that are very popular in Puerto Rico (eg. coquito, viandas, galletas). Eighty percent of those that had accepted a gift, indicated that when accepting a gift, their clients were grateful.

Seventy two percent of our participants reported that their clinical experience indicates that accepting gifts did not affect negatively the therapeutic relationship. Also,

53% stated that accepting a gift was a positive event in strengthening the therapeutic alliance. In fact, 7% of our participants stated that clients did not return to therapy after they had refused to accept a gift from them. In another related item, only 9% reported guilt feelings after accepting a gift. Similar to the responses obtained on attitudes, 76% stated that before accepting a gift they discuss any clinical transference issues.

In general terms, the actual experiences of therapists reflect that gift given by children, that are not costly, and that are in many instances food items, are accepted by many therapists in Puerto Rico (from 60% to 30%). Moreover, those that have accepted gifts report that the therapeutic relationship is strengthened and they note (80%) that most clients are grateful that they accepted it. Very few of the therapists expressed feeling guilty and most of them noted that accepting a gift did not deteriorate the therapeutic relationship.

Other variables of interest.

ANOVA and Tukey post-hoc analysis revealed that there were no significant statistical differences as a function of professional degrees and gender on their attitudes and actual behaviors on the SBGST. Similarly, when we conducted an ANOVA to detect differences between different schools of psychotherapy on the total scores of the SBGST, none was statistically significant. As our sample was limited in size, we decided to calculate effect size comparisons. The reader can observe in Table 1 the effect size results. It is interesting to note that the effect size differences were mostly in favor of CBT and integrative approaches, not only in attitudes but also in experiences with gifts. Many of those effect sizes were moderate to large.

TABLE 1.
Mean Differences and Effect Sizes Comparisons between the Different Therapeutic Approaches.

	Mean Diff.	Effect Size
Attitudes		
Behavioral – Eclectic	1.41	0.19
CBT – Psychodynamic	3.67	0.49
CBT – Behavioral	1.92	0.26
CBT – Eclectic	3.34	0.45
CBT – Humanistic	1.92	0.26
Integrative – Psychodynamic	6.96	0.94
Integrative – Behavioral	5.21	0.70
Integrative – CBT	3.28	0.44
Integrative – Eclectic	6.63	0.89
Integrative – Humanistic	5.21	0.70
Humanistic – Psychodynamic	1.75	0.23
Humanistic – Eclectic	1.41	0.19
Experiences		
Integrative – Psychodynamic	6.69	0.47
Integrative – CBT	3.99	0.27
Integrative – Behavioral	17.6	1.22
Integrative – Eclectic	9.64	0.66
Integrative – Humanistic	6.14	0.42
CBT – Psychodynamic	2.89	0.20
CBT – Behavioral	13.6	0.94
CBT – Eclectic	5.64	0.39
CBT – Humanistic	2.14	0.14
Psychodynamic – Eclectic	2.75	0.19
Psychodynamic – Behavioral	10.8	0.74
Eclectic – Behavioral	8.00	0.55
Humanistic – Behavioral	11.5	0.79
Humanistic – Eclectic	3.50	0.24

For all differences shown, the first group presented represents the group who obtained more points in comparison. Differences resulting in an effect size smaller than .10 were not included in this table.

DISCUSSION

Behaviors do not speak by themselves. So, when a client offers a gift to his/her therapist, it could have a plethora of meanings. On the one hand, a gift simply could mean an act of gratitude to a significant person. In fact, well-

being research strongly suggest that individuals inform a high sense of happiness when they offer another person their help or part of their material assets (Larsen & Prizmic, 2008). From an evolutionary perspective, humans apparently have a biological predisposition that is boosted when we make someone happy or feel nice (Emmons, 2008). Recent research cultivating gratitude suggests that it is linked to emotional, physical, and relational well-being. Anecdotally, when clients give their therapist a gift we can easily note their satisfaction; it could be a comestible, a small book, or simply a card expressing their well-being. Notably, some primatologists have observed that the great apes have the capacity of giving *direct gifts*, which involve an intention to give a good to another ape when needed (Pelé, Dufour, Thierry & Call, 2009). In the case of our Puerto Rican clients, giving gifts to their therapist could be an expression of their *simpatía* (sympathy), which in our Latino context means that the therapist is *buena gente* (is a nice and decent person).

On the other hand, gift giving could also be a sign of insecurity on the part of the client, or maybe an act of trying to control or manipulate the therapeutic encounter. Persons with a diagnosis of personality disorders, specifically borderline personality disorder, are inclined to feel very insecure and vulnerable toward their therapists. Such a client, in a phase of psychological pain, could fear that his/her therapist intends to abandon them. A gift could express their token to their therapist to guarantee that they will not be referred to another colleague. We think that the most proper way to address these amalgams of interpretations is to directly discuss with the client what does the gift means to the client and also to the therapist. In this way, the therapist can clinically inform his/her decision if he/she accepts the gift. Also, it could be an opportunity to re-address misunderstandings in the therapeutic relationship (Hahn, 1998; Zur, 2007).

In our study, the majority of our participants have positive attitudes toward gifts in psychotherapy, specially if the gift came from a child, was a comestible, was of low cost and came in the last session. Few of our respondents considered that accepting gifts was always unethical and that they should always be refused. Nevertheless, it should be emphasized that there were a few psychologists who wrongly assumed that receiving a gift was always an unethical posture. This contrast with the fact that neither the APA Code of Ethics nor does the Ethics Code of the Puerto Rican Psychological Association prohibit a therapist from receiving a gift. Curiously enough, a similar extreme position is taken by a few psychologists toward touch in psychotherapy. Previous literature reviews (Hunter & Struve, 1998) and a local study with Puerto Rican psychologists (Toro-Torres, Martínez-Taboas, & García, 2006) revealed that a few psychologists (<20%) thought that touching a client (e.g. a handshake, a hand in the shoulder) is always unethical. Once again, such extreme aseptic measures are not reflected in the Ethics Code. Reflecting on such austere and extreme positions, Knapp, Handelsmann, Gottlieb and VandeCreek (2013) has presented what they call: *the dark side of ethics*. They posit that certain psychologists use what they call *assimilation strategies*. By this they mean that while certain psychologists 'believe they are acting in a highly ethical manner, they may not appreciate the impact of their behaviors have on patients or others,, and lead psychologists to interpret rules too rigidly or without compassion...by giving disproportionate attention to certain rules" (p.373).

In our study, a significant number of our therapists indicated that they accept a gift if it is of low cost (<\$20.00), is given in Christmas season, and especially if it is given by a child (61%). In our sample, only a tiny minority of the respondents accepted luxurious gifts. So, it can be concluded that the overwhelming majority of our therapists reported that they

were cautious in their approach to receiving gifts, but that if the client and the context were appropriate, they sometimes accepted the gift. We think that most of our therapist's attitudes and behaviors are adequately represented in Knox's (2008) review of this subject: "Most therapists, however, likely accept nominal gifts with an appropriate expression of appreciation, and consider the event simply a courteous social convention" (p. 104). As for the clients: "Accepting such gifts affirms clients and promotes their self-acceptance, whereas refusal would activate defenses that inhibit self-reflection and self-understanding" (p. 104). Interestingly, the majority that accepted gifts noted that their acceptance was accompanied by the gratitude of their client and that the therapeutic relationship was strengthened. Very few of our participants reported negative consequences, such as feeling guilty (<10%), after accepting the gift.

How do our results compare with previous research done in the USA? The studies conducted in the USA establish that from 70% to 80% of clinical psychologists accept gifts if they are of small value. This is similar to the answer given by our participants that 61% accept a small gift if it is given by a child and 49% accept a food gift from an adult. In fact, our findings are very similar to the study reported by Brown and Transgrud (2008) with a sample of 40 psychologists. They found that their participants were likely to accept gifts if they were inexpensive, presented with gratitude, at the end of the treatment session and informed by the cultural background of the client. Their participants likely declined gifts if they were expensive and were presented early in the course of treatment. The reader must have noted the similarity from both studies.

Our therapists were also sensitive to cultural influences. Seventy-three percent indicated that in our Hispanic context rejecting a gift could potentially damage the therapeutic relationship. Latinos have a tendency to offer gifts to persons that have

been helpful in a variety of ways. In the experience of the senior author, in Puerto Rico many low income patients occasionally brought forth food items from their farms (plantains, eggs, and home made liquor). In Christmas, not a few clients prepare home made dishes that are given as gifts to their therapists. Although there are no empirical studies done yet, our impression is that refusing such gifts could be culturally interpreted as a rejection and as an offence to many Latino clients. In our culture, such refusal could be interpreted as a *falta de respeto* (disrespect and discourtesy).

An obvious question is one of context: when to accept and when not to accept a gift? We agree with the majority of our respondents, that a very occasional gift that is not costly, that tends to be a comestible, and that is discussed openly with the client, is not likely to deteriorate or complicate a therapeutic scenario. That ethical stance is also recommended by many experts that have reviewed this subject (Hahn, 1998; Knox, 2008; Zur, 2007). In fact, in our Latino cultural context, we think that a therapist that rejects a gift from a client could potentially brought forth a rupture in the therapeutic alliance. On the other hand, there are red flags in some gift giving. For example, with gifts that are expensive, that are given recurrently, that have certain sexual connotations, or in persons that have personality disorders in which gift giving is part of their repetitive or recurrent maladaptive styles. In cases like that, therapists should discuss with the client his/her concerns and maybe make a therapeutic interpretation of such gifts.

It should be noted that nearly a third of our sample was adamant that gift giving should always, and without exceptions, be rejected. For example, 17.3% indicated that even a small and inexpensive gift in the last session should not be accepted. Similarly, 20% said that they do not accept a gift even if it is inexpensive and given by a child. So, about one-fifth of our respondents are firmly

adamant that they, independently of all contexts, will not accept a gift.

Anecdotally, the senior author, when he discusses with his graduate students the issue of gifts in psychotherapy, notes that many of them think that if they accept a gift (even a small one from a child) they are committing a serious ethical violation. When the senior author explains to his graduate students that neither the APA Ethics Codes nor the Ethics Code of the Puerto Rican Psychological Association, prohibit nor address directly gift giving, they are surprised. Some even admit that after my class they search both Ethics Codes to prove me wrong, only to find that what I told them was right.

Finally, the effect size calculations revealed that the integrative and CBT psychotherapists were the ones with the most positive attitudes and behaviors toward receiving gifts. The major difference were with those from the psychodynamic tradition. We can speculate that integrative and CBT psychotherapists are clinicians that from their vantage perspective integrate the affective, cognitive and behavioral parameters of their clients. That integration could also include broader concepts such as culture and values. As our Latino Puerto Rican context is consonant with giving gifts to others as a form of gratitude, maybe those psychotherapists were more inclined to incorporate our cultural milieu in their clinical decisions. On the other hand, apparently the psychodynamic psychotherapists based their orientation toward gifts in terms of a Eurocentric viewpoint, in which gifts are definitely red flags that needs to be constantly interpreted and apparently refused.

From our study, some recommendations are in order. First, psychologists work in a multicultural society in which gifts have different meanings in different cultures (Herlihy & Corey, 1977; Knox, 2008). Ethics codes are not pancultural; they express local

and cultural values. Specifically, Sue and Zane (1987) have indicated that cultural factors may influence appropriate gift-related behavior. From this viewpoint, therapists should be sensitive to their client's background, including their social stratification, religious views, and cultural beliefs. The fact that nearly 20% of our respondents considered that accepting gifts in therapy was an ethical violation, points to the ineludible fact that some colleagues are distorting what is and what is not an ethical conduct (Knapp, Handelsman, Gottlieb & VandeCreek, 2013). So, professional psychologists and graduate students should be clear about the boundaries of ethical behavior. Not to do so, could create inflexible, rigid and even dysfunctional boundaries between their clients and themselves. Additionally, as far as we have read the literature, there is overwhelming support to the idea that rejection of a gift intended to convey appreciation may harm the therapeutic relationship (Knox, 2008; Zur, 2009).

Limitations of the study include the use of retrospective record data. A prospective study could show a different picture from the one that our participants expressed on the SDFGRT. In addition, the modest sample size could have reduced the statistical power to detect between group differences in some of our measures. Also, the next study should use a representative sample of Puerto Rican psychologists to note if our main results and conclusions are sustained. We must note that our sample was a convenient sample. Lastly, our results are entirely based on a series of self-report instruments that sometimes are vulnerable to social desirability. If this study is replicated, a measure of social desirability should be used.

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