

# Chapter 19

## Humanistic Approaches to Financial Therapy

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### Introduction

Money disorders are a relatively new set of behavioral disturbances to be considered for psychological treatment. The Diagnostic and Statistical Manual of Mental Disorders (DSM) has never had a section dedicated to money disorders, and with the exceptions of gambling disorder and hoarding disorder, none of them are included as formal diagnoses. Recent research has attempted to classify and differentiate different money disorders (Klontz et al. 2012; Klontz and Britt 2012), and psychotherapy outcome research suggests that money disorders may be amenable to treatment (Klontz et al. 2008). Although the conceptualization of money disorders as being a result of “money scripts” (Klontz and Britt 2012) may lend to a more cognitive approach to therapy, they can also be viewed more holistically as a personal incongruence. In humanistic psychotherapy, mental disorders are viewed as an incongruence within the person. This incongruence can be cognitive, behavioral, or emotional, and may involve all three aspects. While a humanistic psychotherapist may view the incongruence in a wider context, it is a useful construct for conceptualizing a humanistic approach to understanding and treating money disorders. Consider the following case example:

Jennifer is a 23-year-old single female who recently started as an assistant account executive in a prominent advertising agency, a high status position with a low pay scale. She is intelligent, attractive, has a college degree, and is looking forward to a bright career in marketing. She recently started dating Mitch, and as the relationship is becoming more serious, she is nervous about telling Mitch about her US\$ 8400 credit card debt. Most of this debt is the result of her buying new clothing and jewelry and putting a down payment on a nice car, all of which she views as a necessary part of being a young ad executive. However, if Jennifer were to take

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an objective view of her financial situation, she would find that she is consistently spending beyond her means.

Humanistic psychology has been called the “Third Force” in psychology and was developed in the 1950s and 1960s as an alternative to the prevailing therapeutic schools of Freudian psychodynamics and Watson’s behaviorism.

Jennifer grew up in a relatively affluent family and became accustomed to getting whatever she desired. As part of their jobs, both parents frequently went on business trips, and would bring home expensive gifts for Jennifer.

Jennifer arrived for therapy after an argument she had with Mitch about cheap tickets he purchased to a concert she had been looking forward to. The tickets were a surprise gift for Jennifer’s birthday and she was disappointed and hurt by what she perceived to be his lack of caring. When she voiced this, he became angry and defensive stating that she was unappreciative. Jennifer was completely shocked and confused by the intensity of the argument that ensued. After the argument, she went out and bought a new pair of boots, two pairs of pants, and US\$ 250 worth of makeup on her credit card, which she periodically does to make herself feel better.

After a brief interview, it was obvious to the therapist that part of Jennifer’s problem was her compulsive buying behavior. Jennifer and her therapy will be revisited as different aspects of humanistic psychotherapy are explored throughout the chapter. First, a brief overview of the humanistic approach to psychotherapy and its evidence base will be provided. Then the most common humanistic therapies will be presented with a discussion on how each might be applied to financial therapy and Jennifer’s case.

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## Overview and Definition of Humanistic Psychotherapy

Humanistic psychology has been called the “third force” in psychology and was developed in the 1950s and 1960s as an alternative to the prevailing therapeutic schools of Freudian psychodynamics and Watson’s behaviorism. While there were many contributors to the development of humanistic theory, the development of humanistic psychotherapy itself is largely credited to Carl Rogers (1946, 1951) and Abraham Maslow (1954, 1971). The humanistic approach asserts that human beings are intrinsically good, are innately prone towards growth, and are best understood

when viewed as a dynamic whole instead of the sum of reductionistic parts. Rather than focusing on psychopathology, humanistic psychotherapies focus on the health and potential of the individual, as well as whatever incongruence may exist that thwarts the person's natural growth tendency. Individuals are viewed as resilient and self-determining with the very human need to make sense of their experiences, while seeking meaning, purpose, and a sense of belonging. As such, humanistic psychology recognizes the uniqueness of each person and the manner in which each individual constructs his/her reality. This approach acknowledges that people build meaning based on these constructs as they strive towards a greater understanding of who they are in the world.

The foundational premise of the humanistic approach is that people are self-actualizing and have an inherent tendency towards growth, even in the most adverse situations. We have a powerfully innate impulse to maintain our sense of self and fully develop our potential. We have the capacity to utilize our internal experiences and external resources to grow, and it is the therapist's job to have faith in this inherent growth potential and to assist in removing obstacles of incongruence that impede such growth. The famous psychoanalyst Karen Horney understood this process and wrote that like the acorn that cannot help but grow into the mighty oak tree, human beings have intrinsic potentialities that they cannot help but grow into (Horney 1950). Once obstacles are removed, this built-in propensity towards growth and self-realization results in a mature, fully realized individual, otherwise known as an emotionally well-balanced person.

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For the humanist, therapy entails self-exploration, self-expression, and self-mastery and seeks to enable clients to move towards independence, greater self-trust, and greater trust in one's relationship to others and the environment. Through this process, the individual learns to depend on their personal abilities and their own sense of agency, or capacity to create change in their own lives, and subsequently moves through boundaries that previously blocked the natural growth tendency.

The heart of humanistic therapy is providing an environment that is defined by having empathy, authenticity, and positive regard for the client. These are the necessary and sufficient conditions for therapeutic change and growth. Maintaining these conditions within the therapeutic relationship results in a safe environment that provides the climate in which a client is able to move toward self-understanding and growth. A humanistic therapist is confident in the knowledge that, provided with these necessary and sufficient conditions, the person in their care will naturally begin to surface whatever incongruence may exist within them. As these areas of personal incongruence arise, the therapist and client work together to explore and work through the issue until it is resolved into a greater sense of wholeness.

According to Cain (2006), “People promote growth in others by the manner of their relating” (p. 5). In this process, the therapist attempts to understand the client’s world and their experiencing of it from the client’s point of view. The therapist then communicates these experiences back to the client. This process allows the client to “decipher the unclear aspects of their feeling states,” leading to clarity in their motivations, desires, and needs (Cain 2006, p. 9). The experience of feeling acknowledged, valued, and supported, allows for further personal exploration and understanding that is a necessary component of the growth process. The goals of humanistic therapy are to understand how individuals perceive themselves in the here and now and to move towards self-actualization through developing internal congruence (i.e., harmony or agreement).

## Humanistic Psychotherapy Outcome Research

Carl Rogers, a humanist and the father of person-centered therapy (PCT), was one of the first to study the process and outcome of psychotherapy. He was interested in finding out what worked in therapy—in other words, what made for successful therapeutic outcomes. He created some of the earliest controlled studies of therapy outcome and helped begin a tradition of therapy outcome research in psychology (Rogers 1942; Rogers and Dymond 1954; Rogers 1957).

Meta-analyses of 127 studies from different countries and across a variety of medical settings found that all experiential therapies, including client-centered therapy, are effective and that when compared, all therapies are equivalent in effectiveness (Greenberg et al. 1994). Furthermore, outcome research overwhelmingly suggests that therapeutic technique does not determine treatment success. More important than technique, is the therapeutic relationship, and the therapist’s ability to stimulate client resources and the self-healing process (Hubble et al. 1999; Lambert and Barley 2001). In their research summary of 100 psychotherapy outcome studies, Lambert and Barley (2001) state that the “...development and maintenance of the therapeutic relationship is a primary curative component of therapy and that the relationship provides the context in which specific techniques exert their influence” (p. 359).

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In terms of humanistic-oriented financial therapy, only one study is available in the literature. In a clinical trial, Klontz et al. (2008) observed positive psychological

and financial outcomes in 33 clients who participated in a financial therapy approach they described as “an integration of experiential therapy and financial planning concepts” (p. 298). Experiential therapy was “the core treatment modality” in the Klontz et al. study (2008, p. 298), and experiential therapy is grounded in humanistic-existential theory (Mahrer 1983; Klontz et al. 2001). While much more research needs to be done in the area of humanistic financial therapies, clearly, there is a significant body of research that establishes humanistic psychotherapy as an evidence-based treatment.

### *Common Factors*

In an attempt to determine what makes for effective psychotherapy and whether one modality of therapy reigns supreme, many quantitative studies have been conducted (Cooper 2008). The majority of these studies yield the puzzling finding known as the equivalence paradox—finding that different therapeutic modalities are, as an approximation, equally effective. What has, instead, been found in the growing body of evidence-based research on therapeutic outcome is that there are common factors across treatment modalities that account for successful therapy. In order of impact, these common factors include client or extratherapeutic factors, therapeutic alliance, hope and expectancy, and models and techniques (Hubble et al. 1999).

Originated by Rosenzweig in 1936, the common factors notion has most recently been further elaborated upon by Hubble et al. (1999), and Wampold (2010). The purpose behind the finding of these common factors is the importance of determining what works in psychotherapy. What was found along the way is that there are some therapists who are more effective than others (Lutz et al. 2007; Wampold and Brown 2005). Therapists who form better alliances have better treatment outcomes and variability in therapist effectiveness is due to variability in the therapeutic alliance (Baldwin et al. 2007). In pursuit of determining the characteristics and actions of these effective therapists, it was found that there were a set of factors common to these effective therapists, and the therapy they provided. First and foremost, it was found that client or extratherapeutic factors are of primary importance. These include the client’s focus on change, the importance of viewing the client as the primary agent of such a change, and having an understanding of the client’s strengths and resources. Second only to these factors is the therapeutic relationship. Clients who rate the therapeutic alliance highly are more likely to be successful in therapy. Meta-analyses show that the client–therapist relationship is strongly associated with outcomes (Horvath and Bedi 2002; Horvath and Symonds 1991; Martin et al. 2000). The therapeutic alliance is a robust common factor and appears across various therapeutic orientations (Wampold 2010). It is important for the therapist to meet the client where they are at, as discussed in Prochaska and Diclemente’s (1982) stages of change, and to partner with them to work towards this change.

However, it is not just the alliance alone that determines therapeutic success. The alliance is dependent on the delivery of a particular treatment. In other words, it is important for the therapist to understand and skillfully utilize the “techniques” of

their orientation in order to elicit change and the stronger the therapeutic relationship as experienced by the client, the greater the degree of therapeutic success.

## Specific Humanistic Approaches to Therapy

Within the “family” of humanistic psychotherapy are several specific approaches. Each of these approaches can be adapted for use in financial therapy. Let us briefly list some of the major approaches and explore each of them in more depth below, followed by how they can be applied in the context of financial therapy with Jennifer.

- *PCT* was developed by Carl Rogers (1946, 1951, 1959) and emphasizes providing the proper therapeutic environment in which personal growth will result.
- Gestalt psychotherapy has grown out of the work of Fritz Perls (1969) and emphasizes increased awareness of the client’s experience of the present moment as an entry point to insight and therapeutic change.
- The *focusing-oriented psychotherapy* approach is an experiential process developed by Eugene Gendlin (1996) that works with the individual’s felt sense as a way of accessing and working with the body–mind connection.
- *Existential psychotherapy* refers to a variety of psychotherapies, which originated in the French philosophical tradition of existentialism. Focus of therapy is upon finding meaning in one’s life, pain, existence, and mortality. *Emotion-focused therapy* (EFT) is by far the most securely evidence-based approach thanks to the research of its founder, Leslie Greenberg (Greenberg et al. 1993). EFT, as the name implies, works directly with emotions by identifying “process markers” or incomplete emotional processes, and uses specific techniques for working these emotional processes through to resolution.

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### *Person-centered Therapy*

PCT holds that human beings have an innate tendency towards growth and developing their full potential. However, life experiences can block and distort this natural tendency, particularly as a result of incongruence that occurs between the ideal self, the perceived self, and the real self: The ideal self, the way we think we are supposed to be; the perceived self, the way we believe we are; and the real self, the way we actually are (Rogers 1959). The end goal of therapy is to move towards internal congruence. More specifically, as these three aspects of self-converge, the person tends to have decreased anxiety, congruent behavior, and a more balanced sense of wholeness.

Carl Rogers had no intention of developing a new theory of psychology. Instead, it was his desire to better understand the process of psychotherapy in a manner that could be scientifically validated. He sought to develop and work from objective empirical evidence of effective therapy and believed in the “persistent, disciplined effort to make sense and order out of the phenomena of subjective experience” (Rogers 1959, p. 188). It was in this spirit that Rogers promoted the progress of research in the field of psychology through the investigation of psychotherapy. The origins of Rogers’ PCT date back to his earliest works in the 1920s in which he proposed a theory focused on the client as the agent of change. His theory introduced a major shift from an emphasis on the problem expressed by the client, to a focus on the actual person of the client and their experienced feelings. No longer were thoughts and behaviors the primary focus of therapy.

Rogers suggested that the therapist’s attitudes of respect for and belief in the client’s capacity for self-directed growth was imperative, and subsequently provided an environment of safety in which the client is able to fully explore and understand who they are. The therapist is not the expert in the content of the client’s life material directing the course of discussion in session, but rather an expert in process, an understanding listener who provides acceptance of the client and communicates their experiencing back to them. It is important to realize that the purpose of this reflection is not to simply parrot the client’s content back to them, but rather to both demonstrate the therapist’s understanding and empathy while allowing the client the ability to either affirm or correct the therapist’s understanding. In this way, both therapist and client become increasingly clear in their understanding of the client’s phenomenology.

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Rogers emphasized the attitude of the therapist over technique and placed primary focus on the therapeutic relationship. Unlike the technique-focused behavioral and psychoanalytic approaches, Rogers’ (1957) formulation showed that the therapeutic relationship was of primary importance to the process of change. Psychotherapy outcome studies across orientations have repeatedly confirmed this belief. Research has consistently shown that clients’ perceptions of the quality of the therapeutic relationship are positively and significantly correlated with positive clinical outcomes (Bergin and Garfield 1994). Through his personal research and review of the empirical data of others, Rogers found that there were three consistent qualities of the therapist (therapeutic conditions) in successful psychotherapy: (a) congruence, (b) unconditional positive regard, and (c) empathic understanding.

**Congruence** It is imperative for the therapist to be congruent, in other words, to be exactly who she is and what she is in relationship with the client. She must not play a role or put on a façade. In order to do so, the therapist should be fully and accurately aware of her



moment-by-moment experiencing in the relationship. This availability of feelings and the ability to listen to and accept what is going on within the self without judgment or fear, allows the therapist to be even more present and empathically connected with the client (Rogers 1961). This is a trusting of one's own personal understanding and experiencing without need for analysis or judgment. Rogers believed that unless the therapist remains congruent with herself in the therapeutic relationship, significant learning and growth may not occur within the client. The more genuine and congruent the therapist is in the therapeutic relationship, the more she is able to empower the client in moving towards their own congruence.

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**Unconditional Positive Regard** In addition to the therapist's own congruence, it is important for her to also develop and maintain a warm, positive, and accepting attitude toward the client. This type of caring for the client is not possessive or judgmental and has no conditions of worth attached to it. Unconditional positive regard is an acceptance and unconditional prizing of the whole client. This does not necessarily mean agreeing with or condoning the behaviors or actions of a client, but instead, it is accepting the client as they are. Ironically, this acceptance of the person as they are creates the freedom necessary for the growth process to occur, as the client moves towards greater internal congruence.

**Empathic Understanding** Empathic understanding speaks to the ability of the therapist to sense and feel the personal moment-to-moment meanings and experiences of the client. This is a sensing and understanding of the client's internal world as if it were one's own, but without ever losing the quality of the client as separate from the therapist. It is important for the therapist to maintain the separateness of their own identity while empathically connecting with the client's lived experiences. When the therapist is able to empathically experience the client's inner world, it is then important to successfully communicate this understanding to the client. This type of penetrating empathy, one in which the therapist empathically understands how it feels and seems to the client without analysis or judgment, is a condition that allows for client growth towards their own congruence and actualization. As the therapist gains an increasing understanding of the client's experience of life and accurately reflects that understanding, the client has the opportunity to more clearly and deeply understand themselves as they alternately accept or reject the accuracy of the therapist's understanding.

Rogers held that in being a congruent therapist who provides unconditional positive regard and empathic understanding, a strong therapeutic alliance develops which potentiates the client's natural growth tendency and movement towards self-actu-



alization. Returning to the case of Jennifer and the application of PCT to financial therapy:

If Jennifer were to seek financial therapy with a PCT, the therapist begins with a focus on creating a safe therapeutic environment by empathically attuning to Jennifer's distress. As Jennifer experiences the safety created by the therapist's empathy, acceptance, and authentic interest, she finds herself speaking more openly about a variety of life experiences which have caused her distress. As she and the therapist seek to understand her experiences, she realizes a pattern of equating her perceived worth as a person with the material possessions she acquires from self and others.

Jennifer's idealized self is wealthy, sought-after, and the object of largess. Her real self is a young woman who is starting a career and relationship and is dealing with the insecurities and uncertainties of early adulthood. Her perceived self is that she is a fake who no one appreciates and that she is ultimately unworthy, desperate to avoid anyone discovering that she is an imposter—a scared little girl dressed up as a sophisticated ad executive. In order to avoid the anxiety and pain of this internal incongruence, Jennifer acts out by either being demanding and unappreciative of others, or buying things she cannot afford in order to reinforce her sense of idealized self.

For the Gestalt therapist, the focus of therapy is in the “here and now” and specifically on the client's awareness of her contact with self and other.

Over time, as she becomes more acquainted with her real self, she recognizes how unrealistic the demands of her idealized sense of self have become and readjusts to a more realistic standard. As she does so, she finds herself less anxious, less likely to indulge in retail therapy, and less demanding of others to reinforce this inflated sense of idealized self through material gifts.

It is worth noting that in the person-centered approach, the therapist is not likely to direct the content of the therapy towards the overspending or in any other particular direction. Instead, the therapist trusts that the therapeutic process will empower the person to confront their incongruence. In working towards a more congruent stance, the person will experience less anxiety and distress, as well as a greater sense of wholeness and congruence. As this growth process proceeds, the presenting symptoms will resolve.

## ***Gestalt Therapy***

Gestalt therapy is a phenomenological and process-oriented approach that was developed from the works of the German-born psychiatrist and psychotherapist, Frederick “Fritz” Perls, his wife, Laura Perls, and the American writer and philosopher, Paul Goodman. The term “Gestalt” is defined as an integration and unification of the parts or elements of the whole that cannot be understood when separated and

differentiated. It is only as the complete whole that one comes into health and well-being. Gestalt therapy, with its unitary outlook, speaks to the wisdom of the whole human organism and focuses primarily on the client's awareness in the here and now. The approach holds that we *are* aware rather than *have* awareness. Therefore, as one becomes aware of what they are experiencing in the present moment, they come into contact with their own existence.

For the Gestalt therapist, the focus of therapy is in the "here and now" and specifically on the client's awareness of her contact with self and other. Contact in the interpersonal sense, is the experience of the boundary and differentiation between self and other. Intrapersonal contact refers to the interaction of different aspects of self or as Greenberg et al. (1993) conceptualize, the liveliness of the interaction between parts of self and the felt experience of these interactions in the present moment.

Gestalt therapy promotes the growth process and the development of human potential. This is done by acknowledging and investing in the experiencing self, while remaining consciously aware of and connected to the present. It is through this awareness and being in the here and now that a change takes place. "Change occurs when one becomes what he is, not when he tries to become what he is not" (Beisser 1970, p. 77). In other words, the more one tries to be what one is not, the more one stays the same. It follows, then, that psychological health results from identification with the whole self and maximum use of the whole self for interacting within the environment.

Awareness of what happens in the here and now is of primary relevance to Gestalt therapy. This includes one's thoughts, feelings, gestures, beliefs, and memories. Awareness is curative "because with full awareness, you become aware of this organismic self-regulation, you can let the organism take over without interfering, without interrupting; we can rely on the wisdom of the organism" (Perls 1969, p. 17). Perls (1969) refers to this organismic self-regulation as "...important in therapy, because the emergent, unfinished situation will come to the surface. We don't have to dig: it's all there" (p. 23). In other words, as the individual moves towards wholeness and acceptance of self, there is a natural tendency towards awareness, confrontation, and resolution of issues. One of the classic Gestalt approaches for expanding awareness involves the concept of shifting what is figure and background in one's awareness. That is, things that are just out of awareness are brought to the focus of attention, explored, and integrated. Once integration has been achieved, the organism can take care of itself. Control no longer becomes a factor, either internally or externally, as a trust in the true self and awareness of the here and now results in health, resilience, and growth.

One of the primary aims of Gestalt therapy is for the individual to mature and transcend above environmental support to self-support. This is where we really see growth occurring.

Problems, then, come from attempts to actualize a concept of who one should be rather than actualize who one truly is—self-actualizing versus self-image actualizing. This usually comes in the form of an impasse or a point where environmental support or inner support is not forthcoming and authentic self-support has not yet been achieved. Thinking, computing, planning, and focusing on “shoulds” leads one away from experiencing and ultimately to exhaustion and confusion. Instead, if one can become aware of the confusion, anger, anxiety, or whatever other experience that arises for the individual, and is able to stay in that experience, nature, in the form of self-regulation, takes over and it all sorts itself out. On the other hand, attempting to sort out a dilemma or “stuck point” through computing and planning only adds to the confusion, frustration, and “stuckness.” Allowing the experience to guide the self leads to learning, which moves into discovery, and evolves into trust in oneself.

The therapeutic relationship is one of authenticity, where the therapist must be present, and bring the self into the therapeutic encounter (Woldt and Toman 2005). The therapist establishes contact as a whole person with the whole person of the client. Out of this meeting evolves awareness and growth.

One of the primary aims of Gestalt therapy is for the individual to mature and transcend environmental support to self-support. This is where we really see growth occurring. When one is able to reside in the true self, letting the masks and the facades fall away, attaining freedom from the “shoulds” of the environment, then one cannot help but grow. No natural animal or plant will prevent its own growing; so too is this true for the human being. From this vantage point, pathology is seen as a growth disorder. Once this natural process is allowed to proceed, the individual then will own their experiences and choices made.

Approaching financial therapy from a Gestalt perspective:

As Jennifer sits with her Gestalt therapist, the focus is on her here-and-now immediate experience. She gets in touch with how angry she is at Mitch. As she expresses her anger, feelings of sadness and pain emerge around her perception that Mitch does not love her as ardently as she imagined. The therapist facilitates her, examining her moment-by-moment experience of these feelings, and what emerges into awareness is Jennifer’s belief that she is not worthy of the love and adoration that she seeks. As she begins to explore her sense of inadequacy, her therapist notices that she is absent-mindedly fondling her pendant, a gem encrusted gold necklace that she had purchased for herself in the aftermath of her fight with Mitch. The therapist brings this to her attention, asking her to continue stroking the pendant and to examine what the experience of stroking the pendant is like for her.

At first, Jennifer is puzzled, but as she brings the absent-minded behavior to the foreground, she becomes increasingly aware of how it serves to soothe her and in fact functions like a child’s security blanket or teddy bear. This leads to an awareness of how she uses objects to soothe the pain of her felt inadequacy and to prop up her sense of self-worth. Over the course of several sessions, Jennifer comes to recognize that this pattern transcends her relationship with Mitch and serves as a general pattern in her life. Working with her Gestalt-oriented financial therapist, she is able to expand her awareness to include the pain she still feels from her parent’s

emotional absence, and the importance she places on their gifts as evidence of their love for her and her worth as an individual. As these difficult and long-suppressed feelings are brought to awareness and worked through to acceptance, Jennifer's sense of inadequacy begins to be replaced by a new sense of self-worth and acceptance.

As she feels more worthy of love, she experiences Mitch's attention and appreciation of her more directly and completely, and places less emphasis on how much money is spent. Her primary symptom of overspending lessens in intensity and frequency. Eventually, Jennifer shares with her therapist that she is proud of herself for meeting with a financial planner. She now sees this as a congruent part of her identity as a young professional.

Notice how the Gestalt financial therapist focuses on the here-and-now experience and may direct the focus of therapy to bring feelings, thoughts, or behaviors to the foreground, thereby increasing Jennifer's self-awareness.

### ***Focusing-oriented/Experiential Psychotherapy***

The focusing-oriented psychotherapeutic approach is an experiential process developed by Eugene Gendlin (1964) that works with felt concreteness and focuses on the experiencing that occurs at the body–mind interface. Focusing involves inward bodily attention and personal attunement to one's felt sense. Felt sense refers to meanings felt in the body. This bodily experiencing is neither thoughts nor emotions, but a distinct bodily sensation before it is attached to thoughts or words. For example, take a moment here and imagine your dearest friend. Now, notice the bodily sensations that have arisen from this. Perhaps a feeling of warmth within, a lightness, or the tensing of facial muscles into a gentle smile. Now, imagine an individual with whom you have a contentious or conflicted relationship and again notice the bodily experience arising there. This is an example of felt sense. It is the inward experiencing of the complexity of situations that cannot be fully described by thoughts, emotions, or words. The healthy individual is consciously aware of the felt sense of life situations as they occur in the moment, and subsequently responds to what is vague, unclear, and on the edge of consciousness. The client's self-concepts and constructs become partially unstructured and their felt experiencing may exceed their intellectual understanding (Gendlin 1964). Experience is considered as a felt process of inwardly sensed, bodily felt events.

The focusing-oriented psychotherapeutic approach ... works with felt concreteness and focuses on the experiencing that occurs at the body–mind interface.

The theory holds that blocked experiencing results in a sense of constriction and pain that is resolved through attending to one's felt sense. As such, in therapy, the

client develops an awareness of their felt sense of empathy, but with the added awareness of not-yet-articulated, but client-sensed experiences. Therapy shifts the client from content (information shared by the client) to the manner of process (how the client relates to their experience). The client learns to attend to their bodily experiencing in the here and now.

In focusing, the client–therapist relationship is given priority over all else. The therapist adopts an empathic, listening attitude akin to the Rogerian approach, then symbolizes this experience, and checks to see if there is a bodily response to the symbolization. This process allows words, images, gestures, or new actions to arise and subsequently moves one forward through process blockages. Finally, the client receives all of this information without judgment, which results in a felt shift—an easing in the body that follows the processing of one’s felt sense. Change and growth develop out of multiple small felt shifts in one’s self-understanding and experiencing. Returning to the financial therapy case from a focusing perspective:

The therapist empathically listens to Jennifer’s experience as she talks about the concert-ticket situation she had with Mitch. She begins by primarily focusing on content (i.e., what he did, how she responded, the argument that ensued), but she also talks about her feelings of hurt and confusion. Her processing has been blocked, which has resulted in this experience of constriction and pain. The focusing financial therapist directs Jennifer’s attention to her felt sense by asking her focused questions that begin to turn Jennifer’s attention internally to her bodily sensation (i.e., “How does that whole situation feel in your body?”). She identifies the words, “deep emptiness in my stomach” and “a tightness in my throat as if I’m holding back tears” to verbally describe her felt experience. Jennifer begins to make direct contact with her experiencing. She has shifted from focusing on content to how she is relating to the experience. She attends to what she feels.

As the therapy continues, Jennifer becomes increasingly able to make contact with her bodily-felt experience and in doing so, she is more aware of what is happening at the edge of her consciousness. She is able to focus on the vague, implicitly meaningful aspects of her present, emergent experiencing and is able to utilize this expanded awareness to create meaningful resolution.

Through this process of unfolding, Jennifer comes to understand and experience herself and her relationship with money in a new way. She has greater trust in her experiential perspective and has a self-awareness that she allows to guide her thoughts and actions.

...existentialism focuses on the experience of becoming, of growing and changing, and of redefining the self by taking responsibility and making choices towards one’s destiny and ultimately, freedom.

It is worth noting the importance of expanding awareness by focusing on the felt sense of the person’s immediate experience. As that awareness is expanded, the person experiences a larger sense of meaning and a greater integration of self and experience.

## *Existential Psychotherapy*

Existential psychotherapy seeks to assist the individual in growing to their fullest possible potential by helping the client move towards greater clarity and understanding of their lived experience in the world and connecting with life and experiences beyond the self. The therapist is curious and respectful, and provides an invitation for exploration and reflection on the client's existence. This approach is not symptom-focused, but is instead more intent upon explicating the latent meanings of symptoms with a goal of obtaining illumination to full openness and experiencing (Walsh and McElwain 2006).

Existential psychotherapy was primarily influenced by the writings of the Danish philosopher and theologian, Soren Kierkegaard, who focused on subjective human experiences rather than the objective truths of science in an attempt to understand the self and the meaning of life. Kierkegaard was concerned with society's growing tendency towards dehumanizing the individual and opposed any attempt to see humans as mere objects; however, he also opposed the view that subjective perceptions alone comprise one's reality. Instead, he believed in the importance of both the experiencing person, as well as the person's experience.

Existentialism focuses on the conditions of existence in regard to the individual person, and their emotions, actions, responsibilities, and thoughts. People are in search of who and what they are throughout their life and make choices based on their personal experiences, beliefs, and understanding of themselves, others, and the world around them. Moreover, existentialism focuses on the experience of becoming, of growing and changing, and of redefining the self by taking responsibility and making choices towards one's destiny and ultimately, freedom. Unity between the person and the world leads towards integration, health, and function. In contrast, being out of touch with self and world leads towards alienation, isolation, and anxiety.

It is from the fount of this philosophy that existential psychotherapy came into being. The most prominent forefathers of existential psychotherapy were also European and include Karl Jaspers (1883–1969), Ludwig Binswanger (1881–1966), Meddard Boss (1903–1990), and Victor Frankl (1905–1997). From this early existential approach, came the acknowledgement of the significance, and primacy of the search for the authentic self. Through encounter, reflection, and subsequent self-awareness, the individual is able to become one's true self, transcending the crises of life. Growth comes from living authentically as an individual and engaging in authentic encounters with others. In therapy, mutuality and openness surmount technique, and each client's individual experiences serve as the primary source of information about reality (Cain 2006).

While Rollo May introduced the European existential analytic trend to America, Irvin Yalom, psychiatrist, psychotherapist, and professor, has brought a coherent structure to this school of psychotherapy. Existential psychotherapy proposes that inner conflict is the result of the individual's confrontation with existence. More specifically, Yalom (1980) believes that there are four major existential concerns central to the human experience, that are at the root of the majority of psychological problems. These include death, freedom, isolation, and meaninglessness. These

forces are often in conflict within the individual and can result in adaptive or maladaptive thought, emotion, and behavior.

As it pertains to financial therapy, existential approaches may be very helpful in explicating the client's interpretation of the meaning of money, wealth, or poverty as it pertains to their sense of themselves in the world. Applying the existential financial therapy approach to the case:

In working with an existential financial therapist, Jennifer's therapy is likely to begin similar to a PCT approach. However, the therapist will tend to be curious about, and consequently the work will focus on, her anxiety and perhaps her sense of what it means to spend, to have, or conversely, to want. The therapist might ask her what it means that Mitch bought the cheaper tickets and what it would have meant had he paid more. Together, they may explore her fears and anxieties of being a young professional, and how that relates to her sense of belonging. They might also explore the meaning and experience of being in debt, and how this relates to her sense of freedom and empowerment. Through this exploration of anxiety and meaning, Jennifer is likely to come to a new understanding, not only of her relationship to money and spending but also to her innate sense of self-worth and belonging. As this new understanding takes hold, her symptoms are likely to remit.

In approach, existential therapy may take a similar form to many of its sister therapies. The hallmark of existentialism is the engagement of anxiety in the pursuit of examining and creating a deeper context and meaning to the person's life experience.

The goal of EFT is for the client to return to and trust the innately adaptive potential of their primary emotions. However, the client must first arrive at their feelings of hurt, sadness, anger, or whatever emotion may be presenting itself as a stuck point before one can leave it and move forward.

## *Emotion-focused Therapy*

EFT views emotion as both the primary target *and* the agent of change. An integration of PCT, Gestalt, and experiential therapies, EFT focuses on the empathic attunement and prizing of the therapeutic relationship, combined with the task-focused, process-directive style of Gestalt therapy (Greenberg et al. 1993), and the bodily felt sense. An empirically supported approach based on a 25-year program of psychotherapy research (Elliott et al. 2003; Watson et al. 2003; Elliott and Greenberg 2006; Greenberg et al. 2001; Greenberg and Watson 1998; Greenberg et al. 1994; Elliott 1999; Rice and Greenberg 1984), EFT weaves together the humanistic values of self-determination, experiencing, growth, holism, and authenticity with emotion theory's regard for the fundamental adaptive nature of emotions.

Healthy functioning occurs when individuals emotionally process their internal and external experiences thoroughly so that the meaning derived from them can adaptively guide them. Emotions provide information about what is important in a



situation, reveal what one wants or needs, and then help determine what appropriate actions one should take in order to meet that need. In other words, emotion is seen as the central source of meaning, direction, and growth. The goal of EFT is for the client to return to and trust the innately adaptive potential of their primary emotions. However, the client must first arrive at their feelings of hurt, sadness, anger, or whatever emotion may be presenting itself as a stuck point before one can leave it and move forward. This is done by eliciting and attending to the here-and-now experiencing of emotion so as to understand, process, and transform it from dysfunctional emotion responses into a primary adaptive emotion to be fully processed.

EFT is characterized by its recognition of in-session therapeutic markers, and tasks that signal the client's readiness to work on a particular problem. Main markers include, but are not

limited to problematic reactions expressed through confusion about emotional or behavioral responses to a particular situation; an unclear felt sense; conflict splits in which one aspect of the self is critical towards another aspect of self; self-interruptive splits in which one aspect of self interrupts emotional expression; unfinished business in which there are unresolved feelings towards a significant other; and vulnerability, a state in which one feels emotionally fragile and insecure. Each marker indicates the specific type of intervention to use. Specifically, problematic reactions are addressed through the use of evocation of experience to allow the client to re-experience the situation and reaction in order to finally arrive at the meaning of the situation. This provides a greater understanding as to the reaction and a subsequent new view of self-functioning. An unclear felt sense is addressed through the use of experiential focusing, in which the client becomes mindful and turns his attention inward, and is allowed to sit with the bodily experience he is having in the moment in order to move towards a shift in this bodily-felt sense. This shift in experience results in the creation of new meaning. Conflict splits are resolved through two-chair work in which two aspects of self are put into live contact by dialoguing with one another in order to move towards integration and self-acceptance. Self-interruptive splits are addressed through two-chair enactment in which the client is invited to physically, metaphorically, or verbally enact the ways in which he interrupts his process. He is then called to react to and challenge the interruptive aspect of self in order to allow for full expression of the previously blocked experience. Unfinished business calls for an empty-chair intervention in which the client activates his view of a significant other and both experiences, then expresses their unresolved feelings and needs. This leads to a shift in view of both self and other which results in the client either holding the other accountable, developing understanding, or forgiving the other. Vulnerability requires affirming empathic validation in which the therapist empathically attunes to the client's feelings of deep shame or insecurity about some aspect of their experience. Through validation and normalizing the experience of vulnerability, the client develops a stronger sense of self.

The EFT therapist integrates a person-centered, marker-guided, and process-directive relational stance that alternates between following the client's content and the therapist leading the process. As the process consultant, the therapist directs the client toward self-reflection, personal understanding, and reevaluation of his/

her emotion schemes—complex organizing structures that integrate feelings, bodily sensations, cognitions, and behaviors that help us understand ourselves, others, and the world around us (Greenberg and Paivio 1997; Greenberg et al. 1993; Elliott and Greenberg 2006). Sometimes described as internal voices, these emotion schemes automatically influence one's behaviors and are not directly available to awareness. Therapy primarily involves helping clients access their emotion schemes under the therapeutic conditions of safety and prizing which facilitates more complete processing. Change occurs when clients make sense of their emotions through awareness, emotional expression, regulation, and reflection, which results in transformation and a corrective experience of emotion. Looking at the case through an EFT financial therapy lens:

The emotion-focused financial therapist will likely enter into therapy with Jennifer in much the same nondirective style as the person-centered therapist. However, as she begins to explore her distress, the therapist will be looking for various process markers which are indicative of opportunities to work through unresolved emotional material. In this case, Jennifer's parents were often away on business throughout her childhood and adolescence. They rarely verbally expressed their love to Jennifer and would instead purchase expensive gifts for her on their travels. As such, she developed an emotion scheme in which she was sad and lonely; however, her parents' gifts would temporarily make Jennifer happy. She did not feel safe expressing her primary adaptive emotion of sadness to her parents, as she feared that they would disapprove of her, and push away from her even further. As such, she never expressed or processed these feelings. Instead, Jennifer would put on a happy face for her parents, so as to gain their approval, and would suppress her primary adaptive emotion.

Through these early experiences, Jennifer learned that her feelings of sadness were unacceptable. As an adult, she continues to block her emotional processing by purchasing material items for herself in an attempt to alleviate her sadness. This behavior results in a momentary rush of happiness that has snowballed into a repeated pattern of spending beyond her means. As Jennifer has never allowed herself to arrive at her sadness, she finds herself in a repeating pattern of spending sprees that has begun to feel out of control. Furthermore, Jennifer realizes she does not feel loved unless gifts of value are presented to her.

Initially in therapy, Jennifer has a problematic reaction, in that she had minimal insight and was puzzled by her spending behaviors. Through the use of vivid evocation of this experience, the therapist helps Jennifer explore this area of challenge, and evokes and intensifies her emotional experiencing prior to and during her spending sprees. As she becomes aware of the "sad, empty feeling" in her gut prior to her excessive spending, she realizes this was a familiar bodily experience that dates back to her childhood. Primarily, she experienced this "empty feeling" whenever her parents would be away, as well as when she worried about their feelings towards her; however, these feelings would temporarily remit when they came home with new and exotic gifts for her. Through increased awareness of this bodily-felt sense, Jennifer realizes that this feeling in her gut was and is directly connected with a deep sadness and loneliness that she has never allowed herself to express, but has instead repeatedly immediately blocked by acquiring new material possessions.

Through continued work together, Jennifer begins to allow herself to experience this “empty feeling” and its associated primary emotions of sadness and loneliness. She begins to explore and express what this sadness and longing means to her and has found adaptive ways to meet her need for connection. She has also developed healthy means of regulating these feelings of sadness through self-soothing (i.e., running, talking with close friends, spending time in prayer) while she allows herself to experience this emotional pain. Through this emotional processing, Jennifer’s formerly unclear felt sense transforms into a complete and adaptive emotion scheme in which she experiences greater compassion towards self and is able to meet her needs in a more adaptive and healthy way.

## **Ethical Considerations**

It is important to note that EFT, like other humanistic approaches, values and prioritizes the authentic relationship and empathic support of the therapeutic alliance. However, more than any other humanistic stance, EFT will, from time to time, take a firm lead in moving the person through various emotional processes. Financial therapists applying this approach should be prepared to deal with such emotions. If financial therapists are not trained or prepared to lead clients through intense emotional processes, a different approach should be utilized.

## **Future Directions**

There are core elements of humanistic approaches to psychotherapy that differentiate them from the other major modalities of therapy and have direct application to financial therapy and the treatment of money disorders. First, there is a tendency to take a holistic approach to the person, their life situation, and their problems. While other approaches lean towards a more reductionistic approach, examining cognitive schema, discreet behaviors, and relationship patterns or scripts, humanistic approaches focus on the quality of the authentic encounter between the therapist and the person. In keeping with the holism, the focus of therapy tends to be on the person rather than the symptom. The therapeutic process is, in fact, a facilitation of the person moving towards a greater state of wholeness in which symptom resolution is basically an inevitable byproduct of the process.

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Another hallmark of humanistic approaches is that they tend to be more focused upon and integrative of emotions and emotional process. The primacy of emotion varies among the specific approaches, but is an integral part of each of them. And finally, the actual process of therapy often has a less linear and more organic feel and process than many other approaches. This tendency may be particularly disturbing or difficult for the novice therapist, but is an inherent aspect of the wholistic and emotionally centric therapy.

In terms of applicability to financial therapy, the wholistic nature of the humanistic approach lends itself to the inevitable view that while humanistic approaches have been found to be effective therapeutic approaches in general, and a promising approach in the treatment of disordered money behaviors, their application in financial therapy and the treatment of money disorders warrants further research and scholarly attention.

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