

Chapter 7

Experiential Financial Therapy

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Introduction

When compared to other therapy approaches, such as cognitive-behavioral therapies, relatively little research exists on the psychotherapeutic effectiveness of experiential therapies (Greenberg et al. 1994). Even so, experiential therapies have been shown to be effective with a variety of presenting problems in a range of settings (see Kipper and Gilandi 1978; Carpenter and Sandberg 1985; Kellerman 1987; Arn et al. 1989; Stallone 1993; Ragsdale et al. 1996; Rezaeian et al. 1997; Greenberg and Malcolm 2002; Watson and Bedard 2006; Klontz et al. 2005, 2007, 2008a). However, a major limitation in the experiential therapy literature is related to absence of detailed operationalization of the approaches being studied (Klontz 1999). One challenge is that there are many types of approaches to therapy that fall within what is commonly referred to as experiential therapy. To varying degrees, they all are linked to a humanistic-existential theory of humanity and use direct experience as the major avenue to psychotherapeutic change (Mahrer 1983).

Experiential financial therapy (EFT) has a strong emotional component and offers clients the opportunity to increase awareness of their feelings and sensations.

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The model of experiential therapy described herein is grounded in the theory and techniques of psychodrama and primarily employs the use of role-playing techniques. Other key components include: art therapy, music therapy, family sculpting, and gestalt techniques integrated into an approach with philosophical underpinnings in existential-humanistic psychology, developmental theory, and models of family therapy (Klontz 1999). Experiential financial therapy (EFT) has a strong emotional component and offers clients the opportunity to increase awareness of their feelings and sensations. This is achieved through techniques, including mindfulness exercises (Klontz et al. 2008a) such as mindful eating, diaphragmatic breathing, walking meditation, etc. An important purpose in this form of experiential therapy is to “reenact the emotional climate of the family of origin and/or other past and present significant relationships in a person’s life. In re-experiencing these events and relationships, one is able to release the emotions that may have been blocked and repressed” (Wegscheider-Cruse et al. 1990, p. 69). A major goal of this approach includes the resolution of unfinished business by working through unexpressed emotions surrounding past relationships and events so that one is better able to live fully in the present (Wegscheider-Cruse et al. 1990). This form of experiential therapy, utilizing psychodrama, has been used for more than 40 years, made popular by the noted treatment center Onsite Workshops, Inc., in Cumberland Furnace, Tennessee. Studies have shown that participants report immediate and lasting significant reductions in a range of psychological symptoms, enhancements in psychological well-being, and reductions in problem behaviors, following experiential therapy in one of Onsite’s week-long intensive experiential therapy workshops (Klontz et al. 1999, 2005, 2007, 2008a).

EFT integrates experiential therapy theory and techniques with financial planning concepts in the treatment of money disorders (Klontz et al. 2004, 2006, 2008a; Klontz and Klontz 2009). This model of experiential therapy was first applied to the treatment of disordered money behaviors at Onsite’s Healing Money Issues program. The first program, led by Ted Klontz, Ph.D.; Richard Kahler, M.S., CFP®; and Brad Klontz, Psy.D., CFP®, ran in 2003. The treatment approach integrated experiential therapy and personal finance into a 6-day program, utilizing financial education and experiential therapy to treat money disorders and related psychological problems, and received national attention (Klontz et al. 2004, 2006; Zaslow 2003). In a clinical trial, Klontz et al. (2008a) assessed treatment outcomes in 33 participants in Onsite’s Healing Money Issues program. Following EFT, participants showed significant reductions in psychological distress, anxiety, and worries about finance-related issues and improved financial health. These improvements were stable at a 3-month follow-up. This chapter will present in more detail the EFT model, including its theoretical underpinnings, therapeutic techniques, and ethical considerations. A case study, illustrating the model’s application and outcomes on a client, will be presented.

Theoretical Considerations

The EFT approach discussed herein is grounded in the theory and techniques of psychodrama (Klontz 1999; Klontz et al. 2008a). It conceptualizes many problematic money behaviors as being the result of deeply ingrained money scripts developed

in response to past experiences, which were often traumatic (Klontz and Klontz 2009). The following section explores theoretical considerations of EFT, including financial flashpoints, unfinished business and the malleability of memory, and developmental and reconstructual aspects of EFT.

Financial Flashpoints

Klontz and Klontz (2009) defined financial flashpoints as “an early life event (or series of events) associated with money that are so emotionally powerful, they leave an imprint that lasts into adulthood” (p. 8). They argued that an underlying cause of disordered money behaviors is that of unresolved trauma related to these types of events. This trauma could be directly experienced by the individual, witnessed in another, experienced by one’s parents, grandparents, or cultural group, or be the result of severe neglect. It could be financial in nature, such as growing up in poverty, exposure to an extended period of deprivation like that experienced by millions during the Great Depression, or experiencing a significant financial loss. A significant financial gain, accompanied by social stress or family disruption, could also be experienced as traumatic. The trauma could also be nonfinancial, with posttraumatic symptoms negatively impacting one’s relationship with money. In an effort to avoid future trauma and/or cope with psychological distress related to the trauma, cognitive and behavioral adaptations are made. In cases of posttraumatic stress, these cognitive and behavioral adaptations can outlive their usefulness and interfere with one’s ability to function in the present (Chemtob et al. 1988). There is some support for the emergence of symptoms of posttraumatic stress, for example, in financial planners during the 2008 economic crisis, which may have had a lasting, potentially detrimental impact on their investing behaviors (Klontz and Britt 2012a).

With the exceptions of pathological gambling and hoarding, little research has been done to explore the etiology of disordered money behaviors. With regards to pathological gambling, research has shown that exposure to childhood and lifetime trauma, such as child abuse, child neglect, being the victim of a physical attack, and witnessing someone badly hurt or killed, have been significantly associated with pathological gambling (Scherrer et al. 2007). The severity of traumatic events has been associated with an earlier onset to gambling and increased severity of gambling problems (Blaszczynski and Nower 2002; Petry and Steinberg 2005). Overall, gambling is thought to be a way of coping with a history of trauma and abuse (Leiseur and Blume 1991). Studies have shown that from 23 to 82% of pathological gamblers admit to a history of sexual or physical trauma (Taber et al. 1987; Specker et al. 1996; Ciarrocchi and Richardson 1989).

Researchers have also explored relationships between traumatic life events and compulsive hoarding behavior. Compulsive hoarding involves the failure to discard a large number of possessions resulting in problematic clutter, emotional distress, and functional impairment (Frost and Hartl 1996). Building off of previous anecdotal accounts, Hartl et al. (2005) found past traumatic experiences co-occurred with compulsive hoarding, though their investigation did not explore whether traumatic

events preceded hoarding. Another study found no differences in experiences of trauma between hoarders and nonhoarders (Lochner et al. 2005); however, the authors were later criticized for using ambiguous methods in assessing trauma and limiting traumatic events to childhood (Cromer et al. 2007). Similar to some smaller studies, Cromer et al. (2007) found that individuals who were classified as hoarders were significantly more likely to have reported at least one traumatic life experience during their lifetime. Furthermore, they found that hoarders who had experienced traumatic life experiences displayed greater severity of hoarding symptoms when compared to other hoarders not exposed to trauma (Cromer et al. 2007). In addition, Cromer et al. (2007) found the relationship between trauma and hoarding to be robust, meaning that the relationship was persistent even using a number of different variations of key variables. A later study by Landau et al. (2011) also found that hoarders experienced a significantly greater number of traumatic events even after controlling for variables, such as age, gender, education, depression, and obsessive–compulsive symptoms.

Some studies have found differences in the timing of traumatic experiences based on the age of onset of compulsive hoarding. Individuals with later ages of onset were more likely to report a traumatic experience directly before the onset of symptoms (Grisham et al. 2005, 2006). Other studies have found that early onset is far more common than late onset, with the average respondent reporting onset between age 11 and 15 and less than 4% reporting onset after the age of 40 (Tolin et al. 2010). Specific types of trauma also appear to play a role in the development of hoarding behavior. One study found that traumatic events, such as the death of a loved one, physical or sexual abuse, and injury or illness, were infrequently reported prior to onset of hoarding behavior, while possession-related events such as the loss of possessions, threat of eviction, or hoarding behaviors of family members were much more commonly associated with hoarding onset (Tolin et al. 2010). Material deprivation, such as low socioeconomic status, did not provide compelling evidence of a relationship with hoarding behavior (Landau et al. 2011; Tolin et al. 2010). Consistent with the theory presented by Klontz and Klontz (2009), the literature on pathological gambling and compulsive hoarding both indicate that trauma plays a key role in the development of these disordered money behaviors. While EFT targets the resolution of unfinished business related to financial and nonfinancial traumatic events in the treatment of money disorders, more research needs to be done to explore the role of trauma in the etiology and maintenance of disordered money behaviors.

Unfinished Business and Malleability of Memory

EFT offers clients the opportunity to work through unfinished business related to past relationships and events. By doing so, they are able to more fully experience their present lives. Corey (1991) defined unfinished business as “unexpressed feelings...associated with distinct memories and fantasies” (p. 234). He stated that

“because the feelings are not fully experienced in awareness, they linger in the background and are carried into present life in ways that interfere with effective contact with oneself and others. Unfinished business persists until the individual faces and deals with the unexpressed feelings” (p. 234). There is agreement across theoretical orientations that unresolved feelings such as anger and sadness often lead to anxiety, depression, and interpersonal difficulties (Paivio and Greenberg 1995). The symptoms and complications that result from an inability to successfully free oneself from the past may also include: delusional thinking, emotional repression, compulsive behaviors, chronic low self-worth, relationship problems, and, if left untreated, medical problems (Wegscheider-Cruse et al. 1990). There is some support for the effectiveness of experiential therapy techniques in helping clients resolve unfinished business (Paivio and Greenberg 1995).

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When emotions related to past relationships and events are unresolved, clients will often display a failure to discriminate between relationships and stimuli of the past and those of the present. As such, they are unable to freely experience present relationships and face present-day financial realities and, therefore, are unable to live authentically. The process of EFT enables clients to develop a more complex set of descriptors for two similar stimuli which were previously not discriminated. By doing so, clients are better able to relate to their present financial lives in a manner consistent with present experience and without the negative effects of unfinished business related to the past.

Through the use of psychodrama’s role-playing techniques, EFT enables clients to work through areas of unfinished business. It allows them to address the foundational aspects of symptom etiology and maintenance. Clients are given the opportunity to fully express their feelings and thoughts related to core relationships and events, which when unexpressed, may have adversely affected past and present levels of functioning. The resolution of unfinished business through experiential therapy techniques has been found to significantly reduce a client’s psychological distress and help change a client’s targeted complaints (Paivio and Greenberg 1995). One of experiential therapy’s primary aims is to provide clients with the opportunity to work through the particular unresolved issues that are underlying many of their complications (Wegscheider-Cruse et al. 1990).

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Loftus (1979) has demonstrated through numerous clinical trials that human memory is malleable. In research associated with eyewitness testimony, Loftus found that new information presented after an event occurred can be incorporated into the original memory of the event. As such, new information can supplement the original memory and transform an individual's entire recollection of the event. At the extreme, even implausible information can be integrated into an individual's recollection of an event, provided it does not stand in sharp contrast to previously remembered details (Loftus 1979).

The implications of the findings reported by Loftus and colleagues with regard to the misinformation effect and the power of suggestion are clear in terms of cautioning professionals to question individuals in a nondirective manner (Garry and Loftus 1994). Professionals must take care not to put forth suggestions, since the introduction of new information can lead to the formulations of false memories. However, these findings can also help explain how unfinished business can achieve resolution. In EFT, a goal is to alter the cognitive and emotional impact that the memory has had on the individual. According to Rossi (1993), "memory is always a constructive process whereby we actually synthesize a new subjective experience every time we recall a past event" (p. 91). In EFT, the synthesis of a new subjective experience can be achieved through the full expression of emotions surrounding an event and, where appropriate, facilitating a shift in an individual's perception of the event through the addition of new information and insights. Such new information may take the form of a new understanding of the perspectives of others (perhaps through utilizing a role-reversal technique) or in a reframing of the meaning of the event with regard to the individual's life history and/or direction.

Experiential therapy offers powerful techniques that can be used to facilitate the process of working through unfinished business in this manner. Through the warm-up stage, the painful memory can be accessed. During the action stage, unresolved feelings associated with the memory can be expressed and new feelings and thoughts can be introduced into the here-and-now experience of the memory. In the integration stage, clients can gain a new perspective of the event and the memory can be stored in an alternative form. It is unlikely that the critical details of the event will be altered. However, the intensity of associated emotions will likely diminish, as will the power of maladaptive thought patterns that have been generated by the original experience.

Developmental Theory and Reconstructional Aspects of EFT

Much of EFT's focus is on resolving unfinished business related to past relationships and events. EFT looks at the etiology of psychological problems from a developmental framework and sees the resolution of these difficulties as lying within this same framework. Erikson (1963) made the assertion that humankind progresses through eight stages of development in which certain developmental tasks are addressed. These critical steps are turning points and "moments of decision between progress and regression, integration and retardation" (Erikson 1963, p. 270). In this

model, each critical element is systematically related to all others and depends on the proper development of previous stages. Therefore, when an individual's development is impacted by a tumultuous family of origin or significant trauma, stage-specific psychosocial development may be arrested. Kinder (1999) presented a developmental model to help explain problem financial behaviors. He hypothesized that on their way to money maturity, individuals must transition through seven developmental stages, including: the childhood stages of (a) innocence and (b) pain; the adult stages of (c) knowledge, (d) understanding, and (e) vigor; and the awakening stages of (f) vision and (g) aloha.

According to Erikson (1963), when a person does not successfully meet the challenges of a stage of development, therapy can be effective in helping meet the needs of a particular stage. Within this perspective, EFT can be used to re-parent adults who did not successfully maneuver through the appropriate stages of development, thus meeting them at the level of growth at which they were stunted. EFT can be used in a regressive, reconstructive manner to help patients rework missed developmental stages. The therapeutic process provides clients with the opportunity to revisit these earlier developmental periods and draw from them the life-affirming messages they need to enhance their present lives (Illsley-Clarke and Dawson 1989). For example, after working with a client on anger or grief associated with an emotionally or physically unavailable parent through a role-play in a group therapy session, the EFT therapist might prescribe a "reconstructive experience." Following this example, the client may be offered the opportunity to receive nurturing from the parental role-player. If the client agrees, this might be done through either touch, spoken words, or writing, and he or she can receive those needed stage-appropriate messages and affirmations which may have never been offered. According to Dayton (1994), through experiential therapy and psychodrama, clients can experience and practice the dynamics of a given stage in a safe therapeutic environment, thus reworking, reintegrating, and successfully meeting the needs of developmental challenges. These techniques assist with EFT's goal of shame reduction, which helps clients separate themselves from their problematic thinking and behaving around money (Klontz et al. 2008a).

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EFT: Principles and Strategies

EFT can be delivered in group or individual therapy settings. However, its core strategy is psychodrama, which classically is provided in a group therapy context. The following section reviews some of the principles and strategies of EFT, including group therapy, classical psychodrama, and an emphasis on identifying and transforming problematic or limiting money scripts.

Group Therapy

EFT's primary mode of intervention is that of group therapy. While EFT can also be provided in individual therapy settings, group therapy offers a powerful medium through which therapy can be delivered. The group has been shown to be a powerful entity for facilitating emotional and cognitive change in its members (Yalom 1995). It can be a counteracting influence on the avoidance and denial often associated with the emotional repression of painful material. It is very difficult for cognitive blocking of such material to persist while an individual responds emotionally to the work and healing of other group members (Wegscheider-Cruse et al. 1990). The process of engaging in group psychotherapy also exposes the client to curative factors that are much more difficult to achieve in individual psychotherapy. Yalom (1995) identified 11 primary therapeutic factors associated with group therapy. These include the instillation of hope, universality, imparting information, altruism, corrective recapitulation of primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors.

Psychodrama

EFT utilizes the theory and techniques of psychodrama—an action-oriented group psychotherapy originally developed by J. L. Moreno in 1921 (Moreno 1991). Psychodrama provides a framework from which growth and change are understood, while its techniques provide the process by which growth and change are facilitated. Classical psychodrama consists of five basic elements and three phases (Holmes 1991). The basic elements include: (a) the protagonist—the person who is the focus of the psychodrama; (b) the director—the facilitator of the psychodrama; (c) the auxiliary egos—members of the group who play the roles of significant individuals in the protagonist's life; (d) the audience—group members not directly involved in the psychodrama, but who remain actively involved in the process; and (e) the stage—the space in the room where the psychodrama takes place.

The phases of the psychodrama process include: (a) the warm-up phase—used to stimulate creativity and spontaneity of group members, increase trust, and help members focus on personal issues on which they would like to work; (b) the enactment phase—the time when the protagonist explores issues highlighted during the warm-up phase; and (c) the sharing phase—the final stage of the process in which group members share their thoughts and feelings with the protagonist, the auxiliary egos de-role, and the group members share links of commonality with the protagonist and his or her work. EFT utilizes psychodrama's five basic elements and three phases as its core treatment component.

Psychodrama has been credited as being the first systematic approach to psychotherapy that made use of role-playing (Kipper 1986), which has become a popular technique across psychotherapies. In psychodrama, role-players, or auxiliary egos,

are used to represent significant individuals or components in the protagonist's past, present, or future. For example, in EFT, role-players could represent individuals such as one's father or mother, inanimate objects, such as one's house or money, more abstract concepts, such as one's work or retirement, or disowned "parts" of the client's psyche such as their sadness or anger. With the help of the director, the protagonist is asked to interact with the auxiliary egos. This often takes place in a reconstructed scene, such as the family dinner table, which may be related to the client's therapeutic goals. It is the process of addressing the unresolved emotions and cognitions related to these individuals and events which allows for catharsis and the resolution of unfinished business.

Money Scripts

As a component of EFT, clients are assisted in identifying and altering problematic money scripts. *Money scripts* are the unconscious beliefs that every person has developed concerning money and life (Klontz et al. 2008b). Chapter 3 provides an in-depth analysis of four categories of money scripts. What follows is a brief description of money scripts as they relate to EFT. Generally, money scripts are formed during childhood from either direct or indirect messages about money from a child's parents, other significant people in their lives, their circumstances, or society as a whole (Klontz et al. 2008b). Some money scripts can be developed at such a deep level that they become entirely part of an individual's world view or *schema*. A money script is referred to as a script, because like great actors, people learn their scripts to the point that they do not need to consciously think about them (Klontz et al. 2008b). People simply go through life and react to their money scripts, often without giving them any thought. Unfortunately, money scripts often are highly emotionally charged, which can make them difficult to change. Due to their unconscious nature, individuals must also dedicate time to identifying their existing money scripts and correcting them.

Money scripts are oftentimes partial truths (Klontz et al. 2008b). An individual will internalize a money script based on a context in which that script was true. For instance, imagine that a young child watches their parents routinely get harassed by their wealthy landlord. This child may develop the money script that "rich people are bad" or that "rich people only care about money." In the context in which this money script was developed, this may be entirely true. If a child saw a rich individual treating their parents very badly over the rent, they may develop the belief that rich people only care about money. The error in this thinking, however, is that it will not hold true in all circumstances. The child who once saw the rich landlord bully their parents may walk through the streets and immediately feel anger or disgust towards anyone who appears wealthy, but just because somebody appears wealthy does not mean that he or she is a bad person or that they only care about money. This improper belief may be having adverse effects on an individual's social life, professional life, or many other areas. They may unconsciously feel as though

they cannot accumulate wealth, because to do so would make them a bad person, so they are doing everything they can to ensure they can spend all of their money, are chronic under-earners, or are overly generous.

Money scripts can also be deeply rooted in trauma. Early experiences around money can be painful and even traumatic (Klontz and Klontz 2009). When it comes to changing these money scripts, most people will not be able to change unless they are motivated to do so. New information may be beneficial in helping to break away from a money script, but oftentimes the emotional bond to the money script will be far stronger than a logical argument (Klontz and Klontz 2009). This is particularly true if an individual is suffering posttraumatic stress from a past occurrence. People tend to respond to posttraumatic stress in one of two ways, either experiencing hyperarousal around the topic or feeling haunted by the trauma (Klontz et al. 2008b). Another way that some people will respond to a traumatic experience is to take a 180° turn in the other direction. This can often be a harmful action, because just as the original money script is likely inaccurate, the complete opposite is probably inaccurate too.

Money scripts can also be generational (Klontz and Klontz 2009). Depending on when and where an individual grew up, these factors can play into forming unconscious beliefs about life and money. An individual who grew up during the Great Depression may think much differently about the importance of keeping stock of food and housing supplies on hand. This concept may make no sense to a younger individual who has never lived in a world of true shortage. There is no way to determine which person is right or wrong. Both will be right or wrong in different situations, because money scripts are contextual (Klontz and Klontz 2009).

Money scripts can also be changed. It certainly does not mean that changing a money script is an easy process. It may take many hours of concentrated therapy with a professional therapist and considerable time in personal reflection, but by being willing to change and identifying the misconceptions one holds around money, individuals can begin to get themselves on a healthier path financially. As part of the warm-up phase, EFT utilizes techniques to help clients identify their money scripts. These techniques can include Money Scripts Brainstorming (Klontz et al. 2008b), the Money Atom (Klontz et al. 2008b; Klontz and Klontz 2009), the Money Egg (Klontz et al. 2008b; Klontz and Klontz 2009), Financial Family Tree (Klontz and Klontz 2009), What Do You Believe sentence completion (Klontz et al. 2008b), or the Klontz-Money Script Inventory (KMSI) (Klontz et al. 2011; Klontz and Britt 2012b). Several of these interventions are described more fully in Chapter 3.

Case Study

Background Information

Diane is a 65-year-old, divorced Caucasian female, born into an ultra-wealthy family. She has a doctorate in literary arts and works as an unpaid professor at a prestigious university. Diane's now deceased father made a fortune in the

entertainment business and became a philanthropist, a part of the diplomatic corps, serving until his death as a confidante and advisor to several US presidents. He was the founder of a number of significant national and international cultural institutions. Diane's mother was her father's second wife. Diane is the youngest of 12 children, all of whom were primarily raised by their nannies and were not permitted to eat with their parents until age 8. They all attended private schools and hold advanced degrees. However, none are employed and all currently live off the trust funds set up by their father. Diane's father set up a multimillion-dollar family foundation. They meet twice a year for a couple of days. The children did not get along before father died, and now they have to be with each other if they want any of their "causes" to be allocated any monies. Diane is an intelligent, compassionate, considerate, and generous soul who is a recovering alcoholic and drug addict, currently being treated for depression with medication. She was self-referred for financial therapy. While she has worked with a number of therapists over the years, she has never done any work related to her relationship with money.

Presenting Issue

Diane was told by her family office representative that she needed to reduce spending by about 50% to avoid the risk of running out of money. She accepted that analysis and reported that she was spending too much money and needed help. When she came for therapy, Diane was feeling a significant amount of anxiety and fear about running out of money. She also reported feeling socially isolated. Her income and expense statement supported the concern that she was spending about twice as much as she was earning. Her expenditures exceeded US\$8.5 million per year while her income had been holding steady at US\$4.2 million per year for the past several years.

Case Conceptualization

In looking over Diane's expenditures, nearly half was being spent on children, friends, employees, and acquaintances in ways that subsidized their lifestyles. As such, she was engaging in financial enabling and overspending. She appeared to be using money as a way of connecting with people who had far less and thus being important in their lives. In terms of totally supporting her adult children's lifestyle, she seemed to be trying to make up for her sense that she had not appropriately parented them when they were younger, and that she was very emotionally enmeshed with them.

Intervention

The initial intervention tool was to go over with Diane, item by item, how much she was spending. Working in collaboration with an independent financial planner, her spending was broken into monthly averages. Throughout the process, Diane kept saying, "I can't believe these numbers," and then would check with her advisors, come back to the table, and say, "well, I guess so." She asked for recommendations regarding areas she could cut, so a 50% reduction in each item line was suggested and the therapist listened to her arguments about why she could or could not make the cut. Diane ran into a lot of powerful emotions as she thought through each line item.

Each of the expenditures was written down on a separate index card and Diane was asked to prioritize each item. Again, she ran into a lot of emotions as she talked about some of the items and it was obvious that more intensive therapy was going to be needed to help Diane come to terms with her situation and make sustainable changes. As such, the therapist recommended that Diane attend an intensive 5.5-day financial experiential therapy workshop to address the emotional side of her money issues that were keeping her stuck in her self-destructive spending pattern. At the workshop, Diane participated in a number of exercises including some that helped her look back at the history of her relationship with money (The Money Egg), and what money scripts were generated by those experiences, for example, money scripts regarding how money works, how it relates to her, her relationship with it, her responsibilities, how she feels about herself as a person, and money's intersection with her relationships with family and friends. One of the more powerful memories Diane recalled was her dad telling her "Women should not worry about making money, but to make sure that they did good things with it." The EFT group therapy experience gave her an opportunity to look at some of those most powerful moments in her history with money, things that she did not have the chance to say, and feelings that she did not have the chance to process as a child. She was, in role-playing exercises, able to make amends to her children for the neglect she is certain they felt as a result of their being raised by nannies, as she had been. Diane left the program reporting that she felt a lot of relief and with plans to make amends to her children and let them know that, over time, she would be reducing the amount of support she would be giving them. She was also going to focus on being a better mom, by becoming a better listener. She left the program with a renewed commitment to live within her means.

Treatment entailed a 3-day initial intervention followed by 16 weekly phone calls leading up to her attending the 5.5-day EFT workshop. This was followed by once per month check-in calls, where each line item in her budget was reviewed and she reported on what she has done or is ready (or not) to bring to the table to look at. Meetings are ongoing, including in-person, day-long visits once every 3 months.

Outcomes

Diane has been able to reduce her spending by approximately US\$300,000 per month. She has several actions pending, such as selling her share of a private jet service and selling her primary residence (two things that she said, initially, that she just could not even consider doing). She has made a number of trips in the coach section of planes (she had never done that before) and has resigned from several nonprofit boards, all of which required travel and related costs at her own expense and expected major donations from their board members. She has informed her children that they will continue to receive support, but over time, the amount will gradually be decreased until they are entirely self-supporting. She has reduced a number of personal services, such as personal trainers coming to her home, eating out, purchasing a custom wardrobe, consolidating art collections which had large storage fees, and reducing a number of other significant costs.

If Diane can keep the vision of needing to reduce her spending by about half of what it was when therapy started, she will be financially solvent and will not run out of money. A complicating factor is that, from time to time, her family office representative will tell her, for example, that her investments produced US\$ 800,000 last month (US\$ 400,000/month is her spending goal). When that happens, she suddenly cancels financial therapy appointments because it seems that the pressure is off. Unless she continues to stop “mothering” her children as if they are 8 years old, she will remain emotionally enmeshed and will not be able to maintain financial boundaries and her commitment to help them become self-sufficient.

Some of the important differences that exist within group therapy include: (a) less control over the content and direction of a therapy session, (b) increased potential for adverse experiences, (c) increased potential for stress that might come from confrontation or criticism from other group members, and (d) the possibility of a client growing dependent on the group (Koocher and Keith-Spiegel 1998).

Ethical Considerations

While research on experiential therapy has shown many potential applications across a wide range of disorders (Greenberg et al. 1994), the powerful nature of the approach also carries important ethical considerations. EFT in a group setting only heightens these ethical concerns. Some key areas of consideration include differences between group psychotherapy and individual psychotherapy, therapist competence in the use of experiential techniques, leader power issues, and aftercare (Klontz 2004). Many of the factors which make group therapy such a powerful tool are the same ones that make group therapy a high ethical risk (Lakin 1994).

Previous surveys have shown that many therapists are dissatisfied with the ethical standards that exist for group psychotherapy (Roback et al. 1992). Some of the important differences that exist within group therapy include: (a) less control over the content and direction of a therapy session, (b) increased potential for adverse experiences, (c) increased potential for stress that might come from confrontation or criticism from other group members, and (d) the possibility of a client growing dependent on the group (Koocher and Keith-Spiegel 1998).

Given the reduced control a therapist has in a group setting, the therapist must constantly evaluate the trade-off between group interest and individual interest when conducting a group session (Moreno 1991). In doing so, the therapist will need to regulate the pace and intensity of the conversation, which can be difficult during emotionally charged conversations (Glass 1998). Confidentiality is another area which needs to be addressed with group members. Because nonprofessionals within the group will be held to lower standards of confidentiality, the American Psychological Association's (APA's) Ethical Standard 10.03 advises therapists to "describe at the onset the roles and responsibilities of all parties and the limitations of confidentiality" (p. 1072). Association for Specialists in Group Work (ASGW) Best Practices Guideline A.7.d also advises the clinician to explain that unless a specific state statute indicates otherwise, legal privilege will not apply to the group discussions (Rapin and Keel 1998). Lakin (1994) also pointed out that social pressure can encourage individuals to conform and accept outcomes, which would have been rejected outside of the group. While this social pressure can be beneficial, it can also cause harm and therapists should watch out for this (Klontz 2004).

Therapists must also be conscious of their own qualifications to use experiential techniques. APA's Ethical Standards 2.01 and 2.06 require that therapists only provide services within their areas of competency. The ASGW recommends that therapists acquire at least an additional 60 h of supervised specialty training in addition to 20 h of core training prior to independently practicing group therapy (Wilson et al. 2000). Some researchers have recommended that psychodrama should be used very carefully when working with severely disturbed populations, if it is used at all (Corey 1990). The therapist's competence is essential in making a judgment call of when a particular type of therapy is appropriate (Klontz 2004).

Power issues are another important consideration for therapists. Clients should never feel forced or coerced into participating if they are not comfortable. Greenberg et al. (1994) identified therapist intrusiveness or pressure as one of the biggest factors which could hinder effectiveness of experiential techniques. Therapists also should not use psychodrama to fill egotistical needs or rush clients due to the therapist's impatience (Corey 1990). A clinician should respect a client's natural movements both toward and away from growth. A therapist should also encourage this same type of attitude for the group as a whole. One way therapists can help prevent unintentional coercion is to give group members as much freedom as feasible when setting up an exercise, while still providing the appropriate guidance (Klontz 2004). It is also essential for a therapist to have a clear understanding of their own psychological issues, so that they can be careful not to push a client in the event that the therapist begins to react to an experiential exercise (Klontz 2004). This relates to the APA's Ethical Standard 2.06 (a) which states, "Psychologists refrain from initiating

an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner” (p. 5).

Aftercare is another ethical area which should be given consideration. Clients may have divulged a lot of information and gone through intense cathartic work. This could leave them feeling open and vulnerable. While a group environment may be a supportive and loving place, it may be beneficial for a therapist to help clients mentally prepare to transition back into environments outside of group therapy (Klontz 2004). It is often recommended that therapists suggest clients consider limiting how openly they discuss their group experience with people outside of the group. Corey and Corey (2002) also suggested clients should be encouraged to refrain from saying everything to another individual that they might have expressed during role-play. The group can assist members in still expressing what needs to be said, but doing it in a way that is most likely to be successful (Klontz 2004). It may also be beneficial for the therapist to suggest some ways in which people that enjoy the feelings of support and care can encounter those same feelings in their life outside of the group (Klontz 2004).

It is ill-advised for a non-mental health-trained financial therapist to perform psychotherapy for money disorders and/or attempt to help clients resolve unfinished emotional business related to past relationships and events. However, financial planners could use experiential teaching methods with clients, as well as the money script exercises described above.

Future Directions

Experiential Financial Therapy (EFT) is one of the few financial therapy approaches with empirical evidence supporting its effectiveness. Even so, much more research on this financial therapy modality is needed. Ideally, future research will include randomized clinical trials with treatment and control groups. Additionally, it would be beneficial to conduct dismantling studies to examine the effectiveness of specific EFT techniques to determine their utility. For example, it would be beneficial to examine if outcomes differ if EFT is delivered in long-term weekly hourly sessions versus short-term intensive programs and the therapeutic utility of specific interventions (e.g., money script exercises). EFT would also benefit from efforts to adapt group therapy interventions to individual therapy applications. It is not always feasible to offer group therapy. Examining the effectiveness of the individual techniques outlined in this chapter is warranted to guide financial therapists' work with EFT. In the meantime, readers can utilize the approach described in this chapter to impact client behavior, which has been shown to be associated with client reports of positive, lasting effects across psychological and financial domains.

Experiential financial therapy (EFT) is one of the few financial therapy approaches with empirical evidence supporting its effectiveness.

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