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The Impact of Psychological Trauma on Finance: Narrative Financial Therapy Considerations in Exploring Complex Trauma and Impaired Financial Decision Making

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The current paper aims to foster new discussion on the complex, deleterious, and conflated relationship between psychological trauma and financial management processes. Trauma and financial distress are interconnected, affecting the cognitive, behavioral, emotional, and relational aspects of our lives. A case vignette is presented for financial therapists which utilizes an integrated, trauma-informed approach addressing the lasting impact of childhood trauma on financial management behaviors and the client's life story. Treatment modalities consider narrative financial therapy, four categories of sexual and financial shame, and four phases of trauma restoration. Ethical and practice implications are discussed.

Keywords: emotional trauma; finances; financial behavior; financial management; financial therapy; psychological trauma; sexual abuse

INTRODUCTION

Practitioners of financial therapy have the complex task of bridging financial and mental health disciplines within their clinical practice (Archuleta et al., 2012). Negotiating the intricacies of financial counseling and planning practices, while also addressing psychological, behavioral, relational, and emotional factors, and, at the same time, adhering to the scope of practice can be a challenging task. Appropriate training, theory, and research are required of practitioners from both financial and mental health fields to understand and address the myriad of possible intersections of issues that clients may bring into the practice of financial therapy (Gale, Goetz, & Britt, 2012). For instance, practitioners and researchers report finding many instances of co-occurrence and association of financial-related behaviors, emotions, and cognitions with psychological issues (Wrosch, Heckhausen, & Lachman, 2000). Becoming aware and understanding how financial and mental health issues intersect helps financial therapy practitioners better serve their clients. The current manuscript aims to begin a dialogue about understanding the complex and conflated nature of trauma and money through a conceptual and theoretical construct of psychological trauma.

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Extensive research exists in the area of psychological trauma (Dillon, Johnstone, & Longden, 2014; Van der Kolk, 2003), as well as on financial management behaviors (Dew & Xiao, 2011; Nelson, Smith, Shelton, & Richards, 2015). However, little research is available that examines the relationship between psychological trauma (e.g., the emotional stress occurring from physical, sexual, and/or emotional abuse) and financial management behaviors (e.g., saving, spending, and wealth accumulation), as research often only includes finances within socioeconomic or quality of life measures, without examining finances as a distinct issue (Fergusson, McLeod, & Horwood, 2013; Wu, Schairer, Dellor, & Grella, 2010). The purpose of this article is to review the current research literature concerning psychological and sexual trauma and financial behaviors. A financial therapy case vignette demonstrating how the conceptual constructs of theory around psychological trauma is presented to inform practice about the impact of psychological trauma on financial management behaviors, namely through past sexual abuse. The case vignette follows a divorced, single woman who sought financial therapy services to address her financial management issues. Through the course of financial therapy treatment sessions, issues of past sexual trauma were connected to current financial behaviors. Additionally, family financial context and the values around money are explored as key factors in the development of trauma and the resulting difficulty in the resolution of traumatic experiences. Theoretical principles of narrative financial therapy (McCoy, Ross, & Goetz, 2013) are applied and outcomes discussed. There is the need to address both the objective and subjective aspects of money (Klontz, Kahler, & Klontz, 2008) in the process of addressing trauma. Lastly, ethical considerations and implications for practice are discussed.

LITERATURE REVIEW

Psychophysiology of the Brain in Response to Trauma

Various forms of trauma influence the development and breaking of neuro-pathways within the brain, which then directly affects the decision-making process (Perry, 2009). A hallmark of psychological trauma is a distortion in the sense of self and a fundamental shift in psychophysiology. In turn, this shift impacts impulse regulation through changes in the limbic region of the brain that manages affect regulation (Shapiro, 2018). Psychophysiology is the bridge that explains how financial experiences are interpreted and stored within neural networks throughout the physical brain, as well as the integrated nervous systems that are distributed throughout the body. These neural networks form a metaphorical roadmap of interconnected pathways in the brain. Neural pathways, much like a complex web of interstates, highways, city streets, and neighborhood roads, form a vast interconnected network that allows for the transmission of multiple sources of information to co-occur.

To continue the roadmap metaphor, for those that experience psychologically and emotionally distressing experiences outside of secure attachment relationships, their road infrastructure may over time slowly begin to fall into disrepair. The secure attachment relationship serves as a type of road maintenance within the neural networks (Dillon, Johnstone & Longden, 2014). The road crew recognizes that even the everyday use of the

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neural networks can lead to a decline without ongoing planning (i.e., mentalizing) of what needs repair. Mentalizing is a cognitive developmental process of socially constructing our sense of self and those we are with, physically and/or psychologically (Frith & Frith, 2006). Mentalizing can help determine what needs new development in the maturing adult. Over the adult lifespan, individuals, families, and communities are tasked with the development of new major and minor neural networks that will allow them to navigate the ever-increasing reality of the adult intersubjective paradox and ambiguity (Siegel and Hartzell, 2013).

Psychological Trauma and Functioning

A considerable amount of research has suggested that psychological trauma has a profound impact on individual and relational functioning (Asnaani, Reddy, & Shea, 2014; Van der Kolk, 2005). Trauma, especially during childhood years, has been shown to not only contribute to immediate psychological distress, but also long-term psychological distress and functional impairment into adulthood (D'Andrea, Ford, Stolbach, Spinazzola, & Van der Kolk, 2012). Trickett, Noll, and Putnam (2011) indicated that females who were traumatized through sexual abuse across their development were afflicted negatively across many biopsychosocial aspects. Examples of these biopsychosocial consequences include cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, asymmetrical stress responses, more major illnesses and healthcare utilization, persistent posttraumatic stress disorder (PTSD), self-mutilation, physical and sexual re-victimization, teen motherhood, drug and alcohol abuse, and domestic violence. Recognition of the multiplicity of ways that trauma may be introduced to the child's experience opens the need for a more nuanced understanding of trauma.

As various forms of trauma go unrepaired, the road network of the physical brain begins to develop places of semantic rigidity and semantic chaos (Faust & Kenett, 2014). For instance, traveling through a major downtown area under construction serves as an apt illustration within the roadmap metaphor of how the changing neural network can be impacted by trauma. Moving through congested and under-construction roadways of a downtown area offers experiences of being blocked by concrete barriers or caution cones that prevent a right turn where there was once the option of turning right. Just as the desired turn comes into view, a sign reads "road closed." Now what? The ability to access the desired location is blocked off. An individual may have to adjust and continue moving down the road several blocks before a desirable right turn can be made.

Similarly, an individual faced with a traumatic experience may become overwhelmed and unable to cope, and may have to carry the psychological trauma with them until they can gain the ability to deal with it. Siegel (2012) identified this as impaired integration of the narrative and ultimately results in chaos and/or rigidity. Essentially, impaired integration consists of a variety of traumatic experiences that remain in the neuro network with lasting impact on how individuals understand themselves and understand others.

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Financial Stress and Trauma

As discussed, psychological trauma leaves a lasting impact on the cognitive, affective, and behavioral patterns of individuals (Anda et al., 2006). Research has indicated a strong relationship between financial stressors and psychological stress (Conger & Conger, 2002). Chronic life stressors, such as economic stress, are associated with many deleterious outcomes, such as negative family interactions (Conger, Conger, & Martin, 2010), greater work-life imbalance, less marital support, and lower levels of marital quality and stability (Ross, 2017). These financial stressors can have a large impact on the individual, couple, or family that is experiencing them. The stress experienced by individuals and families from financial related issues can exacerbate the stress in other areas of their lives. Social inequalities (i.e., social class and social status) derived from education, income, material circumstances, employment, and occupational social status, are shown to be significantly associated with mental disorders, such as anxiety and depression (Fryers, Melzer, & Jenkins, 2003; Lorant, Deliège, Eaton, Robert, Philippot, & Ansseau, 2003). Through limitations of financial resources and opportunities, social inequalities, such as low socioeconomic status, contribute significantly to poverty-related stress (e.g., anxiety and depressive symptoms) and negative personal finance outcomes (e.g., unemployment and reduced income) (Santiago, Wadsworth, & Stump, 2011). This can be troublesome, as many Americans are dealing with the current instability and uncertainty of the economy due to fluctuating economic cycles, economic policy cuts, unemployment, political unrest, and recent natural disasters. For these Americans, there has been a marked trend of drastically increasing consumer credit debt since the year 2000 (Federal Reserve, 2006). A cycle of further debt and financial difficulty results as credit is increasingly used as a financial management strategy to expand the family income, where often only the minimum debt payment owed is paid off (Hira, 2002). In turn, this exacerbates personal and family stress as more financial debts and associated difficulties arise.

A growing body of research indicates that cognitive, emotional, and behavioral issues are associated with negative financial management behaviors. These financial behaviors, in turn, are often harmful to the overall economic well-being of the individual and/or family. Research also has suggested that financial problems and economic disparity are strongly associated with psychological and emotional vulnerabilities, such as depressive symptoms and anxiety (Lester, Yang, & Spinella, 2006), as well as stress-related illnesses, such as hypertension (Cook et al., 2006).

Both objective (e.g., income) and subjective (e.g., personal assessment of socioeconomic status) financial hardships have been found to be positively associated with psychological distress (Bradshaw & Ellison, 2010). However, Asebedo and Wilmarth (2017) posited that an individual's subjective perceptions are a more powerful predictor of mental health (e.g., depression) than objective financial circumstances. Consequently, these research findings suggested that it may be how individuals perceive and interpret their experiences of financial strain, lending credence to the importance of addressing cognitive and emotional processes in financial therapy services.

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EXPLORING A FRAMEWORK OF SEXUAL AND FINANCIAL SHAME

Strong emotions, such as shame, may be a response to traumatic experiences, which in turn can lead to a distortion of one's positive sense of self (Nathanson, 1994). Financial trauma, or financial stress brought about by past traumatic experiences, does not exist in a vacuum, but occurs within complex interlocking systems of social structure and meaning. Sexual abuse, especially during childhood developmental stages, can have a great impact on one's sexuality in adulthood (Noll, Trickett, & Putnam, 2003). It is observed that childhood sexual abuse (CSA) can lead to a variety of pathological formulations. Examples of these pathologies include unexpressed or internalized sexual compulsions that are then displaced and expressed through other obsessive-compulsive behaviors and anxiety disorders (i.e., obsessive-compulsive disorder, compulsive spending, overeating, and gambling disorders; Rinehart & McCabe, 1998). Kaplan (2013) posited a strong intersection between money, sex, and power. The binding agent of this intersection is rooted in unrecognized core shame, leading people to take either a one up or one down position (Kaplan, 2013). The one up position blames others and becomes the offender, while the one down position takes on the blame and becomes the victim (Kaplan, 2013).

Building on shame, Mercurio (2017) identified four categories of sexual shame through his framework of sexual abuse outcomes of grandiosity and shame. Mercurio's four categories are: (a) a pervasive discomfort in talking about sexuality, including the inability to express sexual needs, feelings, fantasies and frustrations, as well as the inability to provide age-appropriate sexual education with children; (b) a significant lack of information or confidence about aspects of sexual physiology such as guilt over sexual curiosity, inquiry, and exploration; (c) a heightened perspective that "sexual sins" are the worst of all sins, often due to inaccurate or over-emphasized focus on the potential evils of sexuality; and (d) low sexual entitlement for expressing sexual needs or sexual pain, where individuals do not believe they deserve or have the right to voice their sexual feelings or desires.

Given that Kaplan (2013) asserted there is an intersection between money, sex, and power, the current paper suggests an adaption of Mercurio's (2017) categories of sexual shame to begin a discussion of symptoms of financial shame as well. The integrated categories can be adapted as follows:

1. a pervasive discomfort in talking about personal finances, including an inability to express financial needs, feelings, fantasies and frustrations, and provide age-appropriate financial education with children;

2. a significant lack of information or confidence about aspects of personal finance, such as guilt over personal financial curiosity, inquiry, and exploration;

3. a heightened perspective that "financial sins" are the worst of all sins, possibly due to inaccurate or over-emphasized focus on the potential evils of money;

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4. low financial entitlement for expressing financial needs or financial pain, where individuals do not believe they deserve or have the right to voice their financial feelings or desires.

Building on the narrative financial therapy framework, the utilization of a four-part financial shame schema serves to expand the thin description of traumatic experiences that evoke financial shame for the individual. Moreover, practitioners utilizing a narrative financial therapy framework (McCoy, Ross, & Goetz, 2015) can use the four-part financial shame schema to anticipate current and future financial triggers. Developing anticipatory experiences of financial shame will increase the individual's ability to use the thickened storyline to navigate formerly distressing financial cognitions, emotions, or behaviors.

Trauma Treatment Arc

As financial therapists work through the complex nature of past traumatic experiences, it can be helpful to the practitioner to consider a framework of the trauma resolution process. Courtois and Ford (2016) proposed a four-phase model of trauma work, which provides distinct roles that financial therapy practitioners can utilize in each stage of care for the client. Trauma resolution can be separated into the four phases of (a) unawareness, (b) discovery, (c) recovery, and (d) restoration. Each phase provides distinct roles for the financial therapy practitioner to consider during the treatment of the financial trauma. Although each phase is distinct, there are relationships between them - connected through cognitive, emotional, and behavioral reciprocal processes.

The unawareness phase consists of a client's unconscious knowledge of the lasting psychophysiological impact of their particular lived experiences and the resultant closing off of specific ways of relating to the world and personal finances. Financial therapy practitioners aware of a client's willingness or unwillingness to discuss certain financial topics or the participation in the financial management process may be indicative that there are unprocessed emotions of shame, guilt, and/or anxiety about finances that need the care of a qualified financial therapist. These negative feelings may be a manifestation of past financially-related trauma.

During the discovery phase, either the client is aware of painful parts of their past and discloses them in the process of financial therapy or, as a result of the financial therapy delivery, the client recognizes that traumatic experiences need to be processed. At this stage of intervention with trauma, the financial therapy practitioner needs to remain open to the full scope of the agreed upon service delivery and continue to help their client manage their resources at a pace that works for the client. Specifically, assisting the client as they continue to track their financial progress can create a sense of security during the treatment of trauma.

The third phase of addressing trauma, called recovery, may be the most difficult and longest lasting phase of the resolution process. Financial therapy clients are likely to articulate desires to move forward and make progress towards their financial plans but, in

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reality, only make little progress and struggle with maintaining a commitment to their stated goals and values. In some cases, it may be that all goal setting and future orientation needs to be set aside to allow the client to integrate and stabilize other significant aspects of their life that may be under distress. The financial therapy practitioner, in this phase, continues to be tasked with monitoring the client's financial life within the context of the agreed arrangement. It may also be at this time that the client decides that they need a new financial therapy practitioner to address their specific needs, one with specific skill sets or expertise. The financial therapy practitioner is encouraged to remain open to the process and supportive should the client decide to pursue new financial counseling, financial planning, mental health, or financial therapy relationships. Regardless, the aim of the recovery process is for the client to come to understand their life story and goals through a new lens. This concept of understanding one's new life story is known as secondary gains. Authoring and understanding one's new life story involves working through the complex and intertwined nature of the trauma, often through intense emotions of shame and guilt.

In reaching the last phase of trauma treatment of restoration, clients have achieved significant progress in re-authoring their life story as it relates to their trauma, but also any other troubling aspects within their lives. Clients have been able to maintain and sustain the areas of needed growth and financial independence. For the clients reaching this stage, they have developed a sense of agency and a personal sense of entitlement in shaping their own lives. This growth allows them to sustain positive engagement in their life story, including the previous challenges of sexuality and money. In this phase, there may be the need to repeat aspects of the remedial and recovery phases, as trauma work is rarely linear. The focus of this phase, however, is to maintain the progress achieved and concentrate on the anticipated future. Financial therapists support and reflect upon the achievement of the client's goals and new life story, and work toward implementing efforts to sustain responsible and proactive behaviors consistent with their new life story.

Financial therapists, as they work with clients through the four phases of trauma resolution, should remain aware of a client's financial situation. While addressing the client's emotional, cognitive, and behavioral needs in a safe and secure way, it is necessary for the financial therapist to consider how the client's financial management process is influenced by the trauma. In working through the four phases of trauma resolution, unique opportunities to help the client process how their life experiences of trauma have influenced their dynamic relationship with money can be a quintessential aspect of traumatic resolution. The financial therapist, through these phases, helps the client process not only the trauma but also the fuller implications of the trauma, especially as it relates to finances.

CASE VIGNETTE

Although grounded in experiences of financial therapy practice, the proceeding case vignette is fictional and not based on any one client, and is therefore used primarily to illustrate the approach. Sarah is a middle-aged, divorced mother of three, who enters financial therapy services seeking help in managing her financial behaviors. Financial therapy services are conducted in private practice, in a one-on-one setting. Sarah is from a rural, Southern town and now lives alone as her three children, who helped with financial

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support, are now young adults and have moved out recently. She collects Social Security Disability (SSDI) Benefits for chronic physical and medical issues and is recently employed as a part-time receptionist with flexible hours, earning just under the monthly limit set by SSDI, approximately $275 a week. Sarah reports that her financial responsibilities are very overwhelming, resulting in frequent depressive symptoms as she becomes stressed by not having enough money to pay her bills. In the first session, Sarah discusses how she has always had issues with money and spending, often having overwhelming feelings of guilt and shame associated with her money-related behaviors. At this stage in treatment, while explaining her current story, Sarah is still largely in the unawareness phase.

As the sessions progress, extensive family-of-origin work is completed. Sarah states that she is no longer in contact with anyone in her family and that when she turned 18, she moved across the country. She explains simply, at first, that her childhood was traumatic, and she just wanted out of the house. Sarah, although hesitant, through further exploration, reveals her past sexual abuse history from her father. The abuse began in her early childhood and continued until she left home at the age of 18. Sarah describes how she always thought her mother knew about it, but it was a family secret that was never discussed. However, her siblings and mother frequently said she was "daddy's favorite," and was subsequently teased out of jealousy that she would get extra presents or benefits, seemingly at random. Sarah described presents (e.g., cash, toys, jewelry, candy) or privileges (e.g., staying up late, second's at dinner, extra dessert, watching television) her father gave to her after each sexual abuse encounter as what she assumed was a result of her father's own guilt and shame, and as a way to keep her quiet. In turn, Sarah discusses how she developed her own sense of guilt and shame, as she did not want to be abused, but wanted the "extras" that came along with it.

As she grew older, these feelings manifested themselves in romantic relationships and her spending behavior. For instance, she often would not spend any of her own money on herself, as there was an underlying belief—a voice saying in the back of her head—that she didn't deserve it. As she grew into adulthood and began to date, she found that when boyfriends would gift her anything (e.g., flowers, meals, movie tickets), she would feel obligated to reciprocate through sexual behaviors, despite not always having the desire. These actions often bring up further guilt, shame, and stress for Sarah.

Treatment

The treatment of sexual abuse victims, similar to other trauma treatment, is a complex and interconnected web of pathways, much like the roadmap metaphor discussed above. Understanding the psychological and emotional barriers present in the client's life, and in turn, navigating the intersecting pathways can be a complicated process. Financial therapy practitioners need to know not only where the client is aiming to go, but where the client has traveled from and what the client's perceived experiences have been on these pathways so far. Narrative financial therapy, supported by an integration of cognitive-behavioral techniques (McCoy, Ross, & Goetz, 2015), guided the treatment for Sarah. As with nearly all modalities of treatment, however, establishing a working alliance and building trust with the client is the first step. In this vignette, Sarah initially sought financial therapy for her financial behaviors. Her past sexual abuse was unknown at the onset of treatment. Through the process of getting to know Sarah outside her financial problems, as well as through an exploration of her past and family-of-origin, the issues of past abuse and trauma came to light. Without an established working alliance of trust and support, Sarah may have never felt comfortable to disclose her past.

The beginning of treatment for Sarah focused on the financial therapist listening intently and respectfully as Sarah explained her initial problems surrounding money difficulties. Given the storied past with financial problems, narrative financial therapy was implemented as an appropriate model for Sarah's issues. As Sarah began to share her problem-saturated narrative at her own pace, she discussed how her past experiences affected her emotionally (e.g., depressive symptoms and anxiety) and behaviorally (e.g., difficulty in forming romantic relationships). Through this narrative-telling, the financial therapist began to explore unique outcomes and focused on the client's identity outside of the problem. Sarah discussed the many resources she had at her disposal, such as caring and loving children, a steady part-time job with an understanding boss, a house that was completely paid off in her name, a supportive community of friends, as well as personal strengths. Homework for Sarah was also assigned to gather important financial information, such as credit reports, credit scores, and bank and credit account statements from the previous three months. The financial therapist explained how to utilize no-cost services, such as annualcreditreport.com and creditkarma.com to obtain credit information. The financial therapist also assured Sarah that should she have any questions or concerns during this process, she could contact him for help.

As the financial and life experience information was gathered and Sarah entered the discovery phase of treatment, the financial therapist and Sarah were able to establish working goals for sessions. Sarah decided on three main goals:

1. To create a spending plan within her income

2. 2. To build an emergency savings account to aid in decreasing her anxiety about future unexpected expenses

3. To address her feelings of guilt, shame, and depression around money-related issues.

Although there were indicative signs of something more troubling in retrospect, at this point in services, there was no explicit indication of severe sexual and emotional trauma in Sarah's life. It was not until the financial information was analyzed more in-depth that her past experiences and how they influenced her current functioning and thoughts came to light.

Through the financial information processing, money scripts (Klontz & Britt, 2012) were explored to understand how Sarah's schemas, or belief systems, were developed and how money influences her life choices in the present. Understanding a client's money scripts is vital, as it shows their underlying views on money and the internalization of dominant discourses around gender, relationships, culture, power, and privilege (McCoy, Ross, &

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Goetz, 2015). Sarah's money scripts placed great importance on money avoidance, as well as money worship. Money avoidance typically involves avoiding dealing with money while rejecting any personal responsibility for one's own financial well-being (Klontz & Klontz, 2009). People with money avoidance scripts often see money as evil or taboo, that they do not deserve money, and that it corrupts people. There is also difficulty in accepting gifts from others. In contrast, money worship focuses on the belief that money can solve all of one's problems (Klontz et al., 2011). In this script, money can also be a source of power and freedom, but ultimately there is a belief that one will never have enough money in life and one cannot trust people when it comes to money.

At first glance, these two money scripts, which dominated Sarah's beliefs and behaviors around money, seemed to be contradicting: she both avoided and worshiped money at the same time. However, through in-depth family-of-origin discussions, it became clear where these money scripts stemmed from, and the connection with her past experiences of abuse during her upbringing. As money scripts were explored, the internalized dominant discourses that can influence money scripts were also examined through the use of deconstructing questions.

Atwood (2007) suggested that in many cases of sexual abuse, discourses of gender and power as related to the patriarchy, play an important role in the initiation, process, and result of the abuse. For instance, questions to uncover such discourses included (a) "What did you learn during your childhood that made you feel like money was a source of power and freedom;" and (b) "How has money avoidance impacted your ability to pursue romantic relationships?" Through this process of questioning, Sarah began to share her experiences with the past sexual trauma, then, with the financial therapist, began, in turn, to link the trauma from the abuse with her current money behaviors. Connecting these experiences began the recovery phase, where the financial therapist needed to work through the complex nature of the trauma. Through exploration of Sarah's sexual abuse disclosure, Sarah learned that any gift or privilege giving from her father came to represent a financial message, that money and gifts became associated with the taboo or evil. They were the price for silence, and thus, could not be talked about with others. Even though she accepted gifts, the acceptance of the presents was difficult due to the accompanying emotions of guilt and shame.

At this point, the financial therapist can recognize how money, sex, and power are conflated. As Sarah's full story unfolded, the adaptation of Mercurio's four categories of sexual and financial shame became more evident and important for the financial therapist to consider in the financial therapy treatment plan. Sarah exhibited a pervasive discomfort in talking about sex and finances, as well as the inability to express her needs both sexually and financially. As her stories of sex and finance were tied together through the trauma experiences of her past, she also demonstrated a lack of confidence about sexual relationships and financial management processes. The third category of shame is not as applicable to Sarah's story. However, due to the childhood trauma, she often viewed sexuality and money as potentially evil in her life since they brought such guilt and shame. Lastly, and perhaps the most significant category, is the lack of entitlement and sense of

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agency Sarah had in expressing her sexual and financial needs. For Sarah, sexual and financial needs were not separate, but instead conflated where one was tied to the other.

As the sexual abuse history was revealed in session, it was important for the financial therapist to remain professional and maintain clear boundaries. Financial therapists must be aware of their authority and power in the session, and consequently, sensitive to any risk of being mentally aligned with the abuser (who also had authority and power) in the client's mind. Thus, practitioners should assume a non-expert stance and learn the client's story without judgment (Cloitre, 2013; Sahin & McVicker, 2009). The practitioner is not to solve the client's problems of past abuse, but to offer support in sharing her story.

As her money scripts become more clear in how they shape the client's narrative through deconstruction, Sarah begins to externalize her problems related to money problems as *The Control*. As Sarah explained the term, *The Control*, is a representation of how she has previously seen the influence of money and sex on her life- that they controlled her and her behaviors. The practitioner then spent time developing a new identity concerning her problems. "When did *The Control* start impacting your adult financial decisions?" "What does *The Control* sound like?" When does *The Control* have no voice?" "When were you able to say 'No' to *The Control*?" Sarah began to find and discuss specific times when there were exceptions to her typical narrative, and she did not allow *The Control* to guide her decisions. Through this exercise, Sarah began to see her money problems as a force external to her, rather than a part of her that she has no power over. Sarah developed a mindset that not only can she combat her externalization, *The Control*, but wants to, as part of a new active self.

Gibson and Morgan (2013) suggested that the sense of self is disrupted when one experiences childhood sexual abuse (CSA) and it can have a deleterious impact on adult processes like social functioning, self-integrity, and self-regulatory processes. As a consequence, sexual abuse survivors frequently have low self-esteem, poor self-image, and feelings of unworthiness due to their traumatized identity of self. This sense of self may be characterized by shame and guilt, leading to perceptions of insignificance. Avoidance is a common consequence as a way to cope with the pain (Gibson & Morgan, 2013). Saha, Chung, and Thorne (2011) posited that the feelings of insignificance are closely related to one's lack of self-confidence, and therefore, lack of asserting themselves. Lack of self-confidence and assertion of self, in turn, may lead to behaviors such as seeking other's opinions or approval in relationships. The use of externalization of Sarah's money behaviors, as well as the linked sexual problems, aimed to restore her sense of worth and developed positive meanings around money management abilities. The sexual abuse and issues concerning money that stemmed from it became separate from her active sense of self. In subsequent sessions, Sarah built her sense of agency and her internal locus of control, where she viewed herself with a strong, capable identity able to combat her sense of money and sex controlling her behaviors.

The focus of sessions turned to working through Sarah's financial goals of managing her financial behaviors by developing a spending plan, building a savings account, and setting boundaries within her relationships. As the treatment plan was implemented, the frequency of sessions was reduced as Sarah was instructed and able to complete much of the work outside sessions. The treatment plan has the added benefit of allowing Sarah to

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progressively combat *The Control* and other financial issues on her own. The practitioner continued to help Sarah navigate and promote a sense of agency as she progressed through the financial and personal goals. As services draw towards termination and enter the restoration phase, the practitioner and Sarah collaboratively discuss and formulate plans to monitor her continued progress, increase her support network, solidify her new, preferred identity, and maintain the accomplishments she has achieved.

The vignette highlights, in part, how it is essential for financial therapists to understand and navigate past experiences, personal histories, and traumas which shape the development of the client's current schemas, or belief systems, and in turn, guide his/her behaviors. Although the goals and focus were not about addressing past sexual abuse initially, it was clear through treatment that her past trauma was influencing her current patterns of behavior, cognition, and emotional regulation. Working with clients to understand their financial management behaviors involves delving into their past to understand the *why* for how they are acting.

DISCUSSION

Various traumas can leave people trying to satisfy inner and outer voids through spending money, hoarding money, or controlling through access to or limitation of money. The current article aims to develop a dialogue and further understanding of the complex and conflated nature of trauma and money, namely through presenting a case vignette illustrating the harmful effects of childhood sexual abuse and the long-term influence on financial management processes. Exploring the multifaceted and adverse effects of early psychological trauma expands the understanding of its reciprocal and interconnected impact on the cognitive, behavioral, emotional, relational, and financial aspects in our narratives and stories. The treatment process in the case vignette presents an integrative approach of narrative financial therapy (McCoy, Ross, & Goetz, 2013;2015), four sexual and financial shame categories (Mercurio, 2017), and four phases of trauma resolution (Courtois & Ford, 2016).

Ethical Considerations

Ethical considerations are vital to any financial therapy services process. First, it is important for any practitioner to educate themselves on standards of professional practice and conduct, responsibilities to and rights of the client(s), state and federal regulatory laws, and the specific code of ethics within their practicing discipline(s). One of the most salient ethical considerations to the discussion, however, is staying within one's scope of practice. Working with individuals, couples, and families around issues of trauma and abuse are innately complex and require tremendous skill and therapeutic presence to help the client move from injury to resolution (Gold, 2013). Practitioners that are not adequately trained and credentialed to provide services addressing traumatic experiences and/or severe emotions, even if not the primary or initial goal for services, should not attempt to engage clients in such discussions nor treatment in financial therapy. However, it may be possible to continue working with the client through a referral process or collaborative services, such

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as co-financial therapy, provided the referral practitioner is a properly trained and credentialed provider for treating trauma.

It is additionally important to consider that financial therapy services are not linear. Although the vignette of Sarah was presented in a linear, step-by-step fashion, financial therapy service providers may need to cycle through or repeat previous interventions, techniques, and steps depending on their client's needs and rate of progression through the treatment plan (Vromans & Schweitzer, 2011).

Future Directions

The understanding and study of the development and treatment of post-traumatic stress disorder and trauma continue to expand (Lokshina & Liberson, 2017). Although the science of traumatology recognizes a variety of traumatic experiences, little is understood about financial trauma. A novel and complex concept has been presented of applying traumatic experiences to financial management processes in that the psychological trauma inhibits clients from making and maintaining effective financial decisions. Further work into the physiology of the brain and understanding of the neuroeconomics of PTSD and trauma is required.

Financial therapists need to continue bridging financial and mental health disciplines through integrative research. Clinical studies and empirically-based research should be conducted to provide stronger evidence of the conflated nature of trauma and financial management behaviors. A trauma-informed lens in financial therapy can extend to explore the lasting impact of financial trauma on intrapersonal and interpersonal relationships. Although it is easy to remain fixated on what causes trauma and the outcomes of those experiences, it is equally important to look at posttraumatic growth of our clients. Restoration and integration of personal entitlement and agency into our life stories are integral parts of trauma-informed care. When the proper ecology for recognition of the trauma occurs, then multiple restorative systems can interact to create a supportive environment that fosters self-agency and personal growth. As the discipline of financial therapy grows, academics, researchers, and practitioners require theoretically supported modalities to address specific issues. Financial therapists are thus tasked to continue the dialogue, given the complex, unhealthy, and interconnected nature of both trauma and money.

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