THE PROCESS OF MONEY ADDICTION
AND ITS RELATIONSHIP TO OTHER ADDICTIVE BEHAVIORS AND FAMILY PATTERNS

by

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ABSTRACT

The purpose of the study was to describe the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns. The research question addressed in this study was: what is the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns?

The literature reviewed in this study began with a discussion of the similarities and differences between substance addiction and process addiction. Next, literature on the various forms of money addiction, the behaviors associated with those forms of addiction and the stages of money addiction were examined. Finally, factors that contribute to the development of addictions in general and money addiction specifically were reviewed.

The data for this study was gathered over a period of twelve years from nine case studies with subjects who had experienced money addiction at some time in their lives. The findings indicated that the three main types of money addiction discussed in the literature; poverty addiction, wealth addiction, and spending addiction were present among the subjects. The findings also indicated that there was some evidence of addiction within the family of origin of all the cases that were examined and that dual addictions were present among all the subjects.
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CHAPTER 1

THE PROBLEM

Introduction

One of society’s secrets that still remains virtually untouched to a great extent is the addiction to money and all things associated with it. John Bradshaw has referred to our money obsession as “... the most denied and family damaging of all addictions” (Coleman and Hull-Mast, 1992, Cover). Despite the problems that are caused by many Americans’ love affair with money, very little is said about it and very little is written about it. Money seems to be off limits as a topic of discussion (Coleman and Hull-Mast, 1992, p.ii).

It is this researcher’s belief that individuals from all socio-economic classes, all professions and walks of life and both genders can be afflicted with the disease of money addiction, regardless. It is also this researcher’s belief that the addiction to money can take on many forms and can range from mild to severe and life-threatening.

Development of the Problem

The researcher has spent twenty years working in the financial services industry with the wealthiest of American society and observed extreme compulsive spending and money behaviors among her clients.

Anne Wilson Schaef (1988) writes:
In our culture the process of accumulating money often becomes addictive. Like any other addiction it is progressive; it takes more and more to achieve a fix, and eventually no amount is enough. People . . . often do not care about money in and of itself; what drives them is the series of actions and interactions involved in accumulating it (p.22).

Poverty can also be associated with money addictions, according to Coleman and Hull-Mast (1992).

People whose lives have become unmanageable because of money generally either overspend or underspend. Poverty addiction is characterized by a downward spiral of deprivation that increasingly limits the persons' lives. They have the means and potential to meet their needs for adequate shelter, food, clothing, health care, and extras such as creative outlets and social activities, Depiste their ability to buy what they need, however they systematically deprive themselves.

Poverty addicts . . . may leave well-paid jobs for jobs that pay minimum wage. Then they leave those jobs for none at all. Poverty addicts drop even nonmaterial pleasures, such as friends, exercise, diet and hobbies because they represent a fullness inconsistent with the small life (p.75).

Addiction to substances such as alcohol, drugs, tobacco and food can be difficult enough to grasp and comprehend. Addiction to a process such as sex, gambling, spending, buying, shoplifting can be even more challenging. How, after all, can a person have an addiction to money?

Seeberger (1993), in his book, Addiction and Responsibility, An Inquiry into the Addictive Mind, has this to say:

The word addicted comes from Latin. . . . In that technical Roman legal sense, the addict would be a person who, by some official act of court, has been formally spoken over . . . to a master.

Addiction in the modern sense is the state or condition of being bound to such a master. Thus, even in the modern sense, addiction is still a form of enslavement. . . . To be made a slave
one must be deprived of the right to dispose as one sees fit, not of one's property, but of one's very self. ... The slave is the person who has become property. ... through their own choices and actions addicts enslave themselves. ... they enslave themselves without ever consciously aiming to do so, and largely as the result of factors - genetic and environmental - beyond their control.

... Since it is only through their own choices and actions that addictive enslavement occurs, it remains a form of self-enslavement. (pp.39-41)

What counts in addiction is that one relate to something, whether a substance, a process, a relationship, or whatever, in such a way that one experiences oneself as unable to do without it. ... it should come as no surprise to us that there can be process addictions just as easily as there can be substance addictions. (Seeberger, 1993 pp. 58,59)

Money addicts don't necessarily get physically high, but their involvement in the dramatic compulsive cycle of money obsession does result in an emotional high. Money addiction could therefore be described as a progressive, life-disrupting process of obsession with money and its uses, which results in a pattern of highs and lows; eventually the addict loses control of the ability to use money as planned (Coleman and Hull-Mast, 1992, p.iv).

Gerald May M.D. (1988), puts forth another definition in his book Addiction and Grace:

... All of our addictions, even our non-substance addictions, share similar dynamics. And the most serious of our non-substance addictions even share a similarly ominous potential addiction to power, money, or relationships which can drive people to distort reality just as much as can an addiction to alcohol or narcotics. (p.50)

To further support the concept of process addictions, Patrick Carnes, Ph.D. (1983) in his book Out of the Shadows has this to say:

... Addictive compulsivity had many forms other than
alcohol and drug abuse. Also, the different forms - overeating, gambling, sexuality, buying, shoplifting - all shared a similar process. And in addition, within the family, addictions would be like overlays whose reinforcing shadows simply deepened the patterns of family pathology. (p.ii)

This research study will focused on describing the process of money addiction.

**Need for the Study**

Very little research has come to light regarding the problems caused by money addiction. There is an abundance of information on learning how to manage money, on how to make money and on how to become rich, how to budget, how to invest, how to allocate assets, how to plan for future financial needs. But, there is little information on the addictive nature of the behavioral and emotional problems associated with money. According to Coleman and Hull-Mast (1992):

Little research has been conducted into the emotional disruptions caused by money obsessions and compulsions even though clinicians have been observing and writing about this dynamic for years. (p.vi)

**Purpose of Study**

The purpose of the study was to describe the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns.

**Research Question**

What is the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns?
CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter begins with a discussion of the concept of substance addiction versus process addiction.

Next, literature on the various forms of money addiction, the behaviors associated with those forms of the addiction and the stages of a money addiction are reviewed.

Next, some common underlying factors associated with addictions in general and money addictions, specifically, are examined.

Substance Addiction vs. Process Addiction

Mellody (1996) Executive Director of The Meadows, a world reknowned inpatient treatment center for many forms of both substance and process addictions, talks about these two forms of addiction in his article in The Meadow Lark. Probably the first known mood altering substance was accidentally discovered many centuries ago when someone discovered the wonderful affects that rotting grain or fruit had on the senses. That substance abuse is what we know today as alcoholism and is the first of many addictions to be identified and treated. In the past twenty years, we have discovered that not only can substances such as alcohol, food, tobacco, drugs be addictive, but many other
behaviors can become equally obsessive and compulsive and distract us from reality. Among them are sex, gambling, work, love, relationships, spending, exercise, religion and risk-taking. What other distractions will the future bring to further isolate us from others and from ourselves (p. 1)?

The addicts have been delivered over to a master. They are no longer free to enter into relationships, encumbrances or responsibilities because they are already spoken for and claimed by the objects of their addictions. Addicts are slaves - they are deprived of the right to do with themselves as they see fit. Through their own choices and actions, they enslave themselves without consciously intending to do so and largely as a result of genetic and environmental factors beyond their control. But because they make the choices, addiction is a form of self-enslavement (Seeburger, 1993, pp. 39-41).

The Big Book of Alcoholics Anonymous as an analogy to the alcoholic tells the story of the compulsive jaywalker. He starts out by jaywalking in spite of friendly warnings not to do so. He does that for a few years without being hurt and then his luck runs out and he is injured several times in succession. A normal chap would stop jaywalking, but not our fellow. He continues and is hit again, this time fracturing his skull. After leaving the hospital he swears he will never jaywalk again. A few years later, he breaks both legs jaywalking.

He keeps promising not to jaywalk and continues to get hurt, more and more seriously because he can’t stop jaywalking. Soon he can’t work anymore because of his injuries, his wife divorces him and he is held up to ridicule. He even shuts himself up in an asylum to stop himself from jaywalking, but the day
he gets out, he races in front of a fire engine, which breaks his back. Such a man would be crazy, wouldn't he?

Jaywalking, itself, is not absurd, but the lengths to which this jaywalker was willing to go to pursue his chosen activity is absurd and incomprehensible. In any addiction, whether it is a substance or a process, such as money addiction, a person's crossing over the line, into addiction is functionally identical to the jaywalker example.

This approach to the idea of addiction has been applied to a wide variety of different sorts of behaviors which involve activities much like jaywalking. An addict enters into a relationship with a process or substance in which the addict feels that things are fundamentally all right only when in the relationship with that substance or process, regardless of whatever disastrous events are occurring around him or her.

Essentially, the addict has been trained to identify that everything is all right as long as the addict is in a relationship with the chosen substance or process.

"What counts in addiction is that one relate to something, whether a substance, a process, a relationship, or whatever, in such a way that one experiences oneself as unable to do without it... anything to which I can imagine relating myself in that way is a potential object of my addiction.

Recognizing an addiction existentially, that is, as a way of life, allows us to understand that there can, in fact, be process addictions. "Once we truly see addiction for what it is - a way of being..." then our reservations about the
concept of the existence of process addictions vanish (Seeburger, 1993, pp.52 - 59).

May (1988) in his book, Addiction and Grace says that both substance and non-substance addiction share similar dynamics. The most serious nonsubstance addictions "share a . . . potential addiction to power, money or relationship which can drive people to distort reality just as much as can an addiction to alcohol or narcotics" (p.50).

Carnes (1983) has done extensive pioneering work in the field of sexual addictions and supports the concept of process addiction as sharing similar dynamics with substance addictions. It is his contention that there are many forms of addictive compulsive behavior other than alcohol and drug abuse. He says that a similar process is shared with forms of overeating, gambling, sexuality, buying and shoplifting (p.ii).

Catalano and Sonenberg (1993) take a different approach to categorizing addictions in their book, Consuming Passions - Help for Compulsive Shoppers. They start out by apologizing for referring to compulsive, obsessive shopping behaviors as addictions but go on to define the behavior in terms of an addiction. Addictive behaviors, they say, have more similarities than they have differences and it doesn't seem to matter if it is a substance or a behavior. It is their view that the process addiction to which this section often refers is a behavioral problem, but an addiction, nonetheless.

People with addictions put abnormal love and trust into a relationship with things or an experience rather than with another person. Craig Nakken, a family
therapist from Minnesota, calls addiction a pathological love and trust relationship with an object or event, in this case, pathological meaning abnormal or unhealthy (cited in Catalano and Sonenberg, 1993).

Their model of addiction is based on rational emotive theory which says that addicts have an unusually low threshold for pain or frustration with an accompanying irrational belief that he or she cannot survive the pain and must avoid the sensations at all costs. “. . . all addicts - whether addicted to cocaine or shopping - experience similar emotions, fear and anxiety at the prospect of being cut off from their addiction - of not being able to do drugs or shop when they feel the urge . . . even they know the behavior will be destructive . . . they feel they have no choice . . . they cannot survive without the immediate relief it will provide” (pp. 9-12).

Money Addiction

Forms of Money Addiction

Money addiction can manifest itself through overspending, underspending and hoarding. This section will examine a variety of forms that money addiction can take.

Poverty addiction. People who have a poverty addiction are usually in a position to provide themselves with food, clothing, shelter, entertainment, health care and other extras that can enrich and enhance their lives. Despite this ability, they systematically deprive themselves of the things they need. A poverty addict might overspend in one area which causes deprivation in another area. That is, there is not enough, then, to pay for necessities such as food or rent. It
is not unusual for a poverty addict to quit a good job, one which pays enough to comfortably cover economic needs, for a much lower paying job. And sometimes the poverty addict might quit even that job and become unemployed. Advanced stages of the poverty addiction might involve depriving themselves of even nonmaterial pleasures such as friends, diet, exercise, hobbies. This fullness of life would be inconsistent with the deprivation and poverty to which they have become addicted. They are not misers. They prevent any form of wealth from coming into their lives, and if they have wealth, they declare it off limits (Coleman and Hull-Mast, 1992, pp.75, 80).

Often poverty addicts will feel undeserving, unlovable, incompetent and worthless. Avoiding disappointment of not getting what they don’t dare dream about becomes a major focus. They may feel victimized and let down by others and lonely because they avoid relationships to avoid disappointment. They might become controlling, thinking that if they control themselves and others they will not be hurt (Coleman and Hull-Mast, 1992 pp. 77-78).

**Wealth addiction.** This addiction is the opposite of poverty addiction. A wealth addict is obsessed with the accumulation, and often, hoarding of wealth. No matter how much a wealth addict accumulates, it is never enough. Usually it is not the money that is the object of pleasure, but it is the series of actions and interactions involved in accumulating it (Schaef, 1988, p. 22).

The problems occur with the wealth addict when the patterns of accumulating wealth disrupt primary areas of their lives. One client described
her husband's money addiction in this way, "Money became Paul's god" (Coleman and Hull-Mast, 1992, page iv).

**Spending addiction.** This addiction can take many forms, depending, usually on the person's personality. Although the spending addict may fit into one or more of these forms of money addiction, usually one form is primary. Coleman and Hull-Mast (1992) describe the following types of spenders in their book, *Can't Buy Me Love*.

**Returners.** Just as a bulimic vomits food, returners are hooked on the obsession of whether or not their purchase was the right purchase or not. They agonize and may stack their purchases in piles until they can make a decision about it's rightness. Often they might display their purchases in the home and there might be times, for example, when one might see a different lamp on the same table several times in a short period of time. The returner has purchased and returned one lamp after another. A returner often has feelings of guilt and remorse after the purchase, although the act of purchasing holds some excitement for them. The returner can experience intense agony over the purchase and decision of its rightness and whether or not to return the item.

Time usually elapses between sprees, but the onset of a new episode comes about after the returner begins experiencing feelings of restlessness, anxiety and fantasizing about shopping. Even though some are in financial trouble, they continue to buy and return. Sadly, some are so obsessed and caught in the need to return that they even return necessities and suffer deprivation (pp. 26-27).
**Specialty buyers.** These buyers spend sometimes days, weeks and months in search of the perfect specialty item and justify their spending according to whether or not the purchase is perfect enough. Soon after the purchase, the joy of the hunt is gone and they are on to finding another item. Their homes may be filled and cluttered with items that do not go together. Specialty buyers are not collectors. Collectors get pleasure out of their purchases and seem to have balance in planning the purchases (pp. 27-28).

**Binge shoppers.** These spenders do just as the name implies. They are in a pattern of binge spending. Their need to spend builds and builds until they have to go out and shop and shop, whether or not they have a need for what they are buying. There is tremendous guilt and remorse following a spree with promises never to go on a shopping binge again. But after a period of relatively stable fiscal responsibility, they begin thinking about another binge until the pressure becomes so great that they binge spend once more. Often the binge spender does not have money for necessities and in its advanced stages may be in serious financial difficulties (pp. 28-29).

**Catalogue shoppers.** Catalogue shoppers are on every conceivable mailing list. Often their homes are cluttered with stacks of catalogues and at times the clutter becomes so great that family members are driven out of entire rooms in the house. Some catalogue shoppers even index their catalogues. They may neglect responsibilities because they are so busy pouring over their catalogues. With ever-growing credit card balances, the catalogue shopper begins to feel remorse and shame (p. 29).
**TV shoppers.** These shoppers practice their addiction using home shopping programs. They often insist on having more than one t.v. in the home, one for the family and one for their shopping. The addiction can become so extreme that the shopper watches television shopping shows from morning until night looking for the perfect item. The family may be neglected, dishes may pile up in the kitchen, beds may go unmade and things might be in disarray as the addiction progresses (pp. 29-30).

**Credit card collectors.** The power of plastic hooks these spenders often into forgetting they have to eventually pay the bills after one of their sprees with plastic. The credit card collector is proud of the numbers of credit cards he or she can display when making a purchase and panics at the thought of having to cut up one or more of their cards. In their advanced stage, the credit card collector juggles credit card payments and often will borrow cash from one credit card to pay another. Sometimes they may even resort to selling personal property or family heirlooms to make payments so they can continue their shopping. They are always looking for their bills in the mail and often will have them sent to friends or post office boxes so they won’t be found out (pp. 30-31).

**Just lookers.** Just lookers rarely buy, but they may spend hours each day going to malls and stores just to look at the merchandise. They might pore over papers and ads, fantasizing about what it would be like if they had that new dress or the furniture for their home. Rarely do they buy, however, since they feel burdened by material goods. Their homes and dress are usually drab, dreary and simple. Theirs is a world of fantasy. Problems arise when their
obsession with just looking begins controlling their lives and interfering with their daily living (p.31).

**Coupon clippers and refund specialists.** Just as the name implies, these shoppers are obsessed with clipping coupons and getting refunds. They focus their lives around getting catalogues of coupons, they buy newspapers and other publications in which there are coupons and they pour over the coupons for hours each day. They might have stacks of coupon and refund related material in their homes. The coupon clipper has gone over the line when his or her behavior causes neglect of relationships, responsibilities and interests. They may even deprive themselves of necessities if a coupon is not available. They can also resort to mail fraud by stealing coupons and coupon books out of mailboxes. In fact, some coupon clippers have been prosecuted for mail fraud (pp. 31-32).

**Sale addicts.** These individuals plan their leisure time around sales of all types - garage sales, auctions, flea markets, department store sales - anything that implies a sale. They buy merchandise they don’t need and often don’t want and often their homes and garages are full of these sometimes unopened items. Some sale addicts have storage built onto their homes to store additional items. They often get jitters before and during a sale and are exhausted after returning from one of their sprees (pp.32-33).

**Tag tuckers.** These are the people who buy clothing, tuck the tags under the garment, wear the garment and return it to the store. They might buy several sizes and styles of an item and wear them all before deciding to return them.
They become outraged if they are forced to keep an item. They might even switch tags on a more expensive garment to a cheaper one, returning the one with the more expensive tag. Tag tuckers think they deserve to have what they want whether or not they can afford it. Often they charge the items and must return them before the monthly bill arrives because they can’t afford to pay the bill. They do not associate their behavior as being fraudulent, which, of course, it is (pp.33-34).

Smugglers. These spenders smuggle their packages into their homes, garages or cars after a shopping spree. They often will wait until everyone is asleep, being unable to sleep themselves, and then get their packages in the car and stash them in any number of hiding places they have devised for themselves. They wait until the coast is clear to retrieve their packages from their hiding spots. Often their sleep is disrupted because of their obsession to have to smuggle their packages into safety (p. 34).

Gift buyers. Gift buyers suffer self-deprivation at the expense of buying often lavish and expensive gifts for others. They plan their shopping sprees, often spending hours looking for the perfect gift for another person. They enjoy the gifts they buy others vicariously. They cannot seem to buy themselves gifts but they enjoy what they purchase for others. This spending pattern is problematic because people who buy for others see it as noble. It becomes dysfunctional when they deprive themselves at the expense of others, they experience financial stress and create unhealthy dependencies as a result of their gift giving (pp.34-35).
**Big holiday spenders.** These spenders cannot buy for themselves, but they spend lavishly on all holidays. They may plan for months in advance of a holiday or go on a last minute shopping spree. Often they get themselves into financial difficulties by overspending. They are agitated during the holidays and experience a let down after the holidays and are left with an empty feeling. Their gift giving never quite fills up the emptiness within them. Lack of self-esteem is common in this spender (p. 35).

**Guilt inducers.** These are the spenders that will tell their partner, for example, to buy what he or she needs, and then attempt to make the person feel guilty for having purchased what the guilt inducers encouraged them to purchase. Their behaviors is manipulative and destructive. They often keep a running tally sheet in order to calculate whether or not their loved ones are showing the appropriate levels of appreciation. They try to buy love while at the same time pushing their loved ones away with their blaming and shaming. They are lonely people and often do not understand why family members resent them (pp. 35-36).

**Suicidal spenders.** Suicidal spenders go on sprees that are far out of proportion to what they can afford. They become so financially distressed as a result of their grandiose sprees that they suffer serious emotional and physical symptoms and can become suicidal over the situation they have created. They are usually filled with intense anger and rage and must be treated professionally (p. 36-37).
Maintenance spenders. Maintenance spenders are difficult to detect because their spending is subtle. They usually have to spend money everyday on some little gadget whether they need it or not. Their spending can consume great amounts of time. It is an escape for them and requires daily expression in order for them to relax and feel good. Their homes and workshops are usually full of gadgets (p. 37).

Money jugglers. These spenders love the excitement of barely keeping their heads above water. They undergo trauma when they have to pay their bills, even though they have money in the bank, and may wait for days after the check is written to mail it. They are hooked on overspending and scheming to get enough money to pay for their purchases. They often flirt with financial ruin. They are uncomfortable with financial stability. Often they can’t remember from one day to the next what items they have purchased. They are usually high energy and have difficulty sitting still. They are generous but think others are insensitive to their financial worries (pp. 37-38).

Layaway stashers. This spender abuses the layaway system by compulsively becoming involved in laying away merchandise and at many locations and juggling finances in an effort to make the monthly payments. Even though they have every intention of paying the layaway off on time, they normally are not able to come up with the money in the time contracted for. Beating the layaway deadline becomes all consuming. Owning the item matters less than the experience of obsessing over the payment (pp. 38-39).
Both men and women exhibit all these spending patterns, but there seem to be some forms that are practiced more by men. Those would be categorized as special needs, business necessities, risks and thrills, home is my castle, hitting the big one, let me buy and vicarious pleasure (Coleman and Hull-Mast, 1992, pp. 39-42).

Phases of Money Addiction

Coleman and Hull-Mast (1992) further break down the presenting types of addictions into three separate stages, each stage manifesting more serious symptoms.

Phase One - Warning. The first stage of money addiction, the warning stage, is characterized by the person’s engaging in one of the above-described forms of behaviors for emotional relief. The behavior may or may not escalate further to more serious stages, but this is the stage in which it is most advantageous for intervention to occur because changes in patterns are made more easily (p.43). This stage is characterized by the following.

Relief and mood elevation. When money is used to numb feelings and get emotional distance from reality, problems begin to develop. Healthy spending is characterized by spending for reward, recreation and relaxation (p. 44).

Entitlement. Entitlement spending is usually a very emotional type of spending. The feelings of entitlement, (the world or life owes me) come usually from deprivation of having emotional and nurturing needs met. This spender is usually filled with resentment and rage because he or she did not get early
childhood needs met. Spending on material things is a way the person attempts to make up for the lack of nurturance and love but no amount of material possessions is ever enough (p.44).

**Power spending.** This is characterized by lack of self-esteem and personal power. The spender uses money as a god to demonstrate to the world that he or she has value and is in control. Extravagant and grandiose purchasing patterns are not uncommon. The person may be demanding with sales personnel (p. 45).

**Overspending patterns.** Regular patterns of overspending behavior characterize the warning in this stage. Often the overspending gradually develops so it is easy to deny or miss the patterns (p.45).

**Nervousness and irritability.** This warning sign is characterized by the person’s nervousness and irritability as the problems he or she is experiencing as a result of overspending increase. The emotional distress can work for or against the person. The person can recognize the patterns and get help or step up the spending in order to numb the anxiety which is developing (pp. 45-46).

**Increased financial worries.** This goes hand in hand with the anxiety and nervousness of overspending. Left unchecked, nervousness turns into paranoia and panic and the person develops behaviors such as waiting for the mail to be delivered, hiding mail, getting a post office box, having mail delivered to a friend’s home (p.46).

**Guilt and defensiveness.** Overspenders feel guilty about their behaviors (p.46).
Confusion. Increased spending increases confusion and emotional imbalance. Thoughts wander in circles. Sometimes the confusion will give the person the push he or she needs to get help (pp. 46-47).

Spending plans and new resolutions. When the spender realizes the emerging pattern, he or she may make resolutions to stop spending. A healthy spender will be able to follow through on the plans but the compulsive spender will not and will soon begin spending again (p.47).

Unless the compulsive spender seeks help during one of these stages in phase one, will begin the descent into the second phase of the addiction will begin.

Phase two - loss of control. In this phase, major life disruptions occur as a result of compulsive spending patterns and rituals. The change is marked by crossing over the line from choosing to spend into feeling you must spend. This phase is characterized by the following.

Preoccupation and obsession. The more the person runs away from life's problems and the accompanying feelings, the more removed and distracted they become from life. Having crossed the line, the person in this phase heightens spending with an accompanying new energy. Spending plans and schemes may interrupt sleep and there is general degeneration of performance, attendance and productivity at work. Relationships are strained to the breaking point, health problems occur, illness becomes a way to hide, spiritual values decay and legal problems may mount (p. 48).
Spending more to feel the same effect. In this phase, the person does not have healthy limits. Spending sprees need to be longer and the person must purchase more expensive and often more merchandise to feel the same high. Thinking becomes distorted during the spending binge. The need to dull the pain in the person’s life is increased. The spending break becomes the spending fix (pp.48-49).

Secrets and lying. When others challenge the spender’s behavior or otherwise interrupt it, the spender is compelled to lie and keep secrets about spending habits. Often the spender will go to great lengths to hide purchases (p.49).

Mood swings. The person begins to live two lives as the spending increases. Walking the tightrope causes mood swings and the person begins to blame others for their situation. Family and friends feel as though they are walking on eggs which is what the spender needs at this point to control others and stop potential confrontation (p.50).

Rationalizations. The ability to rationalize away their obsessions and compulsions around spending money helps the person defend against the truth of what is happening to them. They become expert at explaining away even the most outrageous behaviors (p.50).

Euphoric recall. The person’s subconscious shields them from the truth of the damage their behavior is causing them and others. The experience of the delusion the spender is under is likened to remembering the wonderful meal on
the flight from Los Angeles to Chicago, completely blocking out the fact that the plane crashed. (p.50).

**Broken promises.** As the obsession becomes more pronounced, the spender loses his or her ability to honor commitments and keep promises like any other addict. The person is not dishonorable, but the compulsion is so powerful that it makes the person’s choices for him or her (pp.50-51).

**Increasing disorder.** Having to spend rather than choosing to spend is the terrifying characteristic of this phase. The person’s inability to predict spending behavior is evidence of powerlessness and loss of control. The longer they are caught in the cycle, the greater the loss of control. Disruptions in major areas of life become evident as spending takes on a life of its own (p.51).

**Maintenance spending.** Spending now causes more pain than joy. What used to be great fun now leaves the spender feeling guilty and depressed. The addiction now compels further repetition of the behavior to soothe emotions somewhat and avoid the withdrawal that results if the spending ceases. It staves off the low that accompanies the cessation of the behavior. Symptoms include intense fear, agitation, depression, panic sleep problems, dizziness, perspiration, headaches, upset stomach and heart palpitations (pp.51-52).

**Frantic thinking.** Thought is obscured and problem-solving abilities become muddled. Worrying consumes all the person’s energy and thoughts jump around from one topic to another. Disorganization hinders clear assessment and planning. Agitated thought becomes characteristic (p.52).
Memory loss. The compulsive spender's brain seems to shut down in this phase. Spending becomes habit rather than planned and often the spender has no recollection of a spending binge. These periods of amnesia can be very frightening for the addict (p.52).

Escape attempts. The feelings of desperation and being out of control may drive the spender to make changes in job, home, city or relationships. These changes may bring temporary relief, but the escape attempts generally add to the problems already present in the spender's life (p.53).

Phase three - deterioration phase. This final phase is marked by extreme losses, dread, isolation, despair and collapse of self-esteem. Some people might suffer severe depression and panic attacks. This phase is characterized by the following.

Extreme fear and hopelessness. Feelings of doom and terror are constant. Fears mount, panic results in stomach problems, waking up with cold sweats in the middle of the night is not uncommon. People feel paranoid and often hopeless. There are no safe havens (p.53).

Divorce and other breakups. Healthy intimacy is impossible in this stage. Relationships suffer and can result in divorce or breakup (p.54).

Bankruptcy and other legal matters. Financial schemes and declaring bankruptcy will not solve the addict's problems with money, although the person often will resort to these ends thinking these steps will solve their problems (p.54).
Collapse of self-esteem. This is characterized by shame, self-loathing and worthlessness and helplessness. Grooming deteriorates and suicide is often considered (pp.54-55).

Collapse of alibi system. Excuses, lies, fabrications and lies no longer work and the denial system breaks down (p.55).

Chaos. This is characterized by a major crisis which hopefully challenges the spender to confront the sweeping effects of the compulsion. Chaos spreads in proportion to the compulsion (p.55).

Ethical erosion. Feelings of being trapped, helpless, hopeless and alone sometimes prompt spenders to commit illegal acts, forgetting their values and ethics. Those unlawful behaviors may manifest themselves in fraud, extortion, blackmail, shoplifting, prostitution, activities that once would have shocked them (pp. 55-56).

Isolation and despair. In this phase, withdrawal from others in common. Suicidal ideation and planning may be frequent and intensify unless the person seeks help (p. 56).

Factors Underlying Money Addiction

In this section, some of the most commonly discussed factors underlying addictions will be examined. Those major factors are genetics, shame, co-dependency, painful feelings, psychiatric illnesses and self-esteem.

Genetics. Much research has been done in the area of individual predisposition to addiction relative to genetic factors. It has been known for a long time that children of alcoholics have a four to five times greater risk of
becoming alcoholics themselves than do children of nonalcoholics. There is evidence showing that risk exists even for children of alcoholics who were put out for adoption and raised in nonalcoholic homes. Scientists recently have identified specific genes that may predispose one toward alcoholism. "As general evidence of the role of genetic determinants in human health and behavior continues to mount, it is not at all surprising that such evidence is also surfacing in the case of alcoholism and other addictions" (Seeburger, 1993, p. 123).

One of the methods used by individual and family therapists to identify patterns of behavior in the client's family of origin is the use of genograms to map out the history of the family of origin. A genogram is "a schematic diagram of the family system, using squares to represent men, circles to indicate women, horizontal lines for marriages and vertical lines to indicate children. Patterns of behavior are mapped out for as many generations as the client has reliable information. Family of origin refers to a person's parents and siblings, usually the original nuclear family of the adult (Nichols and Schwartz, 1995, pp.591-92).

**Shame.** Shame plays a significant role in the underlying causes of addiction according to numerous resources. Shame is often confused with guilt, but the two have different meanings and will be dealt with separately. Harper and Hoopes (1990) in their book, *Uncovering Shame, An Approach Integrating Individuals and Their Family Systems*, says that shame is a negative evaluation of one's self whereas guilt is an evaluation of behavior. Isolated experiences of shame occur in most people's lives, but when individuals have chronic shame
experiences they develop a shame-prone identity. These people interpret every incident as validation of their worthlessness and split off feelings as bad parts of themselves. They avoid their hidden and lost true self until depression or other emotional or mental disorders confront them (1990, p. 1).

With the addict, "... shame piles up into feelings of worthlessness and remorse in the face of a growing addiction that the addict feels responsible for starting but cannot seem to stop. (Wegsneider, 1981, p. 71).

Neurotic shame is the root and fuel of all compulsive/addictive behaviors. It represents the ruptured self and the belief that the person is flawed. Regardless of the type of addiction, whether it is ingestive such as alcoholism or activity based such as work, buying or gambling... the addiction mood alters to avoid the feeling of loneliness and hurt in the underbelly of shame. Each new addictive acting out creates more shame and life damaging consequences. The shame further fuels the addiction. Addicts call this cycle the squirrel cage (Bradshaw, 1988, p. 15).

"... shame feels unique and lonely; ... The shame which feels so peculiar to the self paradoxically is a product not of the individual and his or her unworthiness but of the family system." (Bradshaw, 1988, p. 15). People within the system are judged on their goodness or badness. Secrets are common and relationships are thin and brittle. The shame bound family system and person are highly resistant to change. The shame bound system or person may break and splinter given enough pressure to change.
Within shame based systems, violation of the person leads to shame; the person has vague personal boundaries; rules require perfectionism; relationships are always in jeopardy; rigidity increases; shame increases and leads to despair; persons within the system become alienated and distant; finally the person develops an image and control to survive.

Addiction is one of the most clearly identifiable aspects of shame. The person at the high end of the shame continuum often manifests multiple addictions (Fossum and Mason, 1986, pp. 123-24).

**Co-Dependency.** Melody Beattie in *Beyond Codependency* says that no standard definition exists for codependency. It is a normal response to abnormal people, a sickness, or a condition. Whatever it is, she says, it’s a problem . . . (1988, p. 11).

To the extent other persons enter into any sort of relationship with addicts, those other persons are also drawn in to the addictive pattern. In other words, if they have a relationship with the addict, they have a relationship with the addiction. The other person comes to have an unconscious, indirect interest in maintaining the addiction of the addict in order to maintain the relationship since the addict and the addiction have become one and the same and the addiction owns the addict. The other person’s indirect interest also makes him or her dependent on the object of the addiction which is referred to as codependency. Time after time, just as the addict chooses the object of addiction, so the codependent chooses to enable the addicts with whom they have entered into
relationships. Codependents protect the addict and in the process also protect
the addiction which keeps the relationship in turmoil.

The kind of enabling or caretaking that a codependent does must be
genuinely loving or caring behavior rather than veiled manipulative behavior and
it must not be consciously and deliberately aiming at doing something that feeds
the addict’s addiction, even though it does do just that.

Enabling or codependency is a form of caretaking that is unnecessary and
robs its recipients of their independence. Paradoxically, enabling disables and
dispossesses addicts of themselves under the appearance of helping them. It
furthers the disownment of the addict to the addiction and belongs to part of the
addiction (Seeburger, 1993, pp. 94 - 98).

Simply put, “The person who supports someone who is capable of
standing on his or her own is an enabler.” (Miller, 1988, p.10).

An article by Expanding Horizons, Inc., (nd) defines codependency as “a
set of maladaptive, compulsive behaviors learned by family members in order to
survive in a family which is experiencing great emotional pain and stress.”
(p.1).

Painful Feelings. Clearly money addiction has many faces and just as
many severe consequences if not recognized and treated. It is critical in the
identification stage to recognize that equally important is the identification of what
is underlying the addiction. Sharon Wegscheider, in her book, Another Chance,
Hope and Help for the Alcoholic Family, says that when painful emotions
become intolerable, the addict begins to repress them, to turn them off by using
the addiction. In the late stages even the ability to repress is lost and the realization of his true situation descends in a flood of desperation and despair. (1981, p. 71).

Rational-emotive theory suggests that a particularly low threshold for pain or frustration is present in most addicts. “According to this theory, the addict has the irrational belief that he or she cannot survive pain, discomfort, or unpleasantness and must avoid these sensations at all costs.” (Catalano and Sonenberg, 1993, p.12).

The pain referred to often involves emotional pain of feelings such as grief guilt, anger and fear, confusion, sadness, grief.

**Psychiatric Illnesses.** Addiction is a psychiatric illness that can effect every aspect of an individual’s life. People with mental disorders have an increased risk for other addictions. According to the National Institute of Mental Health, people suffering from Major Depression are 4.1 times at risk, Schizophrenia are 10.1 times at risk and Bipolar Disorder are 14.5 times at risk. (Compcare Article, nd, p.1).

**Self-Esteem.** Throughout this literature review, self-esteem has been cited as one of the factors underlying the addict’s behavior. Low self-esteem or low self regard, feelings of worthlessness and of not counting often drive the person to engage in newly found behaviors that if practiced over and over lead to addiction.
Summary

This chapter began with a discussion of the concept of substance addiction versus process addiction.

Next, literature on the various forms of money addiction, the behaviors associated with those forms of the addiction and the stages of a money addiction were reviewed.

Finally, some common underlying factors associated with addictions in general and money addictions, specifically, were examined.
CHAPTER 3

METHODOLOGY

Introduction

The purpose of the study was to describe the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns.

What is the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns?

Research Design

This research project used the case study design. The case study is an intensive description and analysis of a particular social unit which has as its objective the uncovering of the interactions and interplay of major factors that are characteristic in the unit. The case study method is an instructional technique used to present students with the major ingredients of a case study for illustrative or problem-solving purposes. (Merriam and Simpson, 1995, p. 221).

Nine case studies in which the researcher has gathered data over a period of the past twelve years to present were examined. Specifically the researcher examined the phenomenon of money addiction relative to its forms, origins, stages of development in the addictive cycle and suggestions for treatment in each of the cases presented.
The purpose of using cases in this study was to identify the presence of money addiction in the individual or family and the consequences of the addiction.

Source of the Data

The researcher has used data in this research study that has been gathered over the past twelve years on families and individuals through personal family experiences, friendships, business relationships with clients and co-workers and membership in a money addictions support group. Cases of individuals or families with money concerns ranging on the continuum of healthy money attitudes to addictive money attitudes have been used to illustrate the differences between the addiction and relatively healthy or perhaps somewhat troublesome attitudes that have not yet developed into addictions.

Assumptions and Limitations

The researcher has made certain assumptions about the cases which are presented in this study. The main assumption is that the information which has been gathered directly and indirectly from the respondents is truthful and accurate from the point of view of each of the respondents.

The information in the case studies was gathered through participation, discussion and observation in personal family experiences, friendships, business relationships with clients and co-workers and membership in a money addictions support group.

The study is limited in scope in terms of cases which have been presented and the findings cannot necessarily be generalized to a larger
population. The respondents all have had experiences and histories with dysfunction and addictions.

**Procedure**

The data presented in this study has been the result of the past twelve years of research, questioning, listening and recording of information gathered from the respondents about their families of origin, their nuclear families, their social and workplace interactions and their personal problems and issues related to money, addiction and emotions and feelings. This researcher has spent twenty years in a financial planning and investment advisory capacity in the financial services industry working with individuals on their concerns about money. At the same time, this researcher has spent the past twelve years working with individuals who have all types of addictions as a volunteer counselor.

The researcher analyzed the data presented in the cases by first looking at the form of the particular behavior with and analyze the respondent's life circumstances to determine the stage or stages of development the addiction has followed. An appropriate suggested treatment plan will be suggested.
CHAPTER 4

JP AND FAMILY

About fifteen years ago, JP began noticing something unusual about her attitudes toward money and material possessions. She didn’t have any understanding of what happened to her around money and things, but she did begin to feel a questioning discomfort about her behaviors and attitudes around money. Her life seemed to revolve around accumulating money, buying things and earning a higher and higher income on her job. She used money and buying and working for money as a diversion and attempted to bolstered her self-esteem through activities and behaviors associated with money, accumulating, buying and working.

Although she wondered from time to time why she felt so odd when it came to money, she didn’t give it any indepth thought until about eight years later when she began bringing it up to her therapist. They began to explore, but the therapist wasn’t too familiar with the concept, so they didn’t get too far in their explorations.

JP had done a significant amount of studying and work in the area of addictions and the accompanying behaviors and she began to hypothesize that perhaps this might be something like an addiction. Even though she was very familiar with addictions such as alcoholism, eating disorders, drug addiction, gambling,
sex and love, she had to stretch her mind to entertain the thought that this might be some form of addiction.

Dealing with the money addiction patterns in her family is something she had done in bits and pieces. She first sat down to examine in detail the behaviors of her mother and her father and how those behaviors and messages might have carried over to her life. She saw many of her mother’s and father’s behaviors and attitudes about money in her as she looked at her own addiction to money.

Her mother, Madeline, was the middle child and was a teenager during the ravaging Great Depression. As is the case with most families of that time, they lost everything except their home. Work was sporadic, food was scarce and clothing was handed down over and over again. When she was 23 years old, Madeline married JP’s father, Lloyd, a very handsome man that she determined could provide well for her.

Madeline would tell JP stories about when she was a little girl. She would tell her about the Depression and about how her family had to take in boarders in their already crowded home to have money enough to buy food. She told JP that many times her mother would fix them soup for dinner that was made of hot water and they would have to put catsup in it to flavor it. She would be very sad and ashamed when she thought about having to go to high school in shoes that were stuffed with cardboard so the snow wouldn’t come through the holes in the bottoms and everyday she had to choose from only two dresses to wear. She expressed her shame to JP over her poverty on many occasions
When the Depression was over, Madeline would show JP pictures of her when she was in her early twenties before her marriage. JP noticed that her mother was always dressed in the finest clothes - she wore beautiful hats and furs and she had diamonds on her fingers. She was very thin and lovely in her fine clothes. No one else in the family dressed that way.

After JP’s sister, Kay, was born, Madeline went back to work. She was very excited about that. It gave her a chance to have her own money. JP remembered how excited Madeline would be every night when she would come home with some new purchase she had made from the store she managed. One night it might be a set of dishes, another night it would be a kitchen appliance. And usually the purchases were not related to needs of the family.

JP’s father would become very upset about all the junk Madeline would buy and they would argue and yell about that, but Lloyd never won. Madeline kept buying junk and the house and attic and cupboards kept getting fuller and fuller, brimming over with her treasures. And Lloyd would keep buying tools for his garage and not telling Madeline until she would spot them when she went into the garage. They would argue over Lloyd’s purchases then as well.

Lloyd would ask her why she didn’t buy herself new clothes with the money or help with the bills and for the next day or two she would spend her money on groceries. But then Madeline would go right back to buying things. JP noticed that a lot of the things were never used and that Madeline would buy many of a certain type of item.
Madeline would spend all her money on things. JP remembered watching her sit in her chair in the family room on many occasions bemoaning her bills, wondering how she was going to pay them, calculating out loud when she would have the money to do so, proclaiming she was going to stop buying all the time, and the next day she would bring something else home.

One day Madeline took JP into her room and shut the door, telling her that she was going to show her all her secret hiding places she had for her money and she told JP not to tell dad. JP remembers feeling very uncomfortable, but she didn’t think much more about it and just observed Madeline as she scurried around her room from hiding place to hiding place.

As JP became a teenager Madeline decided to completely redecorate their home, which was a rather lovely home for the time and that town. She replaced the furniture, carpets, painted walls and bought more things. She would sit in her chair in her living room in her house, admiring her home and possessions, verbally commenting on many occasions about how nice her home was and she just knew it was nicer than anyone else’s in the neighborhood. Then she began to branch out and compare her home to other homes in the town. She would have to know what the neighbors were doing with their homes if she thought they were improving them because she had to make sure her home was bigger, nicer and better.

Lloyd bought himself a new truck one day to replace his old one. Madeline became outraged and yelled and called him names and wouldn’t speak to him for days. He had spent money that Madeline wanted to have for herself.
Lloyd had to buy the best and most expensive clothes and the best and most expensive of everything and everything had to be in order and perfect while Madeline didn’t care how much an item cost and she didn’t care if anything was in order, she just needed to spend, compare and accumulate.

One thing that struck JP as odd was that Madeline had to have the nicest home, dress the children in the nicest clothes. Lloyd had to drive a Cadillac and wear the most expensive clothes and everything had to look perfect. And yet Madeline’s wing of the house was a mess. Her rooms were a mess as were her drawers and closets.

Madeline would often argue with Lloyd about his brother, who lived in the same town about what a tightwad he was and she wondered out loud often how much money they had. JP learned later that she was actually having a secret competition with her brother-in-law in her mind to see if she could accumulate more than he and his family had accumulated.

On December 28, 1995, JP got a call from her sister telling her that their mother had died suddenly, from an asthma attack. A call from JP’s cousin revealed that Madeline’s behavior about money had gotten even worse over the years. She had been caught shoplifting so many times that the stores required she be accompanied by a family member before they would allow her to come in. She had been told they would have her arrested if she shoplifted again.

Madeline had insisted that her mentally ill disabled brother’s trust pay her a large amount of money every month for rent for her 20 percent share of the family home she owned in which her brother had lived his entire life and she
hired an attorney to sue the trust and family to get her monthly rent. She had begun legal proceedings against her sister who was the only surviving sibling to take the family home away from her. She felt like it was her home and her sister should not be living in it, even though she had lived in it with her husband her entire adult life.

Madeline’s sister finally convinced Madeline to take money for her share of the home where initially she wanted the full value of the home for her twenty percent but she finally accepted the payment for the twenty percent. The day after she signed her share of the family home over to her sister in exchange for a cash payment, she died suddenly. She began to choke and be unable to breathe at breakfast and within twenty minutes she was dead. She had enslaved herself to her money and eventually died from it, just as an alcoholic dies from alcohol. Her niece said that money was her god.

Coleman and Hull-Mast explain that money addiction can manifest through overspending, underspending and hoarding.

People whose lives have become unmanageable because of money generally either overspend or underspend. Poverty addiction is characterized by a downward spiral of deprivation that increasingly limits the person’s lives. . . . Poverty addicts may overspend in one area, leaving themselves unable to cover necessities (Coleman and Hull-Mast, 1992, pp. 72-78).

Madeline exhibited all these behaviors throughout the life of her money addiction. In some areas of her life Madeline exhibited tendencies toward poverty addiction. Although she was in a position to assist with providing food,
clothing and shelter in the family, she would deprive herself of adequate clothing and would rarely spend her earnings on family needs such as food and shelter. She would overspend in one area, causing deprivation in another area. Each year, Lloyd would be laid off his job for a period of time and would take on building projects to supplement the family income. At these times, Madeline’s spending on unnecessary items such as a third set of dishes or glasses or wall hangings for the home would increase even though the needs of the family warranted that she spend her earnings on food or clothing. When Lloyd would confront Madeline about her excessive spending on unnecessary items and ask her to assist with the household necessities, Madeline refused most of the time. Occasionally she would assist, but only until she silenced Lloyd.

Madeline also had a spending addiction. She was a sale addict and a money juggler. She often purchased merchandise she didn’t need and her home and garage was full of these items. During the money juggling part of her addiction, she seemed to love the excitement of barely keeping her head above water. She was hooked on overspending and scheming to get enough money to pay for her purchases.

Madeline also showed signs of wealth addiction in some areas of her life. She was obsessed with the accumulation and hoarding of wealth. Usually it is not the money that is the object of pleasure, but it is the series of actions and interactions involved in accumulating it. Money became her god, as her niece characterized her obsessions with money. (Schaef, 1988, p. 22).
Madeline had progressed to phase three - deterioration phase of her addiction. She was exhibiting extreme fear, healthy intimacy became impossible in her family relationships, she had filed law suits against numerous family members, her self-esteem was deteriorating, her life had become chaotic and there was ethical erosion as characterized by shoplifting and suits against family members. She had withdrawn from her family and often from her husband and was in isolation and despair. (Coleman and Hull-Mast, 1992, pp. 43-56).

Let us not overlook Lloyd's compulsive spending on tools for his garage. JP recalls many arguments the family had because he would go out and spend money earmarked for other household purchases on tools for his garage. The tools had to be the best and the best meant the most expensive to Lloyd. He always had a good explanation for his purchases, often rationalizing that some day he would need that tool in his work and so eventually the tool would pay for itself. And when Lloyd went shopping for clothing, he always had to buy the best and the most expensive items in the store. JP recalls that her parents would often argue about Lloyd's need to buy only the most expensive items in the store. And when purchasing automobiles, Lloyd always had to have the top of the line cadillac.

Men seem to buy specialty items more compulsively than women, focusing their spending on acquiring only the best. (Coleman and Hull-Mast, 1992, pp. 40-41).

Lloyd showed signs of being in phase one warning stages with his spending. His spending is characterized by his lack of self-esteem and personal
power which led him to power spend. Money is used as a god to demonstrate to the world that he has power. Extravagant and grandiose purchasing patterns are not uncommon. (Coleman and Hull-Mast, 1992, pp. 43-45).

Neither Madeline, when she was alive, nor Lloyd were receptive to any type of treatment and were in total denial that major addictive behaviors and problems existed in the family. Even though JP brought up the issue of the family dysfunction, they refused to hear what she had to say and maintained their position that JP had the problem in the family.

Among the critical issues JP had to address were those issues underlying her own personal addictions to money identified a deep and intense terror associated with stripping away the defense mechanisms she had built up around protecting her shame. She realized that much of her hoarding and spending of money, her surrounding herself with beautiful material objects, her need to live in a very large and beautiful home, her need to purchase and wear expensive clothing, her need to drive an expensive car, her need to make an above-average income are behaviors and beliefs she had learned and internalized and practiced to hide her shame and terror.

Recently JP found herself in a crisis situation because her job was in jeopardy. She became out of control and irrational in her thinking and she felt hysterical inside of herself. Even though she knew intellectually that she had accumulated sufficient assets to support her existing life style for the next thirty years at least, and even though she knew she was well educated and could find another job, perhaps not at the same salary level initially, she became very
depressed and terror-stricken. She could not think and all she could do was cry and catastrophize.

The intensity of her reaction to this possible job loss was extreme relative to the reality of her financial situation, especially since her company was willing to pay her a substantial sum totalling $175,000 taxable income as a severance package to assist her in making a career transition.

The possibility of the job loss brought up not only her intense shame because she felt she would be failing her mother, it tapped into her fear that now she would never have her mother's love because she would never be able to impress her mother with her accumulation of wealth and material goods, thereby proving to her that she was worthwhile and lovable. These fears only served to intensify her already toxic shame which she had so successfully protected with the money and things.

Sally Coleman and Nancy Hull-Mast point out that "The flip side of the poverty addiction coin could be described as wealth addiction." (1992, Introduction).

In her best-selling book, When Society Becomes an Addict, Anne Wilson Schaef writes about this issue:

In our culture the process of accumulation of money often becomes addictive. Like any other addictions, it is progressive; it takes more and more to achieve a fix, and eventually no amount is enough. People often do not care about money in and of itself; what drives them is the series of actions and interactions involved in accumulating it. (1988, p.22).
This situation has been a coming together of all JP's unmet psychological needs. She identified feelings of insufficiency and deprivation which she related to unmet nurturing needs as a child. She also related her underlying feelings of worthlessness to her unmet dependency needs as a child. She often felt abandonment by both parents during her childhood because she felt like her home environment had no sense and order and neither parent could or would address the chaos in the household when she expressed her upset. JP was beginning to experience no sense and order in her work environment. Her old childhood feelings of emptiness and abandonment flooded her thoughts and emotions and she believed she had no choices open to her.

JP showed all the signs of having a wealth addiction. She was obsessed with the accumulation and hoarding of wealth. No matter how much she accumulated, it was never enough. The object of pleasure was in the series of actions and interactions involved in accumulating it. (Schaef, 1988, p. 22).

She also had a spending addiction and fit best into the money juggler category. Although she was financially stable, she underwent trauma when she had to pay her bills, even though there was money in the bank. She would wait for days after writing checks to mail them. She was hooked on spending and then scheming to pay for the purchases while at the same time maintaining her wealth status. She was high energy, was generous and couldn't understand why others did not understand her financial worries. (Coleman and Hull-Mast, 1992, pp. 25-42).
JP was clearly in the phase one warning stages of her money addiction. She had experienced relief and mood elevation when she spent and actually had felt as though she were entitled. She used money and spending to demonstrate her power, that she had value and was in control. Her purchases were often extravagant and grandiose. As she began to recognize she had a problem, she became nervous and irritable with her overspending. When her confusion began and she was unable to keep her resolutions of not spending further, she sought help for her problem.

JP and her therapist confirmed together the existence of a money addiction. They worked on the underlying issues of shame, abandonment, deprivation, fear and anger. JP realized that working in her position in which she dealt with wealthy individuals daily and the entire focus of her profession was money, the measurement of her success was how much money she made was seriously impacting her own money addiction. For her, working in her field was like an alcoholic's working in a brewery or a bar. She made a decision over time to retrain herself and change her profession. Since there were no money addiction groups in her area, she attended other twelve step groups, Adult Children of Alcoholics and Alcoholics Anonymous and substituted money for alcohol. She began to build a network of individuals who suffered from the same addiction and they established a self-help group to discuss their money behaviors.

JP has come a long way in working with her money addiction. Unlike the alcoholic, however, JP must pay her bills and spend money when she does her
shopping. When she does have an urge to hoard or overspend in a grandiose manner, she has learned to look more deeply into what is triggering the need to spend and hoard. Since she has changed her work environment, she has found that she is not triggered to spend and hoard on a daily basis. Her prognosis for maintaining a balance with her money affairs is excellent.

JP also found it necessary to divorce her family of origin as she got further into her recovery. The dysfunction, blaming and shaming was so rampant and dangerous to her recovery and mental health that she was unable to be around her family without suffering severe setbacks.
CHAPTER 5

CATHLEEN

Cathleen was a very striking woman. When she first came to visit her therapist, she was in her mid fifties, although she looked much younger. Her blond hair was piled on top of her head in soft swirls, her nails were perfectly manicured, her lips were painted in beautiful bright red and her blue eyes were meticulously made up. She wore expensive jewelry and clothing which was all beautifully coordinated and she carried Jesabelle, her dog, under her arm. It was easy to see that this was a woman who had lived comfortably financially.

Cathleen came to therapy because she was very concerned about her future. She had been diagnosed with Chronic Fatigue Syndrome and was put on disability. She couldn’t work and her income had been cut substantially. She was distraught because even though she could pay her bills comfortably, she wasn’t able to engage in her usual spending and she couldn’t understand why this had such a debilitating impact on her. After all, she had everything she needed and wanted and the things she spent her extra money on were not critical to her enjoying her life.

In doing a family history, Cathleen discovered that she had been raised in an alcoholic family. Her father was an abusive alcoholic, her grandfather was an abusive alcoholic and her mother took sleeping pills and tranquilizers to cope
with the beatings and the abuse she was subjected to regularly. Cathleen remembers being molested by her grandfather when she was a child and she remembers seeing her father rape and beat her mother more than once. She had a younger brother who was born as a result of one of the rapes and the father would always accuse the mother of having cheated on him. He would brutally beat and abuse the young boy until finally Cathleen’s mother sent both children away to a private school.

Cathleen remembers that one thing the family did enjoy was a comfortable material and financial lifestyle and she remembers that her mother and her father would buy her things and give her money to quiet her down when she became distraught over the insanity in the household. She remembers, too, how her mother would dress her up in beautiful clothes and fix her hair up in ringlets almost every day. She was a picture-perfect child on the outside.

When Cathleen married, she knew it was important that she choose a man who could take care of her financially in the manner to which she had become accustomed. She married a commercial airplane pilot who made a very substantial income. He was gone much of the time, but when he was home, he was cruel and physically abusive to her. The only thing Cathleen had to entertain herself was buying and wearing her jewelry, her clothes and her shoes. Her social life consisted of her beauty appointments and her shopping with one or two friends. When her two sons were born, she had even more reason to shop and buy and she did.
As the years went by, Cathleen began using alcohol during the day to numb the loneliness and the pain from the abuse and at night she would take sleeping pills until she began to become so depressed that she frightened herself and asked her doctor to help her get into a hospital for treatment. She was treated for her alcohol and drug abuse and while she was in the hospital, her husband divorced her. She was devastated and relieved at the same time, but she did not go back to her alcohol and drugs. Her spending increased, somewhat, however. She got a job after her sons were grown and established a pleasant life for herself.

Her mother had been ill for some time from alcohol and drug addiction and she died and left Cathleen and her brother a substantial amount of money and property. At first, Cathleen was very careful with the money because she had to use part of it to take care of her brother who had just gotten out of prison for murdering a man. He was addicted to heroine and cocaine so he did not receive any of his money outright. Soon after her mother died and her brother, who had just gotten out of prison, committed suicide and Cathleen went into a deep depression. Her doctor treated her with anti-depressants, and although Cathleen began to feel better, her spending increased. She spent large sums of money on her children, she spent large sums on vacations and furniture and clothing and jewelry. She invested a great deal of the money in some risky investments and lost much of it. Within a year and a half after her brother's death, Cathleen had spent most of the money her mother had left her and her brother and had put a mortgage on her home which had been paid for just so
she could pay some of the bills she had incurred. The only thing left was the property which her mother had left and Cathleen decided not to sell it under the advice of her attorney.

It was not long after she had spent most of her money that Cathleen began feeling ill and tired and was diagnosed with Chronic Fatigue Syndrome and could no longer work and no longer had the money she needed to maintain her spending habit. She began to realize that there was something very destructive and out of control with her spending when she went out shopping for a new El Dorado Cadillac but didn’t have the money to pay for it.

Cathleen had symptoms of being in phase three of her money addiction. Her illness was complicating and exacerbating the situation and finally brought the addiction to light. She had begun to deteriorate. She felt extreme fear and panic about her money situation and became irrational in her need to have an El Dorado Cadillac, despite her obvious financial problems, her denial system has been breaking down and she had felt suicidal over the issues surrounding her financial situation and her inability to continue spending.

When she became rageful and depressed over the situation, she spoke to her doctor about her concerns regarding her behavior. Fortunately, Cathleen had been assessed and tested extensively by medical doctors, psychiatrists and psychologists for her Chronic Fatigue Syndrome so they were familiar with her history and were familiar with the concepts of both substance and process addictions. Cathleen had been working with her psychiatrist on her childhood abuse issues, low self-esteem and shame and he began to help her see how
she used the spending of money to help her get high when she was in emotional pain. Her therapy for the Chronic Fatigue Syndrome is ongoing and since she fortunately identified her issues with spending money, that addictive behavior has been incorporated into her therapy. In addition to maintaining a structured schedule and eating a healthy diet, she has been prescribed Prozac for her depression. Cathleen attends a self-help group started in her area for people having problems with money.

Cathleen also has a good prognosis for recovering and getting her money addiction under control. She is willing to do the work necessary to help herself.
CHAPTER 6

ANNE

Anne came to the spending support group complaining about her alcoholic husband and his inability to handle money. According to Anne, he would make large amounts of money and immediately go about spending on items that he said were for his inventory for his business. He was a dealer in all types of unusual collectibles and Anne was distraught about his purchasing very expensive items that she thought he had little hope of selling since the prices were so high and the market for them so low. He had, several years earlier, lost close to one million dollars making such purchases and being unable to sell the merchandise. Anne was full of anxiety and rage and she was thinking about divorcing her husband over his money habits. When she was asked about his drinking, she didn’t seem as concerned about that as she was about his spending.

As Anne began to feel comfortable with the group, it became clear that Anne had her own problems when it came to money. It seemed to dominate every session she had. Her entire life, conversations, actions, decisions and thoughts revolved around money. Her conversations were not unlike those of an alcoholic or gambler or drug addict that would start therapy with her and would talk about nothing but their addiction.
The group soon realized that Anne was having an intimate relationship with money and observed that a money addiction was dominating her life. In examining the family history, the group learned that Anne’s parents came to the United States from Europe when they were in their late teens. Anne’s maternal grandparents were poor and unable to leave their native country. Anne’s mother had met a young man while in Poland that she loved and wanted to marry. Her mother became outraged and strongly discouraged her daughter from marrying this man she loved. She told her that he would never amount to anything, that his family was poor as was theirs and that she wanted her to marry someone with a future.

Anne’s mother gave up her dreams of marrying the young man she loved and married, instead, a young man whose family was well off according to Polish standards of the time. She didn’t love the man and was not happy with him, but she was strongly influenced by her own mother who told her that having money would be far more important in the long run than having love.

Anne is one of four children, two boys and two girls. She is the second child, has an older brother, a younger brother and a younger sister. The sister, Marie, incidentally, has disowned the family, including Anne. She told the family in a letter that her father had sexually molested her as a child and none of the family members helped her. Anne was devastated by this latest information from her sister Marie, whom she had adored as a child.

Anne describes her father as a selfish, evil, abusive man whom she dislikes intensely. Anne has some vivid memories of her father’s killing farm
animals, putting kittens in closed gunnysacks and throwing them in water to
drown, shooting dogs when they were ill rather than getting them medical care.
She also remembers how painful the relationship was between her mother and
father and her father and the children.

Anne's most painful memory of her father came when she was fifteen
years old. Anne was a very bright young woman and graduated from high school
at age fifteen. She desperately wanted to attend college but her father refused
to help her pay for her education. He told her she didn't deserve to have a
college education. Both parents seemed to be consumed with money, hoarding
it, counting it and basing their lives on it. Anne felt like she was unloved and
unworthy even more so now that neither her father nor her mother would help
her with college. She had come to learn that money was the only important thing
in the world to her parents, even more important than she and by asking to go to
college, she would be selfishly taking from her parents their money which was so
important to them. She, indeed, was not important enough to them to even help
her a little.

In fact, as soon as Anne graduated from high school at age fifteen, her
mother took her aside and told her that she would have to find another place to
live because she was worried about what the father would do to her now that she
was a young woman in the household. Anne puzzled over her mother's remarks
as a child, but when her sister Marie wrote the letter about the incest in the
family, Anne began to piece things together. She recalled many instances when
her mother would become angry toward her father for the inappropriate sexual remarks he would make to his daughters, Anne and Marie.

Anne found a family that was willing to take her in and she worked in the local school cafeteria to try to earn enough money to buy her food and clothing and pay her rent. It was at that point that Anne began to plunge into a deep depression. She was terror stricken to be out on her own, heartbroken that her father and mother did not consider her worthy of spending some of their money to help her with college and stunned that her mother made her leave home, giving her no help emotionally or financially.

Anne struggled for several years until she met her present and only husband, Mack, who was twenty-five years her senior, had several children of his own, but who was willing to spend a lot of money on her. Because of her background, Anne equated receiving things with love. As the years went by, Mack was able to keep Anne supplied with an abundance of material goods and money which kept Anne happy. Even though Mack had begun drinking heavily was sexually abusive to Anne, she was willing to overlook those things as long as Mack made a good income and bought her things.

Anne made her own money, as well, from her job in public relations and from doing her own trading and bartering of art and antiques. When Mack was short of money for inventory, she would lend him the money, requiring him to pay it back with interest. Their transactions between them involving borrowing and lending of money back and forth became all consuming and gave Anne a high. It wasn’t until Mack began losing money, being unable to replace his losses, that
Anne began to feel out of control. She would overeat and overspend, she would hoard her money, rage at Mack about his money problems and fell into another depression. Her entire life, it seemed to her, revolved around money. She was miserable with her life and with her alcoholic husband Mack, but as long as she could hang on to her own money and keep putting some money away, she could hold on. Her dying father left her some money when he died and that seemed to revive her temporarily.

She began to feel dysfunctional on the job, her home became piled high with more and more papers, books and junk, so much so that she could barely walk up the stairs, there was so much paper piled up in stacks on them. She ate obsessively and thought about nothing but money, money money. She would buy objects for the purpose of selling them for a profit and get high whenever she made a sale or was able to put a few extra dollars in the bank.

Anne was beginning to accumulate a nestegg, but was terrified to leave her husband, Mack, with whom she was miserable. She wanted him to die and hated him, but her fear of not having enough has kept her in the relationship with him. She seems unable to leave her husband, she feels trapped in her job and is paralyzed with terror and fear and low self-esteem.

Her behavior followed the patterns of a process addiction. The addiction, money, has taken over her life to the point that she is no longer able to see things objectively and clearly. She is aware that her dilemma with money is an addiction and she has stated that she is unwilling to give it up at this time.
Anne is exhibiting some of the signs of being in phase three, the
deterioration phase of the addiction. She feels extreme fear and hopelessness,
her self-esteem has collapsed and her denial of her problems with money and
her life in general is breaking down. Her life is chaotic and she often feels
isolation and despair.

Anne has chosen to continue her work with the group, addressing her
underlying issues of abuse, shame, rage and terror in an effort to help her slowly
begin to give up her addiction to money and to see the world more objectively.
Anne does attend self-help seminars, attends a twelve-step program for her
eating, practices meditation, exercises regularly and travels. Her situation with
her work environment has improved and she is still unhappy with her husband
but unwilling to leave the situation. She continues to focus her life around
money but reports that her obsessions seem to be lifting somewhat because she
does not think about and manipulate her finances and money every day the way
she used to. She still thinks about it but not everyday.

With continued work on her underlying issues, Anne has a good chance
of bringing her money addiction under control, even though she says she is
unwilling to give it up.
CHAPTER 7

HARVEY

Harvey was a very successful attorney who came to therapy several years after his divorce from his wife of twenty-two years. In the divorce, his wife got half the family assets in the settlement agreement and he was required to pay her a specific sum of money monthly for the next five years in alimony and child support for their two children. He paid out the money and felt some resentment for having to do so, especially since he did not want the divorce. However, he knew he could make the money back in a few years since he did earn a good income and that is when he began what he describes as his obsessive quest to build back his wealth.

Harvey began to rigidly control his spending so that he could be certain to build his assets up again before he retired which didn’t leave him much time—fifteen year to be exact. At first he set up a budget for himself and allowed himself just enough money to get by. He invested the rest. He would follow his budget monthly and was finding that he would run short of money before the end of the month, so rather than allowing himself more money to spend, he began tightening up even further on his budget planning. He began to follow a weekly budget, planning carefully for all the things he needed, allowing very little for discretionary spending.
Soon Harvey found again that he was not living within his budget and again, rather than allowing himself more money in his budget, he became even more rigid with his spending and budgeting. Every day Harvey would jot down on a little note pad that he carried around with him exactly what he had spent for the day. When he went out with friends for a meal, he would take his pad out and record the exact amount of his expenditure. Rarely would he leave more than a five percent tip, feeling perfectly justified in his behavior. When friends would gently suggest to him that he tip at least fifteen percent, he would become very angry and defensive.

Harvey loved to travel and would plan at least five trips annually to different parts of the world. He would spend hours on the telephone with travel agents, trying to find the least expensive airfares that were available. Sometimes he would call back daily until he found what he thought was the cheapest airfare he was going to find and if necessary, he would book a flight in which he would have to leave at one or two in the morning to save even a few dollars. He would only stay with friends or in very inexpensive rooming houses when he would travel and rarely would he take in the sights of the city if he had to spend money on them. Most of the time he spent walking around the cities, going to the libraries and staying in his room to read. Occasionally he would treat himself to an opera or a play and after a week or ten days of this type of living would fly back home.

Harvey began to notice that when he would ask someone out on a date, the women would only spend one or two dates with him and never want to see
him again. He met these women through friends, through social engagements through his work, through his church or through a dating service that he joined. Harvey would ask them out for dinner and take them to a Denney's restaurant or to an afternoon movie matinee so that he would not have to spend much money on them or he would take them to events that were free or to which he had gotten complimentary tickets.

Harvey's life was just not working and he couldn't understand what was happening to him. He seemed to be ruled by his need to constantly watch his spending and he seemed obsessed with hoarding as much money as he could. When he tried to change his behavior, he would feel as though he were being stabbed in the heart when he spent more than he had budgeted or planned and he began to suffer from severe headaches and stomach pains whenever he tried to deviate from his hoarding behavior. His doctor recommended he seek professional counseling when he determined that the headaches and stomach pains had no obvious physical cause.

Harvey was suffering from a wealth addiction. He was obsessed with the accumulation and hoarding of wealth. No matter what his bank balance, it was never enough. He got high from the series of actions and interactions involved in accumulating the money. The addiction was disrupting primary areas of his life and was clearly a problem for him. (Schaef, 1988, p.22).

Harvey was in the phase two of his addiction - loss of control. He was preoccupied and obsessed with his hoarding and accumulating behaviors, he
would rationalize away the compulsions, becoming expert at explaining away his outrageous behaviors. His life was becoming affected in a serious way.

Harvey had a psychiatrist that he visited every three months to monitor his medication that he took for depression. He also worked with a psychologist weekly. When he reported to the psychologist that his medical examination uncovered no obvious physical problem for his headaches and stomach aches, his psychologist began to work with Harvey and his money hoarding behaviors. He knew that the same issues of anger, shame and low self-esteem that he had addressed previously had to be readdressed. The doctor had noted that he was concerned about the behaviors, but Harvey was unable in to understand how his behavior around money could be an addiction and how it could possibly be affecting his life. His psychologist suggested he begin reading about money as an addiction. He also assigned him reading on shame, co-dependency, anger and recommended that he attend workshops on self-esteem and anger and shame whenever he found one being advertised. Since Harvey loved to read, he found several books on the subjects and began to realize that he, indeed, had a problem. His psychologist was able to work with him with his cooperation as time went on. It was necessary for Harvey to reach his bottom with his money problem before he was willing to listen.

Harvey’s psychologist has been able to slowly break down Harvey’s denial around his money addiction. Since Harvey has overcome his alcoholism and stays in therapy and is beginning to become willing to look at his money addiction, his prognosis for maintaining balance is good.
CHAPTER 8

CHER

Cher came into therapy in an extremely agitated state of mind. It seems that when her husband asked her for a divorce, she didn’t really feel upset that her husband wanted to divorce her but that the extra income that his salary provided would no longer be available to her and she didn’t know how she was going to survive.

Certainly when she expressed her concern to the therapist over the telephone, it seemed to be very valid on the surface. When she came in for her first session, however, the therapist began to suspect that there was more to her plight than she was telling. Her children were grown and had families of their own. Cher had a very well paying professional job of her own and she would be receiving half the family’s assets which put her in a comfortable position as a single woman.

When the therapist asked why her husband wanted the divorce, she told her that he finally had taken all he could when she insisted that they sell their home because it did not have enough closet space for all her clothes and shoes. It seems that he had pleaded with her on several occasions to see someone about her need to keep buying clothes and shoes but she saw nothing wrong
with her behavior and refused to get help. She referred to him as cheap and jealous of her because she always looked so beautiful in her lovely wardrobe.

In looking into Cher’s history, she revealed that as a child, she felt very ashamed to go outside the home because her mother would dress her “like an old woman”. Her mother made all her clothes for her and Cher said that she was always being made fun of because of the way she dressed. When she came home crying, begging her mother to please buy her clothes from the store, her mother would punish her by tying her hands and feet to her bed posts at night when she went to bed. Her mother’s abuse and the humiliation and degradation of her peers was so shameful and painful and she vowed that when she got older she would never again endure anyone’s insults about the way she dressed. She also recalled that her mother used to accuse her of flirting with her father and having sex with him as a young woman. Cher had no recollection of those events, but was visibly upset when she remembered her mother’s accusations.

She also revealed that as her needs to have more and more expensive clothes and shoes and jewelry increased, she had insisted that she be allowed to spend her earnings, which were substantial, on her needs and that her husband pay all the household bills. In desperation, trying to avoid further problems in the marriage, he agreed and soon Cher was spending her entire income on clothing, shoes and jewelry.

She also revealed that she had filled up every available closet in their five-bedroom home with her clothing and that when she needed more room
she had the patio off their master bedroom converted to another closet. Her husband was furious, but allowed her to do it. She knew that if she suggested selling the house to buy a bigger one for more closet space, her husband would be outraged, but she had no idea he was going to ask her for a divorce. In order to try to appease him, she agreed to clean out the closets in the present home and give away or sell those clothes she wasn’t using.

She and her friend agreed that they would have a yard sale so that Cher could sell some of her clothes. Cher remembers that her friend was stunned when Cher came over to her home with a clothes rack in the back of the van filled with beautiful clothing that still had the tags on them - they had never even been worn. Her friend questioned her about the clothes expressing her astonishment at the numbers of beautiful unworn garments that Cher was going to sell at the yard sale. Cher became angry and defensive and accused her friend of being jealous of her. She put her clothes back in the van and took them home and immediately called a real estate agent and put their home on the market. When her husband came home and found out what Cher had done, he became outraged and did something he had never done before - he asked her for a divorce.

Cher had a spending addiction which took several forms. She was a sale addict. She planned her leisure time around sales of all types, especially department store sales. She bought merchandise she didn’t need and often didn’t want and her closets were full of these sometimes unworn items of clothing. Since she had to spend at least some money daily, she was also a
maintenance spender. Each day on her lunch hour, she felt compelled to go across the street to the shopping mall and buy at least something, usually apparel, jewelry or shoes coordinated. Occasionally, though, she would buy something other than clothing.

Her spending addiction had gotten to phase three, the deterioration phase. Her husband was asking for a divorce and Cher was feeling extreme fear and hopelessness over the prospects that she would be unable to maintain her current spending patterns.

Her first step in helping herself was in getting help for herself. Although it took several sessions just to help her understand the nature of her problem and help her understand that this was indeed an addiction, once she began to understand her behavior, she became more willing to address the underlying abuse issues that were driving the addiction.

Cher began attending Adult Children of Alcoholics meetings and Debtors Anonymous meetings in her area. Her therapist encouraged her to read whatever she could on money addiction, shame and co-dependency. They worked together on shame reduction and Cher attended a self-esteem workshop in her area. She was hesitant to look at the possibility of sexual abuse by her father, but the therapist did make suggestions to her regarding reading material that might help her remember or relate to what she might have had to forget.

Her husband agreed to attend family counseling with Cher so that he could better understand her illness. No decisions have been made by either to stay together or to divorce. However, whatever their relationship decision will
turn out to be, they are both gaining a better understanding of themselves and the nature of their problems and their relationship.
CHAPTER 9

LUCINDA

Lucinda and her husband, Jim, came to therapy several months after Lucinda found their son, Jason, in their closed garage lying dead under the exhaust of his automobile.

She was unable to function and went into a deep depression. Her job was being affected as was her marriage and her relationships. Before his death, her son had just spent a month in treatment because he had attacked his stepfather one afternoon, something which was uncharacteristic of him. He had been diagnosed with bipolar disorder and Lucinda was trying to convince herself, unsuccessfully it appeared, that he had committed suicide because of his illness. She knew that his biological father had the same disorder and kept trying to tell herself that was the reason for his death.

Jason had been home only one week from the hospital when Lucinda came home from work and found him after opening the garage door. Jason had left a note in his room before he died. In it he expressed his hurt and pain toward his mother because “all you ever think about or care about are your furs, your trips, your money and having sex with Jim.” In the note, he also accused Jim, his stepfather, of having sexually molested him.
Lucinda had gotten a lot of support from her friends throughout the entire ordeal. Her best friend had been particularly helpful to her and Lucinda had confided much in her. She found herself reading the note over and over again and several days after Jason had been buried, she called her best friend, Pamela, and told her about the note that Jason had left. She knew that Pamela would be honest with her - that is why she confided in her. She asked Pamela if she thought that furs, clothes and sex were all she thought about. Pamela told her that those subjects certainly did seem to dominate a great deal of her time, her conversation and her thoughts. Lucinda had not expected her best friend to give her that response and she at once became terror-stricken and angry, so angry that she hung up on Pamela and vowed never to speak to her again.

After spending several sessions with Lucinda and her husband, it became clear to the therapist that indeed their lives did revolve around their sexual escapades, their trips and their possessions. They took great pride in their beautiful home and Lucinda loved her furs. She lived in Phoenix, Arizona, but had 3 furs in her closet, along with several closets of beautiful clothing. Lucinda was obsess with having to look good on the outside. She fussed about her weight and ran five miles every day to stay trim and fit.

When the therapist inquired into her exercising and her concern over her weight, after all Lucinda was very trim and not overweight, she revealed that when she was a child, she had been very "fat" and she hated herself. She also revealed that her family was very poor and as a consequence, her father had to work out of the state much of the time. When he did come home, he didn't stay
long but she did recall that on one occasion, she heard her parents arguing and
she saw her father in a rage, go after her mother with a butcher knife. When she
screamed, her father dropped the knife and ran out of the house. She did not
recall any drinking in the family. She did, however, have an older sister who had
been institutionalized with tuberculosis and had been abused while in the facility.
She remembers that when her sister returned, she was no longer the nice sister
Lucinda had remembered but was cruel and abusive to Lucinda, often hitting
her, calling her names and taking her things away from her. Lucinda was
devastated by the change she experienced in her sister and broke down in tears
as she was telling the story of her sister. She also recalled that she had an uncle
who used to ask her to sit on his lap and he would touch her inappropriately.
She grimaced as she discounted the story and wasn’t able to remember any
other details.

When Lucinda left home for college, she was still fat, as she called
herself. When she began to lose weight, she became very protective of her
appearance and began to take great pains in watching her weight and making
sure she looked perfect on the outside. Her clothes had to match and her
jewelry and shoes had to coordinate with her clothes. She began to run every
day and became obsessed with exercising, running marathons as often as she
could. It was more important to Lucinda than anything else that she look good
and that her home, her child and her husband look good. She insisted on buying
a home in an expensive neighborhood and furnishing it with only the best of
furnishings. When friends would come to visit, she would dominate the
conversations, talking about her running, her clothes, her trips and her new purchases for her home.

Lucinda confided to her therapist that she knew she put a lot of emphasis on looking good, but she could not believe that it had had that much of an impact on her son that it could have contributed to his death.

Lucinda had to spend money constantly to keep up her image of looking good on the outside. Part of looking good on the outside was taking on the appearance of being wealthy - buying, furs, expensive jewelry, a large expensive home.

Clearly the obsession with looking good and looking wealthy had had an impact on her son and her relationship with him, enough of an impact that he wrote in his suicide note that he was distraught about her only thinking about her furs, money and sex. Although Lucinda and Jim did not understand that they were in phase three, the deterioration phase, of this addiction when they sought help, it became clear to them as their therapy continued that it was an addiction for both of them.

Both Lucinda and Jim began working on their family of origin issues with the therapist and both uncovered serious addictions in other family members. They looked at their shame and low-self esteem and both realized that they carried a lot of anger. They were encouraged to attend Adult Children of Alcoholics meetings and to read about money addiction. Lucinda and Jim attended debtors anonymous meetings and decided to start a separate meeting for money addictions in their area.
CHAPTER 10

DANA

Dana’s trusted friend, Jessie, had expressed her concern to Dana about her need to seem to have to buy gifts for others often. Every time Dana would visit Jessie, she would feel compelled to spend hours looking for just the right gift for her and Jessie felt uncomfortable about it. Because they had many mutual friends, and because Dana was also friend’s with Jessie’s sister, Jessie noticed that Dana bought gifts regularly for all her other friends as well. Jessie became particularly concerned about Dana’s behavior when Dana lost her job and was barely able to pay her bills and buy food but would spend money buying gifts for her friends.

The crisis came in the friendship when Jessie told Dana that it was not acceptable for her to buy any more gifts for her. She let her know that Dana did not have to buy her gifts to be accepted by Jessie, but Dana became very angry and hurt and didn’t understand. She was unable to visit Jessie because she couldn’t comprehend going to see her without spending hours picking out a gift for her. Jessie left several messages for Dana on her answering machine, but Dana couldn’t call Jessie back. Finally, the last message Jessie left was a plea for Dana to talk to a therapist about this problem.
Dana fought the idea and several months went by before she realized that perhaps Jessie was right. She had watched her behavior and began to see that her friends did not feel compelled to buy her gifts all the time. In fact, they rarely, if ever, bought her gifts except for birthdays or holidays. She began to observe that others did not buy gifts for their friends the way she did either and slowly allowed herself to see that there was something unusual about her need to buy things for people all the time.

Dana contacted the therapist with whom she had worked on previous issues and revealed to her the gift buying behavior. Her therapist was well trained in treating addictions of all types and although she did not recognize the behavior initially as a form of spending addiction, as she learned more from Dana, she began to read about spending addictions and determined that Dana had an addiction to spending and it manifested itself through buying gifts.

The therapist determined that Dana still had serious issues of shame and she began working with her on shame reduction. Dana read several books on shame and attended a seminar on self-esteem. She already had been attending Adult Children of Alcoholics and Co-Dependency Anonymous meetings. She added meetings of Spenders Anonymous which helped her see that she was not alone in her addiction to spending.

As is the case with any other addiction, the therapist worked with Dana on more of her family of origin issues, her abuse issues, her self-esteem issues and her shame and helped Dana see that she did not have to give gifts to be accepted.
Dana's addiction was in phase one, the warning stage. She was power spending which is marked by lack of self-esteem and personal power. She used money as a god to let her friends know that she had value. This phase is also marked by increased financial worries. Even though Dana had lost her job and was barely able to pay her monthly expenses, she put herself in financial jeopardy to continue buying gifts for her friends. She became confused and emotionally imbalanced when Jessie asked her to stop buying gifts for her which resulted when the wife divorced him. She asked with, what is good for you and he was what was necessary for Dana to get the help she needed. (Coleman and Hull-Mast, 1992, pp.55-57).

Dana did realize her need for help with her money addiction and asked her therapist to help her with the addiction.
CHAPTER 11

JOE

Joe was a recovering alcoholic. He realized he had a problem with alcohol when his wife divorced him, his children didn’t want to see him and he received his third DUI and was thrown in jail. He was given a choice to stay in jail or go to treatment, so he went to treatment.

Joe had been used to living very comfortably. He was an attorney in the small town in which he and his family had lived. He worked as a partner in his father-in-law’s firm so he made a handsome sum of money. He bought expensive automobiles, lived in a very large, expensive home, took his family on lavish trips several times a year and had invested in some very risky financial ventures. Joe’s spending, however, exceeded his income, but he was always betting on bigger and riskier financial deals and investments to get him out of the financial bind he had gotten himself into. He loved the highs he got from big spending and the more he spent, the more he had to spend to maintain his highs.

After the divorce, Joe had to declare bankruptcy because of the financial condition into which he had gotten himself. He blamed everyone and everything for his financial problems and after declaring bankruptcy, he felt relief because
his slate was clean. It didn’t take long for him to start his spending behaviors again, however. He had moved to a metropolitan area in another state, hoping to start over and to get a good job as an attorney in a firm somewhere else. He wasn’t able to get hired by a law firm. Most firms were experiencing layoffs, so Joe found a job as a banker. He didn’t earn what he was used to earning, but that didn’t seem to stop him from continuing his spending.

His second crisis came when Joe got involved in a relationship with a woman he met through mutual friends and contacts he had in his work. The relationship progressed nicely. Joe particularly liked the idea that Michelle had a very well paying professional position, she owned a beautiful home, drove an expensive car and had money in the bank, he had found out. His mind began to work overtime, thinking of ways that he could talk Michelle into marrying him. She was not willing to marry until she knew him much better. She also had concerns about his alcoholism and she wasn’t convinced that she would be able to deal with his three children when they visited.

After about 6 months into the relationship, he finally got Michelle to agree to consider letting him move in with her in the fall after his children left for the summer. Having the children all summer would give Michelle a chance to see how they all got along. At about the same time, Joe asked Michelle if he could borrow money to pay the balance of the taxes that he owed for the previous year. Michelle found it unusual that Joe would owe money on his taxes that year. She had never lent money to anyone before, but she did lend him the
money for the taxes and had him sign a promissory note that he would pay her back in one year with interest at ten per cent.

Michelle found out quite by accident that Joe didn't owe money at all on his taxes. In fact, he had received money back from the IRS and the state. She happened to see the refund checks on his kitchen table. When she confronted Joe that evening, he confessed to her that he had spent all the money from the IRS refund plus the $2,500 she had lent him on the house he had rented for the summer for his children's visit. Michelle demanded that Joe pay her the money he owed her immediately. When he continued to make excuses and lie, she threatened to hire an attorney to collect the money. Joe became terror-stricken, knowing that if Michelle did that he would surely be found out. She would know about the bankruptcy which he lied about and she would probably find out about the other credit problems and losses he had because of his spending.

Joe borrowed the money from his retirement account to pay Michelle. The problem did not stop with that. Michelle had started putting together the unusual behaviors she had been noticing about his spending habits and started asking him some very tough questions. She told Joe that she would have to put the relationship on hold until these questions were answered and the problems were resolved. Joe became rageful over his financial worries and just as he had in the past, he began to panic and feel suicidal.

Joe is a suicidal spender who engages in risks and thrills spending. He goes on sprees that are far out of proportion to what he can afford. He had become so financially distressed as a result of his grandiose sprees that he
became suicidal over the situation he created. He was filled with intense anger and rage over it and needed to seek professional help. (Coleman and Hull-Mast, 1992, pp. 36 - 41).

His money addiction had progressed to the deterioration phase, phase three, which is marked by extreme losses, dread, despair and collapse of self-esteem. He suffered from severe depression and panic attacks as a result. He was threatened with yet another breakup in a relationship, he had already declared bankruptcy once and was being threatened with other legal proceedings by Michelle, his lies and excuses no longer worked and his denial system was breaking down. The chaos and panic gave him the impetus he needed to seek help. (Coleman and Hull-Mast, 1992, pp. 53-56).

He had been in an alcohol recovery program long enough to realize that something was very wrong. Although he had not been receiving professional help after his move, he knew it was something he couldn’t seem to overcome on his own. Michelle gave him the names of several addictions therapists she knew and Joe interviewed them until he found one that he thought understood his problem and could help him.

The therapist he chose designed a treatment plan for him that included learning as much about money addiction as he could through reading and research. He also recommended several books on shame and codependency and he worked personally with Joe on shame reduction and self-esteem issues.
Joe maintained his alcoholics anonymous meetings and attended debtors anonymous meetings which was the closest money addiction meeting he could locate in his area.
MILTON

Milton died at age 46 and left his family in turmoil. It wasn’t until his death that his family began to realize the financial ruin that followed him to his grave and accounted for his estate’s being in debt. Milton had been an attorney by profession and behaved as though he had earned a substantial income. On closer examination, however, what the family learned about his financial situation was both shocking and unbelievable.

His family was made up of his thirteen year old daughter, Lynn, his ex-wife, JP, his mother, his sister and his twin brother, along with several nieces and nephews. Milton and JP had known each other for three years before marrying. Milton was a bank officer, the youngest in the city to have reached his level, and he was attending law school at night. JP knew that he didn’t have much money to spend when they were dating since he was going to a very expensive law school and most of his money was used for living expenses and educational expenses. She did notice, though, that whenever they would go out on dates, he was a real cheapskate. She tried to overlook it except that he always seemed to have money for his extravagant trips that he would plan at least two or three times a year.
When JP and Milton married, he had just completed law school and had
gotten a job in a law firm. JP earned a good income as well, but since they had
planned to have a child right away, she knew she would be quitting her job at
some point. Milton continued his stingy ways with JP. He would continue to
spend money on himself, but would begrudge her anything. JP finally had to just
make up her mind that she was going to spend what she needed to spend for
her clothing and needs. Milton insisted that he would manage the money,
including JP’s money.

When their first and only child, Lynn, was born, JP began noticing that
finances got tighter and tighter and she at first attributed it to the fact that she
had quit working. But she began noticing that Milton would go out shopping for
needed clothing and come back with hundreds of dollars of new suits at one
time. He began planning trips on his own without telling her. She had finally had
enough of his behavior when Lynn was 5 months old, it was still cold from the
winter months and Milton decided he would take a three week vacation back
each with friends to go sailing without JP and Lynn. His explanation for this trip
was that he was going to meet with some people who might turn into clients and
they had a lot of money. He could hit the big one if this vacation with them went
well so he couldn’t take any chances having a baby along.

It was at that point that JP found an attorney and filed for a divorce from
Milton. During the divorce settlement discussions, Milton believed that he was
entitled to take all their possessions, including JP’s automobile that she had had
before the marriage and all the furnishings that JP’s parents had purchased for
them when they married. In addition, he did not believe he needed to pay child support payments since JP was perfectly capable of working and earning a good income. Shocked by his stinginess, JP turned everything over to a lawyer to negotiate. Milton was required to pay child support and the material possessions were divided up fairly.

Milton was angry about having to pay child support payments but he paid them for two years. He then announced to JP that he would be quitting his law practice to go teach law school in Australia and he would no longer be paying child support payments. JP and Lynn did not hear from him for several years after that. When he did return to the United States, he still refused to pay child support payments, even though he could afford them financially.

Five years after his return to this country, Milton again decided he was going to quit his law practice and travel around for a year and then buy a cabin in the mountains and retire. JP found that strange, especially since Milton had always refused to pay child support or help in any way with Lynn either emotionally or financially. She wondered how he was able to accumulate the kind of money needed to retire at such an early age in only five years time.

Milton did leave the country to travel. His brother called JP and Lynn one August evening and sounded somber and serious. He called to let them know that Milton was dead. He had been in Greece playing tennis with a friend when he fell and broke his leg. He went unconscious from the break and was taken to the hospital. He did not regain consciousness for several days and his leg, which had been cast, was not healing properly. When he regained
consciousness, he called one of his friends in New York to arrange to have him come get him and fly back to the United States with him, putting him in the hospital here. It was then that Milton learned that he had Melanoma. He didn’t tell any of the family and it wasn’t until he died three weeks later that the family learned of his illness.

The attorneys who settled the estate had been Milton’s law partners in the previous firm where he worked. They discovered that Milton had stolen several hundred thousand dollars in bonds from one of his deceased client’s estates that he was settling and had put the bonds in his safe deposit box and was living off the interest from the bonds. The deceased client had no relatives and was giving his money to a charity. Since the charity had no way of knowing they were receiving the money, Milton thought he would be safe in taking the bonds and putting them in his safe deposit box. When the attorneys opened the safe deposit box, they discovered the bonds.

Milton had gotten himself into trouble long before his death. He was broke. He was in the process of losing his home when he left the country, he had cancelled all his insurances, health and life and owed creditors money. JP realized that his problems had started many years earlier when they had been married. However, she thought he was just selfish. Milton, of course, got no help for his problems, but he left destruction in his path even after his death.

Milton had always thought he was going to hit it big with that one case and he would earn all the money he would ever need. He was always searching for that big deal or that big client and spent a significant amount of time pursuing the
big deal. He fixed his work on the scheme rather on the work. Somehow spending money compulsively seems all right in the pursuit of the illusory big payoff. (Coleman and Hull-Mast, 1992, p. 41).

Clearly Milton was in stage three, the deterioration stage of his money addiction which is characterized by divorce, extreme fear and hopelessness, bankruptcy and other legal matters and ethical erosion which prompted Milton to commit illegal acts that once would have shocked him. (Coleman and Hull-Mast, 1992, pp. 53 - 56).
CHAPTER 13

SUMMARY AND RECOMMENDATIONS

Summary

The purpose of the study was to describe the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns.

The researcher addressed the process of money addiction, its relationship to other addictive behaviors and to family of origin addictive patterns.

This research project began with a discussion of the concept of substance addiction versus process addiction.

Next, literature on the various forms of money addiction, the behaviors associated with those forms of the addiction and the stages of a money addiction were reviewed.

Some common underlying factors associated with addictions in general and money addictions, specifically, were examined. This research project used the case study design. Nine case studies in which the researcher has gathered data from personal family experiences, friendships, business relationships with clients and co-workers and membership in a money addictions group over a period of the past twelve years to present were examined. Specifically the
researcher examined the phenomenon of money addiction relative to its forms, origins and stages of development in the addictive cycle and the family of origin.

The researcher has made certain assumptions about the cases which were presented in this study. The main assumption is that the information which has been gathered directly and indirectly from the respondents is truthful and accurate from the point of view of each of the respondents.

The study was limited in scope in terms of cases which were presented and the findings cannot necessarily be generalized to a larger population. The respondents all have had experiences and histories with dysfunction and addictions.

The data presented in this study has been the result of the past twelve years of research, questioning, listening and recording of information gathered from the respondents about their families of origin, their nuclear families, their social and workplace interactions and their personal problems and issues related to money, addiction, emotions and feelings. This researcher has spent twenty years in a financial planning and investment advisory capacity in the financial services industry working with individuals on their concerns about money. At the same time, this researcher has spent the past twelve years working with individuals who have all types of addictions as a volunteer counselor.

The researcher analyzed the data presented in the cases by first looking at the form of the particular behavior and analyzed the respondent's life circumstances to determine the stage or stages of development the addiction has followed.
The researcher has shown in the cases the three main forms of money addiction. Poverty addiction is evident when people deprive themselves of necessities but who are usually in a position to provide themselves with food, clothing, shelter, entertainment, health care and other extras that can enrich and enhance their lives. Wealth addiction is the opposite of poverty addiction. A wealth addict is obsessed with the accumulation, and often, hoarding of wealth. No matter how much a wealth addict accumulates, it is never enough. Usually it is not the money that is the object of pleasure but it is the series of actions and interactions involved in accumulating it. Spending addiction can take many forms depending on the person's personality.

The cases examined money juggling, power spending, specialty buyers, binge shoppers, sale addicts, gift buyers, guilt inducers, maintenance spenders, suicidal spenders, risks and thrills and hitting the big one. The three phases of money addiction, the warning phase, the loss of control phase and the deterioration phase were also examined in the cases presented.

The family histories of all the cases presented in this study revealed that there was evidence of some form of addiction previously within the family systems, accompanied by reports of verbal, emotional, physical or sexual abuse.

Money addiction does not receive much attention in our society, partly because it is such a profit-oriented, materialistic and money driven society. Individuals who exhibit displays of materialism and who focus on making money and wealth are often praised. Many of those individuals may not suffer from
money addiction and those who do are specialty buyers, often overlooked and discounted.

**Recommendations**

The researcher has presented this information in detail in order to assist professionals working with addictive disorders to identify forms and stages of the addiction which they suspect might be an issue for their client.

The researcher recommends the following treatment options in working with clients with money addictions who are probably dual or multiply addicted.

The treatment suggestions and theories that follow fit a holistic approach to the treatment of this addiction. The four major categories discussed and suggested included the medical, physical, psychological and the spiritual aspects of treatment for addictive disorder of any type including money addiction.

**Medical**

In a previous discussion of the increased risk of developing an addiction should a person also have depression, bi-polar disorder, or schizophrenia, a psychiatric evaluation would be appropriate and necessary to determine whether or not other major brain disorders are a factor in the client's treatment. The treatment of addictive behaviors becomes easier when other psychiatric disorders are diagnosed and treated.

It is also advisable to inquire about the client's general health and advise that the client be evaluated by a medical doctor to determine the level of physical wellness to determine the extent to which any physical problems might be exacerbating the client's life.
Physical

Many studies now indicate that regular exercise not only improves heart and lung capacity and improves quality of life, exercise also stimulates the production of endorphines in the brain which have a marked positive affect on the individual's feeling of well-being and state of mind. It is strongly recommended that the therapist suggest to the client that as part of the treatment plan that the client discuss with his or her physician a recommendation and implementation of an exercise program. Along with a safe and appropriate exercise program would come a safe and appropriate diet for the client.

Spiritual

Twelve-Step Programs. One of the first descriptions of addiction came from Alcoholics Anonymous which described that disease as a spiritual, physical and mental disease. Alcoholics Anonymous, the first twelve-step program, has been one of the more successful treatment methods for alcoholics. As a result of that success, many individuals afflicted with other addictions have established their own twelve-step groups that focus on that particular addiction. Although there is not a group, Money Addicts Anonymous, known to the researcher, there are other groups established that help individuals who are afflicted by money addictions. Those groups are Spenders Anonymous and Debtors Anonymous, Overspenders Anonymous and Shoppers Anonymous. In some cases Gamblers Anonymous might be of help should the other groups not exist in an area.

To find a group look in the self-help section of the yellow pages, look under that particular group name or try calling the information operator. Often
behavioral health facilities in the area will be familiar with the twelve-step groups and can direct the caller to a resource or a telephone number. (Kaye, 1991, pp. 191-192).

Psychological Intervention. Recognition of the addiction is the starting point. That can be one of the most difficult steps to the treatment of the money addict. One method for helping someone with an addiction who doesn’t want help is to prepare for an intervention. This is a process by which the harmful, progressive and destructive effects of addiction are hopefully interrupted and the addict begins to see the problem so he or she can get help. An intervention presents reality to a person out of touch with it in a receivable way. The goal is to break down the defenses of the addict long enough for reality to shine through and for the person to accept it.

Presenting reality in an intervention means presenting specific facts about the person’s behavior and the things that have happened because of it. This type of intervention may help to reduce the client’s resistance because the information is objective, unequivocal, nonjudgmental and caring. Although it is a confrontation, it differs from most confrontations because it is not an attack on the person but on the person’s wall of defenses.

Intervention is an act of empathy in which participants agree to take part because of their deep concerns for the addict. Caretaking stops and caring about the person through doing an intervention hopefully begins the addict’s process to recovery. The individuals involved in the intervention should have no
surprises which means that preparation for the intervention may take days, weeks or months of practice, planning and rehearsal. The only surprise, if planned properly, will be to the addict when he or she finally is met head-on with the realities of the addiction. This, for the addict, is usually the moment of trust which he or she experiences as a crisis -- a discrete event. (Johnson, 1986, pp. 61-62).

**Literature.** In researching money addictions, the researcher found very little information directly related to Money Addiction itself. However, there is an abundance of information available regarding the subject of addiction and factors underlying addictions. There are many books and tapes available that deal with those underlying factors discussed in this paper. The reference list of this paper is one source of material which will help begin the education and awareness process of money addiction and addiction in general.

**Therapeutic Counseling.** The Bowenian theory is a comprehensive theory of treatment which incorporates many of the treatment modalities used today in the area of addictive disorders. Among the important concepts which are useful in treating addictions are:

1. work with the genogram in constructing the family history over several generations;
2. teaching the client to use I statements;
3. working to help decrease anxiety within the individual and the family system to decrease symptoms;
4. working with the client to reopen cut-off family relationships, resolving the emotional attachments to one's family of origin so that the client can begin to differentiate and break the nuclear family emotional process or stuck-togetherness (also called co-dependency) This process will also help stop the multigenerational transmission process which is a passing on of problems from one generation to another. (Also known as breaking the cycle).
The structural theory offers some useful concepts as well in the treatment of addictive disorders, especially when the entire family is involved. Some of those concepts are:

1. getting individual family members view of the problem which is referred to as joining;
2. working on family’s view of reality by realigning boundaries between individual and subsystems within the family in order to break down rigid boundaries in disengaged subsystems and diffused boundaires in enmeshed subsystems which are both common occurrences in dysfunctional addictive family systems;

Some psychoanalytic theory is also useful in situations within the addictive family system. Some of those include:

1. listening to the stories, using empathy, interpreting and maintaining analytic neutrality are often helpful in treating addictive families;
2. helping the client translate insights into new and more productive ways of behaving and interacting means helping them work through their issues. This technique is used often in addictive therapy.
3. resistance which takes the form of acting out is common in addictive family therapy. The psychoanalytic approach uses interpretation of the acting out to break down the resistance;

Many of the theories and techniques of experiential therapists are effective in treating the addictive, dysfunctional individual or family. Some of those which are recommended and used are:

1. helping family members to identify and express unexpressed emotions is believed to be the primary cause of dysfunction in families within this theory and in treating addictive families, working with emotions is used often in addictive family systems.
2. existential encounter in which the therapist establishes caring, person-to-person relationships with each family member while modeling openness, honesty and spontaneity is the essential healing force in this theory and is used with addictive families often;
3. family sculpting in which individuals or family members position themselves in a tableau, revealing important aspects of their
perceptions and feelings within the system can work to help the therapist identify the structure within the system.

The psychoeducational method of teaching individuals and families about the disease model of the illness of addictive disorder, helping the entire family understand the illness, giving them tools to work with the disease as a system is used regularly in treatment centers and by many therapists in their treatment of addictive disorders such as money addiction.

Taking the position that the illness or the problem has caused many problems for the individual and the family, rather than the individual or family’s causing the illness, helps take the defensiveness and guilt out of the treatment of the illness and helps the individual or family feel like a part of the treatment. They are not fighting themselves but rather something outside themselves. The work of Michael White on problem solving and bringing the problem to an external position outside the person and the family in order to define new strategies for defeating the problem. This is a concept that might prove very useful in taking the focus off the individual or family as the problem.

These are suggested theories and treatments for clients with addictive disorders. Some might work better for one person than another so flexibility is advised in designing a treatment plan for any family or individual.

Money addiction is not an area that is widely understood. In her comments in her book Credit, Cash and Co-Dependency, Yvonne, Kay, Ph.D. has this to say, "I would like to see questions on spending habits added to the assessment of patients admitted to inpatient addiction and co-dependency
treatment centers. This is especially important in eating disorder facilities, because there appears to be a cross-dependency with food and money. In addition, should discussions around money arise, therapists need to be aware of the relapse potential if this condition is discounted. “ (1991, pp. 192-193).

In relation to further research, the researcher recommends that additional research be done on the awareness and availability of information and treatment centers in treatment centers and with helping professionals. The researcher further recommends that tools be developed to assist therapists in identifying money addictions.
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