COULD DEBT BE A RESULT OF GREED AND PERSECUTORY ANXIETY? A THEORETICAL PERSPECTIVE OF POSSIBLE PSYCHOLOGICAL TREATMENTS

JENNIFER NELSON (Counselling and Psychotherapy)

Abstract
This article examines the emotional and psychological underpinnings of over-indulgence and consumption behaviour beyond financial capabilities and means, resulting in mental health problems. Research is explored analysing the effectiveness of Person-centred Therapy (PCT), Cognitive Behaviour Therapy (CBT) techniques and Psychodynamic concepts to determine behaviour patterns and identify strengths and weaknesses in therapeutic treatments. The findings show Person centred, non-directive theories may struggle when exploring and interrogating the facts and figures of a debt situation but suggests a role for an integrated approach including PCT, Motivational Interviewing and CBT as a viable and collaborative option, however further research is recommended.

An exploration of psychodynamic theories is given, with an analysis of greed, envy, paranoid phantasies and persecutory anxiety, identifying a dual complex theory for treatment of addictive and impulsive disorders. A greater focus on dual complex phenomena is advocated, as this could produce pertinent findings which account for treatment resistance in impulsive and addictive disorders, in an attempt to identify a workable, future psychological model.

Keywords: Socioeconomics, Consumerism, Phantasy, Greed, Cognitive Behaviour Therapy, Person-centred Therapy.

Introduction
The objectives of this article are to determine whether there is an effective psychological model to treat people who are experiencing financial difficulties in correlation with mental health problems, and to review the benefits and limitations of therapy for this specific phenomenon.

Research suggests chronic over spending is related to maladaptive behaviour, originating from early childhood trauma. A recent study by Lee, Storr, Lalongo and Martins (2012) involved 515 adolescents in a Randomised Control Trial (RCT), looking at the prevalence of an adverse life event and an addiction, including alcohol, substance abuse and gambling, against non-addictive behaviours. The findings confirm the association of life events and addictive behaviour resulting from high emotional stress with loss of control over impulses, inappropriate behaviours and the
inability to delay gratification indicating limitations in research of cause and effect for socioeconomic problems. In the light of such findings, this paper will explore the applicability and utility of relevant ideas; in particular, the notion of greed as a psychological and emotional projection which may result from personal trauma.

Debt and the relationship with mental health
Research demonstrates that debt is a growing problem in society, not least for the mental health services and this is now being publicly recognised. A recent television programme, ‘Britain’s Compulsive Shoppers’ (BBC 2014), explored the extent of the problem, and identified individual, personal conflicts, as the underlying cause of compulsive and impulsive spending. It is recorded that debts are affecting 1 in 11 people in Britain who are experiencing financial arrears or are in substantial debt with creditors and credit cards, with 1 in 2 people also suffering from a mental health condition (RCPsych 2013). There is increasing concern for people in debt or arrears due to the lack of specialist mental health care provided, leaving many in a vulnerable and precarious position. Lougheed & Farrell (2013) found people with debt problems may also have a dual diagnosis involving alcohol or substance abuse, with homeless consequences, leaving many people at risk of financial and sexual abuse.

There is extensive literature recognising the correlation between consumer behaviour and the normalisation of credit card debt; finding financial illiteracy and erroneous decisions leave consumers getting short term gratification from discounts, while neglecting the longer term consequences of high interest rates and payments (Lewis 2013). Consumers therefore risk becoming open to socioeconomic abuse from financial corporations who encourage debt and irresponsible financial behaviour for profitable self-preservation. Evidence shows people are very often already experiencing financial crisis when seeking help and are in need of immediate intervention rather than understanding and exploration of their circumstances and emotions (Trygedd 2012).

Potential therapeutic interventions
At present, the only support for debt counselling is to offer financial assessment, including a consolidation of finances, assets, and a debt plan of action, which would be a conflict with traditional counselling and psychological therapies. On the one hand, the pathway of signposting is a realistic solution for debt problems; on the other hand, it could be argued psychotherapists may help people with debt problems in the same manner they treat people with addictions and disorders. The research supporting the need for treatment is evident from MIND (2013) outlining results of 374
participants, seeking advice regarding debt, with 62% experiencing stress, anxiety and/or depression requiring GP medical treatment. Further results show out of 147 inpatients treated for self-harm and self-poisoning over a period of 3 months, 54 were as a result of debt problems (Hatcher 1994).

The effects of the economic downturn on mental health have become a consideration for political, medical and media debate (Fitch, Hamilton, Bassett & Davey 2009). In particular, suicidal intent has increased, with a high percentage of men recorded to have attempted suicide due to the financial downturn resulting in loss of employment, worthlessness and relationship problems (Meltzer et al. 2011). Research is limited regarding person-centred counselling in correlation with socioeconomic problems; however, there is a common misunderstanding that debt counselling is humanistic counselling. Debt counselling will use person-centred skills and core conditions of empathy, unconditional positive regard (UPR) and congruence (Rogers 1951), but their immediate concern is to ascertain the facts and identify a realistic solution. Mearns (2003) highlights the gap in research of PCT, identifying limited systematic training in theoretical concepts, which is part of ongoing controversies being addressed by the British Association for Counselling & Psychotherapy (BACP) for all counsellors to be trained and accredited (BACP 2013). In relation to debt counselling, a person-centred counsellor’s values and ethics are not to judge, but to listen with an ‘as if’ attitude and to accept the client without bias (BACP 2013), which facilitates and enables growth. Rogers (1951) posits actualisation encourages empowerment and autonomy for the client.

Alternative therapies and solutions for debt support are available and whereas PCT alone shows weaknesses in collaborative exploration and conceptualisations, extensive research findings support the treatment of CBT (Fisher & Wells 2005). CBT focuses on the presenting problems, looking at cognitions and metacognitions, focusing predominantly on negative automatic thoughts (NAT), affect and behaviour (RCPsych 2013). Using the method of Socratic questioning and guided discovery, a cognitive behavioural practitioner can collaboratively identify the relevant and immediate information (Sanders & Wills 2005) and enable the client to take autonomy of their financial difficulties and explore a way of reconciling their problems as well as consolidating debts. The assessment period aims to achieve a conceptualisation of treatment and identify the immediate need against the emotional attachment to develop a plan of action and objectives. McLeod (2007) discusses the successful concepts of CBT including Pavlov (1927) and Skinner’s (1993) classical and operant conditioning in behaviour therapy. He also highlights the functionality of human interactions, perceptions and schemas in Beck’s cognitive therapy (1963) and how alternative disciplines could utilise the same skills as CBT in relation to debt counselling, and in this sense could
be very similar to Solution Focused Therapy (Berg and Miller 1992) and Motivational Interviewing (Passmore 2013).

**Psychotherapeutic concepts in relation to consumption behaviour**

Hollander & Allen (2006) report addictive shopping as presenting elements of both impulsive and compulsive symptomology. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5 2006) categorises it as Compulsive Buying Disorder (CBD), also giving future recommendations for CBD to fit a new category of Behavioural and Substance Addictions or Impulsive Compulsive Disorder. CBD is not a new phenomenon; it was identified by German psychiatrist Emil Kraepelin in 1915 as Omniomania, from the Greek *onios* (for sale) and *mania* (insanity) (Dell’Osso et al. 2008). CBD is defined as a maladaptive behaviour similar to craving and withdrawal as a response to positive reinforcements and/or negative events and feelings, leading to consequences including financial and legal problems, interpersonal conflict of guilt and shame, with psychological distress resulting in anxiety and depression (Lejoyeux & Weinstein 2010).

Lorains, Cowlishaw and Thomas (2011) describe addiction as a Common Comorbid Disorder being pathological in nature and impulsive in behaviour, indicating the cause of an addiction is not deterministic, but a consequence of the environmental impact. This view of addiction would fit criteria with psychotherapy as an environmental consequence of experiences and behavioural patterns. Research has found consumers are building a relationship with objects of brands and products for internal gratification and this is closely linked with addictive behaviour (Fournier 1998). However, psychosocial interventions are reported to only be moderately successful in maintaining behaviour change, with further research recommended. It is questionable as to whether shopping gives short term sexual gratification creating a phallic illusion of superiority. Or, at the opposite end of the spectrum, it is a form of hoarding a certain brand comparable to Freud’s anal stage representing obsessiveness and stinginess (Freud 1920). While Freud defined the mechanics behind human behaviour with infantile stages (1923), Klein (1952) expanded the concepts to incorporate effects of the personality structure; for example, exploring greed, envy and phantasy in the paranoid schizoid position (PSP) and guilt, shame and reparation in the depressive position.

Klein built on Freud’s concept of fantasy to an unconscious level of phantasy that enabled children to communicate through play and controlling their environment through projective identification (Spillius 1992). Klein also found infants experienced destructive impulses, which can be psychotic in nature, with envy and fear of an object’s retaliation (Segal 2004). Klein further advanced Freud’s
drive theory (1923) into object relations including the splitting of good and bad objects, initially observing how the infant saw the mother as a part object, centred on the breast and feeding satisfaction of the good breast until the infant develops the ability to recognise the mother as a whole object and seek reparation for aggressive attacks on the feeding breast (Klein, Heimann, Isaacs & Riviere 1989). Klein theorised the infant introjects good objects and projects pleasure before introjecting over again; however, if the infant introjects a bad object it projects anger and frustration (Segal 2004). Similarly, this phenomenon could compare to an unsatisfactory marriage or a deep-rooted unsatisfactory childhood with destructive phantasies being repeated. Social and cultural changes regarding money and materialism may contribute to the nature of consumers striving to consume good objects and introject the idealistic and fantasised lifestyle, leaving disappointment and destructive urges if the phantasy is not achieved (Klein 1952). The consequences of excessive, unaffordable consumption of good objects can cause a split of the ego, compounding the bad object to generate frustration with aggressive, destructive emotions onto the self or others. These emotions can trigger a high level of panic and anxiety, leading to guilt, shame and a cycle of lying and manipulation to cover up behaviour in an attempt to control their environment, demonstrating Klein’s projective identification theory in a schizoid state (Klein 1952).

Klein’s theories are relevant, since they offer deep seated psychological processes which define the complications of ego splitting, projection, persecution and idealization in the schizoid position (Mitchell 1986). This leaves an individual in a state of disintegration, seeking repetitive gratification in an unconscious attempt at reparation while avoiding internalised objects becoming destructive persecutors (Klein 1957). Klein (1952) posits when reparation is not possible, the split objects are introjected as fearful, aggressive and unkind, leaving the individual in a schizoid state. In terms of impulsive behaviour, and in particular behaviours resulting in debt, the aforementioned relates to a phantasy of consuming an inanimate object in a purely narcissistic manner in an attempt to improve their lives or possibly to gain the love that was not received as a child (Klein, Heiman, Isaacs & Riviere 1989). If the phantasy fails the good object is split into libidinal and destructive impulses (Klein 1952).

**Cultural aspects of greed and envy in society**

There is a considerable amount of literature regarding consumption behaviour and causation. Duck (1994) looks at relationship inequalities and conceptualises spending can exert power over another or express dissatisfaction with a relationship. In contrast, McNeill (2014) considers maladaptive spending behaviour to be a determinant of personal identity and sense of self, driven by the
idealistic image of self within culture and society (Fischer & Gainer 1991). Belk, Ger & Askegaard (2003) focus on the social aspect of shopping and argue that a high sense of gratification is not received from object shopping itself but rather from the social context of shopping and the projected image into the societal hierarchy. Similar to Freud’s (1920) instinct theory, Brennan, Moore, Byrne and Murphy (2011) regard shopping consumption as a desire to drive, create and maintain an idealistic lifestyle.

Dickens’ fictional character Scrooge, in A Christmas Carol (1843), hoarded money and would not spend, which would be comparable to money being a good object giving power and authority. In line with Freud, this would indicate the anal stage of receiving sexual gratification from obsessive hoarding (Greenberg & Mitchell 1983). However, for Klein, this may be a good object being introjected for self-gratification, but if not achieved psychologically the object is split, leading to guilt in the depressive position requiring reparation to synthesise the object. This theory could be significant when looking at the relationship of shopping to emotional gratification and how it interplays with sexual drives, guilt, and a sense of self. The films Wall Street (Stone 1987) and The Wolf of Wall Street (Scorsese 2013) used sexual drives when expressing gratification of money and dealing with monetary transactions. The Wolf of Wall Street questions the importance of relationships, in particular where there has been a trauma with a sense of loss, and how individuals strive to consume a place of safety with love and comfort. Interestingly, whereas Wall Street focused on the greed of financial sharks and highlighted the legal consequences, the later film identified a cultural shift in socioeconomics, by reducing the protagonist’s prison sentence.

A considerable amount of literature addresses the Barings Bank collapse in 1995 (Stein 2000) and in particular the ‘Rogue Trader’, Nick Leeson, responsible for its collapse, who incurred a considerable amount of stress for his unethical behaviour and subsequent incarceration. Leeson maintains that his experience of greed, materialism and ultimately self-preservation affected him both psychologically and physiologically, as he suffered from colon cancer whilst in prison, which he attributes to many years of workplace stresses and relocation to a new country while enduring financial and marital problems (Leeson & Tyrell 2005). He emphasises a strong relationship between stress, anxiety, depression and addictive behaviour, stating that he used alcohol and drugs as a form of escape and relief, giving a short term high but culminating in an overwhelming low of anxiety and depression.
Internal gratification processes to sustain self-preservation

There is little research regarding internal gratification and indulging on external objects in a greedy manner, or oral-destructive impulses in an attempt to defend against persecutory fear. However, Robert Waska goes some way to develop Klein’s concepts in modern day society and these can be adapted to socioeconomic difficulties and subsequent impulsive behaviours. Waska (2010) posits that destructive impulses can be internalised by putting a lot of pressure on the self to be the best or to fit in with society. This phenomenon is often seen in adolescents following their peers and wanting all the latest materialistic items in order to fit in with the crowd (Niu 2013). Mental health problems can result in low self-esteem, anxiety, depression and self-harm when this phantasy is not achieved.

In the case of Leeson, the idea of phantasy could be applied with the idealised, wealthy lifestyle that he found in Singapore as a good object, with ego splitting displaying aggressive greed and envy of wealth and success, which he manifested in monetary transactions and deception. Paranoid phantasies were presented through splitting of the ego in a greedy need to sustain the financial market, and his deluded position in pursuing unlimited monies to fuel the phantasy without fear or consideration of realistic consequences. It is necessary here to recognise how it was not preservation of an external object which was the motivating factor for Leeson, but self-preservation against the persecutory object to avoid catastrophic destruction of the ego. It is interesting to note that Leeson may have experienced emotions of guilt regarding his actions, but it took the complete annihilation of the object before primitive loss could be experienced, with reality breaking the phantasy by conviction and imprisonment. Leeson (2004) convincingly describes how reparation for his behaviour was experienced with a total sense of loss, guilt and shame (Waska 2004), which transitioned him into the depressive position giving him the ability to synthesise within his ego and combine the loved and hated objects into a whole. Leeson has gone on to publish books and give public talks on finance and the irresponsible behaviour of banks and organisations in giving away zero per cent credit cards and encouraging consumers to take out credit leading to debt. He also discusses how culture encourages people to purchase items in order to gain happiness and satisfaction, portraying the phantasy of ‘the perfect life’ (Leeson & Tyrell 2005).

Robert Waska’s dual complex theory in relation to debt

Waska (2009) gives multiple examples of clinical cases which identify dual conflicts between paranoid schizoid phantasies and depressive anxieties, identifying childhood traumas with parents who projected aggression and controlling environments, often experiencing mental health problems
themselves. Clients identified home life as dull, boring and empty, finding excitement and escapism elsewhere, which involved gambling, risky relationships and behaviours. Analysis suggests when reparation fails the object dies leaving the ego lost and disintegrated. Waska has published several client cases documenting the process of object relations phenomenon and providing interpretations of clients’ unconscious phantasies and depressive anxieties.

Waska (2003) places object relations as a central position within the phantasy of the idealised life and suggests this arises from the formless self with an unstable ego. He provides details of clients in a fragile dual psychic state of unresolved paranoid phantasies, which are destructive in nature and feature envy, greed and rage, combined with depressive anxieties which can be destabilising with guilt, shame and the need for reparation. It is important here to recognise the similarities with developments in Klein’s theories of internal conflicts of good and bad objects, aligned with destructive relationships in the struggle between love and hate and the fear of rejection, with counter-phantasies of disappointing the object leaving primitive loss, abandonment and persecution. Waska (2010) posits when an individual has been unable to achieve a stable relationship with internal good projections, they can be trapped in paranoid phantasies with repetitive archaic self-object experiences being played out in projective identification.

In relation to spending and debt, this example is comparable to the ‘unhappy shopper’ consuming goods to obtain the good object and the idealised image of the self; however, the loved object equally turns into the persecutor. Therefore, spending in a self-destructive manner leaves the consumer with feelings of guilt and shame leading to deception and manipulation. Wurmsen (2000) describes the same phenomenon in therapy as magic transformation, whereby clients manifest a phantasy into vices such as drugs, money, gambling, sex or food, with conflicted feelings in a tragic transformation of extreme trauma, guilt and shame. Similarly, Waska (2000) gives case material identifying clients with dual conflicts of paranoid phantasy and depressive anxiety, leaving the ego overwhelmed with persecutory anxiety and in a state of resistance turning to internal gratification for relief, which can be projected through greed.

**Insatiable greed**

Greed is not a new phenomenon, it was examined by both Plato and Aristotle. As Shklar explains, according to Aristotle ‘the unjust person ... is dominated by only one vice, greed. That is why he breaks the rules of law and fairness’ (Shklar 1990, 28). In society today greed has become a taboo subject, as people do not like to associate themselves with the connotations. Klein’s theory on greed
(developed from Freud’s phallic stage), states it is libidinal in nature, expressing aggressive and destructive compulsions (Klein 1957). Jin and Zhou (2013) suggest greed is not merely a strong desire to consume the object; it is driven by aggressive actions to fulfil a desire. Klein (1952) defines greed as voraciously and at times aggressively consuming an object. In an infant’s case, the good breast with all the milk can incur aggressive, insatiable impulses in an attempt to greedily consume its contents and an inability to be satisfied, exceeding the objects ability and willingness to give. In contrast, envy aims to destroy the object so others cannot have it (Greenberg & Mitchell 1983). Excessive envy and aggression are found in greed and, in terms of phantasy, greed often involves what could and should have been, leading to a cycle of guilt, anxiety and fear (Waska 2010). This phenomenon presents itself in Waska’s dual conflict theory and without some sort of reparation a person can be trapped in a continual cycle of paranoid schizoid phantasies and feelings of loss and regret. According to Waska (2010) it is in this fragile state of dual conflicts when a person can be treatment resistant, experiencing a cycle of phantasies with guilt and shame but unable to break the behaviour pattern.

It is surprising to note how limited the research is on the correlation of greed, debt and mental health conditions. On the one hand it could be argued greed is a natural human drive and is deterministic in nature, but it could also be described as a double edged sword, where history illustrates greed as destructive through envy and power with trails of war and devastation. Buddhists philosophised ‘from greed comes grief; from greed comes fear’ (Fetherston 2000, 30). Furthermore, if greed is an insatiable appetite does an emotional feeling of emptiness lead to internal gratification and escapism, and could this be a key component to the unbalanced phenomenon of paranoid schizoid phantasies leading to addictions and impulsive, compulsive behaviours?

**Conclusion**

The relevance of Klein’s paranoid schizoid position and depressive position is clearly supported by Waska’s (2012) cycle of dual conflicts between paranoid phantasies and persecutory anxieties, resulting in treatment resistance which is seen in various disorders, without resolution. Waska’s model provides a coherent and workable basis for addressing mental health problems associated with debt. However, further research is recommended into how treatment could enhance and inform future management of debt and associated treatment resistant disorders, particularly in addressing the phenomenon of feelings of emptiness leading to internal gratification often resulting in an insatiable appetite and persecutory anxiety.
References


British Association for Counselling & Psychotherapy. 2014. ‘Ethical Framework’. Available at: http://www.bacp.co.uk/

BBC. 2014. ‘Britain’s Compulsive Shoppers’, first broadcast on 12.08.2014, details available online at: http://www.bbc.co.uk/programmes/b04fd8ns


RCPsych (Royal College of Psychiatrists). 2013. ‘Improving the lives of people with mental illness’. Available at: http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/cbt.aspx


