

ABSTRACT

This qualitative study is an exploration of how Gestalt psychotherapists experience and work with the client's shame. A critical review of the relevant literature and research was conducted and subsequently discussed in the light of the findings. A phenomenological method was utilised with the aim of distilling the essential meanings and essences of the phenomenon (Moustakas, 1994). Purposive sampling (Cohen & Manion, 1994) was adopted and data was generated through informal, semi-structured interviews with ten experienced Gestalt psychotherapists. Analysis of the data was conducted using a modified phenomenological approach based upon that developed by Colaizzi (1978) and Moustakas (1994). The findings identify and present the key themes and sub-themes relative to the two areas of study: how Gestalt psychotherapists experience the client's shame and how they work with it. An exhaustive description (Creswell, 1998) of the phenomenon was subsequently developed. The researcher's personal motivations for undertaking this study together with her experience and reflections on the research process are also incorporated.

The findings show that the Gestalt psychotherapist's experience of the client's shame is borne out of the unique dynamics of the interpersonal field and may include a range of emotional and physical responses, including the therapist's own experience of shame. In working with shame the central importance of the therapeutic relationship was highlighted. A dialogic approach by the therapist, including availability for contact (Yontef, 1993), support and connection were

recognised to help create the conditions in which the client's shame may be explored and healed. The therapeutic benefit of naming and normalising shame, self-disclosure and creative experimentation (Perls et al, 1951) were also considered. Attention to shame arising within the therapeutic relationship and the importance of 'restoring the interpersonal bridge' (Kaufman, 1989, p.159) were discussed. Finally, the wider implications and significance for Gestalt clinical practice are explored, recommendations made for future research and areas of ongoing debate and interest highlighted.