

Abstract

The purpose of this dissertation is to explore the affect of shame in the therapeutic relationship and the importance of building an interpersonal bridge (Bradshaw, 1988). I will explore what shame is, the principles of affect shame binds (Sedgwick & Frank, 1995) and their effect on the interpersonal bridge.

Shame causes an individual to become intrapsychically focused (Kaufman, 1989). In turn a client's experiences of negative interpersonal relationships (Nathanson, 1987) can cause a spiral of re-shaming.

The interpersonal bridge can form a reparative relationship and create a break in the cycle of shame.

Introduction

“ Shame is like a wound made from the inside by an unseen hand” (Kaufman, 1989:5).

There are very few people who know no shame; whether in a healthy, boundary setting way or as painful and hurtful. It affects our internal safety and prevents interpersonal trust (Rotenberg, 2010) being built from early childhood. Being seen by others and entering into relationship is fearful. So establishing the interpersonal bridge between client and therapist is essential, but as Kaufman, quoted above, says the wound is internal so often the client is armoured in two directions – one stopping others inflicting hurt upon us and the second stops anything escaping us.

I am aware of my personal shames. The journey to fully understanding them and coping with them is an ongoing exploration. After 22 years as a police officer and living a life which was rigidly controlled, I reacted poorly one day. My partner kicked