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A GESTALT THERAPY APPROACH TO SHAME AND SELF-RIGHTEOUSNESS: THEORY AND METHODS[1]

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Abstract: Shame and self-righteousness are intrapsychic dynamics that help the individual defend against a rupture in relationship. This article discusses how, from a life script perspective, shame is comprised of the script belief 'Something is wrong with me', formed as a result of messages and decisions, conclusions in response to impossible demands, and defensive hope and control. In addition, from a Gestalt therapy perspective, shame involves a diminished self-concept in confluence with criticism, a defensive transposition of sadness and fear, and disavowal and retroflection of anger. Furthermore, shame may be an archaic fixation or an introjection. The suggestion is made that self-righteousness is the denial of a need for relationship. A contact-oriented relationship psychotherapy that emphasises methods of inquiry, attunement, and involvement is described.

Key words: self-righteousness, Gestalt therapy, inquiry, attunement, involvement, contact-in-relationship, relationship therapy, confluence, retroflection, juxtaposition

Several years ago a colleague telephoned and began the conversation by criticising my behaviour and defining my motivation as pathological. Although I apologised, attempted to explain the situation, and tried to rectify the problem in writing, the previously warm and respectful relationship ended in a lack of communication.

In each subsequent attempt to talk to that person I tripped over my own words, experienced myself as inept, and I avoided talking about both my feelings and our relationship. The experience of having been humiliated by the colleague whom I respected left me feeling a debilitating shame. I longed for a reconnection with the colleague. I wished that the person would inquire about my feelings and our lack of interpersonal contact and recognise and respond empathically and reciprocally to the humiliating experience I had in the original phone conversation. The sense of shame and longing for a renewed relationship compelled me to examine my own internal reactions to the humiliation. In my own psychotherapy sessions I re-experienced being a little boy of seven- and eight-years, filled with hurt and fear and adapting to a highly critical teacher. The personal benefit of the psychotherapy was a reclaiming of sensitivities to others and to myself and a personal sense of contentment.

The professional benefit of resolving my own shame was an evolution in the therapeutic methods and interactions of my own clinical practice. I was faced with several questions: how and when do I define people? Do I ascribe motivation rather than facilitate the person's self-understanding of their behaviour? What is the effect of my inner affect or behaviour on the other person? Am I, in my attempt to be therapeutic, implying to the client, 'Something is wrong with you'?

Shame and self-righteousness are protective dynamics to avoid the vulnerability to humiliation and the loss of contact-in-relationship with others. When a relationship with another person is tainted by criticism, ridicule, blaming, defining, ignoring, or other humiliating behaviours, the result is an increased vulnerability in the relationship. The contact or attachment is disrupted. Shame and self-righteousness result from humiliating disgrace or reproach and a loss of self-esteem.

Both shame and self-righteousness reflect the defences used to avoid experiencing the intensity of how vulnerable and powerless the individual is to the loss of relationship. Simultaneously, shame is an expression of an unaware hope that the other person will take the responsibility to repair the rupture in relationship. Self-righteousness involves a denial of the need for relationship.

The theoretical ideas on shame and defensive self-righteousness and the clinical interventions presented in

this article are the result of several years of my investigating my errors as a therapist, the ruptures I have created in the therapeutic relationship with clients, and the methods that may increase a client's sense of shame. A respectful inquiry into each client's phenomenological experience of our therapeutic dialogue has provided a transaction-by-transaction exploration of my empathic failures, misperceptions of developmental levels of functioning, and affective misattunements – the interruptions to contact-in-relationship. When *I take responsibility for the ruptures in the therapeutic relationship my therapy focuses on attuning to the client's affective experience and responding with a reciprocal affect.* My therapeutic involvement is in my consistency, responsibility, and dependability. It is in the exploration and resolution of the ruptures in our relationship that I can be most effective in uncovering the core life script beliefs that determine the significant interpersonal experiences in my client's life.

Confrontation or an emphasis on intense, emotional expression, or an excessive value placed on aggression, or an emphasis only on the 'here and now' all intensify the likelihood that a client may experience being humiliated in the psychotherapy. Fritz Perls described his confrontive therapy as teaching clients 'to wipe their own ass' (Perls, 1967). Subsequently, Gestalt therapy has been characterised as defining clients' behaviours as 'phony', 'irresponsible' or 'babyish'.

To define or confront someone, even if accurately, may devalue and humiliate them. Genuinely to inquire about an other's experience, motivation, self-definition, and meaning in their behaviour avoids the potential of humiliation. To respond with empathy and attunement empowers the person to express fully feelings, thoughts, perceptions, and talents. Inquiry, attunement, and involvement – methods of a contactful, relationship-based Gestalt therapy – invite the client's self-discovery of her/her underlying meaning and unconscious motivation and enhance an interpersonal contact that values the client's integrity and sense of self (Erskine, 1995).

Gestalt Therapy Perspectives

In the Gestalt therapy literature the phenomenon of shame has received little attention, either as a theoretical topic or as an area of therapeutic concern. Yontef describes a Gestalt therapy perspective on shame and the use of a dialogical approach in psychotherapy (1993). Evans postulates the Gestalt therapy of shame as repairing disruptions in relationship (1994). Wheeler's (1991) description of a clinical case identifies the significance of shame. Lee's and Wheeler's compilation of a collection of Gestalt therapy articles, *The Voice of Shame* (1996), provides a broad spectrum of understandings on the psychotherapy of shame. Lynne Jacobs (1996) describes the role of shame and righteousness as a defence against shame, in both client and therapist as it emerges in the therapeutic dialogue. The topic of self-righteousness has received no attention, either theoretically or methodologically.

Clinical practice and theoretical development push and pull each other in their process of evolution. Clinical interventions that make use of respect (Yontef, 1993), the therapeutic dialogue of an I-Thou relationship (Buber, 1970; Jacobs, 1996), inquiry, attunement, and involvement (Erskine, 1993; Erskine & Trautmann, 1993) have revealed that shame and self-protective fantasies are dominant in the lives of many clients. These phenomena have not been adequately placed within a Gestalt therapy theory. My clinical experience has helped to evolve a theoretical understanding that places shame and self-righteousness as the result of both introjected shame and as archaic, fixed gestalten that protect from reproach, humiliation, and the loss of contact-in-relationship. Both unresolved archaic shame and introjected shame potentiate the pain of any current criticism, adding a toxicity that floods current humiliation with debilitating shame or defensive self-righteousness.

Shame: A Theoretical Clarification

The formulation of a Gestalt therapy theory of shame and self-righteousness requires that the phenomenon be integrated within a theory of contact and of Gestalt formation and fixation. To arrive at an understanding of how the phenomena of shame and self-righteousness are manifested it is necessary to utilise the concept of id-, ego- and personality-function of the self and the concepts of interruptions to contact, specifically, introjection, retroflection, and confluence, although it is recognised that many other interruptions to both internal and external contact are activated in shame and self-righteousness (Perls, Hefferline and Goodman, 1951).

In the service of establishing a Gestalt therapy theory that describes the phenomena of shame and self-righteousness, the terms humiliation and humiliating transactions are used to refer to interactions that occur between people where one person degrades, criticises, defines, or ignores the other. The terms shame and self-righteousness are used to refer to the intrapsychic dynamics occurring within an individual that may be described as consisting of introjections, confluence, and/or archaic fixated systems of defence – retroflection, deflection, projection, etc.. When the sense of shame has become fixated it represents an intrapsychic conflict between an influencing introjection of another person and a defended and confluent archaic fixation: a child who longed for relationship. Fixation refers to a relatively

enduring pattern of organisation of affect, behaviour, or cognition from some earlier stage of development which persists into and may dominate later life. It is the fixated defences that maintain a lack of full contact and interfere with archaic experiences being integrated into a here and now, fully contactful, sense of self (Erskine and Moursund, 1988).

Shame is a self-protective process used to avoid the affects that are the result of humiliation and the vulnerability to the loss of contact-in-relationship with another person. When children, and even adults, are criticised, devalued, or humiliated by significant others, the need for interpersonal contact and the vulnerability in maintaining the relationship may produce a self-protective defensive affect and confluence with the imposed diminishing definitions – a sense of shame. Shame is a complex process involving:

1. a diminished self-concept, a lowering of one's self worth in confluence with the external humiliation and/or previously introjected criticism;
2. *a defensive transposition of sadness and fear;* and
3. *a disavowal and retroflection of anger.*

Shame involves a disavowal and retroflection of anger in order to maintain a semblance of a connected relationship with the person who engaged in humiliating transactions. *When anger is disavowed and retroflected a valuable aspect of the self is lost* – the need to be taken seriously, respectfully, and to make an impact on the other person. One's self-worth is diminished because both id- and ego-functions of self are disrupted.

Shame also involves a transposition of the affects of sadness and fear: the sadness at not being accepted as one is, with one's own urges, desires, needs, feelings, and behaviours, and the fear of abandonment in the relationship because of whom one is. The fear and a loss of an aspect of self (disavowal and retroflection of anger) fuel the pull to compliance – a lowering of one's self esteem to establish compliance with the criticism and/or humiliation.

The confluence with the humiliation, the transposition of fear and sadness, and the disavowal of anger produce the 'sense of shame and doubt' described by Erikson (1950). Writing from a feminist perspective on relationship therapy, both Miller (1987) and Jordan (1989) validate this explanation by relating shame to the loss of human connection.

> Shame is most importantly a felt sense of unworthiness to be in connection, a deep sense of unloveability, with the ongoing awareness of how very much one wants to connect with others. While shame involves extreme self-consciousness, it also signals powerful relationship longings. (Jordan, 1989, p. 6)

Kaufman similarly expresses that shame reflects the need for relationship. 'In the midst of shame, there is an ambivalent longing for reunion with whomever shamed us' (1989, p. 19). Shame is an expression of an unaware hope that the other will take responsibility to repair the rupture in the relationship.

Tomkins (1963) said that shame is the affect present when there has been a loss of dignity, defeat, transgression, and alienation. He implied that shame is an affect different in nature and function from the other eight affects in his theoretical schema. The affect of shame, according to Tomkins (Nathanson, 1992), serves as an alternator or impediment to other affects – a defensive cover for interest and joy. Tomkins's ideas parallel Fraiberg's (1983) observations of the formation of psychological defences in children. She described the process of 'transformation of affect' (p. 71) where one affect is substituted or transposed for another when the original affect fails to get the necessary contact between the child and the caretaking adult, sometimes as early as nine months of age. When the child is humiliated, the fear of a loss of relationship and the sadness of not being accepted are transposed into the affect of shame. *Shame is composed of sadness and fear, the disavowal and retroflection of anger and a lowered self-concept – confluence with the humiliation.*

This confluence with the humiliation insures a semblance of a continuing relationship and, paradoxically, is a defence as well. This self-protective lowering of worth is observable among wild animals where one animal will crouch in the presence of another to avoid an attack and to guarantee acceptance. It is self-protective to lower one's status to withhold aggression where a fight for dominance might occur. The lowered self-concept or self-criticism that is a part of shame lessens the pain of the rupture in relationship while at the same time maintaining a semblance of relationship. The often quoted boxing coach's phrase, 'Beat 'em to the punch' describes the function of a lowered self-esteem and self-criticism that is a defence against possible humiliation from others. However, the punch is delivered to one's self in the form of diminished self-worth.

A Defensive Fantasy

As a normal developmental process, young children often use fantasy as a way to provide controls, structure, nurturing, or whatever was experienced as missing or inadequate. The function of the fantasy may be to structure behaviour as a protection from consequences or to provide love and nurturance when the real caretakers are cold, absent, or abusive. The fantasy serves as a buffer between the actual parental figures and the desires, needs, or feelings of the young child. In families or

situations where it is necessary to repress an awareness of needs, feelings, and memories in order to survive or be accepted, the self-created fantasy may become fixated and not integrated with later developmental learning. Over time the fantasy functions as a 'reversal' of aggression (Fraiberg, 1983, p. 73): the criticism, devaluation, and humiliation that the child may have been subject to are amplified and turned against the self as in self-criticism or self-abjection (retroflection). Such shame-based fantasies serve to maintain an illusion of attachment to a caring relationship when the actual relationship may have been ruptured with humiliation (a disruption of ego function of the self).

Many clients report a persistent sense of shame accompanied by degrading self-criticism. They repeatedly imagine humiliating failures of performance or relationship. In fantasy they amplify the confluence with introjected criticism and humiliation while defending against the memories of the original sadness at not being accepted as one is and the fear of abandonment because of who one is. When emotion-laden memories of early traumatic humiliations are defensively repressed, they may re-emerge in consciousness as fantasies of future failure or degradation–foresight may actually be hindsight! The self-criticism and fantasy of humiliating failure serve two additional functions: to maintain the disavowal of anger (a disruption of id-function of self) and to protect against the shock of possible forthcoming criticisms and degradation (an interruption to contact at the pre-contact stage).

Self-Righteousness: A Double Defence

Self-righteousness serves an even more elaborate function than the defensive aspects of shame. Self-righteousness is a self-generated fantasy (occasionally manifested in overt transactions) that defends against the pain of the loss of relationship while providing a pseudo-triumph over the humiliation and an inflation in self-esteem. While shame and self-criticising fantasies leave the person feeling devalued and longing for a repair in the relationship, self-righteous fantasies are a desperate attempt to escape humiliation and be free of shame by justifying oneself.

Self-righteousness is:

1. a defence against the sadness and fear of humiliation;
2. an expression of the need to make an impact and be taken seriously and respectfully (a partial release of disavowed and retroflected anger);
3. a defence against the awareness of the need for the other to repair the ruptured relationship.

The person fantasises value for himself or herself often by finding fault with others and then loses awareness of the need for the other. The self is experienced as superior.

As Alfred Adler described, a fantasy of superiority defends against the memories of humiliation (Ansbacher and Ansbacher, 1956) and projects the sense of shame outward. A clinical case example may illustrate this concept.

Robert, a 39-year-old married father of two had been in group therapy for two-and-a-half years. Robert described that, while driving to work, he would frequently fantasise arguing with his co-workers or department supervisor. He often elaborated these fantasies with an imagined long, well-articulated oration before the board of directors. In these fantasised arguments he would point out the errors of others, how their criticisms of Robert were wrong, and most important, how they had made mistakes that he, Robert, would never have made. The board of directors in Robert's fantasy would be emotionally swayed by Robert's eloquent and convincing arguments. He would be exonerated of all criticism while the others would be blamed both for criticising him and also for their own failings. These obsessive fantasies were often initiated by some criticism at work that was not accompanied by an opportunity for Robert to explain his motivation. The lack of continued dialogue with people seemed to propel him to obsessive fantasy wherein he could debate with the other in front of an audience that in the end agreed that Robert was correct, even righteous.

These obsessive fantasies gradually diminished and finally ceased when we explored the humiliations he experienced repeatedly in early elementary school at a time when he had a speech impediment. Both teachers and other children made fun of his impediment. Although in psychotherapy he could not remember any of the specific instances of taunts or mockery, he knew that they had ridiculed him. He had a constant sense of their reaction to him as implying 'Something's wrong with you'.

Over the years he painstakingly worked on improving his speech, overcame the impediment, and eventually developed an impeccable diction. However, for four years of elementary school he had been subject to the humiliation by the other children and by teachers. In confluence with the humiliating behaviour of teachers and classmates, he adopted the life script belief, 'Something's wrong with me' as an explanation for his loss of close friendships with other children and his desire to be approved of by the teachers. He further defended against the awareness of the life script belief by perfecting his speech. No matter how perfect his speech became in adult life, whenever someone criticised him he would listen intently to their comments. The current criticisms would activate the emotional memories of earlier humiliations wherein the introjected criticisms would intrapsychically influence the fixated archaic shame, thereby potentiating the current criticisms. To comfort

himself, on the way to work the next day he would obsessively defend himself from this colleagues' or supervisor's remarks, longing for someone (the board of directors) to say he was right.

In Robert's case the defensive process of disavowal and retroflection of anger, confluence with the original criticism, transposition of affect, and fantasy became fixated like any defensive process that is not responded to early in its inception with an empathic and affectively attuned relationship (Erskine, 1993). It was through respect for Robert's style of relating to people and a gentle and genuine inquiry into Robert's experience that he began to reveal the presence of his obsessive fantasies. The self-righteous fantasies defended against the natural desire for contact-in-relationship and his need for the others to repair the ruptured relationship. Through affective attunement and empathic transactions he was able to experience the original shame – the sadness, fear, anger, and confluence in response to the humiliations. When expressing the sadness and fear at the loss of contact in his relationships with teachers and other children, he rediscovered his longing to be connected with others (an id-function of self). The defensive fantasies stopped. Tender involvement on the part of the therapist and other group members made it possible for Robert to experience his need for close emotional contact as natural and desirable.

The Life Script

The central Gestalt therapy concepts of contact, interruptions to internal and external contact, and an 'I-Thou' therapeutic dialogue provide the basis for a contact-in-relationship-oriented psychotherapy. In the psychotherapy of shame and self-righteousness, as with many other psychological disturbances rooted in disturbance of relationship, the therapy is enhanced if the psychotherapist has a consistent and cohesive relationship-oriented theoretical basis for determining treatment planning and subsequent clinical interventions.

In theoretical discussions and in writing, Frederick Perls used the concept of life script (1967, 1973). He focused on the structure and reorganisation of the life script and how individuals use other people to reinforce the life script. Life script is an encompassing concept that describes fixed gestalten of an earlier age as they are lived out years later (Erskine, 1979). The life script is formed by introjections and defensive reactions made under the pressure of failures in contactful and supporting relationships. The need for contact and the related feeling of loss of relationship are denied and suppressed. The introjections and/or fixated defensive reactions, conclusions, and decisions that form the core of the life script (Erskine, 1980) are cognitively organised as 'script beliefs' (Erskine and Zalcman, 1979; Erskine and Moursund, 1988). In a child's attempt to make sense of the experience of a lack of contact-in-relationship he or she is faced with answering the question: 'What does a person like me do in a world like this with people like you?' When the child is under the pressure of a lack of contact-in-relationship that acknowledges, validates, or fulfills needs, each of the three parts of this question may be answered with a defensive reaction and/or the unconscious defensive identification with the other that constitutes introjection. When the introjections and the defensive conclusions and decisions are not responded to by a contactful, empathic other person they often become, in an attempt to gain self-support, fixated beliefs about self, others, and the quality of life – the core of the life script. These script beliefs function as a cognitive defence against the awareness of the feelings and needs for contact-in-relationship that were not adequately responded to at the time when the script beliefs were formed. The presence of script beliefs indicates a continuing defence against the awareness of needs for contact-in-relationship and the full memory of the disruptions in relationship – an archaic, fixated gestalt.

In Robert's case, during the elementary school years he adopted the script belief, 'Something is wrong with me' as a confluence with the humiliation by the children and teachers and as a pseudo-satisfaction of his need to be accepted by them. The core of Robert's sense of shame consists of a child's defensive transposition of sadness and fear, a disavowal and retroflection of anger at not being treated respectfully, and a fixated diminished self-concept in confluence with the introjected criticism. When the pain of not being accepted as one is becomes too great, as in Robert's situation, a defensive self-righteous fantasy may be used to deny the need for relationship while simultaneously expressing the previously disavowed and retroflected anger, the need to make an impact, and the desire to be treated respectfully.

From the perspective of life script theory the sense of shame is comprised of the core script belief, 'Something's wrong with me' that serves as a cognitive defence against the awareness of the needs for relationship and the feelings of sadness and fear present at the time of the humiliating experiences.

When the script belief 'Something's wrong with me' is operational the overt behaviours of the life script are often those that are described as inhibited or inadequate: shyness, lack of eye contact in conversation, lack of self-expression, diminished expression of natural wants or needs, or any inhibition of natural expression of one's self that may be subject to criticism.

Fantasies may include the anticipation of inadequacy, failures of performance, or criticism that conclude with a reinforcement of the script belief, 'Something is wrong

with me'. Other fantasies may involve a rehashing of events that have occurred and reshaping memory in such a way as to reinforce the script beliefs. In some cases, the script belief is manifested in physiological restrictions such as headaches, stomach tensions, or other physical discomforts that inhibit the individual from behaving in such a way that might be subject to humiliating comments from others, while simultaneously providing internal evidence that 'Something's wrong with me'. Often old memories of humiliating experiences are repeatedly recalled to maintain a homeostasis (Perls, 1973) with the script beliefs and the denial of the original needs and feelings. Yet in inhibiting one's self or in self-criticising fantasies, the need for contact-in-relationship remains as an unaware hope for the re-establishment of a contactful relationship and for full acceptance by the other. It is as if he were saying to those who did the ridiculing, 'If I become what you define me to be, then will you love me?'.

Robert, as an example of the dynamics of a double defence of self-righteousness, entered therapy unaware of any hope or need for relationship. His life script was manifested, seemingly opposite to the script belief: he perfected his speech and behaviour in such a way that there was no external evidence that 'Something's wrong with me'. His fantasies were self-righteous, focusing on what was wrong with the others. Yet he remained hypersensitive to criticism with an unaware longing for someone in authority to tell him he was OK.

'Something's Wrong With Me'

The compounded and continual reinforcement of the script belief, 'Something is wrong with me' presents the therapist with complex challenges which are specific and unique to the psychotherapy of shame and self-righteousness. In many clinical cases this particular script belief is inflexible to the frequently-used Gestalt therapy methods that involve hot seat work, confrontation, aggressive encounters, and an emphasis on self-support or self-responsibility. Each of these sets of methods provides only partial or temporary change in the frequency or the intensity of the complex script belief that is at the core of shame and self-righteousness. In fact, the very use of these methods frequently communicates 'Something is wrong with you', which then can serve as a reinforcement of the script belief, increase the denial of the need for contact-in-relationship, and thereby increase the sense of shame or self-righteousness. Through the use of methods that emphasise respect (Erskine and Moursund, 1988), the therapeutic dialogue (Yontef, 1993 and Jacobs, 1996), and gentle inquiry, affective attunement and involvement (Erskine, 1993; Erskine and Trautmann, 1993; Erskine, 1995), the opportunity for reinforcement of the script belief during the therapy process is considerably lessened.

In order to facilitate treatment planning and refine psychotherapeutic interventions, it is essential to distinguish the *intrapsychic* functions as well as the historical origins of the script belief. The complex historical origin of an archaic, fixated gestalt 'Something is wrong with me' can be understood from three perspectives:

- messages with confluent decisions;
- conclusions in response to an impossibility; and
- defensive reactions of hope and control.

Each of the ways in which the script belief was formed has unique intrapsychic functions that require specific emphasis in psychotherapy.

In the face of a potential loss of relationship, a child may be forced to make a defensive, confluent decision to accept as his identity the definition of those on whom he is dependent (a disruption of ego function of self). This may be an adaptation to and confluence with overt or implicit messages of 'Something's wrong with you'. In many cases the message is delivered in the form of a criticising question, 'What's wrong with you?' The psychological message is, 'You wouldn't be doing what you are doing if you were normal'. Such criticism fails to value the child's natural and spontaneous behaviour, understand the child's motivation, or investigate what may be missing in the relationship between the child and the person criticising. A child who forms such a script belief in confluence with criticism may become hypersensitive to criticism, fantasise anticipated criticisms, and collect reinforcing memories of past criticisms (a disruption of personality-function of the self). The intrapsychic function is to maintain a sense of attachment in the relationship at the expense of a loss in natural vitality and the excitement of spontaneity (a disruption of id-function of the self).

When children are faced with an impossible task, they often conclude, 'Something's wrong with me'. In such a conclusion they can defend against the discomfort of the missing contact needs and maintain a pseudo-semblance of relationship. Dysfunctional families often present impossible demands on children. It is impossible, for instance, for a young child to stop an alcoholic parent from getting drunk, or a baby to act as a marriage therapist, or an elementary school child to cure depression. It is impossible for a child to change gender to satisfy a parent's desire to have a dream fulfilled. Each of these examples represents a reversal of the caretaker's responsibility to the welfare of the child and a loss of contact in relationship. Further disruptions in relationship are experienced as 'my fault' and deflect from the awareness of needs and feelings present when the welfare of the child is and was not being honoured (disruptions of

both id- and ego-functions of the self).

The script belief, 'Something's wrong with me', may be formed in a third way, as a defensive reaction of control and hope – the hope for a continuing, interpersonally contactful relationship. When family relationships are dysfunctional, a child, needing contact-in-relationship, may imagine that the caretaker's problems are his/her own fault. 'I made dad get drunk,' or 'I made mother get depressed', or 'I caused the sexual abuse to happen . . . so therefore, something must be wrong with me!' By taking the blame, the child is not only the source of the problems, but can also imagine being in control of solving the family's problems: 'I'll be very good'; 'I'll hurry up and grow up'; 'I can go to therapy to get fixed'; or 'If things get very bad I can kill myself since it is all my fault'. The function of such reactions is to create a hopeful illusion of need-fulfilling caretakers that defends against the awareness of a lack of need fulfillment within the primary relationships. The caretakers are experienced as good and loving and any ignoring, criticising, beating, or even rape is because 'something's wrong with me'. Here the core script belief may function as a defensive control of the vulnerability in relationship (a disruption of id-, ego-, and personality-functions of the self).

Each of these three origins of the core script belief has specific homeostatic functions of identity, stability and continuity. With any particular person there may be only one way the script belief was formed. Frequently, however, the core script beliefs have more than one origin, multiple intrapsychic functions, and multiple disruptions of the function of self. Any combination of these three defensive reactions made under pressure increases the complexity of the functions. The core script belief, 'Something's wrong with me' is often compounded by these multiple functions.

It is essential in an in-depth Gestalt therapy to assess the origins and intrapsychic functions of a script belief and to value the significance of how those multiple functions help the client maintain psychological homeostasis (Perls, 1973). The psychotherapy of shame and self-righteousness is complex because of the compounded and continually reinforcing multiple intrapsychic functions. Merely to identify or confront a script belief and attempt methods of empty chair work, emotional expression, or premature self support, overlooks the psychological functions in forming and maintaining the script belief. Such efforts may increase the intensity of the intrapsychic function and may make the fixed core of the life script less flexible. A respectful and patient inquiry into the client's phenomenological experience is required to learn the unique combination of intrapsychic, homeostatic, and self functions. It is then the task of a relationship-oriented Gestalt therapist to establish an affective, developmental attunement and involvement that provides for the transferring of defensive intrapsychic functions to the relationship with the therapist. Through the therapist's consistency, dependability, and responsibility in contact-in-relationship the client can relax defensive contact-interrupting processes and integrate archaically-fixated gestalten, introjections, and id, ego-and personality-functions of the self. The psychological functions of identity, stability and continuity are once again provided through contact in an interpersonal relationship and are no longer a self-protective function.

Shame as an Introjection

When the fixated core script belief is formed either as compliant decisions, conclusions in response to an impossibility, defensive reactions of hope and control, or any combination of the three, there is most likely an absence of a caring, understanding, and communicating relationship. When there is a lack of full psychological contact between a child and the adults responsible for his or her welfare, the defence of introjection is frequently used. Through the defensive, unaware identification that constitutes introjection, the beliefs, attitudes, feelings, motivations, behaviours, and defences of the person on whom the child is dependent are made part of the child's ego as a fragmented, exteropsychic state (Erskine and Moursund, 1988). The function of introjection is to reduce the external conflict between the child and the person on whom the child depends for need fulfillment. The significant other is made part of the self, and the conflict resulting from the lack of need fulfillment is internalised, so the conflict can seemingly be managed more easily (L. Perls, 1977, 1978). The introjected other may be active in transactions with others (a disruption in personality-function of the self), intrapsychically influencing (a disruption in id-function of the self), or phenomenologically experienced as self (a disruption in ego-function of the self).

An individual may transact with family members or colleagues as the introjected other once did, for example, communicating, 'Something's wrong with you!' The function of such a transaction is to provide temporary relief from the internal criticism of an introjection and, via projection of the criticism, to continue the denial of the original need for contact-in-relationship.

The internal criticism is a replay of the criticism introjected in the past. It perpetuates the cycle of confluence with the criticism and the archaic, fixated defence against sadness and fear. This defensive cycle of shame functions to maintain an illusion of attachment and loyalty to the person with whom the child was originally longing for an interpersonally contactful relationship.

Introjected shame may not only be active and/or influencing, but may also be experienced as self. The

parent's sense of shame may have been introjected. With the cathexis or energising of the introjection the shame is misidentified as one's own. The script belief – 'Something's wrong with me' – may actually exist as an introjected other. The cycle of shame-confluence with the criticism, transposition of sadness and fear, the disavowal and retroflection of anger, and longing for relationship – may be mother's or father's. Defensive self-righteousness may also be the result of the cathexis of an introjection.

For years Susan had suffered with a debilitating shame related to her own sense of inadequacy, having a mother who was alternately depressed and angry, and fearing that she would someday be 'crazy' too. The initial phase of therapy acknowledged her own needs for attention, validated the emotional neglect of her childhood, and normalised the defensive process of 'Something's wrong with me'. The psychotherapy then focused on the introjected shame that was originally mother's (Erskine & Moursund, 1988). With a contact-oriented, in-depth Gestalt therapy that emphasised inquiry, attunement, and involvement, Susan experimented with a two-chair dialogue where, in one chair she was 'mother' and in the other chair the 'Susan of a much younger age'. She was able to remember vividly wanting to bear the burden for her mother so her mother could be free of suffering. During the two-chair dialogue, she succinctly described the process of unconsciously introjecting: 'I love you so much, Mom, I'll carry your shame for you!'

Psychotherapeutic Interventions

The psychotherapy of shame and self-righteousness begins with the therapist newly discovering each client's unique psychodynamics. Each shame-based client will present a different cluster of behaviours, fantasies, intrapsychic functions, interruptions to contact, disruptions of self, and self-protective defences. The theoretical perspectives described in this article are generalisations from clinical practice and the integration of several theoretical concepts. The theory is not meant to represent a statement of what is, but rather to serve as a guide in the therapeutic process of inquiry, attunement, and involvement. Importantly, the phenomenon of shame and self-righteousness explained within the perspectives of Gestalt therapy theory may encourage Gestalt therapists to explore with each client his or her unique experience of shame and to adopt a relationship-oriented psychotherapy approach.

A patient, respectful inquiry into the client's phenomenological experience will provide both the client and therapist with an ever increasing understanding of who the client is and the experiences to which he or she has been subjected. The process of inquiring must be sensitive to the client's subjective experience and unaware intrapsychic dynamics to be effective in discovering and revealing needs, feelings, fantasies, and defences. A major focus of a gentle inquiry is the client's self discovering of longing for relationship, interruptions to contact (both internally and externally), and memories that have in the past necessarily been excluded from awareness. A less important focus is the psychotherapist's increased understanding of the client's phenomenological experience and intrapsychic functioning. In many cases it has been important to clients to discover that the therapist is genuinely interested in listening to them and in knowing who they are. Such discoveries about the relationship with the psychotherapist present a juxtaposition between the contact available in the here and now and the memory of what may have been absent in the past.

The juxtaposition of the therapist's inquiry, listening, and attunement with the memory of a lack of interpersonal contact in previous significant relationships produces intense, emotional memories of relational needs not being met. Rather than experience those feelings, the client may react defensively to the interpersonal contact offered by the therapist with fear, anger, or increased shame. The contrast between the interpersonal contact available with the therapist and the lack of contact-in-relationship in the past is often more than clients can bear, so they defend against the current contact to avoid the emotional memories (Erskine, 1993). The juxtaposition presents an opportunity to acknowledge what was needed and to validate that feelings and self-esteem may well be related to the quality of relationship with significant others.

Shame may be a significant dynamic in most relationship difficulties, including depression, anxiety, obesity, addictions, and characterological presentations. The therapist's attunement to the unexpressed sense of shame provides the opportunity for clients to reveal their inner processes of feelings, fantasies, desires and defences. Attunement involves a sense of being fully aware of the developmentally-based needs, affect, and self-protective dynamics – a kinaesthetic and emotional sensing of what it is like to live with their experiences. Attunement occurs in the therapist's honouring the client's developmental level of coping with shame and the absence of any defining or categorising of the client's fantasies, motivations, or behaviour. Attunement also involves sensitively communicating to the client that the therapist is aware of the inner struggles; that he or she is not all alone in the sadness at not having been accepted as one is, and in the fear of loss of relationship because of whom one is. The therapeutic processes of attunement and involvement acknowledge the difficulty in revealing the inner confusion and struggles, value the desperate attempt at self-support and coping, and simultaneously provide a sense of the therapist's presence.

Some clients who are shame-based will not have the

experience of talking about needs nor have a sense of language that is related to affect and inner processes. In some families, to have needs or express emotion may result in the child being ignored or ridiculed. When there has been a lack of attunement, acknowledgment, or validation of needs or feelings within the family or school system, the client may have no language of relationship with which to communicate about his or her affect and needs (Basch, 1985; Tustin, 1986). There is often an absence in such family or school systems of the interpersonal affective contact (a non-verbal transaction) where the expression of affect by one person in relationship stimulates a corresponding affect of reciprocity in the other.

Affect is transactional-relational in its nature, requiring a corresponding affect in resonance.

- The expression of the affect sadness is to elicit compassion and possible acts of compassion;
- Anger is to elicit affect related to attentiveness, seriousness, and responsibility and perhaps acts of correction;
- Fear is to elicit affects and actions of security;
- Joy is to elicit affects of vitality and expression of pleasure.

This concept of affect is embodied in a two-person psychology or field theory perspective that is a basis of Gestalt therapy (Perls, 1944), although sometimes not accounted for in therapeutic practice. When an individual's affect is received by another as a relational transaction, the affect can be fully expressed. Metaphorically, the yin of the affect is met by the yang of a reciprocal affect in response.

Attunement includes the therapist's sensing of the client's affect and in reciprocity is stimulated to express a corresponding affect and resonating behaviour, a process similar to the one Daniel Stern (1985) described in healthy interactions between infant and his or her mother. The reciprocal affect in the therapist may be expressed by acknowledging the client's affect and leads to validation that affect has a function in their relationship. It is essential that the therapist be both knowledgeable of, and attuned to, the client's developmental level in the expression of emotions. The client may need to have his or her affect and needs acknowledged but lacks the social language to express the emotions in conversation. It may be necessary for the therapist to help the client name his or her feelings, needs, or experiences as an initial step in gaining a sense of making an impact in relationship.

Involvement begins with the therapist's commitment to the client's welfare and a respect for his/her phenomenological experiences. It evolves from the therapist's empathic inquiry into the client's experience and is developed through the therapist's attunement with the client's affect and validation of needs. Involvement is the result of the therapist being fully contactful with and for the client in a way that corresponds to the client's developmental level of functioning.

Shame and self-righteousness are defensive processes wherein an individual's worth is discounted and the existence, significance, and/or solvability of a relationship disturbance is distorted or denied. A therapist's involvement that makes use of acknowledgment, validation, normalisation, and presence diminishes the internal interruptions to contact that is part of the defensive denial accompanying shame.

Through sensitivity to the manifestation of shame and in understanding the intrapsychic functions of shame and self-righteousness, a psychotherapist can guide a client to acknowledge and express feelings and needs for relationship. Acknowledgment is the therapeutic counterpart to discounting the existence of a disturbance in relationship. Acknowledgment becomes internal and dissolves the internal interruption to contacting affect or needs when given by a receptive other who knows and communicates about relational needs and feelings.

Therapeutic validation occurs when the client's sense of shame, diminished self-worth, and defensive fantasies are experienced as the effect of significant relationship disturbances. Validation is the cognitive linking of cause and effect, the therapeutic response to discounting the significance of a disturbance in relationship. Validation provides a client with an enhanced value of phenomenological experience and therefore an increased sense of self-esteem.

Normalisation is to depathologise and to counter the discounting of the solvability of a relationship disturbance. Many clients as children were told, 'Something's wrong with you' or when faced with the impossibility of being responsible for their parents' welfare, concluded 'Something's wrong with me'. The burden of responsibility for the rupture of relationship was falsely placed on the child and not on a grown-up caretaker. The therapeutic counterpart to discounting the solvability of a problem is the assigning of responsibility for the relationship. It is imperative that the therapist communicates that a client's experience of shame, self-criticism, or anticipated ridicule is a normal defensive reaction to being humiliated or ignored, and is not pathological.

The assignment of responsibility may begin with a therapist actively taking responsibility for any breach in the therapeutic relationship. Most therapeutic breaks occur when a therapist fails to attune to the client's affective or non-verbal communication (Kohut, 1984). When a client bears the responsibility for the relationship the discounting of the solvability continues and the sense of shame is reinforced. It may be necessary for a therapist to take total responsibility for not understanding the

client's phenomenological experience, not valuing his or her defensive process, or not being attuned to the client's affect and needs.

Presence is the therapeutic involvement that serves as a counterpoint to the discounting of an individual's *self-worth*. Therapeutic presence is provided through sustained empathic inquiry (Stolorow, Bandschaft, and Atwood, 1987) and consistent attunement to the developmental level of affect and needs. Presence involves the therapist's attentiveness and patience. It communicates that the psychotherapist is responsible, dependable, and reliable. Presence occurs when the behaviour and communication of the therapist at all times respects and enhances the worth of the client. Presence is enhanced by the therapist's willingness to be impacted by the client's affect and phenomenological experience – to take the client's experience seriously. It is more than communication, it is communion – full interpersonal contact.

The psychotherapist's involvement through transactions that acknowledge, validate, and normalise the client's phenomenological experience is the antidote to the toxicity of discounting the existence, significance, or responsibility for solving the disruptions of contact-in-relationship. The dependable, attuned presence of the therapist is the antidote to discounting the worth of the individual (Bergman, 1991; Jordan, 1989; Miller, 1987; Surrey, 1985).

The effective psychotherapy of shame and self-righteousness requires a therapist's commitment to contact-in-relationship, a commitment of patience, and an understanding that such therapy is complex and requires a considerable amount of time. Inquiry, attunement, and involvement are all a mental orientation, a way of being in relationship, as well as sets of therapeutic skills. When used in resonance with the developmental level of a client's functioning, they are methods of providing a caring, understanding relationship that allows a client to express a sense of self-value that may never have been expressed before. Inquiry, attunement, and involvement are descriptions of respectful interactions that foster contact-in-relationship. It is through a contact-oriented, relationship-focused psychotherapy that protective dynamics of shame and self-righteousness are revealed and dissolved. A Gestalt therapy focus on contact-in-relationship enhances an individual's capacity for full internal and external contact.

Notes

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