

**“Absence Is the Bridge Between Us”**  
Gestalt Therapy Perspective on Depressive  
Experiences

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*Preface by* Lynne Jacobs

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*To Chiara and Emanuele*



*Absence swings through the air like a steel bar  
it keeps smacking me in the face  
I'm staggering*

*I run away it chases me  
there's no escaping it  
my knees fail I'm falling*

*Absence isn't time or distance  
it's the bridge between us  
finer than silk thread sharper than a sword*

*finer than silk thread sharper than a sword  
absence is the bridge between us  
even when we sit knee to knee.*

Nazim Hikmet<sup>1</sup>

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<sup>1</sup> Adapted from Hikmet (2002).

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## *Preface*

*by Lynne Jacobs*

I am honored to contribute a preface to this complex, richly textured and highly detailed exploration of depressive experiences and their treatment. And I am grateful for what I have learned from reading the book. I have been invited to engage with some of the ideas in the book, and I have been asked to describe the psychoanalytic origins of the term “intersubjectivity”. I shall do both and a bit more.

The vivid and compelling descriptions are only part of the treasure to be found in these pages. There are several authors, all but one of whom stand on the shoulders of Margherita Spagnuolo Lobb’s clear and progressive thinking and fine clinical skills. Each author demonstrates that depressive experiences are field phenomena, contextually emergent and contextually supported, and affecting our environment (everyone suffers, some with greater or lesser awareness of the suffering). This book is also an important contribution to the elaboration of our ideas about relationality from the perspective of field theory. The combination of clinical insight and theoretical inspiration is breathtaking.

While reading this book, it was inevitable that I would think about patients I have had the honor of meeting with over the years. The perspective this book offers gave me a more nuanced appreciation of the many experiences with depression that my patients and I have lived through. The foundational, even existential significance is clearer to me now. Our perseverance and emotional courage have been cast in a more profound light, which inspires my current work.

One woman was riven by depressive experiences that were dominated by a sense of the meaninglessness of her existence and a yawning, gasping sense of emptiness. After a few years in which the anguish was often in the

foreground, we entered a phase in which it was our only mode of meeting, our only topic of conversation.

I became filled with the self-doubts. As Roubal describes about the therapists' experiences, I kept having the thought that surely someone else would be able to serve this person better. As my patient's anguish and desperation grew, I became more demoralized. Eventually, I coped with my anguish by distancing myself subtly. After some time, she lamented plaintively that I was no longer present for her, that I seemed to be "phoning it in", that is, acting "as if" I was engaged, when in fact I had withdrawn from her.

The space between us came alive with her reach. I agreed with her assessment, and said so. Then, my eyes brimming with tears, I said that I had abandoned her because I found the depth of her pain unbearable. At that moment our re-connection was palpable to both of us. She sighed – a relieved relaxation – and said: "You get it now. You know how bad it is". My reluctance to feel her pain helped her believe that I had a sense of just how terrible was her anguish.

This example expresses the dominant theme around which these authors assert depressive experiences revolve. That theme, roughly stated, is the failure to reach the other. It is described – with myriad variations throughout the book – as the absence of the other. My patient lived in a family in which everyone was unreachable. The word, "absence" did not occur to us to speak, because as the title of this book suggests, absence has an existence. It is felt. It means something. But in my patient's family there was only empty space, no substance, as common and unremarkable as oxygen. In our shared world there were many times when I reached her or when she reached me, or when we reached each other. It was only through these events that presence came to have meaning. Thus, when I withdrew, the palpable *absence* became meaningful, albeit excruciating.

I was also reminded of an experience I had frequently at a period of time when despair dogged my life subsequent to the untimely death of someone dear to me. Time felt askew. Sometimes minutes seemed to last for hours. At other times I felt like I had fallen through a hole in time, as if I had slipped through the seconds on a clock and now lived outside of time altogether. And I would not want that "time" to end, because when "real

time” took over again, the demands of living in my radically changed world weighed heavily upon me. My body was leaden and numb.

My experience fits with two important aspects of depressive experience that course through the book. The first is the skewed experience of time, the second is the embodiment of depressive experience. A third important aspect is how the experience of space becomes burdensome. Either the sense of space is an expanse of deadness or emptiness, or one’s environment becomes suffocatingly close, crushing one.

Much has been written about our bodily experience of depression. And of course, a skewed sense of time and space imply a different sense of embodiment. But rarely have I found such clear and nuanced descriptions of the skewing of time and space. Some of the patients’ own descriptions in the vignettes in Francesetti’s chapters are movingly articulate about the senses of time and space when one’s depressive experiences envelop one’s existence.

Spagnuolo Lobb’s and Francesetti’s chapters, in which they lay the overall groundwork for understanding depressive experiences, detail quite clearly how the changes in the experiences of time and space are relevant to the depressive experience, and also, importantly, they provide important entry points for the therapeutic process. For many years, both Spagnuolo Lobb and Francesetti have called our attention to time as a contextual factor. They appear to be influenced by their European philosophical traditions to place time, and the experience of time, centrally in their work and in their articulation of field theory. In many of the chapters, therapeutic work that is sensitive to the meanings of time and space provide useful guidance for anyone who wants to work with folks who suffer, whether the suffering is depressive, anxious, or any other disruptive emotional experiences.

Also, again something we find more commonly in European than in American writing, psychological experiences are viewed as embodiments of political and social contexts. Spagnuolo Lobb and others point to depression as a phenomenon of our current, slippery, liquid, unconfined society. I suggest rather, that current society merely influences and shapes themes of depressive experiences. Depression has been with us as far back as written records allow us to know. Perhaps now we see it as more pathological than it was seen in the past, but it appears to be ubiquitous in



our human situation. Maybe depressive experiences are the “canary in the mine”. Two centuries ago, canaries were an alert system. A canary in a coal mine passes out when there is not enough oxygen. That was the signal to miners that it was time to leave the mine. Thus, depressive experiences and depressive contexts point out the ways in which this particular society, at this particular time, fails to hold well its members.

By now it should not be new to the reader that all experience can be usefully understood as emergent processes, as field phenomena. This idea is quite usefully elaborated regarding depressive experiences. Depressive experiences arise in specific familial, cultural, economic and historical contexts, they are supported in current contexts, and depressive experiences contribute to the possibilities and constraints in current contexts.

That is, the person who is identified as suffering from depressive experiences is not the only person who suffers in any given context. The authors in some of these chapters declare there is “suffering of the field”, or “suffering of the relationship”. I admit to some discomfort with those phrases. I don’t think a field *experiences* suffering. But it can be said that a field or context that suffers impoverishment of resources and supports is a field conducive to the development of depressive experiences. So, perhaps the problem may be more one of having to write in English than it is one of a category error.

In fact, the more I reflect on it, I think the phrase, “suffering of the field”, is trying to get at something for which language is perhaps insufficient. We are entangled with each other. Admittedly, by the time someone comes to visit a therapist, they may be gripped by terrible, enervating depressive experiences that are refractory to well intended efforts by friends and family to ameliorate the patient’s suffering. In a context in which a person is suffering, there are ripples throughout a shared field. And the phenomena related to depression exert a strong pull on the identified sufferer and also those who engage with the one who is depressed, be they family members, friends, colleagues or therapist. It is quite often the case that those who care about someone who suffers – be it from depression or anything else – also suffers.

And depressive experiences are also *emergent* processes. They are not isolated events, they are *of* a field. They emerge from contexts that *support* depressive experiences. It could rightly be said that such contexts lack resources to support resilience and expansiveness.

In fact, many of the stories you will read in this book are poignant examples of barren contexts with few resources, often contexts in which people have suffered trauma. And so it could be said that the field conditions are emotionally (and otherwise, as well) impoverished. The impoverished conditions “speak” through the person who presents with depression. This idea may encompass some of what is meant by the “suffering of the field”. Maybe it reflects an impoverishment of a field.

Here is an example that Spagnuolo Lobb offers in her chapter:

A husband who pushes his depressed wife to go out might make his wife even more depressed if he doesn't deal with his own fear of depression. The husband's response co-creates a depressive field, and they both play a polarized music and a polarized experiential field, in which the husband avoids feeling his own depression, and his wife looks even more depressed as a result.

Importantly, the phrase is meant to point to a few aspects of suffering that are highly relevant for the therapeutic process. By contextualizing the depressed person's experience, the depression is no longer solely the property of the patient. It develops *and is maintained* in specific contexts, and this means that the therapeutic context can be used as a place to work together to understand how the therapeutic context either supports depressive experiences, or supports other experiences that might contradict the depressive ones.

Few people write as clearly and directly about the relationship between a here-and-now focus, and the background from which an immediate moment has emerged, as does Spagnuolo Lobb. Francesetti and some of the other authors have learned from her how the immediate moment is a chance to address on-going issues, such as depressive experiences. I feel refreshed when I read some of the dialogue that the authors offer: moments in which a different experience occurs. They focus on processes that Spagnuolo Lobb describes in her chapter, such as intentionality, movement from moment-to-moment with purpose and desire (including the therapist's

desire to reach and to be received). They keep their eye on the presence of absence for both participants, moment-by-moment.

The various authors illustrate those life-affirming moments, but they do not shy away from the other necessity, that of sharing in the suffering. They dare to allow themselves to surrender to suffering that often swallows words inside enveloping, anguished, timeless silence. They surrender to the sense that time and future have no existence, or that space is utterly empty. Because only after the patient can feel you feeling their terrible burden, and feel your willingness to suffer-alongside, can they trust that your overtures come from understanding and respect for the necessity for their depressive experiences.

Thus, both the new experiences, and sharing of the more familiar depressive ones, embody the therapist's reach for the patient, even when the reach cannot be received by a patient who knows absence and dares expect nothing but, absence. As Francesetti avers, «we don't meet the "depression" of the patient, but the depressive field that we co-create together. The focus of psychopathology is not in the individual, but in the field». I agree with the point of the statement, although I would use the word, "co-regulate" instead of "co-create". Nonetheless, by contextualizing depressive experiences as emergent field phenomena, it makes sense to track together, with the patient, how the depressive experiences are amplified or lessened in the shared moments of doing therapy together.

In therapy the participants are entangled in a specifically structured intersubjective field. Whatever emerges has been shaped by reciprocal, mutual "influences", with no discernible method for parsing the extent to which one person contributed to the emergent moment. We are both in this mix-up together. Throughout the book, often the authors refer to an intersubjective field. They use the term, "intersubjective field", or perhaps, "intersubjectivity", in different ways – even in the same chapter – thus it will benefit the reader to have the different usages explained.

The term, "intersubjective field" is drawn from three contemporary psychoanalytic sources. Unfortunately, the three sources use the same term to describe distinct – albeit interrelated phenomena. There has even been some contentiousness amongst the sources about who can lay claim to the term. But by now, most in the psychoanalytic world seem to have settled into just accepting that they need to identify which meaning of the term

they are discussing. The other unfortunate aspect is that people often write as if the term can be simultaneously applied to the three distinct phenomena. In my opinion that leads to confusions similar to that which haunts Gestalt therapy and the term, “field theory”. Field theory seems to have as many uses as people who employ the term!

The most foundational use of the term comes from Robert Stolorow, Bernard Brandchaft and George Atwood (1987). Coming from a phenomenological perspective they use the term “intersubjectivity”, to point to the epistemological idea that all experience, all phenomena, are emergent from the entanglement of our subjectivities (or, as I prefer, our experiential worlds). That is, there is no such thing as an intrapsychic experience. This assumption is congenial with the Gestalt therapy idea that experience emerges at the contact boundary, and that experience is contextually-emergent (or “of the field”).

The other two definitions refer to developmental achievements. Daniel Stern (see, for instance, 2002) refers to intersubjectivity as the development of intersubjective relatedness. It is a domain of selfhood, usually achieved in infancy, in which the child comes to recognize that others have minds. For instance, the child looks at where a mother is pointing, instead of at the mother’s hand. The child has recognized that mother has an intention, and thus has a mind that is not the same as the child’s mind.

The third usage, offered by Jessica Benjamin (1990), is a further developmental achievement. Based on Hegelian thinking and a theory of infantile omnipotence, it is when a person recognizes that the other is a separate center of initiative. This is a hard-won achievement, because it requires giving up one’s infantile omnipotence for the more humble pleasure of being able to engage in mutual recognition. The intersubjectivity of mutual recognition is not only a hard-won gain, it is easy to lose. To me, this is similar to saying that a dialogic attitude is something we must continually re-find in our work, since our vulnerabilities can lead us to temporarily abandon the I-Thou attitude when we are under pressure.

I find all three ideas useful, even if I am not enamored of the background that Benjamin draws on for her ideas. I think you will find all three usages showing up in these chapters, and sometimes the usages are

conflated. In any case, all three usages are aligned with our phenomenological and field theory roots.

I am inspired by how much I learned from this book about my patients' depressive experiences and how we have lived through them together. The clinical and theoretical wisdom that has come from the close collaboration of Margherita Spagnuolo Lobb and her former student Gianni Francesetti over the years infuses all of the chapters in this collection edited by Francesetti. Depressive experiences are explored from several perspectives including looking at depressive experiences across lifespans and in particular situations. All of the chapters fit seamlessly together in large part because they all reflect further elaborations on the path that Spagnuolo Lobb, and later, Francesetti have forged in this book and in prior expositions.

Now, by all means, read on!

## References

- Benjamin, J. (1990). An Outline of Intersubjectivity. *Psychoanal. Psychol.*, 7(S): 33-46.
- Stern, D.N. (2002). *The First Relationship: Infant and Mother*. Cambridge, Mass.: Harvard University Press.
- Stolorow, R., Brandchaft, B. and Atwood, G. (1987). *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale, NJ: The Analytic Press.

## *Introduction*

With this introduction, I would like to outline the background from which this book emerges. I started a phenomenological research on depressive experiences after my previous study on panic disorder that led to the book *Panic Attacks and Postmodernity*, published in Italian in 2005. This first exploration emerged within the Istituto di Gestalt HCC where I was trained and where I teach and to which I belong. At that time the directors were Margherita Spagnuolo Lobb and Giovanni Salonia, who were taught by Isadore From and were developing, from two different perspectives, a psychopathology and a clinical practice specifically based on Gestalt therapy theory. Supported by this field and by the ongoing dialogue with the colleagues of the institute<sup>2</sup>, I completed the clinical study on panic disorder combining my experience as a phenomenological psychiatrist and my understanding of Gestalt therapy. After a few years, Margherita and Giovanni split and I continued my study within the Institute under the direction of Margherita. I was so excited by the results of the work on panic attacks, and by how it was received by the Gestalt community and colleagues from other modalities, that I promptly embarked on a study on depressive experiences, supported again by the rich field of the Institute's colleagues that constitute an ongoing learning/teaching community. In the meantime, stimulated by many discussions inside this community and in other contexts (in particular, the European Association for Gestalt Therapy and some colleagues from the New York Institute for

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<sup>2</sup> Especially Maria Mione and Michela Gecele.

Gestalt Therapy), I felt the need to clarify the theoretical foundations of a Gestalt perspective on psychopathology (these developments can be found in three papers published by the *British Gestalt Journal*<sup>3</sup>). In 2007, Jan Roubal, Michela Gecele and I started the project of *Gestalt Therapy in Clinical Practice*, a book published in 2013 with contributions from more than 50 authors. It was an attempt to discuss the basis of a gestaltic approach to psychopathology and to collect the authors' clinical experiences on the main human sufferings. From 2010, I started to coordinate, under the direction of Margherita Spagnuolo Lobb, the training programs on a Gestalt therapy perspective on psychopathology, organized by the Istituto di Gestalt HCC Italy. We can look at this process as a growing movement towards the development of a specific psychopathology that can support the application of Gestalt therapy to clinical practice. Such a movement is supported at the same time by a need and a resource: the need is to develop a psychopathology specifically based on Gestalt therapy theory, able to support our clinical practice and research; the resource is that our epistemology and theory provide the basis for a radically relational clinical practice, that is original in offering the possibilities of looking at the psychopathological field rather than the individual, and in line with the relational wave that is currently spreading across the *psy*-world, from psychotherapy to neurosciences (Francesetti, 2015). My understanding comes from and I try to develop the theoretical approach presented by Margherita Spagnuolo Lobb in many papers and particularly in her last book, *The Now-for-Next in Psychotherapy* (2013a). One core concept being that in the therapeutic meeting the contact boundary is co-created by both the therapist's and client's experiences (Spagnuolo Lobb, 2003). This theoretical development came from her dialogue with Daniel Stern about his concept of mutual co-creation between mother and child and between therapist and client and from her constant exchange with other colleagues, principally Jean-Marie Robine, Dan Bloom, Ruella Frank, Malcolm Parlett, Carmen Vázquez Bandín and others (Spagnuolo Lobb, 2001; 2003). The process of contact, as well as the diagnostic process, is a co-creation that expresses a new reality, which is situational, and can never be objectified

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<sup>3</sup> Francesetti and Gecele (2009); Francesetti (2012; 2015).

(Spagnuolo Lobb, 2009). From these principles an aesthetic approach to psychotherapy derives, based on the capacity of the therapist to support the patient's harmonic movement of contact (the beauty) into the near future (the now-for-next), coping with the uncertainty and co-creating a new contact-boundary. To focus on the perception of contact boundary means also to consider a phenomenological field, as a shared experiential reality between and above therapist and client: contact boundary and phenomenological field are two sides of the same coin. Another theoretical cornerstone that founds this exploration of psychopathology, as well as of the depressive fields presented in this book, is the gestaltic conception of the self as an emergent function at the contact boundary (Spagnuolo Lobb, 2001; Philippson, 2009), and particularly the concept of the *id of the situation* (Perls, Hefferline and Goodman, 1951; Robine, 1977; 2003). Thanks to this radically relational perspective we can develop a key to understanding even the most severe depressive experience, the melancholic experience.

These theoretical developments have been fundamental to the clarification of the basis for a specific Gestalt psychopathology and to supporting a dialogue for our theory and practice with the tradition of phenomenological psychiatry<sup>4</sup> and psychopathology from other approaches<sup>5</sup>. In particular, this perspective has supported me to revisit the contributions from phenomenological psychiatry in a relational key and to look at the suffering emergent field more than at the individual's suffering (Francesetti, 2015).

The present study on depressive experiences must be allocated within this movement and frame. It started in 2005 and it is still in progress, moving progressively towards a field perspective of this suffering. When I

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<sup>4</sup> In particular the direct teaching from Eugenio Borgna and Umberto Galimberti, and the contributions of Minkowski, Straus, Von Gebattel, Binswanger, Tellenbach, Merleau-Ponty, Blankenburg, Kimura, Maldiney, Ey, Tatossian, Callieri, Cargnello, Ballerini, Rossi Monti, Gozzetti, Stanghellini, Correale.

<sup>5</sup> In particular relational and intersubjective psychoanalysis and systemic theories.



embarked on this journey with my background of research on panic attacks, a more or less defined region of experience, I was quite ingenuous, thinking that it would have been easy to apply a phenomenological method of study to this field. I was wrong: to explore depressive experiences is like entering a jungle or a labyrinth, an endless land, with incredible nuances and metamorphic shapes, and with a huge theoretical complexity, impossible to reduce to a system without contradictions. It took at least three years to arrive at a first draft of a theory that could be almost comprehensive of these different experiences, coherent, at least in my view, to Gestalt therapy epistemology and connected to the existent literature in psychiatry, psychotherapy and infant research.

The first five years of research were presented in a book, edited by Michela Gecele and myself, published in Italian in 2011 with contributions from other Italian authors. This new book in English collects the core chapters of that first book – the clinical chapters on depressive and manic experiences – that have been reviewed, and adds some chapters authored by international colleagues who have developed clinical experience on specific aspects related to depression or specific phases of life. This book has been a further chance to explore our similarities and differences and to widen our shared background on Gestalt therapy. The perspective on psychopathology that supports this exploration is relational and field based (Spagnuolo Lobb, 2013b; Francesetti, 2015): this perspective has become sharper during the years, and it is clear to me now that we don't meet the "depression" of the patient, but the depressive field that we co-create together. The focus of psychopathology is not in the individual, but in the field. And as psychotherapists we don't work "on the patient", but we modulate our presence in co-creating the field. In this way our psychopathology becomes "de-constructive": the symptom is carried out by the individual but it is an expression of a suffering relational field, and during the therapy's journey we are focused on the field (i.e. we pass from the individual panic attacks to a field where there is a denied loneliness). The field is co-created in the here and now, expression of embodied stories and intentionalities

(Spagnuolo Lobb, 2012; Francesetti, 2015): it is the ecstasy<sup>6</sup> of the lived bodies. It is perceived by senses, so it needs an aesthetic competence.

Indeed, a Gestalt psychopathology has to be based on aesthetics (Spagnuolo Lobb, 2013a; 2013b; Francesetti, 2012; 2015), for at least four reasons: 1. we look at the creativity of our patients, “every person’s life deserves a novel” (Polster, 1987); 2. we have an intrinsic – or aesthetic – criterion of what is healthy and the figure/background dynamic tends to a good form (Perls, Hefferline and Goodman, 1951; Bloom, 2003); 3. we perceive the actualized field by being present to our senses and support the harmonic movement which is always implied in the patient’s intentionality for contact (Spagnuolo Lobb and Amendt Lyon, 2003; Spagnuolo Lobb, 2013a; Bloom, 2003); 4. at the contact boundary pain is transformed into beauty (Francesetti, 2012; 2015).

From these bases, depression emerges as a rainbow of different experiences, that can be understood in a new way in the light of Gestalt therapy theory. One important point is that the Gestalt theory of self, as an emerging phenomenon at the contact boundary, permits us to understand in a relational way even the most serious depressive experience – melancholic depression – thus providing an original contribution to psychotherapy and psychiatry. The specific relational key that I propose in order to understand the depressive field is the impossibility of reaching the other, when loved and needed. The first formulation of this relational understanding of depression came to me from Giovanni Salonia who brought to our trainings Lowen’s experiments on the baby trying to reach the unreachable mother. The surrender to the impossibility of reaching the (m)other and the paralyzing and painful memory of this need constitute, in this perspective, a depressive field. We can find the roots of this perspective in the approaches of other psychotherapies and psychiatric descriptions and hypothesis. But of course these roots are reviewed in the light of Gestalt therapy and developed according to the author’s clinical explorations. We will show throughout the pages of this book that a depressive experience is a traumatic stop in the journey towards the other and that psychotherapy is

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<sup>6</sup> From Late Latin *extasis*, from Greek *ekstasis*, from *eksta-* stem of *existanai* put out of place, formed as *ex-* + *histanai* to place (Oxford English Dictionary).

the revitalization of this journey. And, surprisingly, through this journey we can find sparkling light from darkness, springing energy from emptiness, wishing leap from despair, warmth and love from desolated coldness. Again, we can experience the miracle of the transformation of pain into beauty.

The structure of the book is the following.

The first chapter by Margherita Spagnuolo Lobb provides a wide horizon that introduces the pathways that the whole book then develops. Some theoretical foundations, with illustrative clinical vignettes based on her clinical experience, and an original description of depression's typologies are provided and support the reader to enter into the chapters that follow.

In the second chapter, I present an understanding of depressive experiences starting from the problems of diagnosis, recalling the analysis of phenomenological psychiatry and arriving at a specific gestaltic perspective. The depressive field is explored from the perspective of our core concepts: figure/background dynamic, intentionality, self functions in dialogue with infant research and clinical findings. In this way we arrive at an understanding of depressive experiences – and also of melancholic depression – as an emerging phenomenological field that carries with it a relational suffering and a plea for its cure.

The third chapter, again written by me and based on this previous understanding, provides an exploration of some kinds of depressive experiences and some directions for working in psychotherapy with them: I will describe reactive depressive experiences, melancholic experiences and the features of depressive experiences in different personality styles (narcissistic, borderline, hysteric, dependent, obsessive compulsive).

The fourth chapter, by Jan Roubal and based on specific research, provides an exploration of the therapist's experience in a depressive field. It is a valuable and useful support for the therapist in her/his effort to stay at the contact boundary on the brink of the depressive abyss.

The following chapters, from the fifth to the eight, are focused on depressive experiences in specific phases of life: motherhood (by Elena Lasaja), childhood (Pierre-Yves Goriaux), adolescence (by Elisabetta Conte and Michele Lipani), old age (by Frans Meulmeester). Each of these situations has some specificities that require a different understanding and support in therapy. They offer to the reader the possibility of differentiating these fields and of being aware of the peculiar facets of these therapeutic journeys.

The last chapter, by Michela Gecele with a contribution by Dan Bloom, explores manic experiences, providing an understanding of this mysterious suffering and some therapeutic directions. The historic perspective, the continuum of manic experiences and the analysis of this suffering in the light of Gestalt therapy theory offer a wide background that supports the therapist's orientation.

I have experienced that the perspective on depression presented in this book can be valuable not only for Gestalt therapists, but also for psychotherapists coming from different modalities and for psychiatrists.

The title *Absence Is the Bridge Between Us* comes from a poem by Nazim Hikmet (2002), a Turkish poet who suffered a long exile far from his homeland and beloved partner. It represents in a few marvellous lines how absence can be a painful presence, and a bridge that makes the absent loved-one present.

I hope that in these pages the reader can find new lights for her/his work and can be touched by the depth of this suffering. I hope that through this book s/he can look at these experiences – some of the most abyssal experiences for a human being – as a loyalty to the history and love, and a call for new contact.

As a way of transforming suffering into new life.

*Torino, March 19th, 2015*  
*Gianni Francesetti*

## **References**

- Bloom, D. (2003). "Tiger! Tiger! Burning Bright". Aesthetic Values as Clinical Values in Gestalt Therapy. In: M. Spagnuolo Lobb and N. Amendt-Lyon (Eds.). *Creative License: The Art of Gestalt Therapy*. Wien-New York: Springer, pp. 63-77.
- Francesetti, G. (Ed.) (2005). *Attacchi di panico e postmodernità. La psicoterapia della Gestalt fra clinica e società*. Milano: FrancoAngeli (eng. trans.: *Panick Attacks and Postmodernity. Gestalt Therapy Between Clinical and Social Perspectives*. Milano: FrancoAngeli, 2007; trans. in Spanish, French, Macedonian and Russian).
- Francesetti, G. (2012). Pain and Beauty. From Psychopathology to the Aesthetics of Contact. *British Gestalt Journal*, 21, 2.

- Francesetti, G. (2015). From Individual Symptoms to Psychopathological Fields. Towards a Field Perspective on Clinical Human Suffering. *British Gestalt Journal*, 24,1 (forthcoming).
- Francesetti, G. and Gecele, M. (2009). Gestalt Therapy Perspective on Diagnosis and Psychopathology. *British Gestalt Journal*, 18, 2: 5-20.
- Francesetti, G. and Gecele, M. (Eds.) (2011). *L'altro irraggiungibile. La psicoterapia della Gestalt con le esperienze depressive*. Milano: FrancoAngeli.
- Francesetti, G., Gecele, M. and Roubal, J. (Eds.) (2013). *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milano: FrancoAngeli (translations in Italian, French, Romanian, translations in progress in German, Dutch, Polish, Russian).
- Hikmet, N. (2002). *Poems of Nazim Hikmet* (trans. by R. Blasing and M.K. Blasing). New York: Persea Books.
- Perls, F., Hefferline, R. and Goodman, P. (1951). *Gestalt Therapy. Excitement and Growth in the Human Personality*. Gouldsboro, ME: Gestalt Journal Press, 1994.
- Philippson, P. (2009). *The Emergent Self. An Existential-Gestalt Approach*. London: Karnac Books.
- Polster, E. (1987). *Every Person's Life Is Worth a Novel*. New York: W.W. Norton & co.
- Robine, J.-M. (1977). *Plis et Deplis du Self*. Bordeaux: Institut de Gestalt-Thérapie, 2004.
- Robine, J.-M. (2003). Intentionality in Flesh and Blood. *International Gestalt Journal*, 26,2: 85-110.
- Spagnuolo Lobb, M. (2001). From the Epistemology of Self to Clinical Specificity of Gestalt Therapy. In: J.-M. Robine (Ed.), *Contact and Relationship in a Field Perspective*. Bordeaux: L'Exprimerie, pp. 49-65.
- Spagnuolo Lobb, M. (2003). Therapeutic Meeting as Improvisational Co-Creation. In: M. Spagnuolo Lobb and N. Amendt-Lyon (Eds.). *Creative License: The Art of Gestalt Therapy*. Wien-New York: Springer, pp. 37-49.
- Spagnuolo Lobb, M. (2009). The Therapeutic Relationship in Gestalt Therapy. In: L. Jacobs and R. Hycner (Eds.), *The Relational Approach in Gestalt Therapy*. New York: Gestalt Press/Routledge, Taylor & Francis Group, pp. 111-129.
- Spagnuolo Lobb, M. (2013a). *The Now-for-Next in Psychotherapy. Gestalt Therapy Recounted in Post-Modern Society*. Milano: FrancoAngeli (or. ed. in Italian; translations in Spanish, French, Russian, Romanian).
- Spagnuolo Lobb, M. (2013b). Fundamentals and Development of Gestalt Therapy in the Contemporary Context. In: G. Francesetti, M. Gecele and J. Roubal (Eds.). *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milano: FrancoAngeli.
- Spagnuolo Lobb, M. and Amendt-Lyon, N. (Eds.) (2003). *Creative License: The Art of Gestalt Therapy*. Wien-New York: Springer.

