



Absence Is the Bridge Between Us: Gestalt Therapy Perspective on
Depressive Experiences (Gestalt Therapy Book Series 4)
Gianni Francesetti and Lynne Jacobs

- Loc: 1,580 [Phenomenology and a Gestalt Therapy Approach to Depressive Experience](#)
by Gianni Francesetti
- Loc: 1,621 Depression consists of a broad and varied range of vastly different experiences,
- Loc: 1,639 Every sort of suffering – including depression – emerges as one of the Gestalten through which relational suffering expresses itself in the individual in a specific and unique form. Hence we speak of depressions,
- Loc: 1,644 we pass from depressions to depressive experiences and then to depressive fields (Francesetti, 2015).
- Loc: 1,645 specific and unique depressive experience, which reveals a suffering in a much vaster field that pre-exists the single individual and that is actualized in the here and now of the therapeutic session.
- Loc: 1,648 common ground of the experiences that we call depression, taking us into the realm not of the individual, but of the relationship.
- Loc: 1,654 viewing the individual's suffering from a radically relational, developmental and positive perspective (Salonia, 2001a; Spagnuolo Lobb, 2001a; Francesetti and Gecele, 2009; Francesetti, Gecele and Roubal, 2013).
- Loc: 1,655 common denominator underlying all depressive experiences will be identified in the hopeless sense of defeat experienced in the vain attempt to reach the other.
- Loc: 2,026 [2. Depressive Experiences: A Gestalt Therapy Approach](#)
- Loc: 2,040 We can approach a person experiencing depression by considering
- Loc: 2,041 symptoms to be
- Loc: 2,041 a manifestation of what is happening in the relational dimension.
- Loc: 2,044 posits the depressive experience in a frame of meaning that emerges from the relational field
- Loc: 2,045 brought by the patient
- Loc: 2,046 By relational field we mean the scope of present and presently possible experience in the subject's relationships.
- Loc: 2,052 The perspective that we will attempt to follow is instead hermeneutic and circular.



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- Loc: 2,055 if we view such phenomena as emerging at the contact boundary, then strictly speaking it is not the subject that suffers. What suffers is the relationship between the subject and the world:
- Loc: 2,057 Psychopathology is the pathology of the relationship, of the contact boundary, of the in-between.
- Loc: 2,058 Suffering may be perceived and creatively expressed by the subject, but it emerges from the contact boundary.
- Loc: 2,059 agent of this feeling (of all feeling) is the self, which is a function of contact.
- Loc: 2,061 As such, psychopathology must necessarily refer to the suffering of that boundary
- Loc: 2,071 The epistemology underlying this perspective is radically phenomenological.
- Loc: 2,096 consider this constitution of experience as an emergent phenomenon of the present relational field,
- Loc: 2,097 consider this field as the actualization of other relational fields travelled.
- Loc: 2,104 *2.1. The Figure/Background Dynamic*
- Loc: 2,109 A suppression of the future through the swallowing of the past.
- Loc: 2,129 we initially encounter the experience of depression as a condition of sluggishness in the figure/background dynamic,
- Loc: 2,130 figure strains to emerge from a ground devoid of energy.
- Loc: 2,130 neither interests, nor stimuli, nor impulses of intentionality.
- Loc: 2,131 "I know I should get up, but I just can't", "I know I should be doing things, but I don't feel the urge. Nothing interests me, nothing gives me enjoyment...".
- Loc: 2,137 the patient often remains silent and immobile on the chair throughout the session.
- Loc: 2,138 Nothing means anything, since meaning itself is developed at the contact boundary in the figure/background dynamic,
- Loc: 2,143 When we enter into a depressive relational field, our senses encounter a nothingness
- Loc: 2,167 For the therapist, a key experience with patients suffering a major depressive experience is the perception of a lack of direction within a dilatation of time and space,
- Loc: 2,171 no figure can emerge.



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- Loc: 2,172 Rather, time and space emerge at the very moment at which the figure is co-created in the present
- Loc: 2,176 «Therefore,
- Loc: 2,176 the movement of the organism does not unfold in space and time, rather it is the organism that moves space and time.
- Loc: 2,178 The present is the point source, the explosion point for time,
- Loc: 2,180 (Maldiney, 1991, p. 84 it. trans. 2007).
- Loc: 2,180 In melancholic experience, the present moment fails to emerge.
- Loc: 2,181 lacks the support of the previous moment which
- Loc: 2,181 (retention) and of the subsequent moment which is coming into being (protention).
- Loc: 2,186 The energy required to traverse the space separating the therapist and the patient can even appear impossible.
- Loc: 2,195 phenomenological psychiatry have shown melancholia to be a disorder in the experience of time and space.
- Loc: 2,199 Husserl's basic structures of time-consciousness (retention, primal impression and protention),
- Loc: 2,201 melancholic experience is a flaw in the transcendental possibility of protention and intention.
- Loc: 2,203 the melancholia sufferer has no future
- Loc: 2,204 because he has lost the transcendental possibility of constituting the future.
- Loc: 2,205 the future mode itself that no longer exists.
- Loc: 2,206 This understanding of depressive experience explains
- Loc: 2,207 a figure of contact cannot be created
- Loc: 2,209 it cannot be corrected through argument and cognitive reasoning
- Loc: 2,210 or through emotional contents or experiential data.
- Loc: 2,211 When the concrete issue is resolved
- Loc: 2,212 the patient immediately redirects his despair towards another object,



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- Loc: 2,217 «What stands out in the melancholic is the loss of existential closeness to things and hence of their usability.
- Loc: 2,233 no co-created figure of contact emerges and intentionality does not spread its transcendental wings.
- Loc: 2,237 The fixed figure is a creative adjustment which serves what is probably a protective function;
- Loc: 2,247 they come to the rescue to give meaning to the unbearable sense of anguish felt when faced with nothingness.
- Loc: 2,247 delusion constructs a framework of meaning that placates the anguish of nonsense and of metaphysical loneliness.
- Loc: 2,254 The only co-created figures possible are those that use/accept/confirm the delusion itself,
- Loc: 2,255 in therapy it is these figures that need to be created so as to permit the experience of co-creation (however minimal) to emerge,
- Loc: 2,256 makes more sense to attempt to contact the patient in the unoccupied areas that do not generate incompatible figures with the delusion
- Loc: 2,264 in melancholia it is not an object that is lost but the very possibility of experience within traversable time and space. This leaves us, however, with a sense of hopelessness concerning the possibility and necessity in therapy to reach the patient, who, on our understanding of depression, appears to us comprehensible in a certain sense, but locked up and out of reach in the disturbance of his transcendental functions.
- Loc: 2,276 we need to open up a relational dimension which we believe is foundational to the transcendental dimension.
- Loc: 2,277 the transcendental functions can only develop
- Loc: 2,277 if they are supported by a sufficiently good relational experience.
- Loc: 2,278 those functions are continuously originated at the point where present experience emerges, i.e., at the contact boundary,
- Loc: 2,283 *2.2. Intentionality in Depressive Experience*
- Loc: 2,310 intentionality is not absent in an absolute sense, but remains radically in the background as an impetus that does not come to life and does not participate in the co-creation of figures at the contact boundary.
- Loc: 2,314 In what relational field does this mode of contact, this mode of being-in-the-world, take shape?



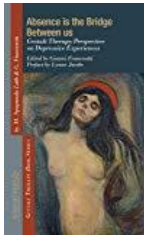
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- Loc: 2,316 the depressive experience and its characteristic trait
- Loc: 2,317 are the expression in the individual of
- Loc: 2,317 the impossibility of reaching the other.
- Loc: 2,317 depression is the way in which the subject experiences the surrendering of hope in the face of the hopelessness of his vain attempts to reach the other. We might also say that it is the way in which he perceives the defeat of his relational intentionality.
- Loc: 2,321 How can this relational experience be connected phenomenologically with the disturbance of the transcendental functions of space-time
- Loc: 2,322 done in the following way. The experience of being-with-the-other is the necessary element for constituting the temporal and spatial coordinates of individual experience.
- Loc: 2,324 originate at the contact boundary, emerging at the point in which the abyss that separates us is bridged through affective attunement
- Loc: 2,325 and resonance.
- Loc: 2,325 the now is not supported by the fleeting moment that comes to an end and the emerging moment that comes into being,
- Loc: 2,326 here is not united with a there by the arrow of intentionality. Time
- Loc: 2,328 When this movement fails, what we experience is the abyss that separates us,
- Loc: 2,339 Within the possibilities of human experience, the unreachable is always there (as opposed to here) and then (as opposed to now or after).
- Loc: 2,340 one of the characteristics of depression is regret,
- Loc: 2,342 be in this situation" (Maldiney, 1991). The past is the place in time of the unreachable and the unchangeable. Distance in space and time is an obsession in depression because only there and then is the unreachable constituted.
- Loc: 2,345 In contrast, mania is all about the here and now, where everything is reachable in the euphoria of having everything-at-hand.
- Loc: 2,347 the experience of moving across space-time in the direction of the other is absent
- Loc: 2,348 In melancholia it is not travelled because the (untravelled) path no longer exists,



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- Loc: 2,349 In mania it is not travelled because everything has already been travelled;
- Loc: 2,350 the other is not reached because neither sets off on the journey towards the other.
- Loc: 2,356 case of melancholia, the journey does not begin – the pathways are surrendered along with hope;
- Loc: 2,371 taking clinical experience as our starting point,
- Loc: 2,388 the Still Face paradigm (Tronick, 2008). In these experiments, «mothers are instructed to face their infants and remain unresponsive. The effect on the infant is dramatic. Infants attempt to solicit the mother’s attention, but in failing to elicit a response, they turn away only to look back at her again. When these attempts fail, the infants tend to lose postural control and withdraw into a profound state of sadness»
- Loc: 2,393 the children of non-responsive mothers,
- Loc: 2,395 «become sad and withdrawn and use self-regulation to control their negative states. The effect is that they become disengaged from the world.
- Loc: 2,397 these children develop a mood that is largely characterized by sadness, an image of the mother as undeserving of trust, and an image of themselves as helpless and powerless.
- Loc: 2,402 (withdrawal of intentionality and disengagement from the world, loss of muscle tone, sadness and the pressure of self-regulation) accurately represent the phenomenological traits of depressive experience.
- Loc: 2,403 a failure in the experience of the we stage,
- Loc: 2,405 This failure can undermine the confidence/hope that one’s energy can leave a mark on the environment, creating a state of withdrawal and inhibition.
- Loc: 2,407 melancholic depression is precisely this lack of underlying confidence/hope.
- Loc: 2,408 hope itself is lost,
- Loc: 2,408 not only hopes:
- Loc: 2,409 “My hope for us lies in you”.
- Loc: 2,411 with this statement that Gabriel Marcel immerses hope in the intersubjectivity of relatedness, thematizing it as a foundation of the human condition.
- Loc: 2,436 this process that leads to the realization that the other is unreachable
- Loc: 2,436 pathway of depression



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- Loc: 2,439 1. Solicitation in a relational situation in which the significant and coveted other is present and necessary
- Loc: 2,442 2. Anger and anxiousness in a situation in which the other person does not respond to solicitations and is not attuned
- Loc: 2,444 3. Failure and the surrender of all hope when one's helplessness is realized;
4. Withdrawal and forced self-regulation in a situation in which the other person does not participate
- Loc: 2,456 person realizes the hopelessness of his attempts to reach the other person. The moment that he realizes that the other person is unreachable is what we might call the moment of surrender,
- Loc: 2,459 He is helpless, in a situation with no way out, and with no other emerging intentionality.
- Loc: 2,460 fundamental and typical themes of the phenomenology of depression:
- Loc: 2,460 suspension of time;
- Loc: 2,460 loss of meaning and energy;
- Loc: 2,461 exhaustion;
- Loc: 2,461 sadness and emptiness;
- Loc: 2,461 lack of all stimulus;
- Loc: 2,461 bodily inhibition;
- Loc: 2,461 drop in intentionality.
- Loc: 2,462 the experience of the impossibility of reaching the other.
- Loc: 2,466 melancholic experience seems to correspond to being stuck in an intolerably interminable stage of surrender,
- Loc: 2,469 The pain is generally alleviated by whining, by tears that become an underlying lament, by fiddling with something, and by a withdrawal of the senses from the environment (through sleep, for instance). There is a sense of exhaustion and disengagement.
- Loc: 2,472 retroflexion is an effective way of withdrawing from pain in this situation. To protect from the suffering felt in each of the stages of this experience, various systems step in, each of which constitute a creative adjustment.
- Loc: 2,474 to cope with the loneliness that constitutes this experience, but they cannot substitute the experience of contact.



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| Loc: 2,475 | they diminish one's presence at the contact boundary, rescuing the person in part from being plunged into a relationship that suffers – a relationship in which it is impossible to reach the other. |
| Loc: 2,482 | anger, fear, lament, psychomotor retardation, emptiness and withdrawal. The various depressive Gestalten can be seen as original solutions found by the patient to express and cope with the basic experience of not being able to reach the other. |
| Loc: 2,485 | For instance, a person who frequently or almost constantly experiences anger in her life may actually be immersed in a depressive field that has never been abandoned. |
| Loc: 2,487 | a depressive experience to a depressive field, |
| Loc: 2,504 | Depression can thus be understood as a co-created phenomenon built on three elements: |
| Loc: 2,505 | deep bond with a significant other who is loved and necessary; |
| Loc: 2,505 | failure of efforts to reach the other; |
| Loc: 2,506 | emotional absence of the other from the relationship. |
| Loc: 2,506 | the person experiencing depression is loyal to the relationship and the underlying bond, and expresses its suffering. In this sense, the person bears the suffering |
| Loc: 2,507 | nursing his pain, he nurses the relational suffering of the field itself |
| Loc: 2,546 | we hypothesize that depressive experiences are essentially a manifestation in the individual of a phenomenon in the present or a traversed relational field, namely the impossibility of reaching the other. |
| Loc: 2,550 | we intend to trace depression back to the human experience of the impossibility of reaching the other, to the loss of hope and loneliness, and to the social field in which such suffering emerges. |
| Loc: 2,551 | allows us to move from the pathology to experiences, and from the individual to the social and relational field. |