Book Reviews

Absence Is the Bridge Between Us.

Madeleine Fogarty


For over a decade now psychology has been looking beyond the paradigm of Cognitive Behavioural Therapy for a wider understanding of depression and its causes (Mansell, Harvey, Watkins & Safran, 2008). By extension there has also been much interest in treatments for depression that recognize the affective dimension of a condition the World Health Organisation (WHO) has predicted will soon become the most pervasive disability in Australia, depression affects over 20 per cent of adults either directly or indirectly during their lifetime (APS, 2015).

What happens when we read these statistics? Is the response a familiar brushing off of a number that has no valence outside a mental health bureaucracy? Or is it a recognition that the prevalence of depression is so high that all of us are personally afflicted? As I write this review I am coming to the end of the first year of my father’s acute depressive psychosis. Like many psychotherapists I have suffered from my own depression. And in reading this book I thought about the pervasiveness of depression in my wider family as well. Every day in my clinical practice I sit with clients experiencing despair, hopelessness, ennui. And yet there has been something disruptively relentless in being part of the depressive field of my father’s acute distress and endless negativity. Why is familial relating to depression more unsettling than professional relating? Was there something in Absence is the Bridge Between Us, that might shed new light on depressive experiences?

The major premise of the book, which is broad and deep with clinical wisdom, is that depression is not an isolated phenomenon experienced by an individual, but a condition emergent from the context of an under-resourced field. The concept of self as organism/environment, first proposed by Perls, Hefferline & Goodman (1951), is developed by the authors of this collection, into a radical relational clinical approach. The patient is not depressed (in the
conventional Cartesian self in isolation mode); rather, according to Roubal (2007), the therapist and client are “depressing together”, and in this book:

The therapist is not engaged in a relationship between a healthy functioning professional and a depressively disordered client. Instead both client and therapist participate in distorting processes at the contact boundary by detaching from the constantly co-created fabric in-between, which connects people to the world and to life. (p. 207)

Not all of the authors in the collection elaborate on this co-experience to the same degree; but excellent contributions from Margherita Spagnuolo Lobb, Gianni Francesetti and Jan Roubal underscore a commitment to deep phenomenological co-experiencing of the contact boundary shared between therapist and client. It is this aspect of clinical practice that Margherita Spagnuolo Lobb, in her introductory chapter, is determined to share with the psychotherapy world within and beyond Gestalt Therapy. Spagnuolo Lobb characterizes depressive experience as a lack of desire for the desire of the other (or the absence of the other). In other words the depressive has given up on reaching out towards others, or the environment, and expresses no hope, no care, nothing. And yet the expression of absence is a something to which therapists may become attuned and work with in a “now-for-next” approach (Spagnuolo Lobb, 2013). Spagnuolo Lobb claims that the reason for the increase in the prevalence of depressive experiences is the isolation and lack of relationship bought about by the lack of protective, caring relationships and the globalisation of communications (p. 52). Consequently she poses the situational perspective of Gestalt and its focus on the “suffering of the between” as an approach that may alleviate the rise in depressive conditions.

Somewhat literally I adopted this approach to reading the book itself. With genuine curiosity I wondered what it might be like to be reading about depression whilst engaging in the depressive field to which this book is hoping to make a major contribution. When the book explored theoretical frameworks including attachment styles, developmental theories, the bodily experience of depression, similarities and differences to the psychoanalytic tradition, convergences and departures from the DSM and current contributions from neuroscience, it was difficult to feel sufficiently to engage in this endeavor. But when the authors presented clinical examples I found myself deeply affected by the clinical encounters. How might this approach differ from that which I practice as a Gestalt therapist? It seems to extend the practices of dialogic inclusion, confirmation and presence (Buber, 1952) or Donna Orange’s notion of “clinical hospitality” (2012) to another plane, in which my differentiated
sue of self melted away. (Which reminded me of occasions when sitting with my father). I could more acutely sense the murmuring of desire to reach towards the other and was less tempted to fill the space with phenomenological observations, or alternatives such as promoting optimism in the other by “trying to change clients’ attitude towards themselves and the surrounding world, or to divert them from their current depressive experience and focus on pleasant and positive aspects of life” (p. 206). Yet I wondered how I would manage to sustain such an approach without risk of burnout?

This question was addressed in Roubal’s claim that attunement to depressive environments is risky for burnout, “but also reversely as natural and inevitable for the treatment of depression” (p. 217). There is a risk of emotional contagion when the attunement is “unconscious” rather than more aware, in which case “the attunement can be cultivated for the client’s benefit” (p. 217). The chapters by Francesetti and Roubal provided some methodological detail about how this attunement might be cultivated. In particular, Roubal’s model of the depression co-experiencing trajectory was useful in identifying processes that commonly occur between therapist and client in the depressive field. Various presentations of depression (including narcissistic, borderline, melancholia) were explored in their uniqueness. Further elaborations were offered in ensuing chapters on Postpartum Depressive Experiences, Childhood Depressive Experiences, Depressive Experiences in Adolescence, Depressive Experiences in Old Age, and Manic Experiences. These chapters fleshed out the contextual ground from which the specific experiences of depression emerge, and yet still left me a little puzzled as to how to proceed past a meeting place at the contact boundary from which I might possibly suggest to a client (as one therapist described in the book does): “you should see a psychologist!”

Owning the difficulty of sitting with the depressive experience is a demonstration of presence (Buber, 1958). And is key to a deeply relational experience, in which the client feels unburdened by the need to “get better” and instead to be recognized in the bleakness of their situation. In her introduction to the book, Lynne Jacobs describes such an encounter, where she began to doubt her capacity to sit with her client’s anguish and desperation and finally admitted she “had abandoned her because she found the depth of her pain unbearable” (p. 21). Paradoxically this was the turning point of reconnection. The client felt deeply understood. This kind of example is repeated throughout the book reminding us of the freshness that can emerge when shedding the need to “heal” the situation, and instead sharing the dilemmas and frustrations of the field. Jacobs departs from the authors’ use of the term, “the suffering of the field”, as she argues that the field as such does not suffer, though it may experience impoverishment of resources such that “those who care for the
sufferer also suffer” (p. 20).

And this is the challenge that I was left with: how to be with the other, who is unable to extend themselves towards otherness, without (unduly) suffering? How to stay at the boundary of depressive contact that swallows time and space with anguish, without retreating into encouragement or deflection, and hold the “presence of an absence” without being seduced by the lure of depression? (Kristeva, 1989).

It seems important to distinguish here between an approach to contact as the constitution of self, and an approach to that same contact boundary that underscores the simultaneous formation of two selves at the contact boundary. Our awareness of the contact boundary is an awareness of the style of contact that occurs between therapist and client, it is not attributed to an individual, (as is made clear by the authors of this book) and yet some awareness of the self and other anchors our capacity to hold the whole in the clinical encounter. Those selves, the client and the therapist are in the same moment and the same field together, but their experiences are different. And it is the awareness of that difference, and the holistic perspective that allows for that difference that protects us, as therapists, or family members in the depressive field, from falling into the vortex of hopelessness that characterises the depressive experience. It is perhaps when we are “spontaneous” or unaware of our attunement and this difference that we run the risk of greatest suffering. What I then realised was that the unsettledness of the depressive field with my father differed from the more boundaried encounters that I have in clinical practice, because in the clinical setting I am both more aware, and more able to hold onto myself and the wider field conditions that are the ground for contact. By applying increased awareness to my personal situation I was able to be with my father without losing myself!

This book offers an original perspective to those working in psychology and psychiatry in its emphasis on the psychopathological field, rather than the individual. Significantly, it is the first book to be published that focuses Gestalt approaches to Depression. Some of the articles have been published elsewhere (Francesetti, Gecele, Roubal [Eds.],2013), but bringing the collection together to investigate the most pervasive disability of our time is both consolidating and reaches out to the broader psychotherapy community. Gestalt practitioners may not encounter this perspective as original but rather as a deepening and development of this perspective in relation to depression. Some of those developments may challenge Gestalt practitioners, and others may affirm the efficacy of a relational approach that has been offered since 1951, and which has gradually been taken up in more systemic and process based perspectives on understanding and working with depression. I thoroughly recommend it.
References


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Madeleine has been working as a psychotherapist in private practice in Melbourne for the past 15 years. She recently completed honours in psychology and was surprised to find that Gestalt therapy rarely featured in in university courses, and was even more absent in psychology journals. Madeleine is currently undertaking her PhD in psychology at Swinburne, where she had hoped to do a comparative study involving gestalt therapy. It was then that she learnt of the need for a fidelity scale for gestalt. This project has enlivened her practice and introduced her to the depth and richness of gestalt thinkers both past, and especially present.

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