

Margherita Spagnuolo Lobb

Since 1979 Spagnuolo Lobb has been contributing to the development of the theory and method of Gestalt therapy in hermeneutic line with the basic text of Perls, Hefferline and Goodman (1951). Developing the thinking of Isadore From, Spagnuolo Lobb presents a model centered on the unitary nature of the phenomenological organism/environment field and on the co-creation of the *contact boundary* in the figure/ground dynamic. The contact boundary is defined as the place in which the self unfolds, that is to say the shared figure of the process of contact that emerges from the ground of possibilities of the phenomenological field. It is the place and time where it is possible to experience both the anxiety that gives rise to the unease and a new perception of the self-in-relation to the other.

Spagnuolo Lobb moves the focus of the traditional therapeutic intervention.¹ Going beyond the more famous technique of Gestalt therapy - the “empty chair” - she places in the experience felt at the contact boundary between therapist and patient the possibility to make phenomenologically evident the anxious-making relational modalities, acquired in previous interactions. Therefore, developing one of Isadore From’s suggestions, she changes the technique from “Put your mother on the chair and tell her what you feel” into “Tell me, the therapist, what you would tell your mother”. There are various consequences of this displacement; for instance, when during a session a patient says to the therapist: “Last night I was upset and couldn’t sleep”, this communication is to be read and explored, not only as an internal experience, but also as a figure that the patient creates from the ground of the relationship with that specific psychotherapist, and which includes an intentionality of contact towards her/him (“I hope you won’t make me leave here upset like last time”).²

The perspective on the co-creation of the contact boundary enables to leave the intrapsychic point of view in favour of a contextualized concept of change,³ based on the mutual regulation of the rhythms and perceptions of the therapist/client diad (a dance), as the neurosciences^{4,5} and intersubjective theories make clear. For Spagnuolo Lobb the health towards which the psychotherapist must direct her/his work is the spontaneous vitality, the “missing gesture” visible in the aesthetic of the patient’s movement, while the neurosis is the desensitization of the contact boundary, the sleeping of the senses that makes people feel bored and boring. Accepting the teachings of Erving and Miriam Polster, Spagnuolo Lobb considers the therapeutic glance to be a sort of spotlight that illuminates the “beauty” of the client, a light that makes visible the harmonic vitality inherent in the wholeness with which each is present in the relationship and adjusts to it in a unique, creative manner. Thus the client will be able to awaken - looking at him/herself and feeling recognized in this light - the sense of her/his beauty and the spontaneity of being there.⁶

The *field* expresses the unitary nature of the organism/environment reality (as well as the nature-culture, political-social one), while the *contact boundary* expresses the movement between them which leads to growth and individuation. The field is made up of a crying baby and the mother who takes care of him. The contact boundary is the child who calms down thanks to his mother’s voice and the mother who smiles at him, confident that those tears will pass. These are not conceived as individual experiences but as a continuous process of being-with significant parts of the world, with excitement, determination and choices, destructuring and reconstructing, and finally assimilating.⁷

A consequence of this perspective is that the therapist sees the **change in psychotherapy** as a *unitary change* of both the client and him/her self. Their field changes (not just the client’s): the perception of the client and that of the therapist both change, and both these changes have to be taken into account. If during a session the therapist feels a pressure in his chest when the client speaks tearfully of an abuse she has experienced in her childhood, the therapist focuses in how, under which conditions, his/her feeling of pressure could be relieved.⁸

Therefore, the observation focus switches from the client to the phenomenological field s/he is in, and to the *reciprocity*, in other words the reciprocal act of moving-towards-the-other that characterizes the therapeutic relationship.^{9,10}

The other focal point is the **aesthetic approach**: through *aesthetic relational knowledge*^{8,11} we can

learn about the other with our senses. This kind of attention allows us to include the resonance of the therapist in front of the client, as an element that takes part in the experiential field. Similar to what happens when we look at a work of art, our eyes are caught by what vibrates, is vital and possesses a particular energy. The most vibrant part of a scene is the one that contains the “drama”, the energy for contact which is about to burst because it is unfulfilled, “suffering”, not spontaneously expressed in the contact.⁶

The field is considered as a phenomenological and aesthetic experience. The therapist – through the aesthetic relational knowledge – feels part of the experiential field of the client and uses his/her resonating to learn about “the other side of the moon” of the client’s suffering. The aesthetic relational knowledge allows us to recall that relationship and change it “from the inside”.

Psychotherapy is a process of transformation of the unitary nature of the self/world (in phenomenological terms), called “field”.

Spagnuolo Lobb’s diagnostic model provides a map that enables to find one’s direction in what happens at the contact boundary, and tools in order to read both the contributions of the past and the “tensions” towards the future, as they present themselves in the here-and-now of the therapeutic setting. The concept of the here-and-now is thus redirected in the concept of the **now-for-next**.¹² The developmental perspective of a *polyphonic development of domains*⁹ (or modalities of contact) enables to access the complexity of the patient’s being-there, not comparing it with maturative tasks that belong to the developmental phases, but observing how s/he manages the complexity of situations towards a creative adjustment.

Dance is for her the most appropriate concept for a phenomenological and aesthetic approach towards contact. She provides a grid to look at caregivers/child interaction,¹³ which can also be considered in the therapist/client interaction.^{7,14} In her view, dance is the way in which the two *intuit, see and recognize each other, adjust to one another, take bold steps together, have fun, reach each other, let oneself go to the other/take care of the other*.

It is her proposal to observe the primary relationships from a specifically Gestalt point of view (phenomenological, aesthetic and field oriented). These dance steps are domains of contact co-creation, an attempt to describe the contact between child and caregiver (in other words, between organism and human environment) while focusing on co-creation.¹³

On this epistemological basis, Spagnuolo Lobb has constructed models for specific clinical situations:

1) The model of **Gestalt therapy for couples**,^{2,15} based on three experiential dimensions of the couple’s functioning. They range from recognising the “differentness” of the other to revealing one’s affective vulnerability to the other. She has called this model “to feel at home in a foreign land”.

2) The model of **Gestalt therapy for families**,¹⁶ which distinguishes four stages in the session, in which the intentionality for contact of each member is supported in order to replace a painful field with a playful phenomenological field.

3) The model of Gestalt therapy for co-parenting, which considers six relational competences developing in the unfolding of parenthood, each characterized by certain intentionalities for contact. Referring to esthetic Gestalt values, this model aims to support parents to **see the “beauty” in one’s offspring**.¹⁷

4) The model of relational preparation to give birth, for couples, which considers deliver to be a relational process whose competences can be applied both to the relationship of the couple and to the relationship with the offspring. The model – validated by research – distinguishes seven psychological dimensions inherent in pregnancy and delivery, and explores each of them in the learning units of the training for couples. She has called this model “**birth as relational re-birth**”.¹⁸

5) The community model for seriously disturbed clients in **psychiatric structures**,^{19,20} which applies Gestalt therapy to treatment of psychotics (in both the private and the institutional setting). It defines relational experiences that enable the client to construct the “ground of taken-for-granted certainties” necessary for the structuring and differentiation of the self.

6) Specific studies to work with seriously disturbed experiences, like **borderline**,²¹ **depressive**,^{22,23} and other experiences in Gestalt therapy approach.

7) A model to work with **children**;²⁴

8) Finally, the **model for groups**,^{2,25} a tool to work on group process, basing on dyachronic (ground) and synchronic (figure) aspects of group’s making contact. This model has been applied to training groups²⁶ as well as to the **organizational consulting**.²⁷ This last model includes a qualitative research which aims to compare the manager’s experience of the working group with the wish of employees to give their best to the work project.

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