

# Supervision as dance

Text: Trine Merete Edler-Woll

In the encounter with Margherita Spagnuolo Lobb's texts, I experienced a Gestalt therapist with deep respect for the client's life and suffering. I was attracted to this and curious, and I felt a strong need to delve into this direction. This led me on a gestalt therapeutic educational journey through the Istituto di Gestalt H.C.C. Italy's international supervisor education.

## My background

As a licensed nurse, with broad experience from various clinical fields in the public health service (psychiatry, palliation, cancer treatment, eating disorders, etc.), after completing basic education in Gestalt therapy at the Norwegian Gestalt Institute (NGI), I felt a need to integrate the medical and Gestalt therapeutic paradigms into a meaningful whole in my own practice as a Gestalt therapist *and* nurse.

## Time to be seen and heard – and translated

In my basic education at NGI, I occasionally experienced that the teaching conveyed a somewhat polarized attitude to the medical paradigm and to diagnoses such as "wrong" and Gestalt therapy as "right". It was and is an understanding that I do not find my place in. I am incredibly happy for the Norwegian health service, with the enormous expertise and diversity that exists there. I feel sad about the pressure that many of my colleagues in the public sector are facing, and that I have experienced myself. Through my own hard-earned experience, I know that factors such as time pressure and too few hands

are very decisive factors for what treatment the public sector can offer, and with what quality.

Part of my motivation for becoming a Gestalt therapist was the desire to be able to offer my clients a space with peace and time to be seen and heard, without time pressure and lack of capacity. Of course, as a Gestalt therapist, I can in no way replace what the public sector offers and should offer. But I am a supplement. A supplement that does not see myself as something *completely* different from the public health service, and that seeks collaboration across paradigms and modalities and contributes to a greater whole. Sometimes I think of myself as a kind of translator: I support the client in explaining their needs to their family doctors, to NAV ( the Norwegian Labour and Welfare Administration), to DPS (the district psychiatric centers) and so on – and vice versa.

My gestalt therapeutic practice is without a doubt strongly informed by the knowledge and experience that I bring with me from about 20 years of practice experience from the medical and psychiatric paradigm. A competence I am proud of and which I experience as supportive in my work as a Gestalt therapist and Gestalt supervisor.

## Spagnuolo Lobb

My first encounter with Margherita Spagnuolo Lobb took place when, as a student at the gestalt training program at NGI, I randomly came across the article *"Creative adjustment in madness: a gestalt therapy model for seriously disturbed patients"* (Lobb, 2003).

I was immediately fascinated and touched by her pictorial and poetic language in the dissemination of Gestalt theory, while also using terminology from psychiatry that was familiar to me. Through her texts, I experienced conveying a deep respect for the client's life and suffering, and what I perceived as a great capacity to understand and convey traditional diagnoses in a Gestalt-relational perspective.

In the encounter with Margherita's publications, I found an integration of these paradigms that I wanted to learn more about. During the COVID epidemic, the Istituto di Gestalt H.C.C. Italy developed an online teaching program called "Relational Interventions for New Psychopathologies in a Post-Pandemic World", which consisted of a series of online seminars/workshops with hundreds

of participants from all over the world, led by Margherita. Through these seminars, my interest in Margherita's form and method increased. I ordered and read various books from the Italian Institute. In several of her publications, I was introduced to what Margherita calls "the dance" between therapist and client, where she compares what goes on in the co-created field with dance steps between the people involved. Along with the metaphorical and poetic language, I also found descriptions of psychopathology, diagnoses and anamnestic structure in descriptions of cases.

## **The nurse's view and responsibility**

The experiences from my nursing work have given me tools to systematize the sensory impressions in the meeting with patients and relatives. Among other things, to obtain a medical history. As a nurse, I have learned to do structured interviews with my patients. I used my 'clinical gaze', observing the patient's skin tone, complexion, muscle tone, breathing, power, balance, movement patterns, cognition. I took note of data on family situation, history and current symptoms/changes, nutrition, elimination, activity patterns and sleep. I obtained a history of symptoms and recent changes that the patient or their relatives had observed. I took measurements of pulse, blood pressure, weight, height, temperature, ECG and the like. All this was recorded in a clear system with observable data and measurements. With the help of a clinical and diagnostic eye, all of this was put together to understand and pass on the information to my colleagues. In collaboration with the doctor(s), we worked our way to a preliminary diagnosis that led to some measures to alleviate the patient's symptoms. The measures were then continuously assessed based on what my and my colleagues' "clinical gaze" took with them. All the while, we observed, listened, asked, and investigated to better understand and alleviate.

As a newly qualified Gestalt therapist, I designed a separate intake form that I used in the first conversation with new clients. I needed to have routines that made me confident that I was able to obtain sufficient information to take care of the clients I brought into my practice. The feeling of responsibility from the nursing profession was a spinal cord reflex, with a high awareness of whether the client's request was within my area of expertise or not, and what I needed to meet the client in the best possible way in their situation. This meant that quite

early after graduation, I found my notebook again and sat with it and a pen in my lap during the lessons with clients.

During the supervision study (see below), I returned to my original enthusiasm for systematic data collection using the form "Clinical Data Sheet", prepared at the Istituto di Gestalt. I find this to be a useful tool to gain a deeper understanding of clinical situations that I find confusing, complex or similar.

## **The Supervisor Study of the Istituto di Gestalt**

In February 2022, I applied for a place at the Istituto di Gestalt's international education program to become a Gestalt supervisor. At the time of application, the choice to apply was mostly about the fact that I wanted to develop as a Gestalt therapist and that I especially wanted to learn more about Margherita Spagnuolo Lobb's approach and method.

The education is EAGT-accredited and satisfies the requirements to be able to supervise all gestalt therapists under EAGT's umbrella, including the Norwegian Gestalt Therapist Association. It is an international education that takes place in English, and in my class we were 20 students from 15 different countries, from 3 different continents. The study spanned 2 years, with five separate 1-week sessions in Italy (two in Milan and three in Syracuse) and included a total of 95 hours of mandatory supervision practice in groups online between the physical sessions in Italy.

The education was built around one or more topics for each session, where Margherita taught half of the session, and various guest lecturers taught the other days. The topics of the sessions were the supervision situation, the role of the supervisor, ethics and values, research, supervision in various «psychopathological situations» (including situations of depression, bipolarity, anxiety, panic disorder, compulsion, trauma, eating disorders, psychosis, autism, personality disorders), supervision of therapeutic situations with children, adolescents, families, couples, groups and in organizations.

## **Margherita's model of therapy and guidance**

Margherita is concerned with understanding what is the client's and therapist's intentionality in their contact and how we can support this intentionality. In her lectures, she described intentionality as "the energy that brings us forward". With it, she points out how the energy and movements in the contact between

client and therapist can become "dance steps". As I understand it, she is concerned with focusing on the reciprocity of the contact, on what we do and how we do it *together*, rather than what the client and therapist do separately. She says that psychotherapy is a place where the client can experience "the sense of self", and that "the sense of oneself needs to be built on *the ground of being-with*". In other words: The feeling of me arises in the *co-created* field with a significant other.

Based on this model, as a therapist, I will include myself in an exercise of awareness with the client through questions such as: "What is it like to sense/experience this *with me?*/when you look *at me?*/what is it like to tell this *to me* now?"

But this is not enough. Margherita also asks: "What kind of other is needed for the client to feel this way?" and "what do I feel like the other/therapist in the contact now?". The field is co-created, and what is sensed happens in the reciprocity of the contact. The information I get as a therapist in the contact is both information about the client's previous co-created experiences, and about how it is experienced (as resonance) for me to be the other together with the client in the now.

## Dance steps

She describes the movements in the contact between client and therapist as "dance steps". The steps are described as a sequence of "intentional movements and different contact aspects". The steps do not have to follow each other in the order below, they are spontaneous movements in the contact between client and therapist:

- To build together the sense of the ground
- To perceive each other
- To recognize each other's intentional movement
- To adjust to one another
- To take bold steps together
- To have fun

- To reach each other
- To let oneself go to the other/to take care of the other

(Lobb, 2019).

This theory/model forms the basis of her model of Gestalt supervision. Gestalt supervision aims to recognize and support the therapeutic intentionality of the supervisee in contact with the client and thus support the client's intentionality for contact with the therapist. In her model, the supervisor and the supervisee together seek to recognize the dance steps in the dance between the supervisee and the client. When the dance stops, the supervisor's question is: What new can you (as a roadmap) do to influence the client's movements/dance steps? What movement can you make?

## **An example of the model in practice**

At the first training, I was supervised by Margherita. I told her about a client who had been with me for a long time, and who had experienced boundlessness and repeated violations in her upbringing family. I felt great warmth and care for this client. At the same time, I was annoyed by the constant remarks that the client made about things I should have or about how I should do it differently in the office.

I asked Margherita for help to set boundaries in the relationship without giving the client a sense of shame or offense. In the supervision, I felt seen and affirmed in my care, which helped me to look with even greater warmth at my client's (potentially critical) remarks about things in my office. Margherita confirmed my intentionality, and through that, I was able to see my client's intentionality more clearly. I could see the client's remarks as something other than boundlessness and criticism – I could see that they also cared about me, which was shown precisely by telling me about how I could do things differently in my office.

It changed the dance steps in the dance with this client and me: I came home to Norway and received the remarks with warmth and a thank you for showing me such kindness and care. The client felt seen and confirmed.

## **Principles of the supervision**

The starting point for Gestalt supervision in Margherita's model is *what the supervisee knows about the client, the client's situation and about how the client is in contact with the supervisee*. This is in contrast to the stance in traditional psychotherapeutic supervision, where the supervisor is intended to reveal what the supervisee does not know about his or her client. Margherita believes that the latter attitude can cause shame in the supervisory situation, and that support for what the supervisee already knows about his or her client can prevent shame (Lobb, 2024).

The supervisor's recognition of what the supervisee already knows about his or her client is thus of great importance for the supervisory relationship, based on 4 competence domains («domains of recognition»):

1. The supervisor acknowledges what the supervisee knows about the client and the client's situation (diagnosis, expression of suffering and medical history)
2. The supervisor acknowledges what the supervisee knows about the way the client contacts them
3. The supervisor acknowledges what the supervisee knows about the "dance" between the client and the supervisor
4. The supervisor acknowledges what the supervisee knows about the significance of this supervision for the supervisee. This means that I, as a supervisor, recognize what my supervisee himself experiences as significant in the given supervisory situation for him and his practice, and that this in itself is enough. As a supervisor, I do not add my interpretations or opinions about what the supervision should mean for the supervisee.

## A professional and personal journey

Studying Gestalt supervision at the Istituto di Gestalt H.C.C. Italy has meant two years of intensive professional and personal growth for me. As mentioned above, I applied for the program based on a need for more knowledge and a desire to dive deeper into MSL's method. The idea of myself as a Gestalt supervisor only existed as a vague possibility.

Traveling to Milan completely on my own and starting an international study without knowing a single person, was in itself a giant step outside of my comfort zone. Fortunately, the unknown is becoming increasingly familiar and safe



through exposure. The supervision study and the process of becoming a supervisor gradually grew on me. I enjoyed my studies, with the lecturers, and not least with my dear fellow students! I experienced that the Gestalt world opened to me and enriched me. In meeting colleagues from all over the world, I experienced both enormous differences and deep recognition.

## Outcome of the training

I experience that this journey has made me more confident and clear as a therapist, colleague and supervisor.

It feels like I have a big backpack with significant learning, experiences and meetings from my studies in Italy, and I feel privileged and very grateful for everything I have been able to take part in through this training.

The belief in human beings' inherent resources, and in nurturing what already exists of opportunities in the individual, has grown even stronger in me. Respect for and trust in the other, in the client, in the supervisor.

## Narcissistic vulnerability

The supervision study focused on the importance of us as therapists and supervisors being aware of our own narcissistic vulnerability. We live, work and promote our work in a world where it is largely about highlighting ourselves and showing how excellent we are.

Margherita said time and time again that we don't have to become the best therapist or supervisor. We need "good enough" therapists and supervisors, who can put themselves aside and really receive the other and be in the service of the other. The work we did with our own narcissistic vulnerability as therapists in the supervisor education has made a strong impression on me, and it has helped me to take greater ownership of my own ordinariness and fallibility.

I don't have to be an outstanding therapist or supervisor who excels in the Gestalt world. It helps the client or supervisee very little if my goal is to be the best or be the one who has the answer.



## Words of wisdom I've taken with me

One of my fellow students asked Margherita the question: "Margherita, what do you do when you are stuck?", to which Margherita replied: "I sit. Or pinch my leg."

In another situation that dealt with the same topic, she said the following: "When you need to defend yourself as a therapist, you are the most important. The client becomes less important. *How do you take care of me, if you don't remember me?...»*

## Supervisor

I'm now starting to get a lot of professional identities. I am a nurse, gestalt therapist and gestalt supervisor. Who am I as a supervisor?

One of the things I remember my supervisory colleagues from my studies in Italy described me as, was a supervisor who has a high focus on ethical practice, who is very patient in demanding situations, and who provides openness and great care in my work. I think that the most important thing I can offer is my deepest respect for the vulnerability they bravely share with me, participate in the dance and offer support – "as much as necessary - as little as possible" (Laura Perls).

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