

# In her own voice

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## Katy Wakelin interviewing Ruella Frank

*This interview has a history. Ruella and I met in my hotel room at the AAGT conference in Manchester to do the interview straight after Ruella's presentation. Initially, I forgot to put the recorder on, and then I put it on but put it back off by mistake when checking it. Although I tried to write up the interview from memory we did not feel that the subsequent dialogue did the interview justice. As a result, we decided to do the interview by phone later in the summer. The interview has turned out very differently this time. Perhaps because we have some shared experience, the interview is less personal and more about Ruella's work.*

### How did you get involved in Gestalt?

I had a friend whose sister was a Gestalt therapist. I was in my very early twenties and I was experiencing some distress in my life, she said 'go to my sister's group' so then I went to her Gestalt therapy group for a number of years. My therapist was working with someone in the group who didn't feel the earth – she couldn't ground herself. My therapist knew I was a professional dancer so she said 'Ruella, can you help?' so I did a few experiments with this person, having her place her feet on the ground and push . . . bending her knees and slowly pushing the floor away so she could straighten her knees, and then my therapist started sending me all her clients. [We both laugh.] It's true! And I began a practice in movement therapy. So I had this practice with no real credentials and then I started to study everything I could from Alexander technique to Feldenkrais, breath rehabilitation, and I started to study with a woman named Bonnie Bainbridge Cohen who taught me how infants move, and then one day I thought it would be a wonderful idea to begin to integrate these infant movements – because I was so taken with them – into psychotherapy. So I began to train as a psychotherapist. I had already gotten a Masters in movement therapy, so I then did a four-year training programme in Gestalt psychotherapy. Then I went on to train with Laura Perls and continued on to get a PhD, and so on. So does that answer the question?

**Yes, it certainly does. Right from the beginning you were synthesising movement into Gestalt therapy.**

Oh, yeah. I definitely became a Gestalt therapist because as I looked at other modes of using the body in psychotherapy, they didn't interest me. And these developmental movements interested me so much, I thought it would be a much more subtle and organic way of working with movement in therapy sessions.

**So you've integrated your knowledge that came from being a dancer and also specifically other movement therapies into Gestalt. Is that how you would see your work?**

I think that's what I tried to do at the beginning. And I had a client, my first client when I was in practice at The Gestalt Associates where I trained; they had a clinic so we got clients pretty early on in our work. My first client was very, very stiff and rigid. In another system you would refer to him as being schizoid, and I gave him a developmental experiment. I had him lie on his belly and rotate his head from one side to the other using his mouth to initiate the movement. Is that clear to you?

**Yes, I think so.**

He was on his belly and he was using his mouth to rotate his head and I asked 'What are you aware of?', and he said 'Nothing', and I said 'You aren't aware of anything?', and he said 'No, I did this for you'. And I thought I really have to understand what I am doing in psychotherapy before I begin to use these movements. So really, the more I understood Gestalt therapy theory, the more I could integrate it into my work and I tried to do this in an almost seamless way so that it wasn't Gestalt and . . . something else, but it was well integrated – an expansion of Gestalt from a somatic and developmental perspective and I've tried to be really careful about that – to be as seamless as possible so that the experiment emerges from within the field and is not tacked on to the session.

**As you were talking, what I was imagining was that you work as most Gestalt therapists, but when you bring in an experiment it's almost certainly physical: so it would be getting down on the floor and doing something or getting on a ball and doing something.**

It absolutely depends on the client. There are some clients for whom even standing up brings up such shame that they couldn't do that. It's either too early in the therapy work together, we don't have enough of a support in our relationship or maybe I can never do that with him. I'm a Gestalt therapist, I have an idea of the experiment based on the person with whom I'm working, otherwise it's doing an experiment based on the idea of the experiment and not from within the relational field.

**That seems like a really important distinction to me.**

It's a very important distinction. And not every intervention I make is based on 'could you do this' or 'could you do that'; being aware of early movement patterns is always background or sometimes near-background for me. So I'm always observing the client from this perspective but I don't always make an experiment from what I observe that invites the client to move. I often make a verbal intervention like: 'What was it like for your mother to hold your hand? Do you remember how she held your hand?' That helps to organise an ongoing narrative in the session and the intervention emerges from what I've seen or felt in the moment. Does that make sense?

**It does make sense to me.**

So, let's say the first client that I had, who could hardly move at all, I gave him that experiment because he could not rotate his head without rotating the rest of his body, his shoulders and his torso, he was so tight. He had such fear and shame inside him. Rather than ask him to 'do something' I needed to get interested in who he is – 'what kind of books do you read? What do you do at night?' He needed someone desperately to be interested in him so he can feel a little more safe and heard and known in the relationship. So that my first intervention, 'could you rotate your head?' – of course he's going to do it for me because he doesn't know really what he wants. So you always have to be very careful doing these movement experiments that you are not doing it based on some abstract idea but rather based on the person you see before you.

**And that opens up the possibility that in therapy with you it may still look quite conventional, somebody would be sitting in a seat opposite you, maybe for the whole of the session.**

Yes, if we think of Gestalt as conventional. But yes, it might. It could look like a really good psychoanalytic session. In my book, I chose the experiments that would most obviously illustrate the particular work. I think the next book includes how to integrate a somatic and developmental understanding without having the client move at times.

**Right, because I've been re-reading your book, just last night and a bit this morning, and something that came up for me, I'm not sure quite how to put it, so I'll just have a go: would someone who had been in therapy with you be graceful?**

Not necessarily, because it's not my idea to make them more graceful in the world. It's my idea that they know their core movement patterns and become really familiar with the repertoire of movements they use in general and particularly under stress. That repertoire of movements will also be a repertoire of affective experiences, because moving and feeling and even perceiving are not separate. So, I want them to understand their core repertoire that they use over and over again, and when they are using it. Then they know something more about themselves and I want them also to be able to have an expanded repertoire which includes more possibilities of moving and feeling – more possibilities to creatively adjust. So they will have an extended repertoire that is true, but will they be more graceful? That's not the point of the work.

**Because you mention grace quite a lot.**

I probably mention a graceful and fluid figure a lot, as that's part of the aesthetic criteria we use in Gestalt. As you know, the moment is fluid if grace is part of it, it doesn't necessarily mean that the person is moving, walking like a dancer, it means that in the moment of contacting the person is accessing more and more of their available supports – the most fundamental supports are coordinated movements. To have someone walk more fluidly in the world, that's Alexander Technique, that's yoga, that's Feldenkrais. I can appreciate perhaps your confusion. There is no right way to walk, or be, or breathe; there is only being aware of how you are doing it in this moment; that's the grace I think.

**Yes, that is a confusion I have had, because I think somewhere in the back of my mind I had an underlying model of 'healthy movement'.**

Well, I think that being aware of how you move, that's a movement of health.

**Do people bring this up quite often?**

It's always a problem because people want to be perfect, especially trainees – in doing this work they have an idea that they are making a correction to what the person is doing, rather than highlighting what they are doing. That's the difference between moving the client, which is to give them a movement which is a 'better movement' to do, or exploring the movement that they are doing and see what happens. So sometimes we help them push the earth under them with their feet and reach out, which will give them more support for the

reach, which allows the existential reason why they haven't supported themselves to emerge. Maybe they are too afraid of what will happen when they reach, because they are afraid they won't be met – that will emerge once we get more supports to complete the movement, to close the gestalt. Then they will see the fear that was accompanying their inhibiting the pattern – what caused them to make the movement incomplete to begin with. It's so difficult to explain experience!

**As you were talking, I had a physical sense that was different from the sense of striving for perfection, a sense of openness, openness to the experience.**

Well, that's very beautifully said. We are either moving towards or away from the other, and when you have the person find enough support to move toward, then you see why they moved away. What the function of moving away was. Is that clear enough?

**That's really clear. You have been in my head since I interviewed you in Manchester, little things kept popping up. One of the images that stayed with me is both your mother and I think it was your stepfather being invalids.**

No, that's not my stepfather, that's my real father. Both my parents were married before to other people, so I have half-brothers and -sisters but my parents married each other and my brother and I were born. My mother had multiple sclerosis, very slow growing MS, almost all my life. My father's first wife, the one who died, had alateral sclerosis and my sister – my half-sister, his daughter – developed alateral sclerosis. There was a lot of illness around in my family. My mother's first husband had tuberculosis for a long time, probably misdiagnosed, because when he came out of the hospital, years later, he died of leukaemia. So, there was a lot of illness in my family, but in particular what you are talking about is my mother's MS, which completely influenced my life. I think I said to you, or I said it in the class, I always feel my feet when I'm walking down the street. I'm highly kinaesthetically aware; it was a surprise to me that other people didn't feel their feet when they were walking down the street.

**Was it because you were aware of the joy of being a body, a body that could move easily?**

Well, in part, I think that my best intelligence is my kinaesthetic intelligence. So I came into the world with that and developed it, but yes, absolutely, I never take my legs for granted, that I can walk and move, never. And my mother before she got ill loved dancing and had won a lot of prizes as a ballroom dancer, as did my father, so I never take my legs for granted, or my ability to move. That's what stayed in your head?

**I had an image of two people in wheelchairs and you dancing.**

My Dad wasn't in a wheelchair. As a matter of fact, I became my Dad's dancing partner, that's really how we had our most contactful moments, when we were dancing.

**The other thing that stayed with me, one of the other things, was that you said you had a nightclub revue, is that right? [Laughter] And I really wanted to know what you did in your nightclub revue.**

I was an *adagio* dancer, it was a throwback to the forties, so my partner and I danced together, the first piece was an Argentinean tango, and then I did a piece, some kind of African something, it didn't quite all fit together as one smooth gestalt. And then the third piece was a classic acrobatic number where I would balance on his feet and he would do a handstand on my legs. I did this all after just having had an operation on my spine three years before, which was pretty amazing.

**Were you in pain?**

Sometimes, but I managed to do it. A few years later I could no longer dance. That's called bravado without the requisite support, literally! That says a lot about me. I just refused to give up dancing after this operation; I had the operation on my spine in order that I could continue dancing. Nobody ever said to me what a crazy idea that was. I was twenty-two when I had the operation, I was born without a small piece of bone in my spine and I didn't realise it until I was dancing professionally while I was in college, and the choice was to operate, which they would never do now. So I've really spent all my life doing yoga to deal with that problem, and it has made me more compassionate, but I can't play tennis.

**Are you still in pain?**

No, I've had so many years of yoga, and really wonderful Iyengar yoga. I really do so well now, it's amazing, it's as if I never had a spinal fusion.

**In Manchester you were talking about your work with mothers and babies and you showed a video of a mother and baby and you were saying in your work you give them a video camera, and get them to go and video themselves.**

I don't give them a video camera; I get them to use their own. I say that in case anyone reads the article and thinks that they would like to try this. It's a difficult thing to loan a video camera to a client, you may not get it back.

**So, they use their own camera and they make a video and you watch it with them when they come in?**

They send me the tape and I analyse it myself. I go over the non-verbal communication, then they come for therapy, and we watch it together.

**What do you ask them to look for, or bring out as they look at the video?**

I ask them what are the moments they think go smoothly. What are the moments they really enjoy watching and then we look at what happens between parent and baby that makes that moment go smoothly, go really well. First of all, watching yourself on video can be enjoyable or difficult; it can bring up a lot of shame.

**Yes, I was wondering about that.**

So, we want to start with what's going well. But the other thing is that watching yourself on video, you can really enjoy those moments. The mother and father really enjoy those moments when it goes smoothly. The next piece, I'll say, or they will usually say, they will bring it up and say 'this is where I have problems'. 'OK, so let's see what's happening; let's see what the two of you are doing that is making this a difficult moment.' Then we stop the tape and look at what is happening in the non-verbal that is making it difficult, what is the baby doing, what they are doing together. I'm looking at the moments of mismatch, where they are either too confluent with the child, they are matched too well so there is not enough of an irritation of differentiation for some real contact to happen, or they are so different, their styles of movement are so different, the qualities of movement are so different, that there is no way to come together. Then if they are really stuck and it is a repetitive pattern that is stuck, I will work with the history, with the parents rather than with the baby, and I'll ask: 'What were you feeling at this moment? What do you remember?'. We can use it as a dream in a way. Then their feelings and history come up, because I think there is no better moment to work with your early, early history than when a parent is parenting a newborn in the first year of life. You might know that well.

**I know that from direct experience, yes.**

It's just a great time for history to come up, and it can often be painful for the parent when they are in these glitches that are repetitive. So I'm looking for the repetitive movement pattern, that is an indication of what Lynne Jacobs would call 'the enduring relational theme', and I like to think of it as the embodied enduring relational theme which is going to be coming up in this repetitive movement over and over, that we see even if we are looking at the tape for five minutes. So that will lead to the history almost immediately. There are many ways of working, but one is that I'm working with the history as it emerges in the parent's repetitive pattern, and I'm also working with

the repetitive emerging pattern between the two, between the parent and the baby, which is sometimes historically-based. I would maybe suggest another way for that mother to hold or play with or feed that baby, to see what will happen if you change your pattern, what will the baby do? So that's a primary way of working too: you are working with the parent's pattern in relation to the baby, how they hold them, pick them up, feed them, play with them, which is going to then change what's emerging in the field. And that's important: you can change the baby's pattern by changing your own. I have an example of a woman with a little girl who is three-years-old who is in the tub, and she is really, really angry. She doesn't want to get out of the tub and she's very high intensity, her movements are very abrupt, and the mother is very low intensity and comes up and takes her finger and starts to stroke the baby's cheek in a very slow and gradual movement. So that's clashing, the baby then bites the mother's finger, the baby is angry and the mother isn't responding by saying, 'I know how angry you are, I see how angry you are and you have to get out of the tub, I'm not sure why you don't want to get out of the tub but I see how passionate you are about not getting out', which would match the baby's anger, the baby would feel heard. But that's an example of mismatching in the moment.

**I'm also intrigued about 'matching too well'.**

If you match too well, let's say you are a very low-intensity mother and you have a very low-intensity baby and you are not giving the baby enough stimulation – and that happens frequently – so that the baby's repertoire can't expand. They both are playing very few notes together and separately. So, if the baby is low intensity and their movements are very gradual and slow, as are the mother's, then we are limiting the repertoire in the baby as well as continuing the limited repertoire in the mother, and remember, when you are thinking of movement pattern you are thinking of affect. What we do with our clients, what we are working with, is how they self-soothe and how they interpersonally communicate. So, we want to expand their repertoire of self-soothing and interpersonal communication through movement.

**When you are talking about match, is that also attunement?**

Yes.

**So you could be too attuned as a mother as well?**

You wouldn't say too attuned, so here's where match and attunement differ. The low-intensity mother and low intensity baby, I can't say that's attunement, that's confluence, we wouldn't say that chronic confluence is necessarily attunement. It may appear as if you are

attuning, but you are only attuning to one note, you are not attuning to all that child's potential. There are some limits to the concept of attunement and I really don't use that word very much.

**I've had something in my head recently about what would you lose if you had a perfectly attuned mother. Because I feel that sometimes the writing on parenting is imaging some perfectly attuned mother.**

Well, here's the problem with attunement as you are defining it now. I'm not sure if that's how one would define it, that's why I don't use the word. When we sit with a client we are not only sitting with who they are in this moment, but we are always feeling the next step of who they are becoming. Who you are is always who you were and who you are becoming. So I think for a mother with a baby there is always the next step of where they will go to. Attuning is about knowing who you are in this moment and who you are becoming: always the shade of the potential that is held in this moment. When making an intervention with a client, it can take them to the next step, because you are seeing shades of the next step growing in the moment.

**I think what I had in my head was what Jacques Lacan, the French psychoanalyst, says about children growing in the spaces that their mother leaves them. That when the mother looks away, looks at someone else, in particular he's interested in the father, that almost gives the child a space in which they can develop themselves, an emptiness almost.**

Yes, that says it really beautifully. Often the mothers who come to work with me, in this culture, leave very little space. They don't leave the baby enough Zen space, or empty space so that figures can emerge at the baby's rhythm and not the parents' rhythm. They over-stimulate their child, by making themselves too available and appearing as if they are present when they are not present at all. Because they are not following the baby, instead they are following their idea of what the baby needs at that moment.

**This maybe comes from a popular idea of what attunement is. That it's to do with watching very closely.**

I think it comes from a popular idea of what attachment is. So in my country: that better attachment occurs if you breastfeed as long as the baby wants to, if you sleep with the baby in bed. It's not what attachment is. Attachment is the ability of the child to contact and then withdraw: contact, withdrawal. Separating and merging. And you have to allow those moments to happen. That creates good attachment, not necessarily that your baby sleeps in your bed. I have seen babies

with the most difficult attachments and they have been breastfed forever and co-sleep in the parents' bed.

**What qualities do you bring to this work with mothers and babies that you think are important?**

I was teaching in Paris for a while, and someone said to me that I have the ability to change my energy level with every person that I demonstrate with. And I think I have an expanded repertoire of movement and affect and I think that's what I bring to the work. I think it really important for a therapist to have as extensive a repertoire as possible. I'm not saying that the therapist has to be able to dance; I'm saying that we have to be able to feel our clients and work with what we feel. We have to be able to move with them when necessary and provide the pattern that is missing in them when needed. Like the mother and baby who are too similar in style, you have to know when you are matching your client and when the moment calls for you to bring forward another pattern in your repertoire. I know we do this as therapists anyway.

**I was thinking about the presentation you did in Manchester, and I was thinking about how shaming that could be, watching yourself on video.**

I have never worked with anyone who felt such shame that they couldn't work it through. And I would never invite someone to do this work if I felt there was such intense shame they couldn't support it. Just as with our therapy clients, with or without the video, shame emerges. Let's see how it functions and let's work it through. But for the most part, working with people and their videos has absolutely been useful. I wouldn't invite anyone to do a video if I thought it would be harmful or unhelpful. Instead, I would be working with the mother and baby without video and only within the session. You have to make a judgement.

**Well, I was thinking about some of the qualities you bring, as I saw you in Manchester, you can be very gentle and open and I can imagine that would facilitate people not to experience the process as a shameful one.**

Well, it's in the eyes of the beholder. There are people also who think I'm tough or hard. I can be abrupt sometimes and to some people that can be hard and tough.

**You said that people are often surprised that you are small.**

Some people when they see me expect me to be large and motherly like the old woman in the shoe who had so many children she didn't know what to do. They expect me to be corpulent.

**And you're not, you are very slight.**



Yes, I'm thin. So they get surprised. That is their projection of what a good mother, a warm, encompassing mother would be.

**Is there anything else you would like people to know about you?**

I want them to know that this work is really Gestalt therapy. I am a Gestalt therapist, I was very well trained by Laura Perls and Richard Kitzler, and I don't do something other than Gestalt therapy, but I bring my background to Gestalt therapy. I came to this work because of my own history, my own needs and my own interests, that's how it developed. I believe that if people truly follow their own interests, what moves them, they will make something that is special for all of us, and that is really useful to our developing theory and practice.

**When you started talking, the phrase I had in my head was that you 'fleshed out' Gestalt therapy, then I started laughing to myself because that is true on so many levels.**

In New York we talk about the aesthetic criterion, which is how we diagnose in Gestalt therapy – by what we see and what we feel. You know that the figure is bright, it's graceful, and it's fluid. What I have done is to find a way to analyse the structure of the moment. What does it mean that the figure is bright and graceful and fluid? What are we seeing in the other person? I am giving people a way to see by teaching them a variety of movement categories that will sharpen their eyes. And once your eyes are sharpened then your sensations and feelings are sharpened. I think that's the piece that has been missing in this phenomenological, present-centred therapy. We needed a way to know more clearly

what we are seeing, to flesh out what is fluid contact and how does interrupting look. What am I seeing that comprises this interrupting between me and my client so that we can bring that to the foreground? What are we both doing – how are we breathing and gesturing to create this interaction that either supports or diminishes our connecting?

**As you were talking I was thinking that when we do that with embodied experience there is something about it that is both more direct and maybe faster.**

Experimenting with these developmental, somatic movements, things come up that often don't emerge in therapy. The subtlety of the pattern is fairly striking, we are looking at what is obvious, but yet unseen. A lot of these issues are really pre-verbal. I don't consider myself a body worker because all experience is in the body, Gestalt therapy is of the body, I just tease out the meaning of the movement. I'm not working with the body I'm working through movement in a very efficient way. The reason I teach, I think the reason why anyone teaches, is to get a better grip on the material. Every time I teach I learn something amazing from the students, so I feel like I'm making this work, which is still in its infancy, with everyone else. That's why I love the training programmes, because everybody comes with their own expertise. Last training programme, the youngest was 28 and the oldest was 68. The youngest was a yoga teacher, the oldest was a teacher of Gestalt theory and therapy. We learnt from everyone in that group. So I just love doing the training. It really helps me think and thinking is a lot of fun.

**Ruella Frank, PhD**, has been exploring early infant movements and their relationship to the adult since the mid-1970s. She brings many years of experience to her work as a Gestalt psychotherapist – as a professional dancer, yoga practitioner/teacher, student of various movement theories/therapies, and student of Laura Perls, co-founder of Gestalt therapy. Ruella is director of the Center for Somatic Studies, faculty at Gestalt Associates for Psychotherapy and the New York Institute for Gestalt Therapy, and also teaches throughout the United States, Mexico and Europe. She is author of articles and chapters in various publications, as well as the book *Body of Awareness: A Somatic and Developmental Approach to Psychotherapy*, available in four languages.

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