THE USE OF IMPROVISATION IN THERAPEUTIC PRACTICES

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CHAPTER I: INTRODUCTION

Theatrical improvisation is the act of creating a performance with no prior preparation or script. Sometimes it is merely used as an exercise to help actors understand and get into a character for a scripted play. Other times, an entire performance is improvised. Improvisation for the purpose of performance can be broken down into short-form improvisation, which includes shorter games and exercises, and long-form improvisation, which consists of different structures that facilitate a longer, cohesive improvised piece. Improvisers rehearse, practicing games and structures until they are able to create freely and spontaneously within the parameters set by the framework of each form. Creating a performance in the moment requires improvisers to communicate clearly, listen with the whole self, be willing to submit control to scene partners, and be comfortable with looking plain silly sometimes.

Therapeutic practices have utilized improvisational methods, and vice versa, since at least the early twentieth century. Overlap between the two is woven throughout both disciplines, and many desired outcomes are the same. For example, Sigmund Freud made use of improvisation with his free-association exercise around the same time as Constanin Stanislavsky was developing his actor training techniques focused on finding the underlying drives and emotions of the performer. The role-playing that occurs in an array of therapeutic approaches is made up on the spot, similar to characters and roles created during an improvised scene**.** Therapists must be prepared to transition in and out of various representations, play with transferences, stay sensitive to the moment, and manage anything the client brings to a session. Improvisers are charged with a

comparable task when they co-create a scene, sharing the basic format of the scene, but only controlling half the direction and content. Finally, theatrical improvisation skills are a fundamental aspect of the psychodrama as well as most theoretical and practical approaches to an array drama therapies.

Empirical research regarding the effectiveness of improvisation in therapy is sparse, likely due to the challenge in operationalizing processes and outcomes, and the wide variation in practice and theoretical alignment (Armstrong et. al, 2016). Nevertheless, publications focused on theory and practice are abundant. Authors across a spectrum of therapeutic disciplines argue that improvisation can help both clients and therapists become more flexible in their thinking (Lewis & Lovatt, 2013), penetrate underlying processes that lead to complications in relationships and communication (Ringstrom, 2001), and develop a more congruent sense of self (Johnson, Forrester, Dintino, James, & Schnee, 1996).

In this literature review, I will describe theatrical improvisation's historical and cultural context before I evaluate the similarities between the foundational principles of improvisation and therapy. I will then delve into various theoretical approaches and practices for therapists, including the development of an improvisational mindset in preparation for *improvisational moments*, and courses offered to therapy students utilizing short-form improvisation structures. Finally, I will evaluate the use of short-form and long-form improvisation structures in a therapeutic setting.

Historical Background

Atellan Farce, popular in Ancient Rome, is the earliest documented Western example of theatrical improvisation. Features included strongly archetypal characters, scripted poems and songs to move the story along, and improvised dialogue to keep the performance fresh and in the moment (*Atellan Farce*, 2003). Commedia dell'arte continued in this vein in Italy during the sixteenth through the eighteenth centuries, tweaking characters and purpose, but maintaining the loose, improvisational style to address each political and social climate in an entertaining and engaging manner (Meagher, 2007). Both forms combined structured performance, with the raw reality of the here-and-now.

In the late nineteenth and early twentieth centuries, Constantin Stanislavsky (1936/2015) took the weight of *the moment* to heart. To authentically play a role, one must first grasp the mechanics of the written part, then live the role through affectational memory. Stanislavsky drilled his students to take the enactment off the page and into the mundane experience of existence. How does the character feel getting dressed in the morning? Brushing her teeth? Looking out the window? Breathing? Walking? Being? This living of the role, he believed, led actors to the unconscious drives, melding character and self.

Sanford Meisner (1987/2012) refined Stanislavsky's work, driving his theater students to experience in visceral ways the ordinary encounters of life. To compel actors to bring their most private and personal truths into every moment on stage, he developed exercises in which students repeated simple observations to each other. In the process,

they observed the minute ways in which each repetition changed, shifting the physical and internal manifestation of interactions as they occurred.

Similarities Between Foundational Principles

Viola Spolin's book, *Improvisation for the Theater* (1963/2013), centered on the experience and the moment, became one of the defining works of current theatrical improvisation, and a solid resource for the conceptual development of drama therapy, which utilizes various forms of theatrical arts to bring forth emotional healing in clients (Johnson, 1982). According to Spolin (1963/2013), the unconditional positive regard and freedom to explore afforded within a tight group of improvisers supports deep, experiential learning. This can translate to the client-therapist relationship, bringing a new level of integration into sessions.

Though therapists argue for incorporating improvisation into therapy, and individual drama therapy programs often rely heavily on it, research into the use of theatrical improvisation for therapy is mired in complication. To distill an art form and the effects of performing it into operational definitions with empirical, quantifiable elements proves itself a challenge (Landy, 1984). In the arts, the act of performing the art itself is the primary method of experiential research (Lewis & Lovatt, 2013). Drama therapies and theatrical improvisation rely heavily on unobservable experiences, such as insight and emotion, and some therapies focus more on process than result (Lewis & Lovatt, 2013).

Authors continue to grapple with operational definitions, functions, and goals, and propose theoretical and practical concepts. In order to set up a framework for research, I will first evaluate the ways that Bermant (2010) compares concepts in mental health to concepts in improvisation, then outline the parallels between Barragar Dunne's (1988) goals of drama therapy, and Napier's (2015) rules of improvisation.

Bermant (2010) noted that in both theatrical improvisation and therapeutic practice, the practitioner trains and prepares through education and drills, building a profound knowledge of framework, structure, and relationships, and the ability to listen with depth and understanding. But when it is time to perform, there is no script, per se. The discipline and skills learned through hours and hours of rehearsal must become reflexive (Balachandra, Crossan, Devin, Leary, & Patton, 2005). Bermant (2010) focused on the similarities between improvisational practices and the psychological concepts of embodiment, enaction, acting well to be well, flow, and unconditional positive regard.

Embodiment is the concept that our emotions and cognitions are interrelated with our engagement in the physical world. The things we think and know, and the things we feel emotionally, all create a physical manifestation (Meier, Schnall, Schwarz, & Bargh, 2012). In his workshops, international improviser, Jonathan Pitts, stressed that "the body doesn't lie" (J. Pitts, personal communication, August 9, 2014). He guided students to take scenes line by line, allowing time for each statement spoken to rest with the person receiving it. "How does it make you feel, and where do you feel it?" Respond to that. Then the next line. Each scene continued this way until completion. Bermant (2010)

compared acting techniques such as the Alexander Method, which focuses on body awareness, with concepts and exercises prominent in therapy. The goal of both, to become aware of the body without judgement, and the ways sensations relate to emotions.

In his description of enaction, Bermant (2010) stated, "individuals are causal agents in the lived world, whose every move changes that world just as the individual is changed by the world" (p. 2). He related this concept to theatrical improvisation, in which each choice made by the performers affects subsequent choices and is affected by previous choices. Successful improvisation depends on fluency in specific domains in which the performer works. The same applies to successful ways of being in the world.

Bermant (2010) cited the phrase, "fake it 'till you make it," commonly stated in addiction recovery programs, as the *magic if* in theatrical improvisation. Actors have a variety of methods to reach the point of playing a character authentically, and roles become easier to perform with practice. According to Bermant, it follows that this would also apply to a genuine sense of emotional well-being.

According to the *APA Dictionary of Psychology* (2018), flow is:

> a state of optimal experience arising from intense involvement in an activity that is enjoyable, such as playing a sport, performing a musical passage, or writing a creative piece. Flow arises when one's skills are fully utilized yet equal to the demands of the task, intrinsic motivation is at a peak, one loses self-consciousness and temporal awareness, and one has a sense of total control, effortlessness, and complete concentration on the immediate situation (the here and now).

Bermant related this concept to that of *group mind* in improvisation: the state in which performers are not aware of the world outside of the scene, or even of themselves as

individuals. Performers seem to know what their scene partners will do before they do it. These moments of flow in an improvised scene lead to a euphoric feeling of interconnectedness and respect.

Carl Rogers coined the term *unconditional positive regard* as a concept in person-centered psychotherapy. This describes the act of accepting a person, regardless of their behavior or choices. Bermant (2010) cited James R. Iberg's analysis of unconditional positive regard as "active engagement with the other, accepting the other's comments without condition" (p. 3), and paralleled this with the first rule of theatrical improvisation, *yes . . . and*. Actors aim to enthusiastically accept any offering made by their scene partner, no matter how radical or unexpected, and use it to build the scene.

Barragar Dunne (1988) also cited unconditional positive regard as a goal of drama therapy, and Napier (2015) included the concept of yes . . . and in his list of rules for improvisers. Barragar Dunne (1988) based her principles of a humanistic model of a psychotherapeutic approach to drama therapy on the work of Maslow, Rogers, and Meador, and the tenets she outlined closely parallel Mick Napier's (2015) rules of improvisation.

Barragar Dunne's (1988) first goal of drama therapy is to "accept each individual's separate reality and respect it" (p. 139). If a client feels validated and respected, the client-therapist relationship has room to blossom. Ideas may flow more freely, and there are more options for exploration. Napier's (2015) rule, "Don't deny," (p 1) creates the same atmosphere among actors. Saying "no" to a scene partner's offering can shut down the creative process. Improvisers are encouraged to say "yes, and!" to

anything presented, and look for the most exciting way of dealing with things that may seem too absurd. Barragar Dunne and Napier set up an accepting and enthusiastic exploration with their versions of "the rules."

Barragar Dunne (1988) suggested therapists "deal with the here and now and deemphasize the past" (p. 139), while Napier (2015) instructed improvisers not to "talk about past or future events" (p. 1). In therapy and improvisation, the present is the only place that one can truly remain attentive and responsive to the immediate moment. This is the resting place, and the springboard for action.

Establishing and exploring a client's sense of self requires a safe environment where the client is encouraged to act based personal beliefs. Barragar Dunne's (1988) third goal of drama therapy, to "enable the client to commit to actions that correspond to his or her true value system" (p.139), align with Napier's (2015) objectives to "Establish who, what, where," and "Show, don't tell." (p. 1). When actors build a scene, they must find the attitudes and motivations of their characters within that scene, then take action based on those attributes.

Barragar Dunne's (1988) fourth goal of drama therapy, "help [the] client take responsibility for his or her own life" (p. 139), empowers the client to make decisions and take agency in her life. Napier's (2015) rules, "Don't negotiate," and "Don't dictate action" (p. 1), urge improvisers to act rather than deliberate or wait for a partner to decide what to do next, avoiding scenes in which they try to force another's hand.

"Free[ing] the client to develop a constructive and confident self-image" (Barragar Dunne, 1988, p. 139) elevates the client to see herself as qualified to be her

own agent, making thoughtful choices with a sense of assurance. "Don't do teaching scenes," (Napier, 2015. p. 1) compels improvisers to avoid scenes that involve one actor teaching the other how to do something. Scenes in which one character does not have the skills to evaluate a situation and act autonomously while the other character does, often fall flat.

CHAPTER II: IMPROVISATIONAL MINDSET

Several authors described their approaches to an improvisational mindset in therapy, which led to improvisational moments in sessions. Ringstrom (2001) argued for the subtle approach of merely holding the framework in reverie during sessions, leading to spontaneous interactions with clients. He favored a dialogic approach to improvisation and remained vigilant for clients to verbally offer unique opportunities to connect (2001, 2015). Gray (2015), who favored an affectational approach to improvisation, maintained that every moment in therapy has the potential to be improvisational.

Ringstrom (2001) likened psychotherapeutic theory to classical theater. There is a script from which to inform everything about each role, and actors stay within the delineated self. The unexpected moments that Butler, Bakker, and Viljoen (2013) refer to as *poetic moments* are more akin to theatrical improvisation, and open the door for spontaneous, authentic interaction. Within the therapeutic setting, as within the rehearsal space of a scripted performance, there is room for both.

The fear of "structureless chaos" within a therapeutic encounter is unnecessary, as long as the therapist maintains the basic framework of therapeutic theory. Therapist and client build mental files of implicit knowledge about each other and relationship dynamics from the start (Ringstrom, 2001, 2015). One of Spolin's (1963/2013) seven aspects of creativity, that of *game*, has an objective and agreed upon rules. If players adhere to the rules of the game, they may go after the objective in whatever manner they

see fit. In fact, novelty and spontaneity, which are the improvisational moments, are often applauded. The game does not have a script. There is freedom of movement within the parameters of the structure, just as there is freedom of movement within the parameters of therapeutic theory. If therapists can hold theory and implicit knowledge and use these as the base from which to embrace spontaneous, improvisational moments, then they have opened the door to the playspace between the two.

Ringstrom (2001) argued that the concept of play was essential to uncover new selves, and thus break away from ingrained patterns for clients and therapists. Therapists must be ready and open to surprise and subjectivity in a session. This allows them to bring clients to a realization that they have the ability to do the same, freeing them to experiment with other possible identities, a crucial element to building the client-therapist relationship. The client must feel comfortable with all aspects of the self, including the dissociated selves, in the presence of the engaged therapist for the relationship to work. Sometimes we get stuck in a character that we play. Ringstrom argued the self that is drawn to growth counterbalances the self that seeks stability. Cultivating the improvisational attitude of exploration can give both selves a chance to exist together, minimizing the client's tendency to split and sequester. To reach the depths of the client's mind, the parts he or she is resistant to understanding, the therapist must assume the beginner's mind personally. "Free of the habits of the expert, ready to accept, doubt, and open to all the possibilities" (Suzuki, quoted. in Ringstrom, 2001, p. 734). This allows clients to bring together dissociated selves into one whole, and experiment with

them surviving together—much as the infant experiments with destroying its mother but gains security to find that she is still there in the end (Ringstrom, 2001).

According to Ringstrom (2001), enactment sets the stage for improvisational moments—unexpected and unpremeditated moments of surprise and authentic connection. Enactment begins or becomes stalled with projective identification—when aspects of the self are projected onto the other. If the therapist is able to play with the identity that the client projected, then a scenario of enactment begins. The therapist accepts the identity and says "yes . . . and." But if the client had touched on characteristics that the therapist does in fact carry, there is danger of the therapist falling into an introjective identification, in which he behaves the part unconsciously. This can lead to a perpetuation of stuck patterns of communication, shutting down enactment.

To illustrate his approach, Ringstrom (2001) shared a therapeutic encounter involving a man who struggled to reconcile his "evil" thoughts and deeds. He had internalized the edicts of his mother, who insisted that she was always nothing but kind and benevolent. He felt he needed to abolish any thoughts or feelings that may contradict that personal outcome for himself as well.

Once, in demonstration of his evilness, the client—Jonathan—described a playful encounter he had with his neighbor. Jonathan had trouble with squirrels tearing up his lawn, so he poisoned them. The neighbor sent Jonathan a picture of himself resuscitating one of the squirrels, and he joked about this with Ringstrom (2001). They had built a rapport and time passed without further mention of the incident. When some time later, Jonathan noticed a squirrel in Ringstrom's window, Ringstrom had the choice of giving a

thoughtful answer, or something more spontaneous. He went with the spontaneous and playful answer of, "You keep your *fucking* hands off my squirrel!" (p. 741). The humor of the moment ushered in a performative recognition in Jonathan that the two selves could coexist and be supported.

Ringstrom (2001, 2015) noted that flashes of recognition from a client can lead to exciting breakthroughs, but there is danger in holding on to the improvisational moment, so that it becomes a rote part of a new script. When the moment is repeated many times over, it becomes less alive and the impact of the moment is reduced. Another potential hazard is the possibility of meanings changing over time.

To illustrate, Ringstrom (2001) shared another encounter with Jonathan, who was worried about how to communicate with his son, Andrew, about his own obsession with the "evil" things he had done in the past. Andrew, like his father, tried and failed to suppress his impulses and thoughts. Jonathan told his son that his actions (e.g. stealing a girl's pencil because he was mad at her) were not so horrible, and he should just not do them again. But Andrew was unresponsive and seemed to feel that Jonathan was placating him.

Ringstrom (2001) suggested that Jonathan just allow Andrew to talk about his thoughts freely, as Jonathan had done with Ringstrom in therapy. To this, Jonathan replied by self-deprecating over his own stupidity. How could he not have seen that this was the answer? It became so intense, that Ringstrom felt stuck in a loop and was looking for a way out of Jonathan beating himself up. He suddenly blurted, "But of course, Jonathan, *your* stupidity was *sooo* understandable!" (p.729). This moment of

demonstrative sarcasm struck a chord with Jonathan, who began howling with laughter and repeating the phrase.

In a later session, Jonathan used the statement as proof Ringstrom (2001) actually thought he was stupid. After, he marveled at why he would have succumbed to the shift in thinking since in the moment, he knew without a doubt Ringstrom did not feel that way. But through repetition of the theme, and Jonathan's desire to hold onto that improvisational moment, the meaning seemed to change with time.

Ringstrom (2001, 2015) addressed several concerns with adopting an improvisational tone in therapy, namely those of the client avoiding analysis through conversational play, and potential for things to fall into *structureless chaos*. He pointed out that it is in this very attitude of play and a relaxed state of being together that unconscious thoughts and impulses are brought to light. Regarding structureless chaos, he cautioned that therapists should not throw away all sense of theory. Rather, the improvisational attitude is one that allows for a different point of view. The psychoanalytic third, which is the comingling of the subjective understandings of the client and therapist, and the improvisational third, which can be seen as that which becomes an implied part of the improvisational relationship, remain intact guiding client-therapist interaction.

The relationship between therapist and client is the basis for the improvisations that take place and is fueled by the explicit and implicit complex knowledge of the client's history and sense of self. The effectiveness of improvisational moments is based on an expert understanding of these elements. The therapist must not strongarm a client

into play, but rather keenly pick up on the client's offering, or make the offering when the moment seems right.

Gray (2015) contrasted Johnstone's script model of improvisation, to that of Meisner's momentary affective approach, based in the inferred communication of facial expression, body language, and tone. Johnstone built on Stanislavsky's method of word-play that fits a specific structure and carries a story line. The free association sort of word-play trains the actors to yes . . . and each other, which will develop and bring about characters and plot, no matter how absurd or farcical the interaction becomes. This frees the actors to develop emotional reactions to whatever happens, which is the interesting part of the scene.

Meisner's (1984/2012) affective approach to improvisation falls in line with the concept of enactment in addition to embodiment. A well-known exercise in which actors in training made eye contact and stated the first thing they observed, repeating it back and forth sometimes for hours, was a foundation of Meisner's improvisational methods. Each actor payed close attention to the subtle changes in tone, inflection, and physical representation, bringing new meaning each time the observation was repeated. In this approach, the focus is drawn away from dialogue, allowing actors to use embodiment to communicate a full expression and acknowledgement of affect in each moment.

According to Gray (2015), Johnstone's intellectual approach to improvisation creates a level of predictability and diminishes the immediacy of affect. When performed by professional actors in a scene, the language is used to *discover* and *produce* emotionality. In a therapeutic session, the immediate situation calls for an awareness of

and response to *current* affect. Therapists using this approach run the risk of saying yes verbally but missing the client's affective offering. This is known as the *yes . . . but*. Gray posited that Meisner's approach of responding to affect in the moment minimizes such risk.

Gray (2015) cited examples of interactions with clients that both Ringstrom and A. Kindler wrote about. In each example, they used a playful yes . . . and dialogic approach to diffuse a challenging moment in therapy. According to Gray, this method keeps the therapist in control and able to avoid his or her own discomfort through ignoring often the most difficult part of a challenging moment, the affect. It is, in essence, a yes . . . and to the verbal interaction, and a yes . . . but to the emotional interaction.

Gray (2015) suggested a Meisner approach may be more organic and inspire more client-therapist intimacy when dealing with challenging therapeutic moments. He used his treatment of a client, Colleen, as an example.

Colleen struggled with depression and anxiety. Gray (2015) observed that she had a reduced sense of agency due to her childhood household situation. Her father was physically abusive, and her mother was neglectful but controlling. If Colleen wanted something for herself, she was always challenged to devise an argument to convince her mother that she wanted it for Colleen also. She described herself as "contrary" and worked at proving that true in therapy sessions. Gray believed this was demonstrative of Colleen trying her best to feel in control of the situation.

Therapy did not work with other therapists, and she put the onus on Gray (2015) to prove that he was different. She would walk into her sessions, sit down, and look at Gray with outstretched arms and a sardonic smile as if to say, "I know you can't help me. Why don't you begin?" Gray, in his attempt to accommodate her demands always spoke first. As therapy continued, Colleen made improvements in her life. She got a job and successfully lightened some of the strain she had with her long-distance significant other, Mark. Despite the positive changes, she always insisted that Gray not use any of these improvements as evidence that she was getting better or he was helping. Sessions continued in this manner for some time.

Colleen eventually decided to visit her boyfriend and tell him she wanted to have a baby with him. Gray (2015) was nervous about the session following this visit because he knew the stakes were high. Colleen regularly left sessions upset and agitated with Gray. The session after Colleen visited Mark, Gray noticed a subtle difference in her affect. She looked at Gray, began to smile a genuine smile, thought, and then motioned for him to speak. Gray knew that this was potentially a turning point, and wanted to acknowledge her change in affect, while still respecting the fact that she did not want him to openly comment on positive changes. He struggled internally because he did not know what to say, but then his mind went back to the Meisner method of simply stating the first thing he observed. He was surprised when, "you look good," is what came out of his mouth. Colleen received this and began doing the talking herself.

She left happy, and this opened a new level of intimacy and connection between her and Gray. Gray (2015) believed that it was the acknowledgement of her affect and

having a moment of "being with" her in this way that led to a new understanding between them. Never again did Colleen leave angry, expect Gray to start the session, or work at being "contrary." She had stated early in her time with Gray that she wanted him to do something, so she could be certain he would be there for her. She needed him to be her unconditional audience. Gray was confounded as to how he would be able to convince her he would be, and that he could help her. He concluded that his fine attunement to her affect, and implicit understanding of her state at the time of the Meisner-inspired improvisation, along with acceptance and acknowledgement, was the tipping point.

Gray (2015) clarified that there had been a shift in progress before the improvisational moment of his observation. All the work they had done previously and his efforts at a collaborative process, were essential to that moment being as impactful as it was. He also clarified that the intention of a Meisner improvisation is never to surprise or create intimacy, but to simply "live truthfully under imaginary circumstances" (Title of article in Psychoanalytic Dialogues), grasping and being in the moment. This edict from Meisner falls in line with both Barragar Dunne's (1988) and Napier's (2015) goals: to accept and respect each person's individual reality and don't deny. If an improvisation is entered with an intent to direct, it is often thwarted. His improvisation with Colleen tied his implicit understanding of a physical manifestation of her affect with their previous work and verbalized it simply: "You look good." This was unexpected for both of them and led to a new form of engagement. Gray argued that all therapists could benefit from training in a Meisner method of improvisation.

Theatrical improvisation and therapy share base concepts, a fundamental framework, and similar goals. Skills that are useful for improvisation are also useful for therapy. Therapists help their clientss in a more authentic manner when they take an improvisational mindset. That mindset can lead to improvisational moments which set the stage for an improved client-therapist relationship and change within the client.

Specific games and structures in improvisation are used to train therapists to be more spontaneous, help assess underlying issues clients may be dealing with, and facilitate change and flexible thinking. In the next section, I will evaluate the use of these structures within a therapeutic paradigm.

CHAPTER III: SHORT-FORM IMPROVISATION FOR THERAPISTS

Short-form improvisation is based in shorter games and exercises that are not necessarily connected. Everything on *Whose Line is it Anyway* falls into this category. Short-form is also a solid base for long-form, because it allows actors to practice all the major principles of theatrical improvisation in smaller chunks, and games usually have a tighter set of parameters. Short-form games are easy to repeat, so they can be practiced to saturation in a relatively brief time-period.

The games and exercises that help an actor develop an improvisational mindset, also teach skills necessary in productive relationships. Professional improvisers offer workshops utilizing mainly short-form improvisation to students, doctors, people in the corporate world, or any other field where relationships come into play. Short-form improvisation skill-building zeroes in on listening, communication, and self-confidence, in an experiential way that a power-point, reading, or discussion cannot.

There is growing interest in developing educational courses in improvisation for therapy students. Farley (2017) described a course offered Antioch University's Clinical Mental Health Counseling program. The course focused on short-form improvisation exercises and games, to help students become proficient in learning and practicing *meta-counseling skills*, which are the core skills, "attending, questioning, reflecting, paraphrasing, and observation" (p. 115). The objective of the course was to teach students to relax and get out of their heads, achieving a state of readiness for creative, divergent (Lewis & Lovatt, 2013), more playful thinking. Romanelli, Tishby, and Moran

(2017) conducted a study on the effectiveness of a program they developed to help students develop therapeutic presence and charisma.

According to Farley (2017), meta-counseling skills are base skills, often taught when students are new to the practical phase of their education and anxious to display competence. Further compounding internal pressure, students are asked to practice role-playing among peers in a *fishbowl environment*, where students observe each other. Early students focus on rules rather than being present and creative, which impedes the learning process.

The course offered at Antioch University helped students practice spontaneity and juggle between following a structured set of rules and not knowing what will happen next. Farley (2017) provided a basic structure for classes two through nine in the course, with descriptions of warm-ups and games used in each class.

All classes in the course Farley (2017) evaluated began with a warm-up. In theatrical improvisation, warm-ups are used to get improvisers in a mindset to play, get out of their heads, and reduce anxiety and judgement. In this course they were used to help students learn speed, spontaneity, and trust their instincts. Warm-ups are simple games, usually a little silly, and don't require too much thought. Students must pay close attention to what is happening with themselves and fellow students, reacting instinctively.

An example of a warm-up that achieves this goal, is *bippity-bippity bop*. In the basic format of this game, students stand in a circle with one student in the center. That person's objective is to get out of the circle by facing each student in turn, saying "bippity-bippity bop." The opponent of the center student must not say anything but

"bop," and must say "bop" before the student in the center says it. If the center student says anything other than "bop" at the end but the opponent still says "bop," or if the center student gets to "bop" before the opponent can chime in, then the center student is out of the circle and replaced by the opponent. This game requires close attention and reflexive response because the center person's objective is speed, trickery, or both. If the center student says "bippity-scmippity mop," and the opponent does not stop, he or she could blurt out "bop," and end up in the circle.

In week two of the program (Farley 2017), students develop spontaneity, being in the here-and-now, responding *to* and *in* the moment. To be spontaneous students must give up thinking about what comes next. The game *word at a time,* forces students to let go of controlling any outcomes. Everyone stands in a circle, and they make up a proverb, each contributing one word at a time. When it seems to come to a logical conclusion everyone says, "ahhhh" together. Once this concept has been grasped, this game can move on to creating stories one word at a time, but students must all remember to say, "ahhhh," for the conclusion of each story.

According to Farley (2017), week three focuses on status. Status refers to the control and power one has in any relationship. This includes relationships a client is struggling with, or the relationship with the therapist. The games used in this week are intended to help students understand roles and experience the effect of power, *or lack of,* inherent in them. The game, *fight for your number*, demonstrates status structures and dynamics they create. Four students choose a number—one through three—in their heads. Then their roles are revealed. Number One is the dominant role in a family

situation. Number Two wants to look up to Number One and dominate a Number Three. Number Three just goes along with anything anyone tells him or her to do. Since there are four people in this scene, there will always be two of one of the roles. This allows for further power struggle, as the students who are duplicates fight not only with players assigned different numbers, but also with another assigned the same number, for their position.

The focus in week four (Farley, 2017), is on working together. The therapeutic relationship is most effective when it is a partnership. This means not controlling the direction of things, but instead looking to the other in the relationship to contribute. In t*ug-of-war*, students play tug-of-war with an imaginary rope. The objectives are to make the game look realistic by tugging and being tugged, make each other look good by putting up a fight, and let the other team win gloriously when it is time. Teams must pay attention to each other and remain responsive to the motions of the other, so they can make it look like they are both holding a real rope. To make it look like they are actually playing the game, they have to dig in their heels, grunt, pull, and stumble forward.

Telling stories can help make meaning of the details and events of our lives. Farley noted that week five's concentration helps students learn to support clients in organizing their stories. In *what comes next*, students pair up and take turns performing with their partners. They will ask their audience, which consists of other students, "What happens first?" and "What comes next?" until there is a logical conclusion to the scene. The performers must play along and make an interesting scene or story out of what they

are given, and the audience must do their best to give detailed suggestions. Students learn to lay the groundwork for clients to tell their stories.

According to Farley (2017), the goal of week six is to get students comfortable with feedback. Students must become skilled at giving feedback to and receiving feedback from their clients about what is working and what is not. In *two-minute drill*, students perform simple two-minute scenes and the audience gives feedback about that scene, e.g. what was interesting and what was not.

The week seven class focuses on being there and being affected (Farley, 2017). Therapists nudge their clients to change and must be open to changing themselves. *Gibberish* is a game where students begin a scene speaking regularly. On cue, they switch to speaking in gibberish. This continues until the director stops them. After processing, students team up again. This time, one student begins with a gibberish statement in a neutral tone. The second student responds in an emotional way, which gives the first student something to bounce off for the third line, then the second student finishes the scene.

The title of week eight's theme is *control freak* (Farley, 2017). Clients often begin therapy because of distress over issues of control in their lives, exerted or given up, sometimes consciously or sometimes not. In improvisation as well as therapy, a major aspect is the story, and it is a team effort. To facilitate change or acceptance, some drama therapies concentrate on taking a person's story and changing it (Kirk, 2017). Change almost always involves altering a power structure within the narrative. Three-word sentences challenges students to continue giving up control by advancing the one word at

a time power dynamic. Students must carefully choose their words and expression to co-create a story, with only three sentences at a time. A game in which students must take control is *expert interview*. One student is an expert on various areas of practice; the interviewer must push the "expert" to assert her knowledge on the subject.

Farley (2017) observed that in week nine, students work on understanding characters. Clients struggle with questions of identity and how to "be" in the world. In theatre, character is the observable characteristics of a person, how he or she responds to things, and attitudes carried. In *character swap*, students choose distinct physical and emotional attributes, and play a scene until everyone understands the personas. They are then called to swap characters and continue the scene from where it left off. This gives students the opportunity to process how it feels to explore different selves.

Weeks two through nine prime students to use meta-counseling skills in a role-playing atmosphere (Farley, 2017). Practicing these skills in a fun, low-pressure environment, allows students to relax and move toward becoming more reflexive in their responses. Warm-ups get students loose and prepared to have fun; each class focuses on teaching discreet aspects of spontaneity, power and status, teamwork, story-making, or identity.

In the tenth week, students demonstrate what they have learned and incorporate at least one concept into mock therapy sessions. Farley (2017) shared an example session in which a student worked with a man who presented with anxiety after losing his highly successful job. The session revealed that the client had the most anxiety when dealing with issues of identity. In response, the student set up two chairs representing the client's

work identity and the client's identity outside of work. They then explored the two parts of the client's self, which opened the door for understanding some of the provocations related to his anxiety. The session incorporated each of the concepts taught through the course but focused on identity and status. This course—through playing with larger concepts in psychology in an active manner—helps students develop meta-counseling skills in an experiential way that takes intellectualization out of the equation. Students become adept at tuning in to their implicit abilities and develop reflexive meta-counseling muscles.

Romanelli, Tishby, and Moran (2017) argued that flexibility and spontaneity are crucial to both a client's emotional well-being, and to the quality of the therapeutic relationship. Clients must learn new ways to adapt to old situations and find healthy responses to changes in their environments. Therapists must be able to adapt and adjust, based on a client's individual needs in any given moment. Lectures, manuals, and videos lack real-world processing elements as primary tools to teach relational attunement and spontaneity.

Romanelli et. al conducted a qualitative pilot study to examine the effects of a semester-long course in improvisation, similar to Farley's (2017) course, offered to clinical graduate students at a major university in Israel. Romanelli, a certified, licensed couple and family therapist, and experienced improvisation trainer and actor developed and taught the course. The course blended psychodynamic and psychoanalytic literature with current improvisation theory and methods. Each class concentrated on elements of improvisation that coincided with therapeutic practices, such as "'accepting and blocking

offers', 'making your partner look good', 'accepting and enjoying mistakes', 'bringing bold offers to advance the action'" (p. 14) and others.

Classes began with a student presenting a reflection on the previous week's material, along with examples of ways in which they incorporated that material into their practice for the week. Afterwards, students participated for an hour in improvisation exercises emphasizing highlighted elements. They then discussed related experience and theory. Students were encouraged to incorporate the concepts learned in each class into their clinical work.

A total of 41 students enrolled in the course which was offered over a period of three consecutive semesters. Romanelli et. al (2017) used feedback and observations from the first semester to develop a questionnaire they administered to students in subsequent courses. Seventeen students (thirteen females and four males), ranging in ages 26 to 42, with between three and seventeen years of experience, participated in the interview process for the qualitative portion of the study. Interviewees reported a range of clinical approaches, including psychodynamic, cognitive-behavioral, experiential, and integrative.

After completing the course, interviewees responded to open-ended questions, reflecting on experiences, internal processes, any moments they saw as significant, and the way concepts they learned affected their clinical approach. The authors identified themes embedded in the interview data and developed three domains as a result: *changes in therapist's self*, *changes in therapeutic action*, and *the unique learning experience of the course*.

Romanelli et. al (2017) described the domains they extracted as fitting into the schemes of therapeutic presence, which is bringing the whole self into an encounter, and therapeutic charisma, meaning to be energetic, spontaneous, engaging, and emotionally sensitive.

There are three stages to therapeutic presence, but the authors focused on the *process of presence* stage which includes receptivity, inwardly attending, and extending and contact. Most participants reported a heightened sense of awareness and being in the here and now. They reported increased intuitional thinking, greater relaxation, a sense of congruence, and heightened bodily and physical awareness. They were able to focus more on the moment-to-moment interactions and remain connected to their own feelings as well as clients' feelings. Related to receptivity, participants reported greater spontaneity, creativity, flexibility, and a yes . . . and mentality in the therapeutic encounter. The authors connected reports of being more open and daring, greater self-disclosure, and greater animation, to the extending and contact dimensions.

Therapeutic charisma refers to the sense of spontaneity, engagement, and emotional receptivity of the therapist. Most participants reported experiencing all elements at a heightened level and with greater confidence since taking the course. The authors argued that these skills can be taught, and that theatrical improv should be integrated into therapist training to increase retention and competence in these areas (Romanelli et. al, 2017).

Courses incorporating short-form improvisation help students relax and develop an improvisational mindset, which aides in more thorough and rapid processing and

integration of practical experience. Students already in practice can improve therapeutic presence and charisma, leading to a more fulfilling experience for both client and therapist.

CHAPTER IV: SHORT-FORM IMPROVISATION FOR CLIENTS

The quick nature of short-form improvisation lends itself to on-the-spot implementation in a therapy session. Rosalind Chaplin Kindler (Chaplin Kindler & Gray, 2010) shared examples of cases in which she used specific exercises—rather than simply a mindset—to inform their interactions with clients. Daniel Weiner (2000) developed a therapeutic program utilizing short-form improvisation to evaluate clients' emotional states and ways of being with others, open client and therapist to new realities, and solve relational and personal conflicts.

Chaplin Kindler and Gray (2010) described a case in which Chaplin Kindler directly engaged a client in exercises to help him move through a point of stagnation. Paul, the client, was referred to Chaplin Kindler by his psychiatrist, because they both felt that they had gone as far as they could go together. Paul was successful in his career and came across as confident, but he struggled with relationships and sleep. He informed Chaplin Kindler that she may not be able to help him because he was crafty with words and hid behind them. He dominated therapy sessions and did most of the talking.

They eventually reached a point where Paul was ready to try "playing" in his sessions, and Chaplin Kindler obliged. He began by playing at a water table, remaining silent for almost the entire session. He spent time sensing the water and enjoyed the way it felt on his hands. Chaplin Kindler noted that the manner with which he played was constricted and tentative, unlike the manner with which he communicated verbally. Over the next several sessions, he delighted in playing with sensory objects (water, sand, etc.)

and gained more freedom with the props and toys, leading to receptivity for more enaction and embodiment.

Chaplin Kindler (Chaplin Kindler & Gray, 2010) suggested an exercise Meisner developed in which an actor sleeps on stage, or at least acts authentically as possible. Sleeping is the most vulnerable state a human can be in. Alone and essentially unconscious. Paul struggled with sleep, and Chaplin Kindler hoped this would help, and also foster and solidify a new, nonverbal way of being in togetherness with Paul. They created a comfortable space for him to lie on the floor and let his mind wander freely. He would not be asked to share the thoughts, so there was no pressure over what he would be thinking about while he acted the action of sleeping. After ten minutes, he fell asleep—the ultimate manifestation of Bermant's (2010) concept, acting well to be well. When he woke, he was eager to share what he had been thinking about, but instead they focused on the experience. They moved from an explicit, verbal relationship that left Paul unfulfilled, to an implicit, nonverbal relationship in which he felt comfortable being emotionally intimate with his therapist. This led to a significant shift in Paul's relational world outside the therapeutic office setting as well.

Chaplin Kindler and Gray (2010) concluded that an improvisational nature is essential to any psychoanalytic encounter. Its focus on the detail of the moments shared between client and therapist, and the affect of the client, facilitates a comfort with not knowing what will happen next which is essential to creating a therapeutic bond.

Weiner (2000) asserted that improvisers must not rely on a predictable future but instead focus on the here and now. They receive and respond to all offers and create a

reality based on agreement. Improvisors develop a bond with each other out of the cooperation required to create fluent scenes. It is this very way of play and creating together that can free a person to examine different solutions and outcomes in a safe and supportive environment.

Wiener (1994) expanded on David Holt's "Dramatic Model" of everyday life and therapeutic intervention, attributing life challenges to imbalances along any of the four axes. Author and Plot represent the upper and lower portion of the y axis, respectively, and Actor-Player and Audience-Spectator represent the left and right sides of the x axis, respectively. If a client is stuck in the vertical axis, then he or she struggles with a sense of direction which would fall into the author category, or fragmentation and shallowness which would be in the category of plot. If the client is stuck in the horizontal axis, he or she struggles with egocentrism or not being able to gain perspective which falls in line with the actor side of the axis, or a lack of agency, passively watching instead of taking charge which is on the audience portion of the axis. Wiener proposed that challenges within the vertical dimensions are best dealt with in a narrative type of therapy, and those stuck within one of the horizontal dimensions are best treated within a Gestalt perspective. *Rehearsals for Growth*, which is his therapy program based in short-form improvisation, is effective at dealing with both types of issues.

Rehearsals for Growth offers exercises and games to facilitate a playful, curious atmosphere, allowing clients to pull away from fear of real-life consequences, and to try on new ways of being, new habits, and new points of view, without the real-world risk. Exercises help clients explore unusual roles and situations as themselves. Once a level of

comfort is established, they move on to games, in which they try on new identities and personas.

Wiener (1994) shared the case of a family in conflict to demonstrate how a few of the techniques in Rehearsals for Growth can be used to evaluate and foster change within a therapeutic setting. William and Fran, the clients, had been married fourteen months, and they entered therapy due to frequent conflicts between William and Brittany, Fran's seven-year-old daughter. Over the course of two sessions, it became apparent that Brittany did not like being told what to do by William, and William disengaged emotionally whenever Brittany instigated a fight. He wanted more to be the nice guy than to assert his authority. Fran would then scold Brittany and tell her to listen to William, which invariably set off an argument between mother and daughter. The older daughter, Dawn, who was twelve, frequently got caught up in the fighting between Brittany and Fran. Dawn and Brittany also clashed and looked to Fran to solve the issues.

Wiener (1994) spent the first two sessions testing the waters to see how open members of the family were to the idea of enactment and play. He made impish comments to each member, making sure to include body language and tonality that ensured it was clear he was joking. He then evaluated how each member responded and concluded they were amenable to playful engagement.

In the third session he proposed that the family begin working with enactments. He began with *mirrors*. Improvisers use this as a warm-up, but therapists use this exercise to evaluate how nonverbally receptive and attentive clients are to their partners and how well they share focus and leadership roles. Players maintain eye contact

throughout the exercise, and one player mimics the other player's movement. The therapist will call for the leadership position to switch after about a minute. Finally, he will call "mutual," which instructs both players to abandon roles of leader and follower, moving together without the designated positions. Players relinquish control to each other and feel the satisfaction of cooperation from family members. The mutual portion of the exercise ". . . opens players to the possibility of a 'we-ness' beyond hierarchy" (Weiner, 1994, p. 47).

Wiener (1994) conducted the exercise in three rounds, ensuring that every family member was paired with each other family member. From this exercise, he observed that Brittany only consistently followed Dawn; when she was in a leader position with William, she took glee in making it as difficult as possible for him to follow. Fran and William worked well with everyone in both the leader and follower positions and achieved a moment of genuine synchronization with each other during the mutual portion of the exercise. For the family, the game of mirrors fostered a stronger sense of cooperation and enthusiasm to continue with more playful exercises and games.

Weiner (1994) described using tug-of-war with the family, which supports the therapist in better understanding player's abilities to work together to create a realistic competition, make each other look good by paying attention and responding to the other's movements, and give up control over the results. Farley (2017) used this exercise similarly in his course for therapy students. In phase one of this exercise, the winner is not predetermined. Players must negotiate, nonverbally, who will pull whom over the line. In phase two, the winner is known ahead of time, and the players are instructed to

make the contest seem as realistic as possible by straining, making non-verbal noises, pulling, and responding to the other strongly.

In the first phase, William easily allowed Brittany to pull him over the line. Brittany and Dawn worked well at creating a realistic struggle, and Dawn won. Subsequent contests intensified. In a follow-up conversation about phase one, Brittany said it wasn't much fun to play with William because he made it too easy for her to win. In phase two, Wiener (1994) instructed William to let Brittany win, but to put up a real fight. William strained and grunted, and the rest of the family cheered for them. They both attended closely to each other's offerings. Eventually, Brittany gave a big tug and nearly pulled William on top of her, both laughing and sharing playful banter. The family was enthusiastic about the exercise and played during the week in between, coming back with more insight applicable to family dynamics, and sharing what makes this tug-of-war fun and realistic.

After the everyone gained comfort with exercises, Weiner (1994) moved on to games. Games help clients explore alternatives to patterned behavior and try out new ways of being, without real-life consequences. In *king and queen*, one person is the king or queen, and everyone else is a servant. The ruler has authority to demand anything he or she wants, "killing" anyone who does not comply with precision and speed. The servants are all clumsy and careless but try their best to fulfill orders. When they are "killed," they die immediately, only to come back as a new servant.

Dawn declined to be a queen, but all other members thoroughly enjoyed having the chance to order family members around and kill them off if they didn't satisfy.

Brittany was especially gleeful in ordering her servants to die, killing William repeatedly. William, however, was hesitant to ask too much of his servants, and even after being coached let Brittany get away with far more than the others. Wiener (1994) then stopped the scene and instructed William to kill Brittany every time she did something deserving punishment. William then began to be just as ruthless as he was with all the other players, and Brittany gleefully died with a flourish every time. This game fostered a sense of playfulness between Brittany and William, bringing William into the fold as a potential member of the family worthy of attention and focus.

In another game, *couples with contrasting emotions*, William and Brittany became "Walter" and "Barbara," *The Complainers* and Fran and Dawn became "Felicia" and "Dora," *The Contenteds*. They enacted a scene in a restaurant, with Wiener as the distracted waiter. This gave William and Brittany an opportunity to be on the same team. "Barbara" was quick to complain and throw insults about the terrible service at the restaurant. "Walter," at first hesitant, surprised everyone with a sudden spouting of complaints directed at the management. "Felicia" spoke up and indicated that things were not so bad, and "Barbara" immediately berated her for allowing such poor service in the first place. Dawn then broke character to defend her mother, who reminded her that this was role-playing, not reflective of real life. The game ended with "Walter" and "Barbara" walking out of the restaurant, solidifying a new alliance between the two.

Interestingly, Dawn erupted at William for the first time the following week when he asked her to put away her backpack. Fran eventually came to accept that Brittany and

William could navigate their own relationship, and sessions ended after twelve weeks with everyone feeling better.

In his conclusion, Wiener (1994) asserted the importance of establishing a safe environment that encourages emotional experimentation. This includes setting up a well-defined boundary between playtime and therapy time. In the example of his case study, he remained engaged throughout the process, prepared to stop games and exercises if anyone displayed too much discomfort, or coach players to move things in a more productive direction. He began with light, low-risk exercises (e.g., mirrors), and as the family displayed comfort and satisfaction with the direction of therapy, he progressed to more in-depth games that would get to the crux of the emotions and conflicts for which the family initiated therapy.

Wiener (1994) encouraged therapists to participate with clients, thereby modeling risk-taking and potential failure, and helping overcome the feeling of being watched by the expert. He asserted that a therapist must not only be versed in theory and proper professional conduct, but must also be able to bring one's whole self to the table when assisting clients to heal themselves and their relationships.

Short-form improvisation is useful in training therapists, helping them gain confidence, presence, and charisma. The games facilitate relaxation and experiential processing. When used in a therapeutic setting, therapists are better able to assess underlying issues clients may be struggling with. The games also serve the purpose of bringing issues to light for clients, and giving them space to experience alternative modes of managing those issues.

CHAPTER V: LONG-FORM IMPROVISATION FOR CLIENTS

Long-form improvisation has almost as many structures as short-form has games. Structures are more complex, and their purpose is to set up a framework for a longer, cohesive improvised piece. Longer-term therapeutic interventions with a foundation in improvisation share structural commonalities with long-form improvisation. Here, I will review interventions that align with two long-form structures, *The Armando*, and *The Harold*.

The Armando

The Armando begins with a guest monologist who gets a suggestion from the audience, which consists of people who were invited or purchased tickets, fellow students, or fellow participants, as inspiration to tell a true-to-life story. The improvisation team then uses the story as a driving force for improvised scenes. When the actors observe the scenes losing momentum, the monologist comes back to continue the story or tell a new one (Hauck, 2012). This back-and-forth continues until a satisfying ending has been reached, or until the actors can no longer sustain the scene-work.

Playback theatre is a program with a story-based structure and a framework similar to The Armando. Moran and Alon (2011) proposed that while playback theatre is not itself a form of therapy, it could be a useful supplement to current community-based

interventions, regardless of diagnosis. Based in a mental health recovery paradigm, which is recognizing the importance of personal roles and value, and a sense of identity and purpose, the focus in playback theatre is to help participants feel heard and understood with positive regard, and see their lives as not just one story but multiple. Participants gain a sense of empowerment and authorship in the creation of their stories.

In their study of playback theatre's effects on people diagnosed with severe mental illness, Moran and Alon (2011) made use of the educational drama approach and offered two, ten-week courses to diagnosed participants at the Center for Psychiatric Rehabilitation, Boston University. The courses were part of university offerings, and participants received scholarships to attend. For both courses combined, 38 people signed up, and nineteen participated in more than 2/3 of the classes. After the first course, Moran and Alon (2011) developed a questionnaire based on themes that arose from written feedback they collected. Before and after the second course, they administered the questionnaire, along with Rosenberg's Self Esteem scale, and a personal growth and recovery questionnaire.

In line with the educational drama approach, Moran and Alon (2011) maintained a conductor-storyteller role, or an instructor-student role, rather than a client-therapist role. At the outset, instructors established expectations within the group to facilitate and contain the unexpected and private nature of the work. Students were to only provide positive feedback for their fellow classmates, they would give ten seconds of clapping for everything that was done on stage, confidentiality was a top priority, and participants could discuss any unresolved moments from class with instructors or Center for

Psychiatric Rehabilitation staff members. Though classes would always start on time, latecomers were welcomed with a "sigh of relief". Instructors were not to attempt to guide or search for meaning in the teller's story.

Classes began with participants connecting through breath-work and eye contact. They would check in with each other, and each student used sound and movement to say something about their week, with the rest of the class affirming their statement by repeating it. They then did light physical warm-ups, like head and arm circles, and moved into playful games that built on playback theatre skills. After a ten-minute break, students reconnected through another light warm-up, like passing an impulsive movement around the circle.

Moran and Alon (2011) stated that storytelling commenced with actors being selected and asked to connect with each other while the selected teller prepared to tell his or her story. The instructor would interview the storyteller. Actors, after listening empathetically, would improvise a reenactment of the story. Initially, the instructor assigned roles, but by the end of the course, actors were able to spontaneously select a role within the scenes. The teller then had the opportunity to respond to the scenes created by the actors. In the end, actors reconnected and congratulated each other on a job well done. Participants then gathered back into a circle and shared favorite moments, again using sound and motion, with repetition by the rest of the class. Class ended with students holding hands, eyes closed, while they practiced mindfulness, which is being aware of personal feelings and physical sensations in the moment. They were then

instructed to think a positive thought about themselves and the other people in the class. The final step was to make eye contact around the circle.

The scale developed by Moran and Alon (2011) showed that students felt significant positive change from the beginning of the course. Most notable were, "I am aware of other people's emotions when they tell a personal story," which increased the most, and "My life is full of interesting stories," "I feel curious to get to know others," and "I have a perspective in my life," which also significantly increased. On the self-esteem scale an improvement was noted on the statement, "I feel that I am a person of worth, at least on an equal basis with others." On the personal growth and recovery questionnaire, the largest improvement was seen in the statement, "I experience myself as a creative person,". Other notable improvements included, "I feel full of life," "There is fun in my life," and "I don't feel burdened by my psychiatric condition."

Moran and Alon (2011) observed a progression in the students' storytelling over the course. In the beginning, most focused on lighter, impersonal subject matter. But by the end, stories were generally much more personal and emotional in nature, several went back into childhood memories, and all contained greater detail. Throughout the course, students became more confident, increased interaction, and maintained contact during breaks and after the course ended.

In the qualitative portion of the study, the Moran and Alon (2011) noted recurring themes within the domain of perceived benefits. Participants indicated an improved ability to relax, let go of preoccupations, and be in the present. Many overcame a fear of public performance and felt proud of their work in the course. They also gained a sense

of insight, perspective, and hopefulness. With the advantage of distancing, or removing subjectivity, that playback theatre provided, many began to see other methods of dealing with past issues and emotions. Students felt understood by and connected with their classmates.

Moran and Alon (2011) argued that healing for people with mental illnesses must include a community or social element, to give them an opportunity to feel heard. Playback theatre gives participants a chance to connect with others, and empower each other through understanding, affirmation, and a sense of authorship.

Another program resembling the Armando, the Family Violence Drama Pilot Project [FVDPP], also made use of the educational drama approach. Cogan and Paulson (1998) developed the FVDPP, to break the cycle of violence among maximum security prison inmates. The project utilized improvisation games and exercises, role-playing, and collective creation, which is a form of devised theater that is heavily improvisational in nature and builds stage skills. The end-product was two performances, one for other inmates, the other for prison officials and community members. Prison inmates display reluctance to work with authority figures, so the project was not billed as an official therapy. Rather, it was developed as a seventeen-week education program with high school credit, facilitated by social theater artists and professional actors.

Educational drama is often used in prison populations as a means of facilitating and motivating participation, with the goal of achieving therapeutic results. According to Cogan and Paulson (1988), most offenders are stuck in Piaget's concrete operational stage of development, and habilitative educational programming can help them increase

their abstract reasoning skills. Drama programming can encourage development in social skills as well. When culmination in a performance occurs, ability to delay gratification, and a sense of responsibility and self-efficacy can increase as a result of working with other inmates to achieve a long-range goal.

In Cogan and Paulson's (1988) study, seven prisoners with an average age of 31 and an average incarceration length of 3.7 years, worked together to develop a collective play, *Picking up the Pieces*. Inmates initially had difficulty participating in activities that made them look foolish or silly, but once measures were taken to ensure confidentiality and safety, most worked with enthusiasm and commitment. Process in sessions and the resulting performances were recorded, and all participants were interviewed in the thirteenth week and after the performances in the seventeenth week.

The prevalent themes within interviews involved creating context for risk-taking, self-development, and discovery of purpose. Several inmates expressed a strong desire to overcome their fears and to sing, write, or perform. The program also helped participants to uncover hidden parts of themselves, stripping away the tough mask that they felt was required on the streets and within the prison system. It also normalized the experiences of those who had been victims of childhood abuse and elevated the understanding of the cycle of violence. Inmates reported a stronger ability to manage conflict and communicate effectively, cognitively connecting actions and consequences. They began to see the others in the program as a sort of family, each contributing to a common goal. Performances served to connect participants to the greater community, reducing the sense of alienation. The inmates began acting as role models to other prisoners and had greater

self-esteem. However, as this was a pilot project and the future of the program was uncertain, participants felt a sense of loss at the conclusion. They had come to look forward to rehearsals, and the family they had established within the program. Cogan and Paulson (1988) called for any iteration of this program to include professionals who participants can talk to after the conclusion, to help alleviate any post-performance depression.

Usually, the intention of performing an Armando is to find the humor in any given story, but the storytelling and enaction elements that take place in playback theatre and the FVDPP, give speakers an opportunity to feel heard by their audience. The fact that they are speaking to peers who maintain the safety of confidentiality, rather than to a therapist in private, adds the benefit of being accepted by a community. Participants listening to the stories have the benefit of hearing from other people who have had similar experiences and emotions. They are empowered because they are not alone, and the potential for stigmatization is minimized because they are not in a therapy setting.

The enactment that takes place in response to stories affirms the storyteller by showing them that they have been heard and understood. They see their own narrative from an outside perspective and gain different insights from peers rather than a therapist. Participants who take part in the enaction of a person's story learn empathetic listening skills and carry a sense of responsibility to contribute with compassion.

The Harold

The original conception of The Harold had a rigid structure (Hauck, 2012). The actors get a suggestion from the audience and follow with a process Hauck (2012) called ideation. During the ideation phase actors spend time exploring the suggestion in a freestyle manner. They may use free-association of the words, sing songs, create group poses, dance, make sounds, or whatever the group brings about. Three unrelated scenes inspired by the ideation follow. Actors perform a group scene, also known as a "palate cleanser". This can be anything from singing a song together to creating a commercial or playing a group game. Actors continue in this cycle of three scenes and a group scene until it has been played through three times total. The scenes in the second round should be tied to their corresponding scenes in the first round. For example, scene one from the second round should contain the same characters or identifiable elements as scene one from the first round. The same applies to scenes two and three of the second round. The final round of scenes should bring the whole performance together, though it is not necessary to revisit all three scenes in the final round. Actors aim to find a resolution in which some elements or characters from the individual scenes overlap and come together in the end.

Salinsky and Frances-White (2017) argued that the Harold has morphed into something much more free-form in nature but still maintains the essence. Games, physicality, songs, free-association, and utter silliness still open the performance and are incorporated regularly, between scenes that flow in and out of each other. They may or may not seem to be connected. Sometimes the only connection is something an audience

may not notice, like someone is eating a sandwich in multiple scenes. Ultimately, if the actors can pull it off, most scenes will share something in common. A theme, a mood, a feeling, a sandwich. A good Harold will leave the audience astounded, wondering what they just watched and how it happened.

In many ways, this form of improvisation parallels Johnson et. al's (1996) Developmental Transformations [DvT]. The intervention was inspired by Grotowski's poor theatre, which is based on the idea that theater ushers in a transformation for both audience and performer, and which combines Meisner's attention to affect and Johnstone's dialogical approach, along with Freud's methods of free association (Johnson et al, 1996). While the improvisations that takes place in DvT may seem unrelated to each other on the surface, DvT is a growing and ever-changing dialogue of the physical and emotional, sometimes primal noises, and sometimes stillness. The factor that ties it all together is the consistency of the relationship between therapist and client, and the change within.

Johnson et. al (1988) supported Grotowski's assertion that the theatrical moment is in the encounter, and the encounter is in the space between audience and stage, where the actor brings the moment of ascendance. The audience seeks to fulfill real spiritual needs, and must confront the material fully, be entirely engaged, in order to bring about the transformation that true, meaningful theatre is capable of bringing. The actor requires rigorous physical training, and highly structured study and practice of mantras, scenes, and ritual, to be capable of producing the physical manifestation of every emotion.

Johnson et. al asserted that Grotowski elevated the objective of the actor, so that to become a shaman of sorts. Able to enter the spiritual realm and communicate the transfiguration required for each audience to internalize and integrate the message of the performance. To do this requires sometimes arduous self-exploration to get to the hidden, deepest selves. It is through this sincerity and authenticity that the actor accesses the realm necessary to facilitate transformation of the self and the audience.

In *Towards a Poor Drama Therapy*, Johnson et. al (1996) noted that when drawing the comparison between theater using Grotowski's model and therapy, the question of who plays which role and how they play it, can be answered various ways. If the therapist is the spectator, and the client the actor preparing for her performance at home, work, or school, then the approach to therapy would call for structured scene work and physical exercises as rigorous as the client can manage. Another option for the dynamic of therapist as audience and client as actor, is that the actor is in the midst of her performance in the therapy session. This calls for more of an approach of merely "being with" and witnessing by the therapist. The final dynamic Johnson et. al mentioned—and the approach they used to create DvT—is that of therapist as actor, facilitating the transformation the client seeks. It is the therapist, then, that must train to reach the depths of the transformation within a playspace created for her client.

Johnson et. al's (1996) fundamental principles of therapy align with Bermant's (2013) concepts of theatrical improvisation. According to Johnson:

> (a) healing occurs as a result of the *encounter* in the playspace between the client and the therapist, (b) the *body* is the essential source of thought and feeling, (c) the therapeutic process follows the *via negativa,* a process of removal or

> transformation and (d) the goal of therapy is for client and therapist to play together with *depth and intimacy* (p. 296).

The best improvisational scenes start with a foundation of unconditional positive regard and involve a state of flow in which group mind occurs (the *encounter*). Improvisers get into a rhythm of enaction, starting with nothing and continuing to have only their current roles and their *bodies* to inform each step forward. They must submit to their partner's will with each turn, which is *via negativa* (Bermant, 2013; Napier, 2015). It is the third space, between encounter and via negativa, that *depth and intimacy* occur between players.

Grotowski (as cited in Johnson et. al, 1996) discouraged wild improvisation, instead opting to strip away all the lavish elements of theater (e.g. stage, costumes, props, lighting, text), but keep the intense structure of a performance, often relying on repetition of rituals and mantras. Johnson et. al (1996) observed that the client sets up the structure from which to work based on thoughts, the emotional state, and the implicit relationship with the therapist. This aspect of work by Johnson et. al is more in line with Meisner's approach to theatre, where the entirety of inspiration comes from the fellow actor. The therapist must remain finely attuned to the shifting affects of the client, prepared to match the client's needs moment to moment. Therefore, all the improvisation that takes place within a session is not wild improvisation, but an encounter with the client. The therapist focuses on patterns that emerge within the playspace, with intent to develop and bring out the hidden selves of the client. Johnson et. al argued that a single true self does not exist, but that a personality or beingness evolves from integrating the many roles one plays through life. Henry Miller's work evaluating potential Office of Strategic Services

officers and Michigan Veteran's Affairs clinical psychologists, was grounded in the idea that the ability to move freely and fluently through each of these roles is a sign of emotional fitness (Forrester, 2000).

The focus on embodiment does away with the linguistic restrictions of culture and social constructs. Language is seen as secondary, and sessions often begin as a Harold does, with movement and sounds rather than words. Those impulses are the foundation from which conversation can begin. Consistent with existentialism's maxim, "existence precedes essence," clients do not *choose* roles, rather they are *discovered* through physical play. Role, however, is not thought of in the traditional sense. The objective is to break down the concept of roles, with each mask being acknowledged then torn away to reveal the next. There is constant flow within the session, as within consciousness itself.

With DvT, there are no props or predetermined exercises. These get in the way of the deep work intended in the session and take focus off the moment, the relationship between client and therapist, and the discomfort with uncertainty created by two comingling consciousnesses. The therapist must let go of the sense of role and self, instead becoming an object for the client's use. Fully experiencing the projections made by the client, the therapist must nevertheless be able to communicate about her experience. Johnson et. al (1996) compared the ideal state of the therapist to a marionette waiting to be controlled by the client. The ability to communicate how things feel as they are happening contributes to the immediacy of the play while keeping things grounded.

According to Johnson et. al (1996), the therapist remains open and receptive, building a rich, trusting client-therapist relationship in order to facilitate graduated levels of play over time with the intent of preparing the client for *Deep Play*. *Surface Play* refers to experimenting with subjects outside of the client. *Persona Play* deals with identity and relationship roles. In *Intimate Play* client and therapist explore their moment to moment relationship with each other. In the final stage, *Deep Play,* each person surrenders, lets go of the self, strips away masks, and submits to a constant flow of roles and images. Here, the focus is on client and therapist together as primal, feeling beings.

Each participant comes to appreciate the presence of multiple meanings to each interaction, and play becomes meditative. Everything but simple existence, together, falls away, leading to a unique and gratifying experience. They achieve what Johnson et. al (1996) call a "poorness in all but what matters" (p. 299).

Johnson et. al (1996) provided an example of this deep play in which Johnson was the therapist. The client, Tanya, was in her forties, working through interpersonal relationships and the general direction of her life. It was her 80th session, and she was moving toward the end of her therapy. Johnson and Tanya built a rich therapeutic relationship and had reached the stages of deep and intimate play. The authors made it clear that the root of the encounter was what took place in the silence of the session, but Johnson et. al shared the conversations that followed to give the reader a sense of the multiplicity of meaning in context.

Tanya and Johnson flowed in and out of metaphors and shifted—sometimes rapidly, sometimes with purpose and intent—through roles. They used their whole

physical space—lying on the floor, standing in the corner, walking around—and their dialogue reads more like a poem at times. Their conversation opened lying on the floor with Tanya mentioning there would be an early spring; Johnson noted it was cold. Snow became a central theme. All of this was a metaphor for Tanya's fears about leaving therapy, all the projection between the two of them. Her sense of being alone.

They then got up and walked over to the heat vents, looking for the source of the warm air blowing on them. The conversation shifted to Joan of Arc and how militant she was in her devotion to Christ. This led to a conclusion that she was selfish because if Christ is the self, and she was obsessed with "consuming Christ," then she must have been obsessed with consuming herself. This was symbolic of her anger toward Johnson for leaving her.

The tone shifted gradually into a more literal use of language, using the excitement of life to discuss her neurosis. Tanya lamented that she would miss the adventure and passion that came with it. She blamed Johnson for her boredom with life and her fears for what comes next, until they came upon a moment of direct encouragement from Johnson who stated, "That's great. Feeling bad and doing good. That is what the rest of your life is going to be about!" (p. 301). Tanya collapsed onto the floor, weak with emotion. They stayed within that directness until Tanya regained her strength and became so stirred that she got up and yelled, "FUCK YOU" (p. 301) at Johnson. It was at this point that the metaphoric flow began again. On and on, this continued, peppered with humor, physical representations, crying, yelling, serious

moments, silence, until they came full circle, having essentially enacted Tanya's entire history in therapy with Johnson. This was their goodbye to each other.

Johnson et. al (1996) argued there is no unified self, but perhaps a source, a container, for all the selves, and the revelation of self is through the body. This container has the resources to support all the selves. The focus in his therapy session with Tanya was to solidify her understanding and competence in finding and working with awareness of selves, to accept the multiplicity of existence.

The Harold's free-flowing form makes use of an improviser's ability to shift in and out of roles, moments, and perspectives. Unlike the therapeutic structures similar to the Armando, DvT was specifically designed to take place within a clinical setting: either one-on-one counseling or small group. Johnson (1984) examined the use of the DvT framework to treat young adult inpatients diagnosed with catatonic schizophrenia, and Adam Reynolds (2011) worked with children in an acute inpatient setting. While there is no witnessing and acknowledgement from peers as in playback theatre and FVDPP, the barriers between therapist and client are broken down as it becomes clear the therapist is a play object for the client, and therefore not separate from the client. It is in this openness that witnessing and empathetic enactment occur with DvT.

Relationships are the basis for the use of long-form improvisational structures in therapy. Playback theatre and the FVDPP programs relied on an educational approach in order to build trust with populations typically resistant to bonding with authority figures. The organizers focused on creating an atmosphere of confidentiality and acceptance among peers, so that participants felt secure in sharing impactful life stories. DvT

requires a longer-term commitment between therapist and client, and the bond between the two is the catalyst for change.

CHAPTER VI: CONCLUSION

Theatrical improvisation, though not widely researched, has been a basis of theory and practice since the early twentieth century. Its rise in popularity in therapeutic practice was spurred in the 1980s when drama therapy gained a foothold as an established and developed approach to mental health. Empirical evidence has been a challenge to gather due to the difficulty in operationalizing and finding agreement in practices and outcomes.

Most published qualitative research involves self-report interviews and surveys, which can end up biased for a variety of reasons. Though the benefits of using improvisation in therapy seem obvious, research has mainly been carried out by therapists who are already of that persuasion. In all cases, the purpose seems to be to prove that improvisation has a positive impact on therapy. Regardless of this limitation the playful, joyful nature of this art form continues to inspire and drive enthusiasm for its use.

Regardless of the challenges presented in producing empirical evidence surrounding the results of its use, therapists employ improvisation at varying degrees to enhance the therapeutic process. This can mean taking an improvisational mindset, holding principles in reverie during a session, or using exercises directly with the client. Therapists with actor training have developed exercises and approaches that can be used, from merely breathing together (Lord, 2015) to creating a long-term improvised flow that has the potential to last for the entire course of treatment (Johnson et. al, 1996).

Young children learn primarily through play, but many adults forget the value of being curious and remaining free of judgement of others, and especially the self. Theatrical improvisation allows clients to forget about the things they may be doing wrong and try on new ways of being, just as children put on a cape and play their favorite superhero with wild abandon. The symbolism inherent in this sort of play has the potential to extend into real-life situations and challenges.

Short-form improvisation is a good tool to quickly assess and address the immediate ways a client relates to others and the surrounding environment. The pragmatic approach gives clients opportunities for insight in a concentrated, active, solution-oriented manner.

A personal, anecdotal experience a few years ago solidified my conviction and drove this point home for me. Improvisers tend develop deep friendships with each other due to the vulnerable nature of the performance, and Ruben and I were no different. One evening just before a show, we argued. He snapped and said mean things, which hurt my feelings and I snapped back with a snarky comment, which hurt his. We took the stage with the tension of an unresolved argument and got a callout from the audience in preparation to begin a scene. The callout was, “war”. We took the metal folding chairs on stage and crouched behind them. We were in the barracks together and our fellow improvisers made gunfire and bomb noises to set the tone.

“It looks like this is it, Joe. We’re surrounded and I don’t know if we’re gonna make it out,” I began.

Ruben sounded overly repentant when he replied with, “Sam, if we’re about to die, I have to make a confession to you. You know that last K-ration you were looking for? I ate it, Sam,”

“Joe, forget about it. I wouldn’t want to die next to anyone else.”

“Sam, I also took the last dry pair of socks out of your stash box.”

“Socks aren’t important anymore, Joe.”

“Sam. I also may have been the one to tell the captain about you going off base. It’s my fault you got written up.” The gunfire intensified.

“Minor betrayal, Joe. I don’t think pink-slips matter in heaven.”

“Remember that letter and those pictures I wouldn’t let you see, Sam? They were from your wife.” A loud bomb went off.

“Joe, these are hard times. So you wanted to experience the warmth and affection my wife and I share. The thing that keeps me going in this hellscape. The beacon of light in this darkness. Stealing my wife’s letters is understandable.”

“Sam, the letters and pictures were addressed to me.” Silence.

After a long pause, I reached my hand through the chairs and took “Joe’s” hand. “It’s okay. It’s okay. Hey whaddaya say we take these commie bastards out in style. Rush at ‘em with everything we’ve got.”

“Sounds good, Sam.”

After the show, Ruben and I hugged and I repeated “Sam,” saying, “It’s okay. It’s okay.”

“I know,” Ruben replied.

We built a scene line-by-line, payed close attention to the subtle affectational shifts as the intensity of the confessions increased, played with those shifts, and entered a state of flow where we knew the implicit intentions of the other's lines within the scene as well as off the stage. Through "Joe's" confession and subsequent apology on stage, and "Sam's" acceptance, we came to an understanding and forgave each other without directly discussing the incident. Through symbolic play, we were able to approach real emotions that were too sensitive to address in the moment and resolve an argument. The distancing effect of the symbolism helped us relax and become open to discussing the incident more freely, so we could resolve the root of the original conflict.

Contrasting short-form improvisation, long-form improvisation takes a slower, more drawn-out approach. One of the goals of these structures, is to make connections within scenes with the intent to bring the story-line full circle and create a satisfying resolution. The instances that bring the greatest sense of gratification, are the ones that culminate in addressing and weaving all the elements and characters together, deciding who the story is really about, and making that character the hero of the story. Improvisers have only one shot at bringing any given story-line to life. Conversely, therapists and clients can continue to address the client's narrative from different angles, over and over in a longer-term orientation.

In my own experience, I tend to think of my six years of improvisation as an interconnected series of forms, woven together in a way that has continuously supported analysis and change in my own narrative. The blocks I experience when I improvise with my teammates parallel blocks I experience in my relationships and my thinking. Playing

with those barriers in improvisation allows me to explore alternatives in a safe, supportive environment. Since I began improvising for the stage, I have become more decisive, more outspoken, and more confident. Improvements in those qualities directly align with specific notes I have received from my various coaches. "Make a decision already!", "Make it clear what you want!", "Stop shuffling your feet like you don't know if you belong here!".

Theatrical improvisation is experiential in a way that many forms of therapy cannot reach conventionally. It is useful in reaching populations typically resistant to the constraints of traditional therapy, and some programs can be administered by professional actors under the supervision of a therapist. This approach diminishes the illness paradigm and replaces it with a wellness and rehabilitation paradigm. Inmates in prisons have benefitted from its use, reducing recidivism and violent incidents while incarcerated (Cogan & Paulson, 1998). People with severe mental disabilities have seen improvements in their outlook and well-being (Barragar Dunne, 1988; Reynolds, 2011), and improvisation seems to be an effective approach to break through the walls of catatonic schizophrenia (Johnson, 1984). Children grieving the loss of a loved-one, dealing with terminal illness, and struggling with behavioral problems, have all benefitted from the accepting and playful nature of theatrical improvisation in therapy (Butler et. al, 2013; Chaplin Kindler & Gray, 2010; Reynolds, 2011).

Recently, authors have proposed that therapists be trained in improvisational concepts—regardless of theoretical approach—to better equip them to handle the moment-to-moment interactions with clients, gain confidence, improve therapeutic

presence and charisma, and be comfortable with spontaneity (Farley, 2017; Romanelli et. al, 2017). Therapists trained in improvisational techniques reported a greater sense of freedom and play in sessions. Some directly engaged clients in exercises that they learned to enhance the therapeutic process, and some simply had a larger set of schemes from which to draw in their practice.

The flexibility of improvisation allows for it to be incorporated in almost any style and theoretical therapeutic persuasion. Corresponding to its fluid assimilation into a majority of practical styles, improvisation's flexibility also makes it challenging to agree on structure of practice, theory, or even definition. This conflict will likely continue so long as researchers attempt to squeeze an art that is all at once a creative process and product (Lewis & Lovatt, 2013) into a scientific scheme that focuses on separating process and product. Despite the apparent impasse between science and art, therapists believe in the benefits of theatrical improvisation, and theory will continue to develop and grow so long as art is interesting and evocative.

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