Improvisation: Yes and Psychotherapy!

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Abstract

Those who engage in theater improvisation training experience a process of learning that occurs through games and exercises among other techniques. Improvisers are encouraged to offer freely, without edit, in the moment in a social environment and without regret. It seems plausible that improvisation (improv) techniques may offer a therapeutic means by which an individual can reconnect with his or her authentic inner self. Furthermore, the process of improvisation training, with similar goals and concepts of therapy, may be a tool that can be used more universally to playfully help clients reach their goals more effectively and timely.

The concepts of improvisation and psychotherapy have been woven together using core elements of Adlerian Psychotherapy (Individual Psychology) and The Satir Model (Virginia Satir). Each core concept of improv training has been discussed in relation to similar elements of therapy. Additionally, the benefits of the improvisation process have been highlighted to suggest how authenticity in the clinical setting could be attained.

Finally, a discussion of couple, family, and group therapy in relation to improvisation has been included. Games and techniques and their usefulness in terms of diagnosing and treating dysfunctional communication patterns was integrated into the paper.
Improvisation: Yes and Psychotherapy!

True improvisation is getting on-stage and performing without any preparation or planning (Halpern, Close, & Johnson, 1994). To improvise means to compose, recite, play or sing extemporaneously (Merriam-Webster, 2010). It is in no way, shape or form planned and by nature is spontaneous and unrehearsed (Bergren, Cox, & Detmar, 2002). Reacting to others in an environment in the moment and creating something unique is the goal.

Improvisation appears utterly random and chaotic but is actually governed by a series of rules (Gladwell, 2005). Improvisers study these structural concepts extensively and practice a process for many hours that results in successful performances. It is an experiential process and learning occurs through games and exercises among other techniques. Spontaneity is not random (Gladwell, 2005).

It seems plausible that improvisation (improv) techniques may offer means by which an individual can reconnect with his or her authentic inner self. Learning to offer freely, without edit, in the moment in a social environment and without regret is the purpose.

Improvisers are encouraged to say YES! And proceed to build on the unique offer that was given, often called heightening. Relational bonds based on trust and respect for others is generated. The process encourages value to be placed on an individual’s uniqueness and the connection of ALL team members. Appreciation for differences is embraced along with the ability to live authentically while contributing to a common goal.
For a psychotherapy clinician, his or her focus often pertains to facilitating a process that ideally results in building the client’s self worth, authenticity and healthy relationships. Often clients have learned to self-edit and guard themselves. The process of improvisation training, with similar goals and concepts of therapy, may be a tool that can be used to playfully help clients reach their goals more effectively and timely.

The concepts of improvisation and psychotherapy will be woven together using core elements of Adlerian Psychotherapy (Individual Psychology) and The Satir Model (Virginia Satir). Each core concept of improv training will be discussed in relation to similar elements of therapy. Additionally, the benefits of the improvisation process will be highlighted to suggest how authenticity in the clinical setting could be attained.

There will be a discussion of couple, family and group therapy in relation to improvisation. Games and techniques and their usefulness in terms of diagnosing and treatment of dysfunctional communication patterns will be integrated into the paper.

History of Improvisation

There have been a variety of improvisational styles dating back hundreds of years. The most direct ancestor of modern improvisation is the Commedia Dell’Arte, which started in the 1500’s (improvcomedy.org, 2010). Performers would travel, present shows in public squares and improvise their dialog based on a set scenario. After this form faded, improvisation theatre disappeared until it was separately and spontaneously re-invented by Keith Johnstone and Viola Spolin (improvcomedy.org, 2010). Both Johnstone and Spolin developed a process unique in structure and motivation.
Keith Johnstone

Johnstone was born February 1933 in Devon England. He felt limited in the school setting, was self-conscious and shy, and had problems with speech defects, which did not help his esteem (Johnstone, 1992). Johnstone credits his “brilliant art teacher” Anthony Stirling, for challenging his thinking (Johnstone, 1992). Stirling believed “art was in the child” and should not be imposed by an adult; the student should not experience failure (Johnstone, 1992). Johnstone further learned from Stirling that a teacher’s skill was to present lessons in a way that students would succeed (Johnstone, 1992).

In the late 1950’s Johnstone read, directed and taught at the Royal Court Theater in London. He developed unorthodox techniques by reversing all that he had learned and by drawing on the influences of Stirling (Johnstone, 1992). For example, he told his students to be obvious, and not to think. In the 1970’s, Johnstone moved to Calgary where he invented Theatresports, which eventually gave rise to the show Whose Line is it Anyway? (Wikipedia, 2010b). Johnstone continues to lead workshops and train actors across the country.

Viola Spolin

Viola Spolin (1906-1994) is considered by many to be the grandmother of Improvisational theatre. She was a drama teacher and author. She influenced the first generation of modern improvisational actors and it was her son Paul Sills who co-founded the famous Second City in Chicago in the late 1950’s.

Spolin initially trained to be a settlement worker and studied at Neva Boyd’s Group Work School in Chicago. Spolin was influenced by Boyd’s ideas of group
leadership and social work (Spolin, 1999). Spolin also said that Boyd’s teaching provided training in the use of games, story telling, folk dance and dramatics to stimulate creative expression in both children and adults through self-discovery and personal experiencing (Spolin, 1999). After using traditional game structures to affect social behavior in inner city and immigrant children, she was motivated to use a technique for training theater that could cross the cultural and ethnic barriers. Viola Spolin went on to develop new games that focused on individual creativity, adapting and focusing the concept of play to unlock the individual’s capacity for creative self-expression (Wikipedia, 2010a). She believed in an experiential process.

**Birth of American Improv**

In 1946, Spolin founded the Young Actors Company in Hollywood. Children were trained through the still developing Theater Games system to perform in productions. When Spolin returned to Chicago in 1955, she directed for the Playwright’s Theater Club and conducted games and workshops with the Compass Theater (the Country’s first professional, improvisational acting company). Out of this group a new form of theater was born: improvisational theater. From 1960 to 1965, Viola worked with her son, Paul Sills as workshop director for his Second City Company and continued to teach and develop Theater Games theory. Her book, *Improvisation for the Theater* consists of approximately 220 games and exercises that has become a text for teachers of acting and educators in other fields (Spolin, 1999).

Spolin’s Theater Games are simple, operational structures that transform complicated theater conventions and techniques into game forms. Each game is designed to give the actor something to focus on and create. The goal is to be in the moment and
to create rather than judge. Spolin believed that every person could learn to act and have creative expression (Spolin, 1999). Her work, influence, and belief in the human spirit have impacted countless individuals.

An Individual’s Cognitive Map

There exists in human beings a fundamental need to belong and misbehavior often results when these needs are not met (John, 2000). People need to belong or feel connected, to feel capable, to contribute or count, and to overcome fear with courage (Lew & Bettner, 1996). Most human beings have a desire to feel love, connection and acceptance, and to be valued for their personal uniqueness.

Development

Some children are raised in a healthy environment and are able to get attachment needs met and some are not. According to Thompson (2008) children who have secure attachment histories have been found to have an increased capacity to develop close relationships with peers and adults, have better understanding of emotions and how to regulate them, and a variety of advantageous personality characteristics (Whipple, Bernier, & Mageau, 2009). Attachment insecurity, along with other risk factors, has been linked to some forms of childhood psychopathology (Deklyen & Greenburg, 2005 as cited in Whipple, Bernier, & Mageau, 2009). Early attachment continues to be associated with personal adjustment in adolescence and early adulthood (K.E. Grossman, Grossman, & Waters, 2005, as cited in Whipple, Bernier, & Mageau, 2009). Lack of attachment may result in more guarded and intense self-editing behaviors.

Self-editing thoughts, feelings and behaviors refer to those that are not in line with a person’s authentic, creative being. It is a censoring of thoughts, a denial of feelings,
and a disconnection from behaviors (over-blame or under-accept). It is energy spent judging self and others. It is the opposite of self-acceptance, which ultimately leads to an inability to accept other people, as well.

Whether attachment needs are met or not, children grow and develop and the world around them becomes more relevant as they seek some means to better fit in. Most people develop some measure of self-criticism based on comparisons to others. Individuals may strive to be smarter, brighter, quieter, louder, calmer, funnier, more serious, more studious, more introverted, or more creative.

The cognitive maps of individuals begin to reflect that desire to be accepted and loved. Often, people come to believe it is not enough to be themselves. Experimenting with a variety of behaviors and responses, people continue with those that allow them a sense of belonging. They seek a sense of worth that comes from other people rather than from themselves. As they continue to self-edit, they mistakenly believe something has been gained rather than lost. Movement becomes external and conditional. The unique self has been set aside and labeled as deficient.

This edited version of self is enough for some and they continue through life’s journey, at times even with success. However, self-actualization is absent. The innate quest for authenticity and truth has been set aside.

In many cases, there develops an internal conflict that manifests itself in dysfunctions and aberrations. Dysfunctions may present as broken relationships, addictions, depression, anxiety, divorce, bullying, gang involvement, criminal acts, codependency, passivity, to name just a few. Ultimately, these behaviors, feelings and actions emerge as a result of perceived intrinsic insufficiency.
Therapy

One reason an individual seeks therapy is to learn how to cope with dysfunction (Wei, Shaffer, Young, & Zakalik, 2005). The cognitive map, or lifestyle, according to Adlerian theory, is the attitudes and convictions people have about how to find their place in the world (Carlson, Watts, & Maniacci, 2006). It is the instructions for how to belong (Carlson, Watts, & Maniacci, 2006). When these instructions or pathways no longer lead to greater belonging, the person seeks guidance.

A challenge for individuals during therapy as they journey toward the unknown outcome with an unfamiliar pattern of behavior, is to rely on old familiar routes (cognitive map). However, through the experience of play, an environment is created that offers the individual an opportunity to embrace spontaneity and adventure. Setting up the space and giving people permission to play and be imperfect “just for now” provides a physical experience that allows for a crack to open in that old way of behaving, leaving people more open for change.

Improvisation

Specifically, the process currently used for teaching improvisation may be adapted to a therapeutic environment. It may allow for the discovery of new, more beautiful pathways to be etched on a person’s map in a loving, indirect, and playful manner. Context, evolution, development, family, environment, learning, and genes all contribute to the ever changing self (Nachmanovitch, 2001). When a person is able to improvise, he or she may discover what the ever changing and ever deepening self is up to, where it has been, where it is going (Nachmanovitch, 2001).
During therapy, the techniques of improv offers a means or a bridge by which the client can begin to move away from automatic self-editing thoughts, feelings, and behaviors. Now, a forum for openness, acceptance and the ability to laugh at oneself has been initiated. The client has been given permission to be imperfect and explore the courageous element of risk taking.

**Theoretical Orientation**

According to Sperry (2007), it can be difficult to establish a theoretical orientation and may be more complicated than personal choice. He lists five core assumptions that he believes support the Adlerian approach and differentiates it from others (p. 134):

1. Individuals are unique (idiographic orientation), self-consistent (holism), and goal directed (teleology or purposive).
2. Individuals are neither good nor bad (human nature is neutral).
3. Individuals determine their behavior and destiny and are responsible for it (soft-determinism).
4. Individuals strive to belong (social meaning of behavior) and for a sense of significance (striving for superiority), with social interest or community feeling as criteria.
5. Individuals make use of their qualities and talents rather than being defined by them (psychology of use).

This author most indentifies with a theoretical orientation of psychotherapy that is rooted in these core assumptions of Individual Psychology (pioneered by Alfred Adler). In addition, the experiential Satir Model (pioneered by Virginia Satir) is relevant to the theoretical orientation of the author and will be discussed in further detail throughout the
paper. More concisely, this author adheres to an Adlerian approach to understanding the map of a person, a Satir approach to embracing the self in the here and now (including finding honor in a person’s parts), and an improvisation process to bridge the two orientations.

**Philosophy of Improvisation Process and Psychotherapy**

The fundamental process of improvisation has core concepts that lend to its usefulness to bridge and build upon the therapeutic experience. Books and manuals about improvisation may take different approaches to teach actors or students, but they all touch on certain “truths.” For example, acts begin from the unknown and are often subject to blocking, resistance, and fear. Other common concepts include support and trust, honesty, commitment, acceptance (“yes, and”), listening, being in the moment, connection, authentic self, structure, spontaneity, and play. Finally, important to the group dynamic and process of self-discovery through improv is the phrase, “the whole is greater than the sum of its parts.” Each of these truths will be presented in relation to improvisation, and discussed in terms of an Adlerian and/or a Satir methodology to therapy.

**Acts Begin From the Unknown**

One of the key elements that improvisers face early on is that a scene develops from the middle of a story. The improviser is interested in establishing who, what, where, but it stems from the unknown. As the actors create the scene back and forth, the unknown develops into a story.

One mental health professional who extensively draws on the improvisation theme, is Philip Ringstrom (a training and supervising analyst at the Institute of
Contemporary Psychoanalysis). He describes the divide between classical and improvisational theater and discusses the significance related to a metaphor of psychoanalytic practice. In improvisational theater the emphasis has little to do with what is known, as it is more about what is not known (Ringstrom, 2001).

Roles are not set, scripts are not defined, and a fixed stage is not present; Time and space are undetermined (Ringstrom, 2001). Acts begins from the unknown, draw from the unknown, and unfold from the unknown into a setting and relationship (Ringstrom, 2001). In this respect, Ringstrom believes improvisational theater captures what is most unique in the therapeutic process.

Additionally, the therapist must be improvisationally open to assume his or her role in the dramatic theme of the client and to help enable a different ending (Ringstrom, 2001). This encounter would look similar to that of two improvisers on stage developing a relationship and a sharing from an unknown place in the story and moving in a manner that captures a process of support.

**Blocking/Resistance**

Blocking refers to a rejection of information or ideas offered by another person. Improvisers are trained early on that rebuking an offer from a teammate results in the abolition of movement. The scene becomes boring and tedious. It is stagnant. Much is the same for resistance. When an improviser resists engagement into a scene or exercise the interaction appears problematic to the audience or other team members.

According to Ringstrom (2001), it can be interpreted as a sign of resistance when deviations of the therapeutic setting and relationship occur. He states that professions are mandated by society to define their activity to a methodology that will do no harm, but
argues out of this can grow a world of prescriptions. So even though each theory is able to conceptualize its clinical interventions in a manner to safeguard the client, Ringstrom believes that something could be gained from an improvisational platform. This is especially true when the therapy has become stagnant and full of resistance. To the degree that a therapist uses any theory to dictate a meeting with a client is the degree to which that theory is operating from a position of preparation in contrast to a position _bursting forth from the moment_ (i.e., arising from the improvisational) (Ringstrom, 2001).

The improvisational in therapy can be used to reopen and revitalize the treatment objectives if they have collapsed (Ringstrom, 2003). A clinician’s theoretical frame can still exist (pertaining to what is “known,” i.e. the classical theater metaphor) with a co-construction that improvisationally changes throughout the course of treatment (Ringstrom, 2003). Much like a performer who blocks and resists, a client who is stuck in the environment may benefit from the improvisational. As in improvisational theater the roles in the environment are assumed and played with, but also changed by reworking old scripts and replacing them with evolving new ones (Ringstrom, 2003).

When a resistant client is allowed to exist in an improvisational moment it can lead to consideration of the unimagined, unthought, and unspoken (Ringstrom, 2007). These moments can challenge a client’s personality and bring about a new structure, and if the style of engagement is full of curiosity and questioning it can facilitate movement from a stagnant place (Ringstrom, 2007). When a therapist feels frustrated, and concludes the client is resisting change, he or she may want to rely on intuition, spontaneity and the moment to move the therapy along. It may stem from a spontaneous
line of questioning, a physiologic change of state (i.e. standing or moving through the room), or an assignment that arises from the moment.

**Fear**

Early in improvisation training, most students are nervous and aware that fear of failure is an obstacle to overcome. Students are hesitant to offer an idea or “jump in” because they want to avoid rejection and judgment. Improvisers are taught to follow their fear and take a risk (Halpern, Close, & Johnson, 1994) and that there is no such thing as a bad idea or a mistake. The ability to move beyond fear occurs through a variety of games and play. Once students learn that risk is strength, they begin to feel safe in their environment. As improvisers experience the universality of fear and vulnerability, and appreciation when accepted, they learn to move forward despite their apprehension. Nachmanovitch (2001) has proposed that improvisation without fear of failure, can move a person from one phase of development to another and toward a self-discovery.

Improv teachers are full of encouragement. They teach the class to support fellow players by clapping, yelling and shouting out phrases of affirmation. If a student makes a mistake or does not follow the rules of engagement, he or she is playfully ousted until the next round of the game. Courage is highlighted, more than what is offered. Some instructors say that for every ten to twenty scenes, there may be one that is great. This takes the pressure off students who may be perfectionists and hold back if an idea does not seem clever enough. The process of improvisation encompasses an attempt to foster risk.
Discouragement and encouragement. Important to this understanding of movement despite fear is courage. Courage is one of the core concepts of Adlerian therapy and process. In the Adlerian view, discouragement represents psychopathology and can arise from disturbed cognitions and pathological life circumstances (Ferguson, 2001). In addition, when an individual is afraid to make mistakes, a perfectionist tendency may emerge (Dagley, Campbell, Kulic, & Dagley, 1999) that would prevent him or her from movement.

Encouragement is the Adlerian’s answer to disturbed cognitions and debilitating pathological life circumstances such as fear. Adlerian therapists value the process of encouraging clients with the use of insight and change. One tenet of Individual Psychology is the courage to be imperfect and is considered one of the three dimensions of encouragement (along with a sense of belonging and a positive view of self) (Dagley, Campbell, Kulic, & Dagley, 1999). Meredith and Evans (1990) noted that the courage to be imperfect liberates people from the fear of making mistakes and promotes effort above outcome (Dagley, Campbell, Kulic, & Dagley, 1999).

Because the power of courage is highly regarded, Adlerians rely on a variety of techniques to teach the importance of taking a risk over a desired outcome. One such technique is humor. According to Rutherford (1994), a clinician’s self-directed humor in a clinical setting can model the courage to be imperfect. Additionally, when a clinician is appropriately transparent about personal mistakes during therapy, a forum for modeling the courage to be imperfect transpires. In conjunction with modeling through humor and transparency, repeating the phrase courage to be imperfect and emphasizing its significance promotes risk taking and movement despite fear.
Support and Trust

In order to fearlessly engage in improv, an actor must have trust of his or her fellow teammates (Halpern, Close, & Johnson, 1994). This is one of the most important elements of improvisation. An improviser has to put trust into the hands of the ensemble and let go of control (Halpern, Close, & Johnson, 1994). When an improviser can do this, he or she can experience the joy that comes from group support (Halpern, Close, & Johnson, 1994).

Early in improvisation training, students are taught the magnitude of support and trust. Performers must have faith that their fellow players will support them (Halpern, Close, & Johnson, 1994). If someone makes what appears to be a mistake on stage and the other members of the team justify it and weave it into the scene, the “mistake” can become a valuable contribution to the piece (Halpern, Close, & Johnson, 1994). The belief is that mistakes can add texture and depth. The group shares blame. Concentration is on the work of the group not any one individual (Halpern, Close, & Johnson, 1994). By experiencing this team process players learn support and trust. Improvisers learn their job is to make their teammates look good and if they are able to do that, they themselves will look good.

Social Interest. This others-minded emphasis in improv training relates to the Adlerian understanding of social interest. Social interest, or Gemeinschaftsgefühl (the word that Adler used in his native language), involves a genuine concern for the wellbeing of others and manifests as empathy, cooperation, and a number of pro-social orientations toward others (Leak & Leak, 2006). It is about valuing something or
someone outside of self, and results in transcendence of individual interest to the greater good of humankind (Leak & Leak, 2006).

Adlerian theory postulates that social interest is the foundation of mental health and intrapersonal and interpersonal difficulties are a result of an absence of concern for social wellbeing (Leak & Leak, 2006). Adler believed that social interest was essential for positive mental health (Leak & Leak, 2006). As improv training focuses entirely on the group, as a whole, and making other people look good, it can be used therapeutically to give clients the opportunity to embrace and discover the benefits of social interest experientially. Trust and support for others grows as individuals are taught to maintain an others-minded focus thereby providing an opportunity for positive mental health.

In addition to social interest, the success of improvisation in therapy also depends on whether the environment can be created where the individuals’ sharing will not be held against him or her or revealed to the outside world (Ringstrom, 2001). Trust that what is disclosed will be held in confidence is essential. Clients must believe they can bring any issue or revelation into the therapy and feel supported. When clients believe that what they disclose will be free from judgment, they can be open and honest exploring their map.

**Family Constellation.** As has been evaluated, trust is an important element for success in therapy and improvisation. The ability to trust is varied among individuals and develops early in childhood. Trust can be influenced by the way a person interprets his or her environment and role in the family. One important component to this idea is family constellation. When a child is born into a family, he or she begins to make assumptions about how to belong, feel safe and have worth. A first-born may make
decisions about how to achieve more status that may be quite different from a second born or middle child. Family constellation is the dynamic context within which birth order derives its meaning and plays a role (Ferguson, 2001). According to Adler, birth order is not a static determinant of personality but something that has effects as a part of the dynamic movement of the family (Ferguson, 2001).

In addition to birth order, the role of sibling relationships, choices of competition versus cooperation, and the phenomenological meanings that family members give to family transactions matter (Ferguson, 2001). Each family has a unique set of values that direct relationships. Both competition and alliance are possible factors within a family system and are a function of the total family constellation, unique for each family and modifiable according to changes in goals and values (Ferguson, 2001).

If an individual felt safe in his or her family position and the family had a value for cooperation, that person may have a foundation of trust. As a result of a supportive environment, he or she may experience less self-editing behaviors and readily embrace trust in therapy (or improvisation). If an individual believed his or her role in the family constellation was useless and competition was a value of the system, that person may require more time to feel support and develop trust.

**Honesty**

The philosophy of improvisation embraces honesty and sincerity. There is an understanding that there is nothing funnier than the truth (Halpern, Close, & Johnson, 1994). Audiences respond and empathize when performers are sincere. Additionally audiences are drawn into the scene (Halpern, Close, & Johnson, 1994). Attention is put
on those elements that are related to being human in a community (Halpern, Close, & Johnson, 1994).

When a clinician is allowed to see the honest and sincere (often vulnerable) side to a client an empathetic and encouraging response is felt, much like the response of an audience member toward an honest and sincere improviser. For an Adlerian, the honest and sincere inner self of the client emerges through the work of a lifestyle assessment.

**Lifestyle Assessment.** Life style refers to a pattern of movement that includes a unique method of perceiving, behaving, conceptualizing and striving toward a goal that is driven by the creative self of each person (Croake, 1975). The personality of an individual develops as a function of the dynamics of his or her family, and social interaction is intricately intertwined with an individual’s dynamics throughout a lifetime (Ferguson, 2001).

Alfred Adler and Rudolf Dreikurs (an Adlerian) both recognized that an individual’s functioning is a joint product of immediate circumstances and lifestyle, and that private logic, as part of a person’s subjective apperceptions and attributions, plays a major dynamic role in the person’s actions, thoughts and emotions (Ferguson, 2001). These dynamic life-patterns develop in early childhood and can be revealed in the context of here-and-now problems and solutions (Ferguson, 2001).

When a clinician facilitates a lifestyle assessment, the client gains insight into his or her pattern of movement. The values of the family are uncovered. The birth order is understood from the perspective of the client. Early recollections reveal a client’s view of self in terms of ideals and concepts, others, and the world. This honest process connects the therapist to the client in terms of greater understanding.
Commitment

Commitment is highly valued as a core principle of improvisation. Improvisers are encouraged to commit to each other, but possibly more important, to commit to themselves. When an improviser makes a declaration on stage, he or she must commit to that idea and this is considered more important than what the idea was in the first place. Actors must be totally committed to their characters and play them with integrity to achieve success (Halpern, Close, & Johnson, 1994).

Commitment in the process of therapy is also important and relevant to the relationship between the therapist and client. Also, and as in improvisation, the most important form of commitment is to self. The commitment to change, improvement, self-discovery, and insight can be painful and challenging. Persevering and committing to self during the journey is a powerful pursuit.

Acceptance/ “Yes, and…”

Another core truth that improvisers are taught early is to accept what another person has to offer. The improv term is “Yes, and….” It is the most important rule in improvisation! This concept says to say “Yes!” to your own idea or someone else’s idea even if it seems like it is a flop (Bergren, Cox, & Detmar, 2002). The process of improv teaches the importance of embracing another person’s idea as the best thought that has ever been heard (Bergren, Cox, & Detmar, 2002). Students are taught to then add the all-important “And!” by supporting that idea and adding a unique creative thought to the idea that was offered (Bergren, Cox, & Detmar, 2002). When a person says, “Yes!” it means he or she is willing to suspend personal judgment to discover something new and explore
the unknown (Bergren, Cox, & Detmar, 2002). Flowing from this concept, creations of unlimited numbers of possibilities can occur.

All teachers of improvisational theater emphasize the importance of keeping the play going and supporting the other players (Nachmanovitch, 2001). This agreement is the one rule that ought not be broken (Halpern, Close, & Johnson, 1994).

Rejections are found in the form of “Yes, but….” and “No, because.” In the world of improv, these responses to a teammate will stop the scene. Forward movement halts. Growth is inhibited. There is an important distinction here in that disagreement is not considered interesting, but tension that causes conflict is (Halpern, Close, & Johnson, 1994). When improvisers agree to disagree this is still considered a “Yes, and….”

An important discussion of improvisation in therapy is the danger of “killing the play” (Nachmanovitch, 2001). Movement can stop when a client perceives disagreement verses tension. Clinicians operate in the scope of the client’s world and it is important that the client is allowed to advance to another paradigm, often through the process of “yes, and.”

According to Nachmanovitch, the “yes, and” as opposed to the “yes, but” approach to another person can build on and multiply each other’s ideas (Ringstrom, 2001). Nachmanovitch says this can go on indefinitely and can lead to fabulous discoveries (Ringstrom, 2001). The “yes, but” discourse involves blocking and is just the opposite. It is competitive and is founded in dominance and submission (Ringstrom, 2001). This type of discourse results in unhealthy communicating. It is a rejection of an individual’s input and often causes him or her to shut down. Forward movement toward
a more cohesive and loving relationship with another person (whether therapist, spouse, child or friend) halts.

**Listening**

One of the fundamental philosophical ideas of improv is to listen and remember. In this way, members of a group learn to be in the moment and be fully present. When listening, students are taught to let go of preconceived ideas. What you are offered from your fellow improviser may not be what you originally thought. In other words, anything can also be different!

The concept of anything can also be different is relevant to Adlerian psychotherapy. Adlerians are trained to listen and understand what the client is saying, while remembering that anything can be different. If a client is talking about a problem that is understood to correlate to a behavior, the therapist must be aware that it may not be the case. Listening to verbal and nonverbal language, and using Socratic questioning, (a line of questioning named for the Greek philosopher Socrates to achieve greater critical thinking) leads to a deeper understanding.

Listening is also a core truth in Virginia Satir’s model of therapy, and something she did well when working with families. By carefully listening to each individual, she was able to value, positively regard, and embrace the essence of each family member (Haber, 2002). Therapists who follow the Satir model value listening and understand this leads to the ability to enter the world of the client or family.

**Be In The Moment**

Listening helps improvisers with this next core truth of being present in the moment. According to Nachmanovitch, improvisation is more than merely being
spontaneous; it is also the ability to work with what is really there at any given moment (Ringstrom, 2001).

For improv to be successful, this primary element of being present in the moment is necessary. Improvisers do not plan ahead. In fact, something is lost when an individual tries to force a scene or plan for the next line. The goal is to offer an authentic response that fits with what was given. Openness to where the relationship is moving and the direction the action is evolving is valued over scripted or rehearsed dialogue. Players are persuaded to enjoy the moment rather than regret the past or worry about the future.

Individuals who cling to control because their map says they must in order to be safe and avoid humiliation have a hard time being present in the moment. It may also be difficult for individuals who worry excessively about the future or ruminate about the past. Games and techniques are designed to initiate a response that is reflexive. In theory, to be present in the moment offers an opportunity to spring from a person’s authentic being rather than scripted self-talk.

**Fictional finalism, teleology and present moment.** When a client comes to therapy, he or she often lacks the ability to be present in the moment. This may be more obvious with clients who struggle with co-dependency, control or anxiety. What has brought a person to fret the past or obsess about the future?

Adler believed we play an active role in creating a view of the world and basing our perceptions and interpretations on that view (Master, 1991). He was influenced by the work of Vaihinger’s (1911) “idealistic positivism” (Master, 1991). Vaihinger believed that fictions help people cope better than they would be able to without them (Master, 1991). Fictions are constructs that allow the “as if” world to be as important as
the “real world” (Master, 1991). In other words, fictions are private opinions that become the basis of actions and behaviors (Oberst & Stewart, 2003). If an individual believes he or she must live life “as if” the other shoe will drop at any minute, that person has a hard time staying in the moment. Perceiving a responsibility to keep another person safe may also inhibit the ability to enjoy the present experience.

Adler incorporated Vaihinger’s work in his teleological approach, which included the terms subjective, created and not conscious (Master, 1991). Adler’s theory included the view that a person’s present belief, emotion, and behavior are guided by his or her expectation of the future, which forms the fictional reality to which that person responds (Oberst & Stewart, 2003).

Adler believed that all behavior has a purpose (Bitter, 2007). Movement through life, including behaviors, thoughts, feelings and convictions, is purposeful and this movement implies directionality, which requires a goal (Bitter, 2007). Therefore, if individuals by nature do not reside in the present moment because the purpose of their goal is aligned differently, improv may allow them to learn to experience this present moment discovery through play. Permission is granted to “just be” without worrying or ruminating. New goals and greater understanding may occur, and behavior may change toward a more self-actualized purpose.

In addition to this discussion of a client’s challenge to stay in the moment, Ringstrom embraces an improvisational theater metaphor to grasp key elements in the moment-to-moment unfolding of a therapeutic process (Ringstrom, 2001). When a clinician can respond and be present in the here and now, an opportunity to work with what is actually present can lead to discovery and movement.
Connection

During a performance, if an improviser makes a connection to an earlier idea or theme the audience responds favorably. Connecting with other players and revisiting earlier ideas are also core concepts of improvisation. Making connections is as easy as listening, remembering and recycling information to make patterns and continuity (Halpern, Close, & Johnson, 1994). Communication is a key part of connection. Improvisation is the normal mode of human communication (Nachmanovitch, 2001).

Improvisationally-influenced discourse can modify how we engage one another (Ringstrom, 2001). It is less about winning and more about relating; it can still be aggressive, dramatic and vigorously pursuant of the truth (Ringstrom, 2001).

Nachmanovitch (2001) says that people want to avoid rigidity on one side of the spectrum and chaos on the other when coming to therapy. Considering an optimal connection, he believes that improvisation, the natural and spontaneous flow of activity that is also self-discovery, is the happy medium between these two extremes. Nachmanovitch states that it is best to connect without the forces of habit, fear, and conformity, and also to be able to perceive a situation and act accordingly as the need arises.

Connection related to the Satir model of therapy. Satir modeled an ideal improvisation connection with others. She was able to approach each client from a position of mutual respect. Genuine interest and fascination for the journey of an individual along with an emphasis on nurture were a part of her philosophy (Bitter, 2007).
Bitter (2007) notices that in the Satir model, effective communication considers self, the other(s), and the context in which the communication takes place. Furthermore, he observes that contact with others (either in therapy or real life) is on a person-to-person level and involves intimate sharing between two socially equal people. Bitter also says that in Satir’s model, the relationship between the therapist and the client happening in the here and now is the essential ingredient of vulnerability allowing for change.

Although Virginia Satir did not have the title of an improviser, her famous sculptures of basic communication stances (blamer, placater, computer, distracter, leveler) were a form of an (improvised) experience in the here and now (Haber, 2002). She used internal feelings to shape relationships with others and was known to ask the following questions, “What is going on inside?” “What are you feeling?” “Could you breathe into that feeling?” “What does your body want to do?” “Could you exaggerate that movement and see what happens?” “If that knot inside your stomach was to say something, what would it say?” “Whom would it say it to?” “What do you think that knot needed at that time?” “From whom?” (Haber, 2002, p. 27). By asking these questions and her desire to stay in the here and now and reach those parts of a person that were unedited and fully disclosed, she embraced an improvisational process of connection.

**Authentic Self**

An essential truth of improv is that a person’s authentic self is beautiful and creative. When an individual is able to get past the behavior of self-editing, he or she will be better able to access the subconscious which will be more reflective of the authentic self. When this happens his or her self-confidence grows (Halpern, Close, &
Johnson, 1994). There is a part of the brain that is naturally skilled at improvisation (Halpern, Close, & Johnson, 1994). A challenge for improvisers is to overcome their tendency to self-edit and get out of their own way and allow that part of the brain to take over.

Alfred Adler talked about the authentic self as a creative self. He believed humans to be endowed with a creative power and thus self-determined within limits (Master, 1991). He asserted: “The individual is both the picture and the artist. He is the artist of his own personality…” (Adler, 1956, p.177). Although objective determinants like hereditary, environment, early childhood experiences and organ inferiorities may play a role, Adler insisted that the person exists in a realm of freedom with his or her own creative power (Smith, 2003).

The creative self is a central part of Adler’s construct (Edgar, 1985). Environment and heredity are the supplies that are used by the creative self and are influential but not deterministic (Croake, 1975). People make of life what they decide will best fit their purposes (Croake, 1975). It was to Adler’s credit that he refused to suppress the intuition of free will and had the courage to break with the thought of his time and construct a psychology of the “creative self” (Smith, 2003). It is the ability to overcome obstacles that is most important to the theory of the positive psychology of use. When a person does not accept limitations put on them by another person and overcompensates to achieve outcomes beyond reason, it speaks to the power of the creative self.

What hinders the creative self? As people attempt to find their place in the world they may manufacture a persona of what they believe to be more acceptable. The
creative self may find solutions on the useless side of life and in the process move away
from the authentic self. Often, people do not accept worth and dignity as given and feel
inferior or inadequate (Croake, 1975). Individuals notice what behavior helps them
overcome a sense of inadequacy or inferiority. Then they may become conditioned to
repeating such behavior (Croake, 1975) moving further away from a core sense of self
worth.

**Authentic self and feelings of inferiority.** Adlerians believe there are two paths
for inferior feelings. Both paths include a two-part process of inferiority feelings and the
subsequent striving for superiority (compensation) as the same process (Bitter, 2007). On
one path this superiority implies a movement toward a better position. These inferior
feelings are normal common experiences (Bitter, 2007). Bitter separates from Adler’s
model somewhat because he observed children striving forward as innate, preceding the
development of inferiority feelings. Bitter believes that growth, development and
striving for significance are an innate part of the human condition. Whether inferior
feelings are innate or conditioned, people do self-edit and put distance between their
authentic selves because of these inferior feelings.

On the other path, inferiority feelings as a self-esteem variable (lack of self-
worth) can have enormously pathological consequences (Ferguson, 2001). Those who
have moved far away from their authentic self because they feel worthless and inferior
behave in a way that is profoundly self-edited. These personal inferiority feelings
sabotage the individual’s commitment to contribute to the welfare of the community
(Ferguson, 2001). A cycle of problematic behavior and relationships can ensue.
This underscores the distinction between inferiority feelings as a short-term task-relevant variable and a long-term self-esteem variable (Ferguson, 2001). Inferiority feeling as a personal construct tied to an individual’s existential and phenomenologically defined self-esteem versus a temporary reaction based on an individual’s assessment of task performance in an immediate situation is powerful (Ferguson, 2001). This distinction is important to consider as a possible indicator for resistance to intervention. If inferior feelings are a long-term self-esteem variable and a person feels worthless, he or she may take longer to have positive outcomes from both therapy and improvisation.

**View of authentic self from Satir Model.** Satir had an intrapsychic focus of the self that is identified in terms of an iceberg metaphor (Banmen, 2002). It is pictured as an iceberg sitting in the water with the upper peak exposed to the world and the greatest mass underneath the water, hidden from view. Satir’s diagram has the following layers (Banmen, 2002, p. 10):

1. Behavior: action, story line (this first layer is above the water line representative of how a person behaves in the view of others).
2. Coping: stances.
3. Feelings: joy, excitement, enchantment, anger, hurt, fear, sadness.
4. Feelings about feelings: decisions about feelings.
5. Perceptions: beliefs, assumptions, subjective reality, thoughts, ideas, values.
7. Yearnings (universal): love, acceptance, belonging, creativity, connection.
8. Self (“I am”): spirit, soul, life-force, essence, core, being.
The therapist’s aim is to help the client address whatever is in the way of experiencing some harmony, self-worth, acceptance of self and empowerment (Banmen, 2002). This harmony within an individual represents the authentic self. If a person can be present with an understanding of all of his or her layers, authenticity exists.

Virginia Satir was known to embrace the authentic self. She would often begin her workshops with a meditation to “center” participants by having them appreciate their distinct experiences and attributes (Haber, 2002). She emphasized a purposive contact with the internal self (Haber, 2002). Individuals were encouraged to “become more fully human” by accepting and taking responsibility for all of their parts (Haber, 2002). An internal level of self-esteem was a key ingredient to congruent versus incongruent communication in her view (Haber, 2002). As clients are able to access and understand the overt and covert intentions of their many parts, they may develop an appreciation for them, thereby increasing their feelings of worth. They may then be able to share their authentic parts with others in their environment.

**Structured Improvisation With Others**

Once an improviser allows his or her authentic self to be on the stage, the performance appears more truthful to the audience. As improvisers’ study and practice together as a team they follow a form of relating to each other as a group of authentic selves. Structure emerges as the innate patterning of human being relatedness is learned and appreciated (Nachmanovitch, 2001). Importance exists to engage in the right degree of preparation and knowledge for a situation and “know the material” (Nachmanovitch, 2001). Even when intuitive ways are encouraged in the arts or other fields, there remains a need for structure and a curriculum.
Nachmanovitch (2001) says that in relation to therapy, improvisation or unpremeditated action and speech that occur in the moment can uncover or expose the psyche. This is true even in the context of a therapeutic structure.

Improvisation does not just mean acting in and from the moment. It also means working with what really is there at the moment, not with what one plans for or wants, not with what one has been taught or has come to expect, but what is actually present in the environment (Nachmanovitch, 2001). Improvisation is about authenticity, and psychotherapy is about attaining and retaining authenticity in our acts and communications, free of scripts, compulsions, and fears (Nachmanovitch, 2001). In this discussion, it is arguable that improvisation techniques may work symbiotically with psychotherapy to rekindle the authentic experience.

**Spontaneity**

Spontaneity is a core truth of the process of improvisation. Students learn to embrace spontaneity and follow the impulses of the body. For beginning improvisers who have not practiced responding to their spontaneous selves, it takes time to connect the subconscious process with the action.

Often, when a spontaneous idea presents itself, an individual will allow the moment to pass, never allowing the idea to be presented. At times that person may prejude his or her idea, stemming from a fear of mockery from others (Bergren, Cox, & Detmar, 2002). When someone lacks the courage to be imperfect, he or she may reject an opportunity for a spontaneous response. Going with spontaneity does not mean appropriateness is abandoned (Bergren, Cox, & Detmar, 2002). However, appropriateness often becomes confused with fear (Bergren, Cox, & Detmar, 2002). An
individual who commits to learning improv will have the opportunity to understand the difference between fear and appropriateness in terms of experiencing more freedom, discoveries, and fun with spontaneous ideas.

The more an individual is able to embrace spontaneity it may be a signal of mental health. There is a difference between healthy spontaneity and impulse/control issues. Short of that extreme, spontaneity can reflect authenticity, congruence, and self-worth.

Spontaneity is also an important element for effective group work and enables leaders to be attune to what is happening and turn interactions into growth-promoting experiences (Carlson, Watts, & Maniacci, 2006). Spontaneous leaders can accelerate the progress of a group and provide a valuable model for the participants (Carlson, Watts, & Maniacci, 2006). This is especially true when a leader can capitalize on a verbal or nonverbal exchange that happens in the moment between two or more group members and spontaneously engage the others. Modeling spontaneity by a group leader can be especially healthy when he or she operates within a framework of boundaries, modulation and appropriateness.

**Experience, Play and Have Fun!**

All the theory and practice of improving is based on the opposite of “work” to the simple idea of “play” (Bergren, Cox, & Detmar, 2002). The spirit of childlike play is at the root of being able to improvise (Bergren, Cox, & Detmar, 2002). Stuart Brown (retired psychiatrist and founder of the Institute of Play) believes that too little play can lead to depression and hostility (Bergren, Cox, & Detmar, 2002).
Virginia Satir (1916-1988) was an integrative humanist who believed in body, mind, emotional, and spiritual processes to transform systems. Her theories and techniques offered hope and possibility (Haber, 2002). She held the uniqueness and miracle of each individual in high regard and was known to comment that although we may have similar parts, no two people are exactly alike (Haber, 2002).

According to Haber, Satir would work with the physical body and feelings to unearth a person’s inner child, wounds, needs and resources. He observed that Satir fully embraced the experiential methods because she believed a multi-sensory approach best facilitated re-education. Haber also saw that Satir created contexts that promoted knowledge about how to become more fully human and was able to dramatize concepts three dimensionally.

The experiential family therapy structure (trademark of the Satir model) is used in order to bring about second level change or change in being, not just doing or feeling (Banmen, 2002). The experiential nature of her work and model fits with the experiential process of improvisation. In doing and experiencing, a person is able to more quickly create new etchings on his or her map, which hopefully will be in line with his or her truthful creative self.

**The Whole is Greater Than the Sum of its Parts**

It is well known in improvisation that the whole is greater than the sum of the parts (Halpern, Close, & Johnson, 1994). What is created on stage or in the classroom in the moment with a pair or group of improvisers is greater than any one person could have created. One person’s ideas or input is limited by that one person’s perspective. When a group is open to accepting the ideas of others and building on them, what is created is
unique and greater than each of the individual ideas (parts). Group intelligence is much more than the sum of the parts in improvisation (Halpern, Close, & Johnson, 1994).

In the therapeutic environment, what is created and experienced also has the potential to be more than what each person in the session had to offer. This may be true for the relationship between therapist and clients, therapist and family members or therapist and group members.

One of the tenets of holism, (an Adlerian concept), is that the whole is greater than the sum of its parts (Haynes, 2009). According to Haynes (2009), holism is an inclusive, meaning-centered, experience-focused paradigm that emphasizes the intrinsic connectedness in life (Haynes, 2009). He states that holism is “both-and” rather than “either-or.” The whole person is much more than all the parts to that person just as members of a group may learn more than what each person puts in. Something exciting happens with synergy.

Adler accepted the formulations that held the “group mind” is greater than the sum of individual wills and temperaments and that a group movement may pursue both good and bad undertakings (John, 2000). When the group dynamic is such that movement is toward a goal oriented in social interest, the outcome can be greater than any one person could have attained. On the other hand, if the group is not moving in a positive direction, the whole may become more destructive as an entity.

The Satir model also embraces the idea that the whole is greater than the sum of the parts. Virginia Satir believed that all parts of a person could be transformed into resources since the whole self is more substantial than the sum of the parts (Haber, 2002). Often, for a client, it is a matter of reframing or discovering the purpose of operational
parts of himself or herself and understanding how each one contributes to the safety, worth and belonging of the whole person.

**Group Psychotherapy and Improvisation**

Beyond the overlapping core principles and truths between improvisation and psychotherapy, improvisation can be used in groups (including families) for icebreakers, team building, communication, authenticity, group processing, and diagnostic assessments. When the same group of people come together over time to improvise, therapeutic elements occur whether the group is seeking therapy or not!

**Group Mind**

When a group of improvisers pay close attention to each other, hear each other, remember what each other has shared, and have the ability to respect what they hear, a “group mind” forms (Halpern, Close, & Johnson, 1994). The goal is to connect the information of the group ideas and brilliance can result (Halpern, Close, & Johnson, 1994).

There are elements that are common in groups. Satir understood that each time a new person enters a group every part of the existing system seeks a new position of balance amid the disruption (Banmen, 1986). Furthermore, as a member changes, there is a demand for transformation within the system or group. This can happen in one of two ways, either harmoniously or desperately with a struggle, which can then develop into a dysfunctional system (Banmen, 1986).

**Dysfunctional vs. functional group system.** A dysfunctional system has some or all of the following attributes (Banmen, 1986, p. 481):

1. Members are guarded with each other.
2. Members are distant or undifferentiated.

3. Members are hostile.

4. Members are passive, feel powerlessness and controlled.

5. Members are inflexible in their views and behaviors.

6. There are inconsistent rules; the power structure shifts unpredictably among members.

7. There is a façade of indifference among members; patterns of communication are disjointed.

According to Satir, functional systems have most of the following attributes (Banmen, 1986, p. 481):

1. Members experience caring, warmth, and tenderness.

2. Members are empathic, trusting, and open.

3. Members tolerate individuality and show respect for the view of others.

4. Members share power, do things together, and support each other.

5. Members share a sense of humor and fun.

6. There is honesty in agreement and disagreement situations.

7. Members communicate directly.

8. Members have and share their self-worth.

Virginia Satir saw the basic element in family therapy to be self-esteem, and maintained that the interpersonal dynamics surrounding low self-esteem affected the entire family system (or group) (Banmen, 1986).

The process of improvisation directly challenges those dysfunctions that exist in families and groups. Also, as a result of improvisation games and techniques with the
same group of people over time, members experience caring, trust, openness, respect, sharing power and support, having fun, communication and increased self-worth.

**Goal of Group Therapy**

Because Satir’s model is relevant when working with groups, the word group will be in parentheses next to the word family where applicable. Banmen (1986) writes that according to Satir, the goal of family therapy (or groups) is to help members have more self-esteem by focusing on a process that works among that particular group of members. He says of the Satir model that the *process* is the key to uncovering the nature of the unique human interaction and then to transform them. When a family system or group is unhealthy, interaction is based on survival that may manifest into four coping stances: placate, blame, super-reasonable, and irrelevant (Banmen, 1986, p. 482). These stances stem from a low self-esteem perspective among members and are used to conceal weakness and avoid rejection (Banmen, 1986).

**Placating.** Individuals disregard their own sense of worth and hand over their power to someone else and agree to most everything that is demanded of them. They deny their self and believe they are not that important. They may say to themselves “I should always be nice to people” or “I should never make anyone mad” (Banmen, 1986). Additionally, placaters often take the blame for anything that goes wrong (Banmen, 1986).

**Blaming.** Blamers tend to discount others and consider only themselves (Banmen, 1986). Harassment and accusations are used to protect themselves; they tend to be lonely and filled with tension (Banmen, 1986).
Super-reasonable. This coping stance appears as rigid, obsessive and always right (Banmen, 1986). Super-reasonable people seem driven and bland and have the characteristic of being inhumanely objective by denying their own feelings and those of others (Banmen, 1986).

Irrelevant. People who identify with this coping stance continually move in an effort to distract people’s attention from the issues under discussion. These people will change their ideas and lack the ability to stay focused on any subject (Banmen, 1986).

When a group comes together to improvise, coping stances can come to the surface as the team plays together. For example, when a person who assumes a blaming coping stance improvises, other players may not want to be a part of a performance with that person. As people improvise, it becomes clear which coping stance they use when dealing with others in a conflict.

Improvisation and Group Treatment Process (Satir Model)

According to Banmen, Satir believed that human beings are capable of change and transformation and this is what guides the treatment process. He says (of this model) that communication is the means by which people measure each other’s feelings of worth and is also the means by which feelings can be altered.

According to Satir, there were four components that were needed in order for change to occur (Banmen, 1986). The family (or group) needed a loving atmosphere, a sense of trust, a belief that the change suggested was possible, and to be willingness to be in limbo during the change process (Banmen, 1986).

The change process, according to Satir would occur in a five stage series (Banmen, 1986, p. 484).
1. Stage one: the catalyst that draws attention to the need to move to something different.

2. Stage two: the event that allows for the wishes for the family to be articulated (such as a phone call to a therapist) thereby introducing a foreign element into the family system (or group).

3. Stage three: the chaos stage that leaves the system (or group) in a state of flux and needing additional support to get to stage four.

4. Stage four: the process of integration of the new. During this stage the therapist helps the family (or group) integrate new learning, new perceptions, new skills, new connections and promotes high self-esteem.

5. Stage five: the practice stage. Satir understood that human beings will tend to what is familiar unless enough time for practice and opportunity to experience new growth has occurred.

The use of improvisation into a system will also allow for change in a similar “stages” event. Of particular benefit is the use of improvisational skills set serving as a bridge or means to go from scripted dysfunctional ways of thinking, feeling and behaving to new ways of thinking feeling and behaving, facilitating stage five of this model. New growth patterns are given ample opportunity for absorption.

**Goals of improvisation training and four meta-goals of the Satir model for change.** According to Banmen (2002) the four goals for this model are (p. 11):

1. Raise the self-esteem of the client which is considered as one’s own judgment or experience of one’s own value
2. Help client to be their own choice maker by encouraging them to consider at least three choices in any situation

3. Help clients to be more responsible, including being in charge of, managing and enjoying feelings

4. Helping clients to become more congruent with a harmonious state of internal and external harmony

Improvisers are allowed to experience these effects, often without knowing it is happening. Possibly this is a result of the philosophical similarities between Adlerian and experiential therapy and improv. Regardless, improvisation helps a person get at the truth of who he or she is, which raises his or her self-esteem. By its structure, improvisation lets a participant feel a sense of value minus external judgment.

Certain games and exercises train the improviser to give new choices repeatedly to reach deeper into the authentic self in the presence of a team. Group enjoyment is key and group play is central to successful encounters in improv. Individual and group congruency is achieved through the process of playing, being fully present and in the moment.

**Improvisation and group work.** Improvisation is a methodology for building on what has been said by others or more specifically, for accepting the offers of others and creating with them (Feldman, Barron, Holliman, Karliner, & Walker, 2009). Through improvisational activities, people who were strangers before are able to interact with each other, which can create an environment that is less tense and more energetic (Feldman, Barron, Holliman, Karliner, & Walker, 2009).
Improvisational activities in classrooms (i.e. groups) have been found to support creativity, exploration, risk taking and a high level of participation (Feldman, Barron, Holliman, Karliner, & Walker, 2009). Games and exercises are designed to evoke multiple perspectives rather than establish a truth (Feldman, Barron, Holliman, Karliner, & Walker, 2009). Improvisational activities invite creativity over prescription, and people can develop skills at accepting offers, listening carefully and building on what is given (Feldman, Barron, Holliman, Karliner, & Walker, 2009). Effective use of improvisation depends in part on removing obstacles to playful learning. Nachmanovitch (1990) says that improvisation is a creative force inherent in all human beings, but it can be blocked by fear and feelings of incompetence (Feldman, Barron, Holliman, Karliner, & Walker, 2009). Improvisation activities can certainly be blocked by the self-editing mind; the dysfunction that brought the client to therapy initially.

Improvisational Exercises in Family Counseling

Use of Improv with Families

According to Ruby and Ruby (2009), expressive therapy interventions including visual art, music, psychodrama and other experiential techniques have shown various clinical benefits when working with families. They say that improvisational acting techniques attempt to overcome the temptation to be overly critical of an honest response or encounter with another person. Improvisation is a playful process that allows the counselor to take a more curious and positive posture with a family (Ruby & Ruby, 2009). A therapist is able to comment on observations during an exercise or activity rather than focusing on which family member’s position seemed correct or justified (Ruby & Ruby, 2009).
The family is taken out of their traditional methods of interaction and challenged to find new ways to communicate (Ruby & Ruby, 2009). Spolin (1999) says that if the environment encourages such, a person can learn whatever she or he chooses to learn. If the individual allows it, the environment will teach everything that is teachable (Ruby & Ruby, 2009). Improvisational acting techniques can be applied to help the family members experience each other more freely, creatively, personally and authentically (Ruby & Ruby, 2009).

Improvisation exercises at the core appear to be “playful” processes; they require a significant commitment to spontaneity, which is not easily achieved by some individuals or families (Ruby & Ruby, 2009). Anxiety may need to decrease in order for spontaneity to increase; this emphasizes the need for safety in an exploitative atmosphere (Ruby & Ruby, 2009).

Specific games and techniques can be used in family systems to achieve the goal of experiencing each other more creatively, personally and authentically. Examples include “Yes, and,” Point and Un-tell and Dr. Know-It-All (see descriptions in Ruby & Ruby, 2009). Some of these games can be used to diagnose communication patterns among members of a family. The therapist can observe who defers, who saves, who demands, who pleases etc.

**Improvisation and Couples Therapy**

**Relational Knowing**

What is the realm of the improvisational in couples therapy? Susan Shimmerlik, an author and psychoanalyst, says that much of what needs to be attended to in couples therapy is often how things are spoken more than what is actually said (Ringstrom, 2008).
This reveals implicitly how we are able to relate to each other. According to Ringstrom, daily relating to other people with this implicit relational knowing encompasses the way we “know” how to relate to one another. Shimmerlik extends this idea of “relational knowing” to marriage (or intimate relationships) and how each partner’s mode intertwines with the other’s in ways that over time become patterned much like a two-person dance routine (Ringstrom, 2008). This dance involves “systems of expectations” along with ways of reacting to what is inferred of the other’s intentions often in ways that are wildly disparate from what their intentions actually may be (D.N. Stern, 2007 as cited in Ringstrom, 2008).

Ringstrom says that out of this relational knowing and dance routine, couples relate to each other in what is termed “enactments.” To the outside observer, he writes, enactments are thematically organized convergences that arise from each partner’s “implicit memory system.” Ringstrom suggests that to the couple this can feel like the relationship is driving the partners instead of the partners driving the relationship. Interactions appear as pauses, interruption, turn taking, and rates of speaking (Ringstrom, 2008).

According to Minuchin (1974), there are three patterns of couples (or family) engagement. The disengaged couple has low degree of coordination and revolve disconnectedly around one another. The enmeshed couple has a high degree of coordination and the partners engage in a manner with constant vigilance to what the other might say or do. Third, there is a midrange degree of coordination that represents flexibility, variability and uncertainty, which ultimately allows for new information to
come in (Ringstrom, 2008). Thinking of how a couple may begin to play together early in improvisation training, one of these three patterns could be identified.

In addition to identifying what type of relating best describes the couple, a description and evaluation of implied and direct processes can also be made. When the processes are at odds, it is referred to as incongruent communication, double binds, mystification, crunches and relational knots (Ringstrom 2008). Multiple levels of communication are going on all at once and contradictions may exist between the participants (Ringstrom, 2008). Enactments introduce the implicit relational process by which the couple undermines what they really wish from each other (Ringstrom, 2008). Enactments are the “scenes” where the undermining of the relationship is most readily discerned (Ringstrom, 2008). When a couple directly enacts or improvises their style of relating (nonverbally and verbally), and processes the experience together, they are able to expand their frame of reference into thoughts, feelings and behaviors with respect to congruent communication or lack thereof.

**Playing**

Therapists and clients working with material generated spontaneously and freely between them is an improvised process. Ringstrom (2008) believes the process becomes the experiential basis for how clients and therapists play with unconscious organization. Playing with unconscious scripts allows the imagination to lead to breakthroughs in enacted constraints (Ringstrom, 2008). Co-created new understandings emerge and it is a creative to and from process of “yes, and” wherein each person takes something from the other and at each exchange adds something unique from his or her interpretations (Ringstrom, 2008).
In couple’s therapy, this is reflected in how readily each person can move out of routine “scripts” and toss ideas back and forth so that neither feels inferior to the other. In this way, improvisation can work as an additive process culminating in co-authored moments of recognition and understanding (Ringstrom, 2008).

Ringstrom writes that play is a highly relational process. When participants try to get the other(s) to take up a part of their agenda that they can not see, tolerate, or recognize for a host of reasons, he says the opposite of flexibility, variability, and spontaneity occurs. People function from constrained positions and try to induce other(s) to act in more familiar complementary roles. The strategy backfires however since it is at odds with what the person actually desires and most relationships seek, that of intimacy. Implicit enactments undermine the explicit agendas and both individuals in the relationship end up feeling negated in some way (Ringstrom, 2008). Investigation of the enactment allows the couple to see their joint responsibility in the problem (Ringstrom, 2008).

Playing together using improvisation games and exercises lets the couple see their verbal and nonverbal dance. Whether the couple is disengaged, midrange or enmeshed, the couple will playfully and indirectly be exposed to their dysfunction in a nonthreatening way. If and when it is detected that play has become enjoined and constrained, the therapist might ask the clients’ to help investigate why. Working with a couple using improvisation leads to a greater path of discovery. Couples are able to indirectly learn and practice new ways of relating.


**Improvisation and Children**

**Children in Therapy**

Children are natural improvisers. They innately understand the world of make believe and play. Children of dysfunctional environments may become sad and disconnected from others. When there is not a safe place to bring their feelings, children may bury them deep within their being. Drawing on the art of improvisation, a therapeutic environment may become a safe playground for children to come alive.

Using improvisation in a workshop setting enables children to contact a wide range of emotions, thereby facilitating the process of them becoming more confident (Palmer, 2003). Children can spontaneously create body sculptures to represent certain emotions and give each emotion a unique walk and representation style (Palmer, 2003). Using improvisation, children are able to access and express both happy and painful feelings in a safe and supportive environment (Palmer, 2003). Because the method draws on the innate strengths of children (experiencing and playing), they may open up to the process with more courage and expression than talk therapy.

**To Counteract The Growing World of Technology**

Improvisation by the nature and design of the training requires a great deal of human connection, listening, responding and playing. In a culture that continues to become more “plugged in,” improv provides a tool to counter the growing trend of texting, emailing and other impersonal connecting processes that are taking over the lives of children.

In addition, children respond to improv with energy and spontaneity. They are allowed to get in touch with their creative, authentic selves. They are able to experience
an environment that allows them to “just be.” They are given permission to play and interact with each other with more intense human connection.

A Case Study

One therapist who had been working with a female client for years, was able to use techniques of improvisational acting to access and integrate her repressed affects (Grayer, 2005). Resistance was evident and the client was unable to get beyond an abusive past. In a moment of spontaneity, the clinical setting changed. Seemingly quite random, the client was able to experience an interaction between the characters and parts of her past and make an attempt to integrate what she was improvising (Grayer, 2005). Improvisational acting for this woman brought in the element of pretend play, allowing her to be a child who was free, safe and able to portray a pain filled story (Grayer, 2005) and begin the process of moving through her memories. For her, improvisational acting was the adult analogy to the creative play of a child (Grayer, 2005).

This case study is an example of a client’s ability to use improvisation to exert power, experience powerlessness and regain power. In trying new ways of being and new states of living through improvisation acting, she could blend the experience with reality (Grayer, 2005). The process of taking on a role frees a person, and enables immersion into an experience leading to fuller access to affects (Grayer, 2005).

As illustrated, improvisational acting allowed one therapist and her long-term client to suspend the reality of the consultation room and their previously established roles. It was identified as play and felt safe for this client. The play itself led to insight and change (Grayer, 2005).
This case study exemplifies improvisation techniques woven into the clinical setting in numerous ways. Most striking are the displays of resistance, overcoming fear, reacting with spontaneity, “yes, and-ing” the turn of events, rediscovering an authentic self, and being present in the moment using what is actually there! The session, although improvisational, maintained structure to ensure the safety of the client.

**Summary, Future Implications and Limitations**

Theater improvisation games and exercises employ role-playing methods that are useful for assessment, training, and remediation of interpersonal skills (Wiener, 1999).

Improvisation encompasses the benefits of experiential learning, play and humor. Most important, it challenges people to overcome those issues that developed as a result of editing away some authentic parts. Improvisation embraces failure and celebrates effort and risk. It is truly a forum to develop the courage to be imperfect. The integration of improvisation as a bridge between Adlerian psychotherapy and the Satir Model has the potential to achieve great outcomes for individuals therapeutically. Living more spontaneously, playfully, courageously and socially interested are plausible outcomes. Residing in the moment, noticing what is actually there, and enjoying the process of discovery are possible outcomes. Relationships that are built on movement toward positive goals for the group as a whole, and the synergy that can be felt within the cooperative connection are predictable outcomes as well.

This author was able to find some clinicians who have used techniques of improvisation in the therapy environment. For example, Daniel Wiener has developed Rehearsals for Growth (RfG), which is an application of improvisational theater games into therapy (Wiener, 1999). James Ruby and Nanci Carol Ruby (2009) have used
improvisational exercises in family counseling, and John Palmer (2003) has accessed improv techniques for a workshop with youth. Other authors have incorporated a discussion of the “improvisational” into a therapeutic idea, such as Ringstrom (2001, 2003, 2007, 2008), Nachmanovitch (2001) and Grayer (2005). However, these individuals are found in pockets of mental health practices. A consistent, empirically tested, universal process is missing.

More research should be conducted looking at the possible effectiveness of using creative interventions such as improvisational acting exercises in family counseling (Ruby & Ruby, 2009). A large-scale, empirically based intervention study for group psychotherapy could assess the usefulness of incorporating improvisation games and exercises into the family/group process with greater measures of effective outcome (i.e. a case/control intervention study using pre and post assessments). Prospective studies of couples that have engaged in an improvisational-therapeutic environment (then assessed at predetermined intervals) could lead to an argument for more widespread application. Couples could be measured using self-report to determine levels of communication, playfulness and connection. Last, research related to the use of improvisation training to offer a human personal connection for youth that counters technology could argue for widespread use and availability.

Although the improvisational processes may hold the key for greater therapeutic results with a variety of populations and treatment settings, there are questions that currently remain unanswered when considering a more widespread use of improvisation training in the mental health field. Populations or conditions that may respond unfavorably to this approach must be identified and further research should attempt to
uncover any risks to specific groups or individuals. Ethically, clinicians operate with an understanding of the moral principles to protect clients, while encouraging their autonomy and promoting their wellbeing. One caveat to any new approach is the effort to balance these moral principles and rigorously evaluate the process among a variety of populations.
References


