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I'mprovisation – Therapists' Subjective Experience during Improvisational Moments in the Clinical Encounter

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Improvisational (or now) moments can serve as important change mechanisms in psychotherapy. Yet there is little understanding of the therapists' subjective experiences during those Improvisation Experiences (IE). In this pilot study, 17 clinicians reported on their clinical IE following theater improvisation training. Reports were analyzed in relation to three constructs: peak experience, flow, and peak performance. Results show that during IE therapists experience dimensions of peak experience and flow, but not of peak performance. Additional unique dimensions of IE are discussed in relation to different constructs, leading us to name therapists' IE as *I'mprovisation*. Recommendations practice and training are discussed.

As psychotherapists and trained theater improvisers, we (authors 1 and 3) have noticed several overlaps in the improvisational encounter both on stage and in the clinic: the semi-conscious, surprising, affect-filled, co-created moments that bring about vitality, growth, and movement to the encounter. When reflecting on this similarity with a seasoned psychotherapist and supervisor (Author 2), we understood that this is no coincidence and there is much to benefit from researching the theoretical and practical overlap between psychotherapy and theater improvisation. In order to further explore this potential, we chose to develop a training course for therapists in theater improvisation skills and observe its impact on their clinical work. This paper presents some results of this endeavor.

One of the challenges in psychotherapy and psychoanalysis is developing the idiosyncratic therapeutic relationship between the client and therapist (Norcross & Wampold, 2011), which at times results in intense intersubjective moments. Developing this relationship requires two people cooperating in a moment-to-moment emotional engagement in order to keep playing and be creative. Such states can be defined as improvisation (Kindler, 2010). Improvisation is not solely associated

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with humor and play, it also includes lingering in the unknown, un-verbalized and even painful relational field (Eshel, 2005).

Psychoanalytic work requires freedom, curiosity, surprise and play in order to engage with the ever-changing inter-subjective matrix (Ringstrom, 2011; Stern, 1990, 2013). Research shows that analysts and therapists who improvise in therapy expand professional repertoires (Gale, 2002; Nachmanovitch, 2001), generate a sense of excitement and expanding possibilities for interpreting and enactments (Lord, 2015), make personal breakthroughs that allows the client to do the same (Kindler & Gray, 2010) and experience greater therapeutic presence, mindfulness, animation, and boldness (Romanelli, Tishby, & Moran, 2017). Consequently, improvisation can be seen as an important relationship skill for therapists (Gale, 2002; Pagano, 2012). Yet research is scarce as to *how* this improvisation is experienced in therapy. What is the subjective experience of the therapist and client in those improvised moments? How and why does that experience lead to such changes in the therapeutic process?

This exploratory pilot study takes the first step in answering these questions by investigating the subjective experience of therapists during intense improvisational moments in therapy in order to better understand what changes occur in these vital, powerful moments. Since these concepts are intersubjective (and quite amorphic), we chose to qualitatively examine them within a research framework, in order to give improvisation a more valid place in the discourse among clinicians.

As there is no construct for the improvisational subjective experience, we chose to use existing constructs relating to the visceral I-thou encounter (Buber, 1970), as a starting point for this analysis. There are different ways to define these moments of optimal human experiencing (Knobloch, Robertson, & Aitken, 2014), generally called *peak moments* (McInman & Grove, 1991), which have been categorized as: *peak experience* (Maslow, 1968), *peak performance* (Privette, 2001) and *flow* (Csikszentmihalyi, 1991). We will now describe these constructs in order to contextualize our understanding of the subjective experience within an intense improvisational moment in psychotherapy.

Peak Experiences

Peak experiences (PE) are moments that comprise an unusually high affective and cognitive experiencing of intensity, meaningfulness, richness, spontaneity, expressiveness, and thoughtlessness (McInman & Grove, 1991). In these moments, people are closest to their real selves, fully functioning at their best, while feeling the grace and effortless functioning (Maslow, 1961).

In these "intense joyous experiences" (Panzarella, 1980) or "highest happiness" moments (Privette, 2001), the person is more creative, playful, flexible, and improvisational. These moments cannot be planned or designed, as they are spontaneous (Mathes, Zevon, Roter, & Joerger, 1982). Two kinds of physical sensations are attributed to PE: excitement and high-tension, and relaxation, peacefulness, and stillness (Maslow, 1961).

Peak Performance

Peak performance (PP) is the prototype of spontaneous, superior use of human potential, being more creative, productive, or in some way better than habitual behavior (McInman & Grove, 1991). The unique features of PP include high level of performance, clear focus on self and

object, spontaneity, expression of self, the initial fascination with the task absorption, and unrestrained behavior (Privette, 2001).

Flow

Flow, or optimal experience, is described as an experiential state of enjoyment or intrinsically rewarding feeling in which one gives one's full focus on one activity (Csikszentmihalyi, 1991; Teng, 2011). This experience can occur in the play, creativity, research, and in psychotherapy (Nakamura & Csikszentmihalyi, 2009). A key to the flow situation is a balance between the level of skill and the challenge: If the challenge is greater than the skill, anxiety might be experienced; if the challenge is less than current skills, boredom can be experienced. Characteristics of flow include the ability to concentrate on a limited stimulus field, feelings of relaxed control, joy, and egoless happiness (McInman & Grove, 1991).

When comparing PP, PE, and flow constructs, some similarities and differences clearly emerge. Shared characteristics include absorption, attention or clear focus, awareness of power, ecstasy, altered perceptions of time, and sense of unity (McInman & Grove, 1991), which lead to better identity integration (Privette, 1983). PP and flow share a transaction process with a task, situation, or

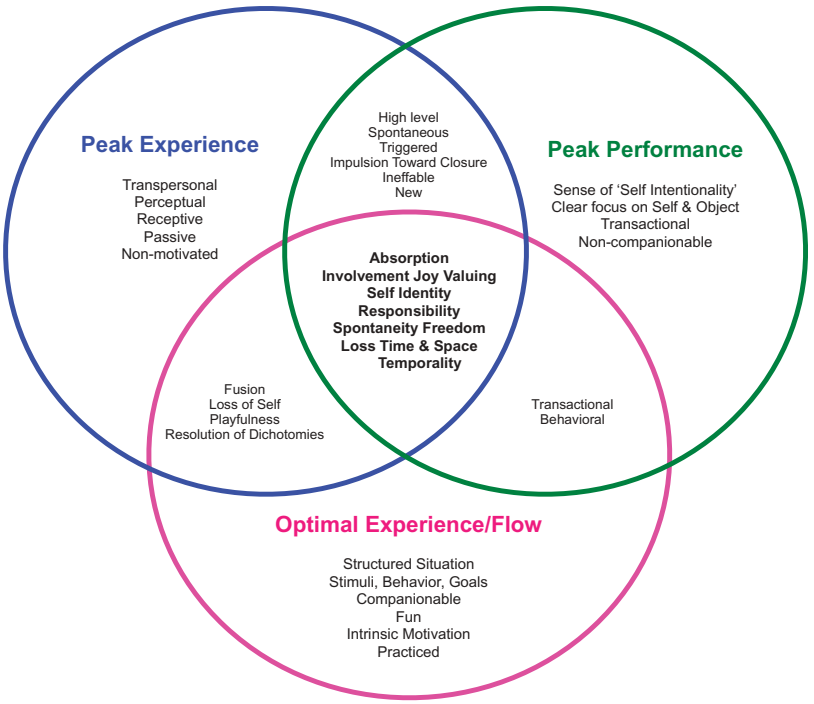

FIGURE 1. Comparison of topologies of peak experience, peak performance and flow. Reprinted from Privette (1983). Copyright by APA. Reprinted with permission.

another person, whereas PE can be receptive and passive, perhaps without any activity (Privette & Bundrick, 1991). See Figure 1 for a visual comparison of the three constructs.

Improvisation Moments in Therapy

Psychoanalytic work requires relational freedom, a space for both therapist and client to relate to each other without defensive constraints (Stern, 2013). Yet how is that relational freedom achieved? Since clinical work is an improvised endeavor, peak moments in psychotherapy usually occur in such unplanned moments (Stern, 2004a). Understanding the different kinds of improvisational moments in therapy can help to better conceptualize the subjective experience of such improvised peak moments. Ringstrom (2007) offers a typology of such improvised moments: little "i" improvisational moments, mutual inductive identification moments, and big "I" Improvisational moments.

"i" Improvisational Moments

"i" improvisational moments are moments where both the therapist and client enjoy a "good enough" analytic process, a combination of the spontaneous with the reflective (Ringstrom, 2011). These improvisational moments embody the general "yes, and" experience (Gale, 2004; Kindler, 2010; Nachmanovitch, 2001) in which the moment is freely co-created by both parties accepting and building on the other's comments. While these "i" improvisational moments carry a spontaneous quality to them, they usually involve a limited creative improvisational tone and do not tend to lead to peak moments.

Mutual Inductive Identification

Mutual inductive identification are moments that include the process of projective identification, the psychological process in which fantasies and object relations of the client are projected onto the therapist, who internalizes and processes them, resulting in re-internalization by the client (Klein, 1955; Ogden, 1979). It occurs when one participant implicitly induces the other to become their scene partner in a limiting drama through mutual projective identification, and is the basis for an enactment in the room (Ringstrom, 2008). It is within this domain that constraining, dissociative enactments occur that limit the unbidden relational freedom of the analytic relationship (Bass, 2003; Stern, 2013).

Improvisational Moments in Therapy

"I" improvisational moments involve spontaneous interaction between client and therapist that evoke unconscious material in both, resulting in co-creation of the dialogue and process of the therapeutic encounter (Ringstrom, 2007). These moments embody a "high risk, high gain" quality (Knoblauch, 2001) together with a "yes, and" (Gale, 2002) mutual empathic attunement (Ringstrom, 2011). They can also be compared to Enactments (Bass, 2003), moments of intense interactions where the clinician must find creative responses to complex subtleties of the moment: "The fate of the analytic process itself often hinges on the patient's and the analyst's both coming to new, expanded modes of self-awareness…. These are phases of both unusually

high risk and high-potential growth for analyst and patient alike" (p. 661). Thus, improvisation encompasses more than play, especially in moments of impasse, ruptures, and enactments.

Improvisational moments resonate with the construct "now moments" (Boston Change Process Study Group, 2002; Stern, 2004b), which are defined as moments during which the intersubjective field is threatened and a change in the relationship is possible (Stern, 2004a). These moments bring awareness to the present, and allow change to happen in relation to the implicit relational knowledge of the therapist and client (Lyons-Ruth, 1999). These implicit relational schemas are the mental representations of the self in relationships that guide the client's expectations of others in a variety of relationships (Samstag, Muran, & Safran, 2004). Now moments usually can be resolved in moments of the meeting (Stern, 2004b), which give the client a corrective emotional experience (Meares, 2001).

Within the matrix of the constructs of peak moments and the typology of improvisational moments of the therapist's experience in the therapeutic encounter, we now have a conceptual framework in which to try and understand the improvisationally inspired relational processes in therapy. And since peak moments have been identified as a key change mechanism in therapy (Tronick et al., 1998), examining the subjective experience of "I" improvisational moments closely can contribute to a better understanding of the therapeutic change process.

Research Question

As a means to more clearly define improvisation in the therapeutic encounter, this paper examines the subjective experience of therapists within the "I" improvisational moments during the clinical encounter, which we shall call the *Improvisational Experience (IE)*. In this study we asked what is the subjective experience within the therapist during the IE and how does it relate to change mechanisms in therapy? We chose to interview active clinicians who completed training in theater improvisation skills, as part of a wider study. We hoped that such therapists would be able to better recognize and formulate their improvisational experience for the sake of our research.

METHOD

Participants and Study Design

A total of 41 graduate clinical social work students took part in one of three theater improvisation courses during two consecutive academic years (detailed in the following sections). Three months after the completion of each course and graduation from the program, alumni were contacted via email with a proposal to be interviewed by an independent blind interviewer who was not part of the research team. More than half responded positively, and 17 (nine from the first, five from the second, and three from the third course) were selected on the basis of convenience of time and schedule. They comprised 13 females and 4 males (reflecting the typical gender distribution in the SW profession) all actively working as therapists in individual or family settings (see Table 1). Their ages ranged from 26 to 42 (M = 32, SD = 4) and their clinical experience varied from 3 to 17 years (M = 6, SD= 4). Fifteen interviewees were Jewish, and two were Arab women. Six interviewees described their theoretical orientation as mainly psychodynamic, two as CBT, one as humanistic, one as psycho-social, one as experiential, and six as integrative (combining multiple types of practices).

TABLE 1.
Participant Demographic Characteristics

	Sex	*Age*	*Clinical experience*	*Theoretical orientation*
1	F	31	6	Integrative
2	M	34	6	Experiential
3	F	34	3	Psychodynamic
4	F	37	5	Psychodynamic
5	F	30	4	Psychodynamic
6	M	29	5	Psycho-social
7	F	30	5	CBT
8	F	32	4	Integrative
9	F	30	3	Psychodynamic
10	M	32	4	Psychodynamic
11	F	39	16	Integrative
12	F	28	6	CBT
13	M	34	10	Integrative
14	F	33	5	Psychodynamic
15	F	26	4	Integrative
16	F	31	6	Integrative
17	F	42	17	Humanistic

The Interviewer and Interview Guide

The interviewer was a female graduate student who did not participate in the course and was blind to the research question. She was trained and supervised by the second author to minimize priming. The interview guide was developed by the first two authors and audited by the third. All three are clinicians and psychotherapy researchers. Interviews were semi-structured and conducted face-to-face while interviewees were invited to speak freely and express any feelings and thoughts about the training. In order to minimize demand characteristics, interviews were conducted only after course grades were submitted and participants were no longer registered students. The interview focused on two domains: participants' course experience and its subsequent effects on their clinical work as therapists. This paper focuses on IE reports of the interviewees. Interviewees were asked to describe a recent IE experience and its immediate precursors: "Please describe a 'now moment' in which you felt spontaneous and improvising – please describe your moment-to-moment thoughts and feelings, before, during and after that moment as specifically as you can."

The interviews were conducted at the university, the interviewees' homes, or other locations by the interviewee's choice and ranged between one and 2.5 hours each. All interviewees signed an informed consent form and could end the interview at any time. All interviews were recorded and fully transcribed. All identifying data were omitted from the transcript and interviewees are identified in this paper by number only. The institutional ethics committee approved this research.

Theater Improvisational Skills for Therapists

The semester-long course was an elective course in the clinical graduate program curriculum in social work at a major university in Israel. Participation in each course was limited to 16 students, with additional students placed on a waiting list.

The course incorporated psychodynamic and relational clinical literature, together with current theater improvisation theory and practice (for more on the course see Romanelli, Tishby, & Moran, 2017). It was based on the principles of experiential learning theory (ELT) (Kolb, 2015), which emphasizes four stages of a learning cycle: concrete experience, reflective observation, abstract conceptualization, and active experimentation. Each class had a different focus within the theater improvisation skillset, such as "accepting and blocking offers," "making your partner look good," "accepting and enjoying mistakes," "bringing bold offers to advance the action." The course comprised theoretical learning as well as experiential improvisation exercises. A syllabus and manual can be obtained from the first author.

Procedure

The theater improvisation course was taught three times. At the beginning of each course, participants were told that several months after course completion, there would be an option of participating in an interview regarding the effects of the course on their clinical work. The interview was not a prerequisite for registration and did not affect the final grade of the course.

Three to four months after completion of each course, emails were sent to course alumni inviting to participate in a semi-structured interview. At that time, final grades had already been assigned and more than two-thirds of course alumni had already graduated the program and were no longer enrolled students. Interviewees and interviewer were blind to the research questions.

Qualitative Analysis

The qualitative analysis focused on shared terms, concepts, and descriptions that were generated by the interviewees (Moustakas, 1994; Shkedi, 2003) regarding the IE. By comparing the individual accounts, we wanted to identify both patterns of commonalities and differences in the IE of the therapists in their clinical work (Braun & Clarke, 2006). Two independent raters (the first and second authors) worked on generating meaning codes, concepts, or keywords attached to a text segment to permit its later retrieval (Kvale & Brinkmann, 2009). Examples of such meaning codes are "fun," "arousal," "surprise," and "release." Categories were then assigned based on the meaning codes (Creswell, 2003). For example, those meaning codes were assigned the category of "joy, vitality, and freedom." These categories were then developed into domains that portray the interrelationship of the categories of information (Strauss & Corbin, 1990), which enabled an initial categorization of the different dimensions and the precursors of IE.

As additional precautions from preconceived biases of the 1st author, the interviewer was trained and supervised by the 2nd author who also coded independently the interviews, with the 3rd author serving as an additional independent auditor of the meaning codes and categories. Bracketing of the 1st author's presuppositions, assumptions and biases (Fischer, 2009; Tufford

& Newman, 2012) in order to minimize their effects on the results and analysis of this paper was done throughout the research and analysis by regular processing sessions with the other two researchers.

RESULTS

Categories

The interviews revealed diverse descriptions of the IE, which were conceptualized into categories. Consensual Qualitative Research (CQR) guidelines were used for establishing category frequencies (Hill et al., 2005). General categories are those that emerge from all or all but one of the cases (16/17), typical categories emerge from more than half and up to the cutoff for general (9–15), variant categories emerge from between three and half of the cases (4–8), and rare categories emerge from two to four cases. Two domains were recognized: the IE and precursors to IE (see Table 2).

Experience of the IE

Feelings of Excitement and Arousal: "I Put Everything on the Line Here."

Ten interviewees reported a strong sense of excitement and even danger in IE. The combination of excitement and fear is a known experience in "high-risk high-gain" improvisational moments (Knoblauch, 2001). Participant 2 was offering outdoor therapy in the desert when it suddenly started to rain. His teenage client wanted to return to the office, but the therapist dared to improvise:

> The rain could've led to floods that were dangerous. But I felt there was a big opportunity here – high risk, high gain, which was what I wanted. And I went for it. I told him "no, come on, were not giving up." It was one of my most powerful treatments. The nature around us was intense… . And this kid, whose defense mechanism was that I'm lonely and don't need anyone, put his hand on my shoulder. It was really emotional. I put everything on the line here… . It could've been very special or a complete failure. And it was worth it. These are the transformative moments in therapy.

TABLE 2.
Results Domains, Categories and Frequencies

Domain	*Category*	*Frequency*
The Improvisation Experience	Excitement and arousal	Typical (10)
	Joy, vitality and freedom	Variant (7)
	Courage and confidence	Variant (5)
	Congruence and vitality	Rare (3)
	Lack of awareness and intuitive actions	Variant (7)
	Feeling of connection to other	Typical (11)
Precursors to the Improvisation Experience	Leap to freedom and wanting to confront	Typical (12)
	Looking for connection	Typical (10)

Participant 17 described her experience with two timid girls in therapy, when she suddenly suggested that they draw something together:

> There was a moment of fear, because I didn't know what I'm going to do, I put the paper on the table and still didn't know what to do. I felt horror together with excitement, because I told myself "something will come, something will come." … I didn't even need to say to myself, I just put the paper and knew that something would come… .

A Sense of Joy, Vitality, and Freedom: "A Kind of Joy, of Feeling Full, Feeling Good."

Seven interviewees reported a strong sense of vitality, joy, and freedom during their IE. These descriptions were usually related to strong, positive affect in both the therapist and the client. Participant 4 described an IE moment in which she intuitively confronted a child by saying that something was wrong in his life. The child immediately responded that he misses home:

> There was some hesitation and excitement, but also great joy and fun. Being with a child in that moment that you say something, and you connect to him in the here and now, and to just be with him… . It was authentic because it was so much fun. A kind of joy, of feeling full, feeling good… . This was different than with other clients.

Participant 11 described her IE experience with a 50-year-old man suffering from a complex physical illness. She reported spontaneously laughing with her client, amidst serious talk about his condition:

> It felt good, I didn't have to be uptight and miss a real moment in the room… . When we laughed there is shared presence… . When you are present you are making yourself exist in the room… . It enabled us to loosen up. It showed him that I'm a human and not just a machine that generates questions or gives feedback, it's me.

A Strong Sense of Courage and Confidence: "The Right Thing to Do."

Five participants reported feeling courageous during their IE. Participant 9 reported an IE moment in couple therapy with a couple that ceaselessly argued, not letting her intervene. She found herself spontaneously raising her voice and demanding firmly that they shut up and listen to her:

> This was a very meaningful moment for me. I never ever did anything like that. Even if I had a moment like this I would have never behaved so impulsively or emotionally, but with control. It was a very good feeling to do this and felt like the right thing to do. In retrospect, I think I need to listen more to my feelings and be less calculating.

Participant 11 reported an IE when she spontaneously shared one of her course articles with her client, thereby disclosing that she was a graduate student, like her client. She had never done such a thing before, but was feeling stuck and wanted to offer conceptual terms that could be helpful in the client's marriage: "I was scared how she would take it (the book), but I went for it, I dared! And it was amazing…. We were stuck, and this offer turned things around."

A Sense of Congruence and Vitality: "Meeting Myself in Therapy."

Three interviewees described an increased sense of congruence and vitality during their IE. Participant 12 described an IE with a rigid, repetitive female client in which she spontaneously asked her client to stand up and start moving:

> I felt that I didn't know what to do now, but it felt good… . It gave more space for our presence, of being together with her, choosing to be together… . It felt like I'm accepting myself, giving myself credit that it's ok. That I can be sure that I'll know how to adapt myself to her moves… . It was a moment of creativity, of meeting myself in therapy … an empowering experience of connecting to different parts in me … and that they are here and I have access to them. A real resource.

Participant 14 found herself suddenly offering to write a farewell book with her 7-year-old client after feeling guilty and stuck in their parting session: "I felt great, something very alive and present came out of me. Even if this didn't work, it would lead to something different. I felt her more interested, awake … and that gives me the permission to continue."

Lack of Awareness and Intuitive Actions: "Something Wanted to Jump Out from Me."

Seven interviewees described a sense of automatic, intuitive occurrence, without any conscious control during their IE. Participant 13 reported: "To role play, to enjoy it … there was nothing in my head, that was the only thought in my mind." He continued to describe an association he spontaneously shared with his elderly client: "It was intuition … that lead me to feel I could be in that moment." Participant 15 described an IE when she suddenly started singing the song "I'm So Beautiful" to her female client:

> I just felt it, my heart beat, my body warm… . I felt that something wanted to jump out from me and wanted to sing. I felt the ticking of my heart, like a video clip in my heart and it came out right there. I was enthusiastic, thrilled, something felt magical.

Feeling of Deep Connection to Other: "A Sense of Together."

Eleven participants described deep connection and resonance with their clients during an IE. Participant 5 described an IE in which her client did not stop talking about superficial logistical details, without any affect or depth. Suddenly, the therapist stopped her mid-sentence and spontaneously invited her to connect in the here-and-now, which had an immediate affective impact on the dyad:

> And it helped… . I felt what she was bringing and I verbalized it. It was like fetching back her strengths … to use the energy, tone, and madness she brought with her to the session. To be there, with her, with all her turmoil. To connect to her.

Participant 8 reported an incident with a teenage female client who asked to watch some TV in the middle of their therapy session in a boarding school. The therapist spontaneously agreed: "There was something intimate about that moment, it let me relax from the tension and stress and the constant analysis." Finally, Participant 6 described a spontaneous confrontation with a resistant teenage client, which in the past she had avoided:

> It gave us a sense of together, that we can talk about the real issues and not beat around the bush. Sometimes there is a point that we need to touch, but I would stop myself and go around and around.

Precursors to IE

This domain emerged from interviewees' descriptions about moments leading up to the IE. Some described a conscious decision to enter an IE, whereas others only realized in retrospect the conditions that unconsciously pushed them into those moments.

Feeling Stuck and Wanting to Confront: "This is Something Big."

Twelve interviewees described themselves during the moments leading up to the IE as being somewhat bored, annoyed, and even angry, and that the therapeutic process felt stuck. Participant 3 described a situation in which her client was frantically receiving calls from her daughters throughout the session. This distracted the client from focusing on the session, making the therapist increasingly frustrated and angry. The therapist described those frustrating moments before she finally confronted the client about the calls, suggesting that they stop the session and step outside together so the client could calmly talk to her children. Ultimately they did not step outside, but rather stepped into an IE:

> I told myself I could either sit and stare at her, or just step outside with her and we could see how she acts, because she was very upset…. I could really use this strong feeling that was evoked in me at that moment and use it.

Participant 17 shared the infuriating moments with her rigid 11-year-old client, who brought very little material to the session.

> I didn't have energy for another session where she wouldn't say or bring anything. I didn't understand what to do with this girl. I didn't know what I'm doing with her. What am I going to do? Where can I take her?

She then spontaneously instructed the girl to pull out a piece of paper and pencil, thinking of inventing a game, but still not knowing what it would be. Eventually, she invented an improvised drawing game, which opened the intersubjective field for both of them.

Looking for Connection: "To Just Be with Him."

Ten interviewees described a strong urge to connect to their client more intimately before entering the IE. Participant 4 described her spontaneous direct questioning of a young boy in an intake session:

> I felt that something was bothering him. I could have thought that they are his private feelings and he would share if he wants to. But then I told myself "why shouldn't I say it?" and I said to him "I can see that something is bothering you" … And it was real fun, a sudden encounter. Noticing something is happening now and not being afraid to say it…. To be with a child in the moment when you say something and connect to him. To just be with him.

Interviewee 5 described the moments leading to her spontaneous self-disclosure of her experience in the here-and-now to her frantic client who did not stop talking.

> I wanted to be with her, because she wasn't talking to me, she was talking to herself. I wanted to be with her, to be in the being … to put myself in her place, in her life, and to really feel what she is feeling… . I didn't want her to talk to me, because then we would miss the encounter. There would be no meaning to my existence if she didn't notice it and I couldn't be with her. She would stay alone and would not return again to therapy. I wanted there to be a shared moment.

DISCUSSION

This study aims to conceptualize the subjective IE in clinical encounters. Interviewees' reports included a range of emotional, cognitive, and physical experiences within the IE. We will now compare these reports with the constructs of peak moments and then discuss the relevance of IE to the therapeutic process.

IE and PP

Very few IE descriptions could be conceptualized as PP. Perhaps the relative inexperience of the therapists (M = 6 years) could explain the lack of mastery feelings, which are an integral part of the PP construct. Moreover, Improvisational moments are by definition unexpected, surprising, and unsettling, leading to an unforeseeable result and stand in contrast to more traditional interventions and protocols, which are usually pre-planned, familiar, and have a specific aim in mind. It seems that mastery and effortless performance are more likely to be felt during the latter interventions or protocols than in the IE.

IE and Flow

Flow is usually characterized as a balance between challenge and skill (Csikszentmihalyi, 1997) that creates a sense of enjoyment and satisfaction. Nakamura and Csikszentmihalyi (2009) even suggest a therapeutic approach oriented towards building strengths, growth, and confidence of flow experiences.

There are several IE descriptions that fit the construct of flow. Interviewees described feeling less afraid of making mistakes and failures in these moments and simply immersing themselves in the therapeutic moment, which has been reported as flow characteristics (Nakamura & Csikszentmihalyi, 2009; Wilhelmsen, 2012). Other flow characteristics are a lowering of self-consciousness (Csikszentmihalyi, 1996) and merging of the self and the actions performed (Boniface, 2000). Flow was expressed through reports of automatic, intuitive interventions that felt organic and effortless. Moreover, Hart and Di Blasi (2015), when exploring the intersubjective combined flow of musicians improvising together, found that increased spontaneity was instrumental in encouraging loss of self-consciousness. In theater improvisation, this phenomenon is called group mind, the subordination of the ego to the unconscious tendencies of self and others in the moment (Fortier, 2008; Halpern, Close, & Johnson, 1994). It is usually beyond self-consciousness and some have considered this a flow state (Bermant, 2013; Sawyer,

1993). Sawyer (2007) defines specific characteristics of "group flow" which includes more interpersonal concepts such as blending egos and equal participation. Group flow in theater improvisation exercises is connected to a psychological state of enhanced engagement and enjoyment (Noy, Levit-Binun, & Golland, 2015). The IE moments described in the interviews can be considered a form of "group mind," in which the client and therapist together co-create the clinical reality. Therefore, it is possible to consider IE an example of group flow. As such, these findings are in line with research that suggests acting training as potential for flow activity (Bermant, 2013: Gruzelier, Inoue, Smart, Steed, & Steffert, 2010; Silberschatz, 2013).

IE and PE

Many of the IE reports included a sense of interpersonal joy and ecstasy, which is also a core component in the PE construct (Hoffman & Muramoto, 2007; Nicholson, 2015). IE reports of courage and authenticity, which are common when in an improvisational stance in therapy (Lord, 2015), are also a key aspect of PE: "The peak-experience seems to lift us to greater than normal heights so that we can see and perceive in a higher than usual way. We become larger, greater, stronger, bigger, taller people and tend to perceive accordingly." (Maslow, 1964, p. 60).

Interviewees described moments of stronger congruence while trying to connect on a deeper level with their clients. Additionally, PE moments are characterized by a more loving, caring spontaneity, as well as a sense of playfulness (Lanier, Privette, Vodanovich, & Bundrick, 1996), which was repeatedly reported by interviewees in their IE.

Consequently, IE can be considered as an example of flow in regards to the intuitive, confident nature of the experience, such as the previously described improvised game created effortlessly in the here-and-now or the spontaneous choice to watch TV with the client. IE can also be situated within the PE construct in regards to the joyous connection, such as the impromptu song described in the results section, which deepened the relational affect of the encounter.

Unique Dimensions of IE

Albeit the similarities, a few IE dimensions described in the interviews did not fit the above constructs. These dimensions include themes of surprise, high-risk/high-gain, and a deep connection to the other. These unique dimensions can be analyzed using a combination of concepts and processes from the psychotherapy and theater improvisation paradigms. For example, an improvisational stance in clinical work has been connected to vitality and excitement (Gale, 2002; Lord, 2015), whereas increased confidence and courage have been correlated recently to theater improvisational training (Stewart, 2016).

Theater improvisation and therapy share the same focus of relational, co-created action (Gale, 2002, 2004; Kindler, 2010). This deep connection to the other was also reported in Wilhelmsen's (2012) study of music therapists' reports of improvisational moments in their clinical work. She found a recurring theme in flow moments in which therapists felt a close and equal connection to their clients that included sharing "something meaningful and special." Wilhelmsen (2012) suggests this shared meaning be conceptualized as a spontaneous *communitas* (Ross, 2014; Turner, 1974a, 1974b), the transient personal experience of togetherness that is usually accompanied by a liminal quality of ambiguity.

Communitas can be seen as a parallel effect to flow in improvisation (Wilhelmsen, 2012). The experience of communitas has been previously connected to theater improvisation (Fortier, 2008; Soules, 2002), as well as to the intellectual and emotional "high" improvisers feel during a performance (Stewart, 2016). Communitas has also been previously described as a new, bold, and spontaneous bond established between therapist and client in psychotherapy (Usandivaras, 1985). Communitas is enhanced in therapy by the liminal, affectively intense experiences occurring in the clinical work (Kobak & Waters, 1984). IE might be connected to a more liminal, communal feeling that is frequently experienced both in theater improvisation and in therapy.

Consequently, IE is related to the constructs of PE and flow, but not that of PP. The common dimensions of IE and the first two constructs are a sense of interpersonal joy together with intuitive thinking. The additional dimensions of a full human encounter and liminal excitement can be defined as a spontaneous communitas.

I'mprovisation – A Growing Experience for the Therapist

In light of the unique nature of IE, and in homage to Ringstrom's (2008) typology, we would like to introduce the construct *I'mprovisation*. This construct relates to the subjective experience of the therapist mainly during a spontaneous peak moment in therapy. However, it has been our personal experience that I'mprovisation exists, albeit somewhat less strongly, in "i" improvisational moments as well. We suggest this new construct as a qualitatively unique construct in peak moment discourse in therapy. These I'mprovisation moments are not radical or wild uncontrollable actions when therapists lose control of themselves, rather they are out-of-the-box, creative, and surprising interventions and interactions occurring within the framework of the therapeutic encounter that could be considered an encompassing I-Thou (Buber, 1970) encounter. Bromberg (1996) conceptualizes these moments of surprise as signals of a new emergent self-state in himself or the client, which could lead to significant shifts in therapy. Similarly, the Boston Change Process Study Group (2005) highlights the importance of the therapist's improvisational, unexpected interaction as essential within the "sloppiness" of the therapeutic process.

While developing this construct, we were aware that the peak IE is created by a larger therapeutic improvisational "dance" which evolves over time. Thus, although in the interviews we focused on peak moments, they were narrated in the context of the events preceding and following those moments. The conceptualization of IE in the context of the evolving process, resembles the relationship between "moving along", now moments and moments of the meeting (Stern, 2004b; Stern et al., 1998).

The surprise theme reported within the I'mprovisation experience could relate to therapists' new encounters with their clients, by which they discover their own ever-changing self (Boston Change Process Study Group, 2005; Nachmanovitch, 2001), which could also be described as relational freedom (Stern, 2013). That discovery of different self-states, with the freedom to actively experiment with self and other perceptions is also called *play* (Altman, Briggs, Frankel, Gensler, & Pantone, 2002). This use of therapist's wide range of different self-states contributes to an enriched sense of the client's unique subjectivity, thereby leading to a more effective and meaningful therapeutic process (Mitchell, 1993). Consequently, the I'mprovisation experience can also be understood as a subjective experience of play where the above processes are experienced.

The I'mprovisation Experience in Service of Therapy

When examining precursors to I'mprovisation experiences, we can see two general motivations or situations: moments of feeling stuck and moments of wanting to meet. These moments fit the concept of mutual inductive identification (Ringstrom, 2011), in which therapists, albeit feeling spontaneous, are actually enacting their clients' projective identification (Klein, 1955; Ogden, 1979) in a mode of pseudo-spontaneity (Meares, 2001).

The way out of this mode of inauthentic encounter is through a movement toward self-contained spontaneity (Meares, 2001), in which the therapist breaks free from the constraints of the client's projective identification, and connects to his own vitality with the therapeutic relationship. This could be conceptualized as third-in-the-one (Aron and Benjamin, 1999; Benjamin, 2004), the subjective tension within the therapist composed of both his and his client's needs while still being attuned to himself.

The examples interviewees gave relied mostly on immediacy skills (Hill, 2004), the disclosing of their experience of themselves and the client in the here-and-now relationship, which has been found to contribute to positive therapy outcomes (Hill et al., 2014). Therapist self-disclosure has been conceptualized as an inevitable and multi-faceted phenomenon (Farber, 2003). Such immediate self-disclosures have been conceptualized as vital interventions when the therapeutic relationship gets stuck and requires moment-to-moment awareness (Berg, Antonsen, & Binder, 2016). For example, therapists' self-disclosure of acknowledging their contribution to the impasse has been shown to lead to repairs in the alliance (Safran & Kraus, 2014). Similarly, Davies (2004) describes how such moments can regenerate the intersubjective field, thereby opening the constricting relational configuration.

These precursors could also be seen as an descriptions of therapists' countertransference of feelings of boredom or anxiety, which could have resulted in typical pitfalls, such as acting out, expressing anger (Hayes, Gelso, & Hummel, 2011), or avoidance (Geller & Greenberg, 2002). Successful management of countertransference can transform it to a more "therapeutic enactment" (Frank, 2002), where both parties advance new relational experiences in an insightful way (Hayes & Gelso, 2001).

Moreover, a "partial" acting out of aggressive or hateful feelings can actually be beneficial to therapeutic encounter (Mehlman & Glickauf-Hughes, 1994). Such use of therapist's feelings can surface unconscious materials latent in the encounter, leading to productive exploration (Renik, 2006). Therefore, the I'mprovisation experience can also be conceptualized as a successful management of countertransference.

In summary, I'mprovisation is a transformative experience, moving from a constraining, inauthentic experience, toward a new, vital involvement for the therapist and client.

I'mprovisation experiences allow therapists to "leap to freedom" (Meares, 2001) from the constraints of projective identification or countertransference through powerful, deep now moments (Stern, 2004b), which over time affect the implicit relational knowledge (Lyons-Ruth, 1999) of both therapist and client.

Implications for Practice and Training

As described above, therapists can benefit from increasing their spontaneity and relational freedom through an improvisational stance. One of the staple features of improvisation are

unbidden, surprising moments. Such peak moments have been shown to be vital change mechanisms in therapy (Boston Change Process Study Group, 2002; Stern, 2004b). If I'mprovisation is to be considered a peak moment, then improvisation skills appear to be a crucial component of the therapist's toolbox. Consequently, training in theater improvisation skills can increase therapists' ability to achieve and create I'mprovisational moments in their sessions. Elsewhere (Romanelli & Tishby, 2019) we reported that graduates of theater improvisation skills training reported increased levels of therapeutic presence, flexibility, and vitality compared to a similar control group. Through improvisational training, therapists can achieve stronger PEs that impact their affective and cognitive perceptions, which in turn can generate powerful intersubjective now moments in clinical work.

Moreover, it is possible that theatrical improvisational training can heighten awareness of Beebe and Lachmann's (2002) three organizing principles of interaction: vocal rhythm, facial mirroring and distress regulation. With training, therapists will be able to better balance "mid-range interactive coordination" which can yield optimal levels of attention, affect, and arousal.

Research shows prior training in improvisational methods has assisted therapists in achieving PEs in their clinical work (Nicholson, 2015). This direction continues the call for the "programmed exercises in the disciplined improvisational use of knowledge" (Schacht, 1991, p. 317) in psychotherapy education as well as the need for therapists training specifically in theater improvisation skills (Gale, 2002, 2004). It might seem paradoxical to maintain that improvisational spontaneity can be taught. However, improvisation is usually taught by defining and then practicing specific skills, which over time, come together to a more holistic improvisational repertoire (Hazenfield, 2002; Johnstone, 1989).

Within the relational psychoanalytic tradition, improvisational training can help increase therapists' "givingness to being present" (Eshel, 2005), expand their inner acts of freedom (Symington, 1983), encourage more "leaps to freedom" from pseudo-spontaneity (Meares, 2001) and ultimately to interact more freely thereby increasing the possibility of relational freedom (Stern, 2013) within their clinical work.

Furthermore, if I'mprovisation is a form of alliance-building metacommunication, then theater improvisation skills could be an important addition to alliance focus training (AFT) (Eubanks-Carter, Muran, & Safran, 2015). Since the developers of AFT suggest that "we need to explore different ways to integrate mindfulness into AFT" (p. 172). It is worthwhile to indeed consider theater improvisation training as a way of integrating mindfulness with metacommunication for better alliance building, identifying and resolving ruptures.

In closing, we sought out to better understand and define the improvisational mechanisms and experience of psychotherapy in order to help further comprehend the improvisational "mystic" of the therapeutic encounter. These initial results strengthen the position on the importance and potency of the improvisational in the psychotherapeutic game. These recommendations are indeed in line with Knoblauch's (2001) invitation:

> From this perspective, all analytic activity is high-risk, high-gain improvisation… . I suggest there is great value in expanding our sense of the significance of improvisation to analytic practice by studying and understanding the process of improvisation as continuously intrinsic to all treatment activity. (p. 791)

Limitations and Future Research

A primary limitation of this study involves the lack of insight about the clients' perceptions of their therapists' and their own I'mprovisation experience. However, involving clients was a challenge due to logistical and ethical factors. Client reports would help corroborate whether the I'mprovisational moments occurred in their experience and whether these moments were indeed as effective and meaningful as their therapists reported. Future research can pair therapist and client post-session reports of I'mprovisation moments to better establish the effectiveness of this experience. Incorporating videotape analysis by independent coders would help to further assess and even quantify the construct and changes in the intersubjective field during these peak moments.

Future research could identify such moments in completed psychotherapies, looking at how they contribute to change in psychotherapy.

Last, given that the first author was involved in both the training and the research, he may have been primed to certain findings in the interpretation process. To avoid this as much as possible, multiple strategies were employed (see methodology), and we believe it was effective for the most part. Still, future studies will benefit from replicating the improvisation course with different teachers, following the same protocol, in order to minimize possible priming effects. Future research could also examine clinicians who are not trained in theater improvisation to better validate these constructs for clinicians.

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