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"Like Walking Backwards" – The Challenge of Theater Improvisation Paradigm within the Psychotherapeutic Discourse – Reply to Commentaries

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This article responds to two commentaries to the author's original article; both commentaries relate to the issue of theater improvisation as a distinct paradigm in psychotherapy. The commentaries represent what can viewed metaphorically as the positions of "Yes, But" and "Yes, And." The article describes these two positions, then addresses the issue of psychotherapy as art and/or science, and subsequently wrestles with how to train clinicians in improvisational skills. Considered as well, are the possible systematic changes the theater improvisation paradigm can have on the psychotherapeutic field.

I am grateful for the opportunity to discuss my research with two scholars who initially influenced my thought processes on the issue of improvisation in therapy. It is with great respect that I partake in the true gift of co-created dialogue, which is at the heart of every improvisational and therapeutic encounter. To me, the two commentaries to our article, Dr. Knoblauch's and Dr. Ringstrom's, respectively, represent two reactions or what I refer to as "positions" to the issue of theater improvisation as a distinct paradigm in psychotherapy, which I'll metaphorically call: "Yes, But" and "Yes, And." I describe these two positions, including a reflection on the research implications of seeing psychotherapy as an art and/or science. The article then address the overall issue of training clinicians in improvisational skills, and finally, discuss how theater improvisation can change the psychotherapeutic field.

YES, BUT

> **…**the psychoanalytic process is inevitably, unavoidably and continuously improvisational… But I also believe that there is a more fundamental process that leads to greater freedom to act in terms of any disciplinary practice that is true for both the arts and psychoanalysis. (Knoblauch, this issue, p. 309)

The first position, for this discussion, I attribute to Knoblauch as articulated in his rigorous article (this issue). This position recognizes improvisation (be it jazz or theater improvisation)

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as a good metaphor by which to understand the clinical encounter, but simultaneously, this position cautions that improvisation's contributions to this field should be quantitatively researched, analyzed and carefully implemented.

As he wrote, and as I agree, there are a myriad of factors that need to be addressed and factored in when trying to better research the role and impact of improvisation in the "sloppy" reality of the human encounter. Knoblauch validly points out that video research could add some empirical validity to the improvisational case. The constructs of Now Moments (Stern, 2004) as well as ruptures (Safran, Muran, & Eubanks-Carter, 2011), indeed can cause dissociation and confusion for the client. The encounter happens within a multi-faceted context. That is an unavoidable truth that can never be completely controlled and sterilized.

That said, there is merit to the subjective, qualitative exploration of what happens during and after the improvisational moments. Meares (2001) states that the goal of therapy is the emergence of the "third thing" that arises spontaneously from the conversational play of both partners. He, therefore, suggests that we measure the effectiveness of the improvisational intervention by *what happens next* in the clinical encounter, especially in regard to the reflective: "Whether a particular so-called spontaneous remark of a therapist 'works' is shown by a potentiation of the features of the experience of the stream of consciousness… now called autobiographical, that involves the reflective capacity" (p. 760).

The improvisational moment may well bring more vitality to the encounter, and thus alter the clinical encounter. For example, do the client and/or therapist subsequently feel more spontaneous, playful, energized by the improvisation? Such experiences are somewhat hard to measure through "objective" external researches as Knoblauch suggests and do indeed rely on the reflective explicit descriptions of the client. So how should such experiences be researched?

WHAT ARE WE RESEARCHING – ART OR SCIENCE?

> [W]hat he [Freud] is describing is an intuitive art, not a scientific procedure. (French, 1958, p. 198)

Knoblauch's article raises the question of how is psychotherapy perceived and therefore how can it be evaluated. The way we evaluate depends on how we construct the field of psychotherapy. Are we researching the art or the science of theater improvisation and of psychotherapy?

Theater improvisation is considered more as a disciplined art form, specifically, as performance art more than as a science. Therefore, should art be evaluated quantitatively? And if it were, what would be gained and what would be lost?

Similar questions can be asked about psychotherapy. Clinicians have been long contemplating the question of whether the psychoanalytic psychotherapy endeavor is an art or science (e.g., Bowlby, 1979). Williams (1999) writes: "Psychoanalysis is seen in effect as a pseudo-science or, at best, a second-rate science struggling conscientiously with an unfair endowment of irrationality" (p. 128). French (1958) suggests we should convert the psychoanalytic intuitive art into a scientifically oriented procedure and describes how that can be done.

> The answer is that we should cultivate the habit of trying to formulate our intuitive understanding explicitly. After we have formulated explicitly what we have intuitively grasped, we can re-

> examine our "insight" and the evidence for it-to determine whether it is truth or fantasy. (French, 1958, pp. 202–203)

In light of French's answer, perhaps the best way to deepen our understanding and combined use of these two artistic/scientific disciplines, theater improvisational and psychoanalytic psychotherapy, is by a retroactive qualitative exploration of "what happened next" to the therapists and clients in the improvisational encounter experienced during psychotherapy. If we expand on Meares's (2001) position, then it is possible to claim that the effectiveness of the relational therapeutic encounter is only as strong as what is consciously experienced and subsequently reported by the client (and by the therapist). Albeit an empirical challenge to ground the improvisational in the clinical effort, I believe that theater improvisation is much more than a good metaphor for the clinical endeavor.

YES AND

> Clinicians cannot not act. That is, they cannot escape being actors… That does not mean that we are fake, or inauthentic, or insincere, though at times we might be guilty of any of those qualities. (Ringstrom, this issue, p. 318)

The second view of improvisation in the clinical encounter, which I attribute to Ringstrom as expressed in his meticulous article (this issue), represents the new perception of improvisation in the art of the clinical encounter. This movement advocates for recognizing as legitimate, the incorporation of the "disciplined spontaneous engagements" (Lachmann, 2003) of theater improvisation into the art and science of psychotherapy (Felsman, Seifert, & Himle, 2018; Phillips Sheesley, Pfeffer, & Barish, 2016). This view subsequently calls for the improvisational capabilities of the clinician to be in the forefront, explicitly framed and consciously practiced (Farley, 2017; Lawrence & Coaston, 2017; Todd, 2012). It seems that this view is mostly led by therapists who have also been trained in theater improvisation, which alludes to the visceral, long-lasting impact such training has on the clinical outlook of the therapist.

So it seems that learning theater improvisation, also called "improv", does have a larger effect on the practitioner. It has been my experience when I teach improvisation skills to helping professionals most of them believe that they are "good enough" improvisers because they have been doing it their whole life. I also used to believe that about myself. But the more I trained and taught theater improvisation, the more I realized it is a distinctive artistic discipline, complete with unique guidelines, strategies, and best practices. A discipline that is "easy to learn, difficult to master". So I had to create my own training to integrate my theater improvisational training into my clinical practice. So how can we effectively and holistically teach therapists theater improvisation skills?

HOW DO YOU TEACH THE IMPROVISATIONAL TO THERAPISTS?

> Anything worth knowing can't be taught. (Whitaker, 1982)

Both commentaries touched on the topic of how to aid therapists in strengthening their improvisational skills. This topic of training is a crucial one in the discussion of the use of

improvisation in psychotherapy and in the formation of the therapist's self. Knoblauch (this issue) emphasizes clinical practice as a way to improve the spontaneous style of the clinician:

> Practice is an immersion into the ever-changing river of experience. Practice teaches one to navigate the unknown, to learn as much as one can from others and one's own experience, and then to be able to liberate oneself from the limitations of preconceptions and habitual activity. (p. 309)

Ringstrom (this issue, p. 313) also debates the importance of experience: "'Doesn't it take many years of experience to engage in a more improvisational attitude and stance in one's practice?' My simple answer is typically, 'yes' and 'no.'"

I wish to expand Ringstrom's answer of "yes and no." Yes: as with Knoblauch's statement, indeed there is no substitute for experience and practice, which is true in almost all aspects of life. Practice of all aspects of the therapeutic profession widens our clinical base, allowing for higher levels of insight and growth to be achieved. Whitaker's (1982) quote above also emphasizes that such important skills and knowledge need to be experienced and not just taught cognitively.

But also "no": practice is not enough. Would one ever train therapists in the science and art of psychotherapy by just letting them talk regularly to many clients, whilst maintaining an empathetic attitude and providing them interpretations and interventions? Probably not. Therapists are first taught the conceptual, ethical, best practice of theory before (if not parallel to) their first steps in the field. If we are to see improvisation as a unique paradigm, then we should also be discussing active preliminary skills training.

And can we just teach such "healing" skills to therapists? Let us for a moment take a balcony view on our profession and the way we teach therapy. Mystical therapists Hillary and Bradford Keeney (2012), remind us that "therapy is the youngest established folk healing practice" (p. 2) relative to the healers and shamans of ancient tribes. Today, it is the advanced degree institution that selects the future healer, not a divine choice or as a result of personal quests. Any student who graduated from a university and is accepted to a clinical training program is initially assumed to be trainable as a helping professional. We continue to cognitively teach these students to become healers, together with varying degrees of practical training. It begs the question of whether we can really "teach" someone to be fully become a therapist, a "member of the transformative healing arts" (Keeney & Keeney, 2012) in our current clinical academic/institutional frameworks, which sometimes focus on experience and other times on knowledge?

We, therefore, need to develop a holistic, right and left hemisphere training for the twenty-first-century therapist in the improvisational play. So how can we "teach" theater improvisation if it "can't be taught" (Whitaker, 1982)? Elsewhere (Romanelli & Tishby, 2019; Romanelli, Tishby, & Moran, 2017), we described at length our clinical theater improvisation experiential training, research, and results. Our results indicated that improvement in clinical theater improvisational skills requires both (a) concrete experiential learning that includes conscious repeated practice of theater improvisational rules through improvisation games (right hemisphere) together with (b) ongoing, cognitive, literature-based clinical conceptualization (left hemisphere). It takes roughly 10,000 hours of conscious practice to achieve mastery over a certain skill (Gladwell, 2008) and perhaps the synergistic view of the improvisational therapy as art and science, both in training and in practice, can equip

therapists to be disciplinarily spontaneous while they "navigate the unknown" (Knoblauch, this issue, p. 309). If, indeed, we begin training therapists in theater improvisation skills, what will be the effect on the field of psychotherapy?

IMPROVISATIONAL PARADIGM AS A FIRST OR SECOND ORDER CHANGE TO THE FIELD OF PSYCHOTHERAPY?

> to free it [psychotherapy] from the tight embrace of medicalism and scientism and connect it to the creative wellsprings of the arts. (Keeney, 1991, p. 1)

Within the relational metapsychology of constant change, we can see this discourse as a possible discussion of whether theater improvisation skills will be a first order change to our field, that is, equal to other theories and paradigms while still adhering to the strong "pseudo-science" (Williams, 1999) psychoanalytic tradition. Or, perhaps the theater improvisation paradigm will become part of a second order change to the field of psychotherapy as Ringstrom (this issue) postulates. Second order change must arise from logic that is distinct from the logic employed in the current problem or system (Watzlawik, Weakland, & Fisch, 1974). In this case, second order change means that clinician must sometimes (not always) "leap to freedom" (Meares, 2001) beyond the traditional psychoanalytic context, beyond the theory and the quantitative evidence found by her predecessors, to the liminal uncertainty of the intimate improvisational encounter. Such a conceptual change would result in training future clinicians to adopt a playful position, daring to step towards a more vital, exposed, "high-risk-high-gain" (Knoblauch, 2001) position.

Moreover, if we do substitute the word "reality" with the word "drama" and choose to see psychotherapy as the intersection between characters as Ringstrom (this issue) suggests, then we should likewise start to see clinicians as improvisational artists (Keeney, 1991). That would necessitate that "the training of a therapist would focus on developing communicational artistry" (p. 1). Such improvisational artistry has been researched, developed, documented and perfected in thousands of improvisation workshops and improvised performances around the world in the past 40 years (See Johnstone, 1989, 1999; Spolin, 1999).

SUMMARY

> Improvising is like walking backwards. You can see where you've been, but you can't see where you're going. But what you see does affect where you're going. (Zaporah, 1995, p. 54)

In this article, I hoped to clarify the two main positions I see in the psychotherapeutic field in relation to theater improvisation. Whether it is a "yes, but" or "yes, and" position, I believe that the only way to research and understand the improvisational in the therapeutic is by using both hemispheres of the brain (as Ringstrom describes). Choosing to see their synergistic combination as art and science "enables a distinction to be maintained between 'thinking about' (outside the session) and experiencing - scientific and artistic modes of inquiry. If these are recognized

as being different paths towards knowledge, they can interdigitate more fruitfully and support one another" (Williams, 1999, p. 135).

Perhaps the only way we can really integrate and perfect the clinical improvisational encounter is by walking backward, analyzing what has already happened and not knowing where it will lead. I hope we all keep walking backward, maintaining a qualitative and quantitative wonder and understanding of the art and science of the improvisational clinical performance in which we partake.

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