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Research Article

"Coming home to myself": A qualitative analysis of therapists' experience and interventions following training in theater improvisation skills

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ABSTRACT

Clinical research suggests that therapists in their sessions be spontaneous, open to self and others on a moment-to-moment awareness, and to communicate in an honest and direct manner. These relationship skills can be difficult to teach. Theater improvisation skills increase spontaneity, animation and co-creation with the other, as well as enhance immediacy skills. This pilot study examines the effects of theater improvisation skills training on therapists' perceptions of therapy and their subsequent clinical interventions. This paper presents the qualitative arm of a larger mixed-methods study of therapists who participated in a 3-month theater improvisational skills course, given at a clinical graduate program in social work in a major university in Israel. Seventeen course graduates were interviewed regarding the training and its effects on their clinical work. Qualitative analysis shows that following the course participants experienced higher levels of therapeutic presence in terms of use of intuition, awareness in the here-and-now and mindfulness. In addition, reports of increased levels of animation, boldness and self-disclosure are discussed in relation to therapeutic charisma and therapeutic impact. Results suggest that training in theater improvisation skills constitutes an important addition to traditional training in relationship skills in psychotherapy. Implications for therapist training are also discussed.

Introduction

Various schools of psychotherapy emphasize the importance of flexibility and improvisation in therapy, describing it in different terms. Nachmanovitch (2001) considered the ability to improvise the desired goal of therapy. Meares (2001) used the term conversational play, the spontaneous dialogue between client and therapist, as a crucial component of therapy. Altman, Briggs, Frankel, Gensler, and Pantone (2002) defined health as "being able to adapt in flexible ways to changing situation. . . this implies adaption as a choice, not a reflex" (p. 124). Winnicott (1971), writing from an object-relations perspective, highlighted the need for therapists to first be able to play before they can teach their patients how to do so. Satir (1967) elaborated: "The necessity of flexibility in technique and approach, including particularly direct, intimate contact between patient and therapist, is thought to be basic" (p. 182).

Spontaneity is defined as "the supposed ability of the will to act on its own initiative and independence of antecedent conditions" (Runes, 1955, p. 300). Moreno wrote that spontaneity "propels the individual towards an adequate response to a new situation or a new response to an old situation" (Moreno, 1987, p. 42). Being spontaneous is the initiative that the individual can choose to behave in, a subjective sense of freedom and lack of constraint regarding action or response (Kindler, 2010; Ringstrom, 2010).

Improvisation, the act of creating together without preplanning, involves spontaneity of the individual but also requires two or more people cooperating in a moment-to-moment emotional engagement in order to keep playing and be creative (Kindler, 2010; Kindler & Gray, 2010; Ringstrom, 2007b, 2010). Improvisation can be defined as "an unpremeditated spontaneous activity emerging within an interactive context" (Knoblauch, 2001).

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Advocates for an improvisational stance in therapy describe benefits which include: expanding professional repertoires (Nachmanovitch, 2001; Ringstrom, 2011), generating a sense of excitement and expanding possibilities for interpreting and enactments (Pagano, 2012; Ringstrom, 2007a), becoming a model for clients by showing that social risk that can lead to personal and relationship growth (Wiener, 1994), making personal breakthroughs that allow the client to do the same (Kindler & Gray, 2010), as well as increased flexibility and activeness in therapy (Knoblauch, 2001; Ringstrom, 2011). These attributes and techniques can enhance empathy (Malin & Pos, 2015) as well as strengthening the therapeutic alliance (Ackerman & Hilsenroth, 2003; Horvath, Del Re, Flückiger, & Symonds, 2011). Therefore, improvisation can be seen as an important relationship skill for therapists (Pagano, 2012).

Improvisation skills in therapy

A challenge in psychotherapy is the adapting or tailoring of the therapeutic relationship to specific client characteristics (Norcross & Wampold, 2011). Improvisation could be considered a process of adaptation, where the therapist works as a *bricoleur*, an improviser who makes do with the material at hand (Keeney, 2010; Madson, 2005; Nachmanovitch, 1990). Improvisation rests at the heart of the implicit, spontaneous interaction between therapist and client, which is called the implicit relational knowledge sphere (Stern, 2004a, 2004b). Implicit relational knowledge pertains to the non-symbolic, non-verbal, procedural, and unconscious knowledge of how to relate to others (Lyons-Ruth, 1999). Therapeutic change involves a change in the client's implicit relational knowing through achieving more coherent and inclusive ways of being together, and through finding fittedness between each partner's initiatives (Boston Change Process Study Group, 2002; Stern et al., 1998; Tronick et al., 1998). This fittedness can be better achieved by increasing therapist's responsiveness (Stiles, 2009; Stiles, Honos-Webb, & Surko, 1998), which is the ability to note and respond to clients' verbal and non-verbal relational bids (Boston Change Process Study Group, 2002), shifts in mood, and specific needs.

Training in improvisation skills facilitates interaction on the implicit relational level due its focus on here-and-now, verbal and non-verbal responsiveness. After all, "It's possible to train ordinary people to work like improvisers. The improv 'talent' can be taught and learned" (Madson, 2005).

Training therapists in relationship skills

Developing the therapeutic relationship requires skills which therapists should be trained in (Horvath et al., 2011). These recommendations echo Strupp and Anderson (1997) observation that "Enhancing the skills of therapists is a complex and demanding process that calls for a new and perhaps radical reconceptualization of psychotherapy training procedures" (p. 81). McCollum and Gehart (2010) describe the difficulty of teaching therapists such relationship skills. In recent years several trainings in relationship skills were described. Such trainings usually include: Didactic theoretical component, reading of manuals, audio and/or videotapes of demonstrations or treatments and one-on-one/group supervision (Bein et al., 2000; Crits-Christoph et al., 2006; Henry, Strupp, Butler, Schacht, & Binder, 1993; Hilsenroth, Ackerman, Clemence, Strassle, & Handler, 2002). Some training also include role-playing and mindfulness training (Geller, 2003; Safran et al., 2014).

Research has shown that training in classical acting skills, such as role playing, pretense and general acting skills can advance theory of mind and empathy skills in children and adolescents (Goldstein & Winner, 2011, 2012). Training in improvisational skills, in comparison to scripted acting training, not only requires an ability of theory of mind, but also demands high levels of attunement to the other, in order to co-create the moment. This additional focus can help develop skills are not necessarily improved in classical acting training (Goldstein, Wu, & Winner, 2009). Therefore, This article proposes that theater improvisation skills training can function as an additional procedure that can help therapists develop relationship skills in a new and innovative way.

Table 1
Improvisation guidelines for therapists.

Guideline	Sources
Stay curious and enjoy the interaction through humor and spontaneity, among other things.	Greenberg and Geller (2001), Lachmann (2003), Marriott (2009)
Listen and watch intently, not only for content but also for what spontaneously emerges in you.	Greenberg and Geller (2001), Geller et al. (2012), Kindler (2010), Ringstrom (2007a, 2007b)
Act now – don't be afraid to introduce now what emerges spontaneously in you.	Greenberg and Geller (2001), Madson (2005), Meares (2001), Ringstrom (2007a, 2007b)
Try not to block (negate) the other's version of reality (also called offer/bid).	Johnston (2004), Johnstone (1989, 1999), Kindler (2010), Lemons, (2005), Madson (2005), Marriott (2009), Nachmanovitch (2001), Ringstrom (2007a, 2007b, 2011), Safran, Muran and Eubanks-Carter (2011) Wiener (1994)
Accept and build off the other's reality. Try to co-create the reality of the moment, which is called the "Yes and" rule.	Horvath and Bedi (2002), Johnston (2004), Johnstone (1989), Kindler (2010), Renik (2006), Ringstrom (2007a, 2007b), Wiener (1994)
Make clear offers that move the action and co-creation forward .	Johnston (2004), Johnstone (1989), Kindler (2010), Marriott (2009), Wiener (1994)
Reincorporate information that was previously improvised.	Johnstone (1989, 1999), Ringstrom (2011)
Let yourself fail and make "mistakes", because there are no mistakes.	Fox (1994), Madson (2005), Nachmanovitch (1990)
Make your partner look good.	Madson (2005), Wiener (1994)

Theater improvisation guidelines

Theater improvisation has been flourishing since the 1980s, especially in the USA and Canada as a growing popular practice, complete with literature describing its signature theories and techniques (for example: Fox, 1994; Hazenfield, 2002; Johnston, 2004; Johnstone, 1989, 1999; Napier, 2004; Spolin, 1999). Most of the literature on theater improvisation describes the need for guidelines or "rules" for improvisers in order to help incorporate and channel their limitless imaginations (Hazenfield, 2002; Madson, 2005; Nachmanovitch, 1990; Zaunbrecher, 2011), which could be seen as guidelines for "disciplined spontaneous engagements" (Lachmann, 2003). Some of the rules for theater improvisation that are relevant for therapists include staying curious and with humor, allowing oneself to be spontaneous, acting in the moment, intentionally trying not to block the other's reality, accepting and building off of the other's standpoint (see Table 1). This set of principles and guidelines can be useful to explicate and expand potential therapist-client interactions in the moment.

Research questions

In this pilot qualitative study, which is part of a larger mixed-methods study design, we examined therapists' experiences following training in theater improvisation skills. As such, we focused on alumni' experiences, feelings, and responses following

this training, and whether it effected the nature of their interactions with clients.

Method

Theater improvisation skills for therapists

The semester-long course was part of the curriculum of the clinical graduate program in social work at a major university in Israel. Participation was limited to 16 students, who were the first to enroll, with additional students placed on a waiting list. The course was taught for three consecutive semesters (Fall, 2013; Spring, 2014; Fall, 2014).

The course was developed and taught by the first author who is a certified, licensed couple and family therapist as well as a seasoned theater improvisation trainer and actor. The course incorporates psychodynamic and psychoanalytical clinical literature, together with current theater improvisation theory and practice. The course is based on the principles of experiential learning theory (ELT) (Kolb, 1984, 2015; Kolb, Boyatzis, & Mainemelis, 2001; Kolb & Kolb, 2005; Zorga, 1997), 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 skill, such as "accepting and blocking offers", "making your partner look good", "accepting and enjoying mistakes", "bringing bold offers to advance the action", and other skills described in Table 1 above.

A typical class begins with brief reading of a written reflection of the previous lesson by one of the students, which consists of a conceptualization of the previous class within the assigned clinical literature of that week. This process could be considered to be Abstract Conceptualization (Kolb, 2015). Following the sharing, an hour of different improvisation exercises was done in pairs or small groups, which accounts for the Concrete Experience (Kolb, 2015) component of the cycle. The last part of the class consists of small reflection groups, focusing on the experience of the exercises, which is Reflective Observation stage (Kolb, 2015). The students weekly assignments is to experiment with the improvisation skills in their clinical work, which is the Active Experimentation element (Kolb, 2015), and then to conceptualize that experience within the clinical and theatrical literature given in the course syllabus.

Participants

A total of 41 students participated in the three courses altogether. Seventeen students from the three courses were interviewed for the qualitative arm of this study. The sample for this study consisted of 13 females and 4 males actively working as therapists in individual or family settings (Table 2). 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 Israeli Jews, one was a Christian Arab female and another was a Muslim Arab female. 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.

Table 2
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

Interview guide

Semi-structured face-to-face interviews were conducted. The interview guide was developed by the three authors who are clinicians and psychotherapy researchers. The interviewer was instructed to keep her questions as open as possible, but to make sure that different topics that arise regarding the course experience and its effects will be explored.

Since the focus of this research was on the possible effects of the training course, the interview focused on two main domains. The first domain pertained to their experience of the training: They were asked to describe significant moments during the course and reflect on their internal process during the training. This would allow a richer understanding of the experiential learning that occurred during the course. The second domain related to the participants' experience following the course: They were asked to describe whether or not they were using any of the tools and skills learned in the course and provide examples. Additionally they were asked to reflect on any changes that may have occurred regarding their perceptions of the clinical encounter and in their clinical interventions, together with specific examples. This domain was aimed to enrich the understanding of the specific effects in training in improvisational skills on practical clinical practice. In both domains, nuanced follow-up questions were asked in order to better capture the subjective experience of the interviewees.

The interviews were conducted at the university, the interviewees' homes, or other locations by the interviewee's choice. The interviews ranged between one and 2.5 h each. A female graduate student, from a different cohort, who did not participate in the course, conducted the interviews. She was trained and supervised in the course of the study by the 2nd author. All interviewees signed an informed consent form and could end the interview at any time. They did not receive payment for their participation. All interviews were recorded and fully transcribed.

Procedure

The theater improvisation skills for therapists course was taught for three times, during three consecutive semesters. Course participants were blind to the research questions. 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. Anonymity was ensured by changing the names and identifying data of the participants in the transcriptions of the interviews by the interviewer before submitting them to the researchers.

Three to four months after completion of each course, emails were sent to course alumni offering a semi-structured interview on the effects of the course. At that time, more than two thirds of them had already graduated the program and were no longer students. Overall, more than half of the alumni responded to the email. Of those, 17 alumni were interviewed based on convenience of time, location and need to interview alumni from all three courses. Thus

nine graduates from the first course, five from the second, and three from the third (N = 17) were interviewed for this study.

Qualitative analysis

The qualitative analysis focused on shared terms, concepts, and descriptions that were generated by the interviewees (Moustakas, 1994; Shkedi, 2003) depicting experiences of improvisation and spontaneity during the course and in subsequent clinical work. Two independent raters (1st and 2nd authors) worked on generating categories and themes from the interview data. This was initially done on two interviews. They then met to discuss the categories that were identified, and when differences arose, continued discussion until arriving at a consensus. They continued coding separately several more interviews, met again and the same process was repeated. At this point, the third author, who works at a different university, served an independent auditor of the qualitative analysis that was conducted thus far. She went over the data and categories, provided feedback and made some suggestions for change. Following this process, the raters completed coding the rest of the interviews. At the end of this process, categories and themes were finalized, and cross-referenced by the auditor.

This information was then developed into an initial coding paradigm that portrayed the interrelationship of the categories of information (Creswell, 1998; Strauss & Corbin, 1990), which enabled an initial charting of the process of learning and implementing improvisation in therapy. The categories were assigned names based on phrases used by the interviewees (Creswell, 2003; Shkedi, 2003).

Results

The effects of the improvisation course on graduates reveal an impact on experiences and perceptions of self as well as their interaction with clients. These descriptions are conceptualized in two domains: changes in therapists' self and changes in the therapeutic action. An additional, third domain describes course participants' unique learning experience leading to these changes.

Categories

Consensual Qualitative Research (CQR) guidelines were followed 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 (Table 3).

Changes in feelings and thoughts regarding the therapist's self

In the interviews, most interviewees reported change in the way they thought about themselves as therapists following the course. Some changes were in relation to the actual experience in the therapy room, whereas others related to the general perception of psychotherapy.

Increased intuitional thinking – "Opening myself to wider channels"

Intuitive thinking is a key skill in theater improvisation (Marriott, 2009, p. 40). This skill was practiced extensively throughout the course. Nine participants specifically reported being more intuitive in the therapy room, which for some was also connected to spontaneity. "I'm giving my intuition more space. I'm opening myself to wider channels. . not just to analyze with my mind. . But to be in what is happening now in the room" (Participant 12). She added:

Table 3
Domains, Categories and Category Frequencies.

Domain	Category	Frequency
Changes in therapist's self	Increased intuitional thinking	Typical (9)
	Improved spontaneity and flexibility	Variant (7)
	Increased play and playfulness	General (16)
	Improved awareness to emotions	Typical (15)
	Increase in relaxation and congruence	Typical (10)
	Less afraid of making mistakes	Typical (9)
	Increased confidence	Variant (8)
	More presence	Typical (11)
	New perception of therapy and the therapist	Typical (13)
Changes in therapeutic action	More animated and daring	Typical (14)
	Increased self-disclosure	General (16)
	Use of improvisation exercises in therapy	Typical (10)
The unique learning experience of the course	A Challenging learning process	Variant (8)

> It is the improvisational stance that gives a stage to these places. In the past these intuitions would barely come to me because I was so focused on my brain. . These are the raw materials you can use to make something real, and it is happening here and now and that is therapy.

Improved sense of spontaneity and flexibility – "I'm allowing myself more."

Seven participants explicitly reported higher levels of flexibility, the ability to adapt to the here-and-now reality of the moment. Some related this increase to a growing ability to be more spontaneous in the clinical encounter.

> Thanks to the course, I was more aware of the clients' spontaneity, what they want to do, less analyzing what it means if we do it or not, and I noticed that it created real change. . . spontaneity is not to allow everything the client wants, but that I also will be more spontaneous and let go of the place of looking for the meaning of this and that. (Participant 9)

Participant 16 experienced a refinement of her spontaneity as a result of the course: "What I took from the course is that improvisation is not complete spontaneity. There is a process of decision making, happening real fast."

For others, the increase in flexibility was related to a decrease in blocking client's offers. Blocking is negating the client's perception of reality or avoiding the advancement of the topic generated by the client (Johnstone, 1999), which was practiced extensively during the course.

> I'm more accepting and less blocking. . . I'm even thinking to myself: 'Here I blocked my friend, here I blocked my client'. . . I started thinking that some of my cases were stuck not because I didn't have all the data but maybe because I blocked the client. . . I think about it more in depth in therapy. (Participant 15)

Increased sense of play and playfulness – "really get into the game"

Play and playfulness are usually connected to a sense of freedom to actively experiment with self and other's perceptions (Altman et al., 2002). Sixteen interviewees reported an increased sense of play and playfulness in their clinical work.

> Because I entered a more playful place, it helped me a lot in therapy. . . the ability to be playful and really get into the

> game... has enabled us to be closer, the session flows easier and the client is less resistant. (Participant 9)

Participant 11, a social worker working in the public health system, said that playfulness and humor are not usually accepted within her professional and therapeutic contexts. She reported that after the course "I allowed myself humor that I hadn't allowed myself before [she laughs]. . to laugh from a real place, not just a smile, to really laugh. To let go, to be a human being, to let go."

Improved awareness of emotions – "If I work from my brain, I get stuck"

Aside from presence, fifteen interviewees reported an increased awareness and connection to their emotions and associations during therapeutic sessions with clients. This awareness was usually felt on a moment-to-moment basis. Participant 5 expressed this as follows: "I do feel more aware about what is happening during the session, more aware of what is coming up in my mind and I can choose whether to share or not to share." Participant 6 reports allowing feelings to be aware, not only his thoughts.

> I am more aware of my feelings... I was always aware of my thoughts, overly aware. Feelings were always more vague. So there is something in improvisation itself, in the games and exercises that work from my emotions and not from here [points to his head]. I can't. Because if I do work from my brain, I get stuck.

Participant 17 shares the necessity of this awareness: "To be aware of what is happening to me, to the client. . this is the big opportunity in the improvisation course, and in my eyes it's a 'must.'"

Increase sense of relaxation and congruence in therapy – "sometimes I'm right, and sometimes I'm not right"

Ten interviewees reported an increase in the sense of relaxation together with a decrease in self-criticism. These changes were usually related to an increased sense of congruence and authenticity as a therapist in the room.

> I think that since I've been improvising more in therapy, I've been feeling good, and I think the client feels it. I think it adds a lot to our connection [interviewer: How does feeling good express itself?] I'm more relaxed, more present, and happier with where I am with the client. (Participant 2)

Participant 6 refines this theme with an increased sense of self-validation:

> I feel a bit more relaxed... I came to an understanding that it's not written anywhere, in any book and you can't tell what is right or wrong at any given moment... So when I accept this, it reduces a lot of the stress... and sometimes I'm right, and sometimes I'm not right.

Participant 12 further expressed such experiences of self-acceptance and authenticity in her role as a therapist:

> I look today on the processes in therapy in a much more natural way than before... those places of trying to analyze... and I feel that... improvisation is together with the client... it's something that brought me back to a state of self... when you bring yourself you also get it from the other side... the authentic place invites authenticity... It opens instead of closes... the definition closes, the experience opens.

Less afraid of making mistakes –"It's not that I'm killing anyone here."

One of the key guidelines in theater improvisation, which practiced extensively in the course, is that there are no mistakes (Fox, 1994; Madson, 2005). Nine interviewees stated feeling less afraid of making mistakes in the therapy.

> I think the course opens a place for mistakes, which is something that you need to be ready for and not to be scared of. And I was always very, very scared of making a mistake... Because once it sounded to me like a catastrophe. It's not that I'm killing anyone here. And I really made mistakes... and it's okay. Let's see what we can do from here, nothing is a big catastrophe... I just need to give myself more permission, to dare more. (Participant 6)

Participant 1, reflected on her new understanding regarding mistakes:

> This was a place that was very inspiring. Not to be afraid of mistakes, dealing with mistakes, learning from them, not being afraid to be there, to experience it. Because for us, we can't afford to make mistakes, because we will pay for them... We are so activated by our fears.

Participant 7 describes how embracing mistakes improves her understanding of her clients:

> I used to throw away what I was thinking, or just think it to myself and not check with them [the clients]... Today I try to check more... and to give myself the legitimacy that if I missed then it's okay. So I made a mistake. It's good that I asked because now I know... now I better understand what you meant.

Increased confidence in therapy – "I feel more 'cool'."

Eight interviewees reported a sense of increased confidence in their clinical work, which was related to changes described in previous categories. "It's funny to say that I feel more 'cool'... with my new self-confidence I can say funny things to my clients... that before I would have looked at as unprofessional" (Participant 12). Such confidence was evident also in clinical work with teenagers, as participant 4 reports: "It's connected to confidence, the ability not to apologize... it's connected to my more confident presence.. that presence is what stayed with me from the course."

Participant 16 connects the confidence to the validation she experienced in the training:

> This course put a hand on my shoulder and said 'go with your feelings. You can. Don't complicate things... go with it, mindfully, in the right way, but also trust yourself.' I think this gave me confidence and that is the main change.

More presence in therapy –"Just what is there now, that is what there is."

Eleven interviewees reported an increased sense of presence in the moment: being able to focus on the here-and-now, without being distracted by intellectual thoughts and questions about the process. For some, this presence is connected to the changes described above, namely, intuition and spontaneity.

> What I'm really taking from the course is the presence in the here and now... really, the increased connection to yourself and the other together in the here and now, and to be wherever you are. And then you are connected, and connected to everything – intuition, spontaneity, you are bare, and like, it's all built in. (Participant 4)

Others also shared a conscious use of the "here and now" experience in the session:

> Something about being in the here and now. Truthfully, that is something that has changed a lot in my work. Using the here and now as well as my position as a therapist – being more present, not thinking what happened before and how to connect it to now and. . just what is there now, that is what there is. (Participant 3)

Finally, participant 4 connects presence to improvisation and to positive feedback:

> This is the core of improvisation for me: to be really connected to the here and now and feelings. . . I can really see as part of my vision, and it is positively impacting the therapy and I'm getting positive feedback. It's amazing.

A new, wider perception of therapy and of the therapist – "Life enters the room, the room enters life."

Thirteen interviewees described that the exposure to the world of theater improvisation through the course challenged their perceptions of psychotherapy and the role of therapists. Some realized that therapy can be more than adhering mainly to a protocol or a specific therapeutic stance. Rather, some started conceptualizing that psychotherapy is a process that requires authenticity, improvisation and individuality.

> It's like the main work happens in me, and not just in the interpretations of projections. . . improvisation is not just a tool for therapy, it is the goal of therapy. . . like, our goal in life is to improvise. This idea was like, incredible for me. That our clients need this. Perhaps they are stuck somewhere in their lives, and this ability to improvise, to reinvent themselves, to leave their stuck places. All these things, are the actual reasons for them coming to me. . . Yes, it's to bring life into the room. Life enters the room, the room enters life. (Participant 12)

These new perceptions led to a reconceptualization of their role as therapists: "The perception of therapy, and what changed, is that there is no mold for the right therapist. It's as if there are a few options, and you need to build for yourself what you are and what is right for you" (Participant 8).

Participant 13, a social worker who is also a chef, explained how the legitimacy he received from the course, affected his perception of therapy:

> It influenced the importance I give to my personal perception, my personal theory on how therapy should look and less to the meat grinder of Pink Floyd, "We don't need no education". . . so this is one of the only courses that didn't bring that meat grinder that makes zombie students. It lets me be more me, which is cool.

Participant 12 found a new synthesis of her different selves into hew perception therapist:

> One of the nice things that did happen is that there was the personal 'me' and the professional 'me,' and the place of uniting them was very meaningful for me. Today I can bring things from my life much more easily. If it's humor, or even cynicism that connects to what the client says. . . I am a human being with my own characteristics, so why should that not enter the therapy. . . something vital, something alive. . . I'm not coming here to be the working professional that must do her job. . . it's part of who I am, and part of my essence is to be a therapist, so of course that comes with the different parts of me. . . it's an experience. . . like, I feel that. . . I've come home to myself. . . even on a personal level as a human being.

Changes in therapeutic action

All seventeen participants reported that the improvisation course had specific, practical influences on their practice. This domain differs from the previous one in that it applies to the concrete interventions and actions taken by interviewees in their clinical work, as opposed to more subjective, intrapsychic change in relation to thoughts or feelings.

More animated, direct and daring in therapy – "Permission to be human, to be weak, funny, stupid"

Fourteen participants reported feeling more animated and daring in their clinical work, which enabled them to better handle challenging and harsh emotions in the room and even ruptures in the therapeutic alliance.

> This course loosened this place, it helped direct this looseness, the permission to be human, to be weak, funny, stupid. There is always this fear of what I should've said, why did I say this and not that. And to loosen those thought processes, of who you are. To dare to say even something that jumps into your mind now. (Participant 2)

Participant 6 described an instance in therapy after he completed the course, in which a female client constantly compared him to her previous therapists who she perceived as "perfect." After hearing these comparisons for weeks without remarking, he finally confronted her and told her that it's frustrating to hear these comparisons, because he is trying really hard to build a rapport with her now:

> I can't really define what we did there [describing that confrontation], but there was some sort of playful dialogue about reality and it was fun. . that is one of the places that I felt very alive, very connected to the course. And also in supervision. . . like allowing myself to say things that are uncomfortable for me. . . to bring something that I don't know, that I haven't thought of thoroughly, that I'm putting it out now for examination and I'm not scared. It's like I'm taking responsibility for it and also not taking responsibility for it at the same time. That is the beauty.

Participants reported a wide range of new, daring interventions they tried following the course. For example, Participant 11 lent her client a clinical article that she felt could help the client process the therapeutic message more deeply. Participant 17, when feeling stuck, suggested she and her client exchange seats. She later reflected on that intervention:

> To be awake to many things beyond the story itself and the dialogue between us. To be aware of what I'm feeling in my body and what I'm seeing in the client, and to be able to say that and ask about it and. . . to dare.

Participant 8 summed it up by saying, "It's possible that because of the improvisational skills, I'm daring more today to say something like 'wait, I'm feeling bored, angry, tired, embarrassed.'"

Increase in self-disclosure – "You tell something about yourself and the client goes along."

Sixteen participants reported consciously choosing to disclose more of themselves that resulted in positive therapeutic moments. Some reported spontaneously and consciously disclosing some personal experiences. Others disclosed how their experience of themselves and the client in the here-and-now relationship, which can be described as immediacy skills (Hill, 2004; Hill et al., 2014). For example, Participant 6 reported disclosing to a client,

> "I have a feeling that you are purposely trying to make us give up on you. Everything we say, you shoot down." And then he said: "Yes, I want you to be hopeless." That then allowed me to tell him how much I believe in him, even though he is trying to cause despair.

Participant 5 reported a more general disclosure of herself in different professional surroundings:

> Today I allow myself to be more exposed. To be angrier, to feel more and share what I'm feeling, at that moment, without so many filters. That exposure feels like an improvement. Not only in therapy but also in my professional relationships – supervision, staff meetings, one-on-one meetings with a colleague.

Participant 12 told an self-disclosing experience where her client was dealing with the loss of her own father, and she found herself disclosing how she mourned for her own deceased father: "Life experiences are easier for me to share now... sharing what I'm feeling or what I went through, and to feel fine with that place... to choose how to bring it in." Participant 8 shared the surprising effects of her disclosures in therapy:

> I used to have this taboo... I had decided that from now on I wouldn't tell anything about myself to my clients. And after being in the course, that loosened up a bit... how much do you tell your client about yourself... and I saw that the devil wasn't so bad... it's like you tell something about yourself and the client goes along with it, he doesn't dive deep into it, he doesn't want to become your therapist. But it's like the fact that you show him you're human, you're laughing with him, your smiling with him, you're telling him something about yourself, it gives him the possibility of connecting to you more.

Use of tools and exercises from the course – "Improvisation skills are the day-to-day working therapy skills."

Ten participants stated that they used specific techniques from the course in their clinical work. Some reported being less critical of their clients and more accepting of their statements by saying "yes and" to co-create the therapeutic relationship. For example, Participant 13, who uses cooking as a therapeutic intervention, describes how he used the "yes and" game when clients ask him what ingredients to mix together:

> People come to me and say, "Can I mix cauliflower and salt?" "Yes," "with garlic?" "Yes," "and sugar?" "Yes." Sometimes I also add the "and," "and what do you say of frying it all in the pan?" and then there is a dialogue and a new recipe is created or an internal list of something that is dialectical.

Others shared being more aware of their body sensations during the session, which is a skill that was practiced in the course. For example:

> I'm more connected to my body, my breathing. . the tone of my muscles. I never experienced this in the past. Lately, in the past three months, when I'm in therapy and it's hard for me in a certain moment, then I feel my muscles cramp up, like some sort of physical pain. Something unexplained, not connected to an illness or something... but more connected to what is happening in my body. To processes, thoughts, my head. Everything. That is something I didn't have earlier. (Participant 11)

Participant 16 mentioned frequent use of awareness of and skill in moving flexibly between the instinctive, intuitive, and intellectual thinking within a session. These types of thinking (Marriott, 2009) were a key skill practiced during the course. Participant 5 used some of the exercises from the course in her therapy and reported:

> It's really important for me to try to summarize that the skills needed in therapy are really parallel to the things we went through in the exercises. And the possibility of taking what we learned... it's the work I did with myself... to take an experience I went through and to try to translate it into therapy, and to realize that it's really the same, how ingenious... that improvisation skills are the day-to-day working therapy skills. That was a wonderful and fun discovery.

The unique learning experience of the course

This last domain was formed in response to various participant descriptions of the unique learning experience that led to the above-reported results.

A challenging learning process – "it's all felt in the stomach"

Eight participants emphasized the difficult, often visceral learning experience they went through during the course and its effect on their understanding and empathy for their clients' experience in therapy.

> First of all, it was very experiential and visceral, and it wasn't possible to let it remain external to me... On the other hand, I felt that it really entered my therapy world and the clinic, not even in a very concrete or practical way, it's present today in the way I work. (Participant 10)

Participant 14 expands further on the parallel process of the experiential learning and her clinical work:

> This is something I felt happening to me during the course. It's an understanding of these layers. That all these things happen at the same time. And the understanding is also through the experience, which is very special. It's not mental, because the mental work I feel I learn in other courses, so I get it, okay – I can understand this on an intellectual level, but it's not engraved for me on an experiential level, and then it's gone, and I only remember flashes. But here, because it's all felt in the stomach, experienced on my needs and on my will, then it really stays with me later. It's like the memory of what I experienced and learned because it is very deep.

Some reported personal and professional growth that was accompanied by negative emotions arising from the challenges in the course:

> Learning spontaneity. It's like you'll say learning love. What is that? It's a pair of words that don't look connected, even when I read books. And I do believe that it is learned, this and this [learning and spontaneity]... and here you practice it. You go to places that are uncomfortable... every week anew, every week anew. And every time I discover something else. Suddenly, with these challenges, I discover a force that I didn't know I had, or a place where I'm scared like a little child... like, really looking inside to my real experience and not to the role of the therapist, that our client sometimes want to see us as immune. (Participant 6)

It can be seen that for some interviewees the visceral nature of the course was connected to the lasting effects experienced in their clinical practice.

Discussion

The goal of this research was to study the effects of a theater improvisation skills training on therapists. The effects reported by course alumni include a wide range of cognitive, emotional, and perceptual changes. Overall, therapists experienced enhanced levels of presence, self-validation, increased animation and playfulness, as well as bringing more of themselves to the clinical encounter. Thereby enabling interviewees a more congruent and empathetic meeting with their clients. We will now discuss the results in a more detailed manner and in relation to several existing concepts in clinical literature.

Improvisation skills and therapeutic presence

These reported effects and conditions correspond with the concept and phenomenon of Therapeutic Presence (PT), the process and experience of bringing oneself completely to the encounter with the client on the emotional, physical, cognitive, and spiritual levels (Gehart & McCollum, 2008; Geller & Greenberg, 2012; Geller, Greenberg, & Watson, 2010;Geller, Pos, & Colosimo, 2012; Greenberg & Geller, 2001). TP has been shown to be an

effective element in the therapeutic relationship (Geller & Greenberg, 2002, 2012) and is related to empathy, congruence and unconditional positive regard (Geller et al., 2010; Greenberg & Geller, 2001; McCollum & Gehart, 2010).

PT involves three stages: *preparation* for presence, *process* of presence and *experience* of in-session presence (Geller & Greenberg, 2002). The process stage, what the therapist does when in TP, has three categories: *receptivity*, *inwardly attending*, and *extending and contact* (Geller & Greenberg, 2002). *Receptivity* refers to experiencing a session in a sensory and bodily way (Geller & Greenberg, 2002), through awareness of one's body, which can assist therapists to better understand what they are feeling (Baldini, Parker, Nelson, & Siegel, 2014). *Inwardly attending* relates to therapists' use of themselves as an instrument to understand the client and know how to respond, including emotions, images, and intuitions (Geller & Greenberg, 2002; Greenberg & Geller, 2001).

The majority of interviewees reported being more aware of their emotions and associations during the therapeutic hour, as well as finding freedom and a newfound trust in their intuition. Many reported feeling acutely aware of the here-and-now, often explicitly using the word presence, as well as having a sense of vitality, excitement, and animation in their sessions, often as a result of their "yes and" mentality. These experiences can be conceptualized as *Inwardly attentiveness* and *receptivity*, which relate to increased spontaneity and creativity, while staying in the present moment (Geller & Greenberg, 2002; Greenberg & Geller, 2001). Results regarding increased sense of authenticity and congruence fit well within the TP definition: "Being authentic and congruent in one's self in the moment with the client is also a natural manifestation of presence and inwardly attending to one's own flow of experience." (Geller & Greenberg, 2012).

Increased spontaneity and creativity are also key elements of the TP experience (Geller & Greenberg, 2012), which were also found in interviewees' reports. In summary, participants reported improvements in several categories that correspond to the various dimensions of TP.

Improvisation skills and TP extending and contacting skills

A central part of the TP process is the category of *extending* and *contact*: "The act of emotionally, energetically and verbally reaching outwards to the client, and offering one's internal self, images, insights or personal experience" (Geller & Greenberg, 2002). Extending and contact requires the therapist to be accessible, to meet the client in a humane way, and to transparently share their authentic selves with their clients intuitively (Geller & Greenberg, 2002, 2012). These skills of openness, transparency and non-blaming therapist disclosure, have been described as key elements in building the therapeutic alliance and improving therapy outcomes in clinical literature (Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012; Horvath et al., 2011; Klein, Michels, Kolden, & Chisolm-Stockard, 2001; Norcross & Wampold, 2011; Renik, 1999).

Extending and contacting are core skills in theater improvisation, taught and trained by improvisational actors around the world. The majority of the interviewees reported being more bold, direct and daring, sharing their feelings and associations with their clients following the course. These active, direct, self-disclosing skills are core theater improvisation guidelines – being aware and sharing what emerges in you (Hazenfield, 2002; Jagodowski, Pasquesi, & Victor, 2015; Kindler, 2010; Madson, 2005; Meares, 2001), saying "the truth right now" (Hazenfield, 2002) and to "follow the fear" (Jagodowski et al., 2015). As such, they were practiced often during the course and therefore it is not surprising to find reports of such behavior months after the course completion. Therefore, these behaviors can be conceptualized within the category of extending and contact.

Efforts to improve therapists' TP skills have been traditionally conducted mostly through mindfulness training (Baker, 2012, 2016; Campbell & Christopher, 2012; Christopher et al., 2011; Geller, 2009; Ivanovic, Swift, Callahan, & Dunn, 2015; Moore, 2008; Shapiro, Brown, & Biegel, 2007; Simons, 2014). However, in order to train and enhance the interpersonal, immediacy skills of extending and contact, training should include an emphasis on developing a more vigorous, self-disclosing, and outwardly engaged clinical behavior. Training and enhancing this type of behavior should focus more on experiential enactments in the inter-personal field, together attentiveness to the other's experience and the co-creation of the relationship.

Training in theater improvisational skills is proposed as an appropriate model for the externally active dimension of TP. It is conceivable that the improvisational guidelines (also listed in Table 1) that call for acute awareness on one hand and intense transparency and co-creation on the other, have the potential for creating ideal conditions to enhance the interpersonal skills of TP. Perhaps the unique contribution of theater improvisation skills to TP, in comparison to mindfulness training, is the "high risk, high gain" (Knoblauch, 2001), here-and-now, outward focused, co-created atmosphere. Moreover, theater improvisation skills encourage experimentation and expansion of interpersonal skills in safe environment, partly due to the cardinal rule of improvisation "there are no mistakes" (Fox, 1994; Madson, 2005; Nachmanovitch, 1990).

Our research suggests that there is a positive effect of theater improvisation skills on therapists' extending and contacting skills. This was achieved perhaps due to the visceral interpersonal experience, which helped participants experiment with disclosing their feelings and association in the here-and-now.

Theater improvisation and therapeutic charisma

Participants' reports of being more expressive, animated, and dramatic could also be seen as descriptions of therapeutic charisma: The emotional and social expressivity, sensitivity, and control that enhance client engagement (Heide, 2013; Otterson, 2015), which was found to be connected to client satisfaction and perceived effectiveness in psychotherapy (da Silva, 2007; LaCrosse & Barak, 1976; Otterson, 2015; Silove, Parker, & Manicavasagar, 1990). Charismatic communication skills include emotional expressive skills, receiving/sensitivity skills, and regulating communication skills (Riggio, 1998, 2004). Charismatic therapists are usually more perceptually salient (Heide, 2013; Sullins, 1989) and disclose during the session their experience the client, him/herself in relation to the client or about the relationship. These disclosures can be called immediacy skills (Hill, 2004; Hill et al., 2014) or metacommunication (Safran & Muran, 2000).

Our data suggests that the training helped participants improve their immediacy and expressivity skills, which corroborates previously research that these expressive and immediacy behaviors can be taught (Antonakis, Fenley, & Liechti, 2011; DePaulo, Blank, Swain, & Hairfield, 1992; Riggio, 2004). Thus we suggest that therapeutic charisma can be developed or enhanced through improvisational skills training, which facilitates therapists' freedom and spontaneity.

Improvisation skills and therapeutic impact

Another possible effect of this charismatically immediate behavior is an increase in therapeutic impact, which relates to the modes of intervention that reduce clients' tendency to forget or not respond to therapeutic messages (Omer, 1987, 1992; Omer,

Kadmon, Wiseman, & Dar, 1992; Omer, Winch, & Dar, 1998). Therapeutic impact is increased through arousal and curiosity, which make the treatment extraordinary and moving (Omer, 1992). Participants' reports of being more confident, spontaneous and daring could create a higher level of arousal in their clients.

Contact with the client's problem in the therapy room makes therapeutic interventions relevant and accessible to the client in time of need (Omer, 1992). One possible way to bring the problem to the room is by enactments or mutual inductive identification (Ringstrom, 2010, 2011), where both client and therapist are viscerally experiencing the client's problem. It is possible that the combination of self-disclosure and immediacy skills, allowed participants to make contact with their clients' problems more directly and viscerally, thereby increasing their therapeutic impact.

Implications for therapist training

Some clinical training programs focus on teaching theories and interventions, with less emphasis on *how* to be in the room in the ever changing, moment-to-moment inter-personal reality. In order to achieve this latter goal, there is a need for a training model that provides a setting and language that can capture and enhance these immediacy skills. We propose that theater improvisational training provides such a framework.

This study provides preliminary evidence of the possibility to impact therapists' sense of self and approach to clients by a theater improvisation skills course. The challenging and visceral nature of the course allowed participants not only to engrave new improvisation skills "in the muscle," but also aided the expansion of empathy towards the challenges and difficulties their clients face in the therapeutic encounter.

Using theater improvisational skills can be a way of "playing" with one's expressiveness, as well as developing awareness to oneself and others on a here-and-now basis. This type of training can help improve therapists' ability to be mindfully aware, present in the moment, and openly animated with their clients – all core skills of improvisational theater. This data supports previous research that shows that people are perceived as more charismatic after training in nonverbal, expressive behaviors (Nodarse, 2009; Otterson, 2015) and that it is possible to teach empathy through theater training (Dow, Leong, Anderson, & Wenzel, 2007; Goldstein, & Winner, 2012). As Otterson (2015) wrote: "Therapists should feel encouraged to be open and curious about playing with their own expressiveness and natural charisma in therapy settings. Becoming more aware of our full range of expressiveness as therapists and increasing our charismatic communications has exciting potential as an untapped therapeutic contextual tool" (p. 88). Thus, improvisational skills training could be a natural addition to the traditional mindfulness training that is usually applied in training therapists in TP.

Limitations

This study has several limitations. Most of the interviewees in this study were already actively working as therapists while in the graduate training, as is the case with all social workers in Israel who can practice with their undergraduate degree. Yet there is still a potential for false attributions of changes to the course as well as a maturing effect, due to the other courses they took parallel to their experience in the theater improvisational skills course.

Moreover, the study focused only on therapists' subjective experience of the course and its effects on their clinical practice, and did not include their clients' views on these effects. Furthermore, the interviews reflect participants' perceptions only a short time after completing the course.

Although most interviewees graduated from the program by the time of the interviews, and that the interviewer was not the teacher of the course, there is still a potential for response bias due to the fact that interviewees knew that the teacher of the course was also one of the researchers of the study. Additionally, Member checking was not done at the analysis stage of the research.

Future research and conclusion

As the field of improvisation training for therapists is just beginning to achieve recognition, there is need for more research and evaluation. Future research could examine clients' perceptions of changes in their therapists' presence and style of working after training of this sort. Developing more standardized protocols could help collect more generalizable data that in turn could help generate new, holistic training for therapists. A longer and more extensive training and research could allow a more congruent and internalized learning of these skills by participants, as well as a sounder database, which could lead to a better understanding of these initial findings.

In closing, the results of this research suggest that theater improvisation skills can help therapists to "be always on the lookout for ways of capturing attention, awakening dormant feelings, triggering activity, targeting problems and shaking off routine and oblivion" (Omer, 1992). We hope that in the future, this type of training will be more researched and practiced, thereby helping therapists "come home to themselves" and increase their effectiveness in the clinical improvisation.

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