

Getting 'witness' – thinking through theatrical improvisation

Matt Selman

True improvisation is a dialogue between people. Not just on the level of what the scene is about, but also a dialogue from the being – something that has never been said before that now comes up, some statement of reality between people. In a dialogue, something happens to the participants. It's not what I know and what you know; it's something that happens between us that's a discovery... you can't make this discovery alone. There is always the other.

Paul Sills (quoted in Sweet, 2003, p.19)

One day I hope to be quoted at the start of an article.

Matt Selman (2015)

The opening acts

Picture two events; in the first, an improvisational performer steps out onto stage with his or her fellow players – there is no script to guide the next 90 minutes and an audience waits to be entertained. From nothing more than a single suggestion, an entire play may be co-created through players' moment-by-moment interactions. At its best, the audience leave entertained often assuming that it must have been scripted or planned.

In the second, a therapist in an open-dialogue session begins with an openness to the endless possibilities as to how the dialogue between him or herself, the other network professionals and family will play out. There is no set agenda, no manual that instructs how the session 'should be' and what topics need to be covered. The interaction will be driven by the 'in the moment' responses to the others' utterances. At their best, these sessions enable language to be found for problems that previously did not have words and for people and their families, experiencing significant mental health problems, to have recovery and new possibilities.

Both the therapist and performer are engaging in an unplanned, collective endeavour with no one person deciding what will happen and only a loose outline to frame the process. Success in both requires an expertise in process rather than a depth of reified knowledge or an ability to skilfully re-apply the already known.

Writing as an improvisational performer and family therapist, my experience of

the former has helped me gain more of an understanding of the processes in the latter. In this article, I will focus on the dialogical theory underpinning open dialogue (Shotter, 2010) and propose that theatrical improvisation is a specific practice where dialogical processes are clearly evident and can be explored. Importantly too, the process of developing skills in improvisation offers the potential for broader skills in dialogical practice. I put forward that the training methods of improvised theatre offer dialogical therapists a way of engaging with or 'getting' this through lived experience. Clearly, the context, aims and training of practitioners in both, bring about considerable difference and I will not suggest that open-dialogue teams leap on to the stage nor improvisational performers set up therapy services.

A brief note on improvisation

Improvisation in theatre can be used as preparation for scripted pieces, as a means of developing a script, as a way of 'tuning up' actors for performance and as a form of theatre in itself (Frost, 2007). The latter is often referred to as theatrical improvisation and has a variety of formats from faux competitions, to short-game formats, sketches and long-form pieces where a series of interlinked scenes or a full narrative is performed (Leep, 2008). Regardless of whether used as a training tool or performance piece all improvisation is done 'on the spot' without script or planning.

The 'witness' of dialogical theory and links with improvisation

Mikhail Bakhtin's dialogical theory applied to human relations through John Shotter's developments (2010), moves beyond the language metaphor towards the embodied experience, one of the current influences in open-dialogue development (Seikkula, 2011). Shotter refers to dialogical thinking as "witness" and defines it as:

a form of reflective interaction that involves coming into living contact with an other's living being, with their utterances, with their bodily expressions, with their words, their works (2008 p. 186).

And that in practice:

It is a knowing to do with one's participation within a situation, with one's 'place' within it, and with how one might 'go on' playing one's part within it – a knowing in which one is as much affected by one's surroundings perhaps even more than one affects them (Shotter, 2011).

This contrasts with monological or 'aboutness' thinking that is characterised by a relationally-unresponsive form that is deaf to the other and only conveys the person's own thoughts and feelings without adaption to the other (Shotter, 2008). The creative process performed in improvised theatre is found as part of children's pretend play and everyday conversational discourse (Sawyer, 2001). Like Seikkula's (2011) recognition of the paradox of dialogue being both simple

and complex, this is part of improvisation where players train to achieve something that is part of life from childhood to everyday interactions.

So, for both there is a sense that the process is something natural; however, many an improvised performance fails and everyday conversations we have are often stilted, repetitive or predictable. What improvisation offers the dialogical therapist is the range of methods to help attain a state (sometimes fleeting) where you are simply with your fellow players engaged in dialogue in the moment. It is in these moments where the performer is truly being dialogical and the experience of being in the moment can be freeing.

Improvisation offers regular experience of what players call “*getting in your head*” when one ceases to be connected with the other; shown through blocking the others’ ideas. Getting caught up with their own idea, they miss what’s actually happening through not being present. Improvisers need to recognise when their improvising is failing (rather than blaming others or holding onto a few laughs) and they need to respond differently. Similarly, the dialogical therapist must be wary of slipping into monologues that exist in therapeutic discourses such as reified ideas of ‘resistant families’ or reassuring themselves that the session is dialogical simply because people are talking.

Improvisation training and practice – an opportunity for open-dialogue practitioners

Central to most approaches to improvisational-theatre training are theatre games and exercises (Spolin, 1999; Johnstone, 1981, 1999). These games are devised to solve problems faced by the performers, enabling them to develop an ability to creatively connect with others and develop skills needed to perform. Problems addressed are many and varied and relate to the performance aims and include self-censoring, blocking the ideas of others, being controlling in a scene, speaking too much, being passive, and so on. The games are designed to be enjoyable, avoiding a sense of needing to please or appease a critical authority (Spolin, 1999).

In this next section, I describe an improvisation game that can provide experiences of the dialogical and monological.



Andrew Phung and the author improvising at the Loose Moose Theatre, Canada.

An example exercise – ‘word at a time’ (Johnstone, 1999)

This can be played in pairs or in a circle with multiple players. The players construct a story by each adding one word at a time. The rules of the game are that the sentences have to be grammatical, and they have to make sense.

For the improviser, it offers practice in being ‘in the moment’ and paying attention to what is happening now and being aware of when they and/or the other(s) are planning in advance. The skill is not thinking past the next word while holding those that have gone before so the sense is still made. When the players are successful in creating a meaningful, grammatically correct story, they will be experiencing a dialogical interaction. However, the tendency is for us to start to plan ahead and lose touch with the other: as we imagine where our version of the story is going, we become less able to respond as the word added by another player takes the story in a different direction. This provides the contrasting experience of monological thinking and opportunity to contrast and reflect on the two experiences.

The game in a circle of multiple players can be played where anyone who hesitates or is ungrammatical is ejected and becomes a judge. Played as a game, it becomes enjoyable to interact together and to create something new. Failure, too, in improvisation is something that is embraced with goodwill as part of the process and something that will – not might – happen when we are truly improvising.

To explore beyond the verbal and work more with the embodied responding, the two-player version can be acted out with the unfolding story. Players are invited to go on an exploration and meet a ‘monster’ and interact with it. As they do this, they add an embodied element through the physical acting and non-verbal offers that each will need to respond to keep the dialogue. This adds more for the players to work with. To help with the fears of failure and tendency towards judgement and criticism, when players feel they have become stuck, nonsensical or are just not enjoying it, then they are encouraged with enthusiasm to check with each other and together throw their arms in the air and shout “*Again!*” and start over again, knowing they are learning each time.

Reflections and “what comes next?”

In my experience, improvisational-theatre exercises can provide another means of exploring the embodied experience of ‘witness’ thinking and practice. The exercises can provide both the freeing experience to work in the moment and maintain dialogue, along with practice in recognising and responding to the slips into the monological. As these games have been devised to address specific needs for the actor or ‘improv player’, consideration is needed to adapt and create specific exercises and games that will help meet the needs of therapists. In a dialogical spirit, rather than see this as an end, I ask the interested reader “*What comes next?*”

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What constitutes an open dialogue training, education, education

Nick Putman

Towards the end of my first trip to Western Lapland, I asked senior members of the open-dialogue team how they accounted for their success. The response I invariably received was “education, education, education”. The fact that 90% of their staff members are trained family therapists is testament to their belief in the value of this.

And yet, what do they, and we, mean by education? I think the word ‘training’ threatens to mislead us. A glance at an etymological dictionary suggests roots stretching back to the late 14th century, and the meaning, “to draw out and manipulate in order to bring to a desired form”; and yet my experience of the trainings that have been of greatest value to me are far removed from this. Of course, we don’t have to look back, we can find new meaning – language evolves – and yet, I suspect what most mean by the word ‘training’ is not so far from this root meaning.

To reflect on the question of what constitutes an open-dialogue training is a daunting prospect as I coordinate a new training programme in the UK, commencing in 2015. The Finnish programme has evolved over 25 years, and will no doubt continue to do so. My current answer is based on my experience of being with teams in Western Lapland; attending a two-year training in the approach, led by Mary Olson and Jaakko Seikkula in the US; my experience of the Parachute Project training in New York; the work done to date on the three-year UK training programme, and my psychotherapy training with the Philadelphia Association in London.

The question concerning technology (revisited)

At a recent international meeting of those developing open dialogue and related approaches, there was a workshop entitled *The philosophy of manuals*. It was of no great surprise to find those in attendance rejected the idea of a manual, for the “technological attitude” (Heidegger, 1993) has no place in the history or development of open dialogue. And yet, those of us involved in training have a responsibility to convey something of the

substance, spirit and rigour of the work in Western Lapland. This will be particularly important when it comes to research.

There is structure to the training programme at Keropudas Hospital, which can be delineated to a significant degree. And yet, I would argue that the programme is more embodied than otherwise; that it is in the improvisational moments, the responsive responding of the trainers (and the trainees), that the essence of the approach is most fully conveyed.

Matters of the heart and matters of substance

At the heart of an open-dialogue training for me is the development of the trainees’ capacity to tolerate and entertain uncertainty or, as Kierkegaard (1981) writes, to embrace the “dizziness of freedom”. Of course, there is more to the training than this. Participants will learn about the Open Dialogue service-model and its evolution over the last 30 years, develop their clinical skill through extensive supervision and role plays, immerse themselves in a variety of theoretical, clinical and philosophical literature pertaining to the approach and its roots, explore different aspects of the work such as being with families affected by psychosis or violence, and engage with their own networks in the ‘family of origin’ seminars. However, ultimately, I think that all of this can be seen to be in the service of a more open, free and responsive way of being with others, where practitioners are not limited by a need to follow any particular model or theory, but instead are responding to the requirements of the moment.

At times, I have heard the task of open-dialogue practitioners being described as becoming part of the family for the duration of the work. Not unrelated is the following quote from a paper by Jaakko Seikkula and David Trimble:

The feelings of love that emerge in us during a network meeting...are our own embodied responses to participation in a shared world of meaning co-created with people who trust each other and ourselves to