



REHEARSALS FOR GROWTH: CONDUCTING ACTION MFT TELETHERAPY

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Abstract: Rehearsals for Growth (RfG) is a systemically-informed action method of psychotherapy in which improvisational enactments (derived from theater Games) are offered to clients, both as assessment tools and as interventions that gently challenge habitual patterns of interaction. RfG combines verbal therapy for couples and families with distinctive action episodes offered in a playful, exploratory context.

Because embodied enactment techniques has been an integral part of RfG practice from its inception in the mid-1980s, it had been supposed that their use in virtual therapy sessions would be ineffectual. When, however, the Covid-19 pandemic necessitated teletherapy, it was found that enactments need only be *suggested* as physical for them to be effective in virtual sessions.

Following some general discussion of the pragmatics of conducting teletherapy sessions, two basic RfG enactment techniques are described: first, in their original, embodied form; then, in a modified, virtual form. These descriptions illustrate how RfG techniques have been adapted successfully to teletherapy.

Around 1985, working in private practice as an MFT, the author developed a way of conducting relationship therapy, since named “Rehearsals for Growth” (RfG); (Wiener, 1994). In RfG, the therapist offers improvisational enactments (derived from theater Games) to clients, both as assessment tools and as interventions that gently challenge habitual patterns of interaction. RfG combines systemically-informed verbal therapy for couples and families with distinctive action episodes in a playful, exploratory context. Although of brief duration, these episodes punctuate the course of therapy, providing memorable highlights and pivotal insights.

During RfG therapy, clients, as their social selves, occasionally are directed to get up from their seats, go to another physical space (termed “the Stage”), and perform, as characters different

from their social selves, in brief scenes. For clarity, enacting clients are referred to as “players.” Following these dramatic enactments, client’s de-role, return to their original seats and to their roles as their familiar social selves. The therapist then leads these clients in verbally processing their just-completed on-stage experiences and on the connections between these enactments and their real-life interactions (Wiener, Osborne, Ramseur & Sand, 2020).

Since the time Covid-19 was declared a Pandemic, for nearly all clinicians, face-to-face psychotherapy has given way to teletherapy, delivered remotely/virtually over various internet platforms. This change has had even more disruptive consequences to the practices of all therapies which involve physical movement and/or dramatic enactment, such as RfG, Psychodrama and the various Creative Arts Therapies. Even more than for verbal-only psychotherapy, the virtual delivery of these Action psychotherapies has required alteration to being conducted in a far-less-embodied form, raising valid concerns both about how these changes can be effected and how such changes impact their effectiveness. The broad question thus arises, need we wait until social distancing ends before resuming action therapy practices?

Our experience over the past ten months has been that RfG teletherapy is quite feasible, even when certain established RfG techniques have had to be modified or replaced. The fundamental reason for this is that RfG enactments are *improvisational encounters in the playspace*, where “playspace” refers to an agreement among all present that on-stage actions are understood to be representations or portrayals distinct from reality (Johnson & Pitre, 2020, p. 130). Of course, the invitation to enter provisional, imaginative worlds has long been offered as part of talk-only therapy (e.g., throughout the work of George Kelly (1969) and later Social Constructivist therapists, all of whom were influenced by the philosopher Hans Vaihinger (1924).

Long before experimenting with RfG teletherapy, the author had supposed that the greater impact of RfG therapy interventions relative to talk-only ones was due to the separate contributions of and interactions among three essential factors:

- (1) that the encounters in the playspace are embodied or physicalized. Bodily engagement reveals truths that verbal representation often suppresses or distorts. As Duhl noted, “...the body in action did [does] not lie” (1999, p. 88).
- (2) that the practice of improvisation compels “presence in the present moment.” Its “risky aliveness” takes the improviser out of the habitual reliance on pre-established stories we tell ourselves and offer to others.
- (3) that the relative psychological safety of enacting fictions in character greatly reduces the performing client’s fear of being seen as undesirable (unworthy, incompetent, unprepared, foolish, etc.) The word “rehearsals” in RfG points to that which is tentative and reversible, as opposed to a performance with significant, real-life consequences. Hence, exploration of novel choices is facilitated, leading to discoveries that may expand clients’ repertoire.

The second and third features listed above are still available in RfG teletherapy; only the first is curtailed. Yet, somewhat surprisingly as confirmed recently through clinical experience, enactments need only be *suggested* as physical for them to be effective. Nor must the playspace be evoked in a concrete spatial location as the “Stage.” Described below are, first, some modifications occasioned by the use of the teletherapy medium, followed by two examples of how elementary RfG therapy games, delivered over the Zoom platform, have been adapted.

Some Workarounds in Teletherapy

Since most clients have available only the microphone and camera that their laptops or smartphones come with, constraints to be overcome are that they: (1) will view and be viewed by others only as a head-and-shoulders image; and (2) will be seated and relatively motionless. Breaking the habits and assumptions that arise from the conventions of Zoom business meetings, we can sometimes invite clients to leave their chairs, distance from their cameras and move/be seen in full-body view, even though the audio signal will then be compromised or lost. The enactments and warmups in this mode will add variety and energy to therapy sessions’ verbal directions before, and processing afterward, and will help tie things together.

The use of breakout rooms and turning off one’s camera in Zoom can lessen the distractions of Gallery view, both when witnessing several others and the heightened self-consciousness arising from being viewed by everyone else; also, in family therapy, exercises may be conducted in smaller subgroups (breakout rooms) which the therapist can visit to observe passively or provide coaching.

Some Generic Changes Occasioned by Teletherapy

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Increasingly, clients’ home space constraints affect their ability to create an “on-stage playspace,” not only regarding room but also freedom from distracting “off-stage” sounds, pets, and other people in the home environment. Obtaining sufficient privacy from other persons with whom they live is a greater concern. The author finds it helpful to hold pre-session conversations with clients in which we discuss ways to prepare their home spaces and make arrangements with others living with them. Sometimes, the outcome is a decision to enlarging the treatment system into a consultation session (or even into relationship therapy) that includes others living together

with the initial client. Compared with in-person face-to-face therapy, more attention needs to be paid to warmups and transitional activities, probably because a client no longer has the built-in transition of traveling to the therapist's office, or of entering and situating self within the therapists' physical office and that interpersonal space.

Comparing RfG In-Person Enactment with Virtual RfG: Two Examples

As most readers may be unfamiliar with RfG enactments, the examples chosen below do not represent adequately the complexity of those games involving a fuller taking-on of dramatic character and where an improvised scenario is co-created by the players.

A. Mirrors (Wiener, 1994, p. 69) is an elementary RfG exercise, sometimes used as warmup. Among its uses in conjoint therapy, Mirrors: (a) assesses and strengthens attentive cooperation in dyads; (b) provides a structured turns-taking experience; and (c) deepens intimacy between partners. In Mirrors' most basic, fully-embodied version, two clients take the Stage and stand facing one another, approximately 4 feet apart. The therapist assigns the role of Leader to one and the role of Follower to the other; the Leader is instructed to move her/his body or any body parts slowly and continuously while maintaining eye contact in silence with her/his partner. The Follower moves together with the Leader, mirroring the latter's body movements. After perhaps twenty seconds, the therapist calls "Switch!," signaling that the roles are now reversed; the former Follower becomes the Leader and now initiates the same type of movement, which is copied by the new Follower. After the therapist calls "Switch!" again, the clients reverse roles. The therapist may call for switching roles a few more times. After bringing this exercise to a close, the clients leave the Stage, returning to their seats; the therapist then leads some verbal, interactive post-enactment processing (PEP) of the Mirrors exercise.

As Mirrors is enacted in silence, it is feasible for pairs of clients who are physically located in the same space to receive the instructions close up and then perform this same fully-embodied version at sufficient distance from the camera for the remotely-located therapist to observe their interaction, so long as they can hear the "switch" direction. For pairs who are not physically together, the teletherapy/virtual version can be modified to be done with smaller gestures that are visible to one another; this can be achieved by the players moving their hands close to their heads and by focusing attention on small head movements and on facial gestures.

Important limitations of this latter, virtual version are: (1) that the sense of being in the presence of one's partner is diminished by having only a partial view of one's partner's body; (2) each player's involvement is reduced by not fully moving one's own body; (3) other cues in the visual field on-screen, such as the face of the therapist, competes with the focus on one's partner's face during the enactment. It can be helpful for the therapist to turn off his/her camera during the enactment phase, returning to view during the PEP. Once the enactment ends, clients' transitions

from their player roles to their social selves can be marked by instructing players to turn off their mics and cameras for three seconds, leave their chairs, take a few slow, deep breaths, and then turning their mics and cameras back on; this interlude “resets” their imaginations as the PEP is then begun.

B. Presents (Wiener, 1994, p. 105) is another, usually dyadic game that builds upon the culturally universal rituals of gifting. In Presents, two players stand facing one another about 3 feet apart. As in Mirrors, the players alternate in taking complementary roles. Here, the players are told that an exchange of gifts will be occurring. On each turn, one player (designated the “Giver”) holds out his upraised palms toward the other (the “Receiver”). In the simplest version, the therapist instructs the Giver to make the giving gesture without any intention or foreknowledge of what he is giving. The Receiver is instructed to remain motionless at first, looking at the Giver’s palms until her own imagination “informs” her of what the offered gift is by “seeing” it on the Giver’s hands. Once the Receiver knows/sees what the gift is she mimes taking it from the giver’s hands and indicates by her actions what the gift is. Only then does she speak, acknowledging her reactions to getting the gift from the Giver. The Giver then responds vocally and bodily to the Receiver and the turn ends. Following this enactment there is another turn with the players reversing their initial roles as Giver and Receiver.

Often this process is repeated with additional instructions from the therapist before the action commences. Many variations in initial instructions by the therapist, some of these likely to altering profoundly the feelings and dynamics of players’ interactions, are possible (Author, 2012). Variations include: the gift is expected to be a desirable/disappointing/insulting one by the Receiver; the gift is understood to be a bribe; the Receiver is getting the gift from a relative stranger/from one’s father/from one’s spouse; the gift, though desirable, isn’t as good as the one received by the Receiver’s sibling; etc. Presents may: (a) activate the imagination of the player in the Receiver role; (b) often evoke emotionally resonant past experiences with actual gifting; and (c) promote the Giver’s sense of being appreciated when the Receiver expresses gratitude.

Although Presents is not enacted in silence, it is still feasible for pairs of clients who are physically located in the same space to receive the instructions close up and then perform this same fully-embodied version at sufficient distance from the camera for the remotely-located therapist to observe their interaction; here the problem may be that that the therapist cannot hear the speech of the players following the taking of the gift. For pairs who are not physically together, the teletherapy/virtual version can be modified to so that the Giver begins with an opening gesture of both hands moved outward from under the Giver’s chin, while the Receiver takes the Present by moving the open outstretched hands to a more closed position under the chin.

Similar to Mirrors, important limitations of this latter, virtual version are: (1) that the sense of being in the presence of one’s partner is diminished by having only a partial view of one’s

partner's body and the miming of the gift; (2) each player's involvement is reduced by not fully moving one's own body; (3) other cues in the visual field on-screen, such as the face of the therapist, competes with the focus on one's partner's face during the enactment. As noted with Mirrors, it can be helpful for the therapist to turn off his/her camera during the enactment phase, returning to view during the PEP.

The Future of Virtual Action Therapy

At the present time, it appears likely that teletherapy will continue to be a significant method for delivering psychotherapy services, even after the health needs for social distancing have receded. More effective platforms will likely be developed that reduce or eliminate some of the limiting features of existing ones. The Applied Improvisation Network (AIN) is currently mobilizing with a flood of ways to improvise online, including some who are exploring Virtual Reality (VR) technology. It is expected that a fuller flowering of creativity will continue in the near future; as the composer Igor Stravinsky wrote, "The more constraints one imposes, the more one frees oneself from the chains that shackle the spirit." (1942, p. 17). The author invites readers to communicate their own suggestions and examples of improvements, joining the community of those who are innovating and exploring the new Virtual world of action psychotherapy.

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