

“Yes, and”: Acceptance, Resistance, and Change in Improv, Aikido, and Psychotherapy

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Abstract

The *yes, and* practice of improvisational theatre (“improv”) involves accepting and building on a partner’s offer. This practice provides a simple conceptual framework for viewing acceptance, resistance, and change in a variety of disciplines including Aikido and various acceptance-based psychotherapies, including Ericksonian hypnotherapy. Aikido’s *blending* practice and Erickson’s *utilization* principle resemble improv’s *yes, and* practice, in that they involve aligning with another person’s energy and redirecting it instead of blocking it. Each of these disciplines emphasizes being present in the moment, avoiding struggle, and viewing resistance as a gift; these and other parallels help provide an interdisciplinary validation of the underlying *yes, and* principle. The article explores applying a *yes, and* approach to the processing of negative emotions. It also discusses possible applications of improv training in couples therapy, therapist training, and treatment of chronic negativity and social anxiety disorder.

Keywords: Aikido, improv, psychotherapy, hypnotherapy, acceptance.

The twentieth century saw the development of some new and ostensibly unrelated disciplines that nevertheless embody strikingly similar concepts relating to acceptance, resistance, and change. These disciplines include improvisational theatre (“improv”), the martial art Aikido, and various acceptance-based forms of psychotherapy, including Ericksonian hypnotherapy as well as therapies incorporating mindfulness meditation. Improv’s *yes, and* practice, in which a performer accepts and builds on the partner’s offer (Koppett, 2001), may provide a versatile and easily understood model of these concepts. Similarities to the *yes, and* principle can be seen in Aikido’s *blending* practice (Leonard, 1999) and in Erickson’s *utilization* (Windle & Samko, 1992).

While there is no exact one-to-one mapping between these disciplines, which have various details specific to their own domains, there are strong parallels. A common set of related concepts crops up repeatedly, as if the concomitant ideas are somehow implicit in the underlying *yes, and* approach and/or essential to its effective use. These parallels provide a measure of cross-cultural validation (Windle & Samko, 1992) and raise the possibility that experience with these disciplines may prove therapeutic by helping one internalize the fundamental concepts and apply them in daily life.

This article briefly reviews aspects of improv, Aikido, and acceptance-based psychotherapies. After exploring the concepts of acceptance, resistance, and change, it examines a number of parallels among these disciplines. Next, the article explores a *yes, and* approach to processing negative emotions. Finally, the article considers some

possible applications of improv-based therapies, including couples therapy and treatment of chronic negativity and social anxiety disorder.

Improv, Aikido, and Acceptance-based Psychotherapies

Improv

Improv is a form of theatre in which actors spontaneously improvise dialogue and actions, often based on audience suggestions. In the *yes, and* practice upon which much of improv is based, a performer accepts (says “yes” to) the reality of whatever suggestion (or “offer”) is made by another performer, then adds (“and”) to that offer, thereby building a scene together (Johnstone, 1979; Koppett, 2001; Madson, 2005). Thus, instead of undermining the scene one’s partner has just created, the performer accepts that reality and builds on it. The more specific the new offer, the more helpful it is to the other actors (Schwarz & Braff, 2012). Colbert (2006) described the value of this concept:

When I was starting out in Chicago, doing improvisational theatre with Second City and other places, there was really only one rule I was taught about improv. That was, “yes-and....” To build anything onstage, you have to accept what the other improviser initiates... They say you’re doctors – you’re doctors. And then, you add to that: We’re doctors and we’re trapped in an ice cave. That’s the “-and.” And then hopefully they “yes-and” you back.... You have to be aware of what the other performer is offering you, so that you can agree and add to it. And through these agreements, you can improvise a scene or a one-act play.... Cynics always say no. But saying “yes” begins things. Saying “yes” is how things grow. Saying “yes” leads to knowledge. (Colbert, 2006)

By providing a forum for interpersonal experimentation and rehearsal with countless variations, it is possible that the practice of improv may help one internalize the underlying *yes, and* idea. Wiener (1994) recommended improv training for therapists and clients, and Schwarz (2007) used improv specifically to train therapists in Erickson’s *utilization* method.

Aikido

Aikido embodies the art of conflict. Instead of resisting an attacker or fleeing the scene, one fully engages the situation, moving toward the oncoming energy and accepting that energy as a gift. Then, stepping off the line of attack, one redirects the energy instead of opposing it head-on. This approach is referred to as *blending* – the Aikidoist blends with the attack energy and channels it in a new direction, often by executing a turn that leaves both people facing the same way. One is now looking at the situation from the attacker’s point of view, without giving up one’s own. (Leonard, 1999) Aikido’s blending practice is somewhat analogous to improv’s *yes, and* principle and provides a visual and kinesthetic way of experimenting with these behaviors.

Morihei Ueshiba developed Aikido as a means of defending oneself while protecting one’s attacker. He stated, “To control aggression without inflicting injury is the Art of

Peace” (Ueshiba, 1992). He viewed Aikido not as “a technique to fight with or defeat the enemy,” but as “the way to reconcile the world and make human beings one family” (as cited in Leonard, 1999, p. 7). In many situations, this type of win-win approach can be more adaptive than the instinctive win-lose response, which can easily devolve into a lose-lose cycle of recrimination and retaliation. Aikido has frequently been viewed metaphorically as a model of methods for conflict resolution (Dobson & Miller, 1978).

Acceptance-Based Psychotherapies

Over the past half-century or so, psychotherapy has increasingly embraced acceptance-based approaches, which can sometimes be more effective than direct, change-based methods (Hayes, Jacobson, Follette, and Dougher, 1994). Rogers (1961, p. 207) recognized that “acceptance of the client by the therapist leads to an increased acceptance of self by the client,” which may lead to therapeutic change.

Classic cognitive and rational therapies such as cognitive behavioral therapy (CBT) (Beck, Emery, & Greenberg, 1985) and rational-emotive behavior therapy (REBT) (Ellis & Robb, 1994) focus on accepting the existence of the current problem and then challenging irrational thoughts and beliefs. More recent acceptance- and mindfulness-based approaches, such as acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 2012), dialectical behavior therapy (DBT) (Linehan, 1993), radical acceptance (Brach, 2003), and mindfulness-based cognitive therapy (MBCT) (Segal, Williams, & Teasdale, 2002), have focused directly on teaching acceptance as a learnable skill; this new focus represents a shift in emphasis away from refutation of irrational beliefs, toward acceptance of the client’s thoughts and emotions (Mellinger, 2001). MBCT, for example, explicitly incorporates the use of meditation (Segal et al., 2002). As Mellinger wrote, “The newer, acceptance-based approaches... share the Buddhist emphasis on ‘stopping the war,’ rather than getting caught up in futile wranglings with ourselves” (p. 222). Instead of trying to change or stop irrational thoughts, an effort that may paradoxically increase their incidence, the acceptance- and mindfulness-based treatments emphasize nonjudgmental acceptance of internal experiences (Mellinger, pp. 224-225). The underlying assumption is that mindfulness itself can lead to personal transformation (Kabat-Zinn, 2002).

Ericksonian therapy. Noted psychiatrist Milton Erickson developed an unconventional, acceptance-based approach to psychotherapy, often using hypnosis, therapeutic metaphor, and story telling (Short, Erickson, Erickson-Klein, 2005). He observed that patients frequently resisted the very help they sought, pushing back against any changes suggested by the therapist. Therefore, Erickson used indirect methods, such as suggesting changes symbolically or metaphorically, to avoid strengthening the patient’s resistance (Windle & Samko, 1992). He advocated graciously accepting the resistance, in a process he called *utilization*, and using it to gain insight into which emotional areas might benefit most from further exploration (Zimberoff & Hartman, 2001).

Schwarz and Braff (2012) mentioned Erickson’s work in their discussion of improv’s *yes, and* principle: “The greatest improvisational therapist was the psychiatrist Milton H. Erickson. When a psychotic patient in the hospital came to him and said, ‘I am

Jesus Christ!’ Erickson replied ‘I hear you know something about carpentry.’” Instead of directly contradicting the young man’s delusions, thereby destroying the therapeutic opportunity, Erickson shifted him toward productive work by having him build a bookcase (Haley, 1973, p. 28).

Aikido and Psychotherapy

Several authors have noted deep similarities between Aikido and psychotherapy. Saposnek (1985) explored Aikido as a model for brief strategic therapy, and Windle and Samko (1992) summarized a number of parallels between Aikido and Ericksonian therapy, finding that “Aikido provides a visual and kinesthetic metaphor for utilization of resistance and pattern interruption. It is one thing to work with these methods in the mental realm, and quite another to watch them unfold physically” (p. 262).

In another fascinating paper, “Aikido and Psychotherapy,” Faggianelli and Lukoff (2006) conducted in-depth interviews with eight psychotherapists highly skilled in Aikido. All participants stated that their Aikido practice greatly affected their psychotherapy practice. The researchers found eight major themes: Aikido’s mind-body unification is physically and psychologically healing; being centered in Aikido is similar to being present in therapy; creating a safe space within conflict allows one to be more present in therapy; the Aikido *blending* technique bypasses resistance; *extension* allows redirection of the partner’s energy; *takemusu* in Aikido transfers into spontaneity in therapy; Aikido’s martial and spiritual aspects both inform one’s psychotherapy practice; and Aikido is related metaphorically and isomorphically to psychotherapy (Faggianelli & Lukoff, 2006). This paper will discuss many of these themes in detail.

Acceptance, Resistance, and Change

Acceptance and resistance are two fundamental stances toward life. Resistance (or negativity) is an attitude that says, “I don’t want to be here,” while acceptance (or receptivity) says, “I welcome this experience” (Zimberoff & Hartman, 2001, p. 4). These attitudes may have a strong effect on a person’s life experience, happiness, and fulfillment.

Is it possible, or desirable, to change a person’s fundamental stance toward life? Writing about improv, Johnstone (1979) stated, “Those who say ‘Yes’ are rewarded by the adventures they have. Those who say ‘No’ are rewarded by the safety they attain. There are far more ‘No’ sayers around than ‘Yes’ sayers, but you can train one type to behave like the other” (p. 92).

Acceptance

Acceptance is central to each of the aforementioned disciplines. In Aikido, instead of blocking the flow of energy, one accepts the opponent’s energy as a gift, *blends* with it, and redirects it. In improv, instead of blocking the flow of a scene, one accepts the partner’s offer and adds to it, embellishes it, or redirects it. In psychotherapy, instead of struggling with the client’s resistance, the therapist accepts it and reframes it to highlight the most important emotional issues. Similarly, in mindfulness meditation, one accepts the present moment; instead of trying to block out distracting thoughts, one accepts them and gently redirects the focus back to the object of meditation.

In the context of a client’s attitudes and behaviors, the word “acceptance” has many possible meanings, including acceptance of the present moment as well as receptivity to the possibility of change (Williams & Lynn, 2010). The following passage from the movie “Waking Life” discussed the idea of saying “yes” to the present moment:

Actually, there’s only one instant, and it’s right now, and it’s eternity. And it’s an instant in which God is posing a question, and that question is basically, “Do you want to be one with eternity? Do you want to be in heaven?” And we’re all saying, “No thank you. Not just yet.” And so time actually is just this constant saying No to God’s invitation.... There’s just this one instant, and that’s what we’re always in.... this is the narrative of everyone’s life. That behind the phenomenal differences, there is but one story, and that’s the story of moving from No to Yes. All of life is like, “No thank you, no thank you, no thank you,” then ultimately it’s, “Yes, I give in, yes, I accept, yes, I embrace.” That’s the journey. (Linklater, 2001)

Resistance

While everyone is resistant to certain things from time to time, some people suffer from what might be termed “chronic negativity,” in which resistance becomes a dominant theme of their lives (Zimmeroff & Hartman, 2001). One often learns negativity as a child, while trying to adapt to a world that may not make sense. Over time, negativity can become habitual, as one retains behavioral patterns that are no longer useful.

As with acceptance, the concept of resistance can apply either to the present moment or to the possibility of change. Resistance to the present moment may take the form of *armoring*: One’s muscles hold in excess tension, as if by bracing oneself against the world one can say “no” to trouble and keep it at a distance (Brach, 2003).

The word “resistance” can also connote opposition to change. In therapy, a purely change-oriented, corrective approach may simply provoke resistance. If the therapist opposes this resistance head-on, the client may push back, resulting in an unproductive contest of wills. Resistance invites struggle, which in turn strengthens resistance (Zimmeroff & Hartman, 2001).

In Aikido, struggle is generally a sign that the *nage* (recipient of the attack) is doing something wrong. If the *blending* technique is done correctly, the attacker does not

think to resist, because there is nothing to resist until it is too late (Faggianelli & Lukoff, 2006).

A participant in the “Aikido and Psychotherapy” study noted that “there is a lot of discussion about client resistance... frequently blaming the client for their resistance, instead of looking at why they are resisting: ‘What is it that I’m doing that may be provoking the resistance?’” (Faggianelli & Lukoff, 2006, p. 169). Resistance may have as much to do with the therapist’s inability to connect and blend with the client as it does with the client’s unwillingness to change, and may simply signify that “the therapist is trying to take the client somewhere he or she does not want to go” (Faggianelli & Lukoff, p. 169). Gilligan (1982) wrote, “...there really is no such thing as ‘resistance’ in a utilization approach. Everything the person is doing is exactly what you would like him to be doing.... ‘Resistance’ is just a message that you need to synchronize yourself with the subject again” (p. 92).

Ericksonian therapy accepts a client’s resistance and uses it to help locate “the areas of psychic pain and anxiety that are best defended and therefore most central to profound healing” (Zimberoff & Hartman, 2001, p. 19). Instead of struggling with the client’s resistance, Erickson (1967) recommended welcoming it:

There are many types of difficult patients who seek psychotherapy and yet are openly hostile, antagonistic, resistant, defensive and present every appearance of being unwilling to accept the therapy they have come to seek... such resistance should be openly accepted, in fact, graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses.... The therapist who is aware of this, particularly if well skilled in hypnotherapy, can easily and often quickly transform these often seemingly uncooperative forms of behavior into a good rapport, a feeling of being understood, and an attitude of hopeful expectancy of successfully achieving the goals being sought. (p. 537)

In improv, resistance is termed *blocking*, which means rejecting an offer. For example, one performer says, “Welcome to my home,” and the partner replies by saying, “No, this is an office building.” *Blocking* does not work well in improv; it undermines the reality of the scene, the audience gets confused, and everything grinds to a halt (Koppett, 2001). Instead of *blocking*, improv students are encouraged to accept the offer and add to it. The term *blocking* can also refer to the mental process of censoring (resisting or repressing) the first response that comes to mind. Students are encouraged to follow their first instincts instead of resisting and *blocking*.

Change

Western therapies typically view change as the desired result. Zen philosophy, by contrast, describes the world as being perfect as is, without needing any change; Zen practitioners are expected to experience this realization over time (Williams & Lynn, 2010). “Radical acceptance,” which combines insights from Buddhist meditation and psychotherapy, advocates a total willingness to experience whatever occurs in the present moment (Brach, 2003). Brach clarified, however, that acceptance does not mean resignation, passivity, withdrawal, or self-indulgence; saying “yes” to the

reality of a situation does not preclude taking action to change it, nor does it excuse acting on harmful impulses.

In practice, the main distinction between change-oriented and acceptance-oriented therapies may be one of strategy: whether to pursue change directly (as in behavioral therapy, which focuses on correcting bad behavior) or indirectly. The primary value of the indirect, acceptance-based therapies may be that they avoid provoking resistance.

The Paradox of Acceptance and Change

In *Mindfulness and Hypnosis* (2011), Yapko stated, “mindfulness and hypnosis share an emphasis on paradox as a vehicle of growth” (p. 159). He described a central paradox of hypnosis and guided mindfulness meditation as “Don’t change; accept... so things can change” and discussed how “promoting acceptance – essentially a message not to change – becomes the catalyst for change” (pp. 142-143).

Many others have noted the paradox of acceptance and change. In 1933 Jung said, “We cannot change anything until we accept it” (p. 240). Likewise, Rogers (1961) observed, “the curious paradox is that when I accept myself as I am, then I change” (p. 17). As Buddhist teacher Jack Kornfield (1993) stated, “When we struggle to change ourselves, we, in fact, only continue the patterns of self-judgment and aggression. We keep the war against ourselves alive. Such acts of will usually backfire, and in the end often strengthen the addiction or denial we intend to change” (p. 25).

Williams and Lynn (2010) analyzed the relationship between acceptance and change in detail, stating that:

...acceptance and change can co-occur in at least two ways. First, if acceptance involves acknowledging the unvarnished facts of a situation rather than passivity or resignation, acceptance can occur throughout the change process. Ellis and Robb (1994) note that when one chooses change in response to a given set of circumstances, one must accept the antecedent circumstances as they are, then accept the process of change itself, and finally accept the results of the change effort. Second, acceptance itself can spur change transformation... Greenberg (1994) holds that “the more people accept themselves in their full complexity, the more they change” (p. 55)... It may be that the “paradox of acceptance and change” is due in part to a misunderstanding of acceptance as well as the dialectic of acceptance and change as complementary processes. (pp. 22-23)

Balancing Acceptance and Change

Segal et al. (2002) described the task of mindfulness training in MBCT as teaching individuals to recognize and consciously shift between the mental modes of *doing* and *being*. The *doing* (or *driven*) mode is closely related to the present concept of change: When the mind sees a gap between how things are and how they should be, this gap triggers negative feelings, which in turn trigger habitual mental patterns designed to reduce the discrepancy. If no immediate action can be taken, the mind tends to churn

on these thoughts, rehearsing various scenarios, explanations, and possible solutions, at the expense of present moment awareness. Negative moods may automatically enable the *doing* mode, which can reinforce unwanted emotions and lead to a relapse of depression. (Segal et al.)

The *being* mode is closely related to the present concept of acceptance; it is centered on allowing what is, rather than being driven to meet a particular goal (Segal et al., 2002). Segal et al. proposed a need to balance the *being* and *doing* modes. Since the *doing* mode is dominant in Western culture and often runs on automatic pilot, they emphasized the importance of the *being* mode, which involves recognizing one's current state and learning to bring awareness to the present moment.

Yes, and (Blending, Utilization)

Saying “no” to life may prove tiresome and unproductive, and *yes, but* is often just “no” in disguise, with the word “but” essentially negating the acceptance implied by the “yes” (Koppett, 2001). If resistance to life, change, or the present moment leads to unnecessary struggle, the alternative is acceptance. However, blithely saying “yes” to everything does not necessarily get the desired results (Stoller, Jarrad, & Mogel, 2008). In addition, the misconception that acceptance necessarily implies resignation or passivity, with an obligation merely to accept whatever life offers (i.e., “suck it up”), may in itself make one reluctant to consider an acceptance-only approach. One may fear that acceptance will sap the motivation for change.

A useful form of acceptance is the *yes, and* variety: Say “yes” to what life offers, *and* ask for what one wants; e.g., say “yes” to the lemons *and* make lemonade. In improv's *yes, and* approach, the “and” signifies adding a new element or direction, building onto and transforming the original behavior. One says “yes” to reality and adds desired modifications. This approach (which can be thought of as acceptance plus change) may prove more attractive, as it does not give the impression that one must simply agree to whatever happens.

The “serenity prayer” of Alcoholics Anonymous, attributed to theologian Reinhold Niebuhr from 1943 or earlier (Kaplan, 2002), stated: “God, give us grace to accept with serenity the things that cannot be changed, courage to change the things which should be changed, and the wisdom to distinguish the one from the other.” This saying can be misconstrued to mean that only those things that cannot be changed need be accepted (Williams & Lynn, 2010), and that only those things that cannot be accepted need be changed. Such an interpretation would imply an obligation to choose between resigned acceptance of things we can do nothing about versus the grim duty to change an unacceptable world. The *yes, and* approach suggests accepting things as they are in this moment *and* changing them: e.g., appreciate the present reality *and* take actions that lead to a better future; accept oneself *and* become a better person; be grateful for the world one has been given *and* make it a better place.

The *yes, and* response does not come naturally to most beginning improv students. The student often forms a preconceived notion of how a scene should go. Then when, inevitably, another performer takes the scene in an unexpected direction, the student resists, and the scene falls apart. For example, a performer may hand the student an

invisible object and say it's a cell phone. The student, being determined to shape the scene in some clever direction he previously imagined, may reply, “No, it's really a giant piece of smelly cheese.” This may get a laugh, but it causes the scene to self-destruct.

The *yes, and* approach is to accept the current situation and add additional ideas. Together, the performers create a new, shared reality. The student accepts the offer of the cell phone and replies, for example, “(Yes, and) there's peanut butter all over the screen.” This approach takes a fair amount of practice because people tend to be quite good at saying no. Repeated practice helps build new habits of spontaneity and flexibility (Koppett, 2001).

In Aikido, the *yes, and* approach is to welcome the energy of an attack and use that energy to create a more harmonious situation. Mentally, the attack is reframed as an opportunity instead of a threat; physically, one *blends* with the attack and redirects the energy in a more useful way. This may be analogous to “steering into a skid” to regain control before turning the car back the other way.

Windle and Samko (1992) compared Aikido's concept of *blending* to Erickson's *utilization*. Just as the Aikido practitioner *blends* with the opponent's energy, the therapist accepts and cooperates with the client's presenting behavior. In both cases, “the practitioner views resistance not as a problem one wishes would go away, but rather as essential ‘raw energy’ that can lead to ultimate solutions” (Windle & Samko, p. 267). When resistance is detected in psychotherapy, it is reframed as energy that the therapist needs to explore and understand. In this way, the therapist uses resistance as a reminder of the need to blend with the client's energy, while retaining one's own point of view (Faggianelli & Lukoff, 2006).

Yapko (2011) emphasized that the clarity provided by acceptance of the current reality is only a first step toward responding appropriately. He stated:

Although both mindfulness and hypnosis emphasize the importance of accepting reality for what it is, hypnosis generally pays more attention to *acceptance as a precursor to making deliberate and meaningful change*. Both mindfulness and hypnosis are clear that acceptance has to precede change, but in hypnosis a well-defined therapeutic target lies one step beyond acceptance. In hypnosis, there is an implicit or explicit suggestion to *do* something. The client is encouraged to make specific cognitive, behavioral, perceptual, sensory, or relational shifts toward a goal. Unlike mindfulness, which is often described as the intention to pay attention without directing the attention, a description that I have come to believe is at least partly self-deceptive, hypnosis is attention with direction. In the world of psychotherapy, this is especially appropriate, since therapy is necessarily – and appropriately – a goal-oriented process... Acceptance of how things are has been the basis for many different therapies. It's the next moment, though, when the person says, “So, now what do I do?” that changes lives for better or worse, depending on the answer. (pp. 169, 171)

An accept-then-change, *yes, and* approach is not a “one size fits all” solution for all situations. Yapko (2011) gave examples in which transformation (“primary control”) may need to happen before acceptance (“secondary control”): e.g., seeking a medical solution before accepting chronic pain, or changing the external circumstances of an unpleasant work situation before merely accepting the situation.

Additional Parallels Between These Disciplines

The underlying themes of acceptance, resistance, and change, as embodied in the disciplines discussed above, are associated with several related concepts, such as centering, extension, and empathy. Table 1 summarizes some parallels between improv, Aikido, Ericksonian therapy, and mindfulness meditation. As mentioned, these similarities provide a degree of interdisciplinary and cross-cultural corroboration of the underlying concepts (Windle & Samko, 1992).

Table 1

Parallels between improv, Aikido, Ericksonian therapy, and meditation

Concept	Improv	Aikido	Ericksonian Therapy	Meditation
Physical Stance	Relaxed and alert, flexible, open awareness	Centered stance, relaxed, neither rigid nor limp, soft gaze, deep breathing, open awareness; receptive, open, engaged	Soft, unfocused gaze, released tension, centered, regular breathing without constriction	Relaxed yet alert, attention to breathing, open awareness
Being Centered	Be spontaneous, present in the moment, listening	Centered in the present moment, centered physically, connected to opponent’s center	Attentive, engaged, focused on the client	Focused on the present
Entering	“Enter the Danger”	<i>Irimi</i>	Hypnotic induction	Fully engage with the present moment
Resistance, Struggle	Avoid <i>blocking</i> your partner’s offers and your own ideas	Avoid struggle; give the attacker nothing to resist – the attacker feels no force until it is too late	Gentle, permissive approach; avoid struggle, because it strengthens resistance	Don’t struggle with distracting thoughts
Blending	<i>Yes, and...</i>	<i>Blending</i>	<i>Utilization</i> – accepting resistance and making use of it	Accept any distracting thoughts and continue with your meditation
Acceptance, Mistakes as Gifts	“Mistakes are gifts,” an opportunity to remove the fear of failure – celebrate failure	View the attack as a gift, an opportunity to restore disturbed harmony	Graciously accept the resistance as a way to pinpoint the areas in which healing is most needed	Accept the present moment; accept distracting thoughts instead of trying to block them out
Redirection	Add to the offer, embellish it or redirect it	Redirect the attack using circular motions	Use the client’s mental processes and images, instead of telling the client what to do; use indirect methods by suggesting change symbolically or metaphorically	Gently redirect your focus to the object of your meditation
Indirectness	“Dare to be dull” – don’t go directly for the punch line	Indirect movements taking the path of least resistance, frequently a spiral	Indirect suggestions, vague language, and metaphors	Let your thoughts run their course instead of trying to make them stop
Protect your partner / yourself	Make your partner look good; don’t try to one-up your partner	Protect the attacker; use the least amount of force needed	Protect the patient	Don’t beat yourself up for losing focus

Being Centered, Present, and Spontaneous

Each of these disciplines requires being in the moment. Improv requires being spontaneous, responding to what is happening now instead of preparing for something that may not happen. Like improv, Aikido teaches a small number of basic techniques in almost endless combinations. After learning the basic moves, many possible options are available. Aikido's concept *takemusu*, defined as "creative martial valor" or "techniques of unlimited creativity" (Ueshiba & Ueshiba, 2007, pp. 15, 23), refers to the ability to be so open, receptive, and fully in the present that the appropriate technique or form just seems to emerge spontaneously through one's body (Faggianelli & Lukoff, 2006).

Aikido requires being centered physically as well as centered in the present moment. Learning to move from one's physical center can help internalize the abstract concept of being centered. In Japanese psychology and Zen meditation, the centered state is obtained by using breathing exercises to focus awareness within the *hara*, a spot a couple of inches below the navel that serves as the mental and physical center of the body. Aikido uses the *hara* as a point from which to feel one's connection with the opponent's center (Windle & Samko, 1992).

Two of the themes from the "Aikido and Psychotherapy" study (Faggianelli & Lukoff, 2006) were that being centered in Aikido is essentially the same as being present in therapy, and that *takemusu* transfers directly into the ability to be relaxed, flexible, and spontaneous in the therapeutic setting. One participant stated that Aikido practice promotes listening, using the equivalent of wide peripheral vision to see the entire situation (Faggianelli & Lukoff). Aikido's centered state also corresponds to certain characteristics of the hypnotic state, including "deep relaxation, parasympathetic response, arm catalepsy, lack of startle reflex, unfocused gaze, and time distortion" (Windle & Samko, 1992, p. 263).

Entering

In Aikido, the initial response to an attack (sometimes an instant before the attack is obvious) often involves an *entering*, or *irimi*, motion. *Irimi* involves "entering deeply around or behind an attack to defuse it" (Stevens, 1996, p. 55). The Aikidoist moves toward the attacker, just before stepping off the line of attack and *blending* with that energy. A spiral *entering* motion may help avoid an attack or preempt it before it is fully formed.

Improv has a somewhat related concept referred to as "Enter the danger" – the participant moves directly toward the object of fear. Having to create something out of nothing can be a frightening experience, especially when other people are watching. In addition, there is no time to plan the details of how a scene might evolve, and attempting to do so can make one miss what is happening right now. Instead, the student is told to jump right in – for example, by starting a scene, poem, or song with only the faintest idea of how it might end. There is something liberating about this practice of leaping into the unknown.

Safety – Getting off the Line of Attack

Presence and spontaneity, as expressed in improv, Aikido, and psychotherapy, require a sense of physical and emotional safety. Among the varieties of public speaking, improv performance may rank as the scariest. Without a script to fall back on, and under the mistaken notion that the performer’s role is to be funny at all times, the fear is that one may say the wrong thing or, worse, freeze up and become unable to think of anything to say. As a result, improv classes make a point of using trust-building exercises to create a safe place to experiment.

Building a sense of safety is done by not only accepting but actually celebrating failure, in a humorous, exaggerated fashion. Many improv exercises are tricky reaction games that get faster and faster, intentionally designed to cause the student to make mistakes early and often. The natural inclination is to apologize each time one makes a mistake. Instead, the student may be encouraged to shout “woo-hoo!” Instead of following a mistake by saying, “I’m sorry,” the student may be expected to take a dramatic stance and say, “I’m sexy!” The shared laughter and silliness help build camaraderie, celebrate risk taking, and reduce the fear of failure that could otherwise slow one’s response or lead to paralysis.

Aikido has a concept called “getting off the line” that refers to moving off the line of attack, to get out of harm’s way as well as to facilitate *blending* with the attacker’s motion. Participants in the “Aikido and Psychotherapy” study observed that the strategy of “getting off the line” created a safe space within conflict, and the resulting feeling of safety allowed them to be more present, either in Aikido or in therapy. One therapist said she imagines herself as permeable; her client’s “emotions can blow through me like the wind,” allowing her to be compassionate and present without taking the brunt of their emotional turmoil (Faggianelli & Lukoff, 2006).

Some therapists said that their Aikido training made them feel safer when dealing with angry clients, so they could remain centered and engaged without getting drawn into a struggle. Participants also discussed “getting off the line” in terms of the need to get out of the way and make space for clients to explore their own issues (Faggianelli & Lukoff, 2006).

Extension

In Aikido, *extending* can be a continuation of *blending* – by continuing the motion in the direction of the attack, one causes the attacker to lose balance, allowing successful redirection of the energy. A similar process occurs in other areas, such as debate, in which one might encourage one’s opponent to take an argument to a ridiculous extreme, at which point it can be easily defeated.

In therapy, *extension* can mean “honoring and assisting the client’s energetic direction” (Faggianelli & Lukoff, 2006, p. 171). Erickson used a similar strategy as part of several techniques, such as encouraging resistance, providing a worse alternative, encouraging a relapse, or encouraging a response by frustrating it (Haley, 1973). For example, when his daughter began biting her nails to be in style with all the other girls in her grade school, he supported her interest in being in style and suggested she catch up with the other girls by biting her nails for fifteen minutes three

times a day. After beginning enthusiastically, she soon began slacking off and finally decided to start a new style of long nails (Rosen, 1991).

An improv exercise called “Accept this!” involves over-accepting. Here, extension and over-*blending* are exaggerated and used for comedic effect. One person presents a neutral or uninteresting offer, say, a rock; the partner accepts it as if it were the greatest, most important gift ever. The first person then proceeds to over-accept some small detail of the partner’s rant, and so on. This exercise is “great practice in saying ‘yes’ first and figuring out why later” (Koppett, 2001, p. 40).

Leonard (1999) warned that mistakenly over-*blending* could result in losing one’s own center:

Responding to a verbal attack by saying something on the order of “Yes, you’re right and I’m wrong and I’m a bad person” isn’t blending. By saying anything along the lines of “I’m a bad person,” you bring the attention to yourself rather than truly looking at the situation from the attacker’s viewpoint. Stay grounded and centered. Honor your own viewpoint while seeing the situation from your attacker’s viewpoint. (p. 24)

Seeing the Other’s Point of View

In Aikido, after *blending* with the attack, one often executes a turn that results in looking at the situation from the attacker’s point of view. In psychotherapy, the therapist first attempts to understand the patient’s point of view. Erickson would frequently go into hypnotic trance himself during sessions in order to understand the patient. “...if I have any doubts about my capacity to see the important things, I go into trance. When there is a crucial issue with a patient and I don’t want to miss any of the clues, I go into trance” (Erickson & Rossi, 1977, p. 42).

In improv, performers cultivate empathy by trying on different personalities. “Improviseers believe that empathy is a skill. And they have devised exercises to cultivate it.... Actors learn how to identify with characters and get inside their skins, so to speak. The further they are from the character, the better” (Koppett, 2001, p. 15).

Mistakes as Gifts

In Aikido, attacks are viewed as gifts. One welcomes the opponent’s misguided energy as an opportunity to restore harmony. The attack is accepted without struggle and redirected, so the attacker finds nothing to push back against.

In improv, there is a saying that “Mistakes are gifts” (Koppett, 2001, p. 28). An apparent mistake can be used as the basis for further creativity and as an opportunity to remove the fear of failure. Failure is accepted without struggle and redirected into celebration, so there is nothing to fear.

In Ericksonian psychotherapy, the client’s resistance is welcomed and viewed as an opportunity. Resistance is accepted without struggle and reframed as a way to gain insight into the underlying issues.

A similar pattern appears in mindfulness meditation practice as well. For example, when beginning meditation students repeatedly get lost in thought, they often view this as a mistake, not realizing that this is actually the essence of the practice – getting lost, over and over, and gently returning to the breath or other focus of meditation. This is what meditation is: coming back, again and again. (Salzberg, 1995)

To summarize: In Aikido, one literally learns how to fall, smoothly and gracefully; in improv one learns how to fail, joyfully, with celebration; in psychotherapy, one welcomes the client’s failures, graciously, as a guide to the underlying issues; and in meditation, one learns to accept getting lost, not as a problem or a mistake, but as a central aspect of the practice.

Physical and Psychological Healing

Most of the participants in the “Aikido and Psychotherapy” study (Faggianelli & Lukoff, 2006) agreed that “the practice of Aikido results in a mind-body unification which is physically and psychologically healing” (p. 166). Participants felt that Aikido helped with anger issues, fear of personal attack, and fear of being joyful (Faggianelli & Lukoff).

While it might seem odd to speak of comedic theatre in terms of psychological healing, repeated practice of the *yes, and* approach may encourage an attitude of receptivity. Improv requires being in the moment, accepting the partner’s offers, and avoiding *blocking* of one’s thoughts. Even participants with no interest in theatre, and especially introverts who may have thought of improv as the scariest thing imaginable, often find the practice deeply rewarding. Therapeutic elements may occur even though the class was not taken for that purpose (Mannella, 2010); students sometimes make comments such as, “this is so much cheaper than therapy!” Improv training can be especially helpful for relationships. By learning to accept and build upon the partner’s offers, interactions can become more fun, playful, and spontaneous.

Applying a *Yes, and* Approach to Processing of Negative Emotions

Kafka (1917) warned against simply repressing unpleasant emotions: “You can hold back from the suffering of the world, you have free permission to do so and it is in accordance with your nature, but perhaps this very holding back is the one suffering that you could have avoided” (p. 183). The *yes, and* principle suggests a useful way of processing painful emotions. Instead of simply repressing such emotions (i.e., saying “no”), it may be better to experience these emotions fully (“yes”), then restructure them or cultivate new positive emotions (“and”).

Negative reactions to thoughts, emotions, memories, and worries can sometimes be accessed most easily by using the body as feedback (e.g., with the “body scan” meditation) (Heckler, 1984; Kabat-Zinn, 1990). Heckler wrote that “Our tense shoulders, for example, may tell us we are afraid, or our clenched fists may tell us we are anxious and holding back, or we may realize that our bad knee actually originates in the way we squeeze our lower back” (p. 70).

In *Radical Acceptance*, Brach (2003) proposed scanning the body and experiencing emotions as physical feelings in the throat, chest, abdomen, and stomach. (It is perhaps telling that the word “feelings” refers to emotions as well as physical sensations.) Brach stated that:

Emotions, a combination of physical sensations and the stories we tell ourselves, continue to cause suffering until we experience them where they live in our body. If we bring a steady attention to the immediate physical experience of an emotion, past sensations and stories linked to it that have been locked in our body and mind are “de-repressed.” Layers of historic hurt, fear or anger may begin to play themselves out in the light of awareness. (p. 117)

By relaxing tight muscles and bringing attention and acceptance to unpleasant sensations, one may be able to stop tensing against life and trapping oneself in a “suit of armor” (i.e., muscular tension) (Brach, p. 169).

A review of psychological research (Lilienfeld, Lynn, and Beyerstein, 2010) warned that catharsis alone (“processing” painful emotions) may help clients feel slightly better in the short term but is seldom helpful in the long term, and may sometimes be harmful, if not “accompanied by a positive cognitive restructuring of the meaning of the provoking situation” (p. 325). The authors advised caution about provoking strong negative emotions without helping clients resolve or reconceptualize them.

The practice of mindfulness has been shown to reduce the activity of mental circuits linked with negativity and to reinforce circuits linked with positivity; mindfulness curbs negativity’s momentum by letting us observe our thoughts in a calm, nonreactive way, severing the link between negative thoughts and negative emotions (Fredrickson, 2009). However, simply saying “yes” to painful emotions may inadvertently reinforce the associated neural pathways; it may be essential also to transform them (“and...”) with mindfulness or cognitive restructuring, as suggested by Lilienfeld et al. (2010).

Possible Applications of Improv Training

The parallels between improv, Aikido, and psychotherapy suggest the possibility that improv training, like Aikido, may have therapeutic applications. Improv has much in common with psychotherapeutic techniques such as role-playing, psychodrama, and drama therapy (Jones, 1996; Moreno, 1987): All share elements of theatre, spontaneity, and using the body to express and explore emotions. As mentioned, improv exercises have been used for therapist training (Schwarz, 2007; Wiener, 1994). Other possible application areas include couples therapy and treatment of social anxiety and chronic negativity.

Couples Therapy

Play is an important aspect of relationships. Schwarz and Braff (2012) suggested that couples who do not play together can be said to suffer from “marital play deficiency

disorder” (MPDD). Due to improv’s focus on cooperative play, improv training may be particularly useful for couples therapy. Gottman (1994) showed that the ratio of positive to negative experiences during spousal interaction is a good predictor of marital success. It is conceivable that improv practice could help increase this ratio.

Wiener (1994) found that improv exercises offered clients the opportunity to experiment with their personalities and expand the possibilities of who they can be. He proposed a number of uses for his improv-based method, called “Rehearsals for Growth,” including rescripting family dramas, treatment of depression, and working with adolescents and substance abuse groups (Oxford & Wiener, 2003; Ramseur & Wiener, 2003; Wiener, 2003; Wiener, 2004). Mannella (2010) suggested that improv, when incorporated into therapy, may reduce self-editing, give clients permission to be imperfect, help them reconnect with the authentic inner self, and let couples experiment with new ways of relating.

Schwarz and Braff (2012) discussed the use of improv games to cultivate joyful marriages:

When therapists teach clients the *yes, and* training exercise, they give couples the opportunity of creating, not negating. This approach, used therapeutically, can lead to completely new forms of fun and entertainment.... The principle at work here is modeling for couples how they can learn to accept each other’s offers and, even better, to build on them. Such interactions build and sustain cooperation and a sense of teamwork. They also engender the spirit of playful creativity within the relationship dynamic.... The amazing thing is that the comedic improv scenes thrive on conflict. In real life, the *yes, and* principal [sic] defuses conflict. (pp. 70-71)

The easiest way to gain experience with the *yes, and* technique may be to take improv classes, as offered in many cities (Schwarz & Braff, 2012). Therapy sessions could then build on this experience. Wiener (1994) emphasized the need for therapists to have considerable practice with improv before attempting to offer improv exercises to their clients.

Social Anxiety

Social anxiety disorder (SAD), or social phobia, is the third most common mental disorder in the United States, affecting an estimated 13.3% of Americans at some point in their lives (Kessler et al., 1994). One promising strategy for addressing SAD involves encouraging nonjudgmental acceptance of one’s experiences (Herbert & Cardaciotto, 2005). Preliminary studies of mindfulness- and acceptance-based therapies for SAD found significant reductions in social anxiety, depression, and rumination (Dalrymple & Herbert, 2007; Kocovski, Fleming, & Rector, 2009; Ossman, Wilson, Storaasli, & McNeill, 2006).

Improv games and classes may also prove useful for SAD. Improv goes a step beyond simply accepting one’s experiences without judgment, by actively celebrating failure in a silly, light-hearted way. In addition, fast-paced improv games force participants

to focus their attention on the current task; task-focused attention, as compared to self-focused attention, leads to reduced social anxiety (Boegels & Lamers, 2002).

Anecdotal reports suggest that some people with self-reported social anxiety have found improv useful. One poster in the Social Anxiety Forum (2010) stated:

I totally support Improv Comedy for Social Anxiety! I'm on my 5th month and it has done wonders for me. The improv skills have transferred to my conversation skills very nicely. No more awkward pauses in my conversations, no more blanking out... now my conversations just flow, it's beautiful.

Another poster reported:

One of the most challenging things I've done in my life was take an 8 week improvisational comedy (or improv) course. I took this as a hierarchy item after going through a CBT group and looking for more ways to challenge my anxiety. I don't view this as a “treatment” in and of itself, but for someone whose [sic] pursued CBT and made progress, I think improv has a very powerful healing aspect to it. (Social Anxiety Forum, 2010).

Not all participants found improv useful. Another contributor to the Social Anxiety Forum (2010) reported that while the improv class was fun, success in the class did not transfer to a comfort with conversation in real life. Others expressed a reluctance to try improv in the first place, which is not surprising, given that even people without SAD often have a fear of public speaking. However, participants are frequently surprised to find that the experience can be more fun than scary.

If improv proves helpful with SAD, part of its success may be due to its focus on nonjudgmental acceptance. If, however, improv is undertaken with a driven, control-oriented goal of reducing social anxiety, the inherent contradiction may undermine its effectiveness, as suggested by Herbert & Cardaciotto (2005) in the context of mindfulness as applied to psychotherapy; an indirect approach may be more effective. Formal research may help determine whether improv games or classes can be designed and packaged in a way that would prove acceptable and effective for clients with SAD.

Chronic Negativity

The concepts and practices discussed above have potential for alleviating problems with existential resistance and chronic negativity (Zimberoff & Hartman, 2001). A study of resistance in psychotherapy has shown that, while nonresistant patients often benefit from directive, cognitive therapies such as “disputing negative thinking,” resistant patients typically do better with more indirect, psychodramatic or relationship-oriented therapies (Beutler, Moleiro, & Talebi, 2002). Improv practice, in particular, may prove to be a fun way of learning optimistic mental habits (Koppett, 2001; Seligman, 1998). The ultimate goal is nothing less than a rewiring of one’s fundamental stance in life – replacing, or at least supplementing, the automatic “no” response with a creative *yes, and*. Schwarz and Braff (2012) suggested the possibility

that humor and play can be used to shift human neurobiology, due to the plasticity of the brain, with a resulting improvement in one's relationships.

Conclusions and Future Study

As mentioned, previous writers (particularly Windle & Samko, 1992, and Faggianelli & Lukoff, 2006) have recognized strong parallels between Aikido and Ericksonian hypnotherapy. Due to its emphasis on blending with one's partner, Aikido has been a required course for the residential program at the Institute of Transpersonal Psychology (Sofia University, n.d.); the University's web site stated that:

The ability to relax and blend in the face of conflict, and to enhance sensitivity to self and clients, are attributes the psychotherapist cannot simply adopt as a philosophy. One must also train the body. As William Shakespeare [n.d.] wrote, '*By my body's action teach my mind....*' (Sofia University, n.d.)

Like Aikido, improv provides a form of experiential learning and may prove useful in a number of areas, including couples therapy, therapist training, and treatment of social anxiety disorder and chronic negativity. The practice of improv encourages an attitude of acceptance using verbal and physical interaction, allowing students to try on different identities, status levels, and approaches to conflict, in a supportive and playful environment. While the therapeutic aspect is usually not explicit, improv practice may help students internalize the underlying concepts.

Additional research may yield valuable information on the usefulness of improv training, alone or in combination with other methods. Research is also needed to identify possible risks, as well as populations that may respond poorly to improv-based methods (Mannella, 2010). Further study could help answer questions such as: Can improv training build positive emotions and reduce depression? Does improv practice lead to measurable brain changes? Can improv training or acceptance-based therapies be used to increase hypnotic susceptibility?

Improv's *yes, and* principle provides a simple, useful model for understanding acceptance, resistance, and change in improv, Aikido, and acceptance-based psychotherapy. While the paradox of acceptance and change may not have a tidy answer that makes the paradox simply go away, the *yes, and* approach, as embodied in these disciplines, can be useful for promoting both acceptance and change. Improv training, in particular, appears to be a powerful and relatively accessible way of incorporating a *yes, and* approach into daily life. Seeing the same underlying *yes, and* principle at work in two or more of these disciplines may further assist in learning this approach. Additional exploration may warrant adding improv to the toolbox of commonly used psychotherapeutic techniques.

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References

- Beck, A. T., Emery, G., & Greenberg, R. (1985). *Anxiety disorders and phobias: A cognitive perspective*. New York, NY: Basic Books.
- Beutler, L., Moleiro, C., & Talebi, H. (2002, January 8). Resistance in psychotherapy: what conclusions are supported by research. *Journal of Clinical Psychology*, 58(2), 207-217. doi:10.1002/jclp.1144
- Boegels, S. M., & Lamers, C. T. J. (2002). The causal role of self-awareness in blushing-anxious, socially-anxious, and social phobics individuals. *Behaviour Research & Therapy*, 40, 1367–1384.
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York, NY: Bantam Dell.
- Colbert, S. (2006, June). Transcript of remarks to graduating seniors at Knox College. Retrieved September 7, 2012 from http://www.alternet.org/story/37144/stephen_colbert%27s_address_to_the_graduates?paging=off
- Dalrymple, K. L., & Herbert, J. D. (2007). Acceptance and Commitment Therapy for generalized social anxiety disorder. *Behavior Modification*, 31, 543-568.
- Dobson, T., & Miller, V. (1978). *Aikido in Everyday Life: Giving In to Get Your Way* (2nd ed.). Berkeley, CA: North Atlantic Books.
- Ellis, A., & Robb, H. (1994). Acceptance in rational-emotive therapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 91-102). Reno, NV: Context Press.
- Erickson, M. H. (1967). An hypnotic technique for resistant patients: the patient, the technique and its rationale and field experiments. In J. Haley (Ed.), *Advanced techniques of hypnosis and therapy: selected papers of Milton Erickson, M.D.* (pp. 472-499). New York, NY: Grune and Stratton.
- Erickson, M.H., & Rossi, E.L. (1977). Autohypnotic experience of Milton Erickson, M.D. *American Journal of Clinical Hypnosis*, 20, 36-54.
- Faggianelli, P., & Lukoff, D. (2006). Aikido and psychotherapy: a study of psychotherapists who are Aikido practitioners. *The Journal of Transpersonal Psychology*, 38(2), 159-178.
- Fredrickson, B. (2009). *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive*. New York, NY: Crown Publishers.

- Gilligan, S. (1982). Ericksonian approaches to clinical hypnosis. In J. K. Zeig (Ed.), *Ericksonian approaches to hypnosis and psychotherapy* (pp. 87-103). New York, NY: Brunner/Mazel.
- Gottman, J. M. (1994). *Why marriages succeed or fail... and how you can make yours last*. New York: Simon and Schuster.
- Greenberg, L. (1994). Acceptance and change: Acceptance in experiential therapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette, & M. J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (pp. 13-32). Reno, NV: Context Press.
- Haley, J. (1973). *Uncommon therapy: Psychiatric techniques of Milton H. Erickson, M.D.* New York, NY: W. W. Norton & Company, Inc.
- Hayes, S. C., Jacobson, N. S., Follette, V. M., & Dougher, M. J. (Eds.) (1994), *Acceptance and change: Content and context in psychotherapy*. Reno, NV: Context Press.
- Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*. New York, NY: The Guilford Press.
- Heckler, R. S. (1984). *The anatomy of change: A way to move through life's transitions*. Berkeley, CA: Shambhala Publications.
- Herbert, J. D., & Cardaciotto, L. (2005). A mindfulness and acceptance-based perspective on social anxiety disorder. In S. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (pp. 189-212). New York, NY: Kluwer Academic/Plenum.
- Johnstone, K. (1979). *Impro: Improvisation and the theatre*. New York, NY: Theatre Arts Books.
- Jones, P. (1996). *Drama as therapy, theatre as living*. London: Routledge.
- Jung, C.G., trans. W.S. Dell & C.F. Baynes (1933). *Modern man in search of a soul*. London: Kegan Paul, Trench, Trübner & Co, Ltd.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Bantam Dell.
- Kabat-Zinn, J. (2002). Foreword. In Z. V. Segal, J. M. G. Williams, & J. D. Teasdale, *Mindfulness based cognitive therapy for depression: A new approach to preventing relapse* (pp. vi-viii). New York, NY: Guilford Press.
- Kafka, F. (1917/1970). Reflections on sin, pain, hope, and the true way. *The Great Wall of China*. New York, NY: Schocken Books.

- Kaplan, J. (Ed.) (2002). *Bartlett's familiar quotations*. New York, NY: Little, Brown and Company.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eschleman, S., ...Kendler, K.S. (1994). Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry*, *51*, 8–19.
- Kocovski, N.L., Fleming, J. E., & Rector, N. A. (2009). Mindfulness and acceptance-based group therapy for social anxiety disorder: An open trial. *Cognitive and Behavioral Practice*. *16*(3), 276-289.
- Koppett, K. (2001). *Training to imagine: Practical improvisational theatre techniques to enhance creativity, teamwork, leadership, and learning*. Sterling, VA: Stylus Publishing.
- Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life*. New York, NY: Bantam.
- Leonard, G. (1999). *The way of Aikido: Life lessons from an American sensei*. New York, NY: Dutton.
- Lilienfeld, S. O., Lynn, S. J., & Beyerstein, B. L. (2010). The five great myths of popular psychology: implications for psychotherapy. In D. David, S. J. Lynn, & A. Ellis, (Eds.), *Rational and irrational beliefs: Research, theory, and clinical practice* (pp. 313-336). New York, NY: Oxford University Press.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford.
- Linklater, R. (2001). *Waking Life* (movie). 20th Century Fox.
- Madson, P. R. (2005). *Improv wisdom: Don't prepare, just show up*. New York, NY: Bell Tower.
- Mannella, C. L. (2010). *Improvisation: Yes and psychotherapy!* Retrieved from <http://www.alfredadler.edu/sites/default/files/Mannella%20MP%202010.pdf>
- Mellinger, D. I. (2010). Mindfulness and irrational beliefs. In D. David, S. J. Lynn, & A. Ellis, (Eds.), *Rational and irrational beliefs: Research, theory, and clinical practice* (pp. 313-336). New York, NY: Oxford University Press.
- Moreno, J.; Fox, J. (Ed.) (1987). *The essential Moreno: Writings on psychodrama, group method, and spontaneity*. New York, NY: Springer Publishing Company.

- Ossman, W. A., Wilson, R. G., Storaasli, R. D., & McNeill, J. W. (2006). A preliminary investigation of the use of acceptance and commitment therapy in group treatment for social phobia. *International Journal of Psychology and Psychological Therapy*, 6, 397-416.
- Oxford, L. K., & Wiener, D. J. (2003). Rescripting family dramas using psychodynamic methods. In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups: Using creative arts improvisation in clinical practice* (pp. 45-74). Washington, D.C.: American Psychological Association.
- Ramseur, C. A., & Wiener, D. J. (2003). Rehearsals for growth applied to group substance abuse groups. In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups: Using creative arts improvisation in clinical practice* (pp. 107-134). Washington, D.C.: American Psychological Association.
- Rogers, C. R. (1961). *On becoming a person: a therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Rosen, S. (Ed.) (1991). *My voice will go with you: The teaching tales of Milton H. Erickson*. New York, NY: W. W. Norton & Company.
- Salzberg, S. (1995). *Lovingkindness: The revolutionary art of happiness*. Boston, MA: Shambhala Publications, Inc.
- Saposnek, D. T. (1985). Aikido: a model for brief strategic therapy. In R. S. Heckler (Ed.), *Aikido and the new warrior* (pp. 178-197). Berkeley, CA: North Atlantic Books.
- Schwarz, R. (2007, December). Imagination, creativity and utilization training through improv. *Tenth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy*. Phoenix, AZ: Milton H. Erickson Foundation.
- Schwarz, R., & Braff, E. (2012). *We're no fun anymore: Helping couples cultivate joyful marriages through the power of play*. New York, NY: Routledge.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.
- Seligman, M. E. P. (1998). *Learned optimism: How to change your mind and your life*. New York, NY: Pocket Books.
- Shakespeare, W. (n.d./2007). Coriolanus, Act III, Scene II. *Complete Works of William Shakespeare*. Ware, Hertfordshire, England: Wordsworth Editions Limited.
- Short, D., Erickson, B.A., & Erickson-Klein, R. (2005). *Understanding the psychotherapeutic strategies of Milton H. Erickson, MD*. Norwalk, CT: Crown House Publishing Company LLC.

- Social Anxiety Support forum (2010). Retrieved from <http://www.socialanxietysupport.com/forum/f59/improv-comedy-class-84155/> .
- Sofia University (n.d.). Aikido and psychology. Retrieved from <http://www.sofia.edu/currents/editorials/aikido.php> .
- Stevens, J. (1996). *The Shambhala Guide to Aikido*. Boston, MA: Shambhala Publications, Inc.
- Stoller, N., Jarrad, P., & Mogel, A. (2008). *Yes man* (screenplay). Warner Bros. Pictures.
- Ueshiba, M., translated by Stevens, J. (1992). *The art of peace*. Boston, MA: Shambhala Publications, Inc.
- Ueshiba, M., & Ueshiba, M., translated by Stevens, J. (2007). *The secret teachings of Aikido*. Tokyo, Japan: Kodansha International Ltd.
- Wiener, D. J. (1994). *Rehearsals for growth: Theater improvisation for psychotherapists*. New York, NY: W. W. Norton & Company, Inc.
- Wiener, D. J. (2003). Creating a participatory role for adolescents in family therapy. In C. F. Sori & L. L. Hecker (Eds.), *The therapist's notebook for children and adolescents: Homework, handouts, and activities for use in psychotherapy* (pp. 180-184). New York: The Haworth Clinical Practice Press.
- Wiener, D. J. (2004). Treating depression with rehearsals for growth. In L. Harrison (Ed.), *Natural healing for depression* (pp. 68-70). New York: Kensington.
- Williams, J. C., & Lynn, S. J. (2010). Acceptance: An historical and conceptual review. *Imagination, Cognition, & Personality*, 30, 5-56.
- Windle, R., & Samko, M. (1992, April). Hypnosis, Ericksonian hypnotherapy, and Aikido. *American Journal of Clinical Hypnosis*, 34(4), 261-270.
- Yapko, M.D. (2011). *Mindfulness and hypnosis: The power of suggestion to transform experience*. New York, NY: W.W. Norton & Company.
- Zimberoff, D., & Hartman, D. (2001). Four primary existential themes in heart-centered therapies. *Journal of Heart-Centered Therapies*, 4(2), 3-64.