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Research Article

The ninja therapist: Theater improvisation tools for the (daring) clinician

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ABSTRACT

This article presents a new typology of improvisational concepts that can be used to widen the therapists' perspective and interventions. Utilizing the metaphor of the therapist as a "ninja" and the importance of a spontaneous co-created encounter, this paper offers a taxonomy of improvisational tendencies (initiator/reactor, fast/slow), together with a classification of two possible relational moves: horizontal or vertical offers. This terminology can help therapists increase cooperation, creativity, flexibility and vitality in the therapeutic process. It can also aid clinicians and supervisors better understand and work through impasses and resistance. Clinical examples illustrate the taxonomy and its uses in therapy. Recommendations for practice and training are presented.

I am Ninja
My magic is training
My body is control
My strength is adaptability
My weapons are everything that exists
— Extract from Jay Sensei's Tiger Scroll of the Koga Ninja

— Extract from Jay Sensei's Tiger Scroll of the Koga Ninja

Introduction

As therapists and supervisors, we (Authors) often find ourselves using improvisation skills from our other profession: theater improvisation trainers. As supervisors and trainers we also come across complex moments in our supervisees work that could be aided with the understanding and skills taken from the theater improvisation discourse.

In the past decade, the first author has been exploring the use of theater improvisation skills in the training and practice of psychotherapists and specifically the study on the effects of training therapists in theater improvisation skills. Outomes of the study indicated that such training increased therapists' flexibility, therapeutic presence, and enjoyment in their subsequent clinical work (Romanelli, Tishby & Moran, 2017).

The present article continues the direction of applying theater improvisation theory and skills in therapist's clinical training and practice. It aims to offer a conceptualization that could enrich the therapists' understanding of intense inter-subjective moments and provide creative tools to address them. The paper will present a typology of the different types of default improvisation tendencies of psychotherapists (and clients), as well as a taxonomy of possible interventions in psychotherapeutic work. As it is the first time we present these concepts, we chose to describe them in broad manner and not in relation to a specific therapeutic modality. In order to highlight the meaning of these concepts in such a wide way, examples were selected from verbal sessions and not from arts based therapy sessions. The implementation and meaning of the framework in drama therapy and other artistic modalities will be presented in a separate article.

Improvisation in therapy

Psychotherapy can be seen as a kind of improvisational theater, where therapists and clients co-create the reality of every moment (MacCormack, 1997; Pagano, 2012). Consequently, improvisational skills can be seen as important for psychotherapists (Gale, 2002, 2004; Ringstrom, 2001; Todd, 2012). Johnson (2009) relates to improvisation as a main axis in the clinical process within Developmental Transformations (DvT). Sajnani and Johnson (2016) emphasize the use of improvised free play as a means of unsettling overly rigid patterns of being and relating towards a greater experience of presence. This helps the client develop flexibility and better ways to respond to change and instability in life.

Flexibility, the ability to adapt cognitively and emotionally to the present situation in therapy, is an important trait for not only for clients

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but also for clinicians (Ackerman & Hilsenroth, 2003; Bass, 2003; Johnson, 2009; Sajnani, 2012; Sajnani & Johnson, 2016) as well as for improvisers (Fox, 1994; Johnston, 2004; Johnstone, 1999; Spolin, 1999). Research has shown that flexibility of the therapist contributes positively to the client's experience of the therapeutic alliance (Ackerman & Hilsenroth, 2003).

Vital, co-created improvised moments can generate (capital "I") Improvisational moments (Ringstrom, 2008, 2010), which involve spontaneous interaction between clients and clinicians. Improvisation moments evoke unconscious material in both clinician and client, resulting in co-creation of the dialogue and process of the therapeutic encounter (Ringstrom, 2007). These moments embody a high-risk, high-gain quality (Knoblauch, 2001), together with a "yes, and" (Gale, 2002) mutual empathic attunement.

Improvisational moments resonate with the term "now moments" (Boston Change Process Study Group, 2002), which are defined as points in the therapeutic session when the existing intersubjective field is threatened and a change in the relationship is possible (Stern, 2004). Such moments bring awareness to the present moment and allow change to occur in respect to the implicit relational knowledge between clinicians and clients (Kindler & Gray, 2010; Lyons-Ruth, 1999). These tense now moments are usually followed by moments of meeting (Stern, 2004) that give clients a corrective emotional experience (Meares, 2001), therefore changing the relationship and resulting in a joint intersubjective experience of a "shared feeling voyage" (Stern, 2004). Such moments communicate to clients an authenticity that cannot be pre-planned (Kindler & Gray, 2010; Ringstrom, 2010) and therefore can bypass defense mechanisms and suspicion. Moreover, novelty, surprise, and effort are also key factors in increasing the therapeutic impact (Omer, 1987), the lasting impression of a session makes on the life of the client.

All clinicians improvise in their daily work to some extent, yet there is still place to encourage "disciplined spontaneity" (Neill & Kniskern, 1982), the conscious use of the improvisational tendency. Theater improvisation demands mental flexibility that gives the actor a sense of freedom and possibility in the intersubjective matrix (Hazenfield, 2002). Recently, we reported on how training in theater improvisation skills helps increase therapists' flexibility and therapeutic presence in their clinical work (Author, 2017).

How then can we use theater improvisation theory and skills to advance clinical practice? A typology of the different types of improvisation tendencies and interventions in psychotherapeutic work would be the first step. The ninja typology is an initial organization of the improvisational terms in a clinical vocabulary.

The ninja therapist

The conceptualization of the "ninja" therapist is based on the paradigm of the ninja actor in Playback Theater (PT) (Romanelli, 2013). In PT, an audience member comes onstage and shares a real life story and then continues to cast several actors as specific characters to spontaneously playback his or her story on stage (Lubrani rolnik, 2009; Salas, 1999). The actors not cast in specific roles are called ninja actors and must switch constantly between different roles.

Ninja actors have endless options for intervening in the co-created improvisation at any given moment (Buhler, 2000). They usually rely on their intuition and previous experience to choose what to do at any given moment as a result of having been trained in the art of theater improvisation. Theater improvisation training demands mental flexibility that gives the learner a sense of freedom and possibility in the improvisational encounter (Hazenfield, 2002).

Therapists are like ninja actors in the sense that they must not only be flexible in choosing their techniques (Owen & Hilsenroth, 2014; Rober, 2017) but also be flexible in their role during the clinical encounter (Berger, 2017; Grater, 1985). It has been our experience that most psychotherapists lack a background in improvisation training and do not have a background in improvisation training, and could benefit from incorporating such techniques in their practice.

Historical ninjas

The Ninja metaphor in this paper is inspired by the tradition of the Japanese Ninjas. Ninjas were rural Japanese farmers who specialized in warfare, popular between the twelfth and the seventeenth century (Zoughari, 2013). The men and women excelled in flexibility, adaptability, and improvisation to achieve their goals:

> The Ninja's goal is fixed, while his method is not. He is expected to use any means necessary and endure any hardship to achieve his end. He is mindful at all times of his environment and attuned to natural and manmade occurrences and processes.. . . His response to people, events and situations is dictated by them, not according to predetermined mindsets.. . . The ninja is good at seeing what is, not simply what he assumes or wants.. . . He is adaptable and flexible. He does not restrict himself to a set repertoire of moves, nor does he follow a strict choreography to generate his fighting style. (Levy, 2008, pp. 103, 111)

Flexibility of the therapist

These descriptions resonate with Fox's (1994) call for high levels of role flexibility for the improviser: "He or she must have the spontaneity to play many roles quickly. . . to be able to portray immediately an opposite characterization" (p. 103). With this in mind, we can see how the metaphor of the ninja is fitting for the improvising therapists. Johnson, relating to the DvT method, also emphasizes the importance of the therapists' improvisation skills as a mean to engage with the client and help him or her encounter relevant situations and dynamics (Johnson, 2009). Sajnani views improvisation, with its emphasis on risk, as the heart of the artistic process and of art-based research in particular (Sajnani & Johnson, 2016). Sajnani (2012) adds that improvisation improves the ability to respond to uncertainty and to stay open to the here and now (Sajnani, 2012). The second author (Berger, 2017), in his Shifting Roles Supervision Model, emphasizes the significance of therapist's flexibility and improvising skills, as he or she move between different theatric roles: director, audience, actor and producer.

The goal of ninja therapists is fixed (a successful engagement and the self-development of the client), but their method is flexible (different techniques, interpretations, non-verbal communication, silence, action methods, arts and more). The concept of role is central to Landy's role theory (1990, 1991a, 2009), which states that the self is a composite of different roles that are in constant interaction within the person and with the social surroundings. Landy emphasizes the importance of role flexibility: "The ultimate goal in its use is to help the client construct a viable role system, one that is able to tolerate ambivalence and acknowledge the importance of both negative and positive roles, sub-roles, and alternative qualities" (1991b, p. 10). In the DvT model, clients and therapists are both involved in the improvisation and work together in a playful, free-flowing manner (Johnson, 1991, 2009). The DvT therapist "must have several years of experience in improvisation and. . . must have the capacity to play out the widest range of role-situations, and be aware of one's own role preferences" (Johnson, 1991, p. 292).

A similar need for flexibility is discussed in the relational psychotherapy tradition through the concept of self-states, the different parts or aspects of one's self (Bromberg, 1996; Mitchell, 1993). Within that discourse, flexibility and dialogue between the different self-states are necessary:

> A human being's ability to live a life with both authenticity and self awareness depends on the presence of an ongoing dialectic between

separateness and unity of one's self-states, allowing each self to function optimally without foreclosing communication and negotiation between them. (Bromberg, 1996, p. 512)

Improvisation allows therapists to create new encounters that help them discover their ever changing and ever-deepening selves (Nachmanovitch, 2001), through enabling greater access to different self-states (Ringstrom, 2011). This process enables a more flexible response to rigid patterns of enactment that can advance therapeutic change (Pagano, 2012). Accessing a wide range of therapist's self-states also facilitates an enriched sense of personal subjectivity of the client for the clinician (Mitchell, 1993). This process can aid both parties in achieving *thirdness,* the subjective mental space where one surrenders the self and takes in the other's point of view or reality, thereby sustaining connectedness to the other's mind while accepting his separateness and difference (Aron & Benjamin, 1999; Benjamin, 2004; Benjamin, 2002).

Offers in improvisation and in therapy

In theater improvisation, "offers" or "bids" are the basic language of improvisation, referring to anything a player does that stimulates to action and contributes to the content of the scene (Johnstone, 1989; Lemons, 2005; Madson, 2005; Marriott, 2009). An offer could be a spoken statement or phrase; it could be a physical action, a gesture; or it could simply be a look (Johnston, 2004). Such (emotional) offers underlie our day-to-day communication as bids for connection and empathy (Gottman & DeClaire, 2001). They have also been described in the relational psychotherapeutic literature as relational moves, which are the basic units of interaction within the therapeutic encounter (Stern, 2004).

In theater improvisation, offers can either be accepted or blocked (Johnstone, 1989). "Accepting" an offer refers to accepting the other's reality. One of the main guidelines of theater improvisation is not only to accept the other's bid, but also to add another bid to it: simply called the "Yes, and" rule (Gale, 2002; Horvath & Bedi, 2002; Renik, 2006). "Blocking" an offer (Johnstone, 1989) means either denying the offer made by the other ("You are wrong") or avoiding or slowing the action ("Not now, I'm not ready."). Within the therapeutic frame, therapists' blocking could be exhibited by either denying the validity of the reality or statements given by clients, or by resisting or ignoring a topic raised by them (Nachmanovitch, 2001; Ringstrom, 2011; Wiener, 1994).

Understanding the basic interaction of offers, we can now categorize therapists' default improvisational tendencies according to two dimensions: initiator or reactor and slow or fast.

Initiators and reactors

The terms "initiator" and "reactor" relate to therapists' basic improvisational tendencies in regards to offers (or relational moves) (Romanelli, 2013). Initiators are improvisers who naturally drive a scene (Johnston, 2004) by offering bids more frequently and earlier, thereby leading the other improviser/s in the scene. They will usually lead the conversation, be it through statements, questions, or prompts. Reactors are improvisers who naturally prefer to "build on" existing bids with their own contributions. They will usually prefer to respond to their partners' offers.

As supervisors we have found that our supervisees exhibit similar tendencies of initiators and reactors, in their overall interaction with their different clients. Some tend to initiate more techniques while other prefer to let the client lead. We therefore carefully deduce that when improvising within the therapeutic encounter, these tendencies might appear, regardless of the therapist's theoretical paradigm.

Table 1
Typology of Ninja Tendencies.

Tendencies	Fast	Slow
Initiator		
Reactor		

Fast and slow

In the realm of theater improvisation, we find that actors fall into the spectrum of fast/slow in relation to the speed of thinking and generating offers on stage. For fast improvisers, ideas rush to their minds quickly and they immediately offer them onstage. This is similar to the characteristics of an extrovert in the MBTI model (Myers & Myers, 2010). Slower improvisers need more time for ideas to float up and be expressed externally. From our experience, there is some correlation between being an initiator and being fast, and being a reactor with a slow pace, although there are always exceptions. When working with therapists we have also noticed the fast/slow preferences in their clinical work, as well in the supervision process itself. The pace can be seen through the speed of therapist's introspective reflection, their speech and the frequency of offers made.

Comparing improvisers and therapist's improvisational tendencies is not simple since the therapeutic encounter is complex and multi layered. Yet we suggest that there is a benefit in choosing to review therapists' tendencies through these concepts. Therefore, we would like to offer a 2 by 2 grid that may help therapists recognize their natural default improvisational preferences (See Table 1).

How can therapists know what their improvisational tendency is? Next time you are engaging with your client, see if you naturally tend to drive the encounter more often by initiating offers (asking questions, sharing an interpretation or insight, offering an intervention, shared artistic creation or activity) or if you naturally react to your client's offers. Once you have assessed you default tendency, observe yourself improvising with different clients and notice how fast offers come up in your mind (whether you share them or not). This self-assessment is only an initial parameter. It is recommended that an experienced improviser or supervisor observe your session (live or a video recording) and give you feedback as to your improvisational inclinations.

Being familiar with their own improvising tendencies can help clinicians maximize the effectiveness of their natural inclinations, as well as clarify which tendencies must be practiced if they wish to increase their flexibility, adaptability, and ultimately their creativity when improvising with others. We will now review the two major types of offers that ninja therapists can do in a session: vertical and horizontal offers.

Horizontal offers

There are two categories of offers that an improviser can initiate within a scene: horizontal and vertical (Romanelli, 2013). Horizontal offers help establish the current theme mood by adding depth or emphasizing the current affect. For example, linear questions that aim to investigate and expand the understanding of clients' statements (Tomm, 1988) could be seen as horizontal offers. These offers can sometime deepen the affect and intensity of the moment by expanding on the theme or feeling that clients bring, thereby creating a sort of routine (or continuity) of the theme.

For example, I (1st author) was working with Avi and Nancy, a couple with two girls ages 10 and 8, in their early fifties whose presenting symptom is their 10-year-old daughter's aggressive behavior as well as a major lack of intimacy and communication within the couple. Nancy grew up with a 'powerless' mother who saw herself as a victim. Nancy swore that she would never be such a victim. During the sessions, it became clear to her that she indeed was repeating that family

script (Byng-Hall, 1995) by feeling as a victim of her husband and daughter. Avi grew up with a depressed, suicidal mother. The couple's sessions usually consisted of Avi talking over Nancy, repeatedly saying how much he wants more intimacy and connection, and Nancy being quiet and looking helpless and uninterested. This pattern can be described as the pursuer/withdrawer couple dance (Johnson, 2004), where one partner is consistently asking and demanding more closeness, while the other is unfailingly withdraws and distances himself or herself from their partner.

In this specific session, Nancy opened the session by saying that she is flooded with a lot of stressors from her day, and that she just needed to say that out loud, and now can "relax and let Avi begin". She then relaxed into the chair and Avi was gearing up to begin. Recognizing that this is a unique moment in their dynamic, I held up my left hand to Avi, as if to signal 'wait', and then gestured with my right hand to Nancy, rolling my hand over and over as if to say "please continue". She did not seem to understand. I then said to her "please tell me more about your day". She answered that there was nothing too major and we can move on, but I stayed quiet, maintained eye contact only with her and waited, insisting on hearing more about what's on her mind. After a few moments, she straightened up and began to enthusiastically describe her day, leading up to her challenging experiences with Avi that week. The affect in the room became more charged and Nancy became more animated. The session continued to flow in a new, more exciting manner, with Nancy more active, close and vital.

In this example, my rolling hand gesture to Nancy, my verbal offer for her to tell us about her day and my focused silence were all horizontal offers aimed at deepening Nancy's engagement and affect in that moment. My horizontal offers were aimed at intensifying the themes and feelings she was bringing to the session.

Vertical offers

Vertical offers shift the current mood or theme and introduce a new topic, angle or feeling. Another way to understand a vertical offer is that it breaks the current routine and sends it in a new direction (Johnstone, 1989). Paradoxical or unexpected context-change questions, which surprise and change the focus or meaning of the client (Tomm, 1987) are examples of vertical offers.

An example of a vertical offer can be found in my (1st author) work with Jacob and Tamar, a couple in their late forties. Tamar was pregnant with their third child, after a traumatic miscarriage 15 years ago as well as several other miscarriages. We were working on rebuilding mutual trust after Jacob's affair was discovered a year previously. During several months of therapy, Tamar returned again and again to blame Jacob for all the years she did not feel heard or seen. In this specific session, we were discussing how they were preparing for the upcoming birth, and anxiety was rising in both partners. In the midst of the conversation, Tamar suddenly changed the topic and brought up again her anger regarding how she was silenced for too many years. I sensed that this time, the theme of anger was a way for Tamar to avoid talking about her anxiety regarding the upcoming birth, especially in light of her previous miscarriages. I anticipated the upcoming "anger monologue" from dozens of sessions with Tamar in the past. After a few moments of her talking, I decided it was time for something new, because the open affect in the room was dropping and Jacob's body language became closed and he had a bored, disengaged look on his face. I felt the session should go in a different direction because we were heading toward an impasse. At first, I gently tried to ask Tamar how this is related to the birth, but she did not let me speak. After a few more moments I signaled with my hands a 'Time Out' and asked her if this anger is connected to the upcoming birth. She answered that it wasn't connected. I gently pointed out that Jacob was sharing his fears about the birth at such a mature age just a moment ago, and then she changed the topic. Tamar was taken aback, and then paused for a moment. The room fell silent and we all were stimulated in anticipation to what will happen next. After a few moments, her face softened and she dropped her gaze and with a soft voice started to talk about her ongoing mourning for her dead baby 14 years ago and of the fears about having another miscarriage at her age. In seeing and hearing the emotional tone of his wife, Jacob's face opened and he leaned forward toward his wife. An open and emotional dialogue started to develop then between them, allowing for softness, sadness and empathy to emerge. They continued to both share the pain and grief of the terrible loss they had both experienced so many years ago.

In this example, the verbal vertical offer of trying to ask Tamar a question was not accepted (blocked). The subsequent vertical physical offer of signaling 'Time Out' was accepted, which in turn changed Tamar's theme, and subsequently allowed her to move to a new topic. It is worth mentioning that this vertical offer did not block her original "anger" offer, because it did not negate the fact that she was hurt or angry; instead it just directed her attention elsewhere. This relational move of accepting and redirecting is an example of the "Yes, And" principle of improvisation (Gale, 2002).

Johnstone (1989) writes the secret to a good improvised story is building a routine and then breaking it. For example, once upon a time a girl went into the woods (building routine). . . . suddenly, she saw a big bear, which was about to eat her (breaking the routine). She started running (building a routine). . . until she bumped into the forest ranger (breaking the routine) and so on. . .

If therapy can indeed be seen as an improvised scene (Kindler, 2010; Ringstrom, 2011), then we suggest that the therapeutic encounter could benefit from therapists' being mindful of the *rhythm* of the session, and not just the *content*. Realizing that a good narrative is built from a good balance between horizontal offers (building routines) and vertical offers (breaking routines), therapists can be mindful of which kind of offer is needed at any given moment in the session in order to generate movement, narrative, and intensity. Finding the right balance and rhythm between vertical and horizontal offers prevents two problematic tendencies in narrative improvisation (Wiener, 1994): advancing the action too fast without dwelling on the emotional, and dilating the narrative with too much description and color.

It is important to note that *any* offer can be vertical or horizontal, be it non-verbal or verbal. The type of offer, rather, is dependent on two factors: (a) the intent of the therapist initiating the offer, and (b) how the offer is accepted (or blocked) by the client.

In the first example, Nancy blocked my initial verbal horizontal offer. She later accepted my eye contact and silence horizontal offer. In the second example, my initial offer of trying to ask Tamar a question was not accepted as a vertical offer, and in fact was blocked. Ultimately, Tamar did accept the 'Time Out' hand sign as a vertical offer and changed her original "anger" offer.

Fittedness between client and therapist improvisational tendencies

Therapists would benefit from being mindful to the particular combination of their and their client's default improvisational tendencies. For example, research has found that different combinations of Myers–Briggs Type Indicator (MBTI) tendencies affect therapy outcomes differently (Jinkerson, Masilla, & Hawkins, 2015; Nelson & Stake, 1994). Similarly, being aware of such tendencies could help therapists avoid certain dynamics that can lead to unnecessary conflict, impasse, or resistance. For example, two fast initiators working together might block each other's bids because both are used to leading. The encounter between two slow reactors could be somewhat sluggish and lethargic since neither is leading.

In the first example, the therapist (1st author) who usually improvises as a fast initiator, needed to slow himself down when working with Nancy, who was a slow reactor. In previous sessions with the couple, Avi and the therapist made fast offers that Nancy found hard to keep up and would therefore withdraw. In this particular session,

consciously insisting that she deepen the offer she made, even when she naturally wanted to move on back to Avi, resulted in generating new materials and themes as well as to access deeper affect. In the second example, Tamar and the therapist were both fast initiators, which often resulted in competing bids being offered, or even the other's offers being blocked, such as her blocking the verbal bid of asking her a question. Over time, the therapist became aware of this combination and consciously chose to slow down and to react more to her offers, let her lead, which resulted in a more synergistic co-creation of material and assess to wider topics and greater affect in the session.

These two examples show the importance of awareness of the complementarity of tendencies as well as the flexibility needed by therapists in order to increase cooperation, co-creation and vitality, and flow in the session.

There are two additional types of improvising tendencies: (a) slow initiators and (b) fast reactors. Improvisers with these tendencies are more varied in their default mode and tend to adapt more freely between initiating and reacting, in keeping with the tendencies of their partners. When they collaborate with fast initiators, they will move naturally to improvise as reactors. If collaborating with slower reactors, they will tend to initiate more often.

Overall, there is an organic reciprocity between the preferences. Initiators give the reactors the gift of challenging them with new ideas, as well as creative vertical offers. Reactors give initiators the gift of enriching horizontal offers, as well as being cooperating partners to bounce ideas off without blocking the initiators' bids.

Understanding this reciprocity as well as the importance of being proficient in applying all the different tendencies in order to achieve synergistic results encourages therapists to expand their natural ninja tendencies. Fast-initiating therapists who train themselves to slow down and to react more to the offers of their clients will be surprised and challenged into new themes and emotions they could not have initiated on their own, thereby increasing their role flexibility (as well as possible enjoyment) in sessions. Furthermore, slowing down will allow time and space for therapists to connect more to their inner thoughts and associations. Slow-reacting therapists who will challenge themselves to be faster and bolder when initiating will eventually introduce strong offers without knowing for certain how their clients will react. Such bold relational moves (Stern, 2004) by slow reactors can also increase client engagement.

Implications for therapist training

Altman and his colleagues (Altman, Briggs, Frankel, Gensler, & Pantone, 2002) defined play as an experience of different self-states that provides the freedom to actively experiment with self-and-other perceptions, enabling richer relationships with self and others. Such structured play with improvisation tendencies and skills is a necessary condition for clinicians to develop the awareness and flexibility required to be the ninja therapist.

Improvisation skills can be enhanced alone, with the therapist consciously experimenting with improvisation concepts like the ones in this article, within and outside of clinical sessions. That said, it is recommended to practice improvisation in a safe and non-judgmental space, such as during theater improvisation troupe or training.

Training therapists in theater improvisation skills has been reported to help therapists increase their sense of flexibility, and the capacity to cultivate therapeutic presence (Romanelli et al., 2017), as well as enhance their openness to the uniqueness of each client (Todd, 2012). Similar theater improvisation skills taught to clients resulted in reports of increased self-esteem, self-knowledge, connection (Moran & Alon, 2011) as well as lowered social anxiety (Phillips Sheesley, Pfeffer, & Barish, 2016). Such training, alongside supervision that encourages role experimentation (Berger, 2017), can aid therapists in becoming the ninja improvisers they want to be.

Discussion and conclusions

This article presented ninja therapist concepts that can assist therapists in their non-stop, ever-changing co-created improvisation encounter with clients. It gives therapists a simple framework and concepts for understanding the leading dynamic and fittedness between themselves and their clients. It also offers a more, play-by-play, or moment-by-moment understanding of the improvised relational moves (or improvisational offers) occurring in the clinical encounter. This terminology can also help in training therapists of different disciplines on "how to deliver" and the rhythm of interventions. Supervisors can use these terms to help therapists reflect on the quality of their improvisation with their clients and assess retroactively the rhythm and complementarity of therapist and client offers. The examples in the paper demonstrate the wide application of these terms in verbal and non-verbal communication.

In the theater improvisation world, fast initiators are usually more valued than slow reactors. It has been our experience that in the psychotherapeutic world, the slow-reactor therapist is the more "popular" traditional psychotherapist archetype. The ninja theory demonstrates that both modes of improvising are useful for the therapist. If flexibility is a goal for both parties in the psychotherapeutic encounter, then as clinicians we must consciously work to widen and adapt our improvising approach to each idiosyncratic client.

As this article presents a new conceptualization and terminology for the clinical encounter, there is a need for more research regarding its meaning and uses in general and in drama therapy in particular. We suspect that initiator and reactor tendencies might stretch farther than just in respect to improvising and can sometimes be a general inclination of an individual. Further research could examine whether this typology is apparent in therapists in other settings, such as supervision and personal life.

How can therapists consciously practice extending beyond their default tendencies? Is there a way to measure tendencies and the two types of offers? How can live supervision or filmed sessions assist in developing these concepts? It is our hope that future improvisation-trained therapists will continue to advance and expand these concepts for the benefit of all clinicians and clients who strive to constantly improve the never-ending theater called psychotherapy.

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