The blood and guts of experiential psychotherapy

DAN SHORT

Few things lead to as much of an increase in treatment acceptance and alliance formation as a collaborative endeavour that draws on the creative abilities of the helper and helpee. Experiential psychotherapy is a time-honoured methodology practiced by experts who come from diverse cultures, different theoretical backgrounds, and who apply this method in an endless array of venues. Although some might argue that masters of experiential work rely entirely on intuition, a multitude of skill sets can be identified and developed as specific principles are applied. The creative process does not occur until preconceived notions of how things 'should be done' are abandoned in favour of flexible thought stimulated by the uniqueness of the moment and of the person seeking help. Drawing on case studies, DAN SHORT highlights the concepts of utilization, co-conception, and disambiguation to map the vast territory of experiential psychotherapy.

In 1936, Milton Erickson, a crippled doctor leaned on his cane as he entered a dark elevator. He pulled the heavy iron gate closed and locked it with a key as he prepared to push the button to leave the floor. He had just finished a late night of evening rounds in a psychiatric ward that housed those with the most severe cases of mental illness. An act of carelessness caused by fatigue and a desire to get home resulted in an unexpected confrontation in a dangerous area far from help. Just as he slipped the gate key back into his pocket, a menacing figure emerged from the shadowy corner and said in a cool voice, *"I have been waiting here for you all evening. And now, I am going to kill you"*.

Looking deeply into the man's eyes, Erickson replied, *"Well, let's go ahead and get this slaughter over with. But first, you are going to have to decide what to do with the body"*. Pausing to look around the cage in which he had become trapped, Erickson added, *"Frankly, I do not see that you have much space to maneuver in here. It is much too small. Don't you agree?"* As he reached for his keys, Erickson continued, *"Now if we were to step out here, into the lobby, there is much greater space to work. And look over there, here is a nice chair that you could sit in after you have finished the slaughter, so that you could look over your work."* The patient accepted the change in venue, but Erickson was still not content, *"This space is better, but the room is too dark. How will you see what you are doing? Now if we walk over here, into the hall, there is greater light, so you can really take a look at what you have done"*.

As this author listened to the 1979 archival recording, in which this event was described to a group of Erickson's students, he could hear Erickson chuckling as he recounted how he worked his way down the hallway, toward the nurse's station, all the while containing this man's readiness to act by carefully exploring the many ways he could discharge his rage. Upon his arrival at the nurse's station, Erickson had the patient safely escorted back to his room for some needed rest. From beginning to end, Erickson attended to the patient's every need.

Utilization

The term utilization is used here to describe a purposeful engagement of available energy. If circumstance involves a relatively bad event, the situation is not only accepted but embraced enthusiastically as an opportunity for achieving a positive outcome. A basic concept of utilization, the potential for turning devastation into a profitable circumstance, is reflected in the Japanese saying, *'turn disaster into fortune'*, or the familiar quote by Elbert Hubbard, *'When life gives you lemons, you should make lemonade'*.

In the instance described above, the hospital patient was prepared to act in a devastating manner. Worse than this man's homicidal urge was the proximity of the threat and the smallness of the space in which Erickson had become trapped. In telling this story, Erickson commented that he knew he did not have enough time to get his keys back out of his pocket and flee. Apparently, he instantaneously abandoned that goal.

Flexibility requires a willingness to relinquish our plans. Impromptu behaviour does not emerge from rigid attitudes. In the case above, all goals or objectives that Erickson had brought into the elevator were abandoned so that he could focus on

the task of utilizing the one variable at the forefront of his attention. It was the smallness of the enclosed space that was most salient, so it was the smallness of the space that Erickson sought to use to some beneficial end. This type of mental maneuverability is a skill built on the discipline of maintaining focus while shifting attitude. It involves intuitive and creative processes that work faster than conscious thought and is the means by which utilization can become a seemingly automatic response.

In addition to later being recognised as the father of modern hypnosis, Erickson was one of history's great dramatists, a person able to generate profound change through experiential means. As stated by Hughes and Rothovius (1996), *'Erickson was particularly effective in situations where he could make use of his talent for creating high drama, in which the patient played the leading role'* (p. 233). Within the context of experiential psychotherapy, utilization makes the interpersonal exchange targeted and precise. Analogous to a smart bomb, the experiential drama unfolds at the central point of psychological tension.

In reviewing Erickson's casework, it seems that his every interaction became an experiential exercise in which salient undesirable events were targeted for utilization. A brief example, found in *Hope and Resiliency*, (2005), describes how a new patient walked into Erickson's office only to stand there glaring at him. Her husband had arranged the appointment by phone. Erickson responded to her silence saying, *"Your husband has told me that if I say a single wrong word, you will slap my face and walk out".* Erickson continued, *"There is just one thing puzzling me … I don't know which way to duck. Are you right or left handed?"* Startled, she conceded reluctantly, *"Maybe you won't say the wrong thing."* He accepted her statement, *"Maybe I won't,"* but then added, *"Well, you are my height. You are very nicely built. You weigh quite a bit less than I do and I'm not very heavy. You are as tall as I am. But none-the-less, you could really swing. So are you right or left handed?"* She replied, *"Right handed."* From that point forward, Erickson was able to gather further information about her needs, and provide therapy, without resistance.

In this situation, what could be more central to the question of whether or not the new patient would allow her defenses to come down and openly receive help, than a conversation about her desire to take a swing at the doctor? By commenting on her size and capacity to throw a punch, Erickson was utilizing her threat as an opportunity to demonstrate that he was no threat to her and that he could handle her anger, by ducking, if she wished to discharge it. Even more importantly, this event became an experiential exercise in self-disclosure and cooperative involvement. The patient was, figuratively, taking one small step forward as she cooperated with his question and revealed herself to be right handed. This type of attitudinal shift sets the course for a transformational process that has the potential to generalise to all other areas of functioning. Similar to the concept of dislodging a single log that has created a log jam, it is the most prominent obstacle to progress that is best positioned for utilization.

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As can be seen in the descriptions of two scenarios with potentially bad outcomes, utilization exists at the crossroads of individual choice and undesirable random chance events. It is the intersection of personal agency and events that are beyond our control.

Co-inception

Abu Ali al'Husain ibn Abdullah ibn Sina (A.D. 980 – 1037), known as Avicenna in the West, was the most celebrated physician of his time and author of *The Canon of Medicine,* which is now recognised as the most famous single book in the history of medicine.

Illustration: © Savina Hopkins, 2014.

Avicenna's ideas about medicine included recognition of the close relationship between emotional states and physical changes. As an example of Avicenna's use of psychotherapeutics (a practice known to the physicians of his time as '*iláj-i-nafsání*') we have an unusual set of circumstances involving delusional thought, physical starvation, and a plea for death by cannibalism.

The patient was a prince of the House of Buwayh, who suffered from the delusion that he was a cow. When others sought to reason with him, he would respond with loud cow sounds and then cry out, *"Kill me, so that a good stew may be prepared from my flesh."* Apparently, he had lost the will to live and took steps to hasten his death by refusing any and all food. With the local physicians unable to achieve any progress, Avicenna was urgently sought out and persuaded to take the case.

In response to the situation, Avicenna sent a message to the delusional patient telling him to *"be of good cheer because the butcher is coming to slaughter you"*. It is reported that when the prince received the letter, he rejoiced.

Upon arrival, Avicenna entered the boy's room with his knife in hand. Looking about, he demanded, *"Where is this cow that I may kill it?"* The patient responded with a mooing sound, to indicate where he was. Avicenna ordered the prince to be bound hand and foot and laid out before him. After examining his body, Avicenna announced, *"He is too lean, and not ready to be killed; he must be fattened."* The patient was given a special diet, which he now eagerly consumed. With time, he regained his strength, recovered from his delusion, and was eventually determined to be completely cured.

While utilization of the boy's delusional thought is fairly obvious, this case was selected to illustrate the second leg on which expert experiential work stands. The term 'co-inception' is used to describe an interpersonal process in which originality is achieved through immediacy and reciprocal stimulation. The term co-inception literally means to begin together. It is a creative and generative process in which imagination and emotional arousal play a major role.

As seen above, with co-inception there is an abandonment of learned inhibitions and socially sanctioned reactions in favour of innovative solutions that are co-constructed during a cooperative exchange of ideas and imagined possibilities. The process is so centered on immediacy and emotional spontaneity that it is as if a new form of therapy is created for each patient with whom it is employed. As cautioned by the ancient narrator of Avicenna's casework, *'All wise men will perceive that one cannot heal by such methods of treatment save by virtue of pre-eminent intelligence, perfect science, and unerring acumen'* (Browne, 1921). In other words, the specifics of this intervention were appropriate for this one particular patient, alone.

In contrast to the understanding of the ancient narrator, it is essential to note that co-inception is not a personality trait that exists within the individual. It is an interpersonal phenomenon that yields outcomes that surpass the creative ability of any single individual. It is reflected in the familiar saying, *'Two heads are better than one'*. In the case described above, Avicenna did not enter the boy's room in his customary fashion. Rather, in response to the boy's bizarre insistence that he be butchered, Avicenna was inspired to write a letter to a cow and to enter the room holding a butcher's knife. In response, the boy was inspired to a novel line of thought. Guided by new ideas and an emotionally evocative experience, he was able to enjoy becoming a fattened calf, and finally, a prince who had his request obeyed by the most eminent physician in the world, an experiential event that was unarguably good for his sense of self-efficacy and self-compassion.

In order to see this concept from another angle, it is helpful to know about an old technique that was practiced in Europe, when Mesmer was known for achieving incredibly effective outcomes using magnets. Because the concept of suggestion and hypnosis had not yet been realised, it was assumed that a somnambulistic trance state represented a sort of magical power that could produce miraculous healing and a unique ability to predict the future. When dealing with patients whose constellation of symptoms did not make sense (perhaps due to psychosomatic illness — another concept that had not yet been realised) magnets were used to place the patient in a somnambulistic state and then the patient was asked to diagnose his or her ailment and to prescribe the best course of treatment. When awakened, these patients would have no memory of what they had said. The doctor would then follow the treatment plan as prescribed by the patient, which often lead to full recovery (Teste, 1843). Although today this practice would be recognised as a form of suggestive therapeutics and unconscious expectancy effects, it also illustrates a special creative endeavour initiated by the doctor but absolutely dependent on the patient. The exchange can be metaphorically depicted as a notion that, *'I will give you new ideas of what you are capable of as you give me new ideas of what I am capable of, and together, we will make something unexpected and extraordinary occur'*.

Although it is not likely that each new patient will introduce herself, saying, *"This is what is wrong with me and here is the type of psychotherapy that I need today,"* some do. A patient might say, *"I need you to just sit and listen as I try to get this all out"*. In such a case, the therapist should be inspired to a new form of 'talk therapy', in which he or she sits there saying nothing. In one such instance, the patient spent most of the session thinking, in silence. Afterwards, she seemed greatly relieved and demonstrated a more relaxed rate of breathing and decreased muscle tension throughout her neck and jaw. Speaking in a more confident tone of voice, she insisted that the therapy had really helped her.

When the creative capacity of the patient is less direct and obvious, the practitioner must dig deeper within *one's self* to identify that which is interesting, curious, or surprising. Joint creative endeavours are harmonious and often playful in nature. Thus the interaction should be enjoyable and must remain centered on the immediate needs of the patient. Co-inception does not occur until preconceived notions of how things 'should be done' are abandoned in favour of a creative process that is

stimulated by the uniqueness of the moment and of the person seeking help.

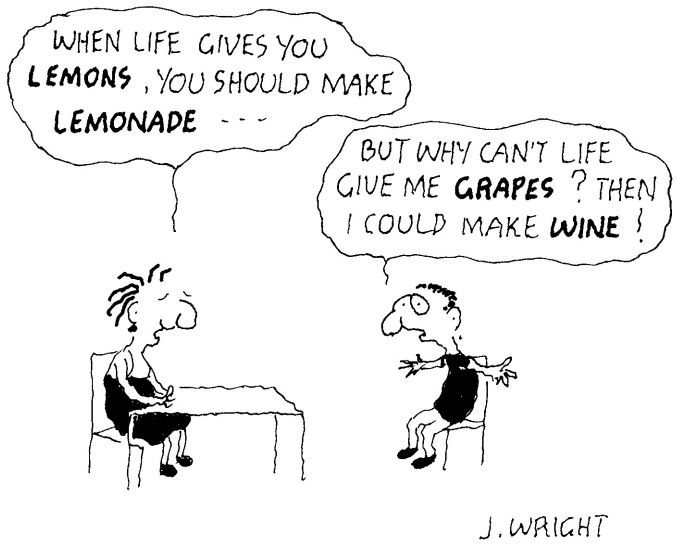
Disambiguation

In the summer of 1993, I watched the psychologist, Yvonne Agazarian, perform a demonstration of her approach at a regional meeting of the *Texas Group Psychotherapy Association*. While those who had presented before her were all master therapists, Agazarian's performance created a stir in the conference hall that could be viscerally felt. Her experientially-based interaction with the volunteer group members was evocative and compelling. As soon as the demonstration concluded, the audience erupted in applause. As I looked around, I saw many smiling faces and a general sense of good will. This is why I initially mistook the shouts and heckles of one man as a joke. But his unraveling was no joke. His face was red with rage, and his accusations were profane.

As silence overcame the room, Agazarian turned her chair to face him and asked, *"Would you be willing to come up on stage and explore this?"* She was looking deeply into his eyes and waiting patiently for his response. As she would later explain, *"When seeking to establish contact, remain fully behind your eyes"*.

The young therapist decided that he would come up on stage and speak his mind. After he sat in the chair offered by Agazarian, she asked, *"What are you feeling in your body, at this moment?"* He responded that his gut was churning and that he could no longer stand to listen to the sound of her despicable voice. Rather than looking concerned, Agazarian seemed deeply interested. She later explained, *"Irritability is an arousal and the first sign of life … it is energy and readiness to work"*.

After being invited to discuss his feelings toward her, the man stated that he had intense feelings of anger and that he hated her. Looking at his face, it seemed as if he was ready to physically attack her. With the same look of interest, she asked, *"What does your anger make you want to do?"* The man retorted, *"I want to knock that goddamn smile right off your face!"* Unstirred, she continued, *"And what would you like to have happen next?"* He continued, *"I want to see you go flying backwards, flat to the ground, with your dress down and your feet sticking straight up in the air!"* Agazarian continued, *"What would that do for you?"* He replied, *"I would have the satisfaction of seeing you humiliated in front of all of these people"*. Still looking deep into his eyes, Agazarian asked, *"Why is that important for you?"* Without time for thought, the man shouted, *"Because then you would feel my pain and humiliation…"* With his breath suddenly taken, the man paused, briefly, before he completed his statement. With a new softness of voice, he said, *"…the pain caused by my mother"*.



The man had initiated this interaction with the purpose of attacking or somehow destroying Agazarian. Yet he responded with a look of profound gratitude and peace after receiving an affectionate touch by her. These events occurred so rapidly they created a sense of psychological whiplash. Finally, someone from the audience raised her hand, and asked, *"How did you do that?"* Agazarian replied, *"Sometimes you have to get all the way down to a blood and guts level in order to discover the deepest needs of an individual"*. Her belief was that individuals are often surprised by their behaviours; therefore therapists should be very interested in surprises because *"they are the threshold where discovery lies"*.

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Following this statement there was a flood of tears as the man's body slumped forward in his chair. Once he regained himself, Agazarian offered him the opportunity to move his chair closer, which he did. Following a few compassionate remarks, she touched him gently on the shoulder, a gesture of kindness and support which he gladly accepted. Following this brief interaction, the man stepped down from the stage seemingly transformed. But this time, there was no applause from the audience, just astonishment.

What the man discovered was that he had more anger and hate in him than he would have imagined, and equally important, he had a greater desire for love and physical affection than he would have imagined. He had been caught in a horrible state of ambivalence, most likely since childhood. He was simultaneously pulled in two opposite directions, by two very powerful needs; the need to be strong and to defend one's self, as well as the need to be vulnerable and cared for by others.

In this case example, it is apparent that when the heckling began in the audience, it was not resisted but instead utilized to the benefit of everyone in the room. In order to achieve this, Agazarian had to immediately abandon her established goals and focus on the one immediate factor that was demanding her attention. Also, a process of co-inception was obviously at play since this impromptu piece of individual psychotherapy represented a clear deviation from the speaker's assigned task of demonstrating group psychotherapy. It was an unplanned event that would never have occurred without the combined creative energies of Agazarian and this member of the audience.

The term *disambiguation* means to remove ambivalence. This case also illustrates the importance of resolving debilitating ambivalence by means of action rather than insight, the third leg of much experiential work. In therapy, it is an experiential event that exposes internal conflicts which are manifest in strong emotional reactions but without the benefit of conscious understanding. In other words, therapeutic disambiguation is a process of discovery that seeks to resolve conflict through action.

The ambivalence targeted in therapy is the type that creates a subjective sense of helplessness, as reflected in the idiom, 'Damned if you do and damned if you don't'. *Clinical ambivalence is not the same as conscious conflict*. While a person who is struggling with conscious choices ('I want to have my cake and eat it too!') may benefit from counselling, or creating a pros and cons list, this type of dilemma does not require the depth work of experiential psychotherapy. In contrast, clinical ambivalence has unconscious elements. It is seen in the person who hates what he is doing but cannot stop himself. Or the person who is absolutely certain about what she wishes to accomplish, but then acts in ways to self-handicap or otherwise impede her progress. As an example, consider the contradictory nature of the man who meets 'the woman of his dreams' but then has an affair the night before his wedding, or the woman who sincerely wants to lose weight yet she eats fattening foods any time a man notices her weight reduction and comments that she is looking good. In each instance of clinical ambivalence there are contradictory behaviours that erupt from needs and emotions that have yet to be fully integrated into conscious thought.

Disambiguation is the experiential realisation of at least one side of a deep issue, as reflected in the familiar saying, 'You don't know what you have until you lose it'. In other words, the understanding does not come without the experiential event. Disambiguation can occur outside of therapy, if the individual is afforded the rare opportunity to fully experience suppressed emotional experiences. But this requires a degree of patience and tolerance that is beyond most lay-persons. In the case described above, the man seemed to be stuck between the powerful need for belonging and the need for strength and independence. During his interaction with Agazarian, we see him struggling to assert his strength of voice and independence of thought. Normally, these behaviours would be challenged, if not entirely rebuffed. From her position of authority and popularity, this would not have been difficult. Instead, both sides of the man's inner conflict were realised experientially, as he was afforded the opportunity to experience something not normally found in society (e.g., being cared for by someone who you have just verbally attacked). I imagine that after this event, he no longer felt as alone in the world. If so, this would have been a very important shift.

Total isolation often leads to death or insanity so people need to know that they are not alone in the universe. Thus, when individuals are not consumed with the task of trying to figure-out what to do with their time, they turn to the question of how to feel about their existence. It seems this question is most often resolved in relation to others, as it is our friends and loved ones that become the mirrors through which we see ourselves.

The relations that emerge are expressed in terms of intimacy. But with the need for intimacy often comes a yearning for individuation. Consequently, the relative positions of 'too-close' or 'too-far' get resolved through alternating patterns of pursuit and distancing from one another, as reflected in the expression, 'Can't live with them, can't live without them'. In instances of healthy attachment, a comfortable balance is achieved.

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However, for those who suffer from abandonment or excessive demands, or in some cases both, deep internal conflict over love relationships develops. As a result, ambivalence emerges and can be seen in individuals who simultaneously long for love while dreading contact with those willing to offer it.

In the case of Erickson and the man in the elevator, it could be argued that if the patient had been entirely committed to the murder he would have attacked without delay, while Erickson had his back turned. Instead, he waited for the opportunity to initiate a conversation. He was seeking to establish himself as being in the one-up position. His need to hide in the shadows contradicted his strong desire to be noticed and taken seriously by others. As is often the case, his ambivalence was revealed in micro-actions that contradicted his stated intent.

The energy of a society needs to be organised and focused toward some end. Individuals will search for those who give them purpose, a sense of direction, and motivation to act. People go to great lengths to secure structure whether it comes in the form of religion, philosophy, obeying a parent, having a mission,

having a job, or seeking to defeat an enemy. In some instances, the price of structure is severe struggle and conflict, as positions of one-up or one-down are solidified. As a result, some individuals may simultaneously long for power and dread having it. Others may rebel against authority figures while at the same time trying to attract their attention so that they will impose limits and restrictions on their behaviour. There are countless other variations produced by the opposing urges for containment and freedom. In the case of the man in the elevator, disambiguation was achieved through Erickson's verbal surrender and the subsequent line of questioning that recognised the man's one-up position (i.e., the need for choice) while simultaneously leading him toward a more secure environment (i.e., the need for containment).

In the case of the young prince, ambivalence was apparent in the struggle over survival (i.e., he neither ate enough to stay alive nor was he willing to use a weapon to decisively end his life) and the struggle over what was real (i.e., he insisted on being treated as a cow yet he continued to wear human clothing, sleep in his normal bed chambers, and on occasion he used language to communicate his wishes). Avicenna achieved disambiguation by simultaneously affording the prince his death wish while also giving him good reason to consume the food needed for recovery.

By now it should be apparent that unrecognised ambivalence will greatly impact the therapy process. In some instances, an individual will consciously yearn for change, while at the same time secretly dreading movement toward the unknown. Ambivalence will cause a patient to ask the therapist a question but then talk, without pause, for the rest of the therapy hour. It is the reason why a patient will suddenly recover a traumatic memory, as she is walking toward the door at the end of the session. It is behind the actions of the patient who insists on scheduling an appointment to suit his busy schedule but then misses the session. And, as seen in the casework above, it can cause a patient to act aggressively toward the therapist while secretly yearning for that person's love and approval. Disambiguation is achieved when a person stuck in conflict is afforded the opportunity to release energy and briefly travel in two opposite directions, to move forward and to hold back, to self-disclose and to withhold information, to be dominant and to submit, to become angry at the therapist and to cherish his or her care and protection. It is a suspension of judgment and freedom from expectations of conformity, which are difficult to find outside of the therapy office.

Summary

In regard to utilization, its chief value is its expediency and precision. Every interaction becomes more poignant and vital when the focus of attention is held to the most immediate threat or hazard. It is the exact opposite of having a 'Pollyanna vision' since perpetual optimists avoid consideration of that which is bad. By contrast, utilization stares directly into the eyes of disaster and then asks the question, *"How can I transform this venom into medicine?"*

In cases of therapeutic utilization, there is no ignoring inconvenient truth or overlooking regrettable behaviour. Instead, the therapist focuses entirely on the one thing that demands his or her attention and then achieves a sudden change in attitude by abandoning all earlier ideas of what 'should' happen and pursing instead any notion of what good 'can' happen given the current set of circumstances. More specifically, there is a change of attitude such that something that was generally characterised as bad is now re-characterised as something that is potentially good, or even great. Thus, the small space in an elevator becomes the perfect excuse for retrieving one's keys and stepping out of a trap. Or similarly, a delusional argument that one should be butchered as a cow, becomes the perfect opportunity for a doctor to order an increase in the type of nutritious food needed to treat a psychosis, which could have been etiologically related to a vitamin D or B12 deficiency. And lastly, the rude interruption of a lecture is used as an opportunity to powerfully convey the benefits of experiential work, in a way that words could never match.

In regard to co-inception, its chief value is its flexibility and inclusiveness. Few things will lead to as much of an increase in treatment acceptance and alliance formation as a collaborative endeavour that draws on the creative abilities of the helper and helpee. Though people will always have their differences, with co-inception there is an intentional intersection of separate agendas resulting in one newly formed co-constructive reality. It is a coalition in which no single person attempts to predict or control the outcome.

In the case of therapy, the outcomes are neither engineered by the therapist nor by the patient. Instead, there is a surprising and mutually satisfying improvisation of experience. In contrast to mechanistic treatment models, when using this approach, the therapist does not know what his or her therapy will be until he or she is stimulated and inspired by the emerging thoughts and actions of the patient. If there is some preconceived notion of what should occur, it is limited to a more abstract purpose of somehow meeting the patient's core needs. In other words, it is absolutely absurd to think that all young princes who develop melancholy with psychotic symptoms, should be bound by rope and told that they will be butchered after acquiring more nutrition. It is equally outrageous to think that whenever one is confronted in a dark space by someone with murderous intent that the best response is to point-out a chair where he could sit and rest after killing you. Similarly, just because a man has transference issues with his mother, it does not mean that you should put him up on a stage in front of 500 other individuals. These are spontaneous events that defy replication due to the uniqueness of moment and of the creative energy produced by the therapeutic relationship.

In regard to disambiguation, its chief value is its capacity for discovery of strong psychological forces that operate outside of conscious awareness. Disambiguation, and perhaps experiential therapy as a whole, is the most appropriate form of treatment when the patient cannot make sense of his behaviour. It is the vehicle of choice for those who feel hopelessly

stuck. Disambiguation will often seem paradoxical because it opens up the opportunity for the patient to do more of what he is already doing. The difference is that rather than dismissing their capacity for self-agency and ignoring the emotional experience of engaging in such an act, disambiguation invokes both intentionality and greater emotional awareness. *"How does it feel to do this?" "How does it feel to do that?"* These two questions are essential to the resolution of any type of ambivalence and they can only be answered through experience. Thus, when people feel bound and constricted by their needs and desires, disambiguation is what unties the knot of ambivalence.

Although there are certain good reasons for instituting standardised treatment and following established protocol, these can lead to problems with tunnel vision and unnecessary power struggles with clients who do not agree with the treatment methodology. When looking at the continuum of science and art, experiential therapy is admittedly at the far end of what would be considered the art of psychotherapy. As such, it defies the conservative agenda, requires a willingness to experiment and to take risks, and yields a level of discovery and creativity that cannot be matched by interventions taken from treatment manuals.

Certainly, psychotherapeutic intervention should not be taken lightly. The application of principles, described above, requires the skill and expertise of professionals who employ education and experience as well as careful observation to assess the risks involved. The case examples in this article are spontaneous events that defy replication due to the uniqueness of the moment and of the creative energy produced by the therapeutic relationship. In each case, the process of change was initiated within the context of the subject's own reality, often driven by forces acting outside of conscious control.

The practice of experiential psychotherapy is a time-honoured methodology practiced by experts who come from diverse cultures, different theoretical backgrounds, and who apply this method in an endless array of venues. Although some might argue that masters of experiential work rely entirely on intuition, there are a multitude of skill sets that can be identified and developed as specific principles are applied. The creative process does not occur until preconceived notions of how things 'should be done' are abandoned in favour of flexible thought stimulated by the uniqueness of the moment and of the person seeking help. Similar to the use of points on a compass, to guide an expedition, the concepts of utilization, co-conception, and disambiguation have been used to map the vast territory of experiential psychotherapy.

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